

Willis Knighton Health Community Health Needs Assessment August 2025



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## **Welcome to Willis Knighton Health**

Willis Knighton Health is a not-for-profit, locally operated healthcare organization dedicated to caring for the people in our community and investing in their health and wellness. The health system's growth is a result of consistently responding to community needs, a mission it will continue well into the future. Willis Knighton's past is closely tied to those of its friends and neighbors and so is the health system's future.

## **Our Mission**

Willis Knighton Health's mission is to "To continuously improve the health and well-being of the people we serve."

## **About Us**

Since its founding in 1924, Willis Knighton Health has remained committed to meeting the healthcare needs of northwest Louisiana with a focus on innovation, access, and community service. Originally established as Tri-State Sanitarium in west Shreveport, the hospital became a not-for-profit organization in 1949 and was renamed in 1950 to honor its physician founders, Drs. James C. Willis and Joesph E. Knighton.

Over the decades, Willis Knighton has grown into a comprehensive regional health system that includes four hospitals, a retirement community, rehabilitation and behavioral health services, and a full continuum of care. The health system is recognized as a leader in advancing healthcare in the Ark-La-Tex region through strategic partnerships, cutting-edge technology, and patient-centered service.

Willis Knighton has offered many firsts in the community, including:

- Satellite hospital
- Center for women's health
- Eye institute
- Heart and vascular institute
- Collaboration as a private hospital with a public, academic medical center, Louisiana Health Shreveport.
- Innovation center with virtual hospital
- Talbot Medical Museum
- Senior residential options at The Oaks of Louisiana to enhance continuum of care
- Freestanding hospital for physical and behavioral rehabilitation

## 2025 Community Health Needs Assessment



• Numerous "firsts" in technology and procedures, including proton therapy and TomoTherapy at the Willis Knighton Cancer Center, state-of-the art imaging and diagnostic services, innovative cardiovascular technology and eye surgery technology.

Source: www.wkhs.com



## **Process and Methodology**

Understanding the community's health needs is important to Willis Knighton Health's mission. To that goal, Willis Knighton sought outside assistance from Forvis Mazars. Forvis Mazars is ranked as the eighth largest healthcare management consulting firm in the country by Modern Healthcare and has 950 professionals serving a national footprint. Forvis Mazars demonstrated the necessary capabilities and service offerings to assist Willis Knighton on this important project. Forvis Mazars provided the project plan, research and organized the secondary data findings, analyzed, and compiled survey input, and provided support and report of the findings.

Willis Knighton Health identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the hospital's Community Needs Assessment Team along with secondary and primary data input using the expertise of Forvis Mazars. The team used several sources of quantitative health, social and demographic data specific to the service area of each facility provided by local public health agencies, health care associations, and other data sources. Willis Knighton Health took advantage of this opportunity to collaborate with its administrators, physicians, public health agencies, and local organizations.

Willis Knighton Health sought outside assistance from Forvis Mazars in this process. Forvis Mazars provided data, organized community input, facilitated priority sessions, and supported the report drafting process.

The community health needs assessment process consists of five steps pictured below:



The "Community Health Needs Assessment 2025" identifies local health and medical needs and provides a plan to indicate how the Willis Knighton Health hospitals may respond to such needs. This document suggests areas where other local organizations and agencies might work with Willis Knighton Health to achieve desired improvements and illustrates ways, as a medical community, are meeting our obligations to efficiently deliver medical services.

## 2025 Community Health Needs Assessment



The data assessment piece was completed during July of 2025. In this step, service areas were defined, external data research was completed, and key findings were summarized. As the data assessment was completed, the community input phase was started.

Interviews were conducted among community health professionals, key community members, providers, facility administration, and government representatives. A summary of these findings was created and is included in this report. Prioritization then took place to summarize and overlay data elements with key community input findings.

From this prioritization, health priorities were decided based upon the significance of the need to the service area, and Willis Knighton Health's ability to impact the need. Based on these priorities, Willis Knighton Health decided on which priorities would be included in their implementation strategy and how Willis Knighton Health plans to address the top health needs of their community. These are compiled in the Implementation Strategy document. This report and strategy were then approved by the board and made "widely available" on the Willis Knighton Health website.



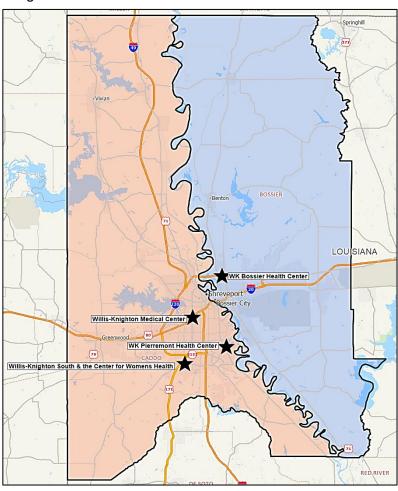
## **Community Served**

The defined service area for this Community Health Needs Assessment (CHNA) includes Bossier Parish and Caddo Parish in northwest Louisiana. These parishes were selected based on the locations of Willis Knighton Health hospitals and the origin of 80% or more of its patients.

While most secondary data sources present information at the county level, this assessment uses parishes to reflect Louisiana's unique geographic structure. This approach allows for accurate comparisons between parishes, the state of Louisiana, and national benchmarks.

Willis Knighton Health System operates the following facilities in its service area:

- Bossier Parish
  - Willis Knighton Bossier Health Center
- Caddo Parish
  - Willis Knighton North
  - Willis Knighton Pierremont Health Center
  - Willis Knighton South & Center for Women's Health

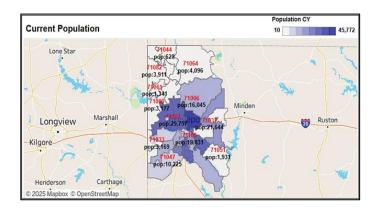


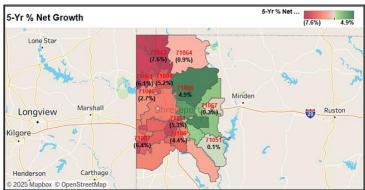


## **Data Assessment – Secondary Data**

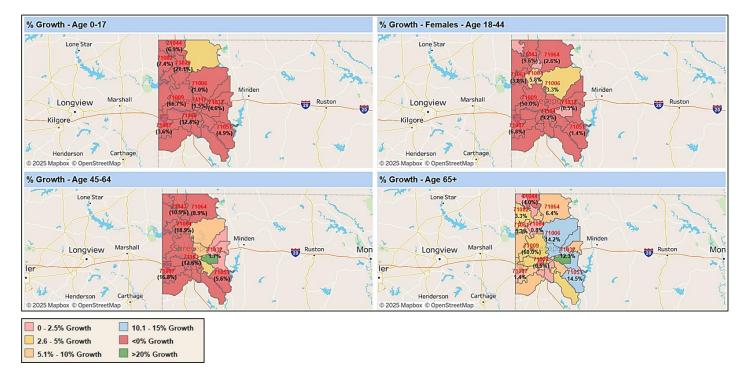
## **Demographics**

An understanding of the demographics of the residents is a key component of understanding community health. It is also important to understand the differences between the communities. Claritas demographic information was reviewed for each individual parish in comparison to the state and national norms. The maps below show the visual current state of population distribution and future growth areas in the service area.





Additionally, Caddo Parish is projected to experience a 4.5% population decline, however Bossier Parish is expected to grow by 2.4%. In the service area, the population aged 65 and older is projected to increase by 5.9%, with the 75-84 group growing by 18.9%, showing a rapidly aging population.

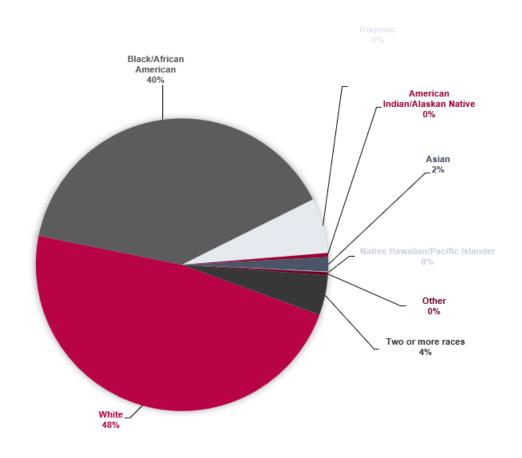




The following table and pie chart display the current and forecasted racial and ethnic diversity in the service area.

| Race / Ethnicity                         | Population<br>CY | % of Total<br>Population CY | Population<br>5-Yr | 5-Yr Net<br>Growth | 5-Yr % Net<br>Growth |
|--|------------------|-----------------------------|--------------------|--------------------|----------------------|
| Grand Total                              | 352,420          | 100.0%                      | 345,439            | (6,981)            | (2.0%)               |
| White (non Hisp)                         | 167,801          | 47.6%                       | 158,179            | (9,622)            | (5.7%)               |
| Black/African American (non Hisp)        | 139,085          | 39.5%                       | 136,694            | (2,391)            | (1.7%)               |
| Hispanic                                 | 21,424           | 6.1%                        | 24,541             | 3,117              | 14.5%                |
| Two or More Races (non Hisp)             | 15,451           | 4.4%                        | 17,114             | 1,663              | 10.8%                |
| Asian (non Hisp)                         | 5,591            | 1.6%                        | 5,743              | 152                | 2.7%                 |
| American Indian/Alaskan Native (non Hi   | sp) 1,572        | 0.4%                        | 1,722              | 150                | 9.5%                 |
| Some Other Race (non Hisp)               | 1,269            | 0.4%                        | 1,224              | (45)               | (3.5%)               |
| Native Hawaiian/Pacific Islander (non Hi | sp) 227          | 0.1%                        | 222                | (5)                | (2.2%)               |

# 2025 Population by Race/Ethnicity **Populations**



Source: Claritas - Pop-Facts Premier 2025; Current Year (CY) = 2025



In the summary table below, Bossier Parish's median household income (\$66,303) surpasses both the state (\$59,290) and national (\$78,770) averages in terms of growth rate (8.1%), though it remains below the U.S. median. Caddo Parish has the lowest income (\$50,434) and highest poverty rate (17.5%), with income growth (4.9%) also trailing state and national averages.

