



Community Health Needs Assessment

2026 – 2028

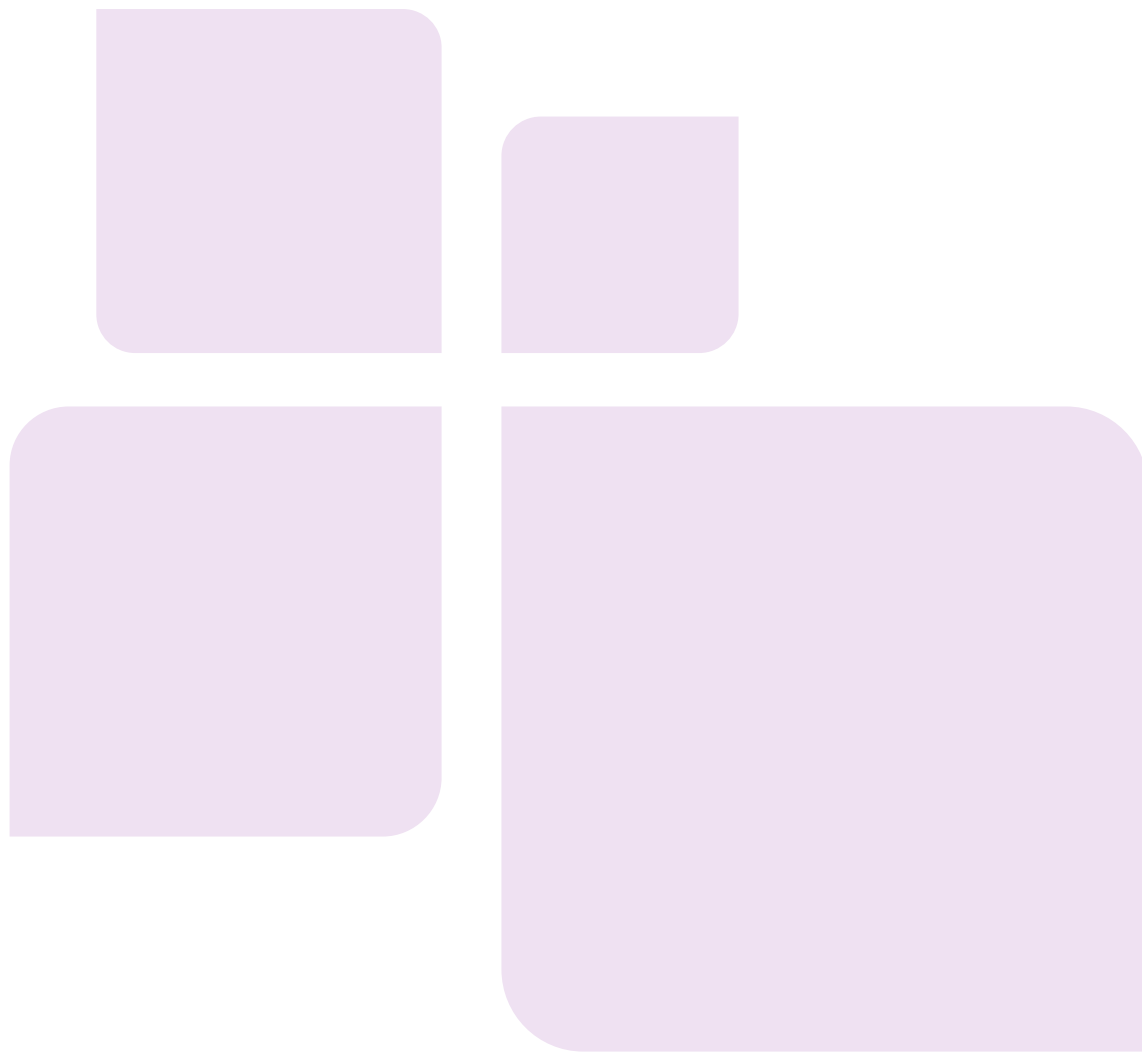


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Chapter 1: Letter to the Community



Letter to the Community

A Message of Gratitude

We are deeply grateful to each of you who took the time to share your voice in the Community Health Needs Assessment. Whether you filled out a survey, joined a conversation or shared what matters most in your daily life, thank you. Your voice is powerful, and your honesty helps us see the path forward more clearly.

In our 2023–2025 CHNA, you helped us identify key priorities: specialty care, chronic disease management and behavioral health. You also emphasized the need for better access to pediatric care, support for early education and children’s health, improved access to healthy food and efforts to reduce smoking and vaping — especially among youth. These insights have guided every step of our planning and programming.

Now, as we begin the 2026–2028 CHNA cycle, your voices continue to lead the way. You’ve highlighted both persistent and emerging needs. Access to care remains a challenge, particularly prenatal and obstetric care — and you’ve reminded us how vital it is to ensure every child has the opportunity to be born healthy. You’ve also spoken about the growing burden of behavioral health concerns, from mental health to substance use, and how these issues affect nearly every family.

You’ve made it clear that the barriers to health aren’t always medical. They include poverty, unaffordable medications, food insecurity, housing instability, lack of broadband access and safety concerns related to crime, abuse and neglect. These aren’t just statistics, they are daily realities for many of our friends, neighbors and loved ones.

We hear you. We see you. And we are committed to walking alongside you — not just as a health system, but as a neighbor who cares deeply about the well-being of this community.

At **CHRISTUS St. Frances Cabrini Health System** and **CHRISTUS Coushatta Health Care Center**, your voices shape everything we do — from the partnerships we build to the care we provide, both within our walls and beyond. Your trust means everything to us, and we are honored to serve you — not just as patients, but as people with unique stories, dreams and dignity.

Together, we can continue to break down barriers and build healthier, more hopeful futures for every person, every family and every generation in Central Louisiana.



Monte Wilson
President and Chief
Executive Officer
**CHRISTUS St. Frances
Cabrini Health System**



Brandon Hillman
Administrator
**CHRISTUS Coushatta
Health Care Center**

Statement of Health Access and Serving as an Anchor Institution

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



Patrick Braquet
Vice President of
Mission Integration
**CHRISTUS St. Frances
Cabrini Health System**



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

Board Approval

The final Community Health Needs Assessment (CHNA) report was completed, and the Ministry CEO/President and Executive Leadership Team of CHRISTUS St. Frances Cabrini Health System reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on September 9, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the Board of Directors on September 9, 2025.

Chapter 2: Executive Summary



Executive Summary

For more than a century, CHRISTUS St. Frances Cabrini Health System and CHRISTUS Coughatta Health Care Center have stood as a trusted health partner in Central Louisiana, grounded in compassion, excellence and a mission to extend the healing ministry of Jesus Christ. Rooted deeply in the communities we serve — from Alexandria to rural parishes — our team of caregivers, clinicians and community advocates is united by a shared purpose: to uplift every person, every family and every neighborhood through high-quality, accessible care.

Our commitment to health equity and community partnership extends far beyond our hospital walls. Every three years, we embark on a Community Health Needs Assessment (CHNA) process — an invitation to listen, learn and act alongside those we serve. This collaborative effort brings together voices from across Central Louisiana: residents, patients, faith leaders, educators, health professionals and more. Together, we explore the health challenges and opportunities that shape daily life, so that the solutions we build reflect the lived experience, strengths and aspirations of our people.

This CHNA follows a lifespan approach — recognizing that health is shaped at every stage of life, and that community well-being begins long before a person walks through our doors. From the very first heartbeat to our older years, every chapter matters. By organizing our findings across four key life stages — maternal and early childhood, school-age children and adolescents, adults and older adults — we ensure our strategies are responsive, inclusive and grounded in what our community needs to thrive.



Importance of Life Stages

Maternal and Early Childhood Health

The earliest stages of life shape our lifelong health. When mothers have access to prenatal care, supportive services and healthy environments, the entire community benefits. In Central Louisiana, we've seen tremendous partnerships emerge around maternal care, newborn health and early development. Collaborations with OB/GYN clinics, pediatric providers and social service organizations are helping families access resources more frequently and earlier.

Yet challenges remain. Families continue to face barriers to prenatal care, behavioral health support and safe, affordable child care. Issues such as food insecurity, domestic violence and substance use during pregnancy threaten the healthy start every child deserves. The CHNA underscores the importance of early intervention, cross-sector collaboration and continued investment in family-centered care.

School-Age Children and Adolescent Health

Our youth represent the future of Central Louisiana, and their health today determines our shared tomorrow. The community has mobilized impressively to support students' mental health, nutrition and access to education. School-based programs, youth mentorships and recreational initiatives are creating safer, more supportive spaces for our children.

Still, the data and lived experiences highlight continued needs — especially related to youth suicide, substance use and developmental disorders. Many adolescents face unstable housing, limited access to mental health care and gaps in insurance coverage. Our work moving forward must amplify the resilience of our youth while closing the opportunity gaps that hold them back.

Adult Health

Adulthood is often marked by responsibility — caring for children and aging parents, maintaining employment and managing chronic conditions. The CHNA reveals the strength of our adult population: caregivers, community leaders and workforce contributors who give so much. We are proud of the growing access to community-based clinics and expanded behavioral health services that support working adults and families.

However, many adults in Central Louisiana still struggle with poverty, chronic disease management and health care affordability. Gaps in access to primary and specialty care, as well as concerns about mental health and substance use, continue to affect quality of life. Solutions must be rooted in dignity, affordability and trust — ensuring that all adults have what they need not only to survive, but to thrive.

Older Adult Health

Our elders carry the stories, traditions and wisdom that strengthen our region. As they age, they deserve the dignity of health, connection and peace of mind. Local communities have embraced senior wellness efforts, care coordination models and caregiver support groups that foster aging in place.

Yet isolation, limited access to geriatric care, food insecurity and the rising cost of medications remain pressing concerns. The CHNA calls for renewed focus on affordable long-term care, Alzheimer's support and neighborhood-based programs that empower our older adults to age with grace and independence.

The health of a community is not defined solely by statistics — it is shaped by stories, relationships and the courage to act. At CHRISTUS St. Frances Cabrini, we are listening. We are learning. And most importantly, we are moving forward together.

This CHNA is more than a report — it is a call to collective action. It reflects the hopes and hurdles of the people of Central Louisiana, and it charts a path forward grounded in partnership, resilience and love for our neighbors. With deep faith and shared purpose, CHRISTUS St. Frances Cabrini will continue to walk alongside this community — building a healthier, more just future for all.

Key Findings

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

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> • Access to care <ul style="list-style-type: none"> ○ Prenatal care ○ Obstetric care • Healthy births • Behavioral health <ul style="list-style-type: none"> ○ Mental health 	<ul style="list-style-type: none"> • Access to care • Education • Housing instability • Crime • Abuse and neglect 	<ul style="list-style-type: none"> • Chronic diseases <ul style="list-style-type: none"> ○ Diabetes ○ Heart disease ○ Obesity • Behavioral health <ul style="list-style-type: none"> ○ Mental health ○ Substance use • Poverty 	<ul style="list-style-type: none"> • Access to care <ul style="list-style-type: none"> ○ Medication affordability • Behavioral health <ul style="list-style-type: none"> ○ Mental health ○ Substance use • Crime • Food insecurity • Housing instability • Lack of broadband

Chapter 3: Introduction



Introduction

Central Louisiana is a region defined by deep-rooted traditions, close-knit communities and a landscape that invites connection to nature. From the historic streets of Alexandria to the rural charm of Coushatta and surrounding parishes, the area reflects the welcoming spirit and cultural richness of the South.

Alexandria, situated along the Red River, offers a unique blend of Southern hospitality and Cajun flair. With a vibrant downtown, family-friendly festivals like the Alex River Fête, and a growing arts scene, the city fosters a strong sense of identity and belonging. Residents enjoy access to spacious parks, scenic lakes and bayous and abundant trails, making outdoor recreation a way of life. Affordable living, quality schools, and proximity to larger cities like Baton Rouge and New Orleans make Alexandria a regional hub that bridges urban and rural life.

North of Alexandria, communities like Coushatta reflect the enduring strength of rural Louisiana. Generations of families, farmers, business owners and faith communities contribute to a shared sense of resilience and pride. In towns where neighbors look out for one another, local traditions and strong relationships remain central to daily life.

Across Central Louisiana, people are united by a strong connection to place, a commitment to community and a shared desire to care for one another. CHRISTUS St. Frances Cabrini Health System and CHRISTUS Coushatta Health Care Center are proud to serve as trusted partners — collaborating with residents, local leaders and organizations to support health and well-being throughout the region.



While Central Louisiana has grown and adapted over time, it continues to face persistent health challenges. Limited access to care, provider shortages, high rates of chronic illness and widespread poverty contribute to ongoing disparities — particularly in rural and underserved areas.

Social factors such as food insecurity, housing instability, lack of transportation, limited educational and economic opportunities and gaps in health care access significantly shape health outcomes. Behavioral health concerns, environmental exposures and chronic stress linked to systemic barriers further impact both physical and mental well-being.

This Community Health Needs Assessment (CHNA) provides a detailed understanding of these issues across the CHRISTUS St. Frances Cabrini

Health System and CHRISTUS Coshatta service areas. Drawing from both local data and community input, it identifies the region's most urgent health priorities and serves as a foundation for informed, collaborative action.

The COVID-19 pandemic magnified existing inequities, but it also strengthened partnerships across sectors. These relationships continue to play a vital role in building sustainable, community-driven solutions.

From farming communities and river towns to growing cities and remote parishes, Central Louisiana is home to a diverse population with unique strengths and needs. By acknowledging the historical, social and economic forces that shape health in this region, this CHNA seeks to chart a path forward. Through strategic investment, deep community engagement and a shared commitment to equity, CHRISTUS Health remains dedicated to extending the healing ministry of Jesus Christ and helping all people thrive — no matter who they are or where they live.

Purpose of the Community Health Needs Assessment

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



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

This document represents the 2026-2028 CHNA for CHRISTUS St. Francis Cabrini and CHRISTUS Coughatta Health Care Center and serves as a comprehensive resource for understanding the current health landscape in Central Louisiana. It provides an in-depth analysis of:

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

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

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

Overview of the Health System

CHRISTUS Health

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

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



CHRISTUS St. Frances Cabrini Health System

As part of CHRISTUS Health, CHRISTUS St. Frances Cabrini Health System is a faith-based, not-for-profit health care system serving the Central Louisiana community with one hospital, three community clinics and 2,000 Associates. We specialize in cancer care, heart health, stroke care, birthing services and rehabilitation. Sponsored by the Sisters of Charity of the Incarnate Word of Houston, Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of the Holy Family of Nazareth, our mission is to extend the healing ministry of Jesus Christ to every individual we serve.



CHRISTUS Coushatta Health Care Center

At the CHRISTUS Coushatta Health Care Center, we know that when illness or injury strikes, some of the best medicine you can receive is the peace of mind you experience in being near your home and family. That's why we strive to provide highly trained health professionals, up-to-date technology and a variety of quality medical services for the Coushatta, Louisiana community.



Community Health

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

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



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

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

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

The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta serve a broad and diverse population across Central and Northwest Louisiana. In accordance with IRS guidelines and 501(r) regulations under the Affordable Care Act, the health system defines its primary service area (PSA) as the collection of ZIP codes that account for approximately 80% of hospital utilization. This approach ensures the Community Health Needs Assessment (CHNA) reflects the communities most directly impacted by CHRISTUS’ health care services.

Spanning both urban centers like Alexandria and rural communities across surrounding parishes, the region includes a wide range of health needs, resources and challenges. From access to specialty care to rural provider shortages, this geographic and demographic diversity underscores the need for a community-centered and equity-informed approach to improving health outcomes.

CHRISTUS ST. FRANCES CABRINI'S PSA				
Allen Parish	Avoyelles Parish	Concordia Parish	Grant Parish	LaSalle Parish
71433, 71463	71328, 71341, 71350	71343	75783, 75440	71342
Rapides Parish	St. Landry Parish	Tensas Parish	Vernon Parish	Winn Parish
71301, 71302, 71303, 71346, 71351, 71360, 71405, 71409, 71423, 71467, 71485	71322	71334	71446	71457

Table 1. Primary Service Area (PSA) of CHRISTUS St. Frances Cabrini

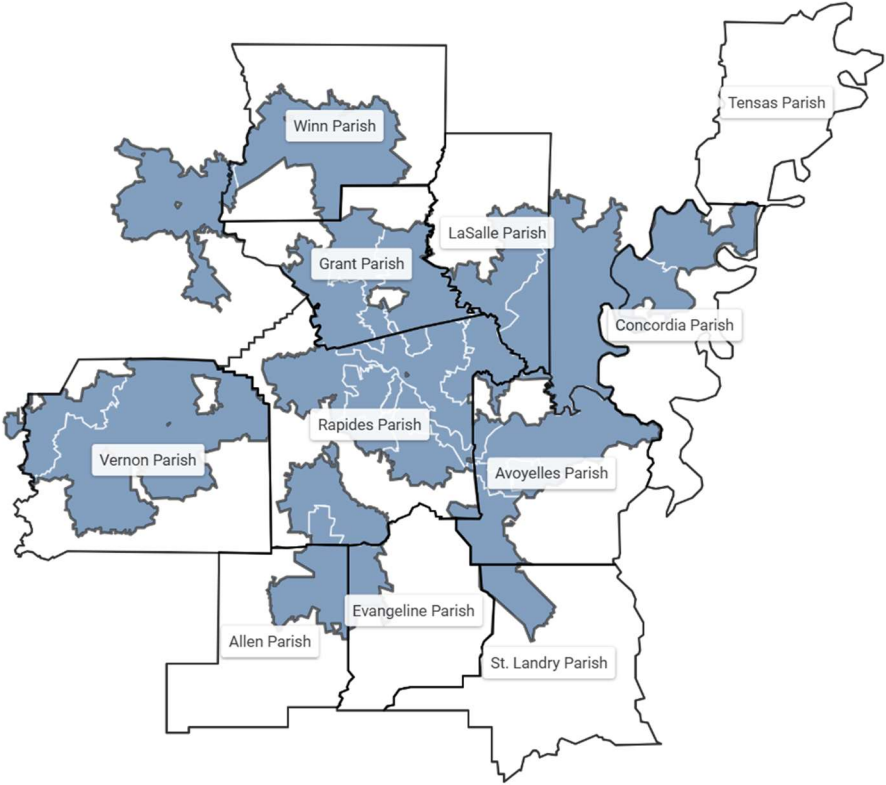


Figure 1. Primary Service Area (PSA) Map of CHRISTUS St. Frances Cabrini

CHRISTUS COUSHATTA'S PSA		
Bienville Parish	Red River Parish	Natchitoches Parish
71016	71019	71411
71068		71457
71070		

Table 2. Primary Service Area (PSA) of CHRISTUS Coughatta

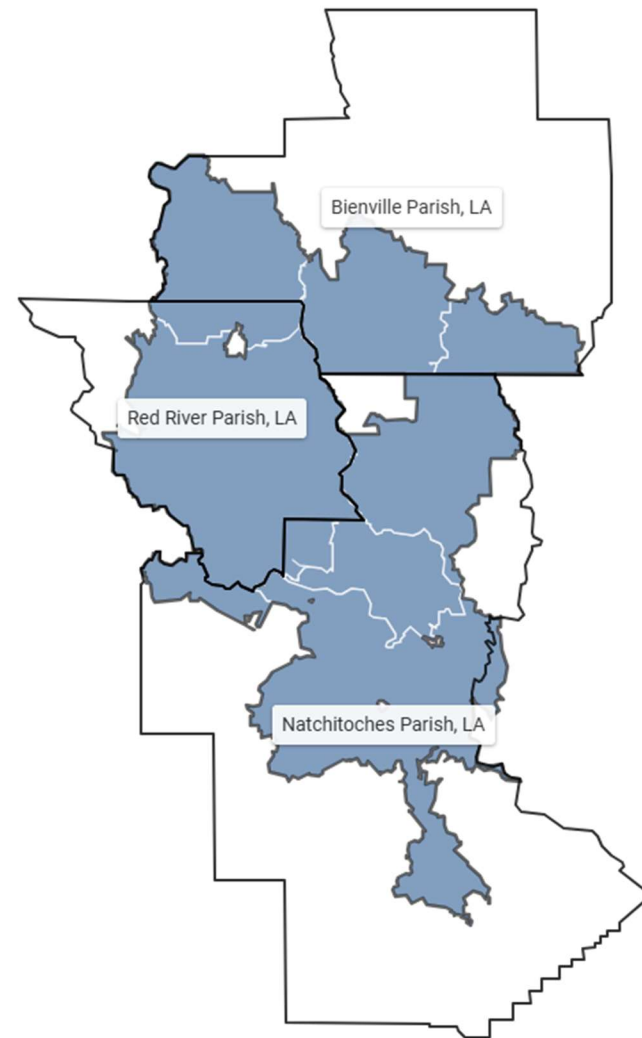
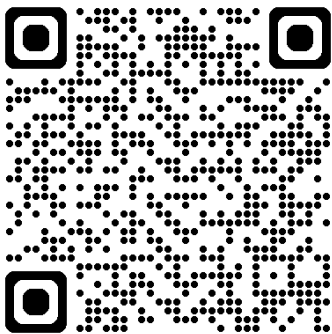


Figure 2. Primary Service Area (PSA) Map of CHRISTUS Coughatta

The Strength of Our Communities

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

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



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

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

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

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

NAME	DESCRIPTION
CHRISTUS St. Frances Cabrini Hospital	A 293-bed Joint Commission-accredited facility in Alexandria offering comprehensive inpatient and outpatient services, including emergency care, surgery and specialty services
CHRISTUS Savoy Medical Center	A 60-bed acute care facility in Mamou offering emergency, ICU, cancer care, behavioral health, rehabilitation and rural health clinic services, including a 28-day substance abuse program
CHRISTUS Coushatta Health Care Center	A network of services, including a hospital, dental clinic and rural health clinics, dedicated to delivering medical, surgical and wellness care to the surrounding communities
Louisiana Public Health Institute	A statewide nonprofit working with over 500 partners to advance health outcomes through data, advocacy, policy and community engagement
Central Louisiana Coalition to Prevent Homelessness	A coalition dedicated to preventing and reducing homelessness by advocating for resources and services that lead to housing stability
Louisiana Central	A regional economic development organization focused on workforce recruitment, talent retention and prosperity in Central Louisiana
The Food Bank of Central Louisiana	Distributes food to over 22,000 people monthly through a network of partner agencies, helping to combat food insecurity across the region
Save CenLa	A mental health awareness and suicide prevention nonprofit focused on education, outreach and connecting individuals to local mental health resources

Chapter 4: Impact



Impact

Since the Last Community Health Needs Assessment...

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

In the 2023–2025 CHNA cycle, CHRISTUS St. Frances Cabrini Health System and CHRISTUS Coughatta Healthcare Center prioritized the following areas based on community input and data analysis:

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

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

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



Prioritized Needs - CHRISTUS St. Frances Cabrini

ADVANCE HEALTH AND WELL-BEING

Specialty Care Access and Chronic Illness (Diabetes, Obesity, Heart Disease)

Strategy: Expand access to specialty care and improve chronic disease management through real-time diagnostics, education and partnerships.

Implementation Highlights:

- Installed hemoglobin A1C machines in all clinics for real-time diabetes monitoring
- Supported access to Freestyle Libre for continuous glucose monitoring
- Referred patients to hospital-based diabetes educators
- Monitored BMI and referred patients to hospital nutritionists
- Increased cardiology appointment availability for Medicaid and uninsured patients
- Partnered with St. Mary's to provide on-site specialty care (e.g., cardiology, endocrinology, podiatry, gynecology)

Progress:

We've made significant strides in addressing chronic diseases among adults. Real-time A1C testing has enabled immediate education and treatment adjustments. Many patients now use Freestyle Libre for better glucose control. Our cardiology team expanded access for Medicaid and uninsured patients, and we've implemented follow-up protocols for elevated blood pressure. At St. Mary's, CHRISTUS Trinity Clinic has become the provider of choice, with 37 cardiology referrals, six gynecology visits conducted on-site and two endocrinology referrals (with

four pending). Through diabetes education events, over 900 participants were reached in FY25. School-based health centers conducted 6,816 pre-diabetic screenings and 6,194 BMI screenings in 2023–2024.

Behavioral Health (Mental Health and Substance Abuse)

Strategy: Provide accessible, integrated behavioral health services in both school and community settings.

Implementation Highlights:

- School-based health centers (SBHCs) offer individual and group mental health services, including crisis intervention.
- Depression and risk screenings were conducted for students over age 12.
- Linkages were established with offsite behavioral health providers.

Progress:

CHRISTUS SBHCs provided 12,531 mental health visits in the 2024–2025 school year, including 5,126 depression screenings. Of those, 1,829 students received psychosocial assessments and follow-up. Services addressed a wide range of issues including abuse, substance use, emotional and academic challenges and crisis intervention. Group counseling and referrals to offsite providers ensured continuity of care.

Pediatric Access

Strategy: Expand access to comprehensive pediatric care through school-based health centers (SBHCs).

Implementation Highlights:

- SBHCs serve 17 schools, with a new site in Grant Parish.
- Services include primary care, behavioral health and health education.
- Coordination with schools and families ensures accessibility and affordability.

Progress: CHRISTUS SBHCs enrolled 8,805 students in 2024–2025, delivering 24,906 medical visits. Services included 2,235 wellness exams, 3,552 immunizations and 570 asthma visits. All students received BMI and pre-diabetic screenings, with 6,216 screenings completed. The SBHCs also provided physical activity education and nutritional counseling. These efforts ensure that students receive timely, holistic care in a familiar environment.

Early Education

Strategy: Promote health literacy and prevention through targeted education and outreach.

Implementation Highlights:

- School-based health centers (SBHCs) distributed printed materials and newsletters on health topics.
- Topics include substance abuse, smoking/vaping, nutrition, screenings and mental health.

Progress: Health education is embedded in every student visit. SBHCs send quarterly newsletters to parents covering topics such as flu prevention, substance abuse, smoking/vaping, nutrition, stroke awareness and suicide prevention. These efforts are tailored to each school's population and needs, ensuring relevance and impact.

BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

Improving Food Access

Strategy: Address food insecurity through clinic-based pantries, community gardens and partnerships.

Implementation Highlights:

- Food pantries opened at Alexandria and Pineville clinics.
- Community garden maintenance and education through the Good Food Project.
- Participation in Food Bank of Central Louisiana initiatives.

Progress:

To address poverty-related barriers, we placed financial counselors and Medicaid representatives in clinics and opened food pantries in Alexandria and Pineville.

In FY24, 17 health fairs and education events reached 1,514 people. FY25 saw over 30 food-related events, including garden maintenance, food drives and diabetes-focused outreach. The Good Food Project and Food Bank partnerships continue to support nutrition access and education.

Reducing Smoking and Vaping

Strategy: Educate youth and families on the risks of smoking and vaping through school-based programs.

Implementation Highlights:

- School-based health centers (SBHCs) included smoking/vaping education in newsletters and student visits.
- Prevention messaging was integrated into broader health education efforts.

Progress:

Smoking and vaping education is a core part of SBHC outreach. Materials are distributed during visits and through newsletters, reinforcing prevention messages. These efforts are part of a broader strategy to reduce youth risk behaviors and promote long-term health.

Prioritized Needs - CHRISTUS St. Frances Cabrini

ADVANCE HEALTH AND WELL-BEING

Specialty Care Access and Chronic Illness (Diabetes, Obesity, Heart Disease)

Strategy: Expand access to specialty services and providers to improve overall access to care.

Implementation Highlights:

- Added ear, nose and throat (ENT) clinic and procedures.
- Added podiatry to rural health clinic (RHC) to assist in management of chronic foot problems.
- General surgery for endoscopy procedures to diagnose colon cancer sooner.
- Added a family medicine physician to the RHC that will improve access to management of chronic diseases.

Progress:

- Over 500 ENT patients seen per year
- Over 100 endoscopy procedures performed per year

Behavioral Health (Mental Health and Substance Abuse)

Strategy: Provide behavioral health services through the rural health clinics (RHCs) as there are no other behavioral health services offered in our community.

Implementation Highlights:

- Offered a behavioral health clinic once every other week in Coughatta and once per week at the Boyce RHC.
- Expanded service to telemedicine to improve access to the service.

Progress: Over 600 behavioral health visits per year.

Pediatric Access

Strategy: Improve access to pediatric centered services in our rural community.

Implementation Highlights:

- Implemented CHRISTUS Coughatta Kids Clinic in August 2024
- Kids Clinic offers PT/OT/ST services five days per week

Progress: Kids clinic quickly expanded from two days per week to five days a week. Patients were previously driving over an hour one way to receive these services out of town or not getting them at all because of the distance.

Early Education

Strategy: Improve access to care and educational support to all early childhood patients and families.

Implementation Highlights: Began a telemedicine school-based program in the elementary, junior, and high schools in our community. This provides easy access to care and health education to both students and faculty.

Progress: Hundreds of visits and educational opportunities provided in the school setting.

BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

Improving Food Access

Strategy: identify partner to assist in helping improve food insecurity in our community.

Implementation Highlights: Met with Northwest Louisiana Food Bank to partner and distribute food to qualifying families/individuals in our community.

Progress: Identified barrier that we do not have adequate storage space to store food and distribute. Working to identify another entity in the community who can assist with storage.

Reducing Smoking and Vaping

Strategy: Reduce risk of lung cancer and smoking rates through education.

Implementation Highlights: Implemented a low dose CT lung cancer screening program to identify lung cancer sooner. Smoking session education can be provided to the patient during the screening.

Progress: Over 100 patient screenings and education provided.

Chapter 5: CHNA Process



CHNA Process

Data Collection Process

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

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

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

The data collection steps included the following:

- **Community survey**
Distributed to Associates, patients and residents to gather insights on social needs and health challenges
- **Community indicator workgroups**
Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data dictionary work sessions**
Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community focus groups**
Brought together diverse voices to contextualize the data and validate findings through lived experience
- **Windshield surveys**
Offered direct observations of community environments to identify physical and social determinants of health

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

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

Quantitative Data Collection

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

Key data sources integrated by Metopio include:

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

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

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

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

Qualitative Data Collection

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

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

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

Community Survey

660+
Survey
Respondents

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

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



Community Indicator Workgroups

26
Participants

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

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



Data Dictionary Work Sessions

6

Participants

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



Community Focus Groups

21

Participants

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



Windshield Survey

3

Participants

In addition to other data methods, CHRISTUS Health used windshield surveys to better understand the physical and social conditions of our communities.

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



Participants

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS			
Alzheimer's Association	Food Bank of NWLA	David Raines Community Health Center	Srj
		Program Director	

DATA DICTIONARY WORK SESSION PARTICIPANTS			
Central Louisiana Hope House	Central Louisiana Food Bank	Louisiana Department of Health	United Way Louisiana
CHRISTUS St. Frances Cabrini Quality Department	CHRISTUS St. Frances Cabrini Community Services	CHRISTUS ST. Frances Cabrini Health System Administrative Assistant	CHRISTUS St. Frances Cabrini Health System Public Health AmeriCorps members

COMMUNITY FOCUS GROUPS		
CHRISTUS St. Frances Cabrini Health System Department Assistants	CHRISTUS St. Frances Cabrini Health System Social Workers	CHRISTUS St. Frances Cabrini Health System Counselor

WINDSHIELD SURVEY PARTICIPANTS		
CHRISTUS St. Frances Cabrini - Chief Nursing Executive	CHRISTUS St. Frances Cabrini - VP of Mission Integration	CHRISTUS St. Frances Cabrini - Chief Operating Officer

Lifespan Areas and Leading Indicators

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

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

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



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

ALL INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>All mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>All children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>All adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>All older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> • Lack of follow up/support for babies with neonatal abstinence syndrome • Unsafe housing • Lack of access to prenatal care • Access to day care • Maternal mental health support • Health literacy • Access to care • Access to preventative care • Respiratory illness • Premature babies • Maternal high blood pressure • Maternal tobacco/vaping use • Lack of maternal fetal specialty providers • Lack of OB/prenatal care • Education regarding medication use during pregnancy • Mental health stigma 	<ul style="list-style-type: none"> • Access to health care • Systematic and generational poverty/low-socioeconomic status • Health care literacy • Lack of resource awareness • Lack of local community resources, services and providers • Access to good nutrition • Access to nutrition information • Food insecurity • Access to behavioral health and mental health resources • Depression • Suicide • Inability to self-regulate • Internet literacy • Neighborhood and street safety • Crime • Abuse and neglect • Education 	<ul style="list-style-type: none"> • Substance use • Sexually transmitted infections • Lack of safe and affordable housing • Cost of living • Lack of financial stability • Depression • Lack of access to care • Awareness of services • Health literacy • Lack of trust in health care providers • Food insecurity • Poverty • Access to healthy foods • Diabetes • Heart disease • Obesity • Chronic pain • Lack of culturally relevant activity 	<ul style="list-style-type: none"> • Food insecurity • Housing insecurity • Homelessness • Transportation • Medication cost • Access to care • Access to mental health care • Navigation of health care • Changing levels of health care/need – insurance coverage • Financial scams • Health literacy • Social media literacy • Vulnerability to abuse • Access to age-appropriate medication delivery system • Lack of caregivers • Safe and meaningful day activity • Caregiver burnout • Financial stability (lagniappe)

<ul style="list-style-type: none"> • Education/awareness of county resources • Emergency shelters for mothers and children • Referral times for children with special needs • Access to OB/GYNs • 	<ul style="list-style-type: none"> • Preparation for college and workforce • Resilience • Normalization of unhealthy home environments • Food deserts • Health care deserts • Children education of social media • Parent education of internet • Exposure • Lack of meaningful activity 		<ul style="list-style-type: none"> • Specialty care access • Rural isolation • Lack of broadband • Depression • Substance abuse disorder • Options o age gracefully and in setting of choice • Age-appropriate care/dignity • Lack of culturally relevant physical activity • Domestic violence/elder abuse • Safety (crime)
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These are followed by a second table that highlights the leading indicators – the top priorities selected to guide targeted action during the 2026–2028 implementation plan.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> • Access to care <ul style="list-style-type: none"> ○ Prenatal care ○ Obstetric care • Healthy births • Behavioral health <ul style="list-style-type: none"> ○ Mental health 	<ul style="list-style-type: none"> • Access to care • Education • Housing instability • Crime • Abuse and neglect 	<ul style="list-style-type: none"> • Chronic diseases <ul style="list-style-type: none"> ○ Diabetes ○ Heart disease ○ Obesity • Behavioral health <ul style="list-style-type: none"> ○ Mental health ○ Substance use • Poverty 	<ul style="list-style-type: none"> • Access to care <ul style="list-style-type: none"> ○ Medication affordability • Behavioral health <ul style="list-style-type: none"> ○ Mental health ○ Substance use • Crime • Food insecurity • Housing instability • Lack of broadband

Data Needs and Limitations

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

Data Needs:

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

Limitations:

- Timeliness of data: Population health data is often delayed, meaning the most recent trends may not be fully captured.

- Geographical variability: Data is reported at varying geographic levels (e.g., census tract, county, state), complicating comparisons across regions with differing socio-economic conditions.
- Data gaps in specific health issues: Issues like mental health, substance use and education outcomes remain underrepresented, with existing data often framed from a deficit-based perspective.
- Variations in data reporting: Inconsistent data availability across different regions and communities affects the comparability of datasets.

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

Chapter 6: CHNA Data



CHNA Data

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

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



Community Demographics

The communities served by CHRISTUS St. Francis Cabrini Health System and CHRISTUS Coushatta Health Care Center exhibit unique demographic and socioeconomic characteristics compared to Louisiana overall. Notably, the majority of parishes show a negative change in population compared to Louisiana. Birth rates vary significantly, the majority of parishes showing a higher birth rate than Louisiana with the exception of Winn, Natchitoches and Red River Parishes. Poverty rates in

the region exceed state averages, particularly in Concordia, Tensas and Bienville, indicating economic vulnerabilities that could lead to disparities in health outcomes and access to care. Furthermore, the notably higher mortality rates across all these counties highlight substantial health burdens faced by Central Louisiana, underscoring the need for targeted health care interventions and community support strategies.

CHRISTUS St. Francis Cabrini Health System

Topic	Louisiana	Allen Parish, LA	Avoyelles Parish, LA	Concordia Parish, LA	Grant Parish, LA	LaSalle Parish, LA	Rapides Parish, LA	St. Landry Parish, LA	Tensas Parish, LA	Vernon Parish, LA	Winn Parish, LA
Population residents 2019-2023	4,621,025	22,552	39,176	18,325	22,123	14,804	128,470	82,128	3,992	47,764	13,506
Population density residents/mi ² 2019-2023	106.94	29.59	47.09	26.29	34.40	23.69	97.30	88.88	6.62	36.00	14.22
Change in population % change 2010-2020	2.74	-11.70	-5.66	-10.25	-0.63	-0.66	-1.21	-1.01	-21.04	-6.85	-10.17
Land area square miles 2020	43,210.227	762.08	831.94	697.05	643.19	624.85	1,320.414	925.029	603.013	1,326.719	950.003

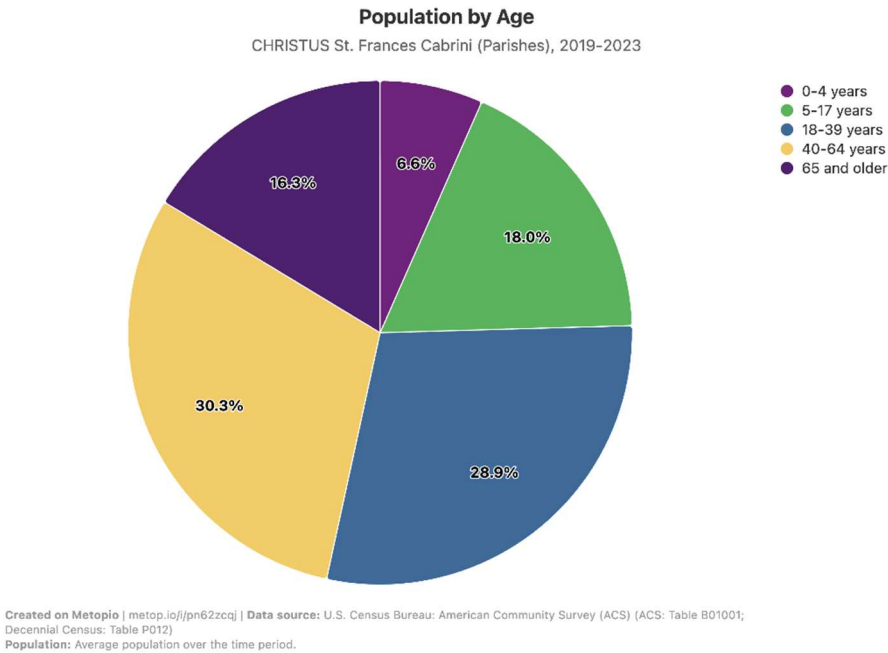
Topic	Louisiana	Allen Parish, LA	Avoyelle s Parish, LA	Concordia Parish, LA	Grant Parish, LA	LaSalle Parish, LA	Rapides Parish, LA	St. Landry Parish, LA	Tensas Parish, LA	Vernon Parish, LA	Winn Parish, LA
Birth rate <i>births per 1,000 women</i> Female 2019-2023	55.52	66.29	83.74	135.33	77.10	76.82	59.88	57.08	82.06	84.02	53.47
Mortality rate, all causes <i>deaths per 100,000</i> 2023	920.8	1,189.4	1,406.0	1,396.4	1,145.5	1,364.9	1,299.7	1,300.0	1,673.8	957.8	1,513.3
Occupied <i>% of housing units</i> 2019-2023	85.16	80.26	79.35	72.85	79.47	78.72	83.43	85.51	58.10	80.43	76.63
Poverty rate <i>% of residents</i> 2023	18.88	20.42	27.36	34.78	16.13	15.46	18.94	23.99	32.84	18.27	22.02

CHRISTUS Coushatta Health Care

Topic	Louisiana	Bienville Parish, LA	Natchitoches Parish, LA	Red River Parish, LA
Population <i>residents</i> 2019-2023	4,621,025	153	37,047	7,529
Population density <i>residents/mi^2</i> 2019-2023	106.94	13.86	29.56	19.36
Change in population <i>% change</i> 2010-2020	2.74	--12.39	-5.18	-16.18
Land area <i>square miles</i> 2020	43,210.227	11.037	1,253.323	388.980
Birth rate <i>births per 1,000 women</i> Female 2019-2023	55.52	65.22	48.48	19.05
Mortality rate, all causes <i>deaths per 100,000</i> 2023	920.8	-	1,160.1	1,563.3
Occupied <i>% of housing units</i> 2019-2023	85.16	68.10	75.59	83.41
Poverty rate <i>% of residents</i> 2023	18.88	35.29	24.12	29.38

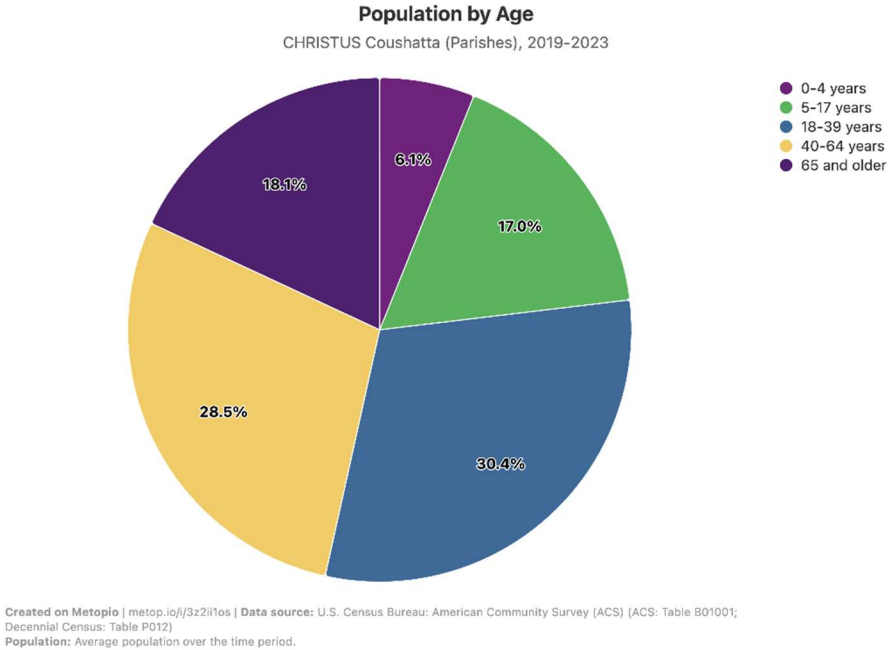
Age in CHRISTUS St. Frances Cabrini

The population data for CHRISTUS St. Frances Cabrini (Parishes) reveals a diverse age distribution. The largest group is individuals aged 18-39, totaling 122,621. This is followed closely by those aged 40-64, with 128,568 individuals. The 5-17 age group is also significant, with 76,294 individuals. The youngest (0-4 years) and oldest (65 and older) groups are smaller, with 28,067 and 69,452 individuals, respectively. These demographics highlight a balanced mix of younger and older adults in the area.



