Louisiana State Health Assessment Report

Louisiana Department of Health

2021 - 2022

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Contributing Authors

Jessica Brewer, MPH, Louisiana Public Health Institute (primary author)

Brittany Fowler, Louisiana Public Health Institute

Flint D. Mitchell, PhD, Louisiana Department of Health, Office of Public Health

Hayley Alexander, MPH, Louisiana Department of Health, Office of Public Health

Katherine Cain, MPH, Louisiana Department of Health, Office of Public Health

Robert Hines, MSPH, Louisiana Department of Health, Office of Public Health

Tewabetch Negatu, PhD, Louisiana Department of Health, Office of Public Health

Executive Summary

The Louisiana Department of Health's Office of Public Health (OPH) is nationally accredited through the Public Health Accreditation Board. To maintain accreditation status, the Office of Public Health conducts a State Health Assessment (SHA) every five years to ensure the department continues to improve, evolve and advance public health practices to effectively serve their community. The SHA is meant to provide an overview of the health status of Louisianans, while also highlighting where health inequities and disparities exist. This not only helps with statewide public health planning and collaboration, but also helps identify resources in the community that can be mobilized to achieve better health outcomes. The SHA is also leveraged to support the creation of the State Health Improvement Plan (SHIP), a multi-year plan for addressing priority areas to improve health in Louisiana.

For this current SHA/SHIP process, both primary and secondary data were collected from 2021 to 2022. Secondary data is displayed on the Louisiana SHA Dashboard at www.LouisianaSHA.com, and primary data was collected through a community engagement process that included regional meetings, a statewide survey, community leader interviews, and public health system stakeholder interviews. Once community engagement and data collection activities were complete, LDH staff and their advisory committees used the data to prioritize health-related issues to be addressed in the SHIP. The proposed SHIP priority areas were then presented at a second round of regional meetings for public vetting and approval. The four priority areas identified are: **behavioral health**, **chronic disease**, **community safety**, and **maternal and child health.** This SHA report presents findings with an emphasis on these four areas.

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Introduction

This report describes the process to develop the 2021-2022 Louisiana State Health Assessment and, in particular, describes findings from the statewide SHA community engagement process that was conducted to hear directly from Louisiana residents about their health-related concerns.

This report complements the data that is presented on the Louisiana SHA Dashboard, accessible at www.LouisianaSHA.com.

Purpose of the SHA

The Public Health Accreditation Board (PHAB) calls for state health departments to participate in or lead a collaborative process resulting in a comprehensive statewide community health assessment. PHAB's Standards & Measures Version 2022, states that the purpose of the health assessment is to "tell the community story and provide a foundation to improve the health of the population. It is the basis for priority setting, planning, program development, policy changes, coordination of community resources, funding applications, and new ways to collaboratively use community assets to improve the health of the population." [1]

In its accreditation guidance, PHAB explains that the state health assessment may be used "to draw conclusions about the health status, challenges, and assets of the population served in order to inform the prioritization of policies, strategies, and interventions."[2] The Association of State and Territorial Health Officials notes that, "The SHIP is a long-term, systematic plan to address issues identified in the SHA. The purpose of the SHIP is to describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves."[3]

In addition to being mandated for accredited health departments, the Centers for Disease and Control has identified community health assessment and improvement planning as a public health system best practice.[4] Guidance and resources from the Association of State and Territorial Health Officials also help support statewide health assessment and improvement planning.[5]

Background: Prior SHA/SHIP

The Louisiana Department of Health (LDH) published Louisiana's first SHA and SHIP in 2016, in partnership with the Louisiana Public Health Institute (LPHI). Over the course of that process, which included a statewide survey and two in-person meetings in each of the nine public health regions of the state, regional health priorities were identified. Those were then used to determine the statewide priorities and strategies that were described in "Creating a Blueprint for our Future: Louisiana State Health Assessment and Improvement Plan, 2016-2020."[6] This document combined the SHA and SHIP into a single publication and was published in hard copy and made available as a PDF on LDH's website.

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[1] For reference, see the Guide to National Public Health Department Reaccreditation: Process and Requirements, available at https://phaboard.org/reaccreditation/.

[2] Initial Accreditation - Public Health Accreditation Board (phaboard.org)

[3] Developing a State Health Improvement Plan: Guidance and Resources | ASTHO

[4] https://www.cdc.gov/publichealthgateway/cha/index.html

[5] https://www.astho.org/Programs/Accreditation-and-Performance/ASTHO-Publishes-State-Health-Assessment-Guidance-and-Resources/

[6] https://ldh.la.gov/assets/oph/SHA_SHIP/SHA-SHIP.pdf and https://ldh.la.gov/index.cfm/page/2180

This SHA/SHIP process and the resulting blueprint was favorably reviewed by the PHAB. During LDH-OPH's initial accreditation process, PHAB site visitors identified the SHA/SHIP process as one of the agency's greatest strengths.

Considerations for the New SHA/SHIP

In late 2019, LDH staff began to plan for a new SHA/SHIP cycle and engaged in a series of discussions with internal and external stakeholders and partners to shape this process. The following key considerations emerged:

- **Equity**: Health equity means every person in a community has a fair and just opportunity to reach their full health potential.[7] Unfortunately, Louisiana is plagued by severe health inequities. Thus, the project team identified the importance of incorporating a health equity lens into the SHA and using intentional strategies to assess, understand, and improve existing practices and policies that will build health equity.
- **Community engagement**: For the SHA, the team aimed to utilize a statewide community engagement process to hear directly from as many Louisiana residents as possible — particularly those affected by health inequities — about their health concerns and how factors in their community influence their ability to be healthy. The team also set the intention to improve communication about this effort to maximize engagement. Engaging the community not only helps to contextualize quantitative data collected, but also promotes shared ownership of the process.
- **Accessibility**: Whereas the 2016 SHA/SHIP was published in PDF form, the team wanted to consider how to leverage technology to present the new SHA. Using an online platform would enable the display of interactive data visualizations, making the product more engaging, and would enable us to more easily make updates.

We engaged two advisory committees to guide this process:

- **LDH SHA/SHIP Core Group**: A committee of experts across LDH was tapped to advise this process. These individuals represented the Office of Public Health, the Office of the Secretary, the Office of Behavioral Health, and Medicaid. The OPH Health Equity Action Team supported this process through service on the Core Group.
- **Review, Advise, Inform Board**: Through a selective application process, LDH's Bureau of Community Partnerships and Health Equity convened this board of community members and health equity experts from across the state to advise LDH's health equity efforts, including the SHA/SHIP process.

In addition, the Governor's COVID-19 Health Equity Task Force was influential on this process through its recommendation to LDH to create a health equity dashboard (which could be fulfilled via the State Health Assessment) and through financial support to the Louisiana Public Health Institute to collaborate on this effort.

Designing the SHIP

Key findings from the SHA community engagement process will be used to create the SHIP, which will serve as a roadmap to a healthier Louisiana. While the new SHIP is still under development at the time of this report, this report will describe the process by which the SHA findings were utilized to identify the priority areas that will be the foundation of the SHIP.

[7] Equity_Framework.pdf (la.gov)

Methods

The 2021-2022 SHA process was designed to answer the following questions:

1. How healthy are Louisianans?
    - In particular, where do inequities exist for health outcomes and behaviors?
2. What factors impact health in Louisiana?
    - In particular, where do inequities exist in the determinants of health?
3. What assets and resources can be mobilized to address health issues?

To this end, both primary and secondary data were used. Secondary data are displayed on the Louisiana SHA Dashboard, which can be viewed at www.LouisianaSHA.com. This dashboard answers the first two questions through visualizations of data at the statewide and regional levels and breaks the information down by geography, race/ethnicity, and other demographic factors. For primary data, LDH partnered with LPHI to design and conduct a community engagement process that would ensure community participation and community voice within the SHA. This process provided more in-depth information around the first two questions and addressed the third question pertaining to assets and resources.

Secondary data: SHA Dashboard

For secondary data, LDH partnered with data firm mySidewalk to build and host the SHA in an online platform ("SHA Dashboard"). This platform provides data visualizations of secondary data from a variety of public sources. Leveraging this digital technology enables the SHA to be presented in a mobile-friendly, ADA accessible, interactive digital format that can be regularly updated. While this report will not describe the secondary data in detail so as not to duplicate the SHA Dashboard, this section describes the methods that informed the design and creation of the SHA Dashboard, including the selection of indicators and how they are displayed.

A health equity framework described in the Prevention Institute report "Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health" (2015) was utilized to inform the dashboard's rationale, design, and indicator selection.[8] Inspired by this framework, the dashboard was designed to portray health-related data in three main categories: foundations of community health, behaviors and exposures, and medical outcomes.

The mySidewalk platform contains an extensive library of publicly available datasets, including the American Community Survey and CDC datasets. In addition, LDH was able to upload additional datasets into the mySidewalk platform from a variety of sources. From these data, more than 120 health-related indicators were identified as being of potential interest for the dashboard. A rigorous process, including advisory committee review and bivariate analyses to determine statistical significance, was then conducted on these indicators to inform selection and visualization of the data on the dashboard. This process identified indicators that elucidate racial and urban/rural inequities at the structural level that, in turn, drive inequitable health outcomes throughout the state.

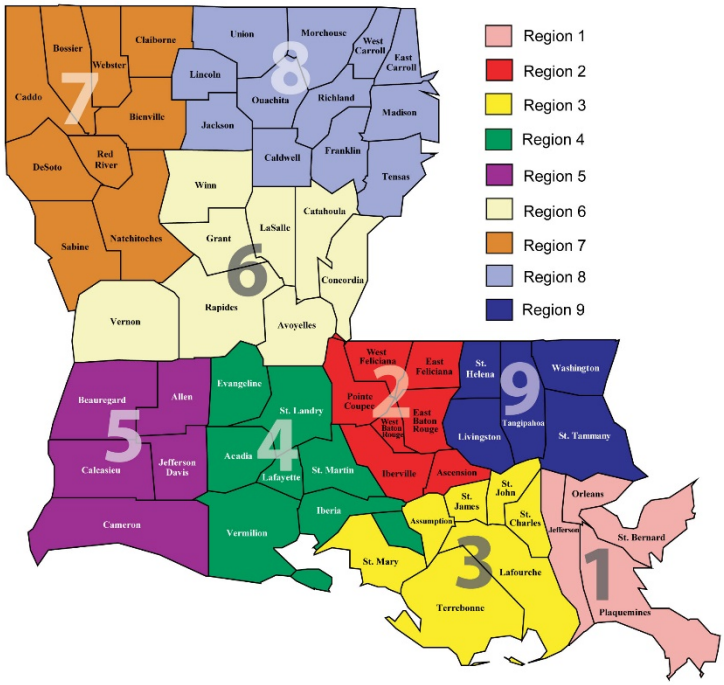
With input from its advisory committees, LDH worked with mySidewalk to finalize and select the 50 indicators related to health and determinants of health for the SHA Dashboard. Other relevant dashboards (e.g., LDH COVID dashboard, the Louisiana Opioid Data and Surveillance System, Medicaid Expansion Dashboard) and reports have been linked from the SHA Dashboard in order to enable the user to dig deeper into topic areas of

[8] Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health | Prevention Institute

interest. LDH made the dashboard publicly available in March 2021. As of June 2022, the dashboard has had over 8,935 unique visitors and 23,605 page views.

The secondary data on the dashboard is updated annually. In addition to presentation of statewide data, the dashboard includes pages for each of LDH-OPH's nine regions (see map to the right) which display data at the regional level and at more granular levels, as the data permits.

Figure 1: LDH Administrative Regional Map



While there are many advantages to presenting data in dashboard format, there are some limitations. Namely, due to website capacity restrictions, there is a limit to the number of indicators that can be presented. Nevertheless, the SHA dashboard will reduce the time spent analyzing, visualizing, and sharing key community health data and responding to data requests. It will also enhance regional views into key health indicators.

Secondary data from the SHA Dashboard was leveraged for the community engagement process. Due to under-sampling of sub-populations in secondary data, such as people from racial and ethnic minority groups, intentional focus was given to recruiting these sub-populations throughout the community engagement process. Furthermore, the secondary data was used to help identify SHIP priority areas.

Primary Data: Community Engagement Process

While examination of secondary data is critical for understanding the health status of Louisianans, conducting a truly robust and equity-centered SHA requires a strong community engagement process that involves direct feedback from partners and community members. LDH and LPHI collaborated to design the community engagement process beginning in August 2020, with data collection occurring from June 2021 through April 2022.

We aimed to design an innovative assessment approach grounded in evidence-based practices and health equity frameworks to ensure an equitable, actionable, and accountable SHA. The structure of the community engagement approach was informed by national guidance from the CDC, the PHAB, the Association for State and Territorial Health Officials, the National Association from County and City Health Officials (NACCHO), and in particular, NACCHO's Mobilizing for Action through Partnerships and Planning (MAPP) framework.[9]

Due to the ongoing COVID-19 pandemic, the team tailored the approach to ensure feasibility, accessibility, and virtual participation. The approach was also tailored to ensure participation from all nine public health regions of Louisiana. The methods of the community engagement process are summarized in Table 1 and discussed in greater detail in the following sections.

[9] Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO

Table 1: Methods for SHA Community Engagement Process					
Method *ALL WERE VIRTUAL*	**Community Feedback Gathered**	**Platforms**	**Timeline**	**Total Participants**	**How Feedback Was Leveraged**
First round regional meetings (9 total; 1 per region)	• Vision for a healthier Louisiana • Facilitators and barriers to community health	Zoom, Mentimeter, Jamboard	June-July 2021	~600	• Inform outreach for statewide survey and community leader interviews • Identify SHIP priority areas
Statewide survey	• Perceptions of determinants of health, health behaviors and exposures, and health outcomes • Community assets	Survey Monkey	July-October 2021	4,551	• Inform outreach for community leader interviews • Identify SHIP priority areas • Asset mapping*
Community leader interviews	• Perceptions of community health, health concerns, and health behaviors • Community assets	Zoom	January-March 2022	34	• Contextualize findings from secondary data and statewide survey • Asset mapping*
Public health system interviews	• Perceptions of strengths and weaknesses of the public health system	Zoom	January-March 2022	11	• Facilitate and improve SHIP implementation*
Second round regional meetings (9 total; 1 per region)	• Perceived importance of proposed priority areas • Community factors driving priority areas	Zoom, Mentimeter	March-April 2022	644	• Public vetting and confirmation of priority areas • Inform SHIP development*

*This use of the feedback will occur in future steps of the SHA/SHIP process.

The SHA approach was designed to ensure that the needs, priorities, and strategies identified during the SHA reflected the state's most pressing health concerns from the perspective of its residents, and to generate more community participation in the design and implementation of Louisiana's SHIP.

First Round Regional Meetings

The community engagement process began with LDH and LPHI hosting a series of nine virtual regional meetings from June 10 through July 13, 2021. The purpose of the regional meetings was to engage community members across the state in the SHA process, introduce the SHA Dashboard, understand the communities' vision for a healthier Louisiana, and hear community perspectives on the facilitators and barriers of health in their communities.

One meeting was held for each of LDH's nine administrative regions. Meetings were promoted through the Regional Medical Director/Administrator offices, a variety of LDH's and partners' email contact lists, partner networks, and social media (Facebook, Twitter, LinkedIn, and Instagram).