| Median Household | Median Household Income by Service Area |                 |                               |                                 |                            |  |  |  |  |  |  |
|------------------|---|-----------------|-------------------------------|---------------------------------|----------------------------|--|--|--|--|--|--|
| Service Area     | Med HH Inc. CY                          | Med HH Inc. 5Yr | Med HH Inc. 5Yr<br>Net Growth | Med HH Inc. 5Yr<br>% Net Growth | % Families <<br>Poverty CY |  |  |  |  |  |  |
| BOSSIER PARISH   | \$66,303                                | \$71,671        | \$5,367                       | 8.1%                            | 11.8%                      |  |  |  |  |  |  |
| CADDO PARISH     | \$50,434                                | \$52,917        | \$2,483                       | 4.9%                            | 17.5%                      |  |  |  |  |  |  |
| Louisiana        | \$59,290                                | \$62,421        | \$3,131                       | 5.3%                            | 14.2%                      |  |  |  |  |  |  |
| USA              | \$78,770                                | \$85,719        | \$6,949                       | 8.8%                            | 8.9%                       |  |  |  |  |  |  |

In the subsequent table, we see that households led by individuals ages 35-44 represent the highest concentration of middle-and upper-income brackets, including the largest shares earning \$100K-\$199K annually. Income levels generally peak between the ages 35 and 54 while younger (15-24) and older (75+) householders are more likely to fall in lower income ranges.

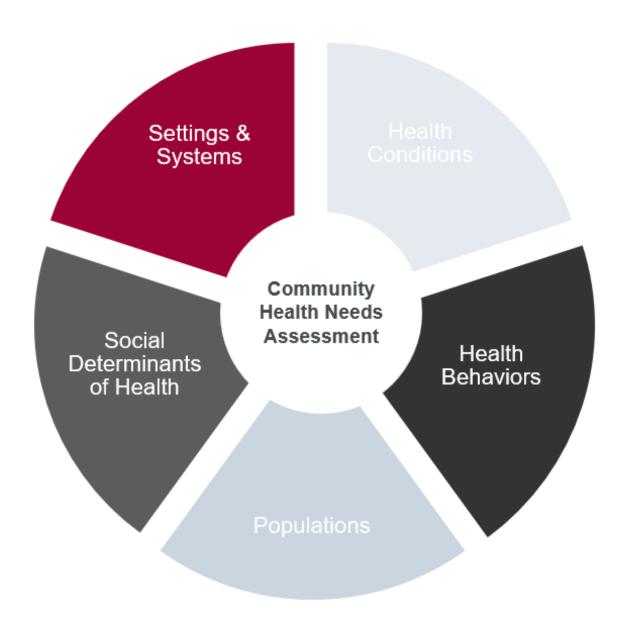
| ······································ |       |       |       |       |       |       | Metric Typ | Metric Type: Percent (%) ▼ |        |  |
|--|-------|-------|-------|-------|-------|-------|------------|----------------------------|--------|--|
| Service Area (*) - Zip Code (*)        |       |       |       |       |       |       | 75.04      | ar.                        | T . I  |  |
|  | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84      | 85p                        | Totals |  |
| Totals                                 | 3.8%  | 14.9% | 17.9% | 16.2% | 17.1% | 17.1% | 9.5%       | 3.4%                       | 100.0% |  |
| <\$15,000                              | 7.2%  | 12.7% | 13.4% | 12.1% | 17.9% | 18.5% | 12.3%      | 5.7%                       | 100.0% |  |
| \$15,000 - \$24,999                    | 4.0%  | 14.8% | 15.3% | 12.0% | 16.6% | 17.3% | 13.4%      | 6.5%                       | 100.0% |  |
| \$25,000 - \$34,999                    | 4.2%  | 15.1% | 14.4% | 13.8% | 17.0% | 17.7% | 12.7%      | 5.1%                       | 100.0% |  |
| \$35,000 - \$49,999                    | 4.2%  | 15.0% | 14.8% | 14.6% | 16.6% | 19.2% | 11.7%      | 3.9%                       | 100.0% |  |
| \$50,000 - \$74,999                    | 4.8%  | 19.0% | 19.6% | 15.4% | 15.9% | 15.4% | 7.7%       | 2.2%                       | 100.0% |  |
| \$75,000 - \$99,999                    | 2.9%  | 14.7% | 17.2% | 18.0% | 17.3% | 19.3% | 8.4%       | 2.2%                       | 100.0% |  |
| \$100,000 - \$124,999                  | 1.6%  | 15.5% | 21.5% | 23.1% | 20.2% | 12.2% | 4.7%       | 1.1%                       | 100.0% |  |
| \$125,000 - \$149,999                  | 0.1%  | 13.6% | 21.9% | 20.9% | 17.6% | 18.1% | 6.4%       | 1.5%                       | 100.0% |  |
| \$150,000 - \$199,999                  | 1.8%  | 14.9% | 28.6% | 17.9% | 14.1% | 15.6% | 5.8%       | 1.3%                       | 100.0% |  |
| \$200,000+                             | 0.4%  | 9.3%  | 24.3% | 23.6% | 19.1% | 15.8% | 6.0%       | 1.6%                       | 100.0% |  |



## Other Secondary Data

To present the data in a way that would tell a story of the community needs and identify needs that align with government guidelines, the framework of Healthy People 2030 was selected to guide secondary data gathering and community input. This framework was selected based on its national recognition and governmental relevance.

Within this framework, there are 355 core measurable objectives that were sorted by topic. The five topics have guided discussion and research related to this CHNA. The five topics include Health Conditions, Health Behaviors, Setting and Systems, Social Determinants of Health, and Populations.





## Health Conditions

Health Conditions are the prevalent chronic and acute conditions that affect the health of the citizens of the United States. Improvement and achievement of the Healthy People 2030 goals for these conditions will result in the better health of people living with cancer, chronic and mental conditions, infectious diseases, as well as improvement of sexual and reproductive health. The following table displays the Healthy People 2030 measurable. objectives that fall under the health conditions topic.

## **Healthy People 2030 Objectives**

| , , , , , , , , , , , , , , , , , , , | •                                   |
|---------------------------------------|-------------------------------------|
| Addiction                             | Heart Disease and Stroke*           |
| Arthritis                             | Infectious Disease                  |
| Blood Disorders                       | Mental Health and Mental Disorders* |
| Cancer*                               | Oral Conditions                     |
| Chronic Kidney Disease                | Osteoporosis                        |
| Chronic Pain                          | Overweight and Obesity*             |
| Dementias                             | Pregnancy and Childbirth*           |
| Diabetes*                             | Respiratory Disease                 |
| Foodborne Illness                     | Sensory or Communication Disorders  |
| Health Care – Associated Infections   | Sexually Transmitted Infections     |

<sup>\*</sup>Objectives that are relevant to Willis Knighton Health System's Community feedback will be explored further below.

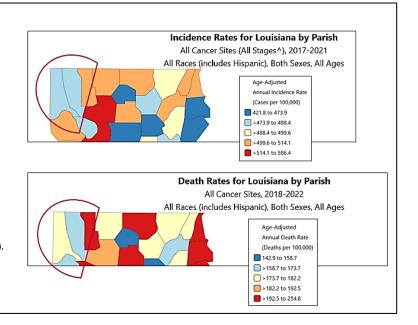
**Cancer:** Healthy People 2030 focuses on promoting evidence-based cancer screening and prevention strategies — and on improving care and survivorship for people with cancer. Cancer rates in Louisiana exceed national averages, with an incidence rate of 483.6 vs. 444.4 per 100,000 and a mortality rate of 165.2 vs. 146.0 per 100,000. Caddo (481.8) and Bossier (472.2) parishes have particularly high incidence, with mortality rates also elevated at 175.7 and 161.3 respectively.

## Incidence & Mortality

## Louisiana vs. U.S. (All Cancer Sites)

- Incidence Rate (2017-2021)
- Louisiana: 483.6 per 100,000
- USA: 444.4 per 100,000
- High rates observed in Caddo (481.8) and Bossier (472.2) parishes
- Mortality Rate (2018-2022)
- · Louisiana: 165.2 per 100,000
- USA: 146.0 per 100,000
- · Death rates also elevated in Caddo (175.7) and Bossier (161.3).

Source: Statecancerprofiles.cancer.gov





**Diabetes:** Healthy People 2030 focuses on reducing diabetes cases, complications, and deaths. Caddo Parish reports the highest rate of diagnosed diabetes (15%) – above both the state (13%) and national average (10%) – while Bossier Parish is slightly below the state rate at 12%.

#### Diabetes Prevalence

- · Diabetes is expensive:
  - Americans with diabetes have medical expenses approximately 2.6 times higher than those who do not have diabetes. And the total estimated cost of diagnosed diabetes in the U.S. in 2022 was \$412.9 billion, including \$306.6 billion in direct medical costs and \$106.3 billion in reduced productivity attributable to diabetes
  - · In 2017 it was estimated that:
    - Total direct medical expenses for diagnosed diabetes in Louisiana was \$4.2 billion.
    - Total indirect costs from lost productivity due to diabetes was \$1.4 billion
    - Total cost of diabetes was \$5.6 billion.