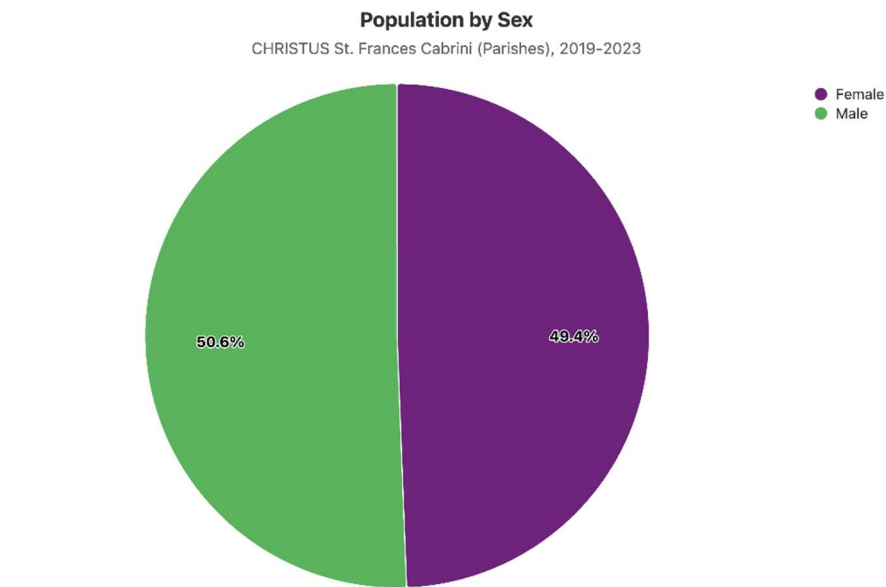
Age in CHRISTUS Coughatta

The population distribution in CHRISTUS Coughatta (Parishes) shows a significant number of residents in the 18-39 years age group, totaling 17,419. This is followed by the 40-64 years age group with 16,320 residents. The 5-17 years age group also represents a notable portion of the population with 9,749 residents.



Sex and Gender in CHRISTUS St. Frances Cabrini

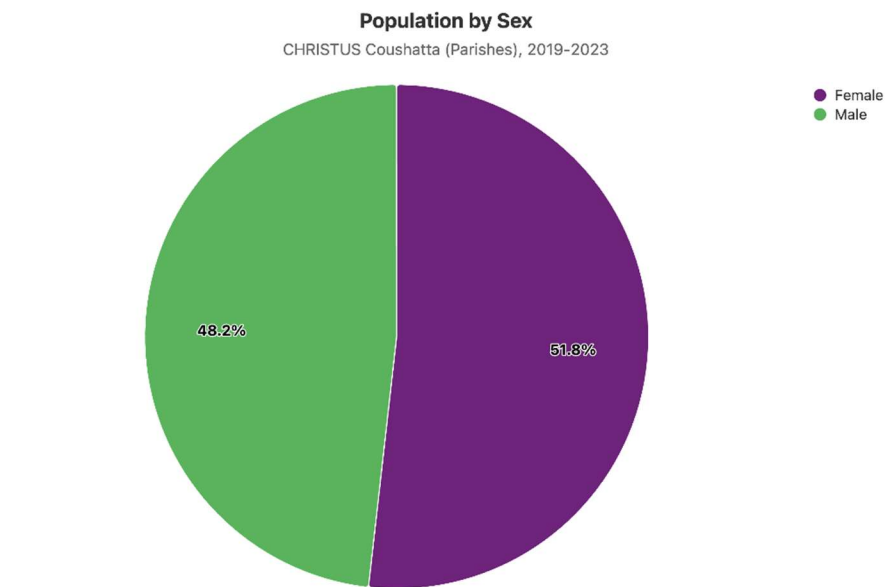
The population of CHRISTUS St. Frances Cabrini (Parishes) is divided into 209,947 females and 215,055 males. This data highlights a nearly balanced gender distribution within the community. The slight male majority could influence various community services and initiatives. Understanding this demographic split is crucial for targeted health care and social programs.



Created on Metopio | metop.io/jw84ygsr | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Sex and Gender in CHRISTUS Coughatta

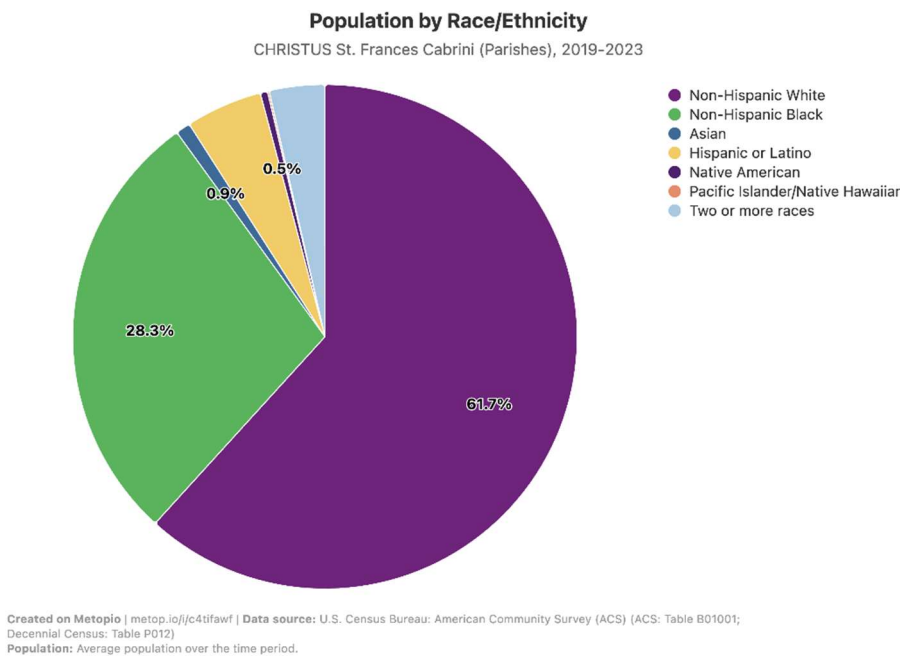
The data highlights the population distribution in CHRISTUS Coughatta, encompassing various parishes. The female population stands at 29,700, while the male population is 27,645. This indicates a slightly higher female population in the region. The data provides insights into the gender demographics of the area, which can be crucial for planning and resource allocation. Understanding these demographics helps in addressing the specific needs of the community effectively.



Created on Metopio | metop.io/jzz7dseki | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

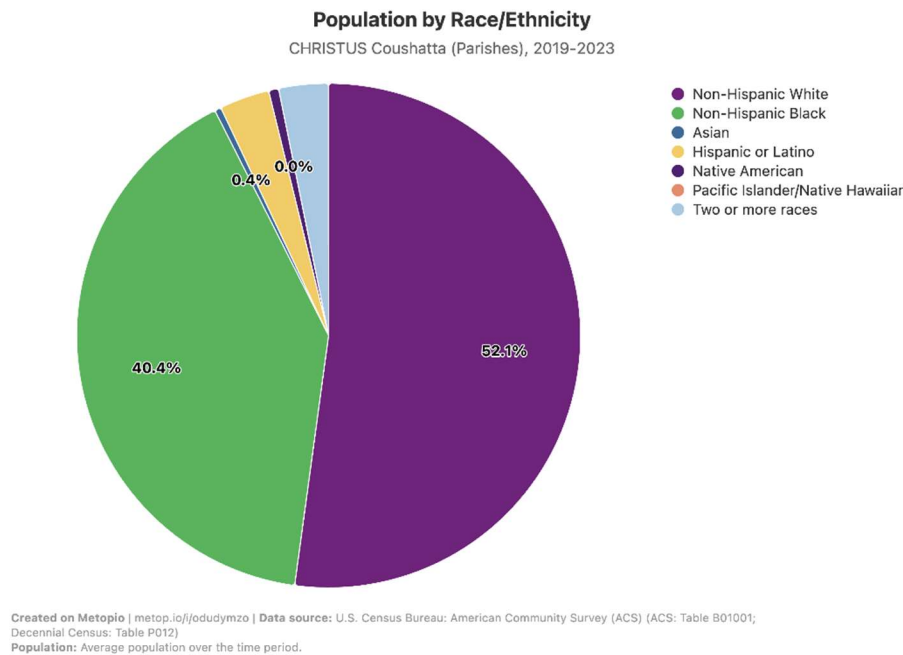
Race and Ethnicity in CHRISTUS St. Frances Cabrini

The population data for the CHRISTUS St. Frances Cabrini service area reveal a predominantly Non-Hispanic White community, comprising 261,598 individuals. The Non-Hispanic Black population is the second largest group with 119,737 individuals. Smaller communities include Asians (4,024), Hispanic or Latino (20,825), Native Americans (1,954), Pacific Islanders/Native Hawaiians (490) and individuals of two or more races (15,043).



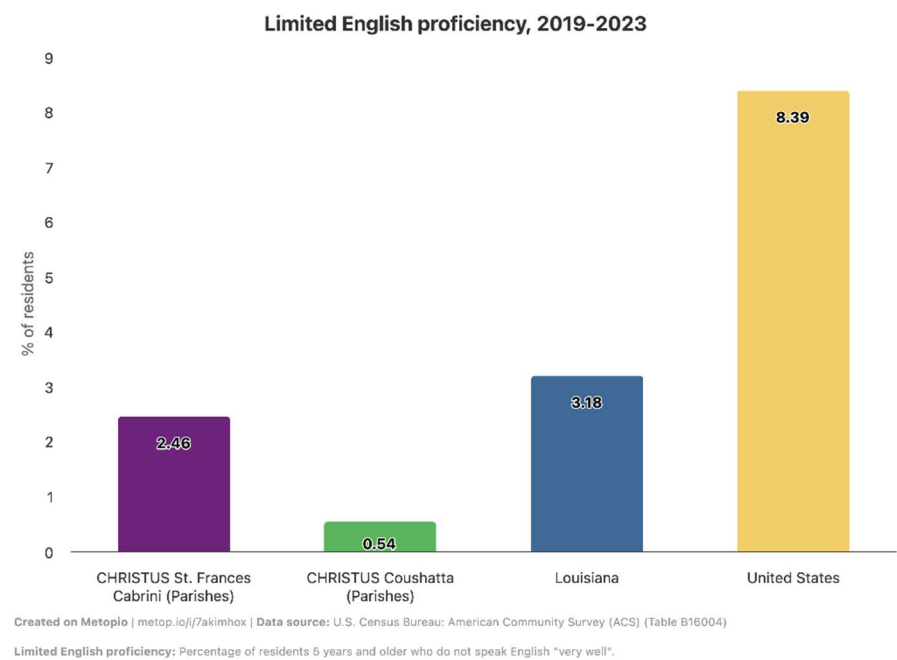
Race and Ethnicity in CHRISTUS Coughatta

The data represents the population distribution by race/ethnicity in CHRISTUS Coughatta (Parishes). The majority of the population is Non-Hispanic White, followed by Non-Hispanic Black. The Asian population is significantly smaller, and there are no Pacific Islander/Native Hawaiian individuals.



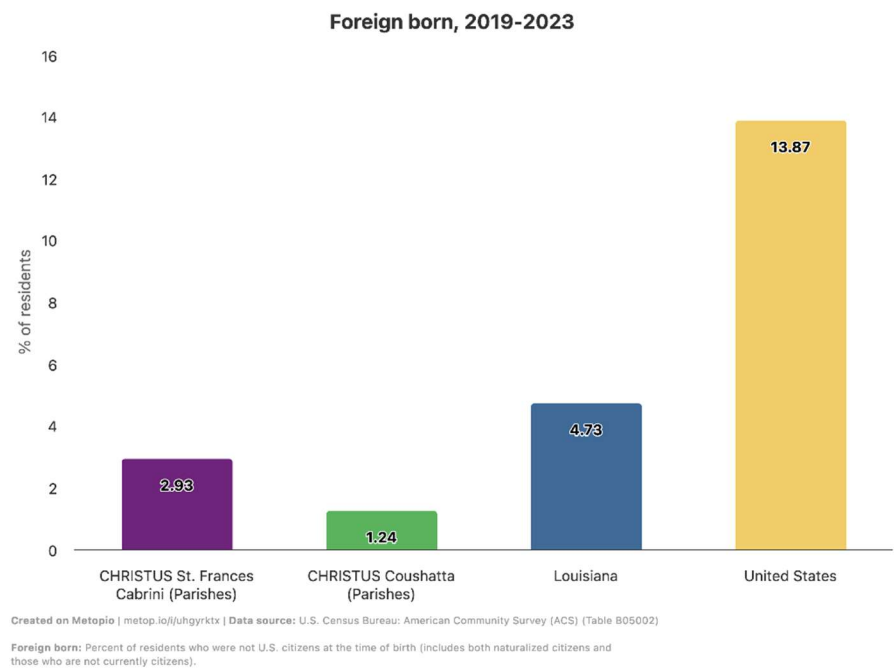
Limited English Proficiency

The data highlights the prevalence of limited English proficiency across various regions. The CHRISTUS St. Frances Cabrini service area has a proficiency rate of 2.46, while CHRISTUS Coughatta in the same region has a significantly lower rate of 0.54. Louisiana reports a rate of 3.18, which is notably lower than the national average of 8.39. This indicates that limited English proficiency is more prevalent in the United States compared to the specified regions in Louisiana.



Foreign Born Population

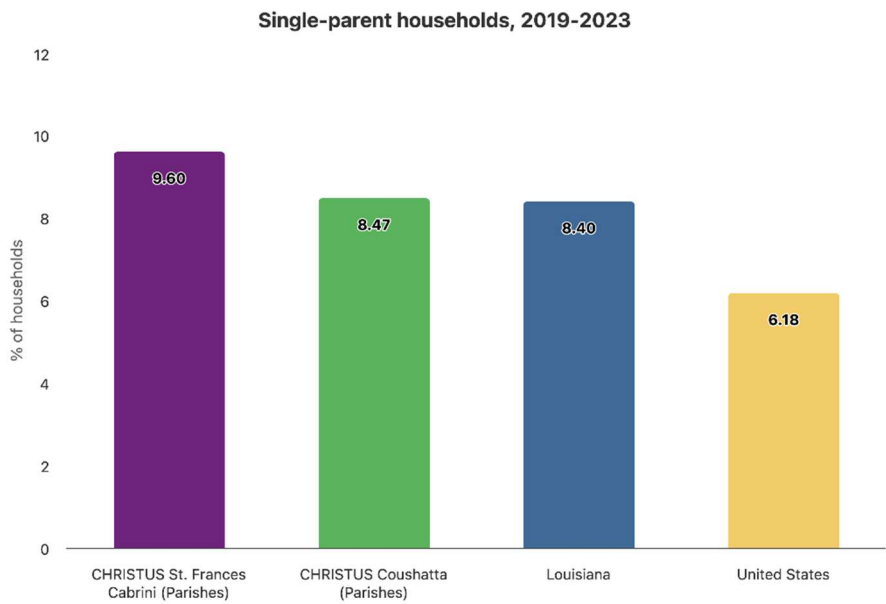
The percentage of foreign-born individuals varies significantly across different locations. The CHRISTUS St. Frances Cabrini service area has a rate of 2.93%, while the CHRISTUS Coughatta service area has a lower rate of 1.24%. Louisiana as a whole has a foreign-born population of 4.73%, which is still lower than the national average of 13.87%.



Household and Family Structure

Single-Parent Households

Single-parent households are a significant concern across various regions. The highest prevalence is observed in the parishes served by CHRISTUS St. Frances Cabrini, with a rate of 9.6%. This is followed closely by CHRISTUS Coughatta with a rate of 8.47%. The state of Louisiana as a whole has a rate of 8.4%, which is higher than the national average of 6.18%.

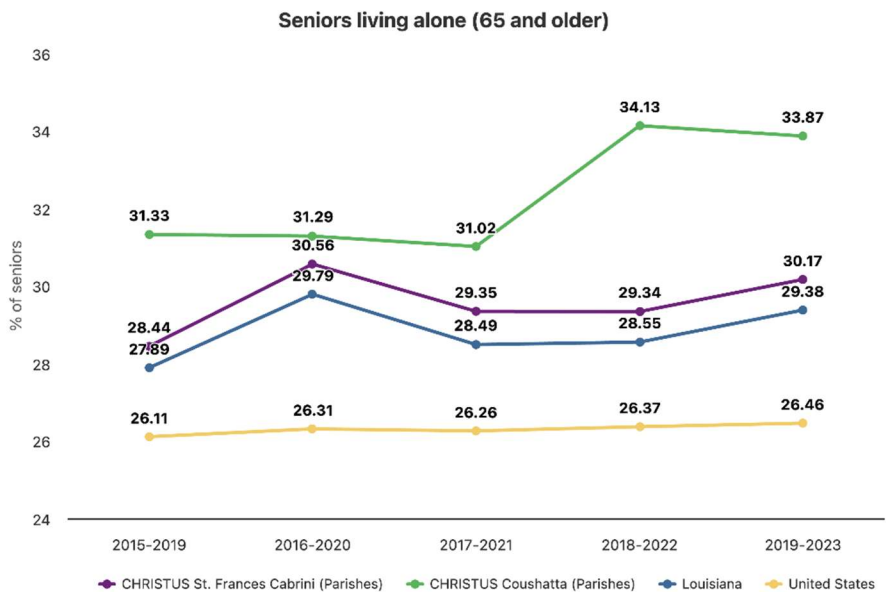


Created on Metopio | metop.io/j/69egvdiq | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

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

Seniors Living Alone

The percentage of seniors living alone in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta has consistently been higher than the state and national averages from 2015 to 2023. The highest rates were observed in CHRISTUS Coughatta, with a peak of 34.13% in 2018-2022. Overall, the rates in these parishes have remained relatively stable, with slight fluctuations over the years.



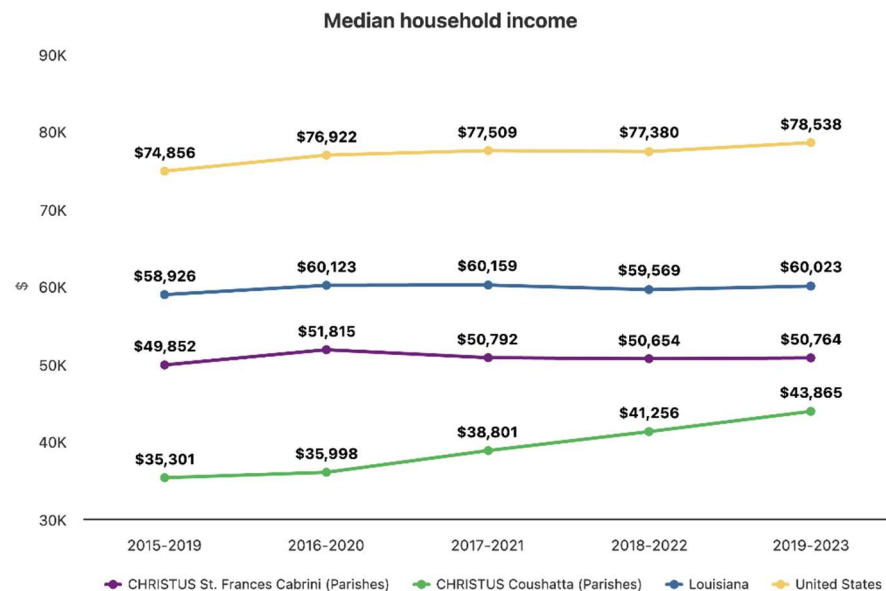
Created on Metopio | metop.io/j/f8cnns8t | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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

Economics

Median Household Income

The median household income in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta have shown a slight increase over the years, though it remains significantly lower than the national average. CHRISTUS St. Frances Cabrini's parishes have seen a modest rise from \$49,852 in 2015-2019 to \$50,763 in 2019-2023. In contrast, CHRISTUS Coughatta's parishes experienced a more notable increase from \$35,301 to \$43,865 over the same period. Despite these gains, both areas lag behind Louisiana's median household income, which itself is below the national median.

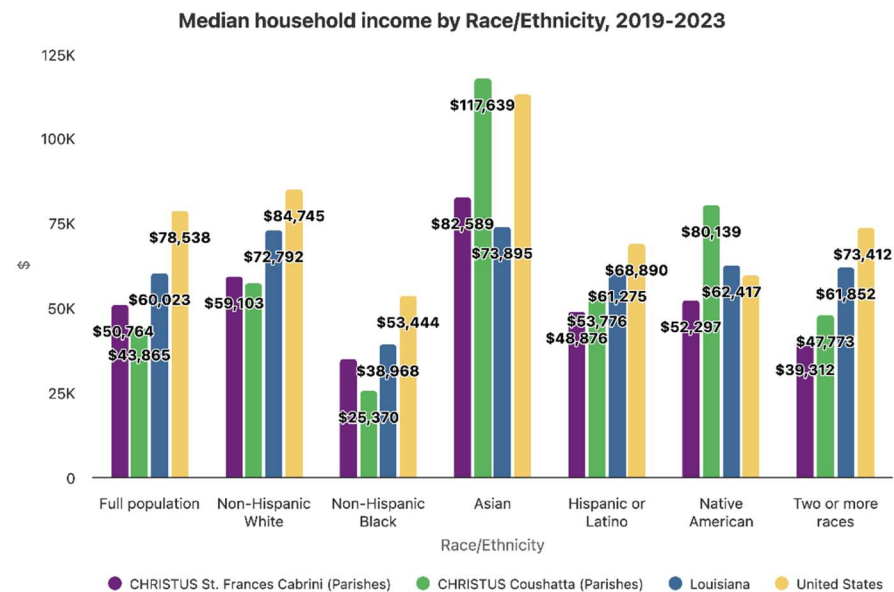


Created on Metaplo | metop.io/f/jub8m1p3r | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median Household Income by Race and Ethnicity

The median household income varies significantly across different racial and ethnic groups in the United States, with Asian households having the highest median income at \$113,106. In Louisiana, the median household income is lower than the national average, with Non-Hispanic Black households earning the least at \$38,968. The CHRISTUS St. Frances Cabrini service area has a higher median income for Non-Hispanic White households compared to CHRISTUS Coughatta, while the reverse is true for Native American households. These disparities highlight the economic inequalities present both nationally and within the state.

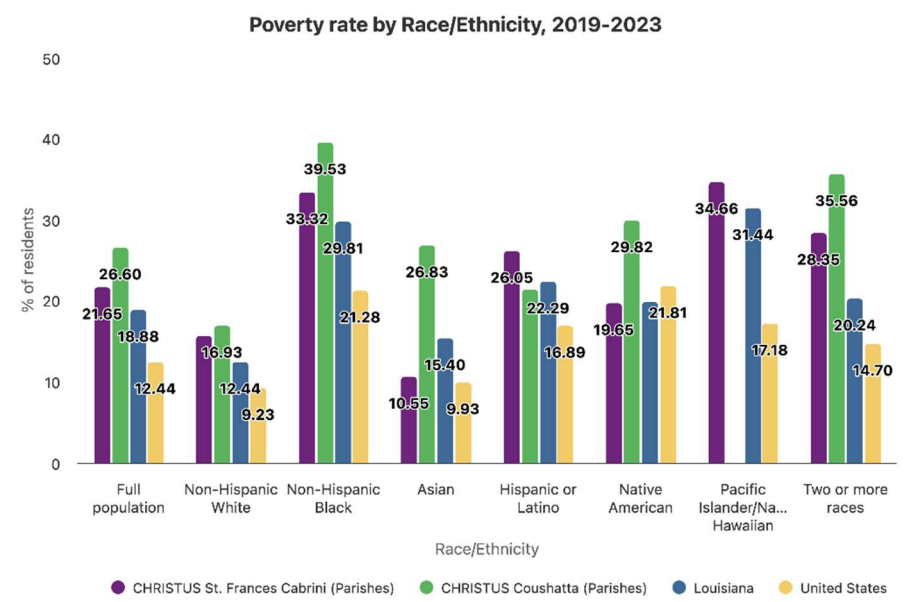


Created on Metaplo | metop.io/f/7jmbhprh | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate by Race and Ethnicity

The poverty rate varies significantly across different racial and ethnic groups in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, as well as in Louisiana and the United States overall. Non-Hispanic Black individuals experience the highest poverty rates in both service areas, with rates of 33.32% and 39.53%, respectively, compared to the national average of 21.28%. Hispanic or Latino individuals also face higher poverty rates, particularly in the parishes, with rates of 26.05% and 21.31%, compared to the national average of 16.89%. Additionally Pacific Islanders/Hawaiian individuals have significantly higher poverty rate in CHRISTUS St. Frances Cabrini, These disparities highlight the need for targeted interventions to address poverty in these communities.



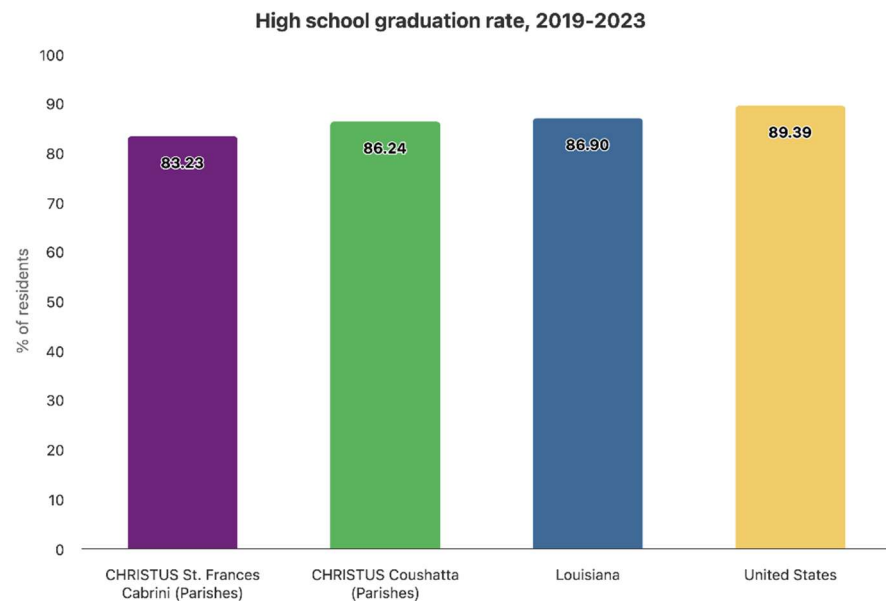
Created on Metopio | metop.io/3xswaymu | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

Education

High School Graduation Rate

The high school graduation rate in the United States is 89.39%, with Louisiana slightly below the national average at 86.9%. Among the service area, CHRISTUS Coughatta has the highest graduation rate at 86.24%, followed closely by CHRISTUS St. Frances Cabrini at 83.23%. These rates indicate a strong performance in high school graduation within these regions, though there is still room for improvement compared to the national average.

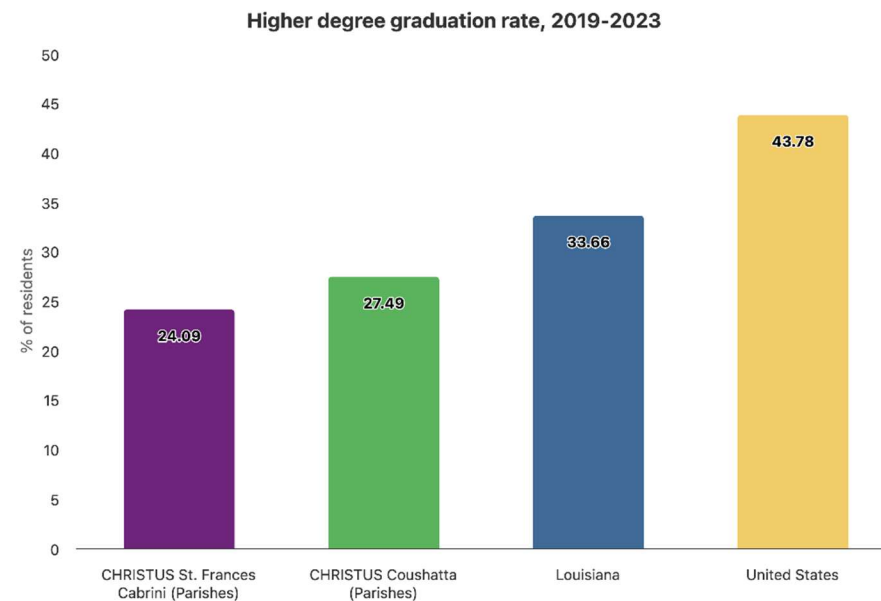


Created on Metopio | metop.io/f/fumyvtpww | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree, including GED and any higher education

Higher Degree Graduation Rate

The higher degree graduation rate in the United States is 43.78%, significantly higher than the rate in Louisiana, which stands at 33.66%. Within Louisiana, CHRISTUS Coughatta (parishes) has a higher degree graduation rate of 27.49%, while CHRISTUS St. Frances Cabrini (Parishes) has a rate of 24.09%. This indicates a substantial disparity in educational attainment both within the state and compared to the national average.



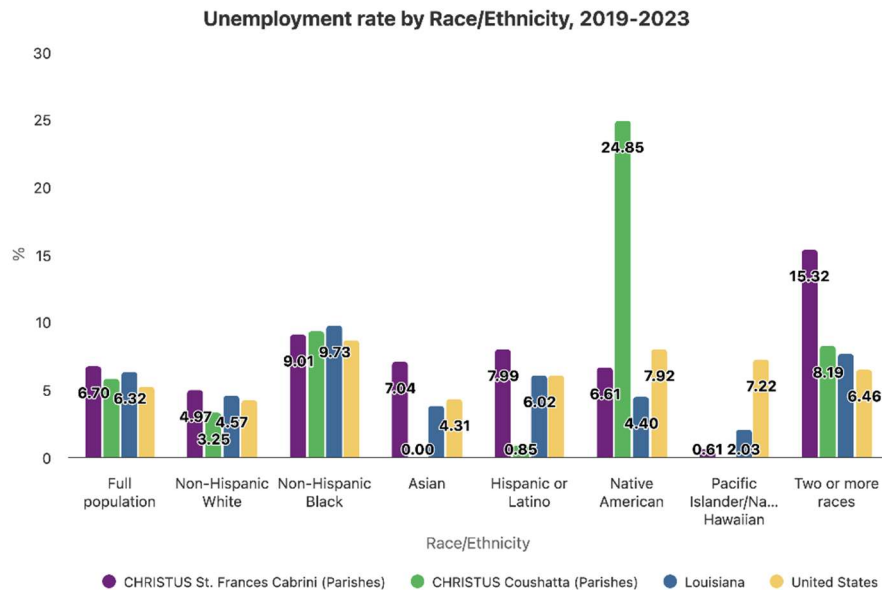
Created on Metopio | metop.io/f/f69mm6769 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Employment

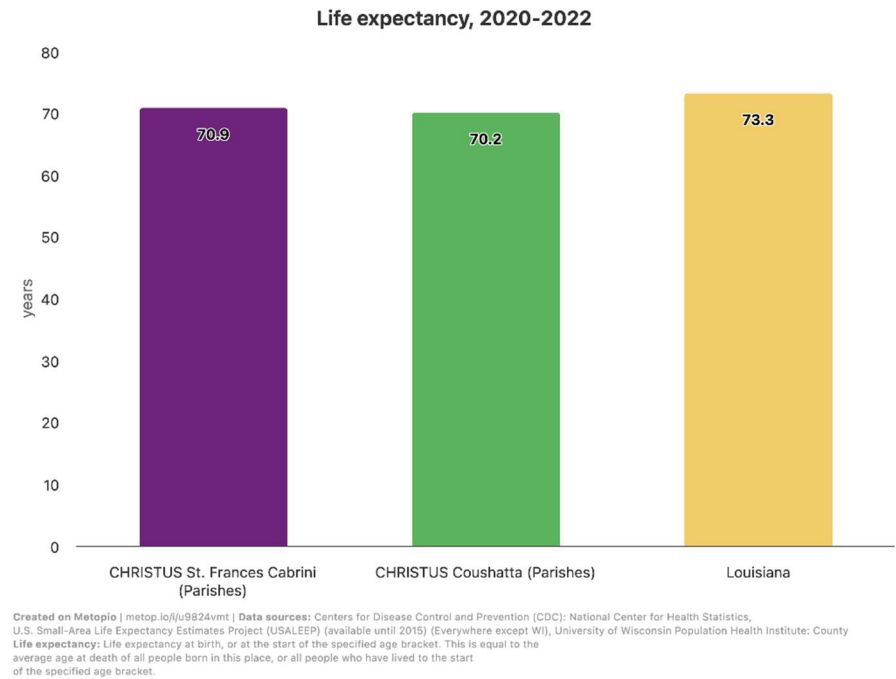
Unemployment Rate by Race and Ethnicity

The unemployment rate varies significantly across different racial and ethnic groups in the United States. At the CHRISTUS St. Frances Cabrini service area, the unemployment rate for Native Americans is notably high at 24.85%, while at CHRISTUS Coughatta, it is significantly lower at 8.19% for two or more races. In Louisiana, the overall unemployment rate is 6.32%, with the highest rate among Native Americans at 4.4%. Nationwide, the unemployment rate is 5.2%, with Pacific Islander/Native Hawaiian individuals experiencing a rate of 7.22%.



Life Expectancy

The data points provided are related to life expectancy in Louisiana, specifically focusing on two parishes served by CHRISTUS Health facilities. The life expectancy in CHRISTUS St. Frances Cabrini is 70.92 years, while in CHRISTUS Coughatta, it is 70.17 years. In comparison, the overall life expectancy for Louisiana is 73.31 years. This indicates that the life expectancy in these parishes is lower than the state average.



Health Access and Barriers to Care

CHRISTUS St. Frances Cabrini Health System — a largely rural region marked by deep-rooted poverty, provider shortages and persistent health inequities. While rich in culture and community resilience, the area faces distinct and intergenerational barriers to health shaped by geography, economy and longstanding disparities in access to care.

Rural Isolation and Transportation Gaps

Most of the region outside Alexandria is considered medically underserved. In rural towns like Marksville, Colfax, Jena and Leesville, residents must often travel 30–90 minutes to access primary care or specialty services.

- Lack of public transportation in rural parishes severely limits health care access for low-income families and older adults.
- Patients without reliable vehicles often miss appointments, delay follow-ups and struggle to access pharmacies or labs.

High Rates of Uninsurance and Underinsurance

Many residents work in agriculture, forestry, service industries or seasonal jobs that do not provide health benefits.

- Louisiana’s Medicaid expansion has improved coverage, but insurance literacy and provider participation remain low in rural areas.
- Families often forgo care due to cost uncertainty, especially for dental, vision and specialty referrals.

Behavioral Health and Substance Use Crisis

The region has seen significant increases in mental health crises, suicide rates and substance use disorders — particularly methamphetamine and prescription opioids.

- Behavioral health provider shortages in parishes like Grant and LaSalle mean wait times for therapy or psychiatric care can exceed six weeks.
- Youth mental health needs are rising, with many schools lacking full-time counselors or mental health partnerships.
- Inpatient psychiatric beds are limited, resulting in patients boarding in emergency departments or being transferred long distances.

Chronic Disease Burden and Health Literacy Barriers

Central Louisiana reports some of the highest rates of obesity, diabetes and hypertension in the state.

- Low health literacy, especially in older and low-income populations, makes disease management and medication adherence difficult.
- Many residents are unaware of preventive care options, recommended screenings, or how to navigate follow-up care.
- Food insecurity and limited access to fresh produce contribute to poor nutrition and chronic disease risk, particularly in food deserts across rural parishes.

Maternal and Child Health Disparities

- High teen birth rates in Rapides and Avoyelles parishes point to limited access to reproductive health education, contraception and prenatal services.
- Rural residents often experience delayed or no prenatal care due to transportation and appointment availability.
- Pediatricians and OB/GYNs are concentrated in Alexandria, leaving gaps in outlying communities and requiring long travel for maternity care or pediatric specialists.

Community Violence and Gun-Related Trauma

- Alexandria has experienced increasing rates of violent crime, including shootings and assaults.
- Gun violence is a leading contributor to trauma-related hospitalizations and long-term psychological harm, especially among youth.
- Exposure to violence reduces residents' willingness to engage in outdoor physical activity, attend community events or seek care during evening hours.

Aging Population and Senior Care Needs

Rural parishes have an aging population with high rates of chronic disease, mobility limitations and social isolation.

- Home health and geriatric services are limited, placing additional strain on family caregivers.
- Many older adults face transportation barriers and fixed incomes, limiting access to specialty care, medications and wellness programs.

CHRISTUS Coushatta Healthcare Center serves as a vital rural access point for residents of Red River Parish and surrounding areas, including the communities of Coushatta, Hall Summit, Edgefield and unincorporated parts of Northwest Louisiana. This region is marked by deep-rooted community ties, strong faith-based networks and generational resilience — but also faces serious, unique health challenges tied to its rural isolation, aging population and limited health care infrastructure.

Rural Isolation and Limited Access to Care

Red River Parish is one of the most medically underserved areas in Louisiana.

- There are no hospitals within a 40-mile radius beyond CHRISTUS Coushatta, making the facility a critical anchor for emergency and routine care.
- Specialty care is not available locally, requiring residents to travel to Shreveport or Natchitoches for cardiology, orthopedics, obstetrics or advanced diagnostics.
- Many residents, particularly seniors, lack reliable transportation, causing missed appointments and untreated conditions.

Aging Population with Complex Medical Needs

Nearly one in five residents is over the age of 65, and most live on fixed incomes in rural or semi-rural areas.

- High rates of chronic disease such as heart disease, diabetes, arthritis and COPD require consistent, coordinated care.
- Limited access to in-home care, geriatric services and rehabilitation means many older adults rely on emergency rooms or delay treatment until health deteriorates.
- Loneliness and social isolation are also significant concerns for aging residents, contributing to mental health challenges and poor self-management of health conditions.

Behavioral Health and Substance Use Gaps

Behavioral health resources in Red River Parish are nearly nonexistent.

- There are no full-time behavioral health professionals in the immediate community. Residents experiencing anxiety, depression, trauma or substance use disorders face long wait times or must travel hours for care.
- Methamphetamine and prescription opioid misuse are emerging issues, particularly among younger adults and residents experiencing economic hardship.
- Mental health stigma and lack of access to early intervention tools make prevention and recovery more difficult to achieve.

Economic Insecurity and Health Literacy

Red River Parish has a poverty rate nearly double the national average, and many residents work in low-wage or seasonal jobs without access to health benefits.

- This economic instability contributes to high rates of uninsurance and underinsurance, limiting access to preventive care, prescriptions and follow-up visits.
- Low health literacy in the region means many patients struggle to understand care plans, manage medications or navigate the health care system.
- Patients often present at advanced stages of illness due to delays in care-seeking, leading to higher hospitalization and complication rates.

Food Deserts and Preventable Chronic Illness

- Large portions of the parish are designated food deserts, with no nearby grocery stores or access to affordable, healthy food.
- This contributes to elevated rates of obesity, hypertension and type 2 diabetes, especially among low-income and elderly residents.
- Nutritional counseling, access to produce and chronic disease self-management resources are limited and underutilized.

Emergency Preparedness and Disaster Vulnerability

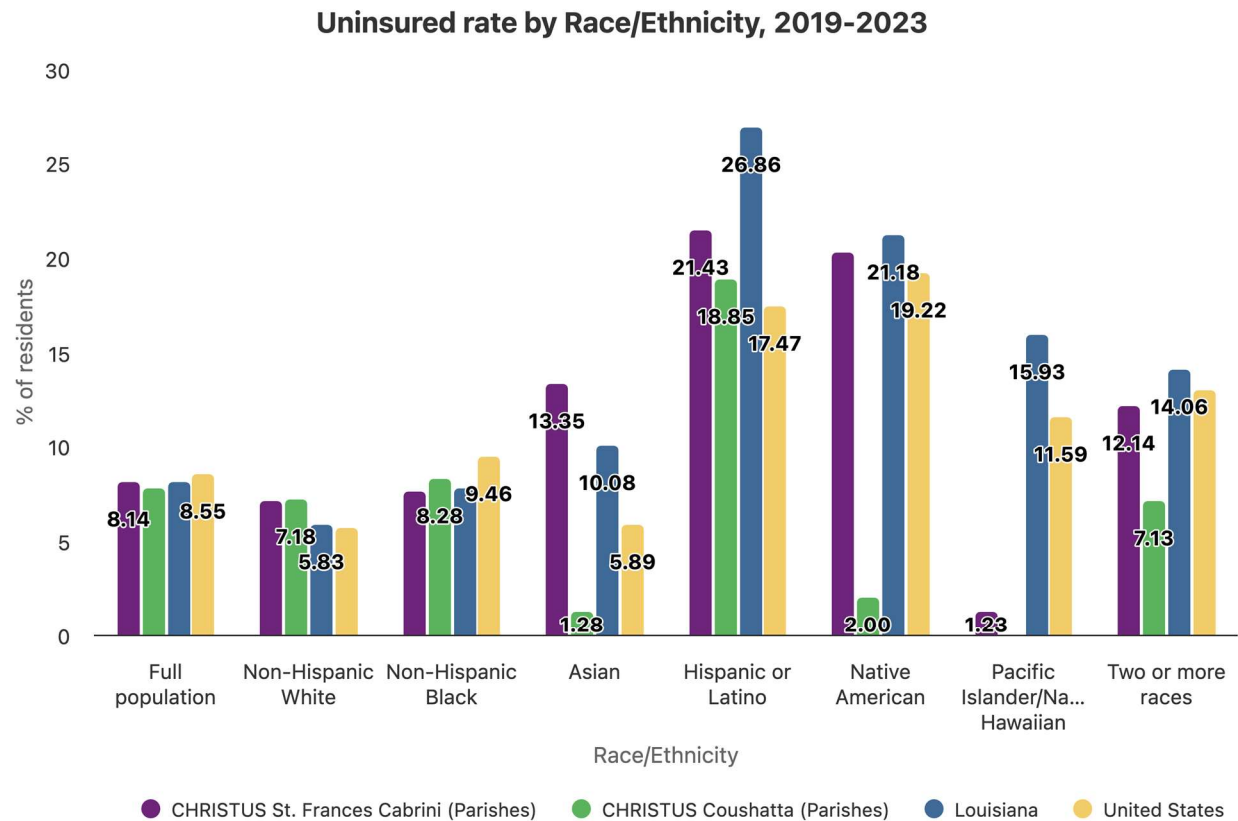
As a rural parish, Red River is prone to severe weather events, including tornadoes, flooding and extended power outages.