In total, approximately 600 Louisianans attended the regional meetings, with representation from all regions and most parishes. Participants represented a range of organizations including LDH, other state agencies, local government agencies, LPHI, health care organizations, educational institutions such as colleges and universities, community-based non-profit organizations, foundations, other private sector organizations, and

community members with no stated organizational affiliation. All meetings were recorded, and the recordings and slides were made available to all registrants following the meeting.

The regional meetings were two hours long and hosted on Zoom. The meetings included two primary interactive components. First, participants were asked to imagine and describe a healthier Louisiana and to share their responses using Mentimeter, an online interactive audience engagement platform.[10]

Second, the participants were split into breakout rooms for small-group discussions that focused on how health is affected both positively and negatively in the participants' communities. The breakout rooms were facilitated by trained staff from LDH-OPH and LPHI as well as a group of doctoral students from the Southern University School of Nursing. Facilitators captured participant's responses using Jamboard, a virtual whiteboard.[11]

To conclude the regional meetings, OPH provided a demonstration on how to use the SHA Dashboard. This demonstration focused on navigation and utilization of the dashboard, and highlighted key data points in each region. The demonstration ended by providing an overview of the remainder of the SHA community engagement process and how to remain involved.

After the meetings, the collected data were summarized and analyzed. The analysis showed the emergence of three key themes: healthcare, economic development, and built environment. In Table 2, the most salient examples of each theme are included, as well as a throughline of equity, community partnership, and access, which crossed all themes. The findings were used to inform outreach for the statewide survey and community leader interviews as well as to identify SHIP priority areas.

Table 2: Key Themes from First Round Regional Meetings

Healthcare	Economic Development	Built Environment
• Behavioral health • Lack of access • Mistrust in healthcare • Need for specialists	• Food access • Need for jobs with a living wage • High rates of poverty • Education and childcare	• Technology • Transportation • Natural disaster preparedness and recovery • Housing • Environmental toxins
Equity, community partnerships, access		

[10] Interactive presentation software - Mentimeter

[11] Google Jamboard: Collaborative Digital Whiteboard | Google Workspace for Education | Google for Education

Statewide Survey

LDH and LPHI created a survey tool informed by evidence-based materials and validated questions from past community health assessments to gather information directly from Louisiana residents on their perceptions of community health.[12, 13, 14] The survey was designed to measure respondents' perceptions of determinants of health, health behaviors and exposures, and health outcomes. The survey also solicited opinions on assets and recommendations to improve community health.

The survey was implemented on the SurveyMonkey platform and designed to take 5-10 minutes to complete. It was distributed via convenience sampling, including electronic outreach through LDH's regional medical directors, a variety of LDH contact lists, and registration lists from the first round regional meetings. The survey link was also posted on the SHA Dashboard and was promoted across LDH social media platforms. Additionally, the survey was conducted in collaboration with the Metropolitan Hospital Council of New Orleans Community Health Needs Assessment survey, which took place simultaneously, to boost response rates and reduce survey fatigue. In efforts to increase accessibility of the survey, the survey and all promotional materials were made available in English, Spanish, and Vietnamese.

From July-October 2021, 4,551 responses to the statewide survey were received, including respondents from all 64 Louisiana parishes (see regional response numbers in Table 3). Further demographic information of survey respondents, as well as a summary of responses to survey questions, can be found in **Appendix A: Additional Survey Data** and **Appendix B: Community Assets Named by Survey Respondents.**

Statewide survey responses were analyzed in STATA, a statistical software package. The findings were used to inform outreach for community leader interviews and identify SHIP priority areas.

Table 3: Statewide Survey Participation

Region	# Respondents
1	929
2	490
3	478
4	449
5	275
6	322
7	387
8	446
9	692
No answer	83
Total	4,551

Community Leader Interviews

The community leader interview guide was based on the SHA guiding questions and used validated questions from previous community health assessment interview guides. The interview guide included questions to assess community leader interviewees' perceptions of assets for community health, health concerns, and determinants of health, as well as their recommendations to improve health in Louisiana.

Recruitment for community leader interviews was structured around key findings from the first round of regional meetings, as well as the statewide survey. Based on these findings, interview outreach was designed to solicit input from community leaders with an area of expertise in four key topics areas (healthcare, economic development/built environment, environmental health, and rural communities and needs) in each of the nine public health regions. Additionally, a concerted effort was made to recruit interviewees who represented or worked with demographic groups that were underrepresented in the statewide survey. These groups include individuals who are Black, Asian, Latino/Hispanic, Native American/Indigenous; men and gender minorities; and youth and young adults.

[12] Mobilizing for Action through Planning and Partnerships (MAPP) - NACCHO
[13] Quality of Life Survey, NACCHO
[14] National Adult Tobacco Survey (NATS) | Smoking & Tobacco Use | CDC

Eligible community leaders were identified by the Review, Advise, and Inform Board, as well as by LDH, LPHI, and partner organizations. Potential interviewees were contacted by LDH and LPHI via email and were interviewed via Zoom. Interviews took between 30 and 60 minutes and were audio-recorded with the interviewees' consent. Monetary incentives were provided to interviewees to compensate them for their time and input.

In total, 34 people participated in community leader interviews, with representation from each public health region (see regional response numbers in Table 4). Community leader interviewees included leaders from nonprofit organizations, advocacy organizations, local universities, foundations, healthcare organizations, consulting companies, and other community-based organizations.

Table 4: Community Leader Interview Participation

Region	# Interviewees
1	4
2	4
3	4
4	5
5	3
6	4
7	3
8	3
9	4
Total	34

Interview transcripts (verbatim) were coded and analyzed for keys themes in Dedoose, a qualitative data analysis software. The findings were used to provide contextual data to supplement the secondary data and statewide survey findings.

Public Health System Interviews

The public health system interviews aimed to gain a statewide perspective of the strengths and weaknesses of the public health system in Louisiana and to identify where improvements were most needed for the system to function more effectively. The interview guide included questions on interviewees' perspectives on health and wellbeing, their organizational partnerships, their perspectives on the public health system, and perspectives of LDH. Its design was informed by the ten essential public health services, the MAPP framework, and the Public Health 3.0 framework.[15, 16, 17] LDH and LPHI recruited potential interviewees who represented organizations with a variety of roles within the public health system. Potential interviewees were contacted by LDH and LPHI via email and were interviewed through Zoom. Interviews took between 30 and 60 minutes and were audio-recorded with the interviewees' consent. Interviewees received compensation for their participation.

In total, 11 people participated in public health system interviews. Public health system interviewees included leaders from nonprofit organizations, law enforcement, advocacy groups, healthcare associations, governmental agencies, and other organizations that influence public health. The interviews were transcribed verbatim and analyzed via structural coding. Key themes from public health system interviews can be found in **Appendix C: Public Health System Interview Findings.** The findings will be used to facilitate and improve the SHIP implementation process.

[15] CDC - 10 Essential Public Health Services - CSTLTS
[16] Phase 3: Collecting and Analyzing Data - NACCHO
[17] Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure (healthypeople.gov)

Prioritization Process: SHIP Priority Areas

Once the community engagement and data collection activities were completed, LDH-OPH began the process of selecting priority areas for the SHIP. Narrowing down the health issues to be addressed by the SHIP into a manageable number is important for focusing efforts and producing a plan that can be effectively implemented, monitored, and tracked. Based on national best practices, LDH-OPH selected the following prioritization criteria for potential priority areas:

- **Health and Economic Consequences** - How severely does this issue impact Louisianans' physical health, behavioral health, and/or financial well-being?
- **Inequality** - What is the magnitude of disparity between various groups for this issue?
- **Alignment** - Does addressing this issue build on current work and existing plans?
- **Willingness** - Has there been political and/or community interest in addressing this issue?
- **Resource Availability** - Are there resources available to address this issue, including not only funding but interventions, infrastructure, and/or partnerships/coalitions in place?
- **Measurable Improvement** - Can we track process or show meaningful progress when addressing this issue?

LDH staff used data from the SHA Dashboard, the SHA community engagement process, and other existing reports and plans to identify the top 25 health and health-related issues that could be considered priority areas for the SHIP. Then they asked their advisory committee members to rank these issues according to the aforementioned criteria. SurveyMonkey was used to gather prioritization rankings from 24 respondents, the results of which were input into a prioritization matrix. LDH staff then analyzed the results and proposed the following priority areas for the SHIP (in no particular order):

- **Behavioral Health**
- **Chronic Diseases**
- **Community Safety**
- **Maternal and Child Health**

For reference, the priority areas in the 2016 SHIP were: Access to Care, Behavioral Health, Healthy Lifestyles, Economic and Workforce Development, and Public Health Infrastructure.

Second Round Virtual Regional Meetings

The next step was to finalize these priority areas via a public vetting process. Between March 16 and April 19, 2022, LDH and LPHI hosted a series of nine virtual regional meetings. These meetings were open to the public and publicized via LDH-OPH's SHA contact list, LDH-OPH regional medical directors' contacts, the SHA Dashboard, the LDH website, LDH's internal staff newsletter, and LDH social media platforms.

A total of 644 people attended these meetings, with representation from 47 out of the 64 parishes (see regional participation numbers in Table 5). Most of the participants represented state government or LDH, health systems and healthcare organizations, insurance companies, universities, non-profit and advocacy organizations, and local government and local governing entities. All meetings were recorded, and the recordings and slides were made available to all registrants following the meeting.

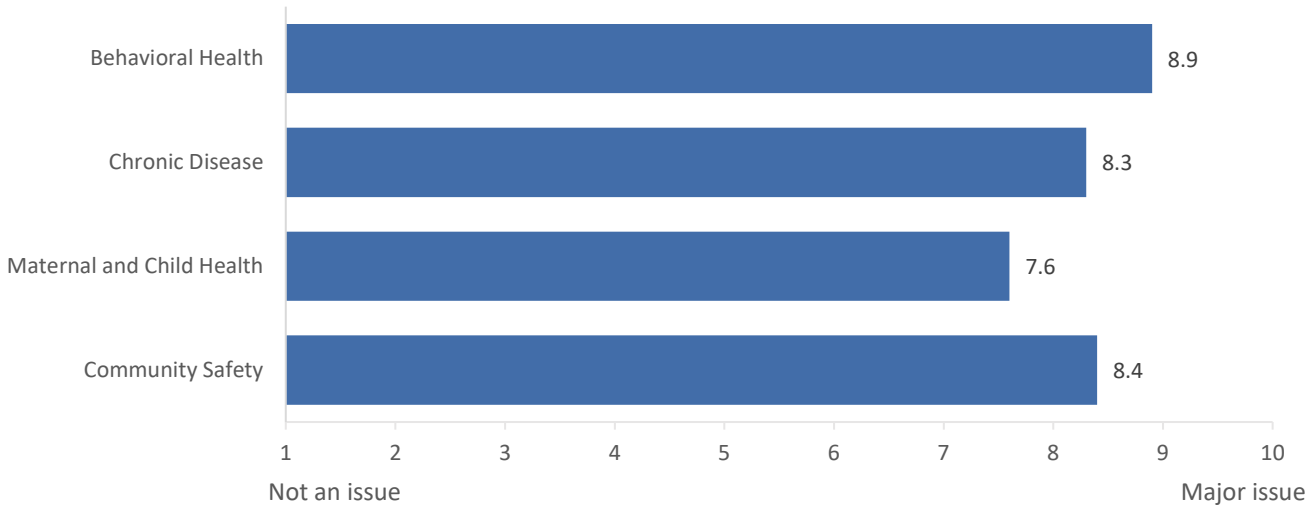
At these meetings, draft priority areas for the SHIP were presented along with relevant illustrative data points and quotes from community members in the specified regions. Participants were asked to rank how much of an issue each of these areas were in their community on a scale of 1 (not an issue) to 10 (major issue) using the Mentimeter audience engagement tool. The average results are noted in Figure 2.

Table 5: Virtual Regional Meeting Participation

Region	# Participants Attended*	# Parishes Represented among Attendees
1	70	3 out of 4
2	73	5 out of 7
3	68	7 out of 7
4	60	5 out of 7
5	73	4 out of 5
6	91	6 out of 8
7	50	5 out of 9
8	70	8 out of 12
9	89	4 out of 5
TOTALS	**644**	**47 out of 64**

*These numbers do not include the meeting facilitators.

Figure 2: Second round regional meeting participants expressed that the proposed priority areas were major issues in their communities.



Additionally, participants were asked to share, via Mentimeter, the factors that were driving these issues in their communities. They were also given the opportunity to share additional feedback by using Zoom's chat function, by making a verbal comment at the meeting, or by sending an email after the meeting. Overall, meeting participants expressed that these were important issues in their communities, and there were no concerns or complaints about these priority areas.

In addition to the nine virtual regional meetings, the LDH-OPH Planning and Performance team gave presentations about SHA/SHIP in April through June 2022 to the following audiences comprising of over 150 individuals in total:

- Health Services Interagency Council monthly meeting
- Governor's COVID-19 Health Equity Task Force final meeting
- Louisiana Public Health Association annual meeting
- BlueCross BlueShield Louisiana Foundation Health Fellows monthly meeting
- Medicaid managed care organization chief medical officers monthly meeting
- LDH's Review, Advise, and Inform Board quarterly meeting

Overall, meeting participants were receptive to the proposed SHIP priority areas, so the team moved forward with the next step, which was to build out the SHIP around the identified priority areas.

Accordingly, this report presents the findings of the community engagement process around these four priority areas. Additional secondary data supporting these findings can be accessed via the SHA Dashboard.

Discussion of Findings

Priority Area 1: Behavioral Health

Behavioral Health: Overview

Behavioral health concerns, including issues related to both mental health and substance use, were elevated by survey respondents (Figure 3) and community leader interviewees. Interviewees emphasized the impact of the COVID-19 pandemic and natural disasters on behavioral health and described barriers to behavioral health care. The barriers described included limited access to providers and fear of stigmatization. Additionally, they explained the connection between behavioral health and community safety. Finally, community leader interviewees discussed community assets for behavioral health, including a sense of community, decreasing stigma, and resources for addressing behavioral health concerns.

Figure 3: Most survey respondents said that behavioral health issues are major problems in their communities.

(Survey respondents by topic: n= 4,476 for mental health conditions, n= 4,501 for substance abuse and addiction, n= 4,484 for excessive alcohol us

Impact of COVID-19 and Natural Disasters on Behavioral Health

Many community leader interviewees discussed how the COVID-19 pandemic has led to worsening mental health and substance use outcomes due to isolation, as well as the stress of getting sick or loss of income. Similarly, they shared how natural disasters, such as hurricanes, cause stress that contributes to worsened behavioral health, especially when recovery from these disasters is slow and creates a reminder of the trauma of the event.