Source: diabetes.org/SFSSources; 2025 County Health Rankings; Years of Data Used: 2022



and above with diagnosed diabetes (age-adjusted), 2025

Region Percent

United States 10%

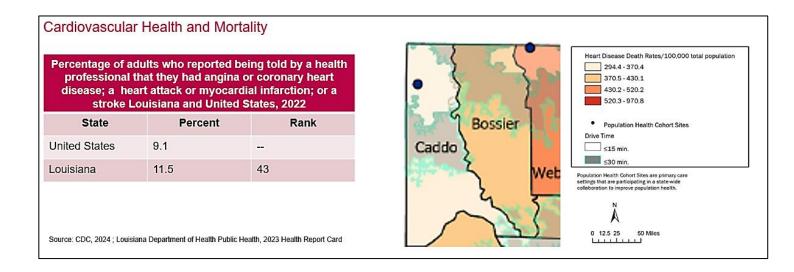
Louisiana 13%

Bossier (BO)
Parish 12%

Caddo (CA)
Parish 15%

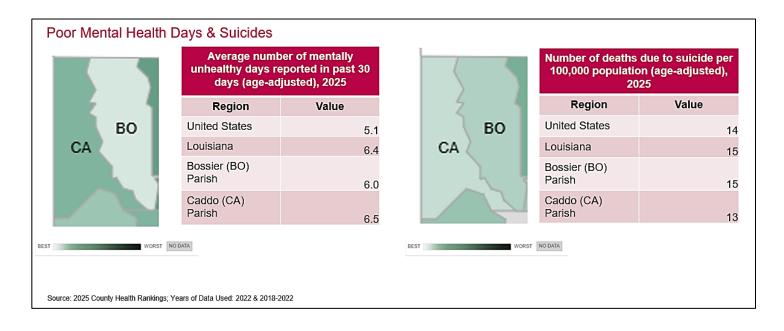
Percentage of adults aged 18

**Heart Disease & Stroke:** Healthy People 2030 focuses on preventing and treating heart disease and stroke and improving overall cardiovascular health. In 2022, rates of heart disease and stroke were 26% higher in Louisiana than the U.S. average but were lower to other states in the South except for Texas. Louisiana ranks 43rd in the nation for rates of cardiovascular disease diagnoses.

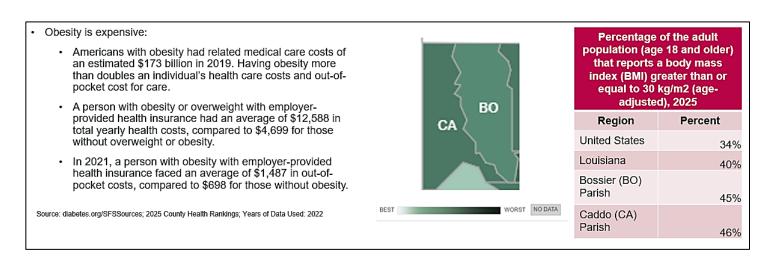




**Mental Health and Mental Disorders:** Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Residents of Caddo Parish reported an average of 6.5 mentally unhealthy days in the past 30 days – exceeding both the state (6.4) and national (5.1) averages – signaling a mental health burden. Bossier Parish's suicide death rate (15 per 100,000) matched the state average and slightly exceeded the national average (14), while Caddo Parish was marginally lower at 13.

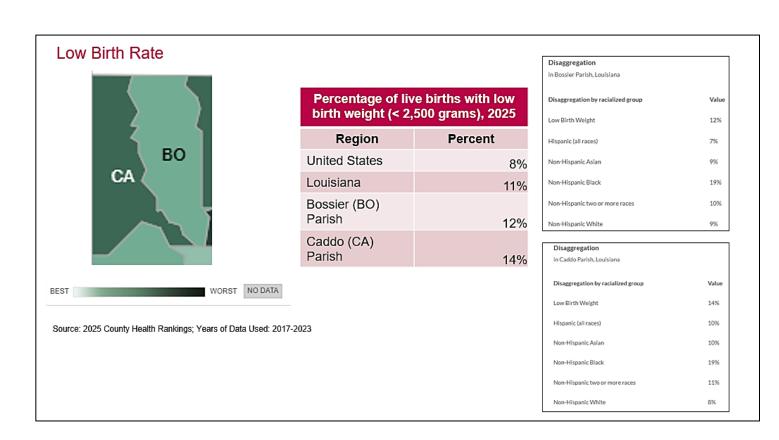


**Overweight and Obesity:** Healthy People 2030 focuses on helping people eat healthily and get enough physical activity to reach and maintain a healthy weight. Obesity affects nearly half of adults in Caddo (46%) and Bossier (45%) Parishes – well above the state (40%) and national (34%) averages.





**Pregnancy and Childbirth:** Healthy People 2030 focuses on preventing pregnancy complications and maternal deaths and helping women stay healthy before, during, and after pregnancy. Caddo Parish has a higher percentage of low-birth-weight births (14%) than both Bossier Parrish (12%) and Louisiana overall (11%), exceeding the national rate (8%) and suggesting elevated risks for infant health outcomes. In both Bossier and Caddo Parishes, non-Hispanic Black infants have the highest rates of low birth weight (19%), nearly double that of non-Hispanic White infants (8-9%), underscoring persistent racial disparities in maternal and infant outcomes.





# Health Behaviors

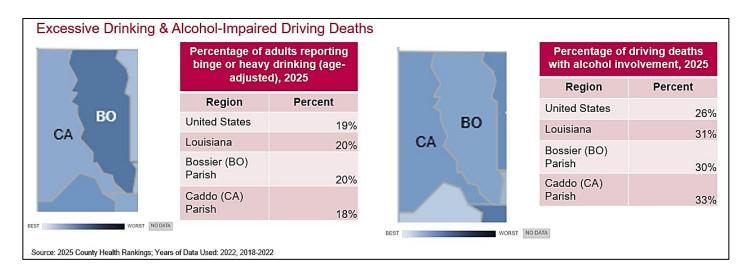
Health Behaviors are the behaviors that influence the health of individuals related to family and personal health, healthcare prevention, substance abuse, violence, as well as other health behaviors such as emergency preparedness and safe food handling. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

## **Healthy People 2030 Objectives**

| Child and Adolescent Development | Physical Activity*  |
|----------------------------------|---------------------|
| Drug and Alcohol Use*            | Preventative Care*  |
| Emergency Preparedness           | Safe Food Handling  |
| Family Planning                  | Sleep               |
| Health Communication             | Tobacco Use*        |
| Injury Prevention                | Vaccination*        |
| Nutrition and Healthy Eating*    | Violence Prevention |

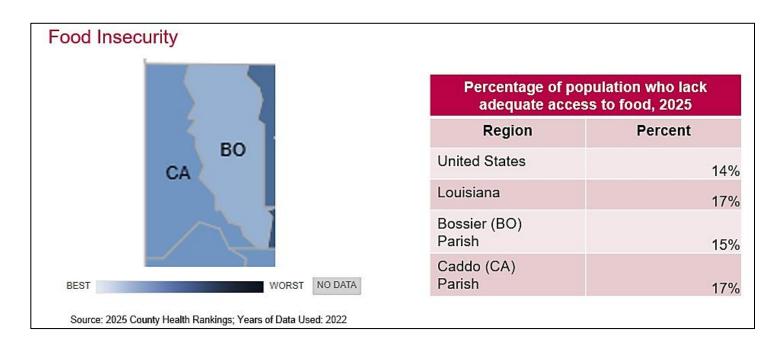
<sup>\*</sup>Objectives that are relevant to Willis Knighton Health System's Community feedback will be explored further below.

**Drug and Alcohol Use:** Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need. Rates of binge or heavy drinking in Bossier Parish (20%) match the state average and exceed the national average (19%), while Caddo Parish reports a slightly lower rate (18%). Caddo Parish (33%) exceeds both the state (31%) and national (26%) averages for alcohol-involved driving deaths, while Bossier Parish (30%) remains slightly below state but still well above the national average.

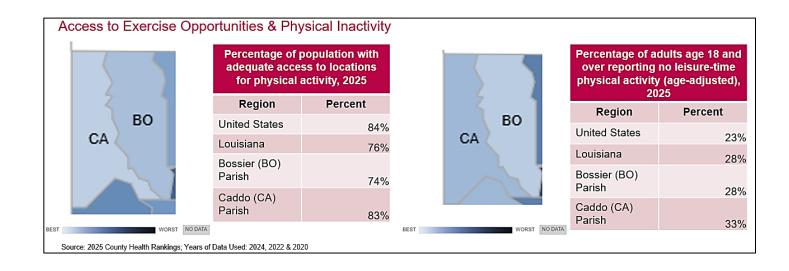




**Nutrition and Healthy Eating:** Healthy People 2030 focuses on helping people get the recommended amounts of healthy foods — like fruits, vegetables, and whole grains — to reduce their risk for chronic diseases and improve their health. Food insecurity affects 17% of residents in Caddo and Louisiana — above the U.S. average %) — while Bossier reports a slightly lower rate at 15%.

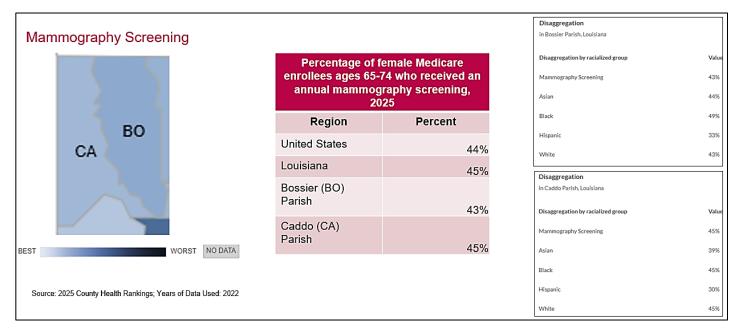


**Physical Activity:** Healthy People 2030 focuses on improving health and well-being by helping people of all ages get enough aerobic and muscle-strengthening activity. Bossier Parish reports lower access to exercise opportunities (74%) than both Louisiana (76%) and the national average (84%), suggesting potential barriers to physical activity in the area. Caddo Parish had the highest percentage of adults age 18 and over reporting no leisure-time physical activity at 33%, surpassing the state (28%), Bossier Parish (28%), and national average (23%).