- Many residents rely on home-based oxygen, dialysis transport or refrigerated medications, but lack backup power or contingency plans.
- Emergency planning and resource coordination for medically vulnerable populations remains an urgent need.

Health Care Coverage

Uninsured Rate by Race and Ethnicity

The uninsured rate varies significantly across different racial and ethnic groups in the United States, with the highest rates observed among Hispanic or Latino and Native American populations. In Louisiana, the overall uninsured rate is slightly below the national average, but certain parishes, such as those served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, have distinct patterns. Notably, the Asian population in CHRISTUS Coughatta has a remarkably low uninsured rate of 1.28%, contrasting sharply with the national average of 5.89% for this group. These disparities highlight the need for targeted health care interventions to address the varying needs of different communities.

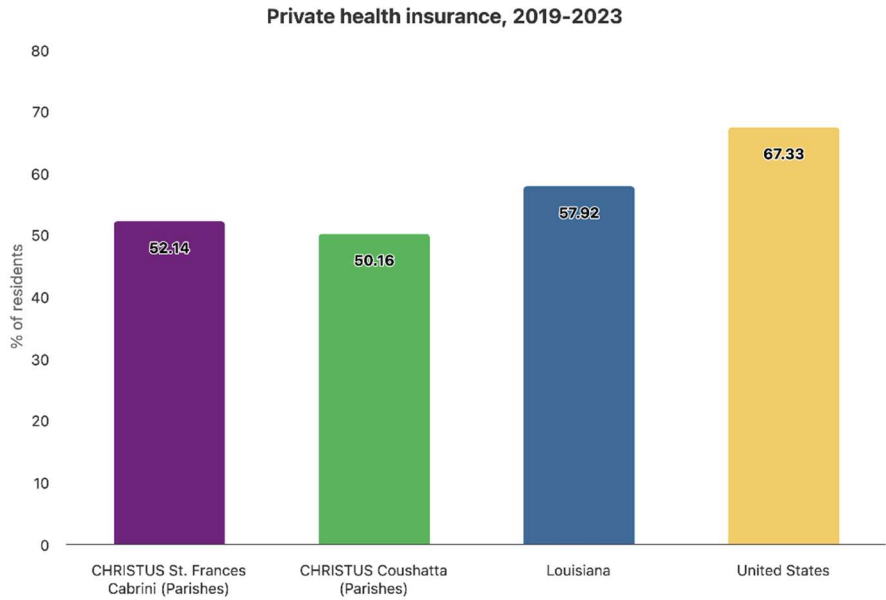


Created on Metopio | metop.io/i/mq6v7tf1 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Private Health Insurance

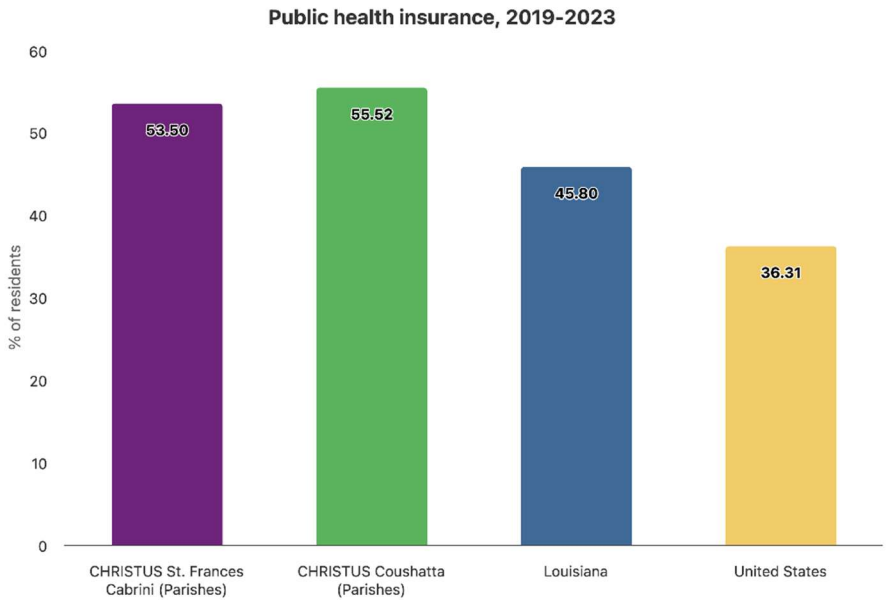
Private health insurance coverage varies across different regions. In Louisiana, 57.92% of the population has private health insurance. Nationally, the United States has a higher rate at 67.33%. Within Louisiana, CHRISTUS St. Frances Cabrini in the Parishes has a coverage rate of 52.14%, while CHRISTUS Coughatta in the Parishes has a slightly lower rate of 50.16%.



Created on Metopio | metop.io/f/hve7ntg4 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or TriCare.

Public Health Insurance

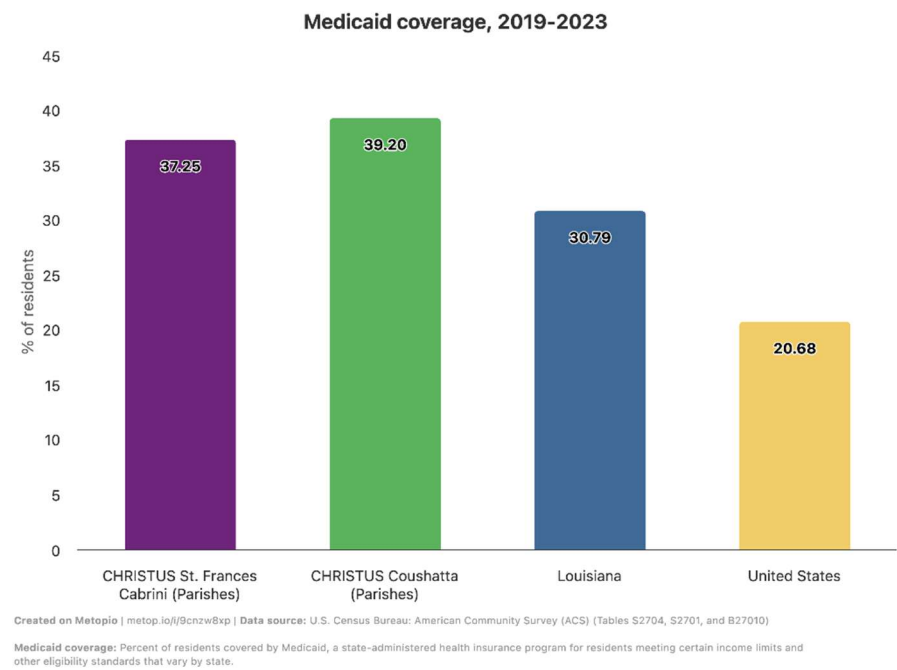
Public health insurance coverage varies significantly across different regions. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in the Parishes of Louisiana, have higher rates of public health insurance at 53.50% and 55.52%, respectively. Louisiana as a whole has a public health insurance rate of 45.80%, while the United States overall has a lower rate of 36.31%. This indicates a notable regional disparity in public health insurance coverage.



Created on Metopio | metop.io/f/vih33xd2 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

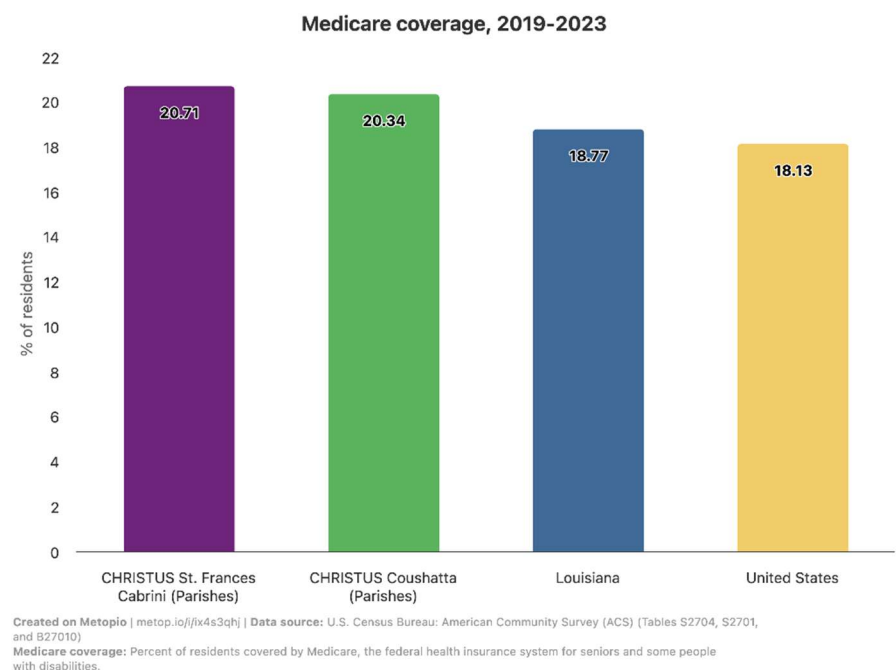
Medicaid Coverage

Medicaid coverage rates vary significantly across different regions. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in Louisiana, have coverage rates of 37.25% and 39.2% respectively. Louisiana as a whole has a Medicaid coverage rate of 30.79%, which is higher than the national average of 20.68%.



Medicare Coverage

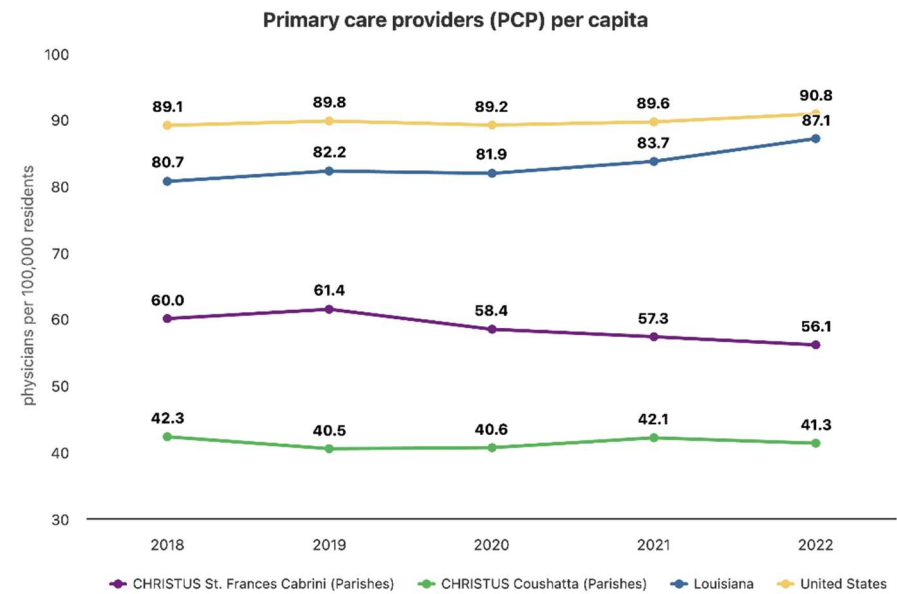
The data indicates the percentage of Medicare coverage across different categories. CHRISTUS St. Frances Cabrini in the parishes has the highest coverage at 20.71%, followed closely by CHRISTUS Coughatta in the parishes at 20.34%. Louisiana and the United States have lower coverage rates, at 18.77% and 18.13% respectively. This suggests that the parishes have better Medicare coverage compared to the national average.



Access to Care

Primary Care Providers per Capita

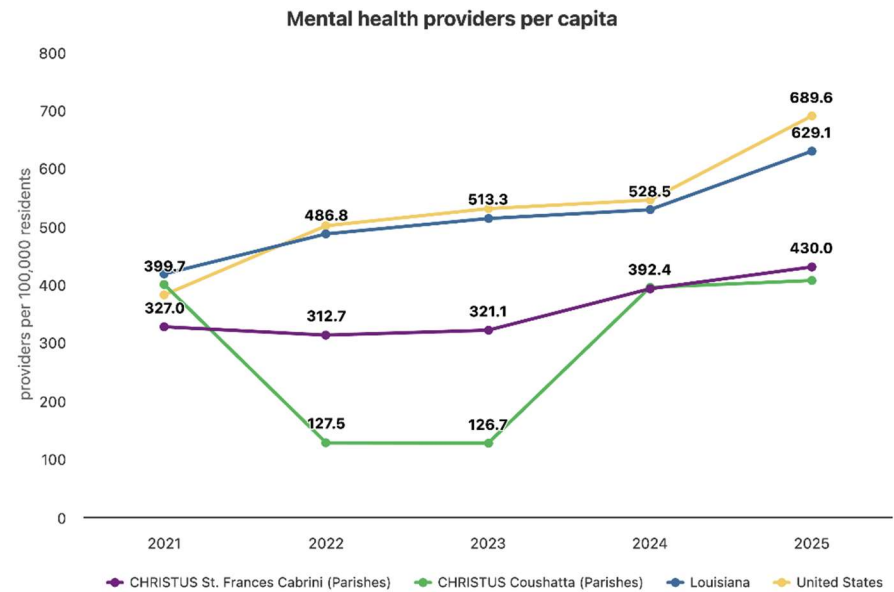
Primary care providers (PCP) per capita in the United States have remained relatively stable, with a slight increase from 89.11 in 2018 to 90.83 in 2022. Louisiana's PCP per capita has also seen a slight increase, from 80.69 in 2018 to 87.12 in 2022. However, the PCP per capita in CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes has remained significantly higher than the state and national averages, with CHRISTUS St. Frances Cabrini experiencing a decline from 60.05 in 2018 to 56.09 in 2022.



Created on Metopio | metop.io/f/7d1ajqcy | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)
Primary care providers (PCP) per capita: Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Mental Health Providers per Capita

Mental health providers per capita in the United States have been steadily increasing, with a significant rise from 381.91 in 2021 to 545.07 in 2024. Louisiana has also seen a notable increase, surpassing the national average in 2023 and 2024. However, CHRISTUS Coughatta has experienced a drastic decline in mental health providers per capita, dropping from 399.74 in 2021 to 126.69 in 2023.

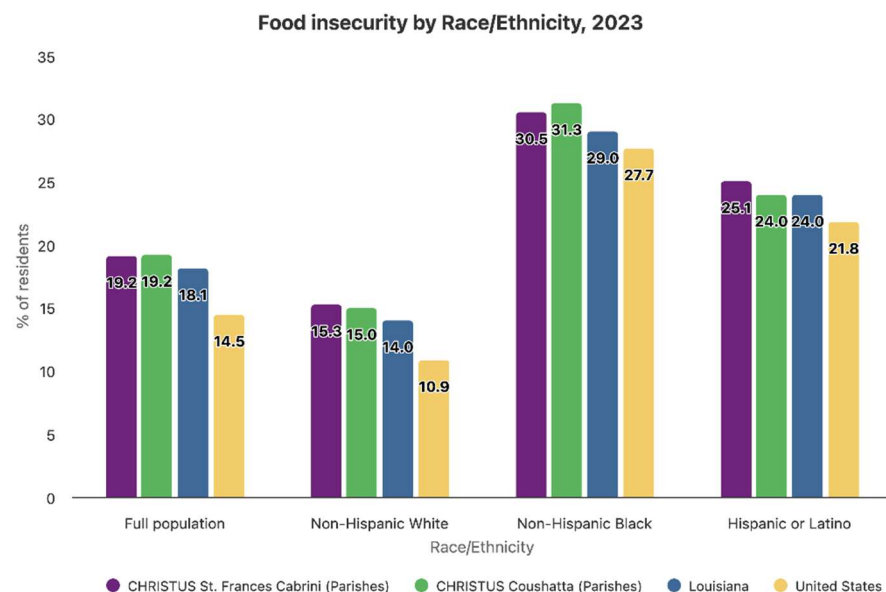


Created on Metopio | metop.io/f/6v37xbi | Data source: Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)
Mental health providers per capita: Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners.

Nutrition

Food Insecurity by Race/Ethnicity

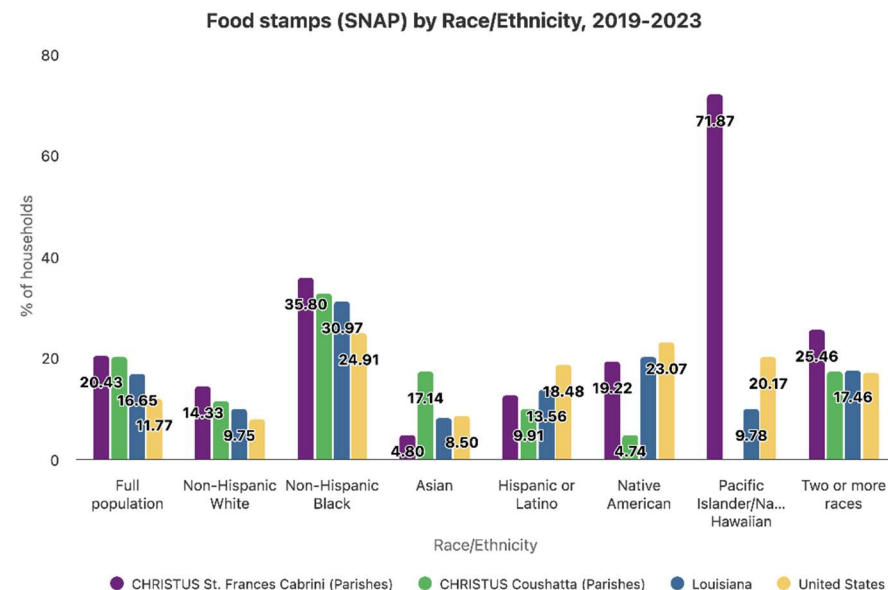
Food insecurity rates vary significantly across different racial and ethnic groups in the United States. In Louisiana, the overall food insecurity rate is 18.1%, with Non-Hispanic Black individuals experiencing the highest rate at 29.0%. Within specific parishes, CHRISTUS St. Frances Cabrini has a higher rate among Non-Hispanic Black individuals (30.53%) compared to CHRISTUS Coughatta (31.25%). Overall, food insecurity rates in Louisiana and the specified parishes are higher than the national average.



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

Food Stamps (SNAP) by Race and Ethnicity

The data represents the percentage of individuals receiving food stamps (SNAP) across various racial and ethnic groups in different locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in Louisiana, show higher rates of SNAP usage compared to the state and national averages. Notably, Pacific Islander/Native Hawaiian individuals in CHRISTUS St. Frances Cabrini have an exceptionally high rate of 71.87%. Overall, the data highlights significant disparities in SNAP usage among different racial and ethnic groups within these parishes, Louisiana and the United States.

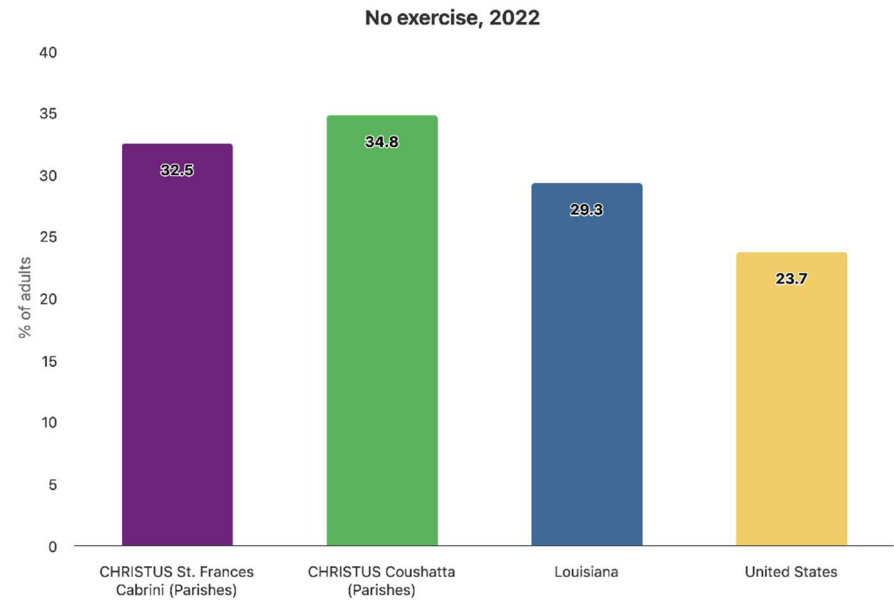


Food stamps (SNAP): Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

Physical Activity

No Exercise

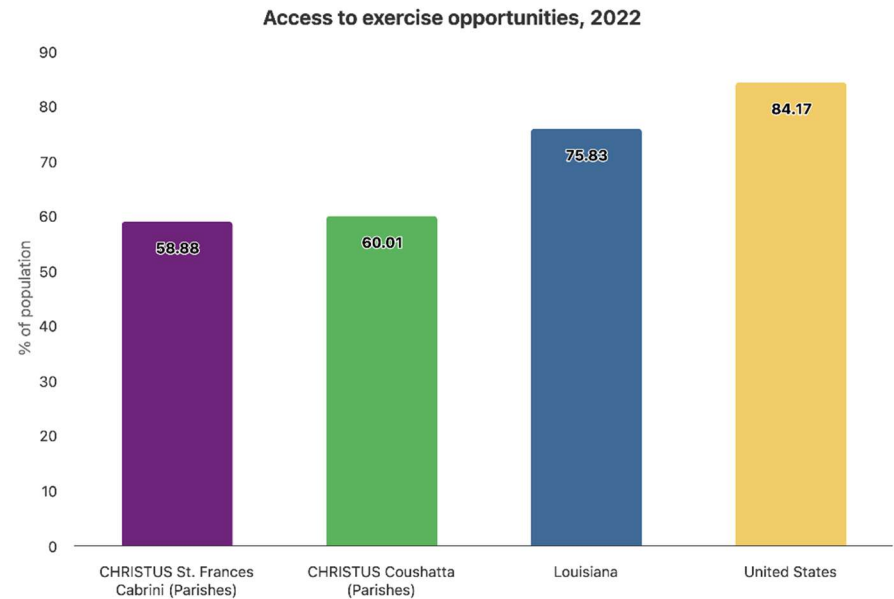
The data indicates that the percentage of individuals who do not exercise is significantly higher in specific parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta compared to the overall state of Louisiana and the United States. CHRISTUS St. Frances Cabrini has a rate at 32.47%, surpassed closely by CHRISTUS Coughatta at 34.8%. Louisiana's rate is lower at 29.32%, while the national average stands at 23.68%. This suggests a notable disparity in exercise habits within these specific parishes compared to broader regional and national trends.



Created on Metopio | metop.io/8cgo72pq | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)
No exercise: Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Access to Exercise Opportunities

Access to exercise opportunities in the United States is significantly higher than in Louisiana. Louisiana's access rate is also higher than that of the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta. The parishes served by these health care providers have access rates below the state average. This disparity highlights the need for improved exercise opportunities in these specific areas.

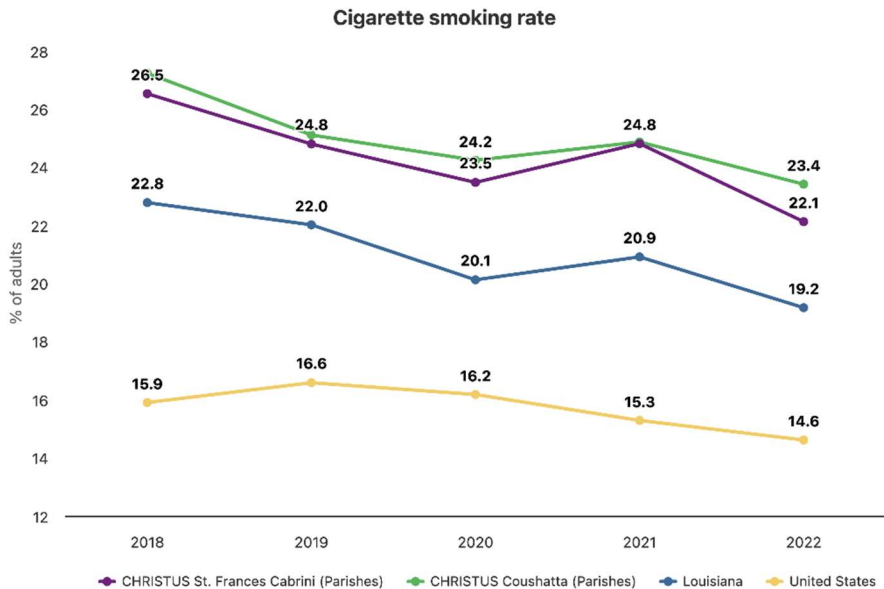


Created on Metopio | metop.io/4sid74o | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)
Access to exercise opportunities: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Substance Use

Cigarette Smoking

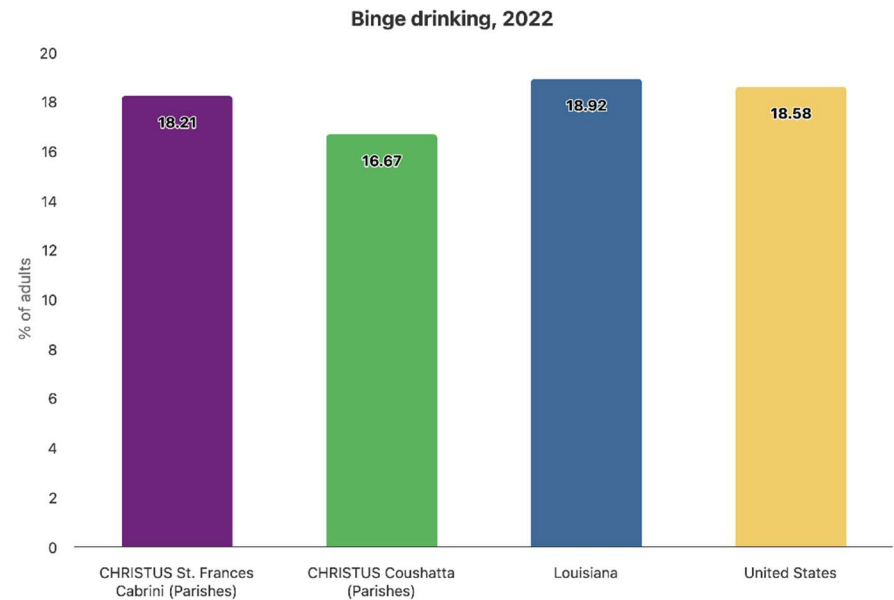
Cigarette smoking rates in CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes have consistently been higher than the state and national averages from 2018 to 2022. Over this period, smoking rates in these parishes have shown a general decline, aligning with the broader trend observed in Louisiana and the United States. Despite these declines, the smoking rates in these parishes remain notably higher than the state and national figures.



Created on Metopio | metop.io/tzy62j2q | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012), Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Binge Drinking

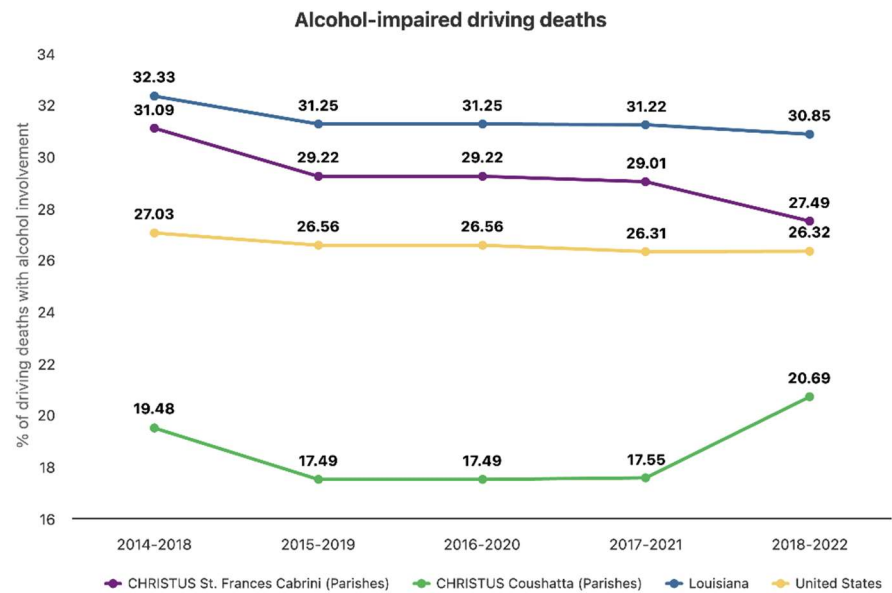
Binge drinking rates vary across different locations in the United States. CHRISTUS St. Frances Cabrini in Parishes reports a rate of 18.21%, while CHRISTUS Coughatta in parishes has a slightly lower rate of 16.67%. Louisiana's overall rate is 18.92%, which is higher than the national average of 18.58%. These figures highlight the regional disparities in binge drinking behavior.



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

Alcohol-Impaired Driving Deaths

Alcohol-impaired driving deaths in the United States have shown a slight decline over the years, from 27.03% in 2014-2018 to 26.32% in 2018-2022. Louisiana has consistently had a higher rate than the national average, with CHRISTUS St. Frances Cabrini Parishes reporting the highest rates in the state. CHRISTUS Coughatta Parishes, on the other hand, has maintained the lowest rates in Louisiana.

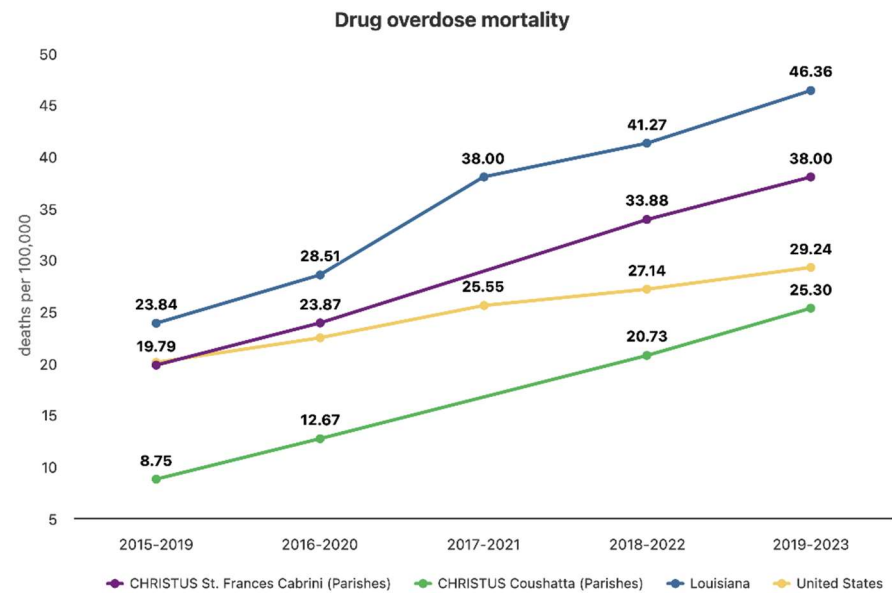


Created on Metopio | metop.io/f/bixzk1ko | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System)

Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence.

Drug Overdose Mortality

Drug overdose mortality rates have been rising across all categories from 2015 to 2023. CHRISTUS St. Frances Cabrini in Louisiana has seen a significant increase, with rates rising from 19.79 to 38.0. Louisiana and the United States have also experienced substantial increases, with rates climbing to 41.26 and 29.24, respectively. The data highlights a concerning trend in drug overdose deaths across the board.

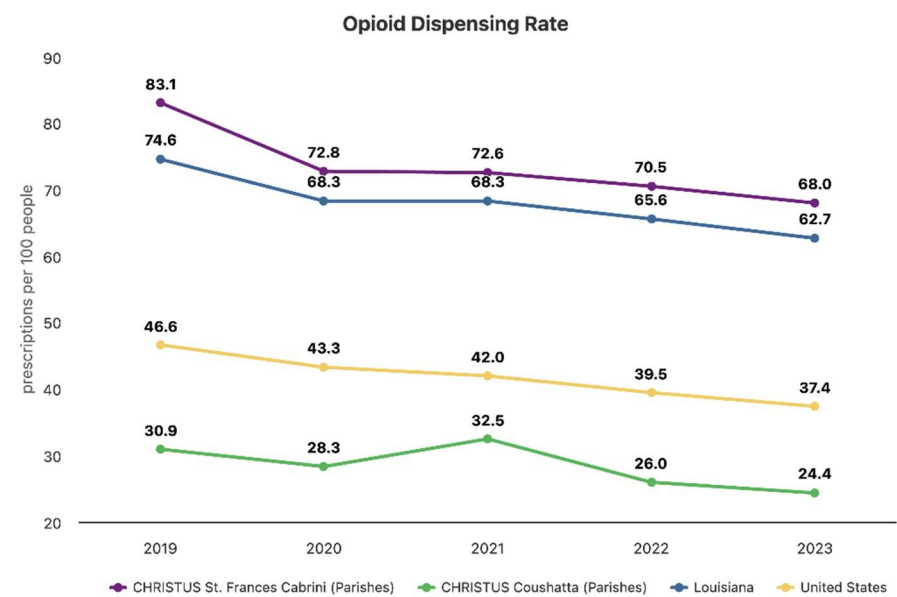


Created on Metopio | metop.io/h7e8wtye | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Opioid Dispensing Rate

The opioid dispensing rate in the United States has steadily declined from 46.65 in 2019 to 37.4 in 2023. CHRISTUS St. Frances Cabrini in Louisiana saw a decrease from 83.09 in 2019 to 68.0 in 2023. CHRISTUS Coushatta in Louisiana experienced a fluctuating trend, with the rate dropping to 25.97 in 2022 before rising to 24.36 in 2023. Overall, Louisiana's opioid dispensing rate mirrored the national trend, decreasing from 74.6 in 2019 to 62.7 in 2023.

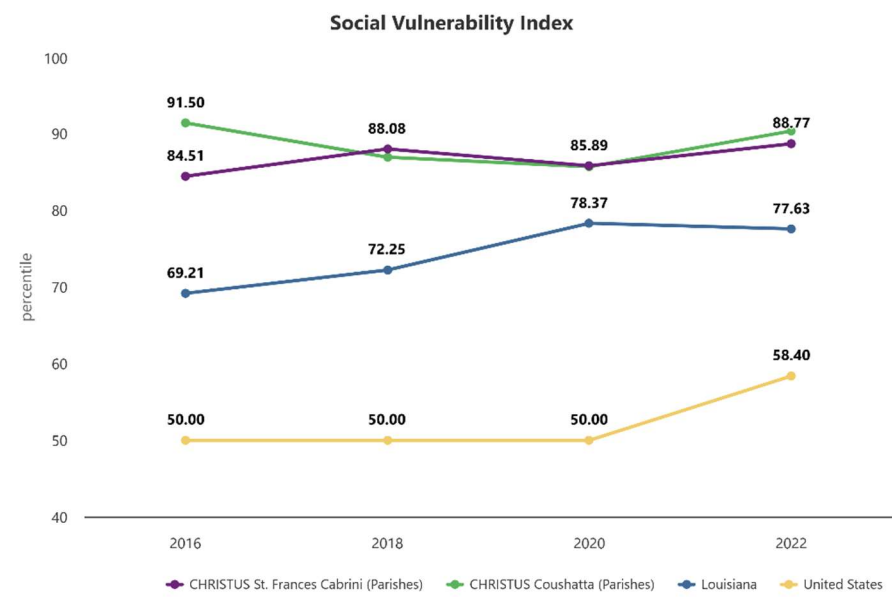


Created on Metopio | metop.io/6uqa8nqz | Data source: Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

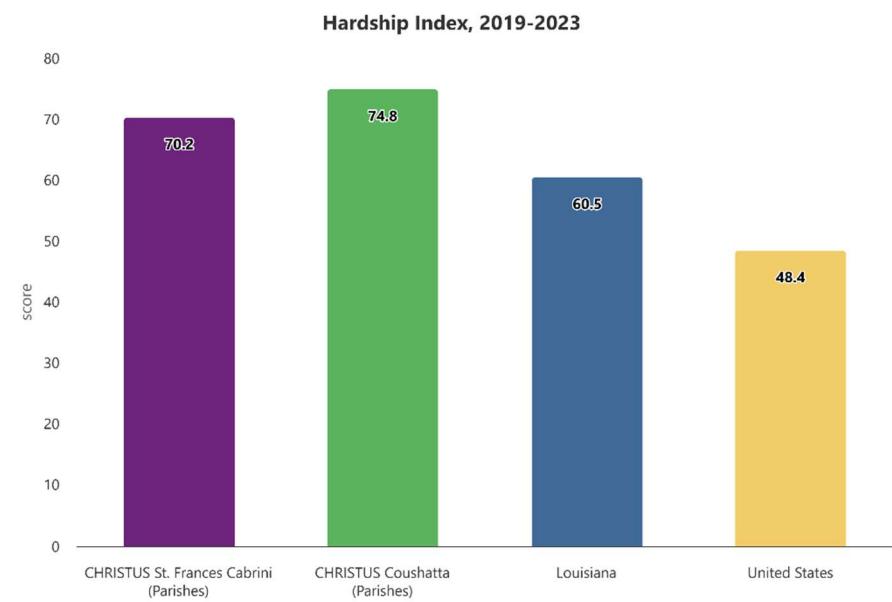
The Social Vulnerability Index (SVI) data highlights the social vulnerability levels in CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes in Louisiana compared to the state and national averages from 2016 to 2022. Both parishes consistently exhibit higher SVI scores than the Louisiana average, indicating greater social vulnerability. The United States average remains constant at 50.0 until 2022, when it increases to 58.4. CHRISTUS St. Frances Cabrini parish shows a slight decrease in SVI from 2016 to 2020, while CHRISTUS Coughatta parish's SVI fluctuates but remains relatively high.



Created on Metopio | metopio.io/jhvedib | Data source: Centers for Disease Control and Prevention (CDC) Agency for Toxic Substances and Disease Registry - SVI Data
Social Vulnerability Index: The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings.

Hardship Index

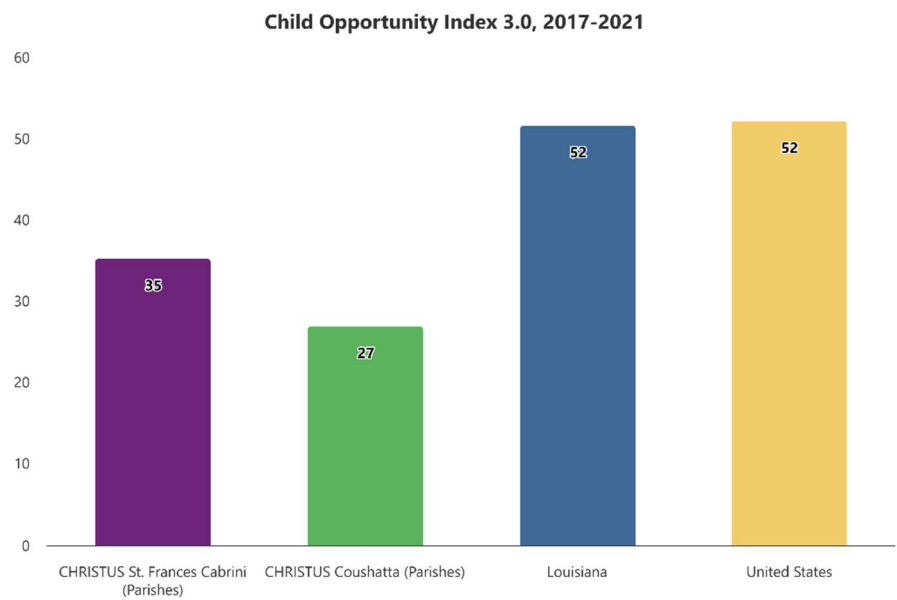
The Hardship Index for CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in the parishes of Louisiana, are 70.19 and 74.79 respectively. Louisiana has a statewide Hardship Index of 60.46, while the United States has a national average of 48.44. This indicates that both parishes experience higher levels of hardship compared to the state and national averages. The higher hardship indices in these parishes suggest greater economic and social challenges for their residents.



Created on Metopio | metopio.io/hubidibi | Data source: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)
Hardship Index: The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Childhood Opportunity Index

The Child Opportunity Index 3.0 measures the quality of resources and conditions that impact children's development. The data shows that CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have lower scores compared to the state and national averages. Louisiana's score is similar the national average, indicating room for improvement in child opportunity.

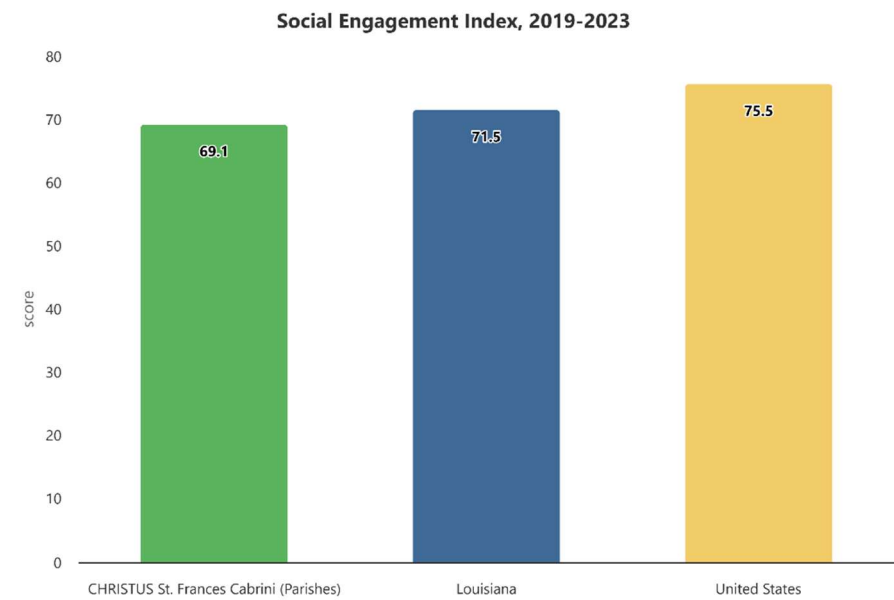


Created on Metopio | metopio.io/f/4bm11mj2 | Data source: diversitydatakids.org: Child Opportunity Index 3.0

Child Opportunity Index 3.0: A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).