> *"The biggest thing that we have as a problem is going to be mental health. I say that because,* ***with the pandemic that's come through, and then of course our community being pretty devastated by Hurricane Ida, it's as though we've had one trauma after the next with things to have to deal with****. No income when you can't work or can't find work… Then you've got people who are stressed out because they're worried about becoming sick. Then of course, you have a hurricane that comes through and wipes out or damages the assets you do have – your home, or your property. It's damaged and you can't seem to repair it as quickly as you would like to. Or now you're struggling because there might have been some resources that you had in the bank, but now you've used those when you didn't have work for so long. And now you're having to use it for repairs to your home, that you may or may not now have the ability to pay for."*
>
> *-Community Leader Interviewee, Region 9*

Secondary data show that the Louisiana drug overdose death rate has been increasing over time and is higher than the national average.[18] Substance use issues were echoed by interviewees who emphasized how stressors from the COVID-19 pandemic and natural disasters are particularly important factors driving illegal drug use, as well as alcohol and tobacco misuse.

> *"A massive problem in Louisiana in general is your alcoholism and your drug overdoses.* ***People can't deal with what cards are being dealt and so they're trying to self-medicate****."*
>
> *-Community Leader Interviewee, Region 5*

Barriers to Behavioral Health Care: Access to Providers

Secondary data show that there is limited access to mental health providers across Louisiana, with many parishes having high mental health provider shortage scores.[19] Community leader interviewees echoed concerns about limited access to behavioral health care providers, particularly in the face of increased behavioral health needs. They shared that there is a need for more providers in rural areas, as well as more providers in schools.

> *"Something else that is really constantly coming up is the shortage in behavioral health providers. There are facilities like our federally qualified health centers who are willing and wanting to provide behavioral health services, but they cannot find this staff. They can't find the psychiatrist, but mainly they're looking for [Licensed Professional Counselors] and [Licensed Clinical Social Workers] that they cannot find to come into their area… I think that healthcare shortage is a huge challenge and is eventually going to really start impacting the health outcomes of the community…* ***Right now with all of the increased need for behavioral health services, that's really concerning and there's no easy answers****."*
>
> *-Community Leader Interviewee, Region 6*

Community leader interviewees also explained that, even when providers are available, there are still barriers to accessing them. They said that there is a lack of providers who take patients with Medicaid due to low reimbursement rates and shared that even if a patient has access to private insurance, there can be long wait times to receive care.

> *"The Medicaid plans are going to pay for mental health services, but are people acknowledging that how people get those resources is inadequate? That some people are going to a clinic on a Friday and having to get there at 6:30, 7:00 in the morning, just to sit down all day to be able to get in line and take a number to see a medical professional or get their prescription refill… I've had people tell me, 'Well, I got there at 7:00 AM and then waited for hours,' and the doctor… said, 'Okay, I'm leaving for lunch, and I'm leaving for the day.' And the patient's right there and moved mountains to get there…* ***You can say, 'Well, people are covered,' but how accessible is that coverage? What quality of coverage are they actually getting?*** *And then even with someone who has private insurance, there's so much red tape to providers being okay with and accepting insurance."*
>
> *-Community Leader Interviewee, Region 2*

[18] CDC 2000-2018. Accessed via the Louisiana State Health Assessment dashboard.
[19] US Health Resources and Services Administration. Accessed via the Louisiana State Health Assessment dashboard.

Additionally, community leader interviewees shared that transportation can be a barrier to accessing behavioral health care. They explained that free or low-cost transportation services, like Medicaid transportation, can be inconvenient and prohibitive.

> *"There are Medicaid transportation services available, but those are not always reliable, they're not always user friendly… We have a good number of our people... that use Medicaid transportation, where your appointment might be at 10:00... Medicaid transportation may drop these folks off at eight o'clock in the morning, and they may not come back until 3:30.* ***These folks sit here all day because they don't have any other way to get home, and that's just the system the way it is****."*
>
> *-Community Leader Interviewee, Region 4*

Barriers to Behavioral Health Care: Stigma

Community leader interviewees explained how stigma around behavioral health is another barrier to accessing care. They shared that people are often reluctant to talk about behavioral health for fear of being labeled as "crazy" or for the shame it might bring upon their families. They explained that this stigma prevents people from seeking care or taking medication for behavioral health issues.

> *"It is still [seen] as a stigma to go to a therapist... Mental health may be seen as something that may bring stigma to the family... If you're having mental health problems, that does not mean that you're mentally ill, but that is what most people conclude. That if you're going to see someone for mental health issues, you must be a kook. You must be a totally crazy person. And there comes stigma. They don't see stress as a mental health problem. They don't see depression as mental health. They don't see anxiety as mental health. And those are things that you and I would experience all the time, depending on what is going on in our lives… People don't see that everyday, normal people have mental health problems, because of the lifestyle that they have, the responsibilities that they have, the kind of work that they do. They don't see that.* ***What they see is, 'Oh, you think I need to see a therapist? Are you calling me crazy?'"***
>
> *-Community Leader Interviewee, Region 8*

Community leader interviewees noted that stigma around behavioral health is particularly influential in communities of color but shared that this could be ameliorated by increased access to providers of color.

> *"****We have a big need for mental health specialists here in the community, specifically Black mental health professionals.*** *It's just because when you can identify with someone, you feel more comfortable talking to them and pouring into them. Where you don't feel like you're being judged, or you don't feel like you're being looked at with scrutiny of any sort."*
>
> *-Community Leader Interviewee, Region 5*

Relationship Between Behavioral Health and Community Safety

Community leader interviewees explained the connection between behavioral health and community safety. They shared that people experiencing behavioral health issues often end up in the criminal justice system or are incarcerated instead of receiving appropriate care. They explained that this is more acute in Black communities, and that Black people with behavioral health concerns often experience violence at the hands of the criminal justice system.

"Mental health in our Black community is criminalized. Right? So, it's not just do you realize that you could benefit from professional help, but did you get a chance to benefit from it? Did you get shot in the process, right? Did you get killed by a police person? Did you go to jail because you were having a breakdown, and now you're in the system? Is your child experiencing the system because something that was not recognized, or even if you did recognize it, but then they got criminalized? ***Is your loved one in jail right now dealing with a mental health crisis when they should be in a mental health hospital somewhere?****"*

-Community Leader Interviewee, Region 2

Community leader interviewees also shared that violence, be it in the form of police violence or crime, is traumatizing for communities, contributing to worsening behavioral health outcomes.

"I think about in communities where crime is high, a lot of times we count the bodies. That's what's on the news, that's what's sensational. But we don't talk about the trauma of family and children that have to endure that… ***I was thinking for children that young, about the mental trauma that has to have on those children****."*

-Community Leader Interviewee, Region 7

Community Assets for Behavioral Health

Community leader interviewees elevated numerous assets for behavioral health across the state. Many of them discussed how a strong sense of community, neighbors who are willing to help each other, and community events contributed to increased community resilience and mental well-being.

"I think that we always see just a willingness of people to get right in there… They're always willing to help each other and their neighbors… ***Just to be able to see the resilience and the willingness of people to pitch in and help their neighbors is really heartwarming****."*

-Community Leader Interviewee, Region 9

Some community interviewees also discussed how stigma around behavioral health issues is decreasing, prompting more people to seek healthcare.

"Maybe because there are more people talking about it and there's more awareness about it... ***I listen to a morning show every day and the people talk a lot about self-care, and part of self-care is taking care of your mental health… People are trying to remove the stigma away from it****… You don't have to be 'crazy' to go get some assistance with dealing with issues and concerns. It's just as normal as going to the doctor… You have to remove that stigma of being considered 'crazy' just because you sought some assistance with dealing with some trauma."*

-Community Leader Interviewee, Region 7

Community leader interviewees also elevated numerous community resources addressing behavioral health concerns, including behavioral healthcare services (Human Service Districts, recovery centers, FQHCs, school-based health centers), support networks (211 network, 800 lines), coalitions (Healthy Communities Coalition, Safe Haven Coalition), and efforts to connect people in the criminal justice system to behavioral health care and support (behavioral health courts, drug courts).

Priority Area 2: Chronic Disease

Chronic Disease: Overview

Secondary data show that death rates for chronic diseases in Louisiana outpace national rates.[20] Community leader interviewees and survey respondents (Figure 4) agreed that chronic diseases are some of the greatest health concerns in their communities. They shared that diabetes, cancer, heart disease, and stroke were of major concern.

Figure 4: Most survey respondents said that chronic diseases are major problems in their communities.

(Survey respondents by topic: n= 4,486 for diabetes, n= 4,480 for cancer, n= 4,476 for heart disease, n= 4,459 for stroke)

Both survey participants (Figure 5) and community leader interviewees also expressed concern about behaviors that can contribute to chronic conditions, such as weight management, physical inactivity, tobacco/smoking, and poor nutrition.

Figure 5: Most survey respondents said that behaviors that can contribute to chronic disease are major problems in their communities.

(Survey respondents by topic: n= 4,493 for weight management, n= 4,502 for physical inactivity, n= 4,425 for tobacco/smoki

However, chronic diseases are driven by more than just individual behaviors. Community leader interviewees and survey respondents emphasized the many structural barriers that can drive chronic disease, in particular those related to access to healthcare and access to nutritious food.

[20] CDC WONDER Cause of Death 2019. Accessed via the Louisiana State Health Assessment dashboard.

Barriers Driving Chronic Disease: Access to Healthcare

*57% OF SURVEY RESPONDENTS **DISAGREED** WITH THE STATEMENT, "EVERYONE IN MY COMMUNITY CAN ACCESS THE HEALTH CARE THEY NEED." (N= 4,503)*

Secondary data show that there are challenges with access to healthcare in Louisiana, with many parishes having high primary care provider shortage scores.[21] Similarly, survey respondents and community leader interviewees elevated limited access to healthcare as a major concern in their communities and a driver of chronic health conditions. Community leader interviewees emphasized that healthcare services are more limited in communities of color, low-income communities, and rural communities. In particular, they shared that lack of access to healthcare in Black communities contributes to health disparities in this population.

> *"**If COVID didn't show us anything, it showed us the disparities in health among low-income African Americans.** And that's larger for a whole lot of reasons. Some folks just don't go to the doctor; they have to really hurt to get them to go to the doctor. And a lot of folks don't go to the doctor cause they really can't afford to go to the doctor… **I think a lot of it is due to not having proper healthcare or access to healthcare, where they can do the regular preventative health as opposed to reactionary health**."*
>
> *-Community Leader Interviewee, Region 7*

Community leader interviewees explained how, when there is not nearby access to healthcare services, transportation becomes another barrier to accessing healthcare.

> *"**When you look at, you don't have a facility in walking distance or really close to them, you got to find a way, 'How do I get to the doctor?'** Well, you might say the bus. The city bus, yeah, but what if it's an emergency? You can't wait for the bus to run to go to the doctor. So medical transportation, I've seen where a lot of residents are calling a transportation company to come and pick them up, but that's an expense on some sides. Some of them are not free, so the expense to pay someone to take an individual, their family member to a nearby clinic or hospital or even to a pharmacy to get a prescription filled is challenging."*
>
> *-Community Leader Interviewee, Region 8*

Community leader interviewees lauded advances in telehealth for improving access to healthcare, especially as it eliminates the need for transportation to care. However, they explained that telehealth has created new barriers to access to healthcare, particularly for people living in rural areas, the elderly, and people who do not own or are unfamiliar with necessary technology. Secondary data show that nearly 18 percent of households in Louisiana do not have access to the internet.[22]

> *"I think the [issue with] access in times before pandemic was transportation, they had no way to get to there. I think the difference is, the medical community shifted their paradigm. Rather than having the person come in for an in-person appointment… the medical*

[21] US Health Resources and Services Administration 2021. Accessed via the Louisiana State Health Assessment dashboard.
[22] US Census Bureau ACS 5-year 2016-2020. Accessed via the Louisiana State Health Assessment dashboard.

community was like, 'Oh, we can do a telemed appointment... We don't need to see you physically in the office.' Well, that's a disadvantage to those that are rural, or older and don't have the capabilities for that technology. ***So their problem is a little different because it used to be, 'I need to find someone that can help get me to where I need to go.' Now it's, 'Wait, now you're telling me I have to have some app on my phone?'… I think that's complicated matters for those that aren't able to navigate technology very easily, and don't have the ability have access to technology****."*

-Community Leader Interviewee, Region 9

Even when people have the transportation or resources to use telehealth to access healthcare, community leader interviewees shared that insurance can create another barrier. While they expressed that Medicaid expansion has greatly improved healthcare access in Louisiana, it can still be difficult to find providers who accept Medicaid.

"Outside of the city of Lafayette itself, it's pretty rural, and so the concerns we have is folks getting access to care … Sometimes it literally means, can people get a ride to a clinic? Sometimes it means, do they have phones or internet available for telehealth services? Other times it means they have those things, but is there a specialty provider close by, are the services available in a timely manner? Are those providers available to work with that population based on funding sources? And so ***there may be a number of providers in any given area, and if the majority of the population has Medicaid, for example, that doesn't necessarily mean that those providers accept that.*** *And so it's a challenge of all of those things."*

-Community Leader Interviewee, Region 4

Finally, community leader interviewees shared how discrimination and inequity in healthcare contributes to health disparities among communities of color. They expressed how historical abuse of communities of color by the healthcare system, as well as ongoing experiences of medical racism contribute to a lack of trust in healthcare. One community leader interviewee explained how the lack of providers of color also contributes to this mistrust.

"I think individuals of low socioeconomic status in particular, and then also communities of color [are more affected by health concerns]. Because ***a lot of the facilities, the staff does not look like a lot of the people who may have to frequent these places. And so I think sometimes that leads to issues of trust****."*

-Community Leader Interviewee, Region 3

Barriers Driving Chronic Disease: Access to Nutritious Food

54% OF SURVEY RESPONDENTS ***DISAGREED*** *WITH THE STATEMENT, "ALL PEOPLE IN MY COMMUNITY HAVE ACCESS TO HEALTHY, NUTRITIOUS FOODS." (N= 4,523)*

Secondary data show that more than 26 percent of Louisianans have low access to grocery stores, creating barriers for access to nutritious food.[23] Survey respondents and community leader interviewees echoed concerns about limited access to nutritious foods and the effects this has on chronic disease. Community leader interviewees shared that there are oftentimes few or no vendors of nutritious food in rural, low-income, and/or Black communities, forcing residents of these communities to purchase less nutritious alternatives.

> *"**A lot of low-income communities don't even have grocery stores.** And so when you don't have grocery stores nor transportation, and you have to go to a corner store or some other place, you tend to buy these processed foods."*
>
> *-Community Leader Interviewee, Region 7*

They explained that communities with limited food access also tend to have limited access to other resources and infrastructure, compounding the inequities experienced by these residents.

> *"One of the other issues that we have here is just disparity, the resources are disproportionate. North Lake Charles, a predominantly Black, low-income area of Lake Charles, has no access to fresh produce because they don't have supermarkets over there. They only have a Walmart that's on Highway 171. It's closer to Moss Bluff but if you don't have transportation, you can't get over there. They don't have enough access to public transportation... We saw those disparities when the storms happen, because you had things like when the electricity was turned back on, South Lake Charles, which is predominantly White, higher income, those areas receive their electricity first. People will say that it's because that's where the hospitals are, that's where the businesses are. Well, that's why it's disproportionate. You have five, six hospitals on one street. **When this area of Lake Charles has no hospitals and no grocery stores and no infrastructure… There are some racial injustices going o**n."*
>
> *-Community Leader Interviewee, Region 5*

Community leader interviewees said that, even when nutritious food is locally accessible, the high cost of nutritious foods may be prohibitive for some families.