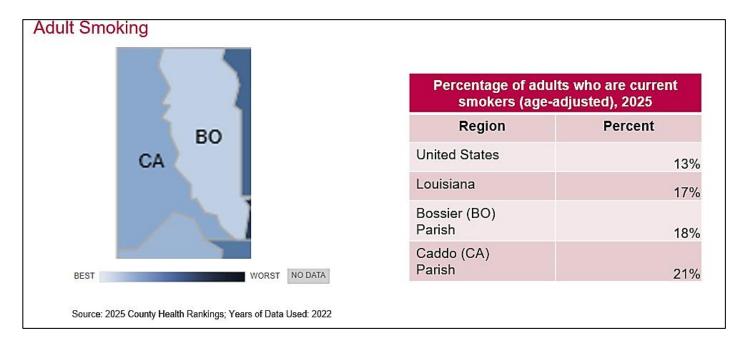




**Preventative Care:** Healthy People 2030 focuses on increasing preventive care for people of all ages. 43% of female Medicare enrollees ages 65-74 in Bossier Parish and 45% in Caddo Parish received annual mammography screenings – similar to state (45%) and national (44%) rates. However, screenings were lower among Hispanic women in both parishes (33% in Bossier, 30% in Caddo), suggesting persistent disparities.

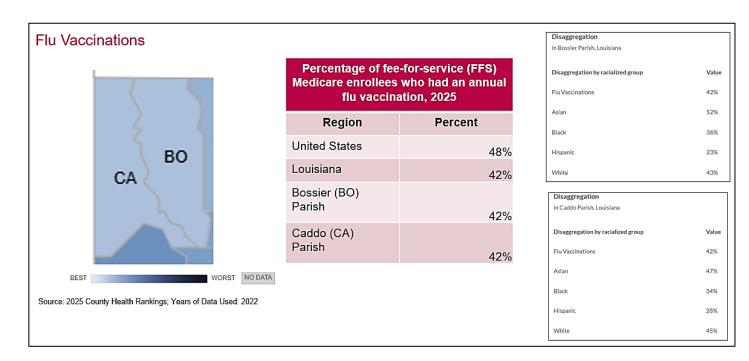


**Tobacco Use:** Healthy People 2030 focuses on preventing people from using tobacco products and helping them quit. Caddo Parish reports the highest smoking rate (21%) compared to Bossier Parish (18%), the state (17%), and the national average (13%), suggesting a tobacco use concern in the area.





**Vaccination:** Healthy People 2030 focuses on preventing infectious diseases by increasing vaccination rates. Flu vaccination rates among Medicare enrollees in Bossier and Caddo Parishes (42%) fall below the national average (48%), with coverage particularly low among Hispanic and Black residents – underscoring disparities in preventative care access.





# Setting and Systems

Setting and Systems provide insights into the infrastructure that influences the health outcomes and behaviors of populations. The availability of healthcare resources outside of the traditional healthcare settings play a vital role in the overall health of individuals. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

## **Healthy People 2030 Objectives**

| <i>J</i> 1            | •                               |
|-----------------------|---------------------------------|
| Community*            | Hospital and Emergency Services |
| Environmental Health* | Housing and Homes*              |
| Global Health         | Public Health Infrastructure    |
| Health Care*          | Schools*                        |
| Health Insurance      | Transportation                  |
| Health IT             | Workplace                       |
| Health Policy         |                                 |

<sup>\*</sup>Objectives that are relevant to Willis Knighton Health System's Community feedback will be explored further below.

**Community:** Healthy People 2030 focuses on ways organizations, businesses, schools, and residents can help build healthier communities. Broadband access in Bossier and Caddo Parishes (83%) falls slightly below state (85%) and national (90%) averages, suggesting a slight digital connectivity gap.

## **Broadband Access**

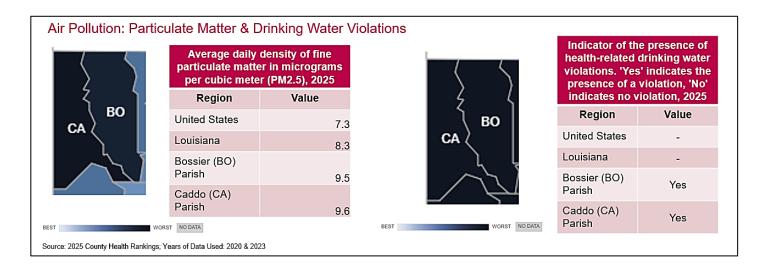


| Percentage of households with broadband internet connection, 2025 |         |  |  |  |
|---|---------|--|--|--|
| Region  | Percent |  |  |  |
| United States   | 90%     |  |  |  |
| Louisiana   | 85%     |  |  |  |
| Bossier (BO)<br>Parish  | 83%     |  |  |  |
| Caddo (CA)<br>Parish  | 83%     |  |  |  |

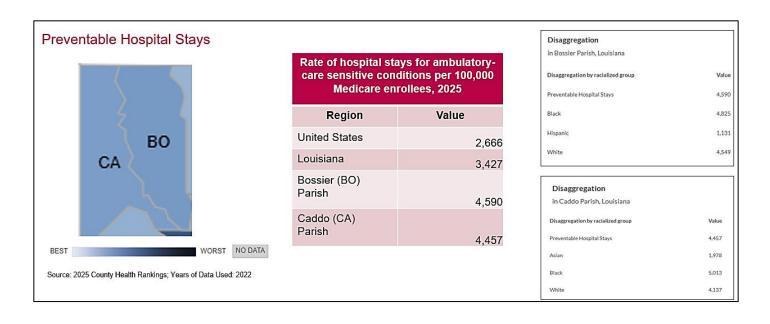
Source: 2025 County Health Rankings; Years of Data Used: 2019-2023



**Environmental Health:** Healthy People 2030 focuses on reducing people's exposure to harmful pollutants in air, water, soil, food, and materials in homes and workplaces. Bossier and Caddo Parishes recorded higher average daily PM2.5 levels (9.5 and 9.6  $\mu$ g/m3 respectively) than both the state (8.3  $\mu$ g/m3) and national (7.3  $\mu$ g/m3) averages, suggesting poorer air quality in the area. Both Bossier and Caddo Parishes reported the presence of health-related drinking water violations, raising concerns about water safety in the area.

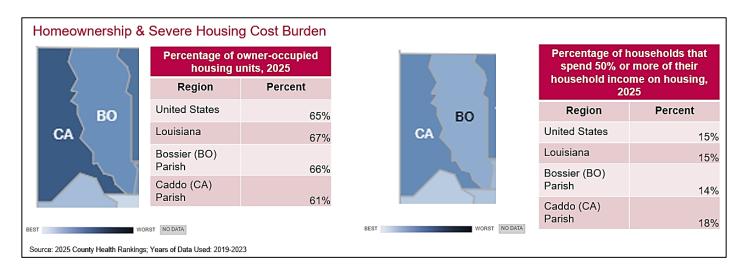


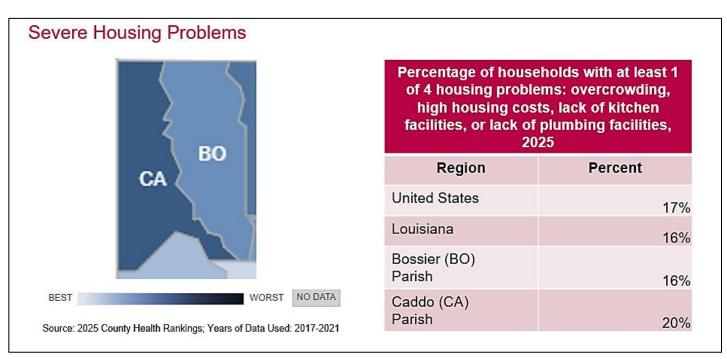
**Health Care:** Healthy People 2030 focuses on improving health care quality and making sure all people get the health care services they need. Both Bossier (4,590) and Caddo Parish (4,457) report significantly higher preventable hospital stay rates than Louisiana (3,427) and the U.S. (2,666), with Black residents most affected in both parishes.





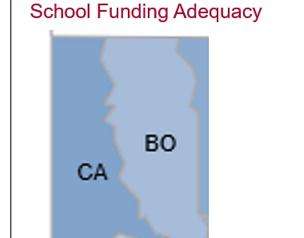
**Housing and Homes:** Healthy People 2030 focuses on reducing health and safety risks in homes. Caddo Parish has the lowest rate of owner-occupied housing (61%) compared to Bossier (66%), Louisiana (67%), and the U.S. (65%). Caddo Parish has the highest percentage (18%) of households spending 50% or more of their income on housing – above Bossier (14%), Louisiana (15%), and the U.S. average (15%). Caddo Parish (20%) exceeds both state (16%) and national (17%) rates for households experiencing at least one serious housing problem.







**Schools:** Healthy People 2030 focuses on supporting child and adolescent development in school settings—and on expanding health education in health professions programs. Caddo Parish faces a significant funding gap of -\$8,613 per pupil – much larger than the state average (-\$2,947) and far below both Bossier Parish (-\$1,201) and the national surplus of \$1,411.



The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district, 2025

| Region                 | Value    |
|------------------------|----------|
| United States          | \$1,411  |
| Louisiana              | -\$2,947 |
| Bossier (BO)<br>Parish | -\$1,201 |
| Caddo (CA)<br>Parish   | -\$8.613 |

Source: 2025 County Health Rankings; Years of Data Used: 2022



# Social Determinants of Health

Social Determinants of Health describe the socioeconomic factors that play a role in the level of health people can achieve. This section looks at aspects outside of healthcare such as economic stability, education, and violence in the community. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

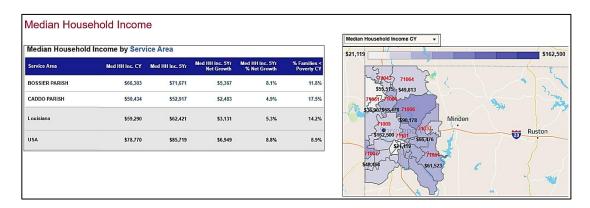
## **Healthy People 2030 Objectives**

Economic Stability\*
Education Access and Quality
Health Care Access and Quality\*

Neighborhood and Built Environment\* Social and Community Context

\*Objectives that are relevant to Willis Knighton Health System's Community feedback will be explored further below.