Social Engagement Index

The Social Engagement Index for CHRISTUS St. Frances Cabrini (Parishes) is 69.07. Louisiana has a slightly higher index at 71.49, while the United States overall has an index of 75.5. This indicates that social engagement in the United States is higher than in Louisiana, which in turn is higher than at CHRISTUS St. Frances Cabrini.

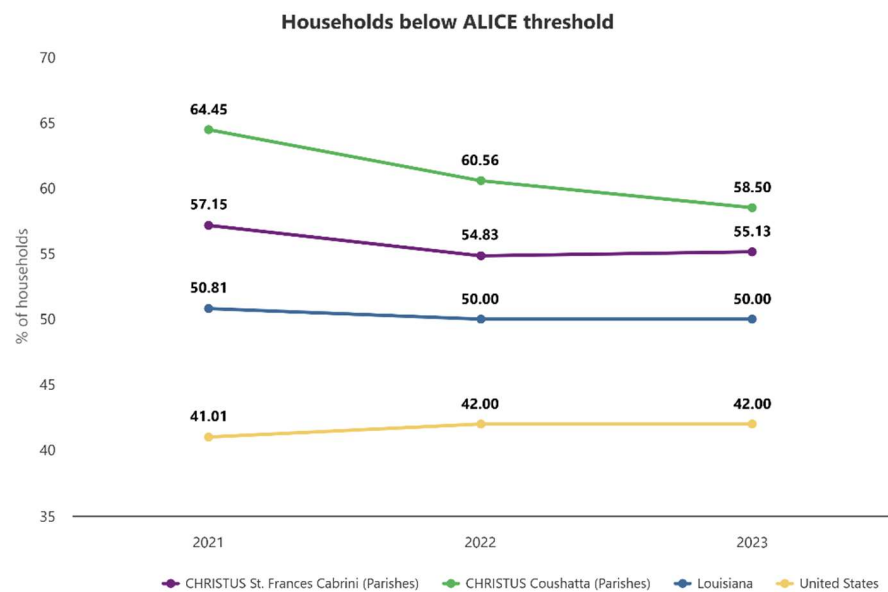


Created on Metopio | metopio.io/otnjp5rk | Data source: Metopio

Social Engagement Index: The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment. It incorporates information about neighborhood resiliency (five-year change in rent prices, how often residents move, and housing vacancy) and barriers to social engagement (opportunity youth, proportion of seniors living alone, residents with cognitive and ambulatory disabilities, limited English proficiency).

Households Below ALICE Threshold

The percentage of households below the ALICE threshold in CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes in Louisiana was significantly higher than the state and national averages from 2021 to 2023. CHRISTUS St. Frances Cabrini saw a slight decrease in this percentage over the three years, while CHRISTUS Coughatta experienced a more noticeable decline. Both parishes, however, consistently remained above the Louisiana average. The state of Louisiana itself had a higher percentage of households below the ALICE threshold compared to the national average.



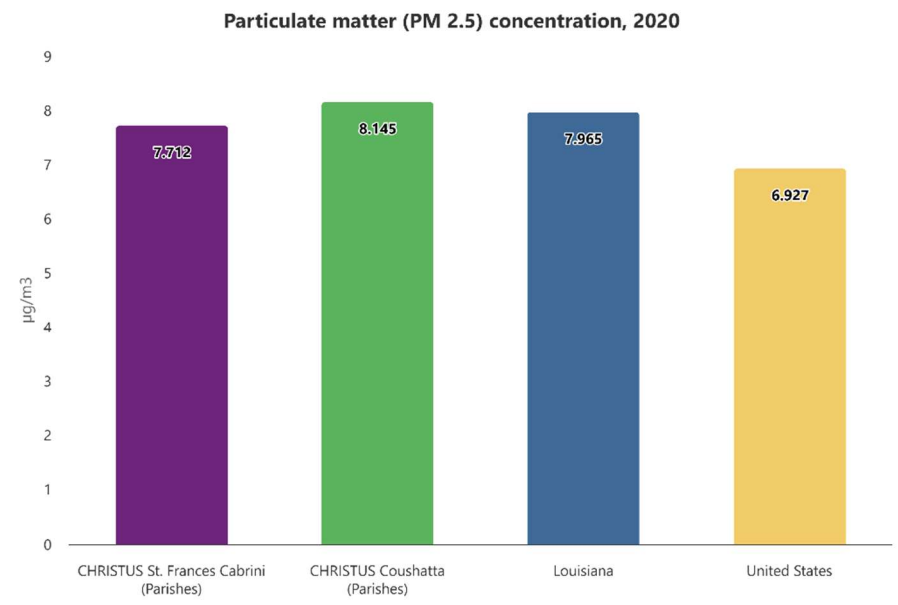
Created on Metopio | metopio/2prjw4 | Data source: United for ALICE: United Way ALICE Data

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

Environmental Health

Particulate Matter Concentration

Particulate matter (PM 2.5) concentration in Louisiana is higher than the national average, with a state-wide concentration of 7.97 compared to the United States' 6.93. Within Louisiana, CHRISTUS St. Frances Cabrini in the Parishes has a concentration of 7.71, while CHRISTUS Coughatta has a slightly higher concentration of 8.15. These figures indicate that air quality in Louisiana, particularly in these areas, may pose greater health risks due to elevated PM 2.5 levels.

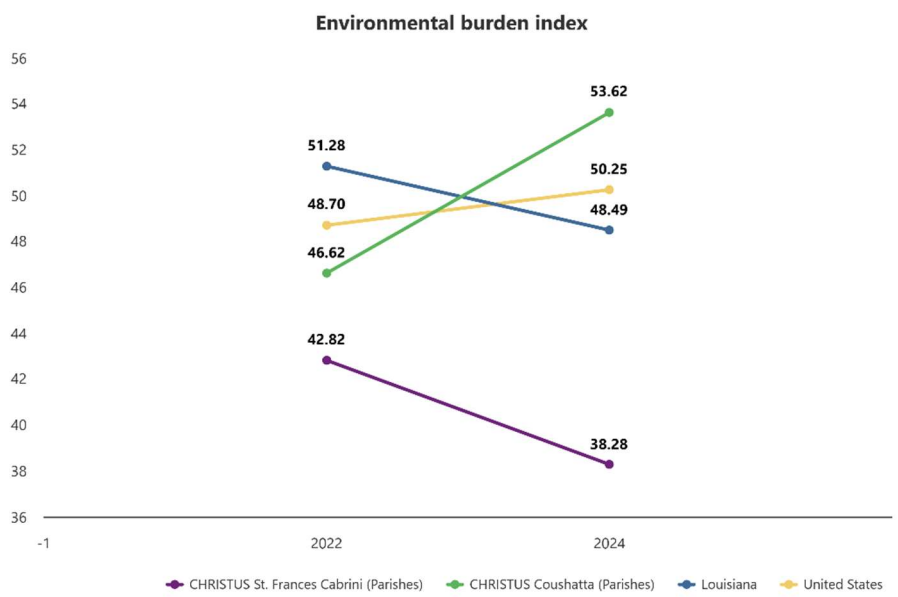


Created on Metopio | metopio.io/q/5n51b1zg | Data source: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

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

Environmental Burden Index

The Environmental Burden Index for CHRISTUS St. Frances Cabrini in Louisiana parishes decreased from 42.82 in 2022 to 38.28 in 2024, indicating an improvement in environmental conditions. Conversely, CHRISTUS Coughatta in Louisiana parishes saw an increase from 46.62 to 53.62 over the same period, suggesting a worsening of environmental conditions. Overall, Louisiana's Environmental Burden Index decreased from 51.28 to 48.49, while the United States experienced a slight increase from 48.7 to 50.25.

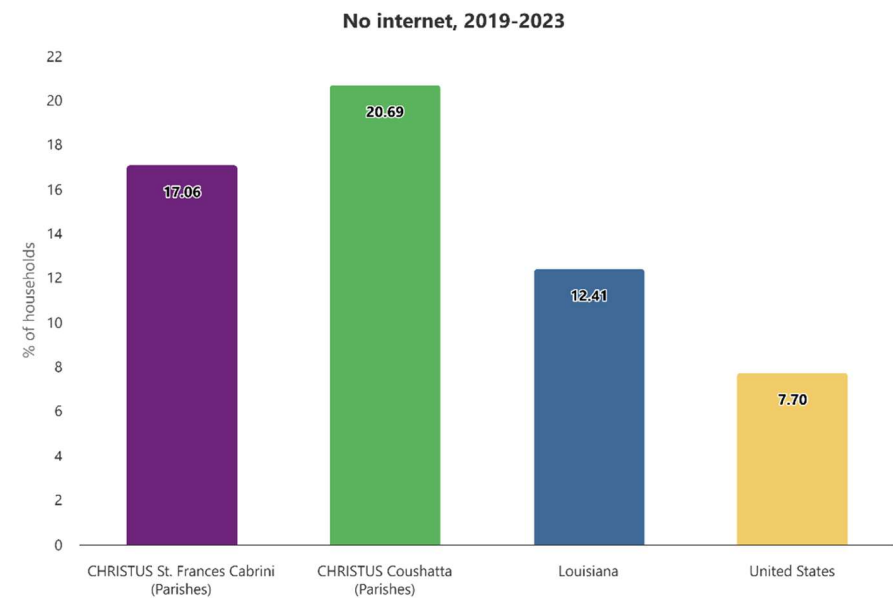


Created on Metopio | metopio.io/1Bofyx45 | Data source: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index
Environmental burden index: Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden

Internet

No Internet

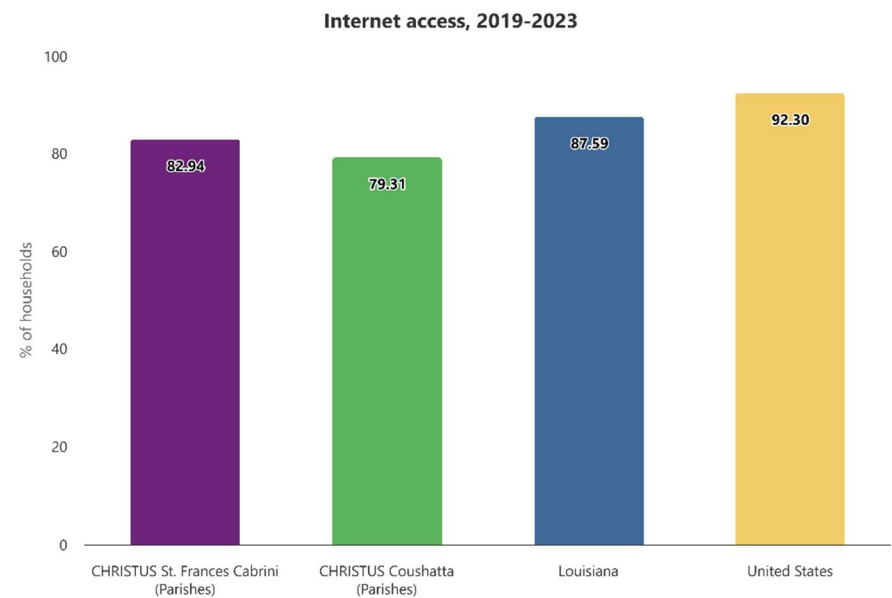
The data indicates the percentage of households without internet access across different locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have notably higher rates of no internet compared to the state average of 12.41%. The United States overall has a significantly lower rate at 7.7%. This suggests that these specific parishes face greater challenges in internet connectivity compared to the national average.



Created on Metopio | metopio.io/vuic1du | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)
No internet: Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data, or any other service.

Internet Access

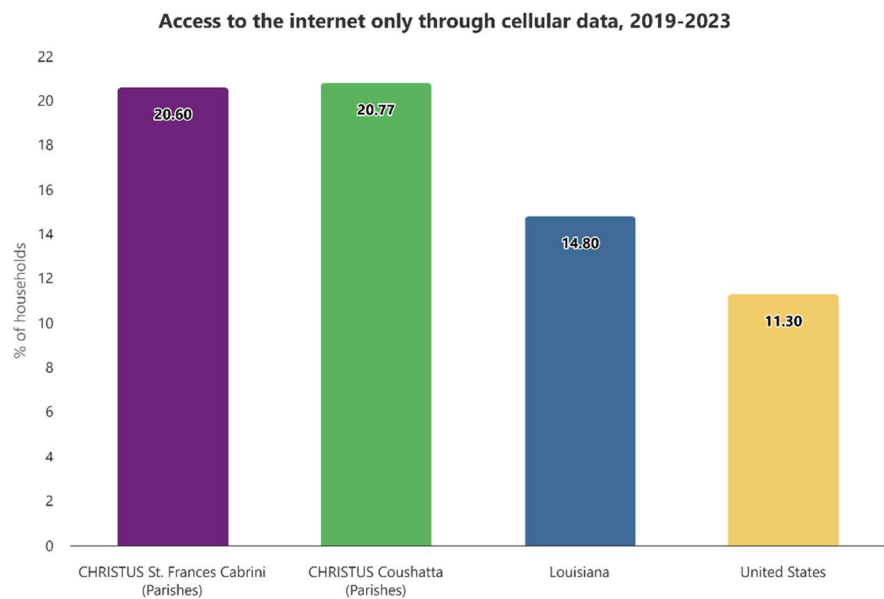
The data shows internet access rates across different categories, including specific locations and broader regions. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in the parishes, have internet access rates of 82.94% and 79.31%, respectively. Louisiana as a whole has a higher rate of 87.59%, while the United States overall has the highest rate at 92.3%. This indicates a general trend of increasing Internet access from specific locations to broader regions.



Created on Metopio | metopio.io/vuic1du | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)
Internet access: Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

Access to the Internet Only Through Cellular Data

Access to the internet only through cellular data is notably higher in certain parishes in Louisiana compared to the national average. CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta parishes report rates of 20.6% and 20.77%, respectively, while Louisiana's overall rate is 14.8%. This contrasts with the United States' average of 11.3%, indicating a significant disparity in internet access methods within these regions.

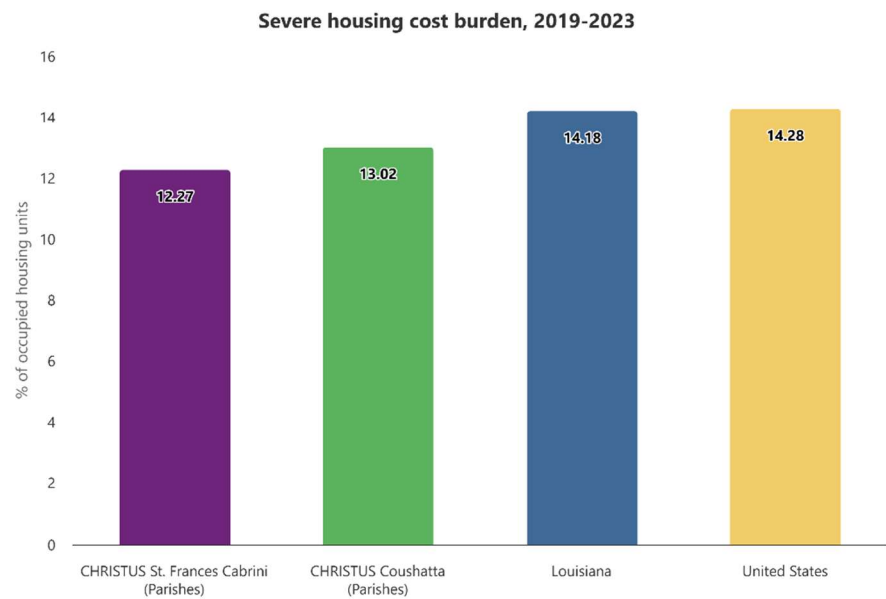


Created on Metopio | metopio.io/4/6yyegzyzp | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)
Access to the internet only through cellular data: Percentage of households who only have access to the internet through cellular data, and have no other internet subscription.

Housing

Severe Housing Cost Burden by Race and Ethnicity

Severe housing cost burden is a significant issue affecting various regions. In the parishes, CHRISTUS St. Frances Cabrini reports a rate of 12.27%, while CHRISTUS Coughatta has a slightly higher rate of 13.02%. Louisiana as a whole experiences a severe housing cost burden rate of 14.18%, which is comparable to the national rate of 14.28%. This indicates that the issue is widespread and not confined to specific areas.

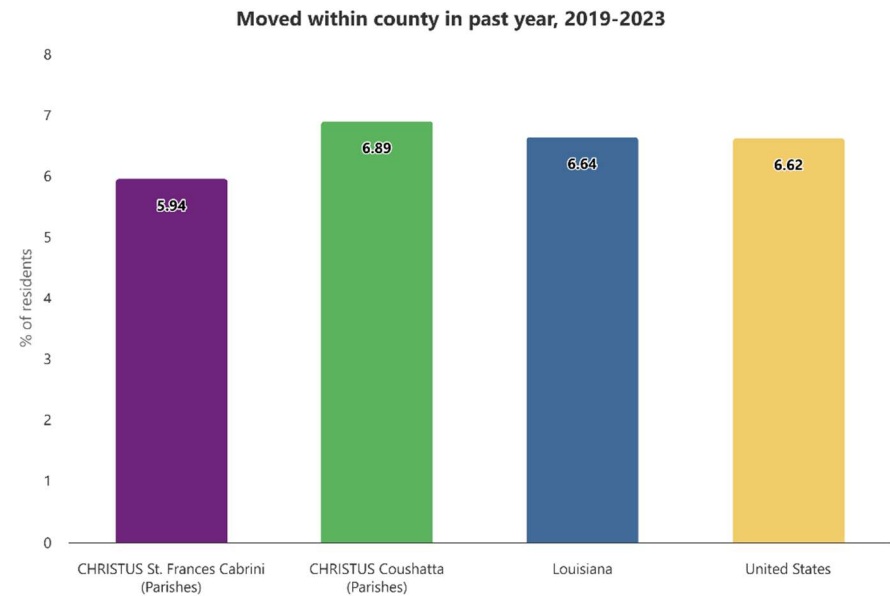


Created on Metopio | metopio.io/78z147f | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

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

Moved Within County in Past Year

Moved within county in past year is a significant metric for understanding local mobility trends. In the parishes of Louisiana, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta have rates of 5.94% and 6.89%, respectively. Louisiana as a whole and the United States have similar rates of 6.64% and 6.62%, respectively. This indicates a relatively consistent pattern of intra-county movement across these regions.

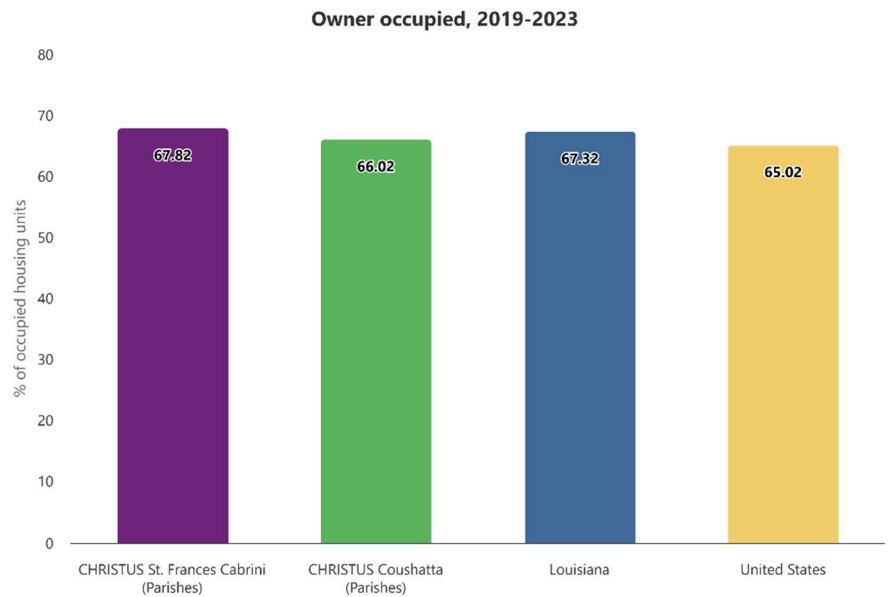


Created on Metopio | metopio.io/7seglmkx | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

Moved within county in past year: Percent of residents 1 year and older who moved into current residence from within the same county in the past year. This can be used to proxy for evictions, especially when looking at vulnerable populations (infants, seniors) for whom frequent moving can be disruptive.

Owner Occupied

Owner-occupied housing rates in the United States are relatively high, with a national average of 65.02%. Louisiana slightly exceeds this average at 67.32%. Within Louisiana, CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta parishes report even higher rates of 67.82% and 66.02%, respectively.



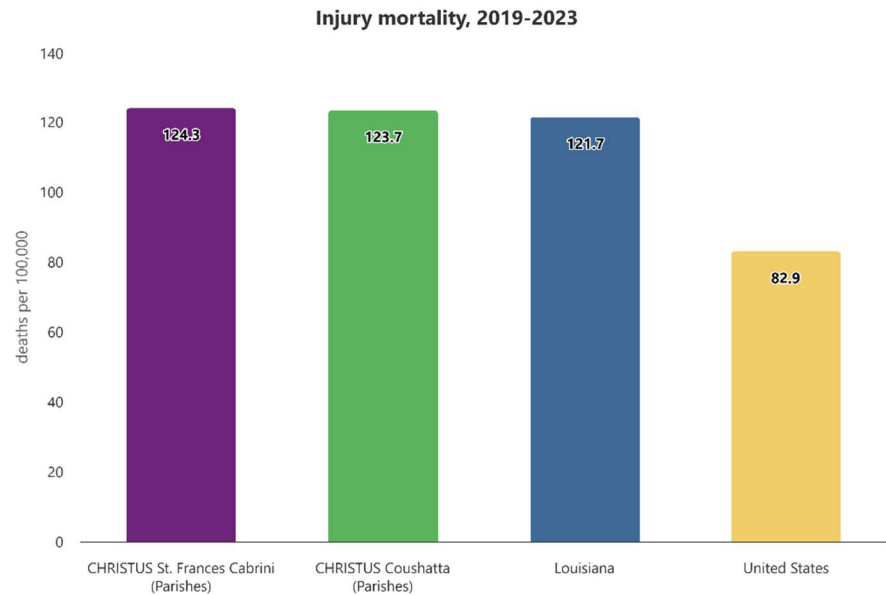
Created on Metopio | metopio.io/l/mq6j9wca | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Owner occupied:

Injury

Injury Mortality

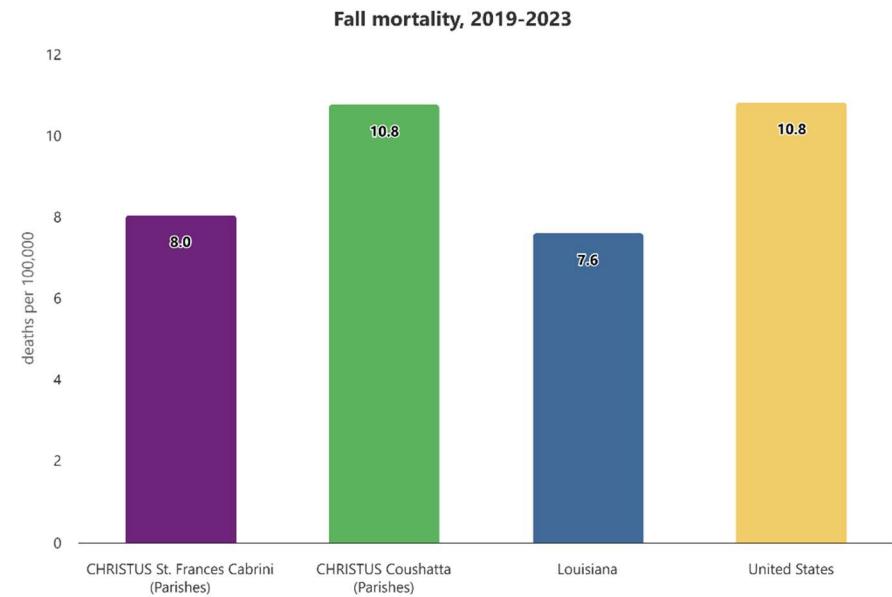
Injury mortality rates are presented for various categories. The highest rate is observed in CHRISTUS St. Frances Cabrini (parishes) at 124.28, followed closely by CHRISTUS Coughatta (parishes) at 123.66. Louisiana's overall rate is slightly lower at 121.68, while the United States has a significantly lower rate of 82.94. This indicates a notable disparity in injury mortality between specific parishes and the national average.



Created on Metopio | metopio.io/8w6413x | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Fall Mortality

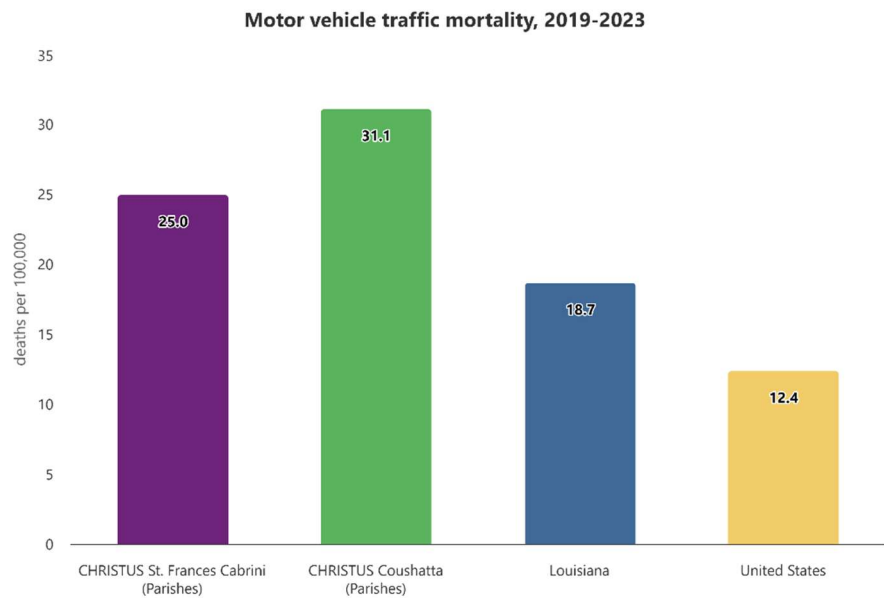
Fall mortality rates vary significantly across different locations. CHRISTUS St. Frances Cabrini in the parishes has a rate of 8.03, while CHRISTUS Coughatta in the same region reports a higher rate of 10.76. Louisiana's overall fall mortality rate is 7.6, which is lower than the national average of 10.81. These variations highlight the need for targeted interventions to reduce fall-related deaths in specific areas.



Created on Metopio | metopio.io/p3w5bcbm | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).

Motor Vehicle Traffic Mortality

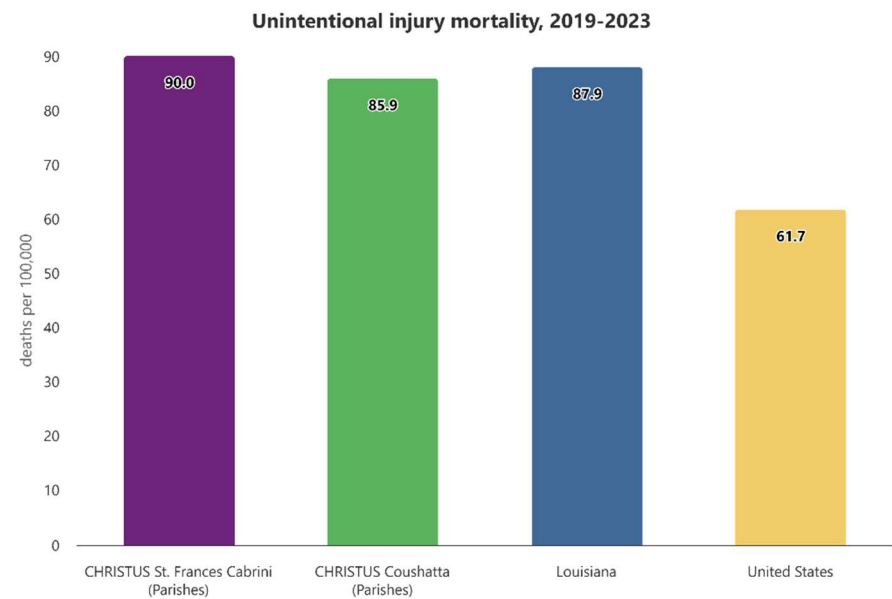
Motor vehicle traffic mortality rates vary significantly across different regions. CHRISTUS St. Frances Cabrini in the Parishes has a rate of 24.96, while CHRISTUS Coughatta in the same region has a higher rate of 31.14. Louisiana's overall rate is 18.65, which is higher than the national average of 12.36. These disparities highlight the need for targeted interventions in specific areas to reduce traffic-related fatalities.



Created on Metopio | metopio.io/4s77nuk | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (1, 9), V09.2, V12-V14 (3-9), V19 (4-6), V20-V28 (3-9), V29-V79 (4-9), V80 (3-5), V81.1, V82.1, V83-V86 (0-3), V87 (0-8), V89.2).

Unintentional Injury Mortality

The data highlights unintentional injury mortality rates across different regions in the United States. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in Louisiana, have significantly higher rates of 89.96 and 85.86, respectively, compared to the national average of 61.65. Louisiana as a whole also has a higher rate of 87.89, indicating a regional trend. These disparities suggest a need for targeted interventions in these areas to reduce unintentional injury mortality.



Created on Metopio | metopio.io/mpz69pgv | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

Transportation

Transportation Burden

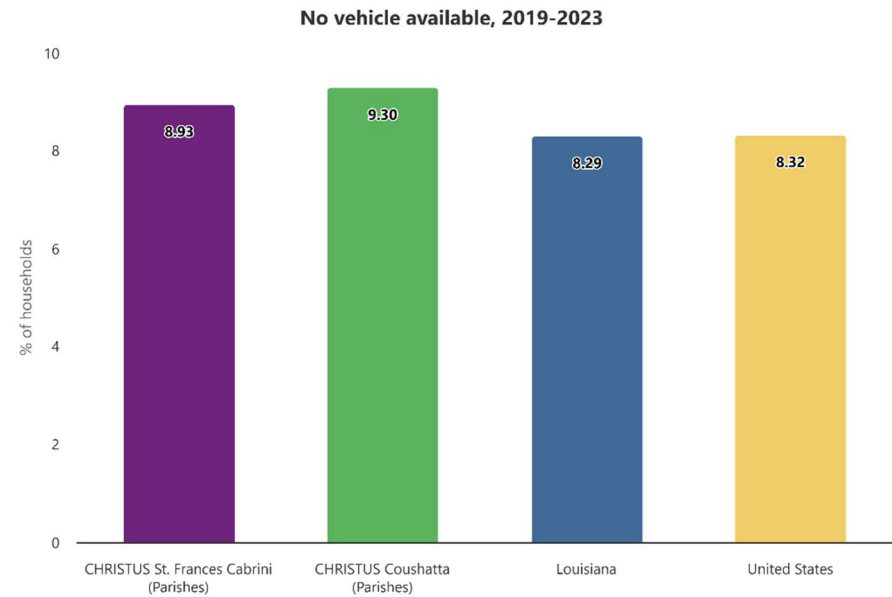
The data highlights the transportation burden across various regions, with a focus on CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta in Louisiana. CHRISTUS St. Frances Cabrini in parishes has a transportation burden of 74.35, while CHRISTUS Coughatta in parishes has a slightly higher burden at 79.78. Louisiana's overall transportation burden is 61.47, which is higher than the national average of 49.85. This indicates a significant transportation burden in these specific regions compared to the rest of the country.



Created on Metopio | metopio.io/r3vi5a64 | Data source: Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

No Vehicle Available

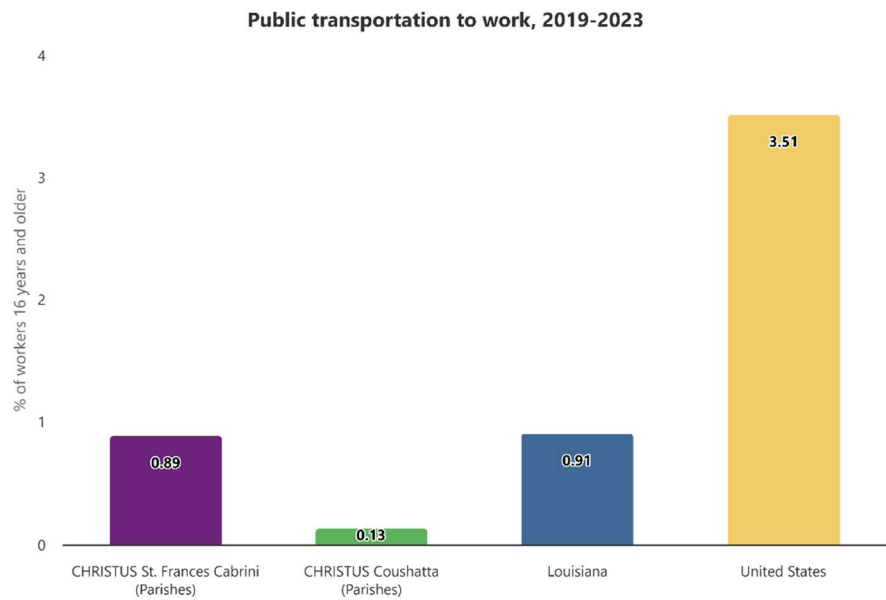
The data shows the percentage of households with no vehicle available in various locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have higher percentages at 8.93% and 9.30%, respectively. Louisiana as a whole has a slightly lower percentage at 8.29%, while the United States has a similar percentage at 8.32%. This indicates that the areas served by these health care facilities have a slightly higher rate of households without vehicles compared to the national average.



Created on Metopio | metopio.io/pmrm88h | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)
No vehicle available: Percent of occupied households with no vehicles available.

Public Transportation to Work

Public transportation to work is a significant topic in the United States, with varying levels of usage across different locations. CHRISTUS St. Frances Cabrini in the parishes has the highest rate of public transportation usage at 0.89, while CHRISTUS Coughatta in the same region has a much lower rate of 0.13. Louisiana as a whole has a public transportation usage rate of 0.91, which is higher than the national average of 3.51. This indicates that public transportation is more commonly used in Louisiana compared to the rest of the country.



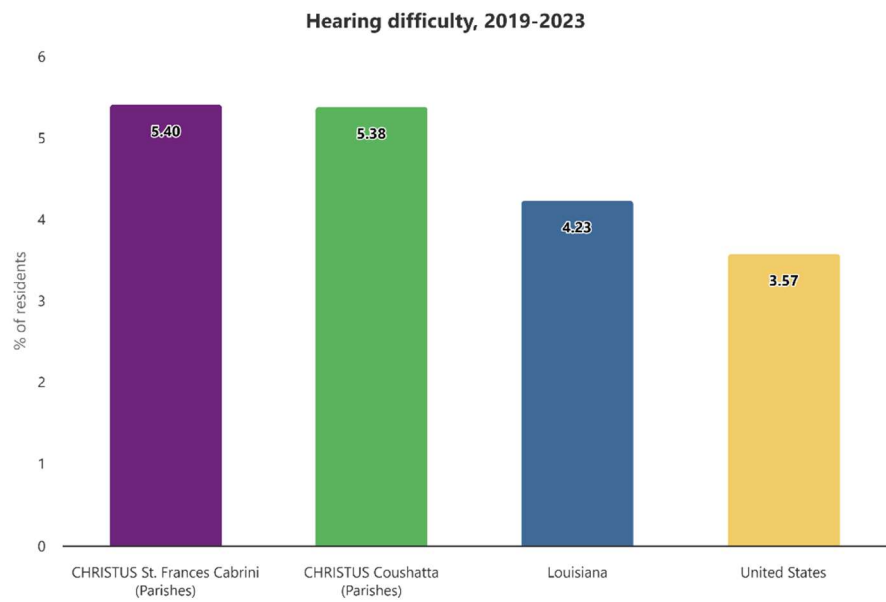
Created on Metopio | metopio.io/8v3wa36d | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B08301)

Public transportation to work: Percent of workers 16 and older who commute to work using public transportation

Disability

Hearing Difficulty

Hearing difficulty rates vary across different locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, report higher rates of hearing difficulty at 5.4 and 5.38, respectively. Louisiana as a whole has a rate of 4.23, which is higher than the national average of 3.57. This indicates a significant regional disparity in hearing difficulty prevalence.

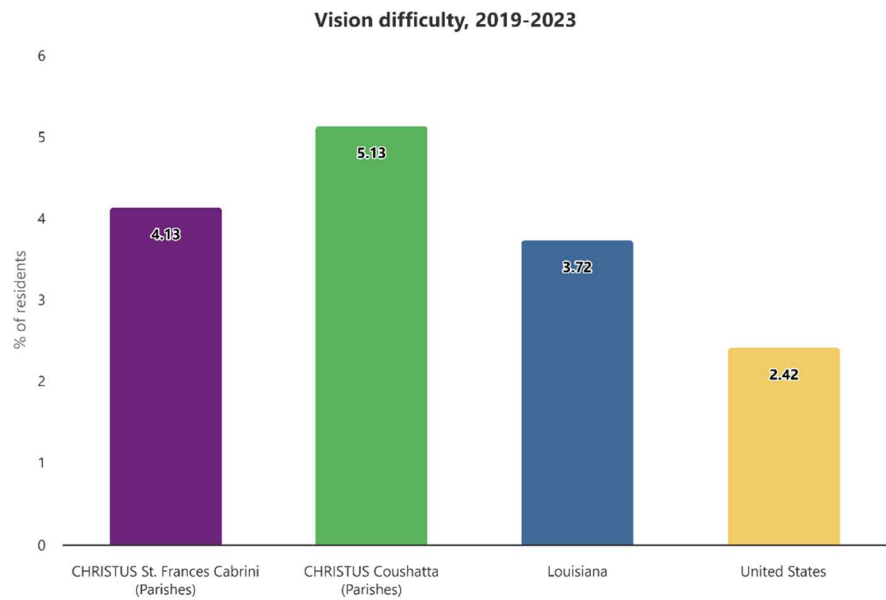


Created on Metopio | metopio.io/hv9tke7f | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Hearing difficulty: Percent of residents reporting a hearing difficulty.

Vision Difficulty

Vision difficulty is a significant concern in certain areas, with CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta in Louisiana reporting higher rates compared to the state and national averages. Louisiana's vision difficulty rate is notably higher than the national average, indicating a potential regional issue. The data highlights the need for targeted health care interventions in these specific parishes to address and mitigate vision-related challenges.



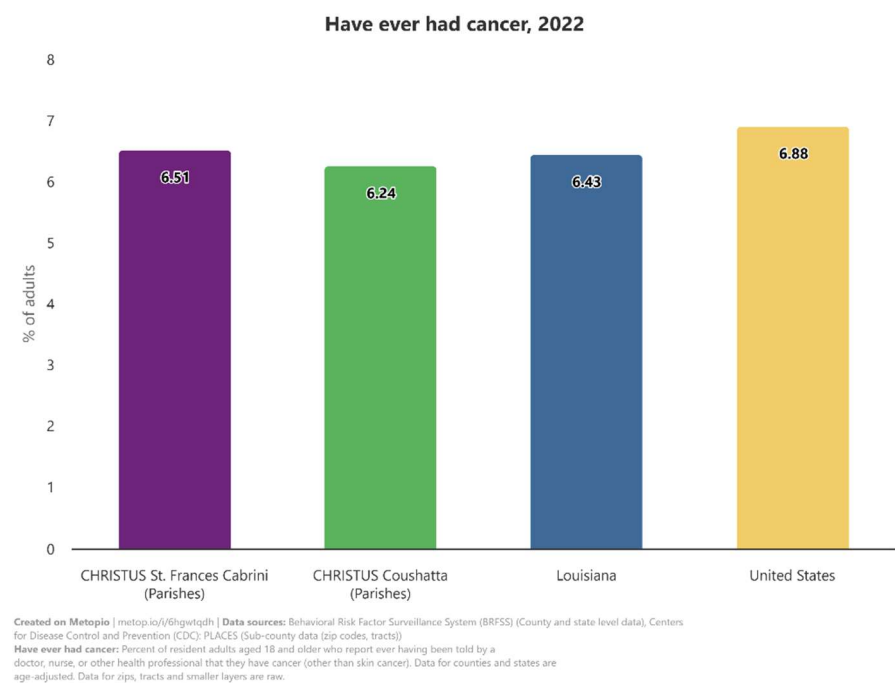
Created on Metopio | metopio.io/ezeutqx7 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Vision difficulty: Percent of residents reporting a vision difficulty.

Cancer

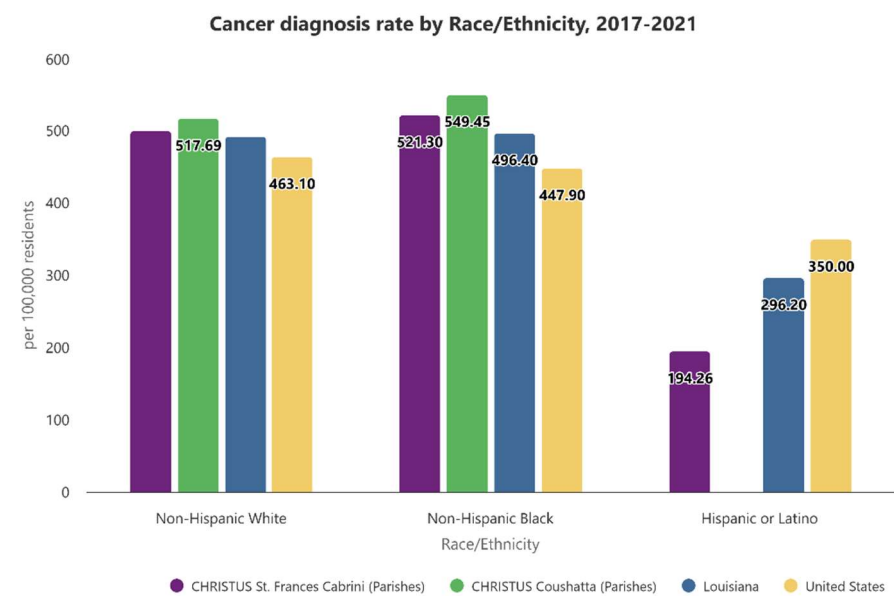
Have Ever Had Cancer

The data indicates that 6.51% of individuals at CHRISTUS St. Frances Cabrini in Louisiana have ever had cancer. Similarly, 6.24% of individuals at CHRISTUS Coughatta in Louisiana have had cancer. The overall rate in Louisiana is 6.43%, which is lower than the national average of 6.88%.