> *"You notice that's something more in your low-income communities, the eating habits where you're going to a fast-food restaurant more and the kids are eating potato chips and candy… Others might say, 'Well, they need to eat more fruit. They need to eat more vegetables. They need to have more green foods.' To some families, with a family or four and five, they're thinking, 'That costs too much for me.' **The prices of fruit, vegetables, there's an expense there… They're looking at how I can feed more of my kids from McDonald's than I could [by purchasing] a healthier meal**."*
>
> *-Community Leader Interviewee, Region 8*

[23] USDA ERS 2019. Accessed via the Louisiana State Health Assessment dashboard.

Finally, community leader interviewees stated that limited food access has worsened with recent disasters, including natural disasters and the COVID-19 pandemic. They explained that grocery stores had been destroyed by hurricanes, people who lost their jobs could not afford nutritious food, and power outages left people without a way to cook food.

> *"**I think when people operate in crisis mode, it's very difficult to be able to see things clearly, or to take care of your basic needs**… Just one very basic example is that you're too scattered to be able to cook a meal, for example. So you go to fast food… In some of our more rural regions, they're food deserts. So obviously that's going to play a big role in being able to even have access to healthy foods... There were a lot of issues with hunger."*
>
> *-Community Leader Interviewee, Region 9*

Community Assets for Chronic Disease

Community leader interviewees talked about multiple assets for chronic disease prevention and treatment across Louisiana. Many of them explained how Louisiana's adoption of the Affordable Care Act Medicaid Expansion in 2016 has improved healthcare access across the state.

> *"**Now that we have expanded Medicaid, that's taken a huge load off people.** And if that ever changes, it'll be devastating because we need people getting their preventive health and not just healthcare when they're in crisis."*
>
> *-Community Leader Interviewee, Region 7*

They also discussed community health outreach initiatives and school-based clinics as important resources for improving health outcomes.

> *"**One thing that they do at their church is that there's a nurse that comes and, maybe once a month, actually comes and sets up shop and sits down and counsels people on issues that they might have with their health.** What happens even on a broader scale is that it's become a message from the church that, 'We will be addressing this issue or that issue…' I think those are the kinds of things, if we start incorporating those into schools, we could make a big, big impact on our health outcomes."*
>
> *-Community Leader Interviewee, Region 4*

Community leader interviewees also elevated numerous community resources addressing chronic diseases, including healthcare services (hospitals, regional medical centers, community health clinics, school-based clinics), foundations and nonprofit organizations (Rapides Foundation, United Way), governmental organizations (United Houma Nation, LDH-OPH), coalitions (Healthy Acadiana, Healthy BR, Bogalusa Strong, FOCUS Franklin), and outdoor infrastructure and resources for physical activity (BREC, Moncus Park, Front Yard Bikes).

Additionally, community leader interviewees uplifted many resources and organizations working to improve access to nutritious foods. These included community gardens, farmer's markets, mutual aid groups, food banks and pantries, and others. Community leader interviewees emphasized how food assistance programs pivoted their operations to make sure communities' needs were met during the COVID-19 pandemic and natural disasters. They also shared how community members are taking local action to increase access to nutritious foods.

*"You've got those smaller communities; they're hosting their own farmers markets at a local store that's in the rural area. It's not a town, it's not incorporated, but it's a community… **You've got local farmers that say, 'Okay, we're going to have a farmer's market at our property…'** They're using social media to publicize that, 'Hey, we're having this. Come out today…' It gives a community an opportunity to come out and take part in that, and they don't have to drive all the way to Hammond or Kentwood to see it or to take part in it."*

-Community Leader Interviewee, Region 9

Priority Area 3: Maternal and Child Health

Maternal and Child Health: Overview

Community leader interviewees discussed how lack of sexual education, limited information about maternal health, and economic drivers such as the inability to take time off work and high costs of care contribute to poor maternal health outcomes. They described barriers to child health as including lack of access to quality education, the need for more health education in schools, and poor behavioral health outcomes among youth. Community leader interviewees explained that there are geographic and racial disparities in maternal and child health outcomes, with rural parishes and Black and Brown communities being affected the most. Finally, they also shared community assets for maternal and child health, including the importance of doulas and midwives, as well as organizational and grassroots efforts to improve maternal and child health.

Barriers to Maternal Health: Lack of Sexual Education, Limited Information, and Economic Drivers

Secondary data show that rates of sexually transmitted infections (STIs) are higher in Louisiana compared to national rates and that many Louisiana parishes have high rates of teen pregnancy.[24] Community leader interviewees expressed that the lack of sexual education, especially in the school environment, contributes to these negative sexual and reproductive health outcomes.

> *"It's criminal that we cannot talk to our kids about sex… The schools are forced to not be able to talk about it, and therefore nobody does.* ***We're exacerbating the same problems of sexually transmitted [infections] and mothers who may give up economic opportunities because they became pregnant at a time when they didn't know what their options might have been, because we're not allowed to talk about it."***
>
> *-Community Leader Interviewee, Region 6*

Additionally, community leaders shared that lack of information about maternal health creates difficulties for pregnant people in navigating healthcare.

> ***"A lot of the information that you have is largely shaped on the research that you do yourself, or if you're fortunate to have family members to reach out to that have been pregnant in recent years to offer you some experience.*** *When should you call the doctor? When should you do that? The information is not freely flowing like I think it should be, or that one might think it is… There's organizations that have a plethora of information available, if you know that it's there, right, on their website. If you have proper access to web resources, because that's not a reality for everyone. If you're literate. If you even know that you need more information. You may think that you have it all, and it's not good enough."*
>
> *-Community Leader Interviewee, Region 2*

Community leader interviewees also emphasized the economic drivers of poor maternal health outcomes. They explained that people are unable to take time off work to go to prenatal appointments and often choose between taking care of their and their child's health and addressing their economic needs. These barriers to care are further exacerbated when specialists are not readily available in the community or people have to pay out of pocket for certain types of specialized care, such as perinatal mental healthcare.

[24] ADISVu Emory University 2018. CDC NCHHSTP AtlasPlus 2019. Louisiana Department of Health 2019. Accessed via the Louisiana State Health Assessment dashboard.

"The reality is that when we go to our doctor's appointments, many of us wait two to four hours to be seen [or] for the experience… I had a job with sick time and that flexibility. But if I was hourly, guess what? I really have to choose? ***Can I give a half day to checking on me and my baby? Or do I need to make sure my baby and I have lights over our head, and then I can save some money to be able to take some time off after that?*** *And that's the reality, more so than just an inconvenience for people."*

-Community Leader Interviewee, Region 2

Community leader interviewees explained that these economic drivers of poor maternal health continue during the postpartum period, as people who have recently given birth may be pressured by their employer to return to work quickly before they have time to heal or bond with their newborn. Similarly, they may be unable to afford the time away from work, further exasperating poor health outcomes for themselves or their baby. Secondary data indicate that over half of single females with children are below poverty levels, rates much higher than other family types.[25]

"Being pregnant can be a very scary experience for a lot of people. I think it's also an experience that our capitalist society wants to just rush along as if it's not a major life episode or a major health episode, which it is. ***I feel like we've gotten into this drive-through scenario of rushing birthing people through their experiences and rushing them back to make money for someone on their job and forcing us to choose between being healthy [and] meeting our children's emotional and physical needs versus being able to keep a roof over our heads****."*

-Community Leader Interviewee, Region 2

Barriers to Child Health: Lack of Access to Quality Education, Need for Health Education in Schools, and Behavioral Health Needs

Community leader interviewees highlighted the importance of quality education for positive child and long-term health outcomes, starting with access to early childhood education. However, data show that nearly half of children ages 3-4 in Louisiana are not enrolled in nursery or preschool.[26] Community leader interviewees expressed that access to daycare and other early childhood education opportunities is limited, especially in rural parishes.

*"****Daycare access is definitely an issue in some of the more rural parishes. There are actually parishes that do not have a single daycare center in it…*** *They have a lot of in-home childcare providers. They're not necessarily licensed childcare providers, but that is their system and their structure. As a parent, I would be completely lost without childcare for my little ones. So I think that's definitely an issue in some of the more rural parishes."*

-Community Leader Interviewee, Region 6

Concerns about access to quality educational opportunities continued for K-12 education. Community leader interviewees shared that the pressure on school administrations and teachers to focus on testing diverts time and resources from making schools a safe space for children. Additionally, they said that there are disparities

[25] US Census Bureau ACS 5-year 2016-2020. Accessed via the Louisiana State Health Assessment dashboard.
[26] US Census Bureau ACS 5-year 2016-2020. Accessed via the Louisiana State Health Assessment dashboard.

in resources and quality of education by school type, with charter, private, and magnet schools having more access to resources and thus performing better than other public schools.

> *"**I think the pressure on the teachers, the pressure on the administration is so about testing… but the kids don't feel safe or attached to the schools [or] that they're going to schools to learn for fun, to learn things that are going to benefit them.** So I think a place where our schools can be the center of bringing the community together to give our kids more opportunities, I think that's an important part of a successful community."*
>
> *-Community Leader Interviewee, Region 6*

Furthermore, community leader interviewees stressed the need to use schools as an environment to promote health education and healthy behaviors that children will carry throughout their lives. They expressed a need for more school-based clinics and shared that the clinics could promote the habit of seeking regular preventive care, both during childhood and later in life. Additionally, they wanted to see more healthy options in schools, such as nutritious school meals and opportunities for physical activity.

> *"I think additional work [is needed] around school choices, like food choices in schools. Definitely some work around physical activity in schools. **That's where the kids are for the majority of their week, and that's where they build habits and that's where they develop what they like**."*
>
> *-Community Leader Interviewee, Region 6*

Finally, community leader interviewees shared that poor behavioral health outcomes affected many children and adolescents in their communities. They shared that the COVID-19 pandemic and natural disasters contributed to increased stress and isolation among children and adolescents. They also expressed concerns about high rates of suicide and substance use disorders among young populations.

> *"**We worry about the younger population with addiction just because they'll try things, and then they get addicted, and then they're struggling with it… They're at much higher risk of overdose.** Just because they may be new to addiction, and you feel invincible when you're younger. So it just increases your chances of doing something to overdose, because you're thinking you're going to be okay."*
>
> *-Community Leader Interviewee, Region 9*

Barriers to Maternal and Child Health: Geographic and Racial Disparities

Community leader interviewees emphasized the effects of racial and geographic disparities in maternal and child health outcomes. They shared that infant mortality rates are higher in rural parishes and certain regions of Louisiana. There are also disparities in maternal and child health outcomes by race. Secondary data show that Black residents in Louisiana, and across the United States, experience higher infant and maternal mortality rates compared to White residents, regardless of regional placement or socioeconomic status.[27, 28] The most recent Louisiana Pregnancy-Associated Mortality Review report shows that the majority of maternal deaths in

[27] National Center for Health Statistics- Mortality Files 2013-2019. Accessed via the Louisiana State Health Assessment dashboard.
[28] PAMR | La Dept. of Health

Louisiana are largely preventable.[29] Community leader interviewees echoed concerns about how Black and Brown communities are disproportionately affected by poor maternal and child health outcomes.

> *"**We as Black women who live in economically advantaged neighborhoods have worse [outcomes] than White women who live in poverty neighborhoods**… We know that as Black women, there is no protective factor for us despite our socioeconomic status."*
>
> *-Community Leader Interviewee, Region 2*

Community leader interviewees explained that these disparities in maternal and child health are driven by larger inequities that prevent Black and Brown communities from having fair opportunities for physical, emotional, and economic health.

> *"**I think that stress resulting from all of these inequities, whether it's police violence, whether it's working for minimum wage, whether it's not being able to go to the doctor when you're sick, all of these things that are impacting [Black communities] so disproportionately**… And then from there it leads to poor health outcomes and birth outcomes for women."*
>
> *-Community Leader Interviewee, Region 2*

Community leader interviewees also shared that the mistreatment of Black and Brown pregnant people in the healthcare system contributes to these disparities in maternal and child health outcomes, and that there is need for ongoing, equity-focused work to improve these outcomes.

> *"**In terms of maternal mortality, preterm birth, breastfeeding rates, the mistreatment and the maltreatment of Black and Brown women inside of the hospital systems, our high rate of Caesarian section, the high rate of reported birth trauma across the state, those things are still continuing.** So while it is good to know that we have more people doing the work, it is also frustrating because there's still a whole lot of work to be done."*
>
> *-Community Leader Interviewee, Region 1*

Community Assets for Maternal and Child Health

Community leader interviewees elevated numerous assets for maternal health across the state. In particular, they emphasized the importance of doulas and midwives in advocating and providing care for pregnant people.

> *"**Midwives should be ubiquitous and available and affordable**."*
>
> *-Community Leader Interviewee, Region 1*

Community leader interviewees also discussed many organizations and initiatives working to improve maternal health in Louisiana, such as March of Dimes, Sista Midwife Productions, Healthy Start, Saul's Light, Black Mamas Matter Alliance, Amandla Group, the Healthy BR Maternal and Infant Health coalition, and Family Road of Greater Baton Rouge. Many of these organizations and initiatives were developed and led by Black women to address health disparities among Black and Brown communities. Furthermore, community leader

[29] PAMR | La Dept. of Health

interviewees specified that local grassroots efforts have led to growth in advocacy, as well as efforts to connect mothers to information and services.

> *"I had to call the nursing supervisor… and let her know this, that they* ***in one parish had almost 90% of their eligible pregnant mothers were on WIC.*** *And I said, 'How did you do that?' And she wasn't willing to take credit for, but I know people come up to her in the grocery store and wherever she is, and they're networking,* ***she's networking all the time because she's a member of that community****."*
>
> *-Community Leader Interviewee, Region 7*

Furthermore, community leader interviewees listed a number of organizations working on child health and education in Louisiana, including school feeding programs, foundations (Rapides Foundation, Orchard Foundation), and organizations assessing and providing treatment for children with developmental disabilities (Holy Angels, Early Steps, LSU Health Sciences Center).

Priority Area 4: Community Safety

Community Safety: Overview

Community leader interviewees and survey respondents emphasized the importance of a variety of factors that influence community safety, in particular violence, environmental disasters and hazards, and substandard and inaccessible housing. The issues that fall under community safety are compounded by intersectionality, meaning that people who experience one of these issues are more likely to be affected by others (for example, people affected by natural disasters may likely experience unstable housing). These factors exacerbate one another, amplifying the issues and experiences of people who are impacted.

> *"Once people lose hope, they're not dreaming anymore... Even the children are not [dreaming] because they're caught in a vicious cycle. They're in a poor school, they have poor housing, poor income, poor diets. And somehow it clouded their vision so they're not aspiring to do great things, that things are not actually going that well in the systems, not going well in the community... The solution's going to entail a lot of things... That's going to be a pretty significant hill to climb, but it's going to have to be done, I think, collectively and comprehensively."*
>
> *-Community Leader Interviewee, Region 4*

Barriers to Community Safety: Impact and Drivers of Violence

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*50% OF SURVEY RESPONDENTS SAID THAT VIOLENCE IS A **MAJOR ISSUE** IN THEIR COMMUNITIES. (N= 4,500)*

Secondary data show that Louisiana has the 5th highest domestic violence homicide rate in the country, as well as high rates of violent crime.[30] Survey respondents and community leader interviewees expressed concerns about violence in their communities. Community leader interviewees talked about increases in gun violence, homicide, and domestic violence, as well as non-violent crimes such as carjackings. They explained that increases in violence create an environment of fear, which has negative effects on health, for example by leading to less participation in outdoor activities. They also shared that community violence contributes to trauma, especially among children and youth who witness the violence. Secondary data show that 60 percent of Louisianans report having experienced one or more Adverse Childhood Experiences (ACEs) during their childhood.[31] ACEs can include violence and abuse and are linked to chronic health problems.