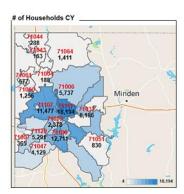
**Economic Stability:** Healthy People 2030 focuses on helping more people achieve economic stability. In 2025, Bossier Parish's median household income (\$66,303) surpasses both the state (\$59,290) and national (\$78,770) averages in terms of growth rate (8.1%), though it remains below the U.S. median. Caddo Parish has the lowest income (\$50,434) and highest poverty rate (17.5%), with income growth (4.9%) also trailing state and national averages.



Households led by individuals ages 35-44 represent the highest concentration of middle-and upper-income brackets, including the largest shares earning \$100K-\$199K annually. Income levels generally peak between ages 35 and 54 while younger (15-24) and older (75+) householders are more likely to fall in lower income ranges.

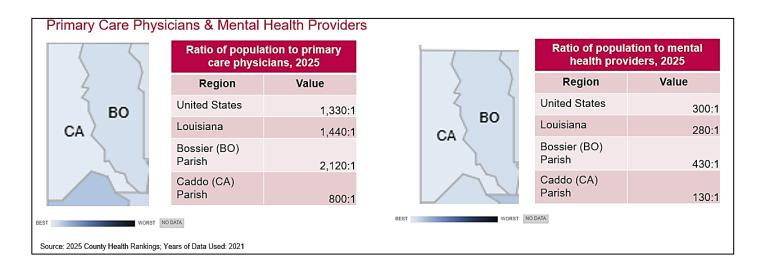
#### Median Household Income

| Household Income by Householder Age CY (# of HHs) Service Area (*) - Zip Code (*) |       |       |       |       |       | Metric Type: Percent (%) |       |      |        |
|---|-------|-------|-------|-------|-------|--------------------------|-------|------|--------|
| 100   | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74                    | 75-84 | 85p  | Totals |
| Totals  | 3.8%  | 14.9% | 17.9% | 16.2% | 17.1% | 17.1%                    | 9.5%  | 3.4% | 100.0% |
| <\$15,000   | 7.2%  | 12.7% | 13.4% | 12.1% | 17.9% | 18.5%                    | 12.3% | 5.7% | 100.09 |
| \$15,000 - \$24,999   | 4.0%  | 14.8% | 15.3% | 12.0% | 16.6% | 17.3%                    | 13.4% | 6.5% | 100.09 |
| \$25,000 - \$34,999   | 4.2%  | 15.1% | 14.4% | 13.8% | 17.0% | 17.7%                    | 12.7% | 5.1% | 100.09 |
| \$35,000 - \$49,999   | 4.2%  | 15.0% | 14.8% | 14.6% | 16.6% | 19.2%                    | 11.7% | 3.9% | 100.09 |
| \$50,000 - \$74,999   | 4.8%  | 19.0% | 19.6% | 15.4% | 15.9% | 15.4%                    | 7.7%  | 2.2% | 100.09 |
| \$75,000 - \$99,999   | 2.9%  | 14.7% | 17.2% | 18.0% | 17.3% | 19.3%                    | 8.4%  | 2.2% | 100.09 |
| \$100,000 - \$124,999   | 1.6%  | 15.5% | 21.5% | 23.1% | 20.2% | 12.2%                    | 4.7%  | 1.1% | 100.09 |
| \$125,000 - \$149,999   | 0.1%  | 13.6% | 21.9% | 20.9% | 17.6% | 18.1%                    | 6.4%  | 1.5% | 100.09 |
| \$150,000 - \$199,999   | 1.8%  | 14.9% | 28.6% | 17.9% | 14.1% | 15.6%                    | 5.8%  | 1.3% | 100.09 |
| \$200,000+  | 0.4%  | 9.3%  | 24.3% | 23.6% | 19.1% | 15.8%                    | 6.0%  | 1.6% | 100.0% |





**Healthcare Access and Quality:** Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services. Caddo Parish has a more favorable ratio of population to primary care physicians (800:1) compared to both Bossier Parish (2,120:1) and the national average (1,330:1), suggesting better provider availability. Caddo Parish has a significantly stronger ratio of population to mental health providers (130:1) compared to Bossier Parish (430:1), Louisiana (280:1), and the U.S. average (300:1), suggesting greater provider availability.



**Neighborhood and Built Environment:** Healthy People 2030 focuses on improving health and safety in the places where people are born, live, learn, work, play, worship, and age. Caddo Parish's firearm death rate (35 per 100,000) is nearly triple the national average (13) and significantly higher than both Louisiana (25) and Bossier Parish (16), suggesting serious concerns about gun violence. Caddo Parish's homicide rate (25 per 100,000) is over three times higher than the national average (7) and significantly exceeds both the state (16) and Bossier Parish (7), suggesting concerns around violent crime.





## Populations

Populations define the populations and demographics that align with other Healthy People 2030 objectives. The population information looks at age groups, gender, race and ethnicity, and disability status. Health and wellness metrics are also identified related to specific populations. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

## **Healthy People 2030 Objectives**

| Adolescents | Older Adults*            |
|-------------|--------------------------|
| Children    | Parents or Caregivers    |
| Infants     | People with Disabilities |
| LGBT        | Women*                   |
| Men*        | Workforce                |

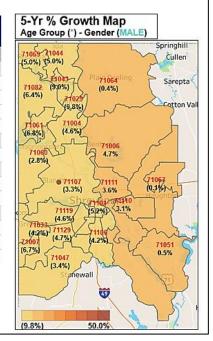
<sup>\*</sup>Objectives that are relevant to Willis Knighton Health System's Community feedback will be explored further below.

**Men:** Healthy People 2030 focuses on improving men's health. The overall male population is projected to decline slightly by 1.7% over the next five years, with the most notable decreases in children ages 5-14 and adults ages 55-64. Meanwhile, the senior population, especially men ages 75-84 and 85+, is expected to grow significantly, showing a shift toward an aging male demographic.

## Population Demographics by Gender (Men)

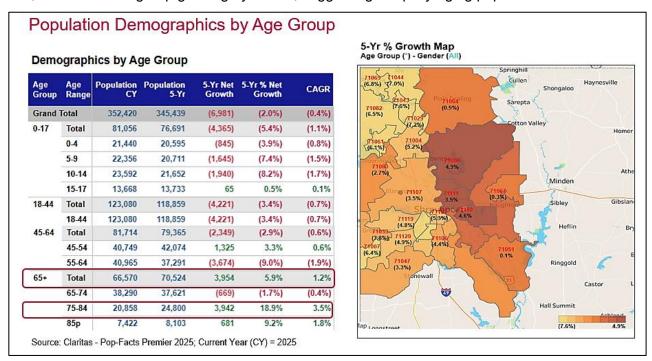
| Age Group   | Age Range | Population<br>CY | % of Total<br>Population | Population<br>5-Yr | 5-Yr Net<br>Growth | 5-Yr % Net<br>Growth | CAGR   |
|-------------|-----------|------------------|--------------------------|--------------------|--------------------|----------------------|--------|
| Grand Total |           | 170,055          | 100.0%                   | 167,099            | (2,956)            | (1.7%)               | (0.4%) |
| 0-17        | Total     | 41,306           | 24.3%                    | 39,098             | (2,208)            | (5.3%)               | (1.1%) |
|             | 0-4       | 10,950           | 6.4%                     | 10,522             | (428)              | (3.9%)               | (0.8%) |
|             | 5-9       | 11,334           | 6.7%                     | 10,587             | (747)              | (6.6%)               | (1.4%) |
|             | 10-14     | 11,988           | 7.0%                     | 10,983             | (1,005)            | (8.4%)               | (1.7%) |
|             | 15-17     | 7,034            | 4.1%                     | 7,006              | (28)               | (0.4%)               | (0.1%) |
| 18-44       | Total     | 60,827           | 35.8%                    | 59,390             | (1,437)            | (2.4%)               | (0.5%) |
|             | 18-44     | 60,827           | 35.8%                    | 59,390             | (1,437)            | (2.4%)               | (0.5%) |
| 45-64       | Total     | 39,214           | 23.1%                    | 38,043             | (1,171)            | (3.0%)               | (0.6%) |
|             | 45-54     | 19,600           | 11.5%                    | 20,295             | 695                | 3.5%                 | 0.7%   |
|             | 55-64     | 19,614           | 11.5%                    | 17,748             | (1,866)            | (9.5%)               | (2.0%) |
| 65+         | Total     | 28,708           | 16.9%                    | 30,568             | 1,860              | 6.5%                 | 1.3%   |
|             | 65-74     | 17,324           | 10.2%                    | 17,121             | (203)              | (1.2%)               | (0.2%) |
|             | 75-84     | 8,881            | 5.2%                     | 10,555             | 1,674              | 18.8%                | 3.5%   |
|             | 85p       | 2,503            | 1.5%                     | 2,892              | 389                | 15.5%                | 2.9%   |

Source: Claritas - Pop-Facts Premier 2025; Current Year (CY) = 2025

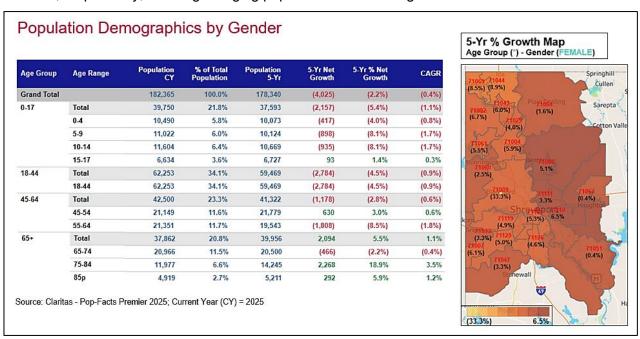




**Older Adults:** Healthy People 2030 focuses on reducing health problems and improving quality of life for older adults. The population aged 65 and older is projected to increase by 5.9%, with the 75-84 group growing by 18.9%, suggesting a rapidly aging population.



**Women:** Healthy People 2030 focuses on addressing these specific needs to improve women's health and safety throughout their lives. The total female population is projected to decline slightly by 2.2% over the next five years, with the most significant decreases seen in children ages 5-14 and adults ages 55-64. In contrast, the 75-84 and 85+ age groups are projected to grow by 18.9% and 5.9%, respectively, showing an aging population trend among women.