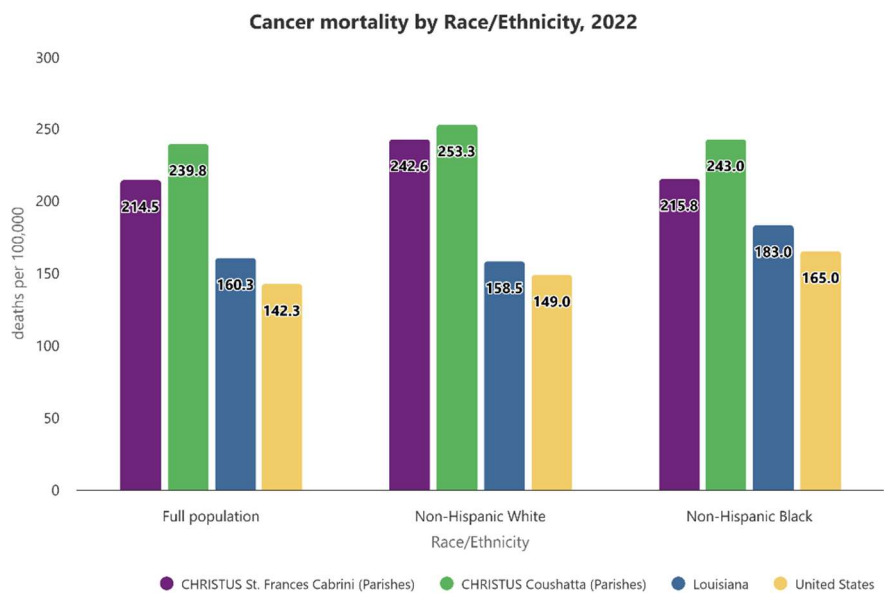
Cancer Diagnosis Rate by Race and Ethnicity

The cancer diagnosis rate varies significantly across different racial and ethnic groups in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, as well as in Louisiana and the United States. Non-Hispanic Black individuals have the highest diagnosis rates in both parishes, surpassing the rates for Non-Hispanic White individuals. Hispanic or Latino individuals have notably lower diagnosis rates in the parishes, although their rates are higher in Louisiana and the United States overall. These disparities highlight the need for targeted health care interventions to address the varying cancer diagnosis rates among different demographic groups.



Cancer Mortality Rate by Race and Ethnicity

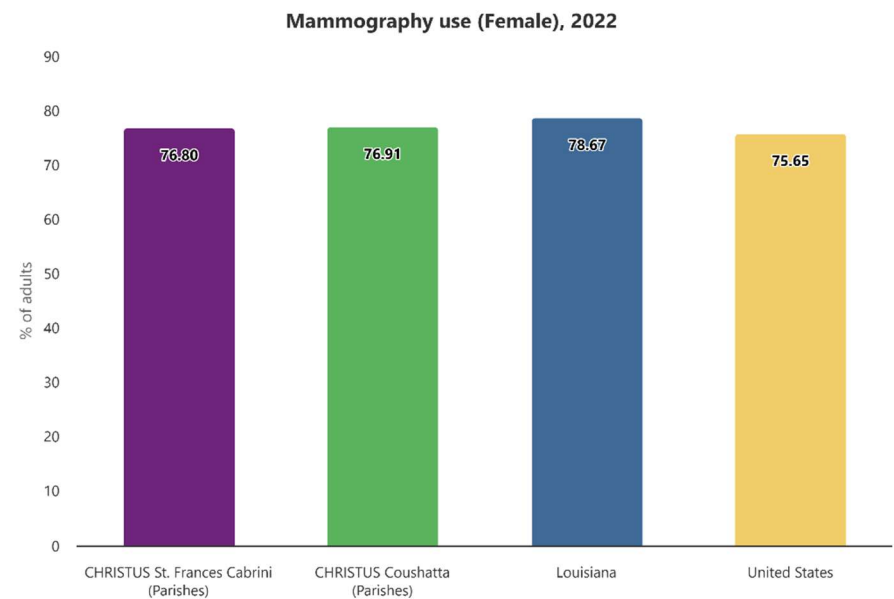
Cancer mortality rates vary significantly across different racial and ethnic groups in the United States. In Louisiana, the mortality rate is higher than the national average, with the highest rates observed in CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes. Non-Hispanic Black individuals have notably higher cancer mortality rates compared to Non-Hispanic White individuals, both in Louisiana and nationally. These disparities highlight the need for targeted interventions to address health inequities.



Created on Metopio | metopio.io/971nvp | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

Mammography Use

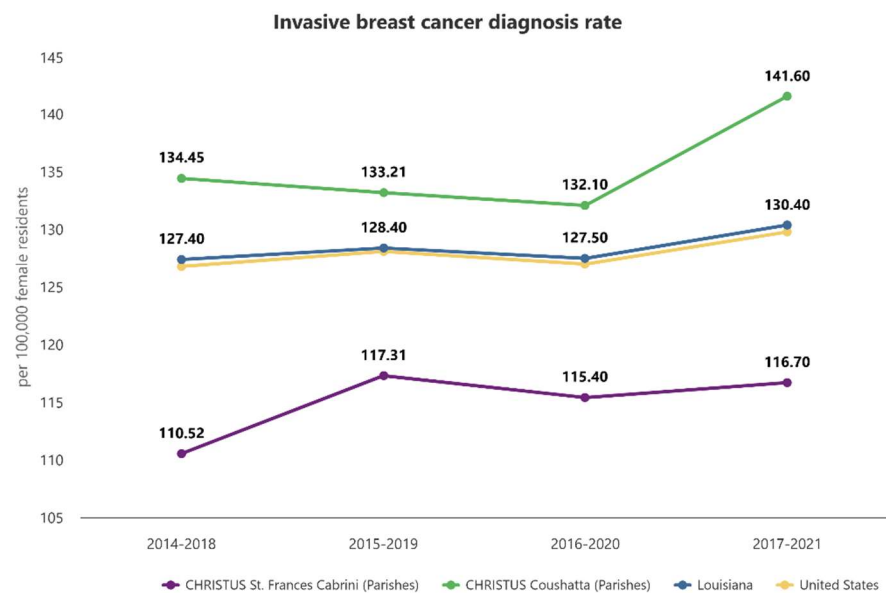
Mammography use in Louisiana is higher than the national average, with a rate of 78.67%. Within Louisiana, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in parishes, have slightly lower rates of 76.8% and 76.91%, respectively. These rates indicate a strong regional commitment to breast cancer screening. However, the state's overall performance surpasses the national average, reflecting effective health care practices.



Created on Metopio | metopio.io/971nvp | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Invasive Breast Cancer Diagnosis Rate

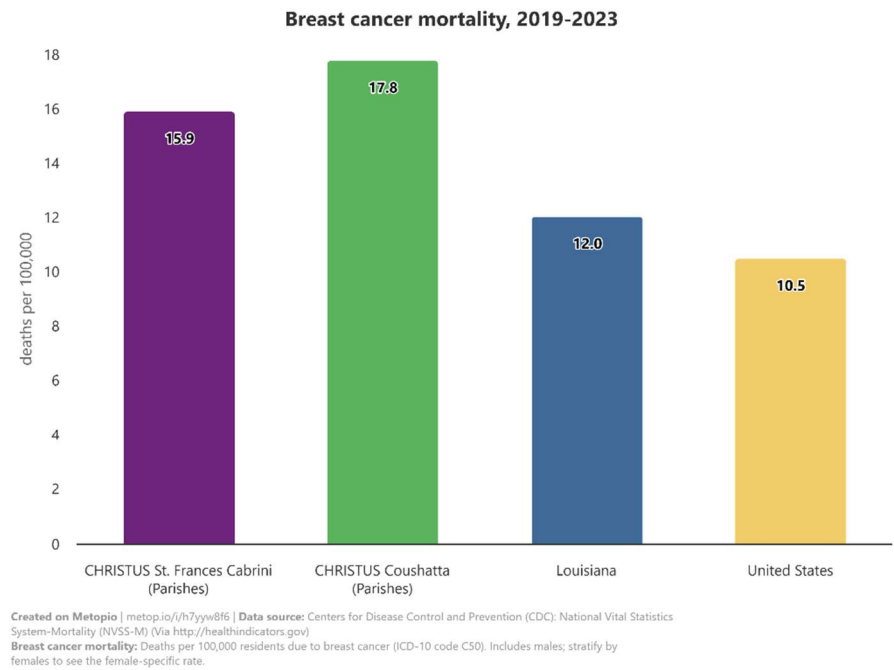
The invasive breast cancer diagnosis rate in Louisiana and the United States has remained relatively stable over the past several years, with slight fluctuations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes have shown higher rates compared to the state and national averages. Notably, CHRISTUS Coughatta parishes saw a significant increase in the 2017-2021 period. These variations highlight the importance of localized health care strategies to address regional disparities in breast cancer diagnosis rates.



Created on Metopio | metopio.io/4k1oo12rt | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Invasive breast cancer diagnosis rate: Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.

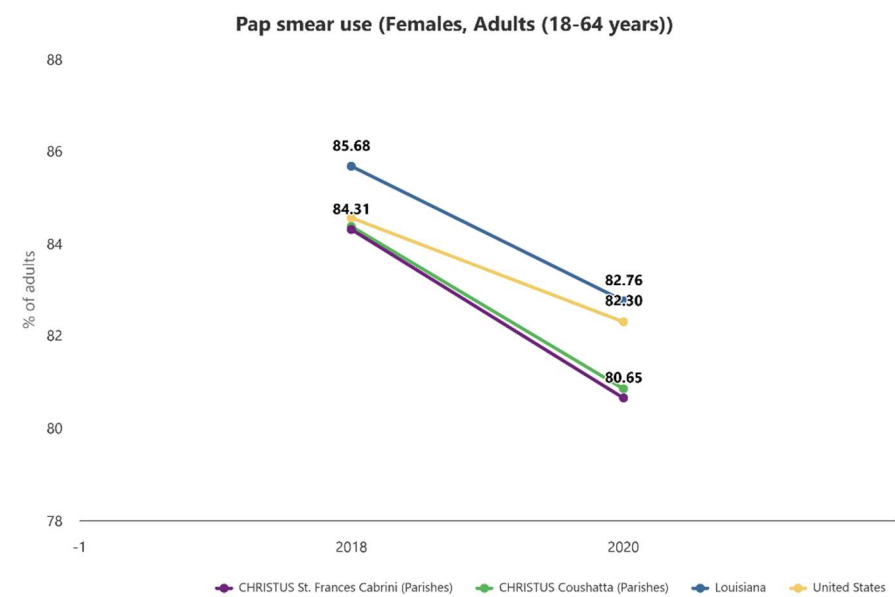
Breast Cancer Mortality

Breast cancer mortality rates vary significantly across different locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have higher mortality rates compared to the state average. Louisiana's rate is also higher than the national average, indicating a need for targeted health interventions in these areas.



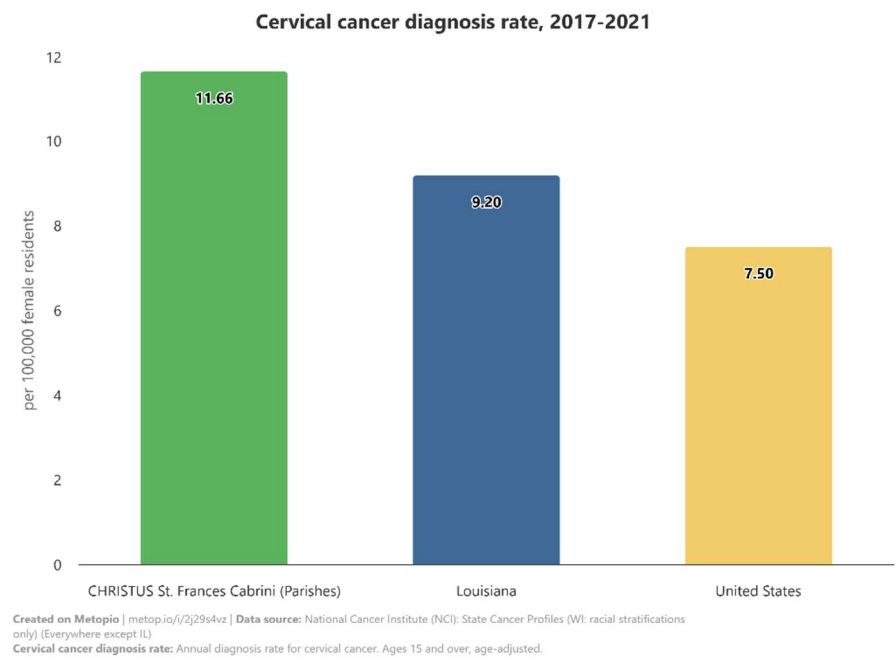
Pap Smear Use

Pap smear use in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta in Louisiana was slightly higher than the national average in 2018. However, by 2020, the usage rates in these parishes had declined and were below the national average. This decline indicates a need for targeted interventions to improve Pap smear utilization in these areas. Overall, the data highlights regional disparities in preventive health care services.



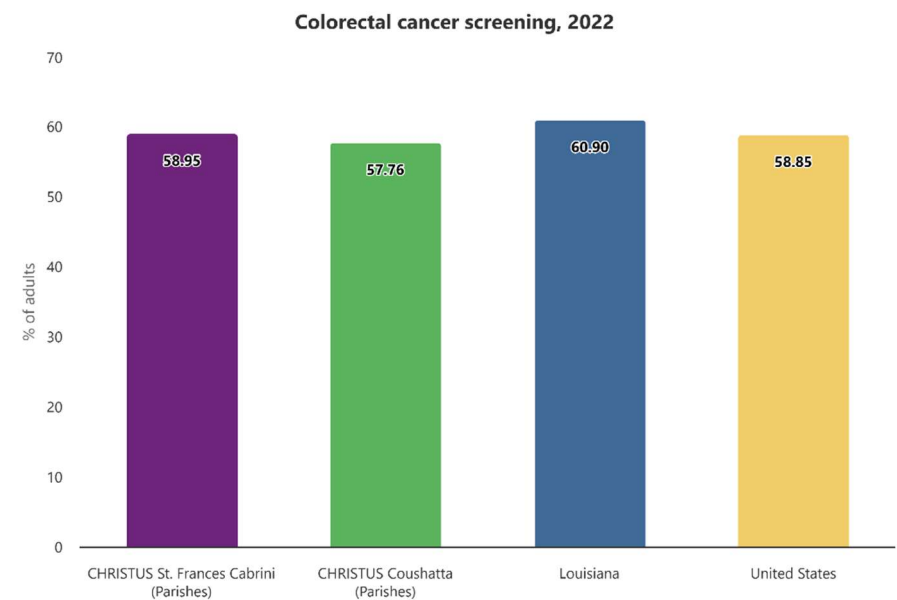
Cervical Cancer Diagnosis Rate

Cervical cancer diagnosis rates vary significantly across different regions. CHRISTUS St. Frances Cabrini in Louisiana has the highest rate at 11.66, while the overall rate in Louisiana is 9.2. The national average in the United States is 7.5. These disparities highlight the need for targeted health care interventions in specific areas.



Colorectal Cancer Screening

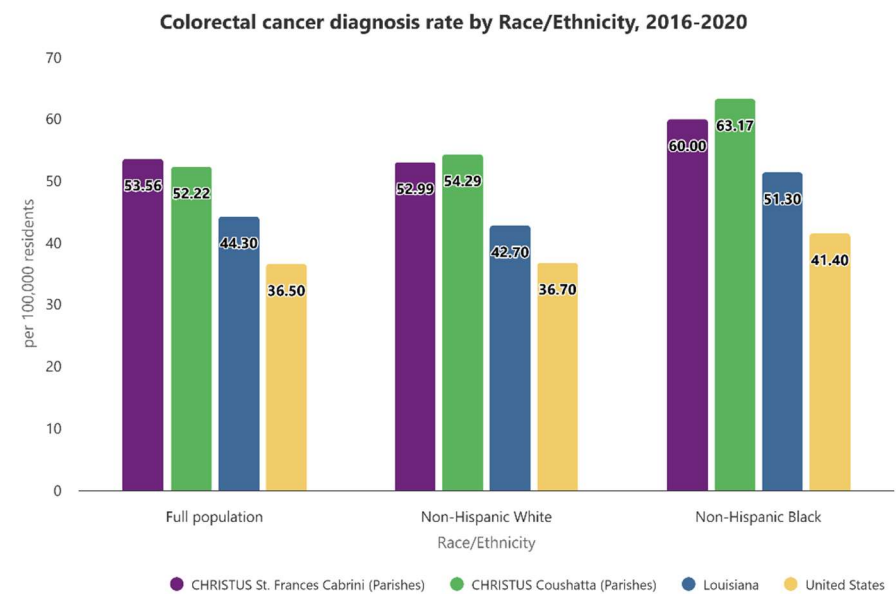
Colorectal cancer screening rates vary among different locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have screening rates of 58.95% and 57.76%, respectively. Louisiana's overall screening rate is 60.9%, slightly higher than the national average of 58.85%.



Created on Metopio | metopio.io/9eeoy71 | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)). Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Colorectal Cancer Diagnosis Rate by Race and Ethnicity

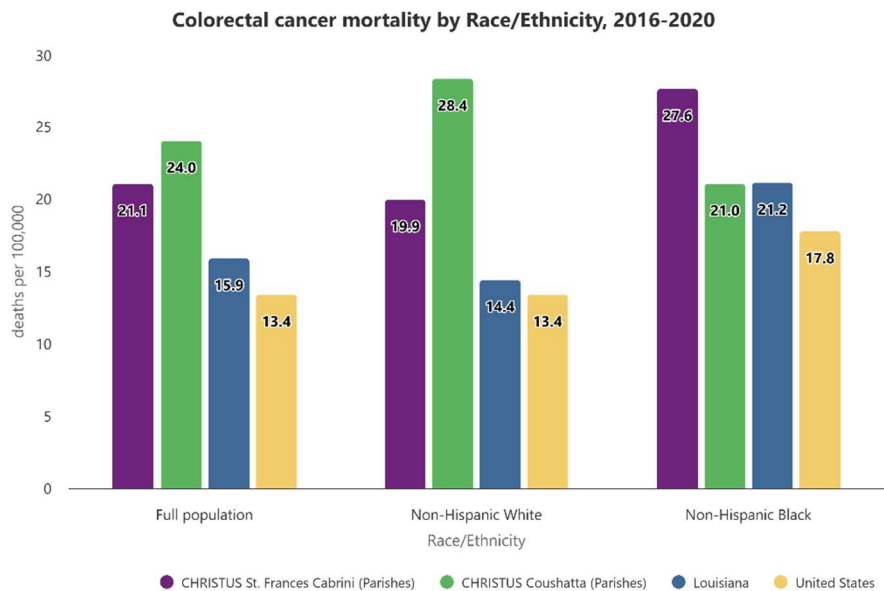
Colorectal cancer diagnosis rates vary significantly across different racial and ethnic groups in the United States. In Louisiana, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes report higher rates than the national average, with Non-Hispanic Black individuals having the highest rates. These disparities highlight the need for targeted health care interventions to address these inequities.



Created on Metopio | metopio.io/m8wo8u8 | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Colorectal cancer diagnosis rate: Annual diagnosis rate for colorectal cancer. Ages 15 and over, risk-adjusted.

Colorectal Cancer Mortality by Race and Ethnicity

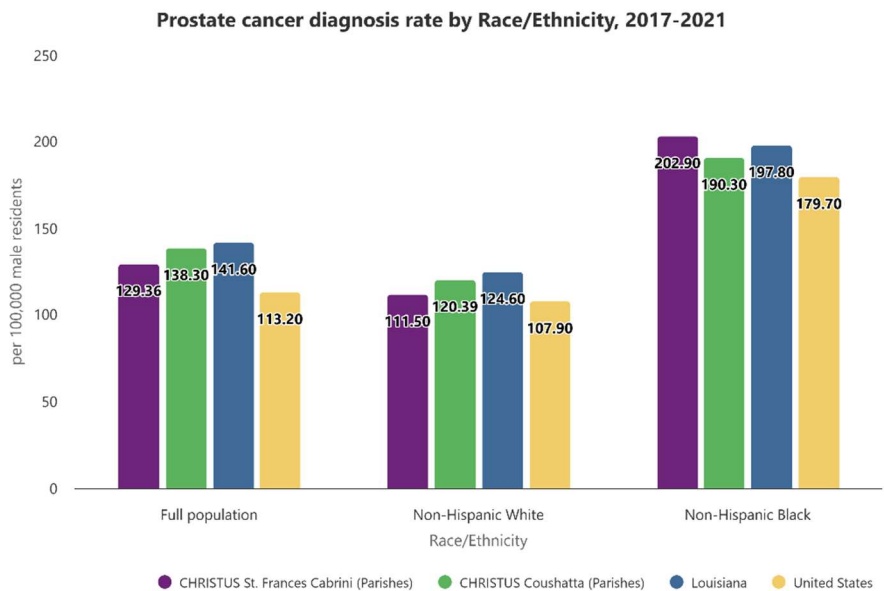
Colorectal cancer mortality rates vary significantly across different racial and ethnic groups in the United States. In Louisiana, the mortality rate is higher than the national average, with CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes showing even higher rates. Notably, Non-Hispanic Black individuals in these parishes experience the highest mortality rates compared to other groups. These disparities highlight the need for targeted interventions to address health inequities in colorectal cancer outcomes.



Created on Metopio | metopio.io/9ccq17jm | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

Prostate Cancer Diagnosis Rate by Race and Ethnicity

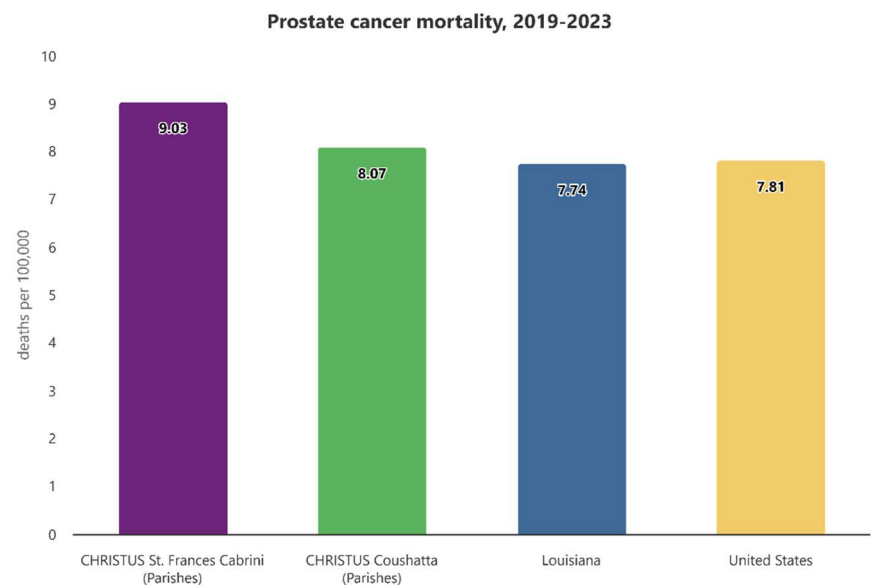
Prostate cancer diagnosis rates vary significantly across different racial and ethnic groups in the United States. The data indicates that Non-Hispanic Black individuals have the highest diagnosis rate, both nationally and in Louisiana. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes in Louisiana also reflect this trend, with Non-Hispanic Black individuals having notably higher diagnosis rates compared to Non-Hispanic White individuals. Overall, the diagnosis rates in these parishes and Louisiana are higher than the national average.



Created on Metopio | metopio.io/41szmuwh | Data source: National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

Prostate Cancer Mortality Rate

Prostate cancer mortality rates are presented for various locations, including parishes and broader regions. CHRISTUS St. Frances Cabrini in the parishes has the highest rate at 9.03, while CHRISTUS Coughatta in the parishes has a slightly lower rate of 8.07. Louisiana's overall rate is 7.74, which is lower than both parishes but higher than the national average of 7.81. These rates indicate a higher prevalence of prostate cancer mortality in the specified parishes compared to the state and national averages.

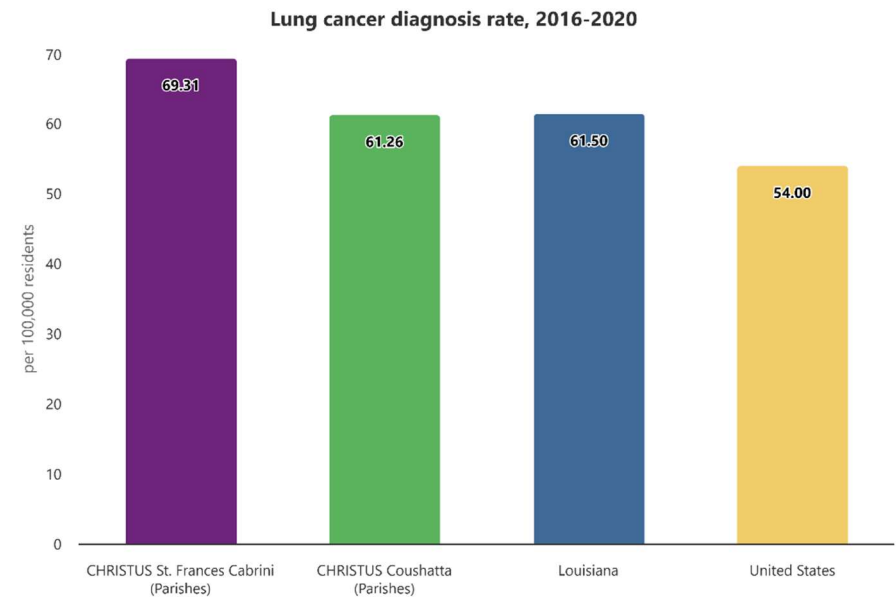


Created on Metopio | metopio.io/kqgfpoff | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Prostate cancer mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 code C61).

Lung Cancer Diagnosis Rate

The lung cancer diagnosis rate in the United States is 54.0 per 100,000 people. In Louisiana, this rate is higher at 61.5. Notably, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in Louisiana parishes, have even higher diagnosis rates of 69.31 and 61.26, respectively.

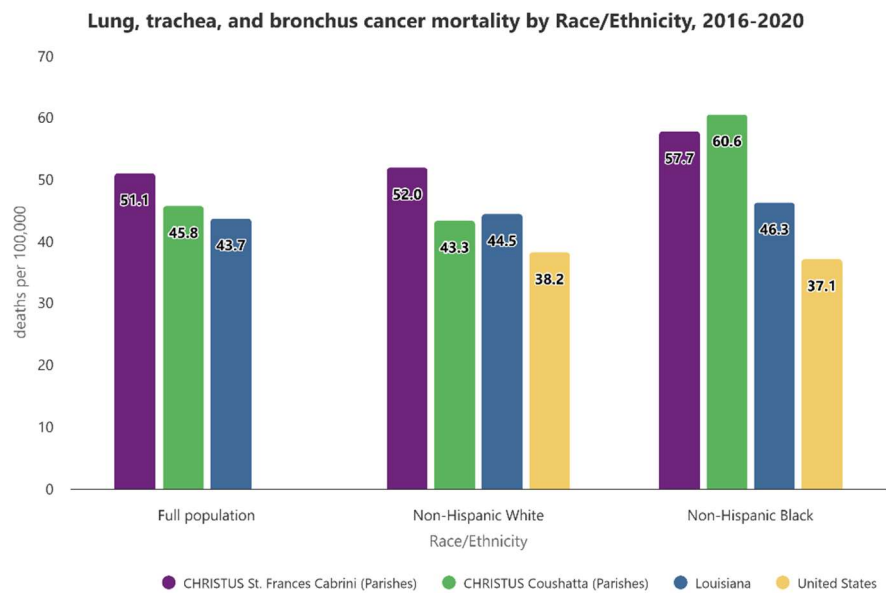


Created on Metopio | metopio.io/vxqp5yvb | Data source: National Cancer Institute (NCI): State Cancer Profiles (Wt: racial stratifications only) (Everywhere except IL)

Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

Lung, trachea, and bronchus cancer mortality rates vary significantly across different racial and ethnic groups in the United States. In Louisiana, the overall mortality rate is 43.65 per 100,000 people. At CHRISTUS St. Frances Cabrini, the mortality rate for Non-Hispanic Whites is 51.99, while for Non-Hispanic Blacks, it is 57.67. At CHRISTUS Coughatta, the mortality rate for Non-Hispanic Whites is 43.29, and for Non-Hispanic Blacks, it is 60.58.

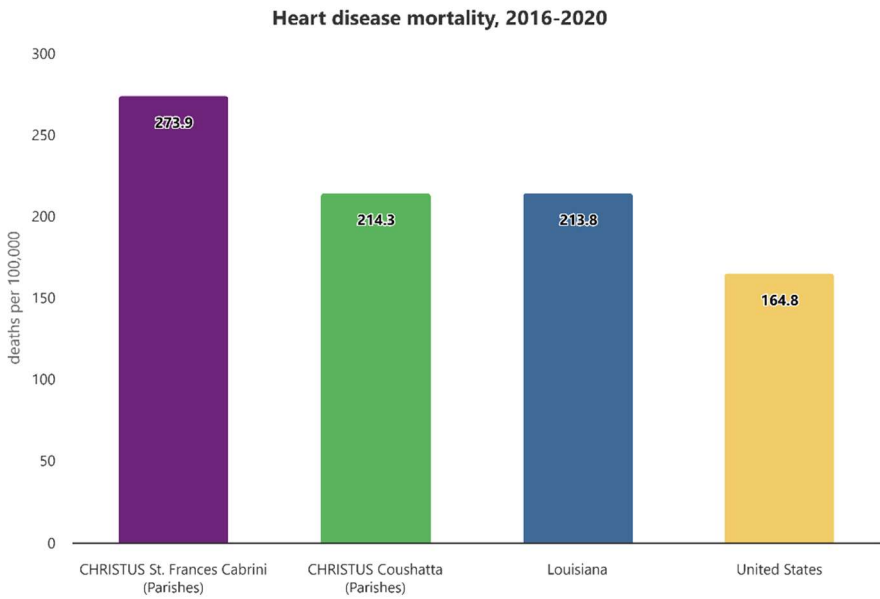


Created on Metopio | metopio.io/3d4mqj8tr | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

Cardiovascular Disease

Heart Disease Mortality

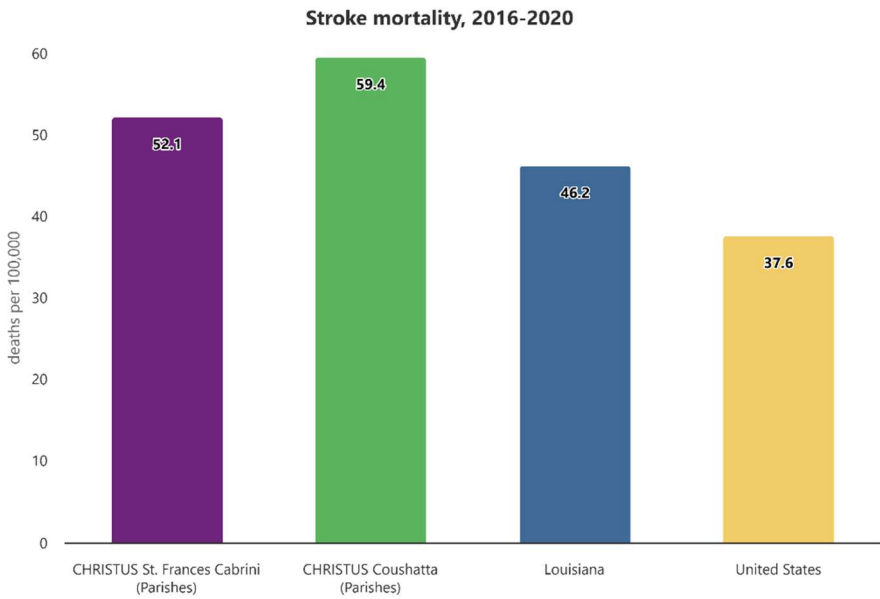
Heart disease mortality rates are presented for various locations. The highest rate is in CHRISTUS St. Frances Cabrini parishes at 273.92, followed by CHRISTUS Coughatta parishes at 214.31. Louisiana's rate is slightly lower at 213.79, while the United States has the lowest rate at 164.77. This indicates significant regional variations in heart disease mortality.



Created on Metopio | metopio.io/4gnhcyfy | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I20-I51).

Stroke Mortality

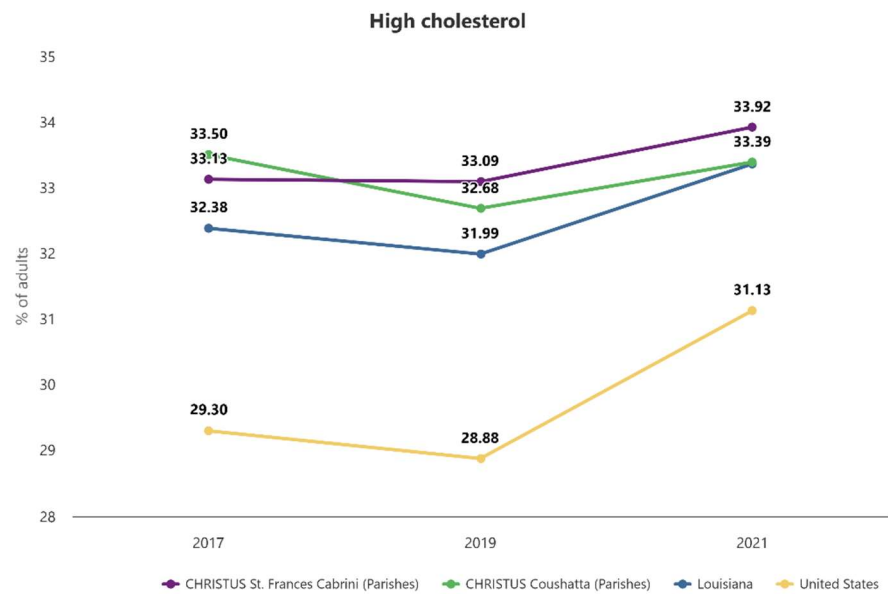
Stroke mortality rates in Louisiana are higher than the national average, indicating a significant health concern. Among the parishes, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta have notably elevated rates of 52.05 and 59.42, respectively. These figures highlight the urgent need for targeted health care interventions in these areas to address and reduce stroke mortality.



Created on Metopio | metopio.io/24vnhzu9 | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

High Cholesterol

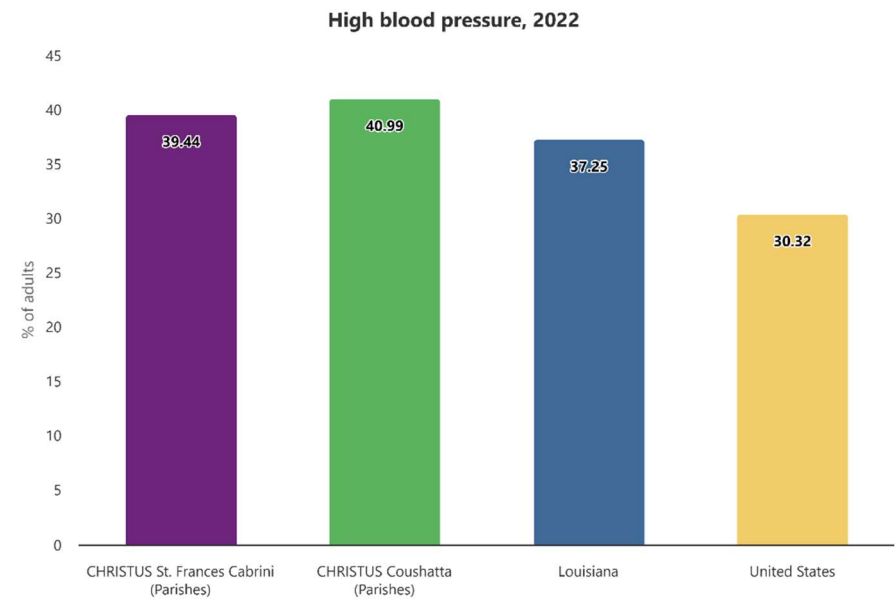
High cholesterol rates in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta in Louisiana have shown a slight increase over the years. In 2017, CHRISTUS St. Frances Cabrini reported a rate of 33.13%, slightly higher than the national average of 29.3%. By 2021, the rate at CHRISTUS St. Frances Cabrini rose to 33.92%, reflecting a broader trend of increasing cholesterol levels in Louisiana compared to the United States.



Created on Metopio | metopio.io/777d0ngm | Data sources: Centers for Disease Control and Prevention (CDC) PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High cholesterol: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol. Data for counties and states are age-adjusted. Data for zip codes, tracts and smaller layers are raw.

High Blood Pressure

High blood pressure rates vary significantly across different regions. CHRISTUS St. Frances Cabrini in the parishes has the highest rate at 39.44%, followed closely by CHRISTUS Coughatta at 40.99%. Louisiana's overall rate is 37.25%, which is still higher than the national average of 30.32%. These figures indicate a concerning prevalence of high blood pressure in these areas compared to the rest of the United States.

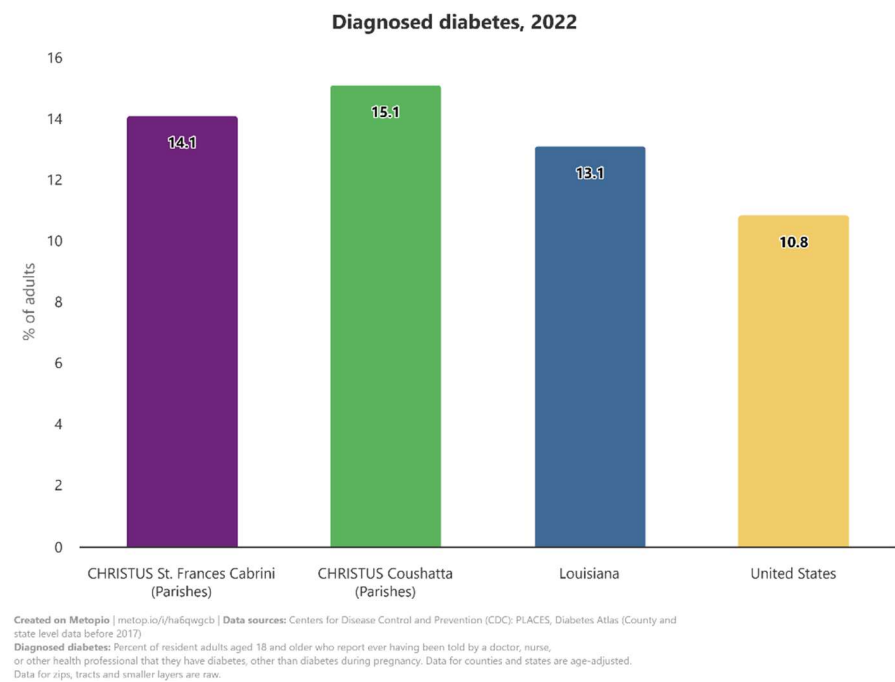


Created on Metopio | metopio.io/777d0ngm | Data sources: Centers for Disease Control and Prevention (CDC) PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Diabetes

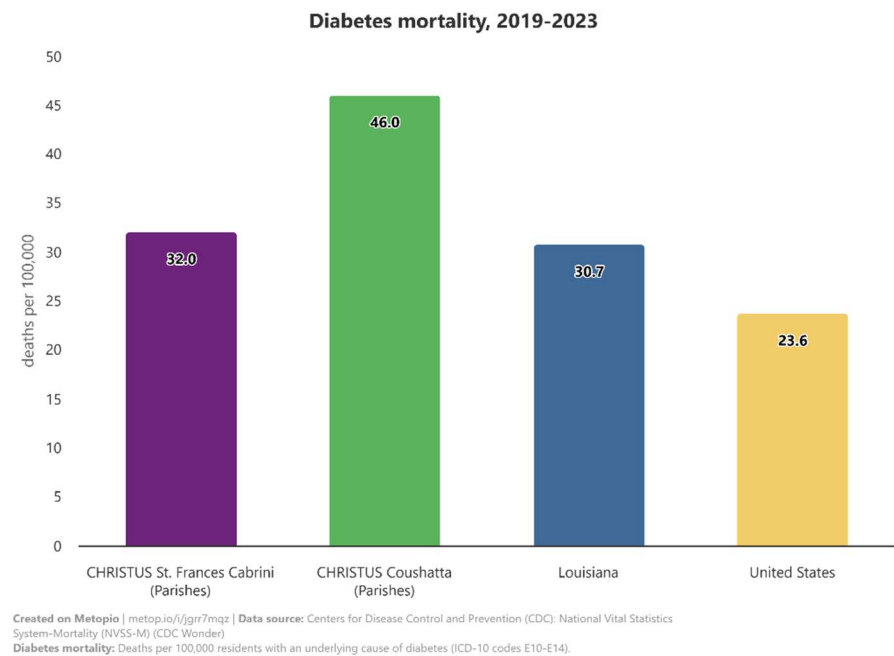
Diagnosed Diabetes

The diagnosed diabetes rate in the United States is 10.84%. Louisiana has a higher rate at 13.08%. The parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta have even higher rates of 14.07% and 15.08%, respectively. These rates indicate a significant health concern in these areas.