> *"**Some of the neighborhoods are so violent that if people want to go for a nice walk, take their baby out in the stroller, that's not going to happen.** The people are too concerned… We have an environment of violence… And it affects our health and wellbeing."*
>
> *-Community Leader Interviewee, Region 7*

[30] Violence Policy Center, When Men Murder Women: An Analysis of 2019 Homicide Data. Uniform Crime Reporting – FBI 2014-2016. Accessed via the Louisiana State Health Assessment dashboard.
[31] LDH, BRFSS 2014-2016 aggregated. Accessed via the Louisiana State Health Assessment dashboard.

*51% OF SURVEY RESPONDENTS SAID THAT PHYSICAL AND EMOTIONAL TRAUMA ARE **MAJOR ISSUES** IN THEIR COMMUNITIES. (N= 4,503)*

Community leader interviewees explained that the connection between violence and behavioral health goes beyond the trauma associated with violence. They shared that people experiencing behavioral health issues often end up incarcerated instead of receiving appropriate care and that they are also more likely to experience violence at the hands of the criminal justice system. For more information, see "Discussion of Findings: Behavioral Health".

> *"Louisiana leads the country and leads the world in incarceration per capita. A lot of that is related to behavioral health issues... **We have a lot of folks that are locked up that are having behavioral health issues. They might really need to be somewhere in treatment, as opposed to being incarcerated.** It doesn't mean they didn't do something illegal, but let's take a look at how we're handling that."*
>
> *-Community Leader Interviewee, Region 4*

Community leader interviewees shared that one contributing factor to increases in violence, as well as non-violent crime, is the lack of educational opportunities and resources for youth. In particular, they explained how youth do not receive sufficient support in the school system or are pushed out of school for minor behavioral issues, which can lead to youth getting involved in crime.

> *"These kids would get in trouble for stealing food and fighting. We are currently working with the superintendent with the fighting issues, because **school fights shouldn't lead to criminal records**. You have to take a step back from the police report and look at it holistically. **Kids are being taken out of school because of uniform violations, or they are acting up because they are embarrassed they can't read**."*
>
> *-Community Leader Interviewee, Region 2*

Additionally, community leaders explained how limited economic opportunities and lack of a living wage, especially in Black and Brown communities and for people who were previously incarcerated, can contribute to cycles of crime. Secondary data show that Louisiana has one of the highest rates of incarceration in the nation and that a disproportionate percentage of those incarcerated are Black.[32]

> *"If we keep holding people accountable for past mistakes, especially your young African American men that may have found themselves in some form of trouble, but they've served their time, they've been rehabilitated and they're trying to come back into the community, but there's nowhere to go. No one is willing to give them a second opportunity to do anything differently… I think we have to look at that system as a whole. **I don't think that we can continue to hold people hostage by past mistakes. We have to give them an opportunity to do something different and make livable wages. And until we fix that, we're going to stay in this cycle**."*

[32] U.S. Department of Justice 2020, Louisiana Department of Public Safety and Corrections 2020, and Vera Institute of Justice 2018. Accessed via the Louisiana State Health Assessment dashboard.

-Community Leader Interviewee, Region 2

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*66% OF SURVEY RESPONDENTS **DISAGREED** WITH THE STATEMENT, "ALL WORKERS IN MY COMMUNITY MAKE MINIMUM INCOME NECESSARY TO MEET BASIC NEEDS." (N= 4,501)*

Barriers to Community Safety: Environmental Disasters and Hazards

Community leader interviewees emphasized the impact that natural disasters, including hurricanes, tornadoes, flooding, and ice storms, have on Louisianans. They shared a multitude of effects of natural disasters, such as school, business, and healthcare closures; damages to housing and mass displacement; canceling of community events; and the cumulative stress of dealing with these issues. Community leader interviewees explained how back-to-back natural disasters put people in a constant state of recovery, leading to long-term housing instability and stress. For more information on the effect of natural disaster on behavioral health outcomes, see "Discussion of Findings: Behavioral Health."

> *"**People were tired when [Hurricane] Laura hit and they had to evacuate and came right back. And then [Hurricane] Delta hit. They were like, 'Oh no, I'm not coming back. That's too much.' But the people who came back after those two, then you turn around and you have a freeze and a flood.** People who didn't lose everything during the hurricane, they ended up getting whenever the freeze happened… A lot of people's pipes burst. Whenever that water came back on, so many people's homes flooded from that. It caused mold, or they found mold where they didn't know mold was from the hurricanes. And then you turn around and you have a hundred-year flood to come after that… People ran because of fear. Again, people ran to evacuate, but then they didn't have anything to come back to… Now they want to come back. **It's 18 months past these disasters, and there is still nowhere for them to go. People are still in [Federal Emergency Management Agency] trailers.**"*
>
> *-Community Leader Interviewee, Region 5*

Community leader interviewees explained that recovery from natural disasters can be long and challenging, especially due to complicated processes for accessing aid and competing needs across various impacted communities. They shared that even communities that are not directly hit by natural disasters can be affected, as they divert their resources to assist other communities or displaced populations. Community leader interviewees also emphasized the impact of natural disasters on health. They shared that these impacts can be short-term, such as barriers to addressing chronic disease due to healthcare closures and lack of basic needs like electricity, or long-term, such as environmental health hazards created by molded buildings.

> *"I came back in 2016 to do the relief from the floods, and a lot of the families that we found in 2016 had never recovered from Hurricane Rita [in 2005]. So we had families that had been living with black mold in their home for eight, ten years, because they were never able to fix up their homes… **If folks do not have the resources to repair their homes, to rip out that mold, to put up new drywall, it's horrible on your health, but also it's horrible on your mental health and it's horrible on developmental things for our kids. Disasters have a terrible impact upon our communities because we leave behind the most vulnerable without the resources to recover**."*
>
> *-Community Leader Interviewee, Region 6*

Community leader interviewees also emphasized the impact of environmental hazards on community safety and health. They shared that industrial activity creates air pollution that contributes to poor health outcomes, including respiratory diseases and cancer. Community leader interviewees explained that Black communities disproportionately experience negative health outcomes from this pollution, as industrial plants are often intentionally located in their neighborhoods.

> *"The [industrial] plants started coming into the areas in the 1960s, and they were generally in areas that were near sugar plantations. In a lot of cases, Black people continued to live close to the plantations because they tended to work there… So when the plants came, they went for various reasons to areas that were sugar plantations, because you can buy a bunch of land without having to deal with a million different property owners because most of this property was owned by one or two or three groups…* ***It's always been historically disadvantaged… In the river parishes, [during slavery] the death rate exceeded the birth rate, so it was historically unhealthy*** *because it's one thing to pick cotton, but it's something else to pick sugar cane, and then you got to do something with it to ferment it, and it's tough. Historically, that's just the way it's been,* ***and the plants were strategically situated in those same areas, so things just never truly improved is my opinion****."*
>
> *-Community Leader Interviewee, Region 3*

Community leader interviewees shared that poor water quality is another environmental hazard that negatively impacts Louisianans' health. They explained that there are various causes for poor water quality, including poor maintenance of septic systems, insufficient funding for proper sewage treatment plans, agricultural chemical runoff, and litter. Community leader interviewees emphasized the impact of poor water quality on low-income communities, who may not have the money to purchase bottled water as a safe alternative.

> *"I was in Western Monroe Park and there's a fountain in the park, and I was wanting to fill up my bottle after a run… When I was filling the bottle up and I drank it, [and said], 'Wait a second, I wouldn't drink two more sips out of this bottle because the water just doesn't taste right.' So* ***there are two options. One is, I be wealthy enough to carry my own water to the park, which is tons and tons of bottles… Or the other thing is, if I don't have the money, then I have to drink that water.*** *Things like this, for a modern city of today, shouldn't be of concern.* ***People should just know that I should be able to open my faucet and at least have a safe glass of water****."*
>
> *-Community Leader Interviewee, Region 8*

Barriers to Community Safety: Substandard and Inaccessible Housing

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71% OF SURVEY RESPONDENTS ***DISAGREED*** *WITH THE STATEMENT, "ALL PEOPLE IN MY COMMUNITY LIVE IN SAFE, AFFORDABLE HOUSING." (N= 4,507)*

Survey respondents and community leader interviewees elevated lack of access to safe and affordable housing as major issues within their communities. They said that substandard housing, including houses that have insufficient insulation, lack running water, and are built with unstable structures, is a common concern,

especially in Black, immigrant, and/or rural communities. They explained that living in substandard housing puts these populations at greater health risks.

> *"We have people who are in units that have mold, that are in unsafe.* ***We have a whole subset of a population that's, maybe not what you would normally think of as technically homeless, but in unsafe, uninhabitable living conditions as well. I think those are the kinds of things that build on putting you further and further behind in terms of all aspects of your health.****"*
>
> *-Community Leader Interviewee, Region 9*

Another barrier to housing is high costs. Secondary data show that 27 percent of households in Louisiana experience excessive housing costs.[33] Community leader interviewees explained that the high cost of housing is compounded by low wages that do not cover housing costs and other costs of living, and that public assistance housing is not readily available due to long waitlists. They shared that the lack of affordable housing leads to evictions, as well as predatory rental practices in which landlords charge high rent for substandard housing.

> *"I do see that we do have housing, but I think there is a lack of affordable housing… Rent goes up, so even if [residents] are getting supplemental food stamps, they still struggle because rent is so high. Then so it's like, 'Okay, well, I have to go and try to find me something more affordable because I still have to feed my family. I have to pay light bills and everything else.' So yeah,* ***I do see the lack of affordable housing, especially in the poor community… And I'm seeing more of them being evicted because they can't afford the housing or the rent****."*
>
> *-Community Leader Interviewee, Region 2*

Community leader interviewees emphasized the impact that natural disasters have on housing instability. They explained that when houses are damaged in natural disasters, a large number of people move into short-term rental properties, causing the demand and the price for rental properties to skyrocket. They shared that the people who are most vulnerable to housing insecurity after a natural disaster include people living on a fixed income or without disposable income and people living in substandard housing or housing previously damaged by another natural disaster. Community leader interviewees explained that these populations often deal with long-term displacement, in some cases lasting years.

> *"I would say our senior citizens [are more affected by natural disasters]… Because they're either not insured or underinsured…. Now they've had maybe roof damage, or some issues with their home, and it's got a blue tarp on it, but they don't have the disposable income to try and replace it… Most of the others are maybe on that lower end of the spectrum income-wise, they may have a mobile home. Well, if the mobile home's damaged, there's really not a lot of ways that you can repair a mobile home without just outright replacing it...* ***So between those that are on fixed incomes, which would be our disabled citizens, our senior citizens, or those that are at low income, [disasters] can be a problem. Because even if they're low income and they're renters, they may not be able to find affordable rental***

[33] US Census Bureau ACS 5-year 2016-2020. Accessed via the Louisiana State Health Assessment dashboard.

***property that's safe for their family, because everyone else's displaced from their homes that are being repaired**."*

-Community Leader Interviewee, Region 9

Community leader interviewees explained that these issues with housing, including substandard housing, unaffordable housing, and damages from natural disasters, contribute to increased rates of homelessness. They said that the populations who are most vulnerable to experiencing homelessness include people with disabilities, those who have behavioral health concerns, people living on a fixed income, and people who have survived domestic violence, among others. Community leader interviewees shared that, while there are resources and supportive services for people experiencing homelessness, these services are often limited to urban areas, can have administrative barriers to access, and are limited after natural disasters.

*"**I know that Ascension doesn't have... a homeless shelter, whereas in Baton Rouge, they have a homeless shelter.** There is more homelessness in Baton Rouge than Ascension because it is bigger. But it is still actually the same problem. There's drug abuse, it's addiction, it's mental health. Disability is another one. Veterans because they have PTSD. As far as just the lack of income, they only have so much income and they can't support themselves off the little income that they have, like social security disabilities, SSI. That's especially more in the elderly. They only have so much income, so they can't support themselves."*

-Community Leader Interviewee, Region 2

Community Assets for Community Safety

Community leader interviewees discussed many assets for community safety in Louisiana. They talked about organizations working on issues of violence and crime, including non-profits working to reduce violence (TRUCE) and non-profits that provide services and advocate for formerly incarcerated people (Parole Project, Voice of the Experienced).

Community leader interviewees also listed a number of organizations addressing issues of environmental disasters and hazards. These include governmental organizations working on disaster preparedness (Offices of Homeland Security and Emergency Preparedness at the parish and state level), non-profit organizations providing support after natural disasters (Power Coalition, Vessel Project and other mutual aid groups, Imagine Waterworks, United Way, churches), and grassroots organizations and coalitions advocating for environmental justice and reduction of environmental hazards (SOS St. Bernard, Rise St. James, Healthy Gulf, Coalition Against Death Alley, Louisiana Environmental Action Network). Community leader interviewees expressed the importance of grassroots advocacy work to address environmental hazards and shared that much of this work is led by the people most impacted.

"If you truly want to get something done, you have to keep fighting… We may feel like we're not getting any results today. But we're fighting for tomorrow so that our children don't have to fight this same fight or so that the fight is easier for them. Until we can get 100% away from plastics, 100% away from oil and gas, 100% away from all of these harmful, dangerous [pollutants]… Until we can get 100% of away from it, the fight is going to continue… Because you are fighting for your community, for your future, for justice, because we're very much an environmental justice community."

-Community Leader Interviewee, Region 5

Finally, community leader interviewees referenced organizations working to address issues of substandard and inaccessible housing, as well as homelessness, including the Louisiana Balance of State Continuum of Care, Northlake Homeless Coalition, and Heaven's Care. They also shared that there are numerous shelters available for people experiencing homelessness, including specific locations for individuals with unique needs or circumstances, such as shelters for people living with HIV/AIDS, people with disabilities, and people who have survived domestic violence.

Conclusion

Providing actionable health-related data, aligning partners around common goals, and creating a framework that can be utilized across various communities and sectors allows communities to tackle self-identified health concerns and provides interested parties the ability to work collaboratively. During the SHA community engagement process, individuals and organizations from across the state came together to identify and describe the most pressing health-related concerns of Louisianans and to identify priority areas to be addressed in the State Health Improvement Plan: behavioral health, chronic diseases, maternal and child health, and community safety.

Now that the SHIP priority areas have been established, the next step is to build out and implement the SHIP itself. The SHIP is intended to facilitate cross-sector partnerships to collaborate on health improvement efforts relevant to the priority areas. By identifying current assets and resources, developing shared goals and objectives, and identifying indicators that can be tracked to measure progress, partners can determine the best way forward. Additionally, we will be working with these partners to establish action plans, performance metrics, and identify any additional key partners who will contribute to addressing these priority areas.