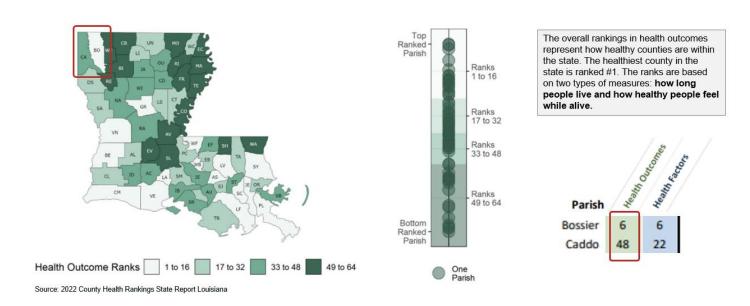




## County Ranking

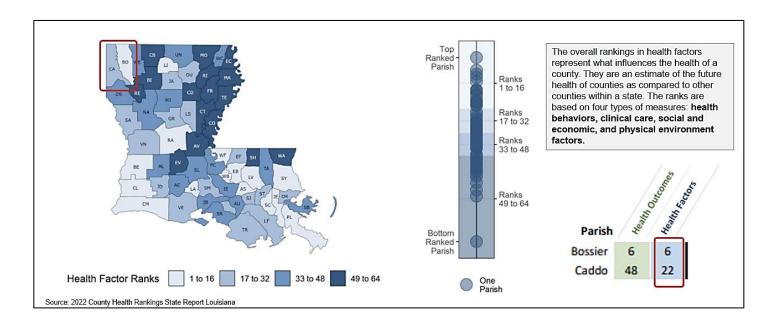
In addition to reviewing the data, overall county health rankings were utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Measures for this are based on a wide variety of data sources, including the Bureau of Labor Statistics, National Center for Healthcare Statistics, and Behavioral Risk Factor Surveillance System survey data, and other units of the Centers for Disease Control and Prevention, etc. This allows us to understand how each county is performing against another within the state.

**Health Outcomes:** Healthy People 2030 focuses on health outcomes as a measure of how healthy a county is currently. This measure accounts for numerous factors that reflect the mental and physical well-being of the community through metrics that impact both length and quality of life. In Alabama, there are sixty-four counties—where the healthiest county ranks at #1, and the least healthy county ranks at #64.





**Health Factors:** The overall ranking in health factors represents what influences the health of a county. They are estimates of the future health of the county in comparison to other counties. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.



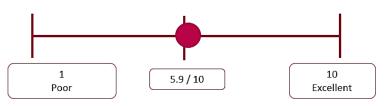


## **Community Input Findings**

The last and most essential element of the Community Needs Assessment is community input. Willis Knighton Health System facilitated the distribution of a community health survey shared physicians. administrators. community members. hospital knowledge/expertise in public health, and those serving underserved and chronic disease populations. During this phase, the team deployed a survey to gain the community's knowledge.

There were fourteen interview respondents who completed the interview across the service area. Below is a summary of the feedback distribution.

## Average Community Health Rating:



#### Most Common Rating Range:

- •Majority of responses fell between 4 and 6, indicating a "below average" to "moderate" perception of community health.
- Top Reasons for Low Ratings:
  - ·Obesity, diabetes, and lack of preventive care were the most cited reasons
- ·Several interviewees noted that people only seek care when necessary.
- Notable Outlier:
  - ·One respondent rated the community an 8, citing improvements in transportation access and public health education.
- "Living in chaos when you are struggling health and wellbeing are an afterthought."

### Interviewees Selected By: WK Leadership/Project Sponsor

#### 14 Interview Respondents:

- **Health Organizations**
- **Physicians**
- Providers
- Community Leaders
- Community Organizations
- Local Government

#### Collection Methods

Virtual & In-Person Interviews

## Community Health Snapshot (Most Common Responses)

#### One Word to Describe Community Health

- Common terms: Poor, Struggling, Obese, Average
- •Key Insight: Widespread perception of poor or declining health, especially due to obesity, chronic disease, and lack of preventive care

## Health Rating (1-10 Scale)

- •Most Common Scores: 4-6
- •Why: High rates of obesity, diabetes, poor health literacy, limited access to care, and socioeconomic barriers.

#### Strengths & Gaps in Current Services

- ·What WKHS Does Well
- •Top strengths:
- Strong community presence and partnerships
- Access points: clinics, urgent care, mobile units
- Pediatric care and support for underserved populations
- Transportation support (e.g., free bus service) ·Gaps & Opportunities
- ·Most cited needs:
- Primary care access (especially for uninsured)
- ♦ Mental health services
- Health literacy & education
- ❖Pediatric dental care
- ♦Follow-up care coordination
- Awareness of available resources

#### **Future Priorities & Concerns**

#### Most Preventable Issues

- Top Mentions:
- Obesity, Diabetes, Cardiovascular disease
- Childhood health (nutrition, exercise, education)
- Cancer (via screenings)
- ❖Mental Health crises

#### Suggested Investments

- High-Impact Ideas
- School-based health education
- Dedicated children's hospital
- Community wellness centers Healthcare hotline/resource line
- More PCPs accepting all insurance

## What Keeps Them Up at Night

- Recurring concerns:
- Crime and Safety
- Preventable illness Access for vulnerable populations
- Healthcare apathy & lack of awareness

## 30



Respondents were asked what they viewed as the most preventable issues affecting the service area and its residents. They were then asked to elaborate on certain strengths and gaps of Willis Knighton Health System and community.

Based on the feedback provided in the Community Input phase of the CHNA, the following strengths and gaps in current services were identified when evaluating the health of the service area.

### Strengths

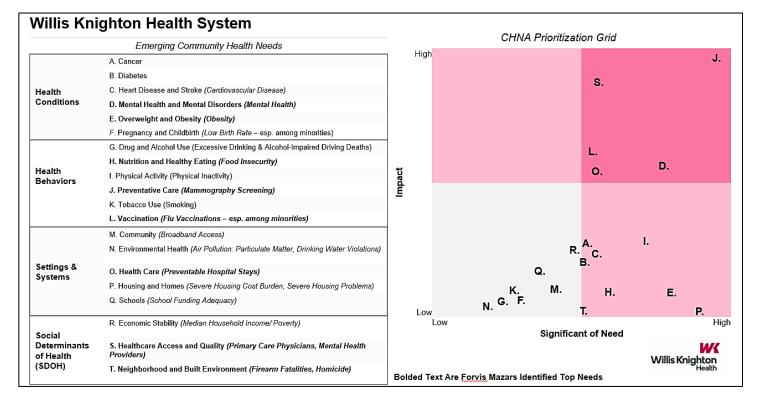
- Strong community presence and partnerships
- Access points: clinics, urgent care, mobile units
- Pediatric care and support for underserved populations
- Transportation support (e.g., free bus service)

### Gaps & Opportunities

- Primary care access (especially for uninsured)
- Mental health services
- Health literacy & education
- Pediatric dental care
- Follow-up care coordination
- Awareness of available resources

Once the issues/community needs were identified and organized, a prioritization session was held with members of the Community Health Needs Assessment Steering Committee. This session resulted in the development of a Prioritization Table. The priorities were ranked based on significance of the community need, Willis Knighton Health System's ability to impact the need, and community perceived need. This process identified the top prioritized health issues for the service area that Willis Knighton Health System has an ability to impact at certain levels.

## **Prioritized 2025 Community Health Needs**





From this prioritization table, the Willis Knighton Health team identified community needs that would be the basis for the development of the implementation strategy. Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following community needs have been selected for implementation.

- Mental Health and Mental Disorders Mental health is a prioritized health need due to its impact on quality of life, chronic disease outcomes, and overall community well-being. Residents of Caddo Parish reported an average of 6.5 mentally unhealthy days in the past 30 days, exceeding state (6.4) and national (5.1) averages. Bossier Parish's suicide rate (15 per 100,000) matches the state average and exceeds the national average (14), while Caddo Parish is slightly lower at 13. Contributing factors include stigma, provider shortages, and limited access to timely care. Addressing this need will focus on expanding mental health services, promoting early intervention, and increasing awareness of available resources.
- Preventative Care (Mammography Screening) Mammography screening is a prioritized health need due to its role in detecting breast cancer early and improving survival rates. Within the service area, 43% of female Medicare enrollees ages 65-74 in Bossier Parish and 45% in Caddo Parish received annual screenings, similar to state (45%) and national (44%) averages. Rates were significantly lower among Hispanic women in both parishes (33% in Bossier, 30% in Caddo), highlighting disparities. Contributing factors include limited awareness, cultural barriers, and access challenges. Addressing this need will focus on increasing targeted outreach, providing culturally relevant education, and expanding access to screening services.
- Vaccination (Flu Vaccinations esp. among minorities) Flu vaccination is a prioritized health need due to its role in preventing serious illness among older adults and high-risk groups. In Bossier and Caddo Parishes, 42% of Medicare enrollees received a flu vaccination, below the national average (48%) and matching the state average (42%). Rates were especially low among Hispanic and Black residents, highlighting disparities. Contributing factors include vaccine hesitancy, lack of provider recommendation, and logistical barriers. Addressing this need will focus on expanding community vaccination events, increasing provider engagement, and implementing targeted education campaigns.
- Health Care (Preventable Hospital Stays) Preventable hospital stays are a prioritized health need due to their link with gaps in access to timely, high-quality outpatient care and chronic disease management. Bossier Parish (4,590) and Caddo Parish (4,457) report rates significantly higher than Louisiana (3,427) and the U.S. (2,666), with Black residents most affected. Contributing factors include limited access to primary care, inadequate care coordination, and health literacy challenges. Addressing tis need will focus on improving access to primary and preventative care, strengthening patient education, and enhancing care coordination efforts.
- Healthcare Access and Quality (Primary Care Physicians, Mental Health Providers)

   Access to healthcare providers is a prioritized health need due to its role in ensuring timely and comprehensive care. Caddo Parish has a more favorable ratio of population to primary care physicians (800:1) than Bossier Parish (2,120:1) and the U.S. average (1,330:1). Caddo also has a stronger ratio of mental health providers (130:1) compared to Bossier (430:1), Louisiana (280:1), and the U.S. (300:1). Contributing factors include

## 2025 Community Health Needs Assessment



provider shortages, geographic disparities, and limited service availability. Addressing this need will focus on recruiting and retaining providers, expanding telehealth services, and increasing access points for primary and behavioral healthcare.