Diabetes Mortality

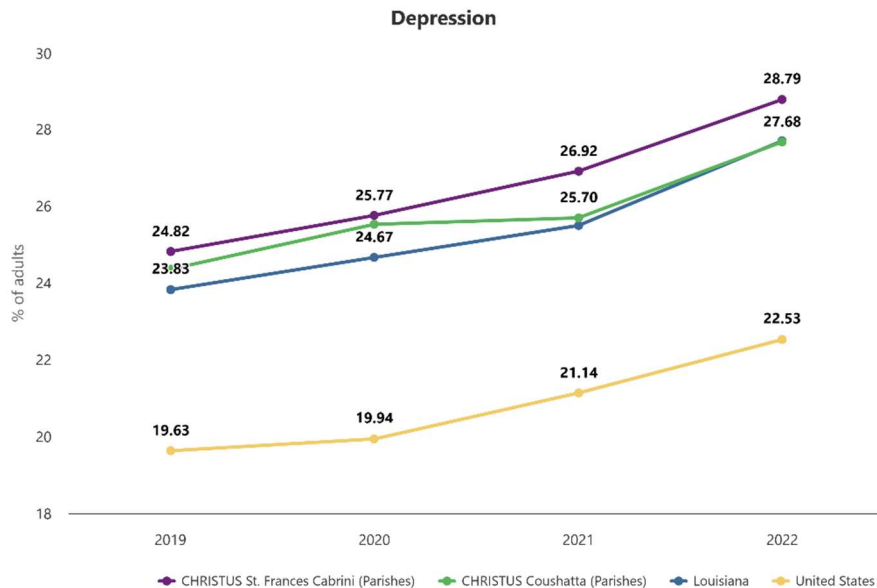
Diabetes mortality rates vary significantly across different regions. CHRISTUS St. Frances Cabrini in Louisiana has a mortality rate of 32.03, while CHRISTUS Coughatta reports a higher rate of 45.95. Louisiana's overall rate is 30.74, which is higher than the national average of 23.65. This indicates a notable disparity in diabetes-related deaths between these regions and the rest of the country.



Mental Health

Depression

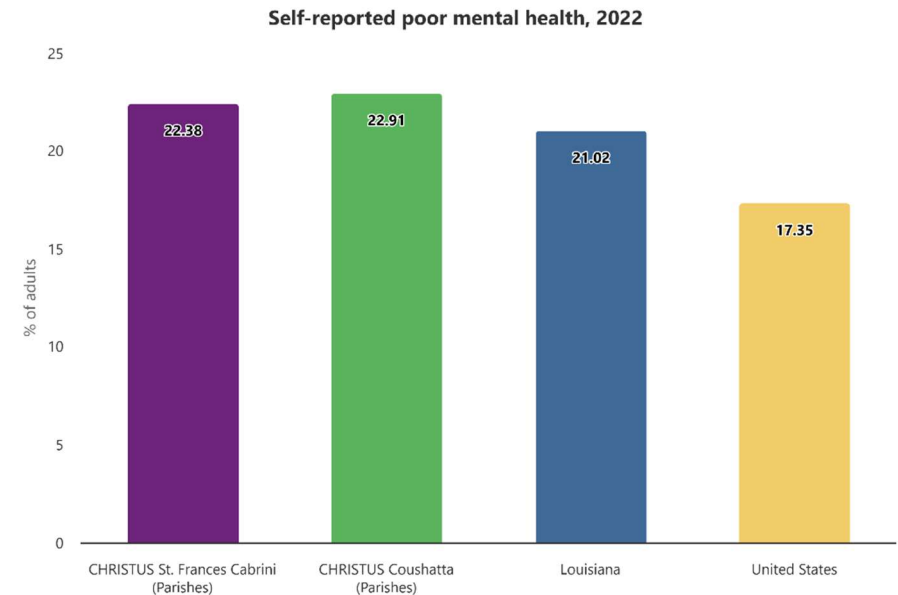
Depression rates in Louisiana have been consistently higher than the national average, with a notable increase from 23.83% in 2019 to 27.71% in 2022. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes have experienced even higher rates, with CHRISTUS St. Frances Cabrini reaching 28.79% in 2022. The rising trend in depression rates across these areas reflects a growing mental health challenge that needs to be addressed.



Depression: Prevalence of depression among adults 18 years and older

Self-Reported Poor Mental Health

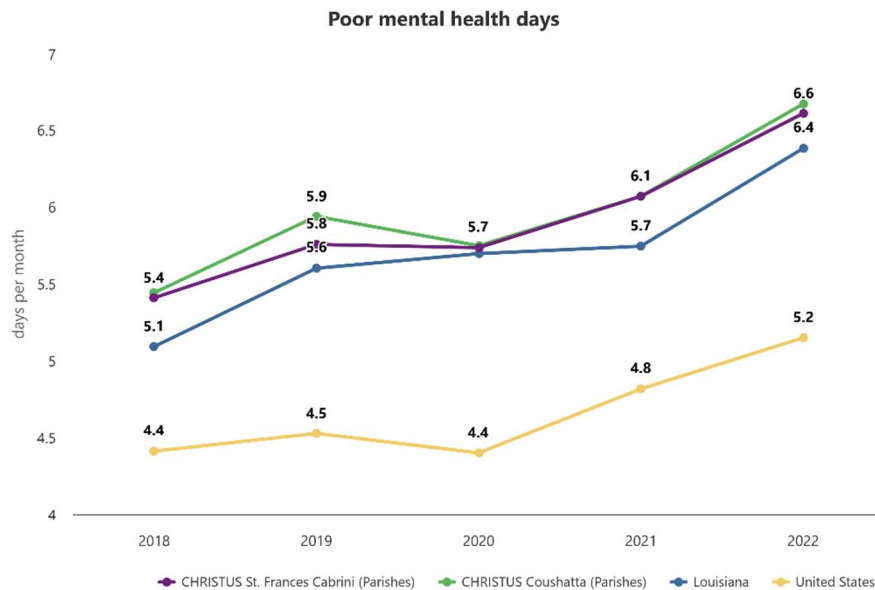
Self-reported poor mental health is a significant issue across various regions in the United States. Notably, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in Louisiana, report higher rates of poor mental health than the state average. Louisiana itself has a higher rate of poor mental health compared to the national average. These findings highlight the need for targeted mental health interventions in these areas.



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

Poor Mental Health Days

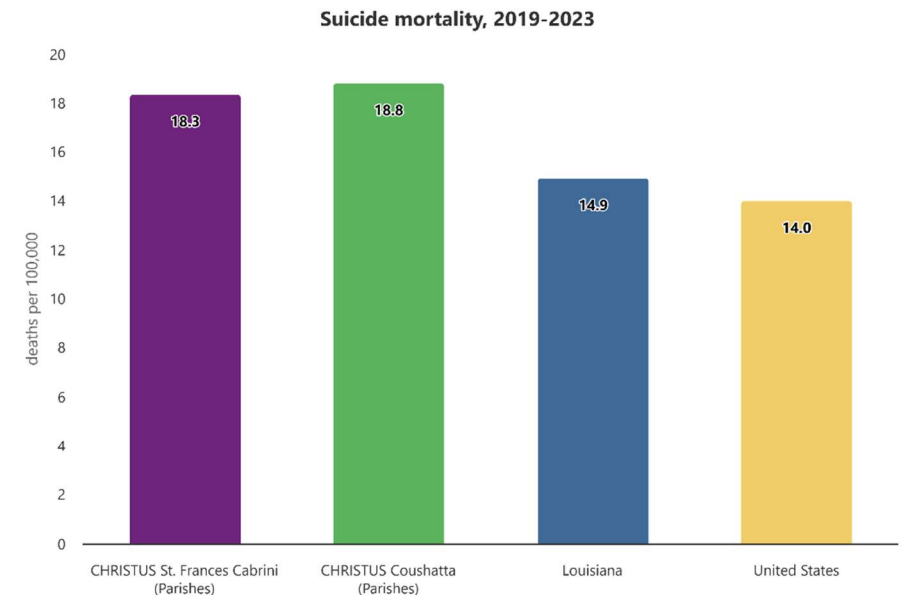
Poor mental health days have been consistently higher in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta compared to the overall state of Louisiana and the United States. The data shows a general upward trend in the number of poor mental health days from 2018 to 2022 in these parishes, with a significant increase in 2022. In contrast, the United States and Louisiana have seen a more stable or slightly declining trend over the same period. This indicates a growing mental health concern in these specific parishes.



Created on Metopio | metopio.io/b71fuut1 | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)
Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

Suicide Mortality

Suicide mortality rates are significantly higher at CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in the parishes, compared to the overall rates in Louisiana and the United States. The national suicide mortality rate is 13.98, while Louisiana's rate is slightly higher at 14.94. These localized rates at specific health care facilities highlight a concerning trend that warrants further investigation and targeted intervention.



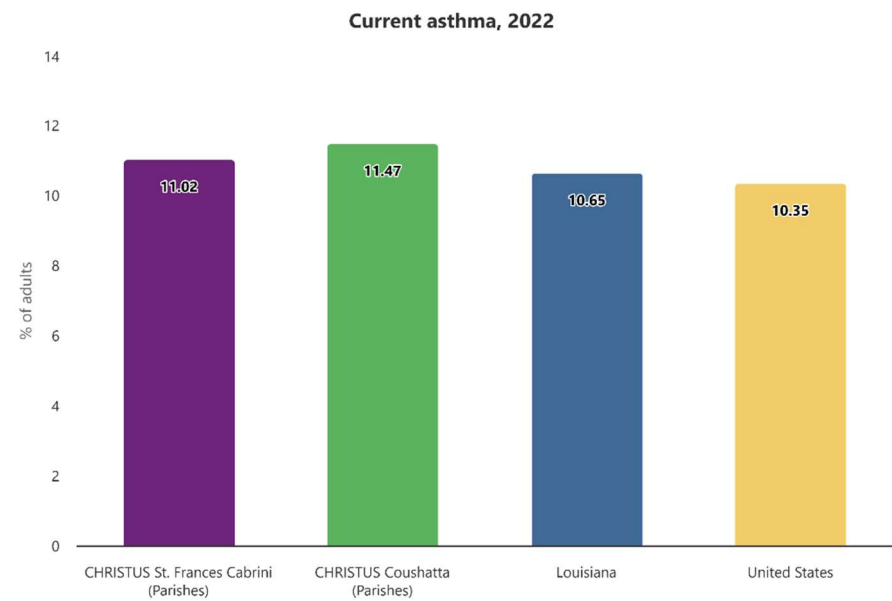
Created on Metopio | metopio.io/26dfwvls | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

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

Respiratory Illness

Current Asthma

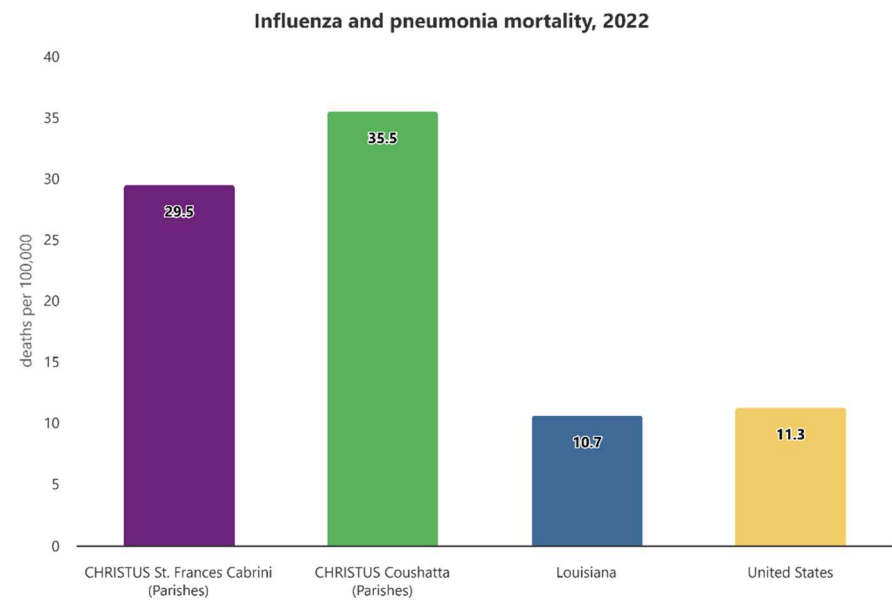
The data shows the prevalence of current asthma in various locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have higher rates of current asthma compared to the state and national averages. Louisiana's rate is slightly higher than the national average, indicating a regional trend. These findings suggest a need for targeted asthma management and prevention strategies in these areas.



Created on Metopio | metopio.io/v38662ro | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Influenza and Pneumonia Mortality

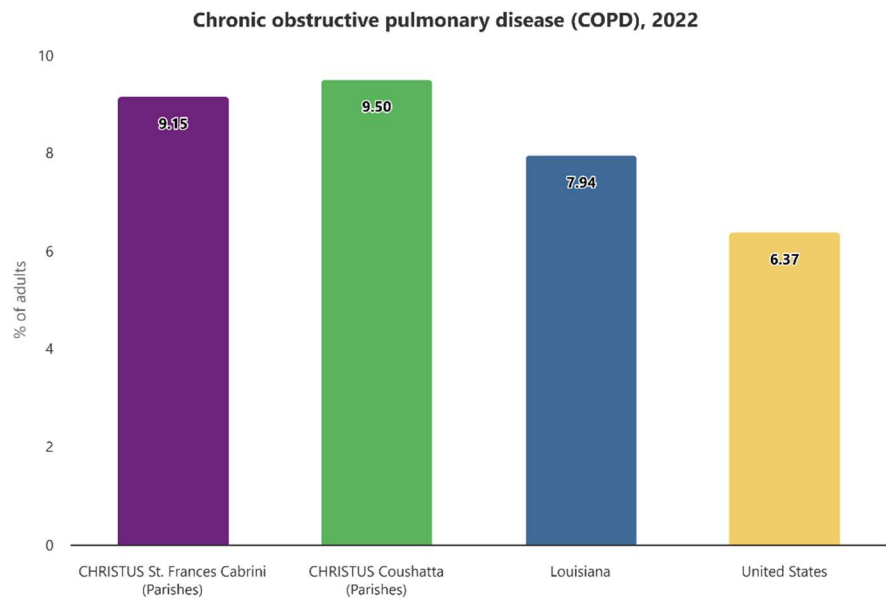
Influenza and pneumonia mortality rates are significantly higher in specific parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta compared to the state of Louisiana and the United States as a whole. CHRISTUS St. Frances Cabrini reports a mortality rate of 29.47, while CHRISTUS Coughatta has a rate of 35.46. In contrast, Louisiana's rate is 10.66, and the national rate is 11.3. These disparities highlight the need for targeted health interventions in these parishes.



Created on Metopio | metopio.io/vwprbg17 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Influenza and pneumonia mortality: Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) prevalence varies significantly across different locations. In Louisiana, the rate is 7.94%, while the United States average is lower at 6.37%. Specific parishes, such as CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta, report higher rates of 9.15% and 9.50%, respectively. This indicates a higher prevalence of COPD in these areas compared to the national average.

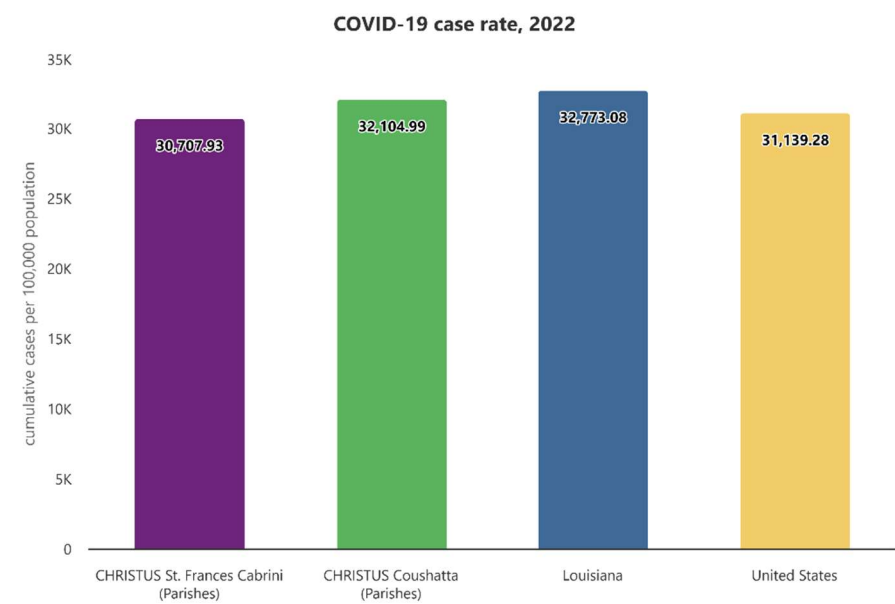


Created on Metopio | metopio.io/60ndt3t3 | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data zip codes, tracts)
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zip, tracts and smaller layers are raw.

COVID-19

COVID-19 Case Rate

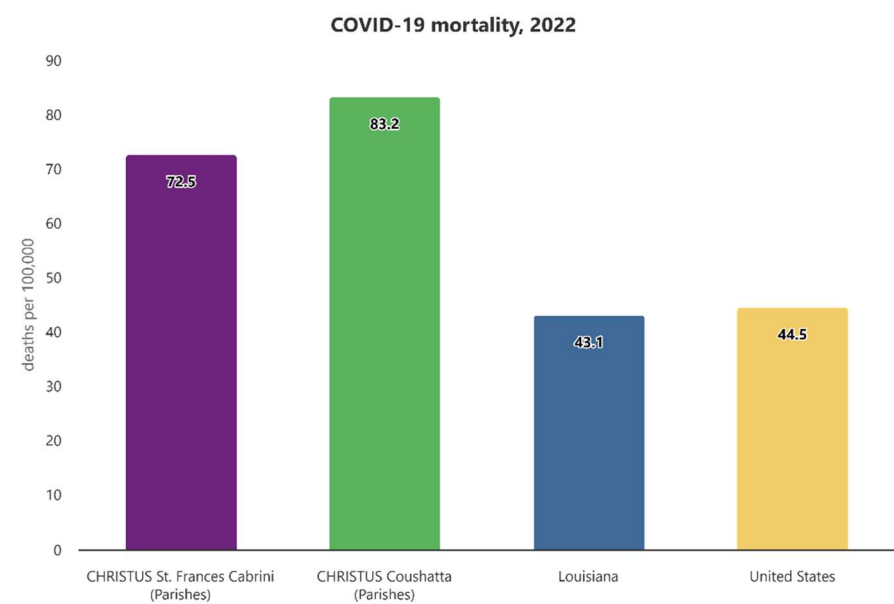
The COVID-19 case rate in the United States is 31,139.28 per 100,000 people. In Louisiana, the case rate is higher at 32,773.08. The case rates for CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, are 30,707.93 and 32,104.99, respectively. Overall, Louisiana has a higher case rate compared to the national average.



Created on Metopio | metopio.io/38m31jpi | Data sources: The New York Times (based on reports from state and local health agencies); Various state health departments (COVID dashboards)
COVID-19 case rate: Confirmed COVID-19 cases from the SARS-CoV-2 virus per 100,000 residents, as of 10/10/2022. Cumulative cases, includes those who have recovered or died. These case counts are extremely biased by where testing and resources are available. Rates are not age-adjusted because of a lack of detailed age data. Data may be updated at any time; for the most recent available data, please see the cited

COVID-19 Mortality

COVID-19 mortality rates are depicted for various locations, including specific parishes and broader regions. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have significantly higher mortality rates compared to the state and national averages. Louisiana's mortality rate is lower than both parishes but higher than the national average. This indicates a localized issue within these parishes, suggesting a need for targeted health care interventions.

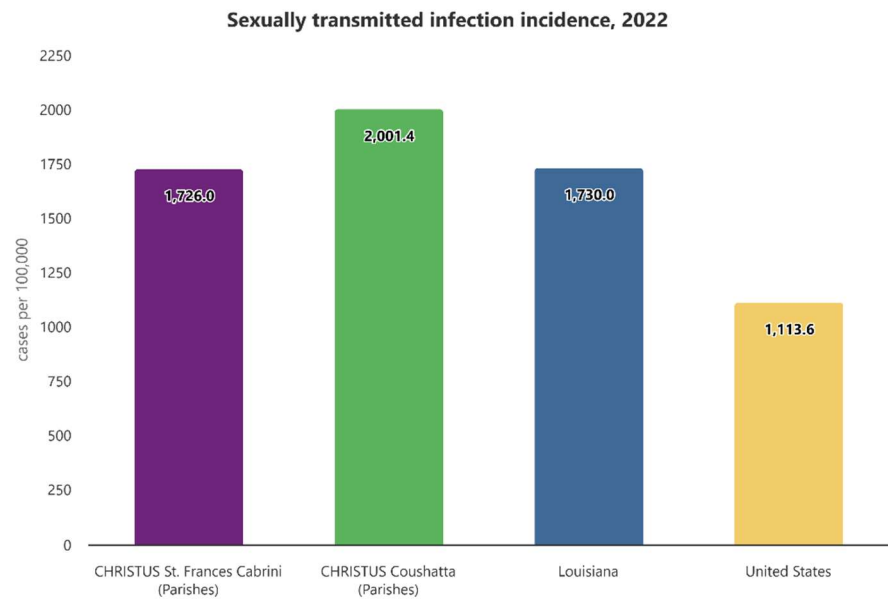


Created on Metopio | metopio.io/38m31jpi | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)
COVID-19 mortality: Deaths per 100,000 residents with an underlying cause of COVID-19 (SARS-CoV-2).

STI

Sexually Transmitted Infection Incidence

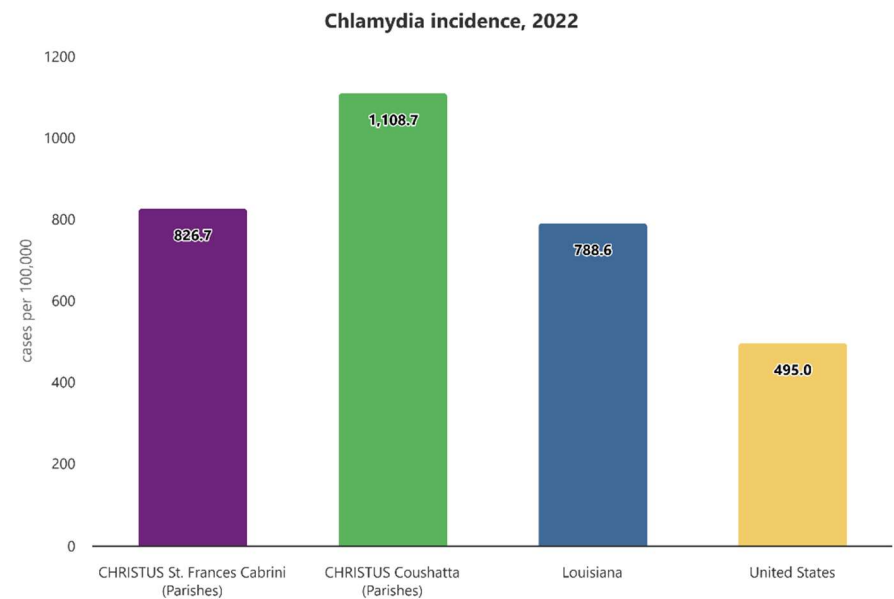
Sexually transmitted infection (STI) incidence rates are presented for various locations, including health care facilities and broader regions. CHRISTUS St. Frances Cabrini in the parishes reports an incidence rate of 1726.04, while CHRISTUS Coughatta in the same region has a higher rate of 2001.35. Louisiana's overall rate is 1730.0, which is higher than the national average of 1113.6 in the United States. These figures highlight significant regional variations in STI incidence.



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

Chlamydia Incidence

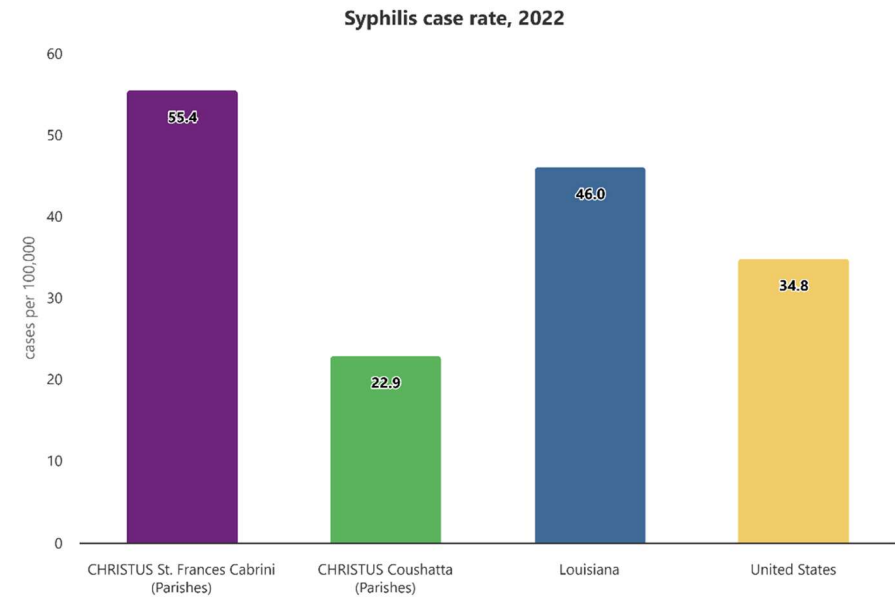
The data highlights chlamydia incidence rates across various locations, with CHRISTUS Coughatta in Louisiana exhibiting the highest rate at 1108.72 per 100,000 people. CHRISTUS St. Frances Cabrini also in Louisiana follows with a rate of 826.67. Louisiana as a whole reports a rate of 788.6, significantly higher than the national average of 495.0 in the United States.



Created on Metopio | metopio.io/7u13bet5 | Data source: Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via <http://healthindicators.gov>)
Chlamydia incidence: Reported chlamydia cases per 100,000 residents. Chlamydia is a common sexually-transmitted disease, especially among young women aged 15-24.

Syphilis Case Rate

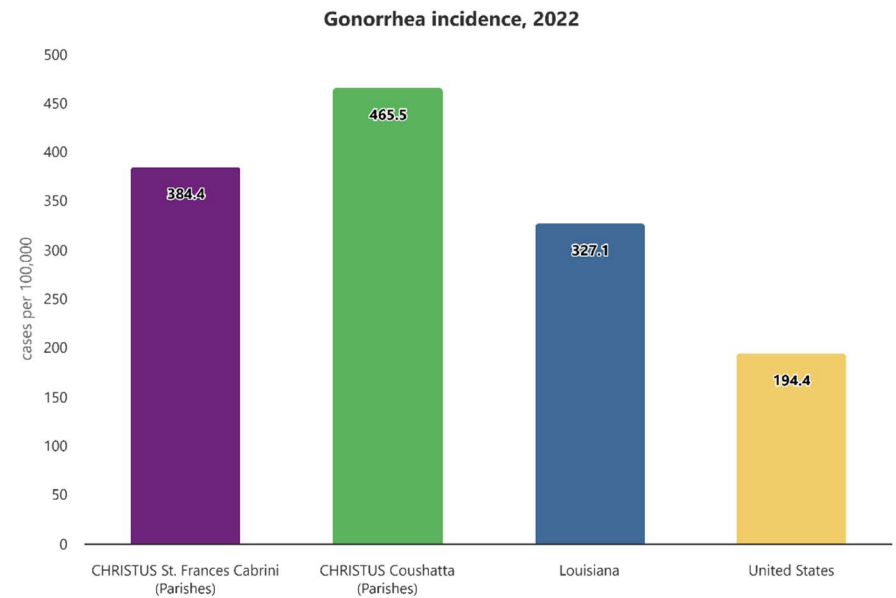
The syphilis case rate in the United States is 34.8 per 100,000 people. Louisiana has a higher rate at 46.0. CHRISTUS St. Frances Cabrini, located in the parishes, reports a significantly higher rate of 55.4, while CHRISTUS Coughatta, also in the parishes, has a lower rate of 22.92.



Created on Metopio | metopio.io/69p59dwn | Data source: Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus.
Syphilis case rate: Reported syphilis cases per 100,000 residents, including primary and secondary syphilis (the initial stages of the disease) and early latent syphilis (the stage with no symptoms). Syphilis is a sexually transmitted disease that progresses through a series of clinical stages and can cause long-term complications if not treated correctly.

Gonorrhea Incidence

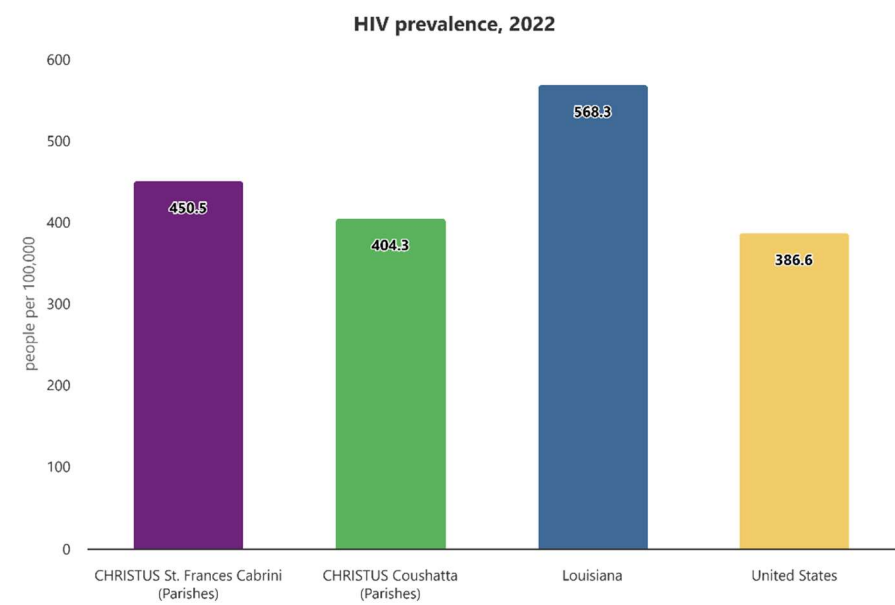
Gonorrhea incidence rates are presented for various locations, including parishes and broader regions. CHRISTUS St. Frances Cabrini in the parishes has an incidence rate of 384.45, while CHRISTUS Coughatta in the parishes reports a higher rate of 465.46. Louisiana's overall incidence rate is 327.1, significantly higher than the national average of 194.4. This indicates a higher prevalence of gonorrhea in these specific parishes compared to the national average.



Created on Metopio | metopio.io/p7mezfn | Data source: Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Gonorrhea incidence: Reported gonorrhea cases per 100,000 residents. Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults.

HIV Prevalence

The data presents HIV prevalence rates across different locations. CHRISTUS St. Frances Cabrini in Louisiana has the highest prevalence at 450.54 per 100,000 people. Louisiana's overall prevalence is 568.3, significantly higher than the national average of 386.6. These figures highlight the varying levels of HIV prevalence within specific regions compared to the broader national context.

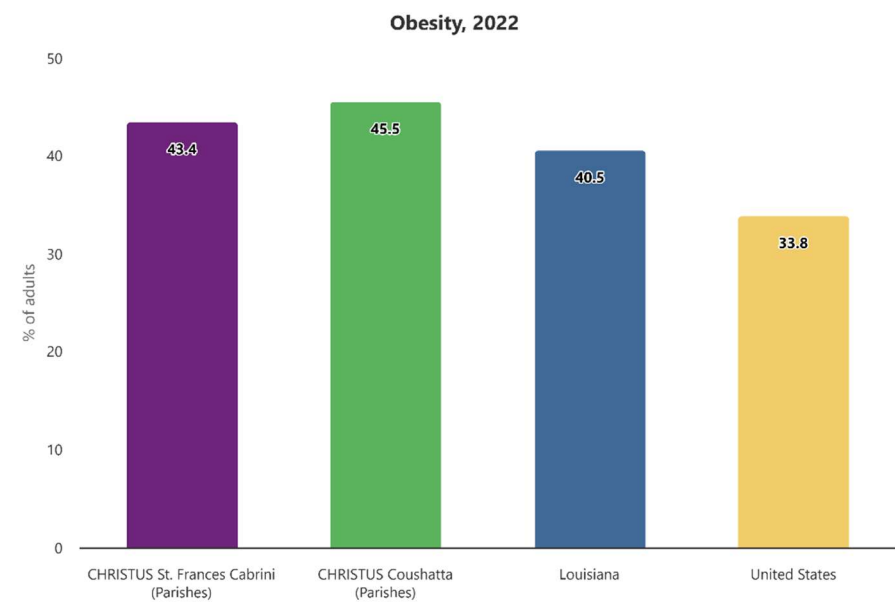


Created on Metapio | metapio.ly/871doyal | Data source: Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus.
HIV prevalence: Reported cases of adolescents and adults aged 13 years and older, per 100,000, living with HIV (human immunodeficiency virus), an incurable viral infection which leads to AIDS. This indicator is the prevalence (people living with HIV), not the incidence (new diagnoses of HIV). It increases with newly diagnosed cases and decreases with deaths (whether caused by AIDS or not).

Obesity

Obesity

Obesity rates are presented for various locations, including specific parishes and broader regions. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta in Louisiana have higher obesity rates compared to the state and national averages. Louisiana's obesity rate is notably higher than the national average, indicating a significant health concern in the state. These disparities highlight the need for targeted health interventions in specific regions.



Created on Metopio | metopio/furypbrfq | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC), PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Hospital Utilization Data

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

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



Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS ST. FRANCES CABRINI HOSPITAL	COUSHATTA HEALTH CARE CENTER
Sepsis	Sepsis
Childbirth	Heart/circulatory
Heart/circulatory	Respiratory system
Kidney failure/disease	Cardiorenal disease
Cardiorenal disease	Infections
Pneumonia	Myopathy
Respiratory system	Kidney failure/disease
Infections	Pneumonia
Urinary tract infection	Cellulitis
Malaise	Malaise

What This Data Tells Us

Hospital admissions CHRISTUS St. Frances Cabrini Hospital and Coughatta Health Care Center reflect a mix of acute infections, chronic disease complications and maternal health needs.

- **Sepsis and infections:** Sepsis remains one of the most common and serious reasons for hospital admission at both facilities. This life-threatening condition often results from untreated infections and can escalate rapidly without timely care
- **Childbirth:** Admissions for childbirth reflect the ongoing demand for maternal and perinatal services. These cases highlight the importance of accessible prenatal care, safe delivery environments and postpartum support.
- **Heart/circulatory and cardiorenal disease:** Cardiovascular issues, including heart failure and circulatory disorders, are a leading cause of hospitalization. These conditions often stem from unmanaged hypertension, diabetes or lifestyle-related risk factors.

These chronic and often co-occurring conditions are major drivers of hospitalization, underscoring the need for integrated cardiovascular and renal care.

- **Kidney failure/disease:** Frequent admissions for kidney-related conditions reflect the burden of chronic illnesses such as diabetes and hypertension. These cases often require dialysis or complex inpatient care. Expanding access to nephrology services and early screening can help manage kidney disease before it reaches a critical stage.
- **Urinary tract infections:** UTIs are a common but often preventable reason for hospitalization. These cases point to the need for better outpatient management, hydration education and early treatment to avoid complications like kidney infections or sepsis.

How Our Emergency Rooms Are Being Used

CHRISTUS St. Frances Cabrini Hospital	Coushatta Health Care Center
Urinary tract infection	Respiratory infection
Sepsis	Other viral infection
Chest pain	Urinary tract infection
COVID-19	COVID-19
Respiratory infection	Chest pain
Headache	Nausea
Abdominal pain	Hypertension
Back pain	Gastroenteritis
Myocardial infarction	Constipation
Syncope	Headache

What This Data Tells Us

Emergency room data from CHRISTUS St. Frances Cabrini Hospital and Coushatta Health Care Center shows a wide range of conditions being treated — from life-threatening emergencies to symptoms that could often be managed in outpatient settings.

- **Sepsis and COVID-19:** These serious infections remain top reasons for ER visits, requiring immediate care. Their frequency underscores the importance of early detection, vaccination and outpatient follow-up to prevent escalation.
- **Respiratory and viral infections:** Respiratory illnesses and other viral infections continue to drive ER use, especially during seasonal surges. Many of these cases could be managed in urgent care or primary care settings with earlier intervention.
- **Chest pain and myocardial infarction:** Chest pain is a leading complaint, often signaling cardiac events. These visits reinforce the

need for public awareness of heart symptoms and timely emergency response.

- **Urinary tract infections (UTIs):** UTIs are common in the ER, particularly among older adults. Many could be treated earlier in outpatient settings, suggesting a need for better access to same-day care.
- **Headache, nausea and abdominal pain:** These non-specific symptoms are frequent and often not emergent. Their prevalence points to gaps in urgent care availability and diagnostic access.
- **Hypertension and syncope:** ER visits for high blood pressure and fainting episodes often reflect unmanaged chronic conditions, highlighting the need for better outpatient monitoring and education.

Emergency rooms are treating a mix of critical and non-emergent conditions. Expanding access to urgent care, improving chronic disease management and educating patients on appropriate use can help reduce strain and improve outcomes.

How Our Outpatient Clinics Are Being Used

CHRISTUS ST. FRANCES CABRINI HOSPITAL	COUSHATTA HEALTH CARE CENTER
Not specified	General adult medical examination
Mammogram	Mammogram
Hypertension	Hypertension
General adult medical examination	Type 2 diabetes
Therapeutic drug level monitoring	Pharyngitis
Antineoplastic chemotherapy	Cough unspecified
Follow-up examination after completed treatment	Urinary tract infection
Type 2 diabetes	Not specified
Urinary tract infection	COVID-19
Anemia	Fever

What This Data Tells Us

Outpatient clinic data from CHRISTUS St. Frances Cabrini Hospital and Coughatta Health Care Center reflects strong engagement in preventive care, chronic disease management and follow-up services. These patterns highlight the essential role outpatient settings play in maintaining community health and reducing avoidable hospitalizations.

- **General adult medical examinations:** Routine checkups are among the most common outpatient visits, showing that many patients are engaging in preventive care. These visits provide critical opportunities for early detection of chronic conditions and health education.
- **Mammograms:** High volumes of mammography appointments reflect strong participation in breast cancer screening. Continued outreach and timely follow-up are essential to ensure early diagnosis and treatment.
- **Hypertension and type 2 diabetes:** Chronic conditions like high blood pressure and diabetes are consistently managed in outpatient

settings. These visits emphasize the importance of long-term disease monitoring, medication management and lifestyle support.

- **Urinary tract infections (UTIs):** UTIs are a frequent reason for outpatient visits, particularly among women and older adults. Timely treatment in these settings helps prevent complications and reduces the need for emergency care.
- **Therapeutic drug monitoring and follow-up after treatment:** These common symptoms and diagnoses show that outpatient clinics are a frontline resource for managing infectious diseases. Continued access to testing, treatment and vaccinations remains important.
- **Pharyngitis, cough, fever and COVID-19:** These common symptoms and diagnoses show that outpatient clinics are a frontline resource for managing infectious diseases. Continued access to testing, treatment and vaccinations remains important.

How Behavioral Health Is Showing Up in Our Hospitals

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

What This Data Tells Us

Behavioral health data from CHRISTUS St. Frances Cabrini Hospital and Coughatta Health Care Center reveals a consistent and complex presence of mental health and substance use conditions in inpatient care. These patterns reflect the growing need for integrated behavioral health services, crisis stabilization and long-term support across the region.

- **O.R. procedures with a principal diagnosis of mental illness:** The presence of operating room procedures tied to mental health diagnoses suggests that some patients are experiencing psychiatric crises severe enough to require surgical or procedural intervention — often related to self-harm or co-occurring medical issues.
- **Acute adjustment reactions and psychosocial dysfunction:** These admissions often stem from situational crises such as trauma, grief or major life changes. Their frequency points to the importance of accessible outpatient counseling, crisis response teams and short-term stabilization services to prevent escalation.
- **Depressive and non-depressive neuroses:** These conditions, including anxiety disorders and mood disturbances, are common reasons for hospitalization. They reflect the need for expanded outpatient mental health services, including therapy, medication management and community-based support.
- **Disorders of personality and impulse control:** These complex behavioral conditions often require long-term, structured therapeutic support. Their presence in inpatient settings suggests gaps in

outpatient behavioral health infrastructure and the need for more specialized care pathways.

- **Dementia and intellectual disabilities:** Admissions for organic mental health conditions such as dementia highlight the growing need for geriatric psychiatric care, caregiver support and long-term care planning — especially as the population ages.
- **Psychoses:** Severe psychiatric conditions like schizophrenia and schizoaffective disorder continue to drive hospitalizations. These cases require intensive psychiatric care, medication adherence support and coordinated discharge planning to reduce readmissions.
- **Behavioral and developmental disorders:** These diagnoses, often seen in children and adolescents, point to the need for early intervention services, school-based mental health programs and family-centered care models.
- **Substance use disorders:** Alcohol and drug-related admissions — especially those where patients leave against medical advice — highlight significant gaps in addiction treatment, stigma-related barriers and the need for integrated behavioral health and substance use services. The presence of cases both with and without major complications suggests a wide spectrum of severity and unmet needs.

Behavioral health is a growing concern at CHRISTUS St. Frances Cabrini and Coughatta. To reduce preventable admissions and improve patient outcomes, investments are needed in crisis stabilization, outpatient mental health and substance use treatment, integrated care for co-occurring conditions and specialized support for geriatric and developmental needs.

Community Survey

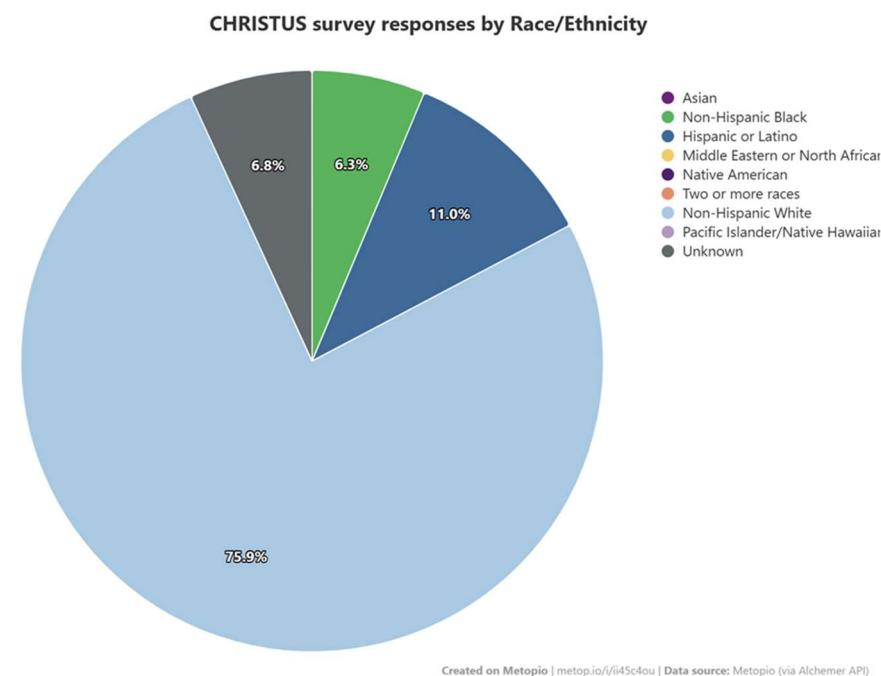
As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients and residents across the region. The survey was available in both online and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

Over 660 surveys were completed by Associates, community residents and patients within the communities that the CHRISTUS St. Frances Cabrini Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of implementation plans, ensuring they are responsive to both lived realities and data trends.