Following the second-round regional meetings described in this report, over 200 individuals from across the state have signed up to participate in workgroups to develop the SHIP. LDH will lead a process over the coming months to develop and publish the SHIP later this year (2022), during which workgroup members will help develop goals, measurable objectives, and strategies to address root causes and health inequities that contribute to poor health outcomes. Then, LDH and the workgroups will implement the SHIP over the next 4-5 years, participating in partnerships and engaging with community stakeholders, tracking data, and reporting progress.

The SHIP, like the SHA, will be published as an online dashboard on the mySidewalk platform and will be designed with a health equity focus. This means ensuring strategic efforts are made to address disparities by equalizing the conditions for health for all groups, but with a targeted focus on those who have experienced historical and systematic injustices. The dashboard will enable SHIP partners to measure progress in real-time while ensuring accountability and transparency.

We anticipate that current impactful, innovative, and significant initiatives addressing the priority areas across the state will be reflected in the SHIP, that partners will come together to create new initiatives to address identified gaps, and that these efforts will make a measurable difference in improving health outcomes and health equity for the residents of Louisiana in the years to come.

Appendix A: Additional Survey Data

Statewide Survey Results: Demographic Data

N	4,551
Region	
1	20.79%
2	10.97%
3	10.70%
4	10.05%
5	6.15%
6	7.21%
7	8.66%
8	9.98%
9	15.49%
Urbanicity	
Rural	31.80%
Hybrid	16.67%
Urban	51.52%
Age	
17 or younger	0.31%
18-24	3.73%
25-30	9.00%
31-35	10.88%
36-40	11.92%
41-45	11.61%
46-55	22.04%
56-65	18.98%
65+	11.54%
Gender	
Male	16.55%
Female	82.04%
Transgender Male	0.07%
Transgender Female	0.11%
Non-Binary	0.31%
Prefer not to answer	0.93%

Race/Ethnicity	
Non-Hispanic White	61.84%
Non-Hispanic Black	27.64%
Non-Hispanic Asian	1.24%
Latino/Hispanic	3.99%
Multiracial	1.77%
Non-Hispanic Indigenous American or Alaska Native	0.62%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.13%
Other*	0.20%
Prefer not to answer	2.57%

*These answers include the following write-in responses, with no other race/ethnicity option selected: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa".

Educational Attainment	
Less than high school	1.63%
High school or GED	11.75%
Some college	18.80%
Associates degree	10.56%
Bachelor's degree	26.66%
Graduate degree or higher	29.27%
Prefer not to answer	1.33%

Statewide Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	50%	50%	4,529
Individuals and families can get the support they need during times of stress and hardship.	51%	49%	4,524
People in my community actively work to make the community a better place to live.	33%	67%	4,522
People in my community take pride in the community and its accomplishments.	29%	71%	4,520
All people in my community have access to healthy, nutritious foods.	54%	46%	4,523
My community is a safe place to live.	31%	69%	4,504
There are parks and green spaces in my community.	21%	79%	4,511
All people have access to reliable public transportation in my community.	65%	35%	4,509
All people in my community live in safe, affordable housing.	71%	29%	4,507
My community has clean air, water, and soil.	34%	66%	4,511
All people in my community have opportunities to engage with the arts and culture.	52%	48%	4,511
All children in my community receive high quality education.	58%	42%	4,510
All workers in my community make the minimum income necessary to meet basic needs.	66%	34%	4,501
Everyone in my community can access the health care they need.	57%	44%	4,503

Statewide Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	54%	38%	8%	4,425
Excessive alcohol use	58%	35%	8%	4,484
Air pollution, water pollution, and chemical exposures	36%	45%	19%	4,508
Car/motorcycle accidents	32%	55%	13%	4,509
Violence	50%	40%	10%	4,500
Poor nutrition	49%	38%	13%	4,486
Physical inactivity	56%	35%	9%	4,502
Substance abuse and addiction	69%	24%	6%	4,501
Physical and emotional trauma	51%	40%	9%	4,503

Statewide Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	68%	27%	5%	4,476
Diabetes	77%	19%	4%	4,486
Cancer	69%	27%	5%	4,480
Stroke	51%	42%	6%	4,459
COVID-19	69%	25%	6%	4,485
Unintentional injury	17%	67%	16%	4,472
Weight management	73%	22%	5%	4,493
Asthma	32%	59%	9%	4,469
Suicide	33%	52%	16%	4,468
Homicide	43%	41%	16%	4,464
Sexually transmitted infections/diseases	43%	45%	12%	4,457
Infant mortality	20%	56%	24%	4,437
Mental health conditions	69%	25%	6%	4,476

Region 1 Survey Results: Demographic Data

N	929
Age	
17 or younger	0.11%
18-24	3.23%
25-30	8.73%
31-35	13.25%
36-40	14.22%
41-45	11.64%
46-55	17.35%
56-65	16.81%
65+	14.66%
Gender	
Male	20.15%
Female	77.69%
Transgender Male	0.11%
Transgender Female	0.11%
Non-Binary	0.86%
Prefer not to answer	1.08%
Race/Ethnicity	
Non-Hispanic White	58.12%
Non-Hispanic Black	25.97%
Non-Hispanic Asian	2.49%
Latino/Hispanic	7.25%
Multiracial	2.27%
Non-Hispanic Indigenous American or Alaska Native	0.32%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.11%
Other*	0.54%
Prefer not to answer	2.92%
Educational Attainment	
Less than high school	0.87%
High school or GED	9.74%
Some college	18.07%
Associates degree	6.71%
Bachelor's degree	24.24%
Graduate degree or higher	39.39%
Prefer not to answer	0.97%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 1 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	59%	41%	925
Individuals and families can get the support they need during times of stress and hardship.	58%	42%	923
People in my community actively work to make the community a better place to live.	27%	73%	922
People in my community take pride in the community and its accomplishments.	23%	77%	922
All people in my community have access to healthy, nutritious foods.	59%	41%	925
My community is a safe place to live.	35%	65%	917
There are parks and green spaces in my community.	17%	83%	921
All people have access to reliable public transportation in my community.	46%	54%	920
All people in my community live in safe, affordable housing.	68%	32%	918
My community has clean air, water, and soil.	41%	59%	920
All people in my community have opportunities to engage with the arts and culture.	43%	57%	919
All children in my community receive high quality education.	68%	33%	920
All workers in my community make the minimum income necessary to meet basic needs.	69%	31%	916
Everyone in my community can access the health care they need.	62%	38%	922

Region 1 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	45%	47%	8%	907
Excessive alcohol use	53%	39%	9%	922
Air pollution, water pollution, and chemical exposures	45%	41%	13%	925
Car/motorcycle accidents	34%	54%	12%	924
Violence	59%	31%	10%	922
Poor nutrition	54%	34%	12%	919
Physical inactivity	55%	37%	9%	922
Substance abuse and addiction	63%	29%	8%	919
Physical and emotional trauma	55%	36%	9%	921

Region 1 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	67%	27%	6%	905
Diabetes	77%	20%	4%	911
Cancer	67%	28%	5%	911
Stroke	53%	40%	7%	905
COVID-19	68%	26%	5%	918
Unintentional injury	20%	65%	16%	910
Weight management	69%	24%	7%	914
Asthma	36%	55%	9%	908
Suicide	34%	52%	15%	908
Homicide	54%	32%	14%	908
Sexually transmitted infections/diseases	38%	48%	14%	905
Infant mortality	26%	52%	22%	901
Mental health conditions	72%	22%	6%	911

Region 2 Survey Results: Demographic Data

N	490
Age	
17 or younger	0.41%
18-24	4.71%
25-30	11.68%
31-35	14.55%
36-40	16.19%
41-45	10.25%
46-55	19.06%
56-65	14.75%
65+	8.4%
Gender	
Male	14.93%
Female	84.25%
Transgender Male	0%
Transgender Female	0%
Non-Binary	0.2%
Prefer not to answer	0.61%
Race/Ethnicity	
Non-Hispanic White	49.08%
Non-Hispanic Black	40.49%
Non-Hispanic Asian	2.04%
Latino/Hispanic	3.68%
Multiracial	2.25%
Non-Hispanic Indigenous American or Alaska Native	0.2%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.2%
Other*	0.41%
Prefer not to answer	1.64%
Educational Attainment	
Less than high school	1.43%
High school or GED	12.24%
Some college	18.37%
Associates degree	9.8%
Bachelor's degree	23.27%
Graduate degree or higher	34.29%
Prefer not to answer	0.61%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 2 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	58%	42%	490
Individuals and families can get the support they need during times of stress and hardship.	58%	42%	490
People in my community actively work to make the community a better place to live.	35%	65%	490
People in my community take pride in the community and its accomplishments.	32%	68%	489
All people in my community have access to healthy, nutritious foods.	57%	43%	489
My community is a safe place to live.	34%	66%	489
There are parks and green spaces in my community.	18%	82%	490
All people have access to reliable public transportation in my community.	69%	31%	489
All people in my community live in safe, affordable housing.	70%	30%	488
My community has clean air, water, and soil.	36%	64%	490
All people in my community have opportunities to engage with the arts and culture.	54%	46%	490
All children in my community receive high quality education.	59%	41%	488
All workers in my community make the minimum income necessary to meet basic needs.	67%	33%	487
Everyone in my community can access the health care they need.	61%	39%	486

Region 2 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	54%	37%	9%	473
Excessive alcohol use	57%	34%	9%	479
Air pollution, water pollution, and chemical exposures	47%	38%	15%	486
Car/motorcycle accidents	42%	48%	11%	484
Violence	60%	31%	9%	485
Poor nutrition	53%	33%	13%	481
Physical inactivity	54%	35%	11%	482
Substance abuse and addiction	67%	26%	7%	482
Physical and emotional trauma	55%	35%	10%	480

Region 2 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	68%	27%	5%	478
Diabetes	78%	18%	4%	480
Cancer	68%	27%	5%	478
Stroke	55%	37%	8%	479
COVID-19	73%	21%	6%	477
Unintentional injury	23%	60%	17%	479
Weight management	72%	22%	6%	481
Asthma	39%	51%	10%	479
Suicide	37%	45%	18%	477
Homicide	57%	29%	14%	480
Sexually transmitted infections/diseases	52%	37%	11%	476
Infant mortality	30%	49%	20%	476
Mental health conditions	72%	21%	6%	480

Region 3 Survey Results: Demographic Data

N	478
Age	
17 or younger	0%
18-24	3.14%
25-30	10.06%
31-35	9.85%
36-40	7.13%
41-45	13.63%
46-55	22.01%
56-65	22.22%
65+	11.95%
Gender	
Male	16.21%
Female	82.95%
Transgender Male	0%
Transgender Female	0%
Non-Binary	0%
Prefer not to answer	0.84%
Race/Ethnicity	
Non-Hispanic White	63.24%
Non-Hispanic Black	23.53%
Non-Hispanic Asian	1.68%
Latino/Hispanic	3.57%
Multiracial	2.94%
Non-Hispanic Indigenous American or Alaska Native	1.68%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.21%
Other*	0.21%
Prefer not to answer	2.94%
Educational Attainment	
Less than high school	1.89%
High school or GED	15.51%
Some college	20.55%
Associates degree	15.51%
Bachelor's degree	26.21%
Graduate degree or higher	18.87%
Prefer not to answer	1.47%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 3 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	41%	59%	475
Individuals and families can get the support they need during times of stress and hardship.	48%	52%	473
People in my community actively work to make the community a better place to live.	36%	64%	475
People in my community take pride in the community and its accomplishments.	30%	70%	475
All people in my community have access to healthy, nutritious foods.	49%	51%	473
My community is a safe place to live.	22%	78%	474
There are parks and green spaces in my community.	20%	80%	471
All people have access to reliable public transportation in my community.	68%	32%	474
All people in my community live in safe, affordable housing.	70%	30%	473
My community has clean air, water, and soil.	32%	68%	475
All people in my community have opportunities to engage with the arts and culture.	59%	41%	474
All children in my community receive high quality education.	51%	49%	473
All workers in my community make the minimum income necessary to meet basic needs.	62%	38%	471
Everyone in my community can access the health care they need.	49%	51%	469

Region 3 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	55%	38%	6%	467
Excessive alcohol use	58%	37%	6%	469
Air pollution, water pollution, and chemical exposures	43%	42%	15%	471
Car/motorcycle accidents	28%	59%	13%	472
Violence	42%	47%	11%	470
Poor nutrition	47%	42%	11%	470
Physical inactivity	56%	36%	7%	471
Substance abuse and addiction	71%	25%	4%	472
Physical and emotional trauma	44%	48%	8%	472

Region 3 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	74%	23%	3%	469
Diabetes	81%	17%	3%	470
Cancer	79%	18%	3%	470
Stroke	52%	45%	4%	466
COVID-19	75%	21%	4%	468
Unintentional injury	15%	68%	17%	465
Weight management	80%	16%	3%	470
Asthma	36%	58%	6%	468
Suicide	28%	55%	17%	467
Homicide	33%	51%	16%	465
Sexually transmitted infections/diseases	39%	51%	10%	466
Infant mortality	15%	57%	28%	462
Mental health conditions	69%	26%	5%	466

Region 4 Survey Results: Demographic Data

N	449
Age	
17 or younger	0.67%
18-24	6.25%
25-30	12.72%
31-35	8.93%
36-40	14.96%
41-45	13.62%
46-55	17.86%
56-65	18.75%
65+	6.25%
Gender	
Male	14.45%
Female	84.42%
Transgender Male	0%
Transgender Female	0.23%
Non-Binary	0%
Prefer not to answer	0.9%
Race/Ethnicity	
Non-Hispanic White	61.12%
Non-Hispanic Black	31.01%
Non-Hispanic Asian	0.67%
Latino/Hispanic	3.82%
Multiracial	1.35%
Non-Hispanic Indigenous American or Alaska Native	0.22%
Non-Hispanic Native Hawaiian or other Pacific Islander	0%
Other*	0%
Prefer not to answer	1.8%
Educational Attainment	
Less than high school	4.46%
High school or GED	16.29%
Some college	18.53%
Associates degree	10.49%
Bachelor's degree	25.67%
Graduate degree or higher	22.99%
Prefer not to answer	1.56%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 4 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	45%	55%	448
Individuals and families can get the support they need during times of stress and hardship.	45%	55%	448
People in my community actively work to make the community a better place to live.	35%	65%	449
People in my community take pride in the community and its accomplishments.	28%	72%	448
All people in my community have access to healthy, nutritious foods.	51%	49%	447
My community is a safe place to live.	35%	65%	445
There are parks and green spaces in my community.	20%	80%	445
All people have access to reliable public transportation in my community.	64%	36%	445
All people in my community live in safe, affordable housing.	68%	32%	445
My community has clean air, water, and soil.	33%	67%	444
All people in my community have opportunities to engage with the arts and culture.	48%	52%	443
All children in my community receive high quality education.	57%	43%	445
All workers in my community make the minimum income necessary to meet basic needs.	63%	37%	444
Everyone in my community can access the health care they need.	55%	45%	441

Region 4 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	61%	31%	8%	437
Excessive alcohol use	68%	24%	8%	441
Air pollution, water pollution, and chemical exposures	31%	45%	23%	446
Car/motorcycle accidents	35%	49%	16%	446
Violence	57%	32%	11%	443
Poor nutrition	50%	36%	14%	443
Physical inactivity	57%	32%	11%	444
Substance abuse and addiction	74%	19%	7%	444
Physical and emotional trauma	54%	35%	11%	446