Willis Knighton Health Community Needs Assessment Steering Committee will initiate the development of implementation strategies for each health priority identified above. This implementation strategy will be executed in collaboration with community partners and health issue experts over the next three years. The following key elements will be used in developing their implementation strategy:

- Identify what other local organizations are doing to address the health priority.
- Develop support and participation for these approaches to address the health need.
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured.
- Develop detailed work plans.
- Communicate with the assessment team and ensure appropriate coordination with other efforts currently underway to address the issue.

The team will utilize and build upon the monitoring method developed in the conclusion of the prior CHNA to provide status updates and outcome notifications of these efforts to improve community health. Willis Knighton Health is committed to conducting another health needs assessment in three years.



## **Appendix – Louisiana Data Sources**

| Focus Area                                | Measure                          | Description   | Weight | Source  | Year(s)                 | Top<br>Performers | US<br>Overall |
|---|----------------------------------|---|--------|---|-------------------------|-------------------|---------------|
| POPULATION HE                             | EALTH AND WELL-E                 | BEING   |        |   |                         |                   |               |
| LENGTH OF LIFE                            |                                  |   |        |   |                         |                   |               |
| Life span                                 | Premature<br>Death*              | Years of potential life lost<br>before age 75 per 100,000<br>population (age-adjusted).           | 50%    | National Center for<br>Health Statistics -<br>Natality and Mortality<br>Files; Census Population<br>Estimates Program | 2020-<br>2022           | 6,200             | 8,400         |
| QUALITY OF LIFE                           |                                  |   |        |   |                         |                   |               |
| Physical health                           | Poor Physical<br>Health Days     | Average number of physically unhealthy days reported in past 30 days (age-adjusted).              | 10%    | Behavioral Risk Factor<br>Surveillance System   | 2022                    | 3.6               | 3.9           |
|   | Low Birth<br>Weight*             | Percentage of live births with low birth weight (< 2,500 grams).                                  | 20%    | National Center for<br>Health Statistics -<br>Natality Files  | 2017-<br>2023           | 6%                | 8%            |
| Mental health                             | Poor Mental<br>Health Days       | Average number of mentally unhealthy days reported in past 30 days (age-adjusted).                | 10%    | Behavioral Risk Factor<br>Surveillance System   | 2022                    | 4.9               | 5.1           |
| Life satisfaction                         | Poor or Fair<br>Health           | Percentage of adults reporting fair or poor health (age-adjusted).                                | 10%    | Behavioral Risk Factor<br>Surveillance System   | 2022                    | 14%               | 17%           |
| COMMUNITY CO                              | NDITIONS                         |   |        |   |                         |                   |               |
| HEALTH INFRASTE                           | RUCTURE                          |   |        |   |                         |                   |               |
| Health<br>promotion and<br>harm reduction | Flu Vaccinations*                | Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.         | 4%     | Mapping Medicare Disparities Tool   | 2022                    | 54%               | 48%           |
|   | Access to Exercise Opportunities | Percentage of population with adequate access to locations for physical activity.                 | 4%     | ArcGIS Business Analyst<br>and ArcGIS Online;<br>YMCA; US Census<br>TIGER/Line Shapefiles                             | 2024,<br>2022 &<br>2020 | 91%               | 84%           |
|   | Food<br>Environment<br>Index+    | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).      | 4%     | USDA Food Environment<br>Atlas; Map the Meal Gap<br>from Feeding America  | 2019 &<br>2022          | 8.8               | 7.4           |
| Clinical care                             | Primary Care<br>Physicians       | Ratio of population to primary care physicians.   | 2%     | Area Health Resource<br>File/American Medical<br>Association  | 2021                    | 1,030:1           | 1,330:1       |
|   | Mental Health<br>Providers       | Ratio of population to mental health providers.   | 1%     | CMS, National Provider Identification   | 2024                    | 220:1             | 300:1         |
|   | Dentists                         | Ratio of population to dentists.  | 1%     | Area Health Resource File/National Provider Identifier Downloadable File  | 2022                    | 1,180:1           | 1,360:1       |
|   | Preventable<br>Hospital Stays*   | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.   | 4%     | Mapping Medicare<br>Disparities Tool  | 2022                    | 1,596             | 2,666         |
|   | Mammography<br>Screening*        | Percentage of female Medicare enrollees ages 65- 74 who received an annual mammography screening. | 1%     | Mapping Medicare<br>Disparities Tool  | 2022                    | 53%               | 44%           |
|   | Uninsured                        | Percentage of population under age 65 without health insurance.                                   | 4%     | Small Area Health<br>Insurance Estimates  | 2022                    | 6%                | 10%           |



| PHYSICAL ENVIRO                     | NMENT                                   |   |    |  |                         |      |      |
|-------------------------------------|---|---|----|--|-------------------------|------|------|
| Housing and transportation          | Severe Housing<br>Problems              | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. | 4% | Comprehensive Housing<br>Affordability Strategy<br>(CHAS) data   | 2017-<br>2021           | 8%   | 17%  |
|                                     | Driving Alone to<br>Work*               | Percentage of the workforce that drives alone to work.  | 2% | American Community<br>Survey, five-year<br>estimates   | 2019-<br>2023           | 69%  | 70%  |
|                                     | Long Commute -<br>Driving Alone         | Among workers who commute in their car alone, the percentage that commute more than 30 minutes.   | 1% | American Community<br>Survey, five-year<br>estimates   | 2019-<br>2023           | 17%  | 37%  |
| Air, water and<br>land              | Air Pollution:<br>Particulate<br>Matter | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).   | 8% | Environmental Public<br>Health Tracking Network  | 2020                    | 5.6  | 7.3  |
|                                     | Drinking Water<br>Violations+           | Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.              | 4% | Safe Drinking Water<br>Information System  | 2023                    |      |      |
| Civic and community resources       | Broadband<br>Access                     | Percentage of households with broadband internet connection.  | 4% | American Community<br>Survey, five-year<br>estimates   | 2019-<br>2023           | 92%  | 90%  |
|                                     | Library Access                          | Library visits per person living within the library service area per year.  | 2% | Institute of Museum and<br>Library Services  | 2022                    | 5    | 2    |
| SOCIAL AND ECON                     | OMIC FACTORS                            |   |    |  |                         |      |      |
| Education                           | Some College                            | Percentage of adults ages 25-<br>44 with some post-secondary<br>education.  | 8% | American Community<br>Survey, five-year<br>estimates   | 2019-<br>2023           | 74%  | 68%  |
|                                     | High School<br>Completion               | Percentage of adults ages 25<br>and over with a high school<br>diploma or equivalent.   | 8% | American Community<br>Survey, five-year<br>estimates   | 2019-<br>2023           | 95%  | 89%  |
| Income,<br>employment and<br>wealth | Unemployment                            | Percentage of population ages 16 and older unemployed but seeking work.   | 8% | Bureau of Labor<br>Statistics  | 2023                    | 2.3% | 3.6% |
|                                     | Income<br>Inequality                    | Ratio of household income at the 80th percentile to income at the 20th percentile.  | 8% | American Community<br>Survey, five-year<br>estimates   | 2019-<br>2023           | 3.7  | 4.9  |
|                                     | Children in<br>Poverty*                 | Percentage of people under age 18 in poverty.   | 8% | Small Area Income and<br>Poverty Estimates;<br>American Community<br>Survey, five-year<br>estimates      | 2023 &<br>2019-<br>2023 | 10%  | 16%  |
| Safety and social support           | Injury Deaths*                          | Number of deaths due to injury per 100,000 population.  | 4% | National Center for<br>Health Statistics -<br>Mortality Files; Census<br>Population Estimates<br>Program | 2018-<br>2022           | 67   | 84   |
|                                     | Social<br>Associations                  | Number of membership associations per 10,000 population.  | 2% | County Business<br>Patterns  | 2022                    | 18.0 | 9.1  |
|                                     | Child Care Cost<br>Burden               | Child care costs for a household with two children  | 4% | The Living Wage<br>Institute; Small Area   | 2024 &<br>2023          | 20%  | 28%  |





| as a percent of median | Income and Poverty |  |
|------------------------|--------------------|--|
| household income.      | Estimates          |  |

 $<sup>{}^*</sup>$ Indicates subgroup data by race and ethnicity is available;  ${}^+$  Not available in all states.