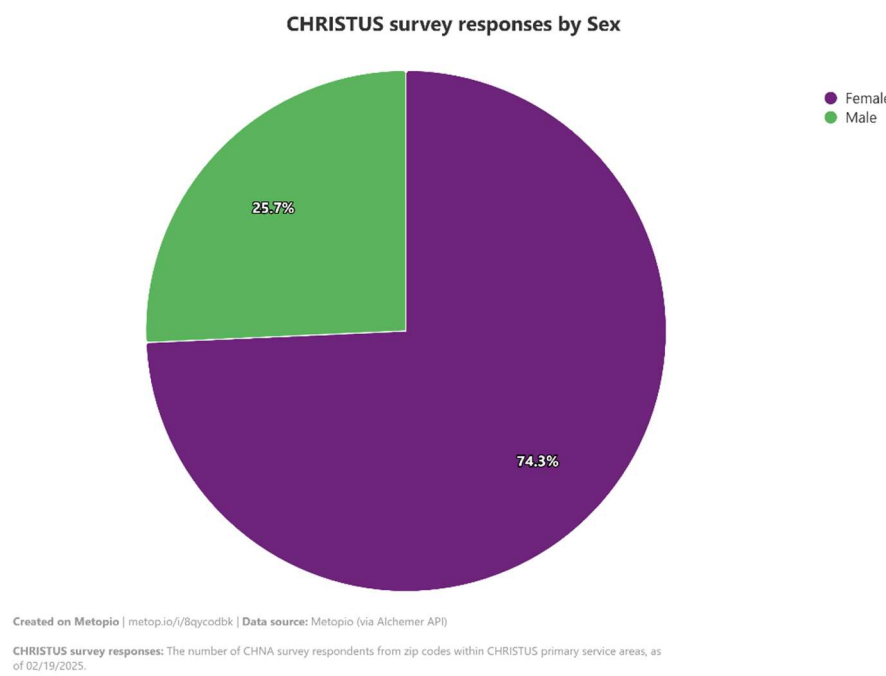
Responses by Race and Ethnicity

The data represents survey responses categorized by race/ethnicity at CHRISTUS St. Frances Cabrini. The majority of respondents are Non-Hispanic White, with 422 responses. Hispanic or Latino respondents follow with 61 responses, while Non-Hispanic Black and Unknown categories have 35 and 38 responses respectively. This data provides insight into the demographic distribution of survey participants at this specific location.



Responses by Sex

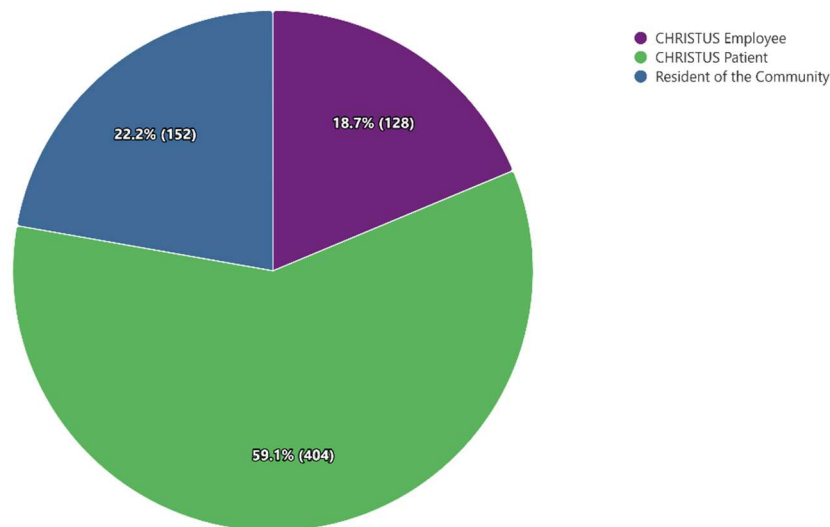
The data reflects survey responses from CHRISTUS St. Frances Cabrini, focusing on the gender distribution of respondents. The majority of respondents are female, with 494 responses, while there are 171 male respondents. This indicates a significant gender disparity in the survey participants. The data suggests a need to understand the reasons behind this imbalance and its potential impact on survey results and subsequent actions.



Responses by Type of Survey

The data represents survey responses from various categories related to CHRISTUS St. Frances Cabrini, specifically focusing on zip codes. The survey includes responses from CHRISTUS employees, patients and residents of the community. The highest number of responses come from CHRISTUS patients, totaling 404. Employees and community residents also provided significant input, with 128 and 152 responses respectively. This data highlights the engagement and feedback from different groups associated with CHRISTUS St. Frances Cabrini.

CHRISTUS survey responses by CHRISTUS survey type



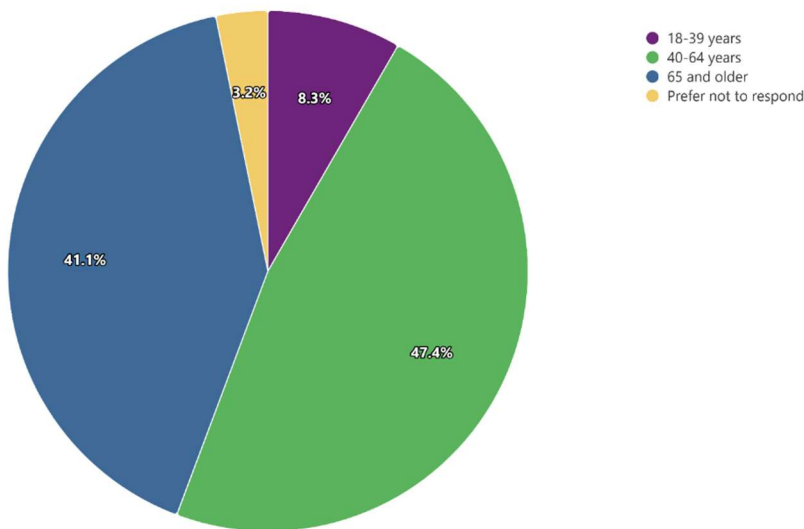
Created on Metopio | metop.io/i/2ns7zqg | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Responses by Age

The survey respondents for CHRISTUS St. Frances Cabrini are predominantly aged 40-64 years, accounting for 324 responses. This is followed by those aged 65 and older, with 281 responses. Younger respondents, aged 18-39 years, contributed 57 responses, while 22 individuals preferred not to disclose their age.

CHRISTUS survey responses by Age



Created on Metopio | metop.io/i/8qycodbk | Data source: Metopio (via Alchemer API)

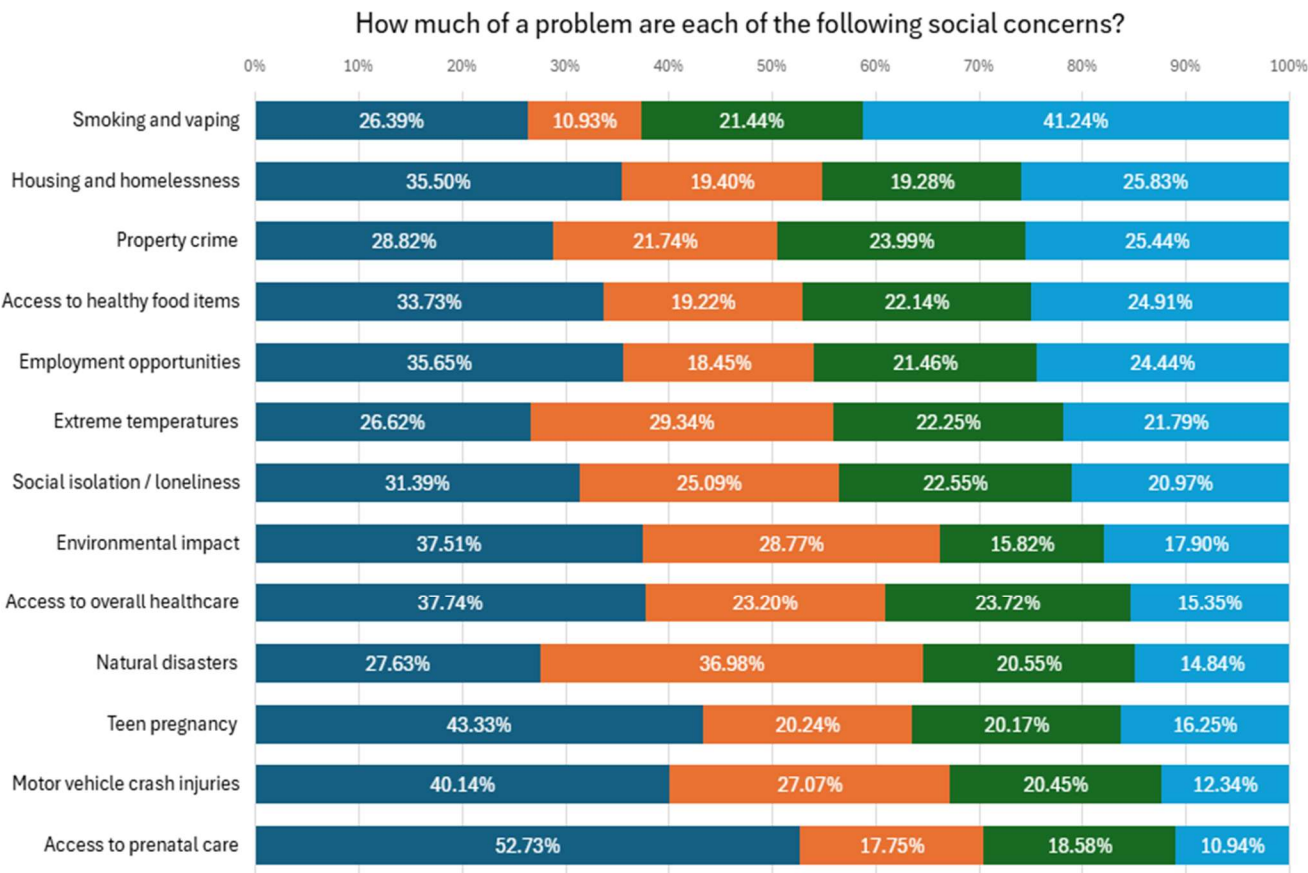
CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Social Concerns

This chart captures local perceptions of social determinants affecting health in the CHRISTUS St. Frances Cabrini service area. Concerns such as smoking and vaping, housing instability, access to food and health care, property crime and employment opportunities stood out as key issues. Environmental stressors like extreme temperatures and pollution were also flagged, emphasizing the multifaceted nature of health barriers in the region.

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

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

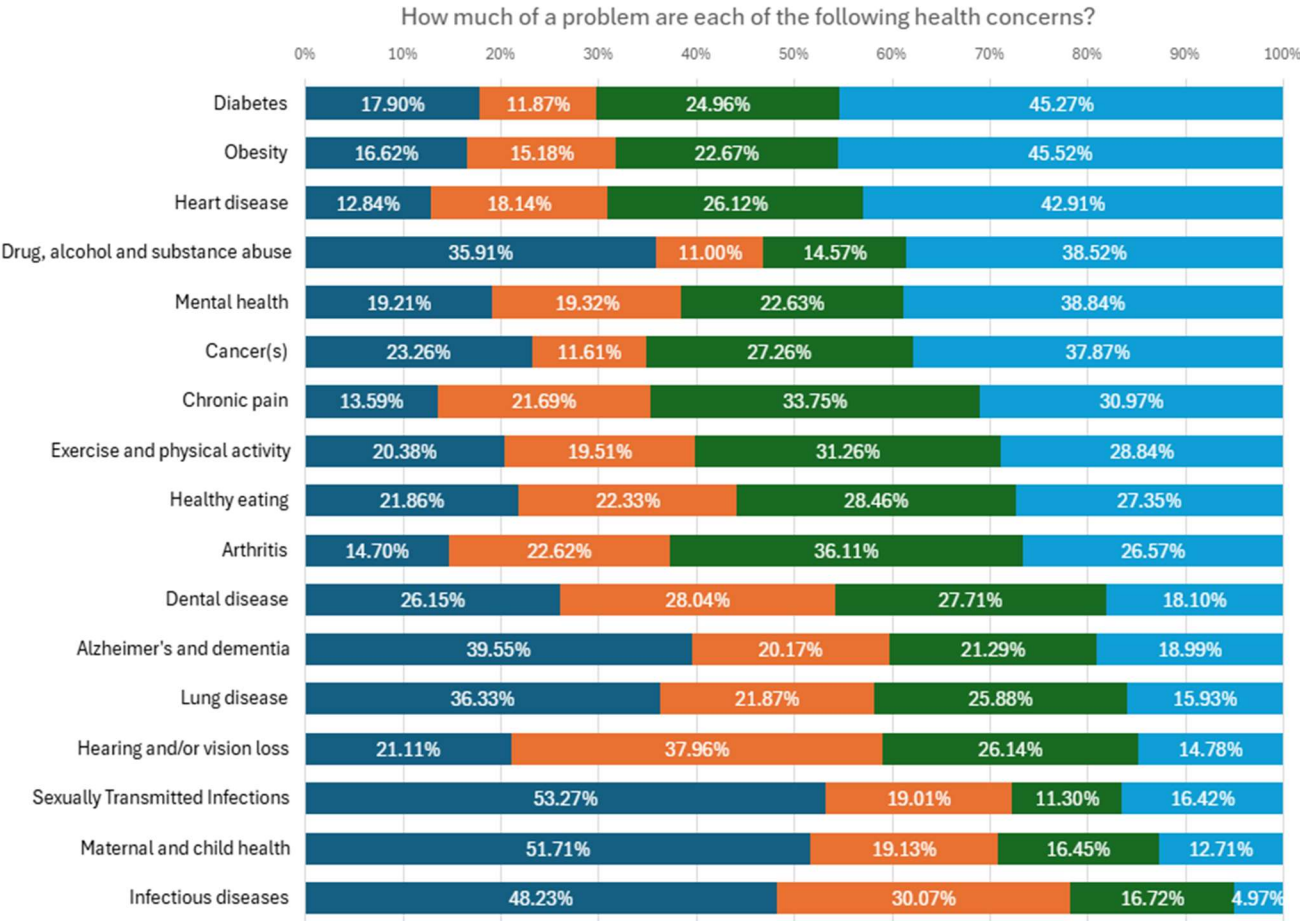


Health Concerns

Respondents from the CHRISTUS St. Frances Cabrini Community Health Survey identified diabetes, obesity, heart disease and substance use as some of the most pressing health concerns, with a high percentage rating them as “moderate” to “serious” problems. Meanwhile, conditions like infectious diseases, maternal/child health and vision or hearing loss were seen as lower priorities. These responses highlight the ongoing burden of chronic and behavioral health challenges in the community.

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

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



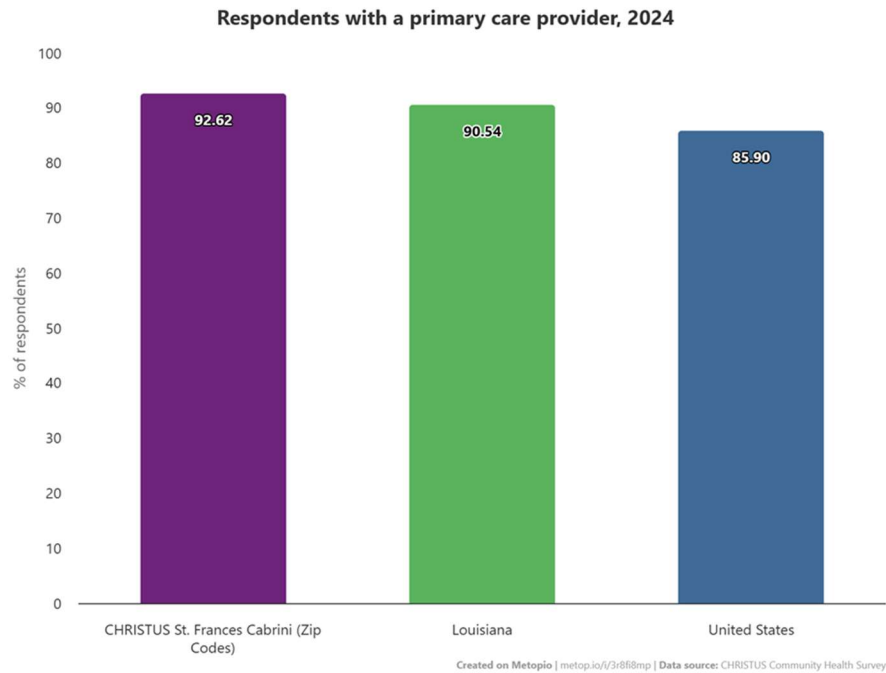
The Story Behind the Health and Social Concerns

The community health survey responses highlight several recurring themes regarding health and social issues. A significant concern is the lack of access to health care, including shortages of specialists and long wait times for appointments. Many respondents also mentioned the high cost of health care and insurance, which is compounded by inflation and economic challenges. Crime, drug abuse and homelessness are prevalent social issues, with some areas experiencing high rates of violence and drug-related problems. Transportation is another critical issue, affecting access to health care and other essential services, particularly in rural areas. Additionally, there is a need for more community resources, such as activities for youth, support for the elderly and education on health and lifestyle. Social inequality, including racial disparities and inadequate support for low-income families, also emerged as a concern. Overall, the responses indicate a need for improved health care access, economic support and community resources to address these challenges.



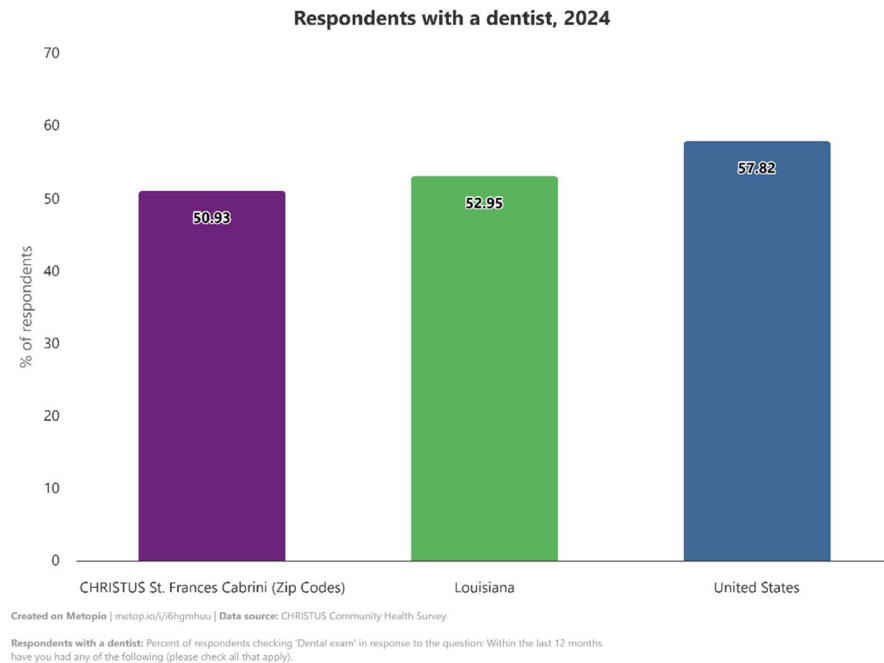
Primary Care Provider

Respondents with a primary care provider are represented in the data. The highest percentage is found at CHRISTUS St. Frances Cabrini, with 92.62%. Louisiana follows closely with 90.54%, while the United States has a slightly lower percentage at 85.9%.



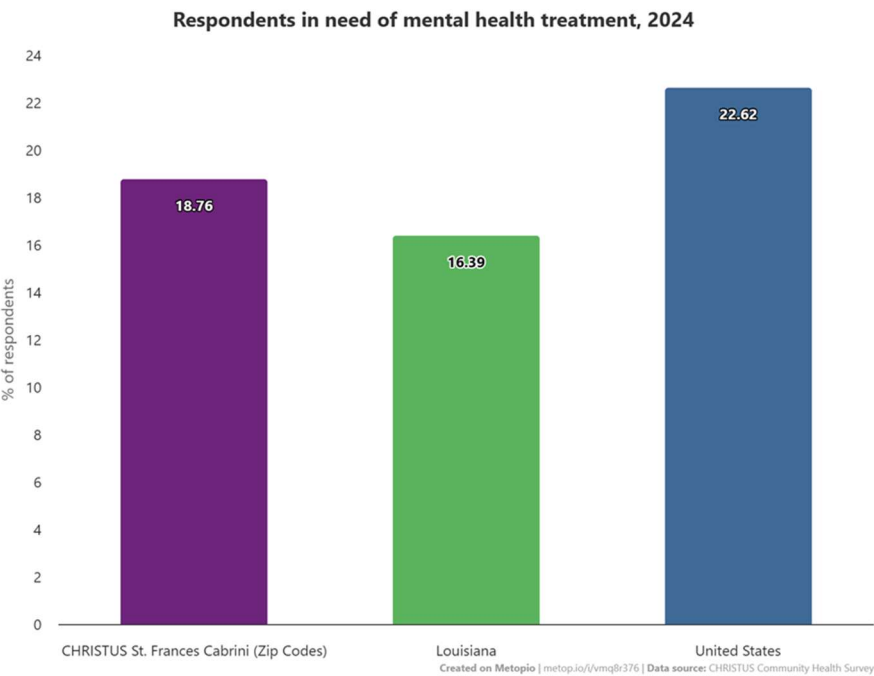
Dentist

Respondents with a dentist were identified in a chart. The highest percentage was found in the United States at 57.82%, followed by Louisiana at 52.95%. The lowest percentage was in CHRISTUS St. Frances Cabrini, with 50.93%.



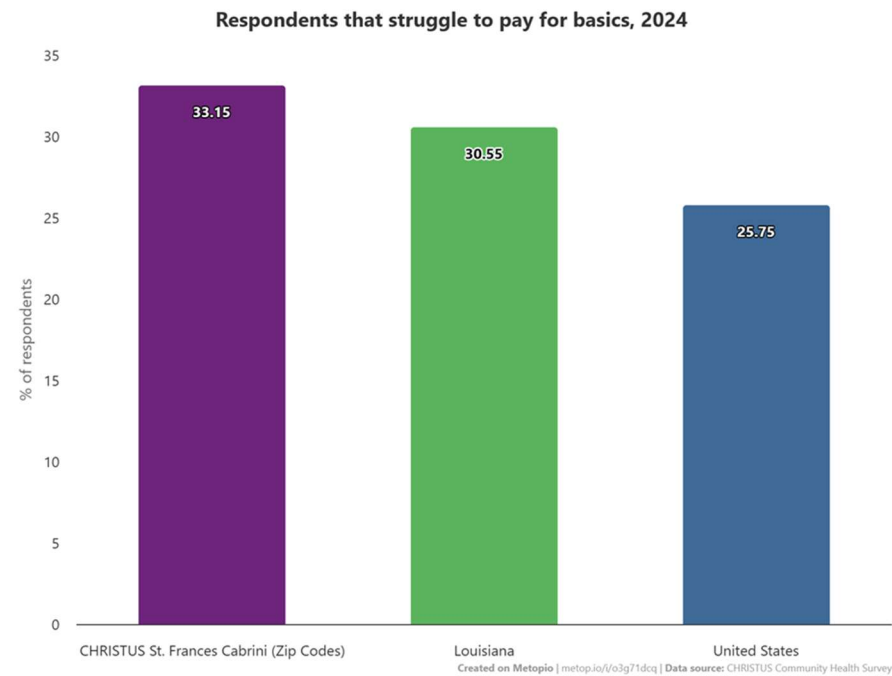
Mental Health

The data highlights the percentage of respondents in need of mental health treatment across different regions. CHRISTUS St. Frances Cabrini, located in specific zip codes, has a higher rate of 18.76%. Louisiana's rate is slightly lower at 16.39%, while the United States overall has the highest rate at 22.62%. This indicates a significant need for mental health services in these areas.



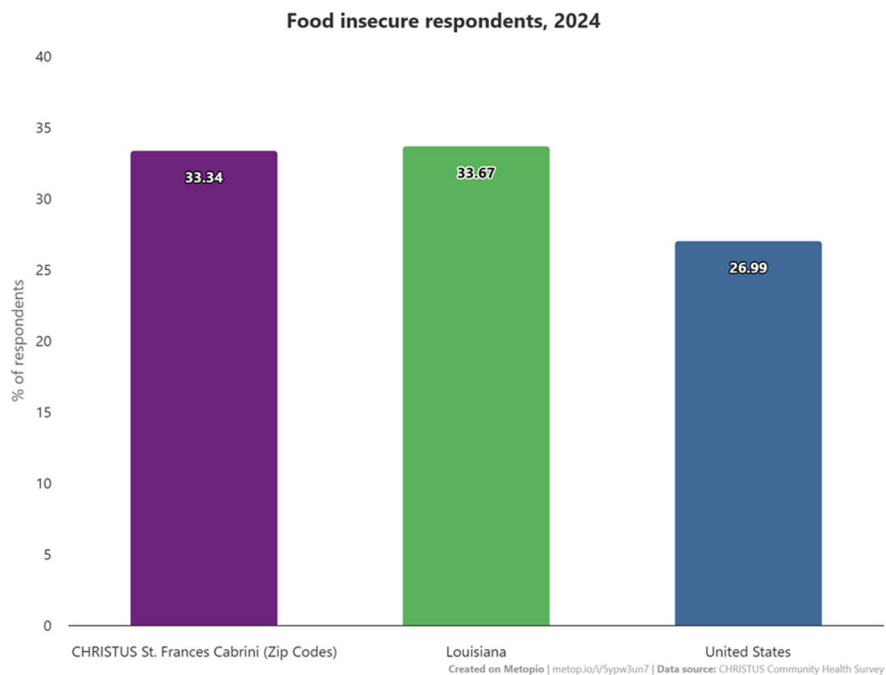
Basic Needs

Respondents that struggle to pay for basics are represented in the data. The highest percentage is found in the ZIP codes served by CHRISTUS St. Frances Cabrini, at 33.15%. Louisiana follows with 30.55%, while the United States overall has a lower percentage at 25.75%. This indicates a significant financial struggle in these specific areas compared to the national average.



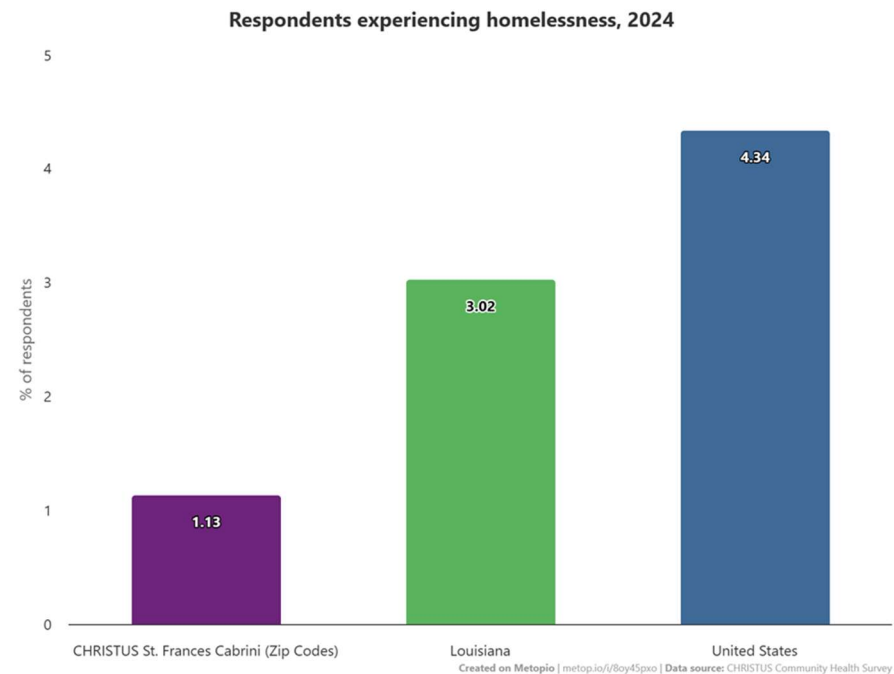
Food Insecurity

The data highlights food insecurity among respondents in various locations. CHRISTUS St. Frances Cabrini, located in specific zip codes, reports a food insecurity rate of 33.34%, slightly lower than the overall rate in Louisiana, which stands at 33.67%. The United States has a lower food insecurity rate of 26.99%. This indicates that food insecurity is a significant issue in Louisiana, particularly in the areas served by CHRISTUS St. Frances Cabrini.



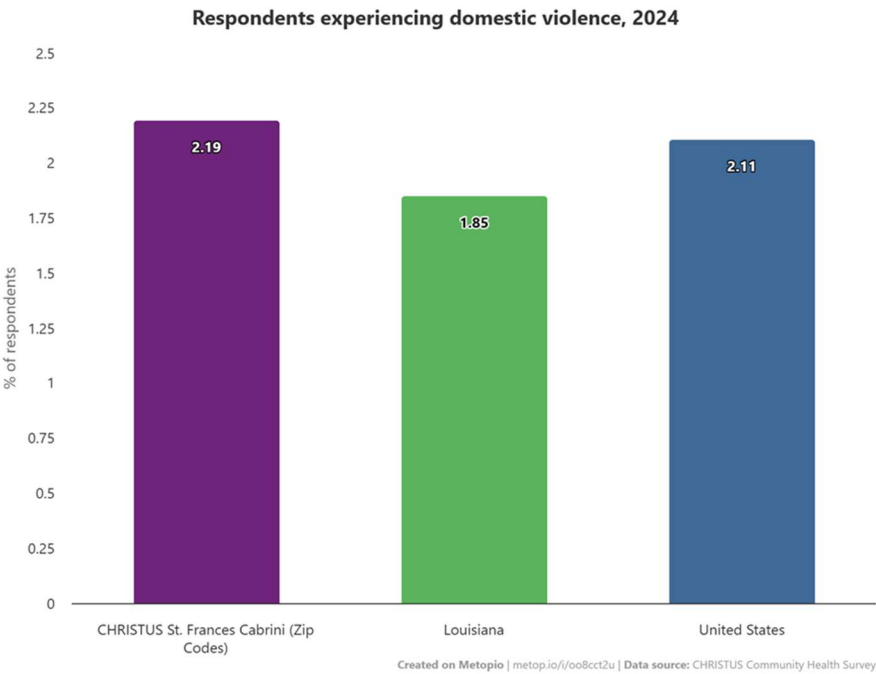
Homelessness

The data highlights the percentage of respondents experiencing homelessness across different regions. CHRISTUS St. Frances Cabrini, located in specific zip codes, has the lowest rate at 1.13%. Louisiana's rate is higher at 3.02%, while the United States overall has the highest rate at 4.34%. This indicates a significant variation in homelessness rates across different areas.



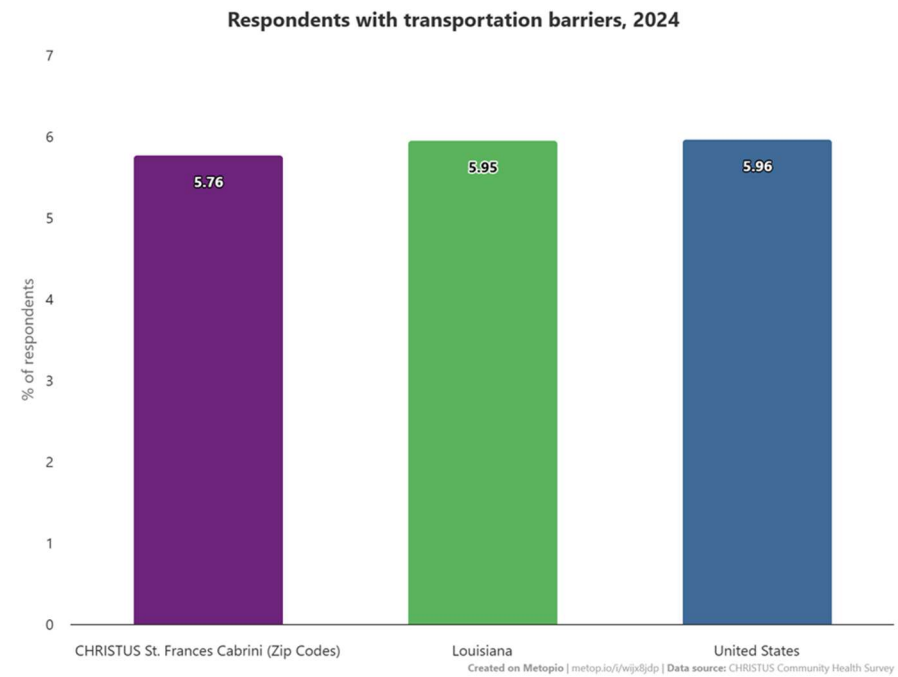
Domestic Violence

The data indicates that respondents experiencing domestic violence in the United States have a rate of 2.11%. The rate is slightly higher in Louisiana at 1.85%. The highest rate is reported at CHRISTUS St. Frances Cabrini, with a rate of 2.19%.



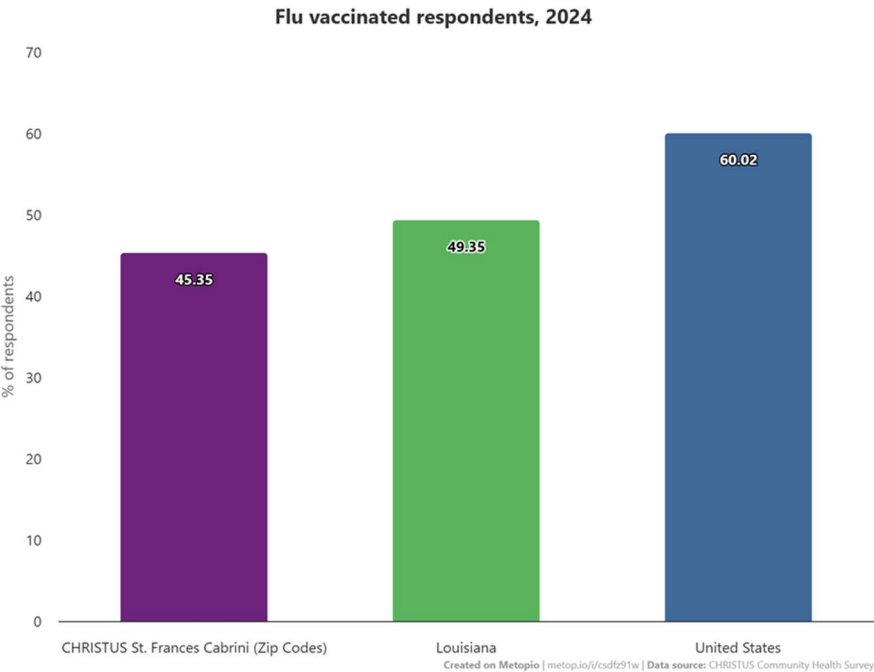
Transportation Barriers

The data indicates that respondents with transportation barriers are represented across various levels, from specific locations like CHRISTUS St. Frances Cabrini to broader regions like Louisiana and the United States. The percentage of respondents with transportation barriers is highest in the United States at 5.96%, followed closely by Louisiana at 5.95% and slightly lower at CHRISTUS St. Frances Cabrini at 5.76%. This suggests a relatively consistent prevalence of transportation barriers across different geographical scales.



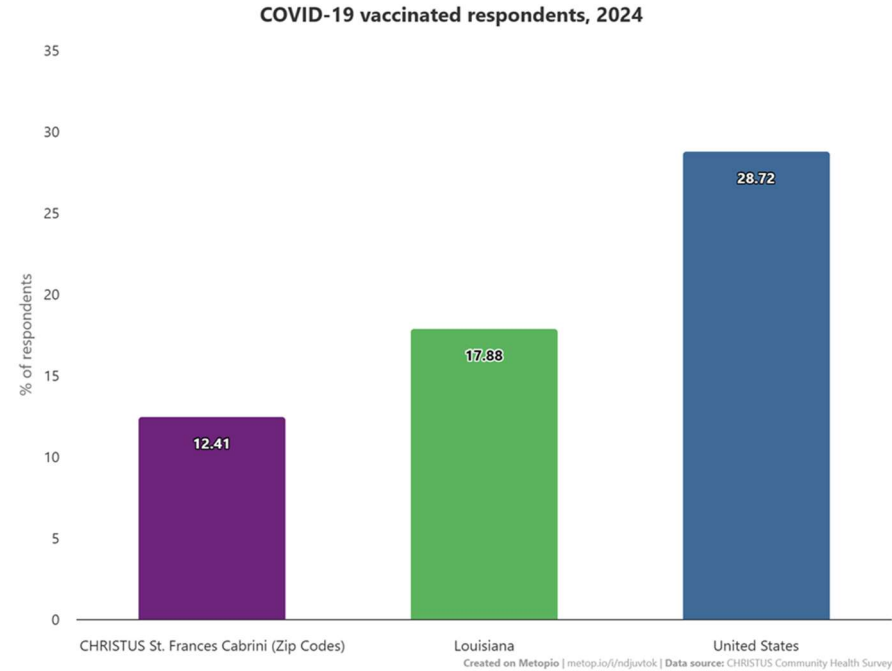
Flu Vaccination

The data indicates that respondents with transportation barriers are represented across various levels, from specific locations like CHRISTUS St. Frances Cabrini to broader regions like Louisiana and the United States. The percentage of respondents with transportation barriers is highest in the United States at 5.96%, followed closely by Louisiana at 5.95%, and slightly lower at CHRISTUS St. Frances Cabrini at 5.76%. This suggests a relatively consistent prevalence of transportation barriers across different geographical scales.



COVID-19 Vaccination

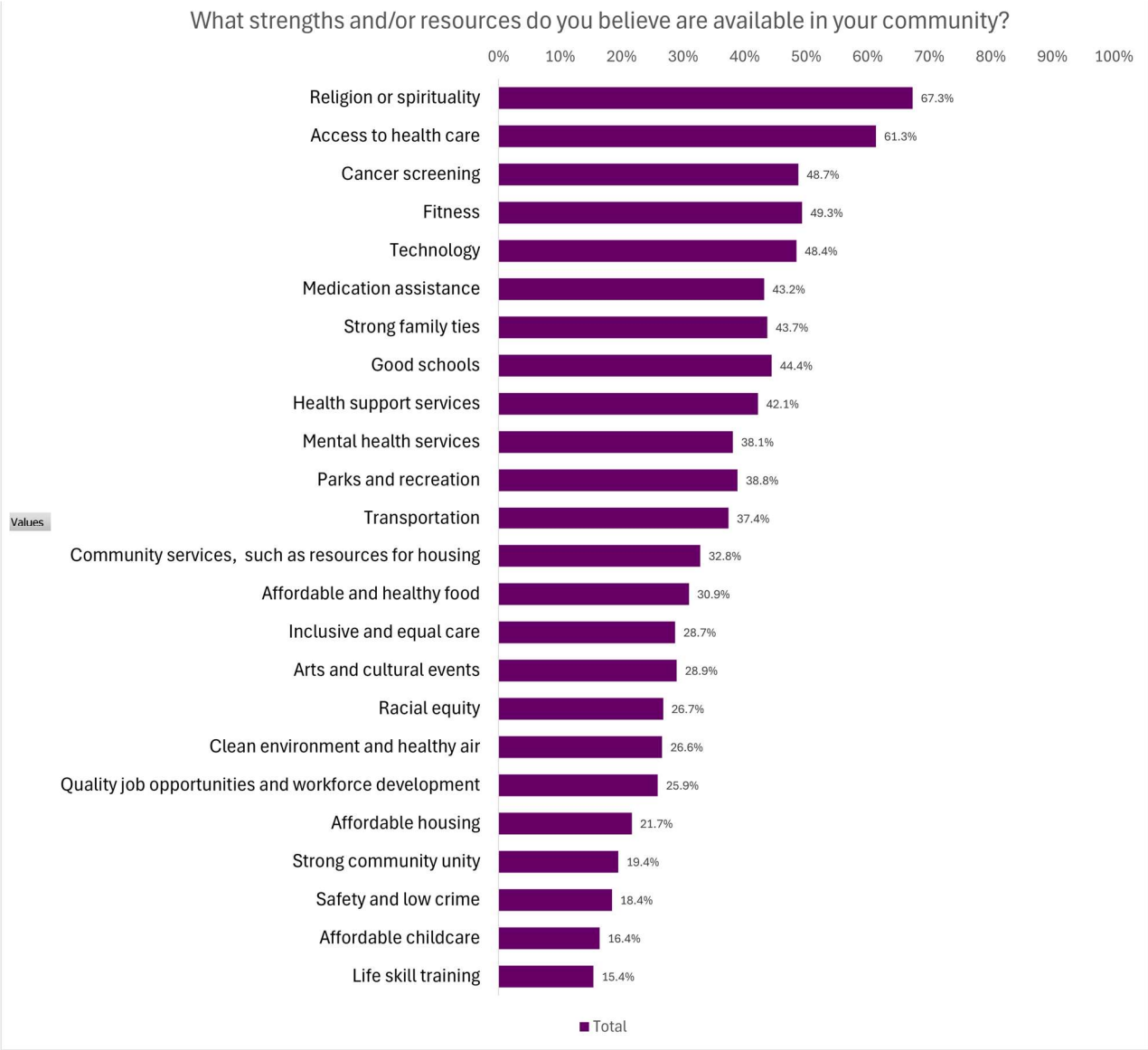
The data represents COVID-19 vaccination rates among respondents across different regions. The highest vaccination rate is observed in the United States at 28.72%, followed by Louisiana at 17.88% and the lowest rate is in the ZIP codes served by CHRISTUS St. Frances Cabrini at 12.41%. This indicates a significant variation in vaccination rates across different areas.



Strengths and Resources Available

The responses highlight a mix of perceived strengths and challenges within the community. Some participants noted the presence of caring individuals, good programs and specific resources like clinics, pharmacies and locally owned stores. There is also mention of a school nurse program and affordable health care. However, several responses indicate a lack of awareness or availability of resources, with some expressing concerns about socioeconomic disparities, inadequate support for the homeless and long wait times for services. Additionally, there are mentions of traffic issues and societal challenges. Overall, while there are some positive aspects, there is a significant perception of unmet needs and systemic issues.