Region 4 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	74%	18%	8%	444
Diabetes	81%	14%	5%	444
Cancer	72%	21%	6%	446
Stroke	59%	33%	8%	441
COVID-19	72%	19%	9%	443
Unintentional injury	21%	63%	16%	445
Weight management	74%	21%	5%	445
Asthma	27%	61%	12%	443
Suicide	36%	48%	17%	444
Homicide	49%	36%	15%	443
Sexually transmitted infections/diseases	47%	40%	13%	445
Infant mortality	22%	54%	24%	444
Mental health conditions	69%	24%	7%	445

Region 5 Survey Results: Demographic Data

N	275
Age	
17 or younger	0.36%
18-24	3.28%
25-30	7.3%
31-35	10.22%
36-40	12.41%
41-45	7.66%
46-55	33.94%
56-65	17.52%
65+	7.3%
Gender	
Male	18.68%
Female	80.22%
Transgender Male	0%
Transgender Female	0.37%
Non-Binary	0%
Prefer not to answer	0.73%
Race/Ethnicity	
Non-Hispanic White	64.68%
Non-Hispanic Black	26.39%
Non-Hispanic Asian	0%
Latino/Hispanic	1.86%
Multiracial	2.23%
Non-Hispanic Indigenous American or Alaska Native	0%
Non-Hispanic Native Hawaiian or other Pacific Islander	0%
Other*	0%
Prefer not to answer	4.83%
Educational Attainment	
Less than high school	1.09%
High school or GED	13.5%
Some college	15.33%
Associates degree	9.85%
Bachelor's degree	30.66%
Graduate degree or higher	27.74%
Prefer not to answer	1.82%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 5 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	52%	48%	274
Individuals and families can get the support they need during times of stress and hardship.	61%	39%	275
People in my community actively work to make the community a better place to live.	34%	66%	274
People in my community take pride in the community and its accomplishments.	26%	74%	274
All people in my community have access to healthy, nutritious foods.	63%	37%	275
My community is a safe place to live.	29%	71%	274
There are parks and green spaces in my community.	19%	81%	275
All people have access to reliable public transportation in my community.	68%	32%	275
All people in my community live in safe, affordable housing.	82%	18%	274
My community has clean air, water, and soil.	53%	47%	274
All people in my community have opportunities to engage with the arts and culture.	51%	49%	274
All children in my community receive high quality education.	59%	41%	273
All workers in my community make the minimum income necessary to meet basic needs.	68%	32%	274
Everyone in my community can access the health care they need.	58%	42%	275

Region 5 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	62%	32%	7%	271
Excessive alcohol use	66%	29%	4%	273
Air pollution, water pollution, and chemical exposures	57%	33%	10%	274
Car/motorcycle accidents	35%	55%	9%	274
Violence	44%	47%	8%	272
Poor nutrition	51%	41%	8%	273
Physical inactivity	62%	32%	6%	274
Substance abuse and addiction	77%	19%	4%	273
Physical and emotional trauma	61%	33%	6%	272

Region 5 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	68%	28%	4%	275
Diabetes	76%	21%	3%	275
Cancer	71%	26%	3%	274
Stroke	49%	45%	5%	275
COVID-19	65%	28%	7%	275
Unintentional injury	17%	69%	14%	273
Weight management	71%	25%	4%	275
Asthma	33%	58%	8%	272
Suicide	37%	55%	8%	273
Homicide	38%	51%	11%	273
Sexually transmitted infections/diseases	46%	44%	10%	273
Infant mortality	19%	63%	18%	269
Mental health conditions	72%	25%	3%	273

Region 6 Survey Results: Demographic Data

N	322
Age	
17 or younger	0.93%
18-24	3.42%
25-30	8.70%
31-35	7.76%
36-40	9.01%
41-45	9.01%
46-55	27.33%
56-65	23.60%
65+	10.25%
Gender	
Male	17.08%
Female	82.3%
Transgender Male	0.31%
Transgender Female	0%
Non-Binary	0.31%
Prefer not to answer	0%
Race/Ethnicity	
Non-Hispanic White	65.84%
Non-Hispanic Black	29.19%
Non-Hispanic Asian	0.31%
Latino/Hispanic	1.55%
Multiracial	1.24%
Non-Hispanic Indigenous American or Alaska Native	0.93%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.31%
Other*	0%
Prefer not to answer	0.62%
Educational Attainment	
Less than high school	2.49%
High school or GED	8.10%
Some college	18.38%
Associates degree	9.97%
Bachelor's degree	32.40%
Graduate degree or higher	28.04%
Prefer not to answer	0.62%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 6 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	50%	50%	321
Individuals and families can get the support they need during times of stress and hardship.	51%	49%	320
People in my community actively work to make the community a better place to live.	38%	63%	320
People in my community take pride in the community and its accomplishments.	42%	58%	319
All people in my community have access to healthy, nutritious foods.	57%	43%	318
My community is a safe place to live.	37%	63%	316
There are parks and green spaces in my community.	32%	68%	319
All people have access to reliable public transportation in my community.	76%	24%	319
All people in my community live in safe, affordable housing.	77%	23%	318
My community has clean air, water, and soil.	30%	70%	320
All people in my community have opportunities to engage with the arts and culture.	65%	35%	320
All children in my community receive high quality education.	63%	37%	320
All workers in my community make the minimum income necessary to meet basic needs.	70%	30%	320
Everyone in my community can access the health care they need.	62%	38%	319

Region 6 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	63%	30%	7%	310
Excessive alcohol use	63%	30%	7%	317
Air pollution, water pollution, and chemical exposures	19%	55%	27%	319
Car/motorcycle accidents	27%	61%	12%	318
Violence	51%	41%	8%	321
Poor nutrition	55%	35%	10%	316
Physical inactivity	64%	29%	7%	319
Substance abuse and addiction	80%	16%	4%	320
Physical and emotional trauma	50%	44%	7%	320

Region 6 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	70%	29%	2%	318
Diabetes	78%	20%	2%	318
Cancer	67%	31%	2%	319
Stroke	55%	42%	3%	318
COVID-19	70%	25%	5%	317
Unintentional injury	16%	69%	15%	316
Weight management	76%	22%	2%	319
Asthma	30%	62%	8%	317
Suicide	29%	56%	16%	318
Homicide	44%	41%	15%	313
Sexually transmitted infections/diseases	51%	40%	9%	316
Infant mortality	17%	60%	23%	315
Mental health conditions	69%	27%	4%	317

Region 7 Survey Results: Demographic Data

N	387
Age	
17 or younger	0%
18-24	2.33%
25-30	8.27%
31-35	10.34%
36-40	9.56%
41-45	12.40%
46-55	27.13%
56-65	19.12%
65+	10.85%
Gender	
Male	15.54%
Female	83.16%
Transgender Male	0%
Transgender Female	0.26%
Non-Binary	0.52%
Prefer not to answer	0.52%
Race/Ethnicity	
Non-Hispanic White	61.76%
Non-Hispanic Black	31.52%
Non-Hispanic Asian	1.29%
Latino/Hispanic	1.29%
Multiracial	0.78%
Non-Hispanic Indigenous American or Alaska Native	1.81%
Non-Hispanic Native Hawaiian or other Pacific Islander	0%
Other*	0%
Prefer not to answer	1.55%
Educational Attainment	
Less than high school	2.07%
High school or GED	9.07%
Some college	17.88%
Associates degree	12.18%
Bachelor's degree	24.61%
Graduate degree or higher	32.12%
Prefer not to answer	2.07%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 7 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	50%	50%	386
Individuals and families can get the support they need during times of stress and hardship.	47%	53%	387
People in my community actively work to make the community a better place to live.	38%	62%	385
People in my community take pride in the community and its accomplishments.	40%	60%	386
All people in my community have access to healthy, nutritious foods.	54%	46%	387
My community is a safe place to live.	42%	58%	386
There are parks and green spaces in my community.	22%	78%	384
All people have access to reliable public transportation in my community.	58%	42%	385
All people in my community live in safe, affordable housing.	73%	27%	387
My community has clean air, water, and soil.	30%	70%	385
All people in my community have opportunities to engage with the arts and culture.	55%	45%	384
All children in my community receive high quality education.	60%	40%	385
All workers in my community make the minimum income necessary to meet basic needs.	68%	32%	386
Everyone in my community can access the health care they need.	54%	46%	385

Region 7 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	60%	29%	11%	377
Excessive alcohol use	57%	35%	8%	382
Air pollution, water pollution, and chemical exposures	28%	47%	25%	382
Car/motorcycle accidents	27%	59%	14%	385
Violence	59%	30%	11%	386
Poor nutrition	52%	33%	15%	384
Physical inactivity	60%	31%	9%	385
Substance abuse and addiction	69%	23%	7%	386
Physical and emotional trauma	52%	38%	10%	386

Region 7 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	67%	26%	7%	384
Diabetes	80%	15%	6%	384
Cancer	65%	29%	6%	382
Stroke	48%	44%	8%	383
COVID-19	67%	26%	7%	382
Unintentional injury	14%	67%	19%	384
Weight management	75%	17%	7%	384
Asthma	28%	60%	12%	383
Suicide	24%	58%	18%	385
Homicide	49%	32%	19%	384
Sexually transmitted infections/diseases	52%	36%	12%	381
Infant mortality	21%	53%	26%	383
Mental health conditions	67%	25%	9%	383

Region 8 Survey Results: Demographic Data

N	446
Age	
17 or younger	0%
18-24	4.04%
25-30	8.09%
31-35	11.46%
36-40	11.24%
41-45	12.36%
46-55	23.60%
56-65	20.22%
65+	8.99%
Gender	
Male	13.96%
Female	84.68%
Transgender Male	0%
Transgender Female	0.23%
Non-Binary	0.23%
Prefer not to answer	0.9%
Race/Ethnicity	
Non-Hispanic White	66.07%
Non-Hispanic Black	27.64%
Non-Hispanic Asian	0.45%
Latino/Hispanic	2.47%
Multiracial	1.12%
Non-Hispanic Indigenous American or Alaska Native	0.9%
Non-Hispanic Native Hawaiian or other Pacific Islander	0%
Other*	0%
Prefer not to answer	1.35%
Educational Attainment	
Less than high school	1.35%
High school or GED	8.99%
Some college	13.26%
Associates degree	10.56%
Bachelor's degree	31.69%
Graduate degree or higher	32.58%
Prefer not to answer	1.57%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 8 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	40%	60%	446
Individuals and families can get the support they need during times of stress and hardship.	42%	58%	445
People in my community actively work to make the community a better place to live.	37%	63%	446
People in my community take pride in the community and its accomplishments.	36%	64%	445
All people in my community have access to healthy, nutritious foods.	50%	50%	446
My community is a safe place to live.	32%	68%	443
There are parks and green spaces in my community.	31%	69%	443
All people have access to reliable public transportation in my community.	77%	23%	444
All people in my community live in safe, affordable housing.	76%	24%	446
My community has clean air, water, and soil.	40%	60%	446
All people in my community have opportunities to engage with the arts and culture.	62%	38%	445
All children in my community receive high quality education.	60%	40%	446
All workers in my community make the minimum income necessary to meet basic needs.	66%	34%	444
Everyone in my community can access the health care they need.	50%	50%	444

Region 8 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	60%	32%	8%	433
Excessive alcohol use	63%	31%	7%	441
Air pollution, water pollution, and chemical exposures	32%	48%	20%	443
Car/motorcycle accidents	19%	66%	16%	443
Violence	48%	43%	9%	439
Poor nutrition	50%	38%	12%	440
Physical inactivity	60%	32%	8%	442
Substance abuse and addiction	72%	24%	4%	443
Physical and emotional trauma	51%	40%	9%	443

Region 8 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	63%	32%	5%	440
Diabetes	76%	21%	3%	443
Cancer	68%	29%	3%	444
Stroke	50%	46%	5%	436
COVID-19	57%	35%	7%	444
Unintentional injury	12%	73%	15%	441
Weight management	75%	21%	4%	444
Asthma	27%	65%	9%	441
Suicide	23%	59%	18%	441
Homicide	37%	44%	19%	441
Sexually transmitted infections/diseases	55%	36%	9%	440
Infant mortality	19%	55%	25%	438
Mental health conditions	66%	29%	4%	442

Region 9 Survey Results: Demographic Data

N	692
Age	
17 or younger	0.58%
18-24	3.61%
25-30	7.08%
31-35	9.54%
36-40	10.69%
41-45	12.28%
46-55	22.54%
56-65	20.81%
65+	12.86%
Gender	
Male	14.93%
Female	83.19%
Transgender Male	0.14%
Transgender Female	0%
Non-Binary	0.14%
Prefer not to answer	1.59%
Race/Ethnicity	
Non-Hispanic White	70.39%
Non-Hispanic Black	18.58%
Non-Hispanic Asian	0.58%
Latino/Hispanic	4.35%
Multiracial	1.45%
Non-Hispanic Indigenous American or Alaska Native	0.15%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.29%
Other*	0.15%
Prefer not to answer	4.06%
Educational Attainment	
Less than high school	0.72%
High school or GED	12.28%
Some college	24.13%
Associates degree	12.72%
Bachelor's degree	26.73%
Graduate degree or higher	22.11%
Prefer not to answer	1.30%

*These answers include write-in responses, with no other race/ethnicity option selected, such as: "Caribbean American", "Italian", "German", "Sicilian", "Middle East", "African", "Arab American", "Euro-American", "North Africa"

Region 9 Survey Results: Determinants of Health

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly disagree/ disagree	Strongly agree/ agree	Total responses (N)
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	47%	53%	691
Individuals and families can get the support they need during times of stress and hardship.	50%	50%	690
People in my community actively work to make the community a better place to live.	27%	73%	689
People in my community take pride in the community and its accomplishments.	20%	80%	691
All people in my community have access to healthy, nutritious foods.	51%	49%	689
My community is a safe place to live.	17%	83%	686
There are parks and green spaces in my community.	18%	82%	689
All people have access to reliable public transportation in my community.	78%	22%	686
All people in my community live in safe, affordable housing.	66%	35%	687
My community has clean air, water, and soil.	21%	79%	684
All people in my community have opportunities to engage with the arts and culture.	45%	55%	689
All children in my community receive high quality education.	44%	56%	689
All workers in my community make the minimum income necessary to meet basic needs.	64%	36%	689
Everyone in my community can access the health care they need.	54%	46%	690

Region 9 Survey Results: Health Behaviors & Exposures

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Tobacco/smoking	49%	42%	9%	676
Excessive alcohol use	51%	40%	9%	685
Air pollution, water pollution, and chemical exposures	19%	54%	27%	686
Car/motorcycle accidents	34%	52%	1426%	687
Violence	28%	59%	13%	686
Poor nutrition	38%	47%	15%	685
Physical inactivity	47%	42%	11%	687
Substance abuse and addiction	68%	26%	7%	686
Physical and emotional trauma	44%	46%	9%	687

Region 9 Survey Results: Health Outcomes

Question: For each one, please tell me how big a problem you think it is for people in your community – a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Heart disease	63%	32%	5%	682
Diabetes	73%	24%	3%	682
Cancer	65%	30%	5%	679
Stroke	46%	48%	6%	677
COVID-19	72%	23%	5%	683
Unintentional injury	13%	71%	16%	682
Weight management	69%	27%	4%	682
Asthma	28%	62%	10%	680
Suicide	41%	46%	13%	679
Homicide	22%	57%	21%	679
Sexually transmitted infections/diseases	29%	57%	13%	680
Infant mortality	11%	62%	27%	676
Mental health conditions	67%	27%	6%	683

Appendix B: Community Assets Named by Survey Respondents

Community survey respondents were asked to describe assets or resources in their community to improve health and wellbeing. The table below provides an alphabetical list of specific organizations named by respondents, as well as websites for the resources, when available. Organizations may be at the state or local level.