| Focus Area                                | Measure                               | Description  | Source  | Year(s)       |
|---|---------------------------------------|--|---|---------------|
| POPULATION HE                             | EALTH AND WELL-BEI                    |  |   |               |
| LENGTH OF LIFE                            |                                       |  |   |               |
| Life span                                 | Life Expectancy*                      | Average number of years people are expected to live.   | National Center for Health<br>Statistics - Natality and<br>Mortality Files; Census<br>Population Estimates<br>Program | 2020-<br>2022 |
|   | Premature Age-<br>Adjusted Mortality* | Number of deaths among residents under age 75 per 100,000 population (age-adjusted).   | National Center for Health<br>Statistics - Natality and<br>Mortality Files; Census<br>Population Estimates<br>Program | 2020-<br>2022 |
|   | Child Mortality*                      | Number of deaths among residents under age 20 per 100,000 population.  | National Center for Health<br>Statistics - Mortality Files;<br>Census Population<br>Estimates Program                 | 2019-<br>2022 |
|   | Infant Mortality*                     | Number of infant deaths (within 1 year) per 1,000 live births.   | National Center for Health<br>Statistics - Natality and<br>Mortality Files  | 2016-<br>2022 |
| QUALITY OF LIFE                           |                                       |  |   |               |
| Physical health                           | Frequent Physical<br>Distress         | Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).   | Behavioral Risk Factor<br>Surveillance System   | 2022          |
|   | Diabetes<br>Prevalence                | Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).   | Behavioral Risk Factor<br>Surveillance System   | 2022          |
|   | HIV Prevalence+                       | Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.     | National Center for<br>HIV/AIDS, Viral Hepatitis,<br>STD, and TB Prevention   | 2022          |
|   | Adult Obesity                         | Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). | Behavioral Risk Factor<br>Surveillance System   | 2022          |
| Mental health                             | Frequent Mental<br>Distress           | Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).   | Behavioral Risk Factor<br>Surveillance System   | 2022          |
|   | Suicides*                             | Number of deaths due to suicide per 100,000 population (age-adjusted).   | National Center for Health<br>Statistics - Mortality Files;<br>Census Population<br>Estimates Program                 | 2018-<br>2022 |
| Life satisfaction                         | Feelings of<br>Loneliness+            | Percentage of adults reporting that they always, usually or sometimes feel lonely.   | Behavioral Risk Factor<br>Surveillance System   | 2022          |
| COMMUNITY CO                              | NDITIONS                              |  |   |               |
| HEALTH INFRASTF                           | RUCTURE                               |  |   |               |
| Health<br>promotion and<br>harm reduction | Limited Access to<br>Healthy Foods    | Percentage of population who are low-income and do not live close to a grocery store.  | USDA Food Environment<br>Atlas  | 2019          |
|   | Food Insecurity                       | Percentage of population who lack adequate access to food.   | Map the Meal Gap  | 2022          |
|   | Insufficient Sleep                    | Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).   | Behavioral Risk Factor<br>Surveillance System   | 2022          |
|   | Teen Births*                          | Number of births per 1,000 female population ages 15-19.   | National Center for Health<br>Statistics - Natality Files;<br>Census Population                                       | 2017-<br>2023 |



|                            |  |   | Estimates Program  |                         |
|----------------------------|--|---|--|-------------------------|
|                            | Sexually<br>Transmitted<br>Infections+ | Number of newly diagnosed chlamydia cases per 100,000 population.   | National Center for<br>HIV/AIDS, Viral Hepatitis,<br>STD, and TB Prevention  | 2022                    |
|                            | Excessive Drinking                     | Percentage of adults reporting binge or heavy drinking (ageadjusted).   | Behavioral Risk Factor<br>Surveillance System  | 2022                    |
|                            | Alcohol-Impaired Driving Deaths        | Percentage of driving deaths with alcohol involvement.  | Fatality Analysis Reporting<br>System  | 2018-<br>2022           |
|                            | Drug Overdose<br>Deaths*               | Number of drug poisoning deaths per 100,000 population.   | National Center for Health<br>Statistics - Mortality Files;<br>Census Population<br>Estimates Program                      | 2020-<br>2022           |
|                            | Adult Smoking                          | Percentage of adults who are current smokers (ageadjusted).   | Behavioral Risk Factor<br>Surveillance System  | 2022                    |
|                            | Physical Inactivity                    | Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).  | Behavioral Risk Factor<br>Surveillance System  | 2022                    |
| Clinical care              | Uninsured Adults                       | Percentage of adults under age 65 without health insurance.   | Small Area Health<br>Insurance Estimates   | 2022                    |
|                            | Uninsured Children                     | Percentage of children under age 19 without health insurance.   | Small Area Health<br>Insurance Estimates   | 2022                    |
|                            | Other Primary Care<br>Providers        | Ratio of population to primary care providers other than physicians.  | CMS, National Provider Identification  | 2024                    |
| PHYSICAL ENVIRO            | NMENT                                  |   |  |                         |
| Housing and transportation | Traffic Volume                         | Average traffic volume per meter of major roadways in the county.   | EJSCREEN: Environmental Justice Screening and Mapping Tool   | 2020                    |
|                            | Homeownership                          | Percentage of owner-occupied housing units.   | American Community Survey, five-year estimates   | 2019-<br>2023           |
|                            | Severe Housing<br>Cost Burden          | Percentage of households that spend 50% or more of their household income on housing.   | American Community Survey, five-year estimates   | 2019-<br>2023           |
| Air, water and land        | Access to Parks                        | Percentage of the population living within a half mile of a park.   | ArcGIS Online; US Census<br>TIGER/Line Shapefiles  | 2024 &<br>2020          |
| Climate                    | Adverse Climate<br>Events*             | Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90F), moderate or greater drought (65 or more weeks), and disaster (2 or more presidential disaster declarations) over the five-year period. | Environmental Public Health Tracking (EPHT) Network; U.S. Drought Monitor (USDM); OPEN FEMA Disaster Declaration Summaries | 2019-<br>2023           |
| Civic and community        | Census<br>Participation                | Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).  | Census Operational Quality Metrics   | 2020                    |
| resources                  | Voter Turnout+                         | Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.   | MIT Election Data and<br>Science Lab; American<br>Community Survey, five-<br>year estimates                                | 2020 &<br>2016-<br>2020 |
| SOCIAL AND ECO             | NOMIC FACTORS                          |   |  |                         |
| Education                  | High School<br>Graduation+             | Percentage of ninth-grade cohort that graduates in four years.  | EDFacts  | 2021-<br>2022           |
|                            | Reading Scores*+                       | Average grade level performance for 3rd graders on English Language Arts standardized tests.  | Stanford Education Data<br>Archive   | 2019                    |
|                            | Math Scores*+                          | Average grade level performance for 3rd graders on math standardized tests.   | Stanford Education Data<br>Archive   | 2019                    |



|                                     | School Segregation                                       | The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation. | National Center for Education Statistics  | 2023-<br>2024           |
|-------------------------------------|--|--|---|-------------------------|
|                                     | School Funding<br>Adequacy+                              | The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.  | School Finance Indicators Database  | 2022                    |
| Income,<br>employment and<br>wealth | Children Eligible for<br>Free or Reduced<br>Price Lunch+ | Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.   | National Center for Education Statistics  | 2022-<br>2023           |
|                                     | Gender Pay Gap   | Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."   | American Community<br>Survey, five-year estimates   | 2019-<br>2023           |
|                                     | Median Household<br>Income*                              | The income where half of households in a county earn more and half of households earn less.  | Small Area Income and<br>Poverty Estimates;<br>American Community<br>Survey, five-year estimates      | 2023 &<br>2019-<br>2023 |
|                                     | Living Wage  | The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.  | The Living Wage Institute   | 2024                    |
| Safety and social support           | Child Care Centers                                       | Number of child care centers per 1,000 population under 5 years old.   | Homeland Infrastructure<br>Foundation-Level Data<br>(HIFLD)   | 2010-<br>2022           |
|                                     | Residential<br>Segregation -<br>Black/White              | Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents.  | American Community<br>Survey, five-year estimates   | 2019-<br>2023           |
|                                     | Homicides*   | Number of deaths due to homicide per 100,000 population.   | National Center for Health<br>Statistics - Mortality Files;<br>Census Population<br>Estimates Program | 2016-<br>2022           |
|                                     | Motor Vehicle<br>Crash Deaths*                           | Number of motor vehicle crash deaths per 100,000 population.   | National Center for Health<br>Statistics - Mortality Files;<br>Census Population<br>Estimates Program | 2016-<br>2022           |
|                                     | Firearm Fatalities*                                      | Number of deaths due to firearms per 100,000 population.   | National Center for Health<br>Statistics - Mortality Files;<br>Census Population<br>Estimates Program | 2018-<br>2022           |
|                                     | Disconnected Youth                                       | Percentage of teens and young adults ages 16-19 who are neither working nor in school.   | American Community<br>Survey, five-year estimates   | 2019-<br>2023           |
|                                     | Lack of Social and<br>Emotional Support+                 | Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.   | Behavioral Risk Factor<br>Surveillance System   | 2022                    |
| DEMOGRAPHICS                        |  |  |   |                         |
| All                                 | % Below 18 Years of Age                                  | Percentage of population below 18 years of age.  | Census Population<br>Estimates Program  | 2023                    |
|                                     | % 65 and Older   | Percentage of population ages 65 and older.  | Census Population Estimates Program   | 2023                    |
|                                     | % Female   | Percentage of population identifying as female.  | Census Population Estimates Program   | 2023                    |
|                                     | % American Indian<br>or Alaska Native                    | Percentage of population identifying as American Indian or Alaska Native.  | Census Population Estimates Program   | 2023                    |



| % Asian   | Percentage of population identifying as Asian.   | Census Population Estimates Program                                 | 2023          |
|---|--|---|---------------|
| % Hispanic  | Percentage of population identifying as Hispanic.                                      | Census Population Estimates Program                                 | 2023          |
| % Native Hawaiian<br>or Other Pacific<br>Islander | Percentage of population identifying as Native Hawaiian or Other Pacific Islander.     | Census Population<br>Estimates Program                              | 2023          |
| % Non-Hispanic<br>Black                           | Percentage of population identifying as non-Hispanic Black or African American.        | Census Population<br>Estimates Program                              | 2023          |
| % Non-Hispanic<br>White                           | Percentage of population identifying as non-Hispanic white.                            | Census Population<br>Estimates Program                              | 2023          |
| % Disability:<br>Functional<br>Limitations        | Percentage of adults reporting any of six specific functional limitations              | Behavioral Risk Factor<br>Surveillance System                       | 2022          |
| % Not Proficient in<br>English                    | Percentage of population aged 5 and over who reported speaking English less than well. | American Community Survey, five-year estimates                      | 2019-<br>2023 |
| Children in Single-<br>Parent Households          | Percentage of children that live in a household headed by a single parent.             | American Community Survey, five-year estimates                      | 2019-<br>2023 |
| % Rural   | Percentage of population living in a census-defined rural area.                        | Decennial Census<br>Demographic and Housing<br>Characteristics File | 2020          |
| Population  | Resident population.   | Census Population<br>Estimates Program                              | 2023          |

<sup>\*</sup>Indicates subgroup data by race and ethnicity is available; + Not available in all states.

### Other Data Sources:

- Definitive Healthcare
- Rural Health Information Hub
- Louisiana Department of Health Public Health
- State Cancer Profiles: https://statecancerprofiles.cancer.gov/index.html
- diabetes.org/SFSSources
- Centers for Disease Control
- Claritas Pop-Facts Premier 2025