Organization	Website
232 Help	232-help.org
Abraham's Tent	lsndc.org
Acadiana Center for the Arts	acadianacenterforthearts.org
Acadiana Spiritual Association	acadianaspiritual.org
Alexandria Museum of Art	themuseum.org
Anytime Fitness	anytimefitness.com
Apostolado Hispano	apostoladohispano.org
Arts Council Pointe Coupee	artscouncilofpointecoupee.org
Ashe Cultural Arts Center	ashenola.org
Assumption Community Hospital	ololrmc.com
Audubon Market	audubonmarketgrocery.com
Audubon Park	audubonnatureinstitute.org
B22 Fit	b22fit.com
Baxter Regional Healthy System	baxterregional.org
Beacon Community Connections	beaconconnections.org
Beauregard Prevention Coalition	beauchamber.org
Bernice Cultural District	crt.state.la.us
Betty Virginia Park	shreveport-bossier.org
Blue Bikes Nola	bluebikesnola.com
Blue Food Program	
Bonnabel Boat Launch	jprd.com
Bossier Parish Community College	bpcc.edu
Boy Scouts of America	scoutleaders.com/troops/louisiana
Breadcrumb Baptists Ministry Center	
BREC	brec.org
Brookshire's Food and Pharmacy	brookshires.com
Bucktown Harbor Park and Marina	visitjeffersonparish.com
Bunche Village Subdivision Civic Association	facebook.com/Bunche-Village-Subdivision-Civic-Association
Burbank Soccer Complex	brec.org
Calcasieu Parish Sheriff's Office	cpso.com
Cargill Park	shreveport-bossier.org
Catholic Charities	catholiccharitiesusa.org
Celebrate Recovery	lasallecr.org
Center for the Arts	centreforthearts.org
Champions of Change Organization	
Children's Advocacy Center	lacacs.org
Children's Coalition for North East Louisiana	childrenscoalition.org

Common Ground Shreveport	commongroundshreveport.com
Concordia Parish Health Unit	ldh.la.gov
Cooling Centers	211la.org
Crowley Christian Care Center	lsndc.org
Dancing Grounds	dancingrounds.org
DARE	dare.org/louisiana
DART	dartla.org
Daughters of Charity	dcfno.org
David Raines Community Health Center	davidraineschc.org
Delhi Community Health Center	ldh.la.gov
Delta Interfaith	deltainterfaith.org
Denham Springs Main Street	denhamspringsmainstreet.org
Depaul Community Health Centers/Medical Center	depaulcommunityhealthcenters.org
Downtown Arts Alliance	downtowngallerycrawl.com
Dr. Leo S. Butler Community Center	brla.gov
East Baton Rouge Parish Library System	ebrpl.com
Ecco Community Center	ecconola.squarespace.com
Families Helping Families of Northeast Louisiana	fhfnela.org
Farmer's Market Subsidy	
Federally Qualified Health Centers	ldh.la.gov
Feeding Louisiana	feedinglouisiana.org
Festival International	festivalinternational.org
Food Bank of Central Louisiana	fbcenla.org
Fort Polk Community Resource Guide	crg.amedd.army.mil
Freed Men	nonprofitfacts.com
Full Gospel Outreach Center	facebook.com/fgtreach
Girard Park	lafayettela.gov
Golden Age Center	
Grace Place Ministries	graceplaceministries.org
Health Hut	thehealthhut.org
Healthy Acadiana	healthyacadiana.com
Homebound Health Support	ldh.la.gov
Imperial Calcasieu Human Services Authority	imcalhsa.org
Jackson Parish Recreational Department	jprec.org
Jambalaya Fundraisers	
Jambalaya News Louisiana	jambalayanews.com
Jambalaya Park	gonzalesla.com
Janelle LaCombe Cancer Foundation	pchhh.org
JeffCare	jphsa.org
Jefferson Parish Human Services Authority	jphsa.org
Jefferson Parish Library	jplibrary.net
Jefferson Parish Parkway	jeffparish.net
Jefferson Parish Sheriff's Office	jpso.com
Jefferson Performing Arts Center	jeffersonpac.com

Jefferson Performing Arts Society	jpas.org
Jimmie Davis State Park	lastateparks.com
Joe W. Brown Park	nordc.org
Jonah Group OCDI	jonahgroupoutreach.com
KBYS radio	kbys.fm
Keep Assumption Beautiful	assumptionla.com
Kenner City Park	kenner.recdesk.com
Krewe of Kingfish	facebook.com/kreweofkingfish
La Voz De La Comunidad Coalition	lavozdelacomunidad.us
Lafayette Community Fridges	linktr.ee/Lafayettecommunityfridge
Lafreniere Park	lafrenierepark.org
Lake Charles Civic Center	calcasieuparish.gov
Lake Charles Memorial Health System	lcmh.com
Lane Regional Medical Center	lanermc.org
LaSalle Community Action Association	lasallecaa.net
LCMC	lcmchealth.org
Lincoln Parish Park	rustonlincoln.com
Lions Club	facebook.com/Louisiana-Lions-Club
Louisiana 211	louisiana211.org
Louisiana 4-H	louisiana4h.org
Louisiana American Legion	lalegion.org
Louisiana Art & Folk Festival	caldwellparishla.com
Louisiana Art and Science Museum	lasm.org
Louisiana Big Brothers Big Sisters	bbbs.org
Louisiana Boys & Girls Club	bgcla.org
Louisiana Churches	usachurches.org
Louisiana Council on Aging	goea.louisiana.gov
Louisiana Cultural Districts	crt.state.la.us
Louisiana Department of Health Office of Public Health	ldh.la.gov
Louisiana Healthy Communities Coalition	healthylouisiana.org
Louisiana Housing Authorities	affordablehousing.com
Louisiana Libraries	state.lib.la.us
Louisiana Little League	louisianalittleleague.org
Louisiana Pilot Clubs	pilotinternational.org
Louisiana Political Museum	lapoliticalmuseum.com
Louisiana Seals Smiles	wellaheadla.com
Louisiana State Parks	lastateparks.com
Louisiana Youth Football	lyf.sportsengine-prelive.com
LSU	lsu.edu
LSU Ag Extension Office	lsuagcenter.com
LSU Alexandria	lsua.edu
LSU Health Shreveport	lsuhs.edu
Manna House	givetomannahouse.com
McNeese State University	mcneese.edu

Meals on Wheels	mealsonwheelsamerica.org
Mercy Medical Health Center	
MLK Health Center and Pharmacy	mlkhealth.org
Moncus Park	moncuspark.org
Morris Jeff Community School	morrisjeffschool.org
Moss Memorial Health Clinic	lcmh.com
Movies Under the Stars	calcasieuparish.gov
Multi-Agency Resource Center	calcasieuparish.gov
New Orleans Recreation Development Commission	nordc.org
North Central Louisiana Arts Council	nclac.org
Northshore Food Bank	northshorefoodbank.org
Nurse-Family Partnership	nursefamilypartnership.org
Ochsner Health	ochsner.org
Opelousas Civic Center	cityofopelousas.com
Our Lady of the Lake Medical Center	ololrmc.com
Painting with a Twist	visitlakecharles.org
Parc Natchitoches Recreation Area	natchitochesla.gov
Parish Health Units	ldh.la.gov
Parks and Recreation of Denham Springs	pardsla.com
Pennington Biomedical Research Center	pbrc.edu
Pineville Youth Center	rapidesfoundation.galaxydigital.com
Plaquemines Community C.A.R.E. Center	pcccf.org
Plaquemines Medical Center	plaqueminesmedicalcenter.com
Pointe Coupee Homebound Health and Hospice	pchhh.org
Pointe Coupee Parks and Recreation	pcparish.org
Police Jury Association of Louisiana	lpgov.org
Prairie Acadian Cultural Center	nps.gov
Prien Lake Park	calcasieuparish.gov
Project Safe Haven	dcfs.louisiana.gov
Providence House	theprovidencehouse.com
Purple Lemon Food Bank and Thrift Store	stmarychamber.com
R.W. Norton Art Gallery	rwnaf.org
Rapides Foundation	rapidesfoundation.org
Ray of Hope Ministries	resources.chooselouisianahealth.com
Rays of Sonshine	raysofsonshine.com
Regional Health Departments	ldh.la.gov
Rivertown Theater	rivertowntheaters.com
RKM Primary Care	rkmcare.org
Rosepine Historical Society	facebook.com/Rosepine-Historical-Society
Sabien Specialty Services	sabienspecialtyservices.com
Salvation Army	salvationarmyalm.org
Second Harvest Food Bank	no-hunger.org
Second Saturday ArtWalk	lafayettetravel.com
Senior Centers	goea.louisiana.gov

Sewage & Water Board	swbno.org
Sexual Assault Nurse Examiner Program	lsu.edu
Shreveport Green	shreveportgreen.org
Shreveport Little Theatre	shreveportlittletheatre.com
Shreveport Public Assembly and Recreation	myspar.org
Shreveport Regional Arts Council	www.shrevearts.org
Shrine on Airline/Zephyrs Field	shrineonairline.com
Shriner's Hospital	shrinerschildrens.org
Smile Community Action	lsndc.org
SNAP	www.dcfs.la.gov
Snyder Museum	snydermuseum.org
South Louisiana Community College	solacc.edu
Southwest Louisiana Center for Health Services	swlahealth.org
SPAR Waterpark	sulphurparkswaterpark.com
Special Olympics Louisiana	www.laso.org
St. Luke's Episcopal Medical Ministry	stlukesmedicalministry.org
St. Tammany Healthy System	sttammany.health
St. Tammany Parenting Center	sttammany.health
Stallings St. Claude Recreation Center	nordc.org
Start Community Health Center	startcorp.org
Strand Theatre	thestrandtheatre.com
Strauss Little Theater	strausstc.com
Sunshine Festival	facebook.com/thesunshinefestival
Sydney and Walda Besthoff Sculpture Garden	neworleanscitypark.com
Tammany Trace	tammanytrace.org
Teche Action Clinic	tabhealth.org
The Philadelphia Center	philadelphiacenter.org
Title 1 Schools	zipdatamaps.com
ULM Nursing School	ulm.edu
United Way	unitedway.org
University of Louisiana at Lafayette	louisiana.edu
Ward 3 Recreation Centers	lcward3recreation.com
West Baton Rouge Museum	westbatonrougemuseum.org
WIC	louisianawic.org
Winn Master Gardeners	facebook.com/wpmastergardeners
Winnfield Civic Center	facebook.com
YMCA	ymca.org
Youngsville Sports Complex	youngsvillesportscomplex.com
Youth Run NOLA	youthrunnola.org

Appendix C: Public Health System Interview Findings

Public health system interviewees (11) were asked to share their perspectives of the public health system in Louisiana, including all public, private, and voluntary entities that contribute to public health activities within the state. The following table highlights key themes of what they believe is working well and what needs improvement in the Louisiana public health system, separating by topic areas and essential services of the public health system.

	What is working well:	What needs improvement:
Health and well-being in Louisiana in the past 5 years	• Medicaid expansion has increased the number of people with coverage • More use of harm reduction models for addressing substance use • Improvements in mental health, including reduced stigma and the effectiveness of human services districts • More efforts for inclusive care • Increased focus on health-related social needs	• The COVID-19 pandemic has led to increased health challenges, such as increased stress and decreased resources. • Worsening outcomes in behavioral health, including mental health and substance use • High maternal and infant mortality, especially among Black and Brown communities • Barriers to accessing care, including inaccessible hours, long waitlist for specialty care for Medicaid recipients, lack of facilities to address substance use • Public opinion on public health is polarized.
Protecting, promoting, and improving health of Louisianans	• Leaders, such as Regional Medical Directors, are effective. • Successful surveillance and disease tracking systems • Better translation and dissemination of data for the community • Implementing evidence-based practices through public health units	• Difficulties for people to maintain insurance/Medicaid coverage • Need for intentionality in coordination and bringing in partners from unrepresented sectors • Need for more training of and hiring within the community • Lack of coordinated data systems (ex. electronic medical records) across facilities
Providing direct healthcare services to meet individuals' immediate health needs	• There is a good foundation for providing services, including increased choice and proximity of services (especially in urban areas) • Effective sanitary services, contact tracing, and laboratory services	• Need to take care to the people, for example through mobile health units • Administrative barriers for receiving Medicaid and other supportive services, such as SNAP • Need for providers who are more representative of the community • Lack of awareness of services and how to be connected to care • Need for increased coordination of care • Different quality of care based on insurance coverage

Creating, championing, and implementing polices, plans, and laws that impact health	• Work in data and analysis helps explain the need for systematic approaches and policies • Making policies changes at the local level has worked well (ex. smoke free ordinances by jurisdiction). • Individuals use innovative and evidence-based practices to inform policy. • Existing lobbying and funding to educate communities about laws and the policymaking process	• Need to build relationships for policy change with the people who are most impacted by the issues • Political climate is polarized and influenced by outside groups and money. • Policy change should be more proactive, instead of occurring in response to a major event. • Many policies related to health are outdated and unnecessarily restrictive. • Need for specific policies and programs related to public health, including price caps on medications, syringe service programs, and overdose prevention measures
Communicating effectively to inform and educate the public about health	• Successful messaging about the COVID-19 pandemic-frequent, consistent, included people from local community • Commitment to making communication translatable, digestible, and relevant for communities • Use of various platforms (social media, billboards, newspaper, radio) to communicate with different groups of people	• Need for tailored methods to reach rural and/or low-income populations that may not have reliable access to internet and technology • Bureaucratic processes of getting messages approved prohibits information from becoming available quickly. • Need for culturally appropriate messages in other languages to reach minority populations (ex. Indigenous American, Hispanic, Vietnamese) • Lack of centralized source for information on supportive services
Working in partnership with communities and across the system to improve health	• More projects are being developed to be community-led and community-bred. • Factors that contribute to successful partnerships, including trust and respected leaders, a commitment to a shared vision, transparency • Regular communication and engagement with partner communities and organizations	• Need to bring community partners in at the beginning for program development and design, not just implementation • Lack of partnerships with certain sectors-law enforcement, education, transportation, technology, economic development • Limited workforce capacity creates a barrier to building on or creating new partnerships. • Need for mutually beneficial relationship with communities, so they feel they are gaining something and not just being asked for something
Identifying and addressing health inequities	• Mainstreaming of health equity, diversity, and inclusion, including investments in these areas • Successful identification of health disparities	• Lack of infrastructure and sustainable funding to address health inequities • Need to move beyond health disparities to drivers of health disparities • Limited dissemination of content of plans and reports to address inequities