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



Opportunities for Services or Resources

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

The community health survey responses highlight several recurring themes regarding the additional services needed in neighborhoods. A significant need for improved transportation services, particularly for the elderly and those without access to personal vehicles, is evident. Affordable housing, especially for low-income families and seniors, is a major concern, with many respondents noting the high cost of rent and the need for more low-income housing options. Access to health care, including affordable and quality medical and dental care, is another critical issue, with calls for more clinics, specialists and mental

health services. Respondents also expressed a desire for better access to healthy food options, such as farmers markets and food banks, and more recreational spaces like parks and walking trails. Additionally, there is a demand for more community resources and information dissemination, with suggestions for centralized service centers and better communication about available services. Safety, crime reduction and support for youth and families were also highlighted as important community needs.

Windshield Survey

CHRISTUS St. Frances Cabrini Health System Alexandria and Pineville, Louisiana — Rapides Parish

As part of the Community Health Needs Assessment (CHNA), CHRISTUS St. Frances Cabrini Health System conducted windshield surveys to observe conditions within the Sonia Quarters neighborhood in Alexandria and the Wardville neighborhood in Pineville. These surveys provided qualitative insights into local environments, focusing on key social determinants of health such as housing conditions, transportation infrastructure, food accessibility, economic stability, health service access, community amenities and environmental and safety factors.

Methodology

The windshield surveys were conducted by executives of CHRISTUS St. Frances Cabrini, including the VP of mission integration, chief nursing executive and chief operating officer, who observed conditions directly by driving through residential and commercial areas in Sonia Quarters and Wardville neighborhoods.

Observations

Housing and Neighborhood Conditions

Housing conditions in both neighborhoods reflected significant disinvestment. Sonia Quarters, historically an African American community established in the 1940s and 1950s, consists primarily of older homes and mobile units with many in visible disrepair. Abandoned and dilapidated structures, including burned homes, were common. Similarly, Wardville showed extensive neglect, with many properties abandoned, yards overgrown and very few recently constructed homes.

Both neighborhoods suffer from high poverty rates, evident in housing quality and maintenance.

Access to Health and Social Services

Access to health services is limited within both neighborhoods. Sonia Quarters has a Community Health Worx Clinic nearby, and CHRISTUS St. Frances Cabrini Hospital is approximately 10 miles away, accessible via public transit. Wardville, however, lacks immediate access to clinics, with residents needing to travel several miles for health care. The Central Louisiana Homeless Coalition and the Manna House are critical social service supports near Sonia Quarters, providing essential services such as food and housing assistance.

Transportation and Infrastructure

Transportation infrastructure varies significantly. Sonia Quarters has sidewalks in decent condition but limited public transportation. Wardville lacks sidewalks within the neighborhood itself and does not have direct public transit access; residents must walk approximately a quarter-mile to reach the nearest bus stop. Road conditions in both neighborhoods were maintained adequately but pedestrian safety remains a concern, especially in Wardville.

Commercial Activity and Food Access

Both neighborhoods experience severe food access challenges. Sonia Quarters has no grocery stores within walking distance, relying heavily on convenience stores with limited healthy food options. Wardville similarly lacks grocery stores, with residents relying primarily on convenience stores offering processed foods and alcohol. Healthy and affordable food

options require significant travel in both neighborhoods, making food insecurity a notable concern.

Community and Recreational Spaces

Community and recreational spaces are limited. Sonia Quarters has a community recreation center that appears underutilized and a small park within half a mile that sees minimal activity. Wardville includes a community center and recreation complex primarily for baseball and softball, but no active use was observed during the survey. Churches in both neighborhoods serve as critical community anchors, with Sonia Quarters notably having multiple churches in close proximity.

Environmental and Safety Conditions

Environmental concerns are evident, particularly in Wardville, where a nearby creosote plant contributes to air pollution issues. Sonia Quarters has noise pollution due to proximity to the interstate and visible environmental neglect such as an overgrown junkyard. Both neighborhoods have significantly higher crime rates compared to surrounding areas, amplifying safety concerns. Crime visibility, combined with abandoned buildings, contributes to perceptions of insecurity.

Observation Summary

The windshield surveys for Sonia Quarters and Wardville highlight pressing needs driven by systemic poverty, inadequate infrastructure, limited food access, insufficient health care proximity and safety concerns. Key findings include:

- Significant housing instability with many properties neglected or abandoned
- Limited immediate access to health care services, especially pronounced in Wardville
- Inadequate transportation infrastructure, complicating access to basic necessities
- Severe food access challenges, contributing to food insecurity
- Sparse utilization of community and recreational resources
- Environmental hazards and elevated crime rates reinforcing safety concerns

These findings underscore deep-seated disparities impacting community health and highlight the necessity for collaborative, targeted investments and partnerships involving health care, non-profits and local governmental agencies to foster equitable health outcomes.

Chapter 7: The Life Span



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

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

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

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



Maternal and Early Childhood Health



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

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

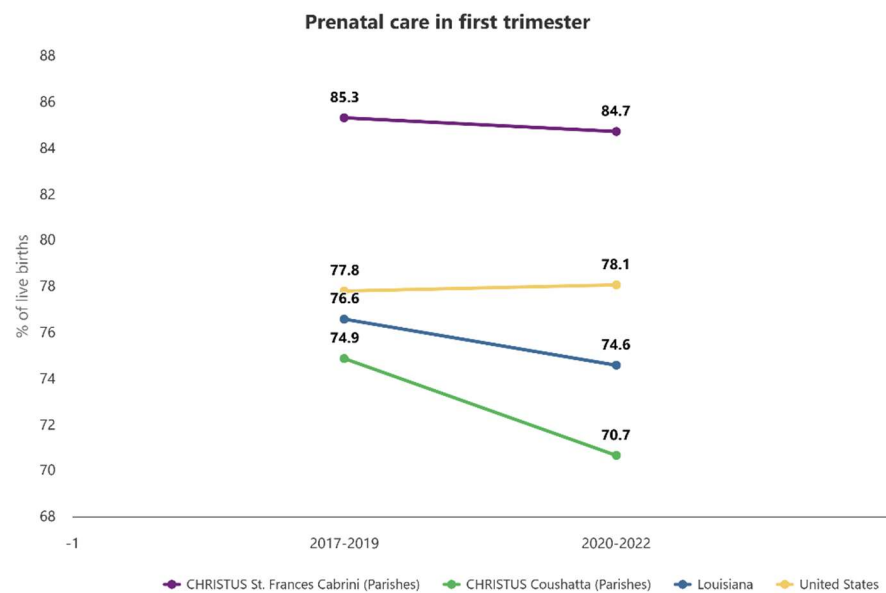
Across the communities we serve, multifaceted priority indicators were identified to represent this life stage:

- Access to care: prenatal care
- Access to care: obstetric care
- Healthy births
- Behavioral health: mental health

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

Prenatal Care in First Trimester

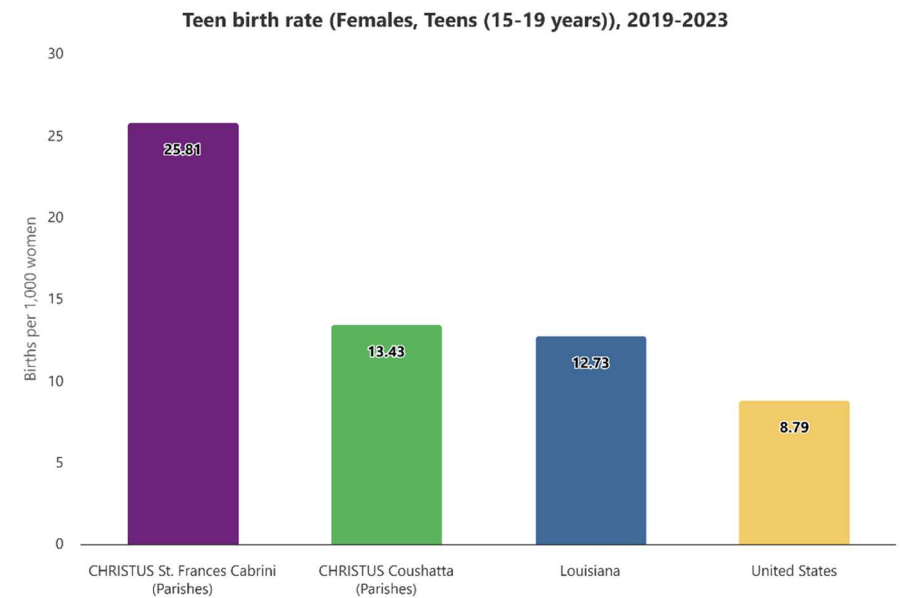
Prenatal care in the first trimester is crucial for ensuring the health of both mother and baby. In Louisiana, the percentage of women receiving such care slightly decreased from 76.57% in 2017-2019 to 74.57% in 2020-2022. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta parishes also saw a decline, with the former dropping from 85.31% to 84.71% and the latter from 74.86% to 70.66%. Overall, Louisiana lags behind the national average, which increased from 77.79% to 78.06% during the same period.



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

Teen Birth Rate

The teen birth rate in the United States is 8.79 per 1,000 females aged 15-19. Louisiana has a higher rate at 12.73, with CHRISTUS Coughatta and CHRISTUS St. Frances Cabrini parishes reporting rates of 13.43 and 25.81, respectively. The data highlights significant regional variations in teen birth rates. These disparities underscore the need for targeted interventions in areas with higher rates.

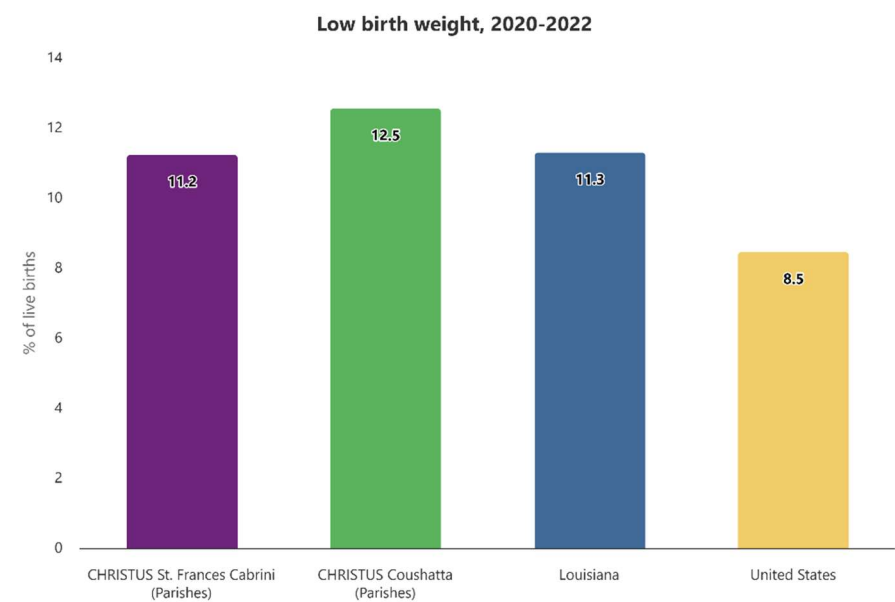


Created on Metopio | metopio.io/qk8k9eev | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B13002)

Teen birth rate: Women age 15-19 with a birth in the past year, per 1,000 women age 15-19. Does not include births to women below age 15.

Low Birth Weight

The data indicates that the low-birth-weight rate in Louisiana is higher than the national average. Specifically, CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both located in Louisiana, report rates of 11.24% and 12.54%, respectively. In contrast, the United States has a lower average rate of 8.46%. This suggests a significant disparity in maternal and infant health outcomes within the state compared to the national average.

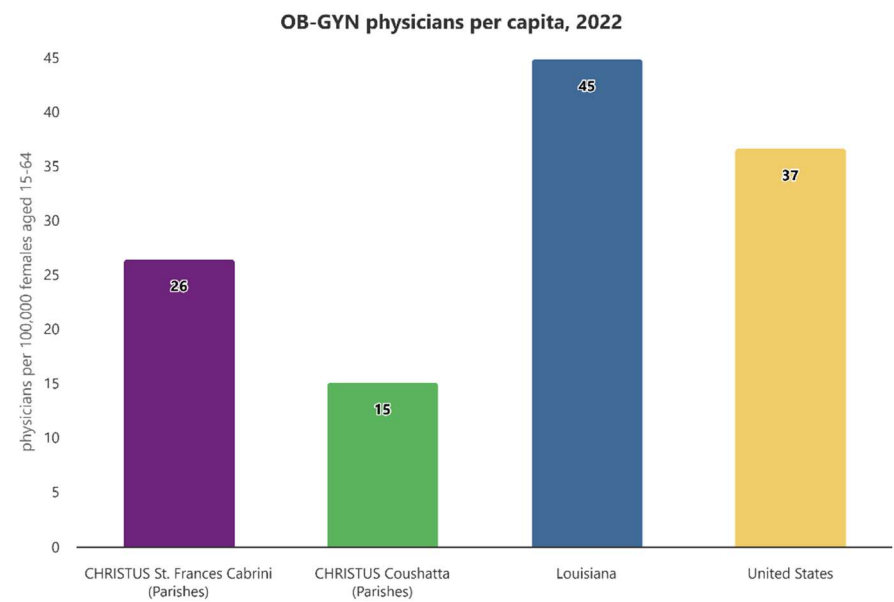


Created on Metopio | metopio.io/1616m4p9v | Data source: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org/>), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder Health)

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

OB-GYN Physicians per Capita

The chart displays OB-GYN physicians per capita across different categories. CHRISTUS St. Frances Cabrini in the parishes has a rate of 26.4, while CHRISTUS Coughatta in the parishes has the lowest at 15.08. Louisiana's rate is 44.77, significantly higher than the national average of 36.62. This indicates a higher availability of OB-GYN physicians in Louisiana compared to the rest of the United States.

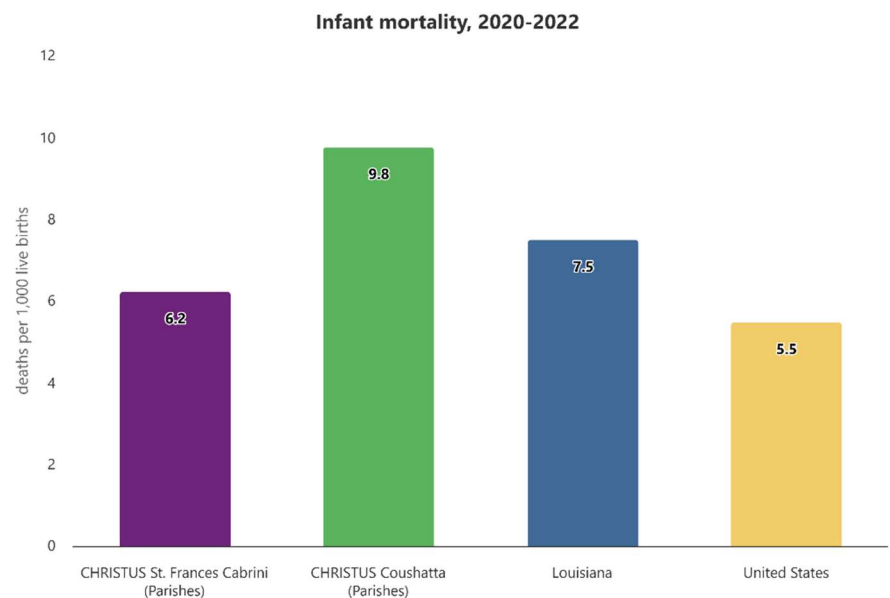


Created on Metopio | metopio.io/qb68wubg | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (From the AMA Masterfiles via the HRSA Primary Care Service Area data (TO_DOC))

OB-GYN physicians per capita: Number of clinically active OB-GYN physicians per 100,000 female residents ages 15-64.

Infant Mortality

Infant mortality rates vary significantly across different regions and health care providers. CHRISTUS St. Frances Cabrini in the parishes has an infant mortality rate of 6.22, while CHRISTUS Coushatta in the same region reports a higher rate of 9.77. Louisiana as a whole has an infant mortality rate of 7.49, which is higher than the national average of 5.49 in the United States. These disparities highlight the need for targeted health care interventions in specific regions and health care facilities to improve infant health outcomes.



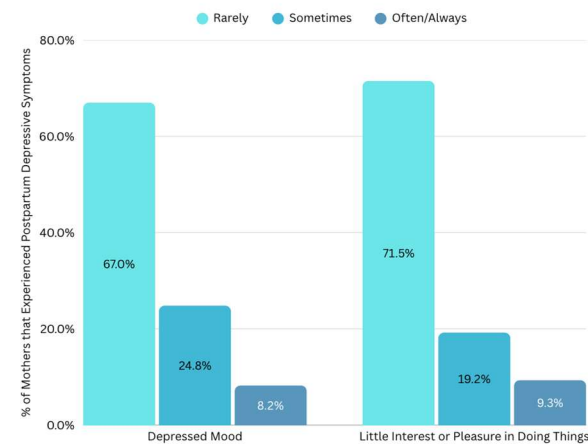
Created on Metopio | metopio.io/03h1db89 | Data sources: Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (CDC Wonder; counties Infant mortality: Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

Mental Health

Maternal mental health remains a critical concern across Louisiana — and within the communities served by CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta. In 2020, a significant number of mothers reported experiencing symptoms of postpartum depression, with 67% saying they rarely felt depressed, but 24.8% reporting they sometimes did and 8.2% saying they often or always felt this way. Similarly, 71.5% of mothers reported rarely losing interest or pleasure in activities after childbirth, while 19.2% experienced this sometimes and 9.3% often or always.

These numbers reflect more than mood changes — they signal a need for stronger systems of emotional, clinical and community support for new mothers. Postpartum depression can interfere with bonding, increase the risk of maternal health complications and impact early childhood development if left unaddressed.

Prevalence of Maternal Postpartum Depressive Symptoms in Louisiana Mothers in 2020



Source: Louisiana PRAMS (Pregnancy Risk Assessment Monitoring System), 2020

What Is the Story Behind the Data?

Community members noted two interconnected gaps in maternal and early childhood health: late or fragmented prenatal care and basic needs insecurity. Individuals described mothers with hypertension, diabetes or substance use who enter care “well into the third trimester” because clinics stop accepting Medicaid slots or require long travel. As one provider noted, “I have moms who have risk factors such as pre-eclampsia or chronic hypertension ... and they’re not being referred to maternal-fetal medicine.” Transportation, worry over CPS involvement and language barriers (especially among recent immigrants) deepen that delay.

Another concern was the shortage of culturally appropriate and trauma-informed care for expectant and new mothers. Language barriers, fear of medical institutions and negative past experiences reduce trust in the health care system. Community members emphasized the need for care providers who are sensitive to the social and emotional challenges many women face, including intimate partner violence and financial insecurity during pregnancy.

Even when women reach care, poverty shadows basic parenting tasks. Focus group members noted that WIC and SNAP no longer stretch to cover formula, diapers or safe sleep gear. Providers asked for on-site WIC enrollment, mobile ultrasound days in rural parishes and a small pool of gas card vouchers so parents can reach the nearest OB or pediatric appointment without choosing between fuel and food.

Access to affordable and high-quality early childhood education and care was described as insufficient. Waitlists for child care centers and early learning programs were long, and the cost of private care is prohibitive for many families. These gaps hinder both child development and parents’ ability to work or continue their education.

Community-led solutions such as peer support groups, home visiting programs and doula services were highlighted as valuable strategies. However, these programs are not consistently available or equitably distributed. Increased investment in community-based maternal health support was widely recommended.

School-Age Children and Adolescent Health



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

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

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

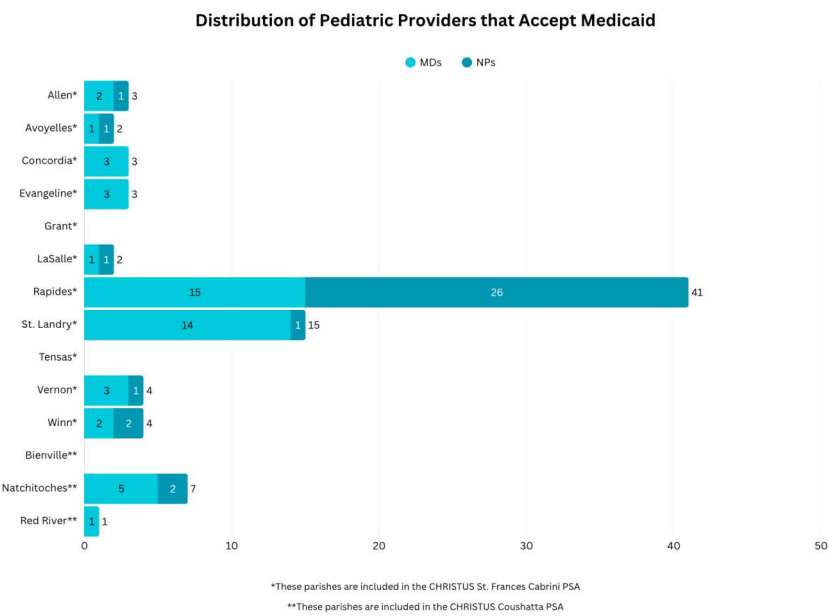
- Access to care
- Education
- Housing instability
- Crime
- Abuse and neglect

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

How Are We Doing?

Access to Care

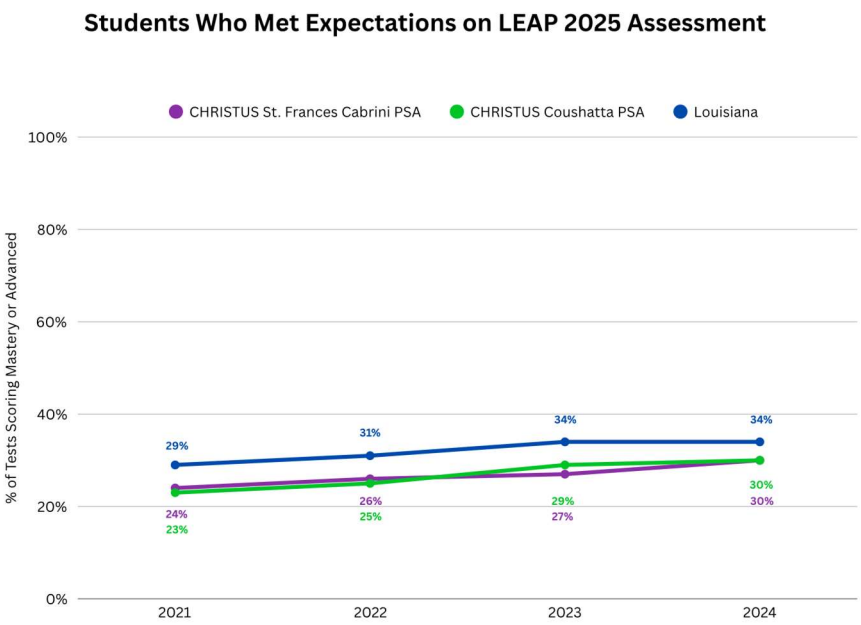
Access to pediatric care — especially for families relying on Medicaid — varies widely across the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta Health Systems. While some areas, such as Rapides Parish (41 providers) and St. Landry Parish (15 providers) show stronger provider availability, many rural parishes within these service areas are significantly underserved. For example, Red River Parish and LaSalle Parish each have only one or two providers accepting Medicaid, creating access barriers for children in need of routine or specialized care.



Source: Louisiana Department of Health – LA Medicaid Provider Locator | Distribution of Pediatric Providers: The number of Pediatric Providers (Pediatrics located under Physician Services) that Accept Medicaid for each parish.

Students Who Met Expectations on LEAP 2025

The LEAP 2025 is Louisiana’s statewide assessment program for students in grades 3 through high school, measuring proficiency in core subjects like English language arts, math, science and social studies. The graph reveals a steady improvement in scores for all groups, with Louisiana consistently outperforming the CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta. By 2024, Louisiana reaches 34%, while both service areas converge around 30%, indicating progress toward statewide academic goals.



Source: LEAP 2025 Assessment Results: Percent of Tests Scoring Mastery and Above in ELA, Math, Science, and Social Studies Assessments.

Housing Instability

There are **331 children** who are enrolled in the McKinney-Vento Program in the Rapides Parish School District. This represents all youth who lack a fixed, regular and adequate nighttime residence.

Source: Rapides Parish School District, 2024 McKinney-Vento Program Data

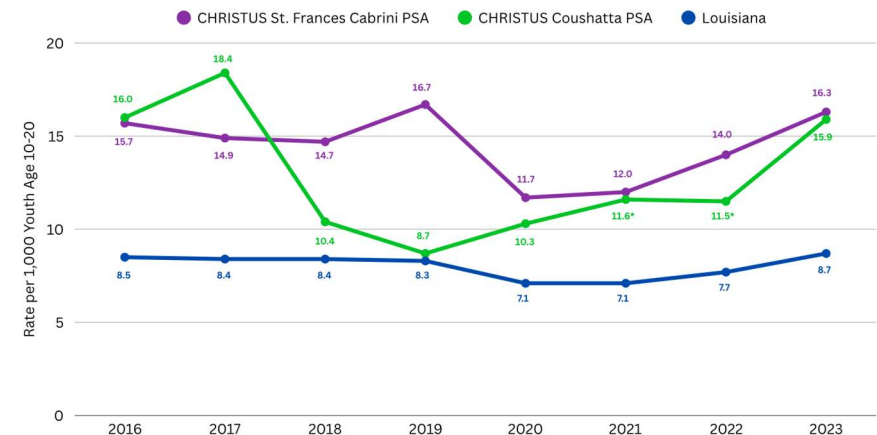
In Rapides Parish, 331 students are enrolled in the McKinney-Vento Program, identifying them as experiencing homelessness. These children and youth lack a fixed, regular and adequate nighttime residence — many are living in shelters, motels, doubled-up with other families due to economic hardship or in places not meant for habitation.

This level of housing instability has far-reaching implications for student health, academic performance and emotional well-being. Without consistent access to a safe home, children face increased barriers to health care, nutrition, sleep and school attendance. For CHRISTUS St. Frances Cabrini Health System, this data reinforces the urgent need to address the social determinants of health through strong partnerships with school districts, housing services and community organizations. Ensuring children have stable housing is foundational to improving health outcomes and breaking cycles of poverty in Central Louisiana.

Crime

Rates of youth involved in the juvenile justice system — either in custody or under supervision — remain higher in the CHRISTUS service areas than the Louisiana state average. In 2023, the CHRISTUS St. Frances Cabrini service area saw a rate of 16.3 per 1,000 youth ages 10–20, while the CHRISTUS Coushatta service area reported 15.9 per 1,000. These are both nearly double the statewide rate of 8.7 per 1,000 youth. This data reinforces the importance of partnering with schools, juvenile justice agencies and community-based organizations to support prevention, early intervention and trauma-informed care. Addressing these drivers of justice involvement is not only critical to individual youth outcomes but also to improving overall community health and safety.

Youth in Custody or under the Supervision of the Office of Juvenile Justice

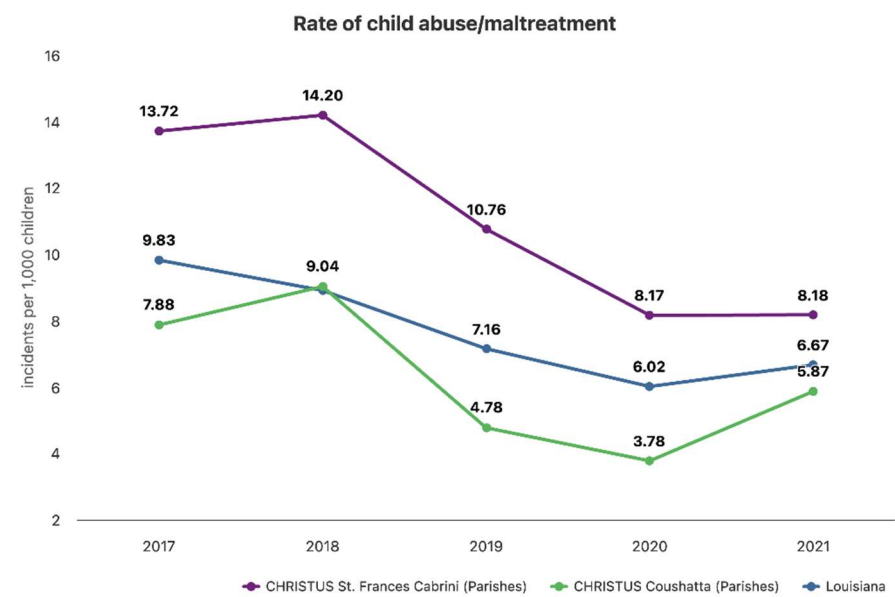


*CHRISTUS Coushatta PSA datapoints for 2021 and 2022 only includes data from Bienville and Natchitoches parishes. Red River parish data is not available for 2021 and 2022 and, therefore, is not included.

Source: Louisiana Office of Juvenile Justice, 2023

Rate of Child Abuse/Maltreatment

The rate of child abuse and maltreatment in Louisiana has shown a significant decline from 9.83 in 2017 to 6.02 in 2020, with a slight increase to 6.67 in 2021. CHRISTUS St. Frances Cabrini in the parishes has consistently reported higher rates compared to the state average, peaking at 14.2 in 2018. In contrast, CHRISTUS Coughatta in the parishes has seen a substantial decrease in rates, dropping from 7.88 in 2017 to 3.78 in 2020, before rising to 5.87 in 2021.



What Is the Story Behind the Data?

The most urgent needs for K-12 students revolve around mental-health stress, academic disruption and unstable home lives. Individuals noted poverty forces frequent moves and absenteeism: “Some of these kids go to three different schools in one year.” That churn feeds low academic scores and graduation rates that lag state and national norms.

There is a significant gap in access to mental health care. Outside of school, there are few child psychologists or therapists available, and families often face long waitlists, transportation issues or high costs. Participants supported increasing school-based mental health services and integrating them into everyday student support systems.

Bullying, social-media pressure and vaping were cited as daily drivers of anxiety; campus counselors now field constant suicidal-ideation referrals. At the same time, basic health problems — untreated asthma, dental decay, seasonal allergies — show up in clinics because families lack transportation or can’t pay retail co-pays. Participants recommended expanding the successful school-clinic model (which already reaches ~14 000 children) with embedded behavioral health teams, after-school activity grants and parent workshops on digital safety and bedtime reading.

Participants raised concerns about unmet basic needs, particularly food and housing insecurity. Children who come to school hungry or without stable housing are at a disadvantage academically and socially. These challenges also contribute to chronic absenteeism and poor classroom performance. Community members emphasized the need for schools to be resourced not only with educational tools but also with wraparound support services.

Participants recommended more investment in after-school programs, mentorship initiatives and youth development organizations. These programs were seen as vital for keeping children engaged, building resilience and fostering positive relationships. However, access is uneven, and many rural or low-income areas are underserved.

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Adult Health



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

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

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

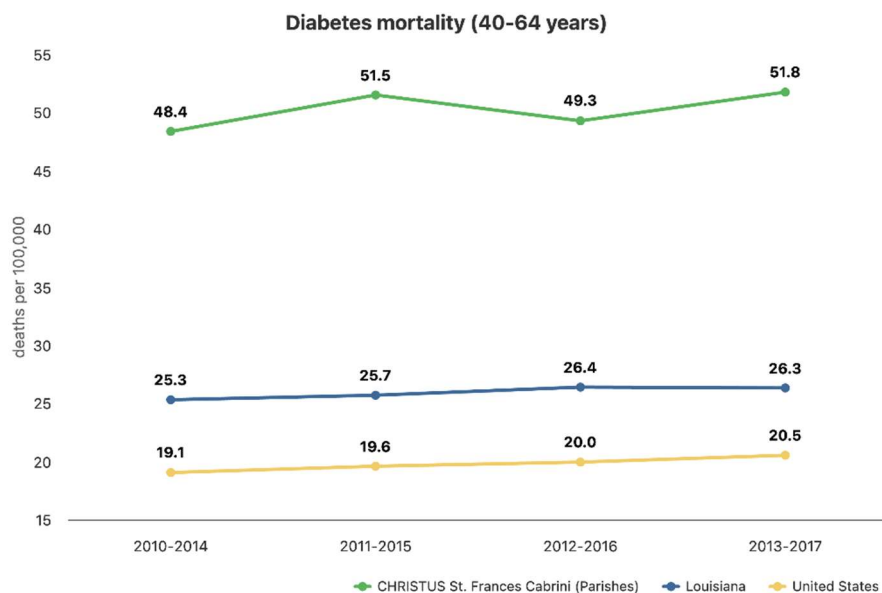
- Chronic diseases: diabetes, heart disease, obesity
- Behavioral health: mental health and substance abuse
- Poverty

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

How Are We Doing?

Diabetes Mortality

Diabetes mortality rates in CHRISTUS St. Frances Cabrini (parishes), Louisiana and the United States have shown a general upward trend from 2010 to 2017. In CHRISTUS St. Frances Cabrini (parishes), the rate increased from 48.4 to 51.78 per 100,000 population. Louisiana and the United States also experienced increases, with rates rising from 25.32 to 26.34 and from 19.06 to 20.55, respectively. These trends indicate a growing public health concern across all levels.

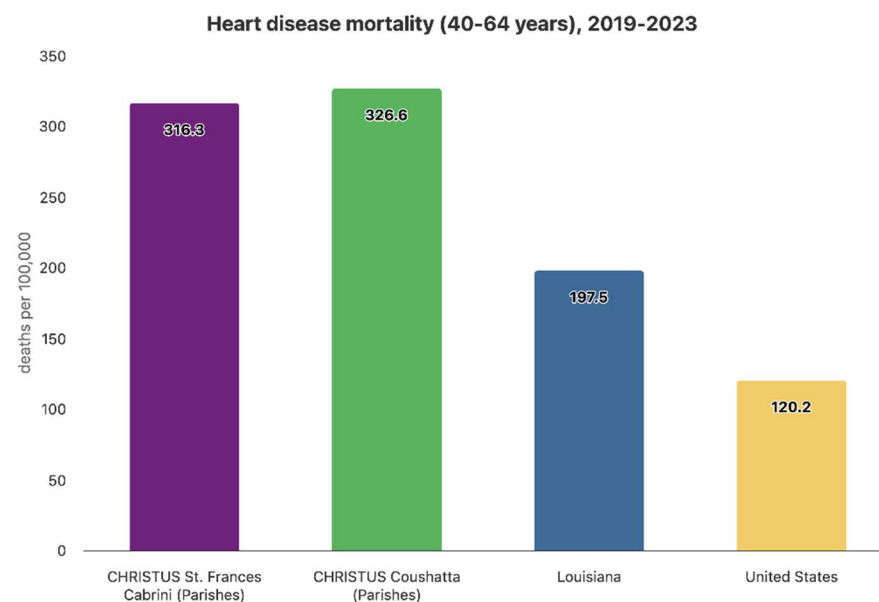


Created on Metopio | metop.io/fihhjub2g | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Heart Disease Mortality

Heart disease mortality rates vary significantly across different locations. CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, both in Louisiana, have notably higher rates at 316.34 and 326.63, respectively. Louisiana's overall rate is 197.47, which is higher than the national average of 120.24. These disparities highlight the need for targeted health interventions in specific regions.

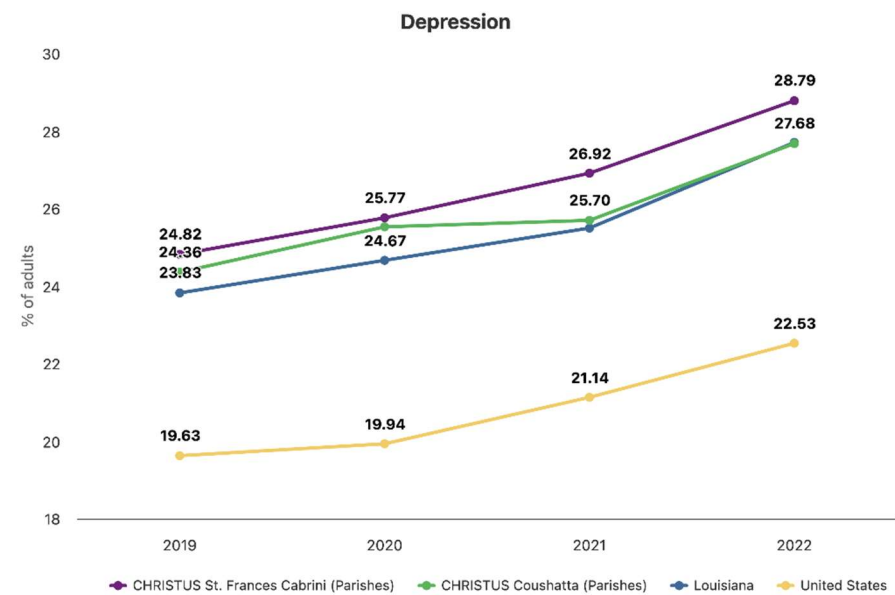


Created on Metopio | metop.io/fihhjub2g | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Depression

Depression rates have been steadily increasing in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta, as well as in Louisiana and the United States as a whole. In 2022, the depression rate in the parishes reached 28.79% and 27.68%, respectively, compared to 27.71% in Louisiana and 22.53% in the United States. This indicates a significant rise in depression cases over the four-year period.

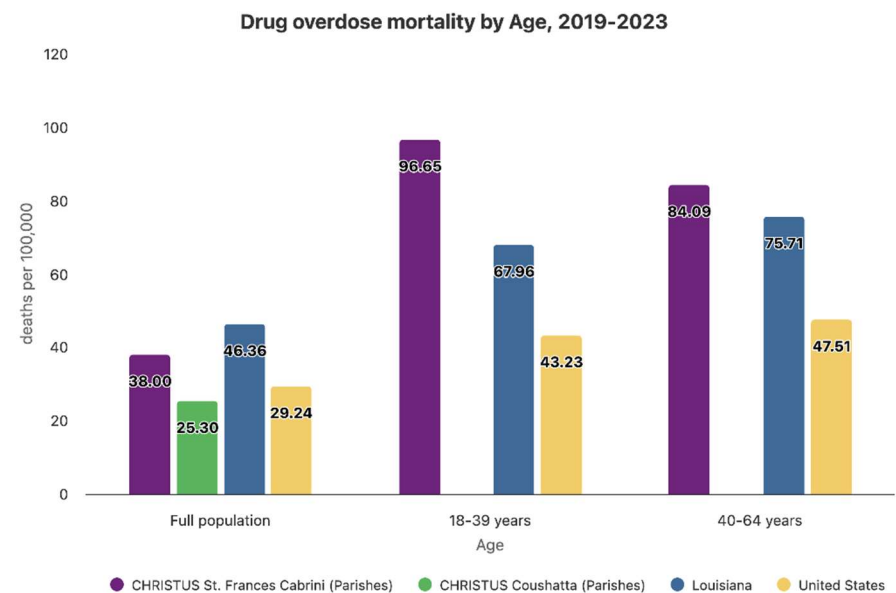


Created on Metapio | metop.io/j/n6jmbprc | Data source: Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

Drug Overdose Mortality

Drug overdose mortality rates vary significantly across different age groups and locations. In Louisiana, the overall rate is 46.36 per 100,000 people, with the highest rates observed in the 18-39 age group at 96.65 in CHRISTUS St. Frances Cabrini parishes. Nationally, the rate is lower at 29.24, with the 18-39 age group also having the highest rate at 43.23. These disparities highlight the need for targeted interventions in specific regions and age groups to address the opioid crisis effectively.

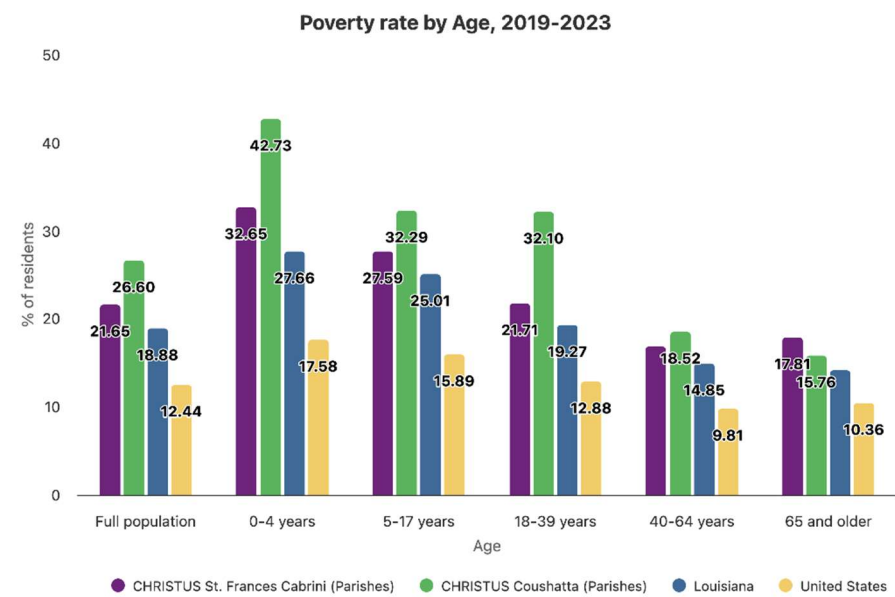


Created on Metapio | metop.io/j/fmgstgy5 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Poverty Rate

The poverty rate in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coughatta in Louisiana is significantly higher than the national average across all age groups. Notably, children aged 0-4 in these parishes experience the highest poverty rates, with CHRISTUS St. Frances Cabrini at 32.65% and CHRISTUS Coughatta at 42.73%, compared to the national average of 17.58%. The disparity persists into adulthood, with those aged 18-39 in the parishes facing higher poverty rates than the national average. Overall, the data highlights a stark contrast in economic conditions between these Louisiana parishes and the rest of the United States.



Created on Metopio | metop.io/j/foxi6ftc | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

What Is the Story Behind the Data?

For adults, community members noted long waits, high out-of-pocket costs and preventable chronic disease. In rural parishes, most specialists sit 60-plus miles away and new-patient slots fill months out. Lacking timely care, residents rely on ED visits for diabetes flare-ups, uncontrolled hypertension and dental abscesses. Chronic conditions such as diabetes, hypertension and asthma are prevalent, and many community members reported that these conditions are poorly managed due to a lack of regular follow-up or specialist care. Participants stressed the importance of accessible community health centers, mobile clinics and telehealth as ways to bridge existing service gaps.

Transportation remains a persistent structural barrier. Many adults rely on family or informal networks to get to appointments, and missed visits are common. Public transportation is either unavailable or unreliable in many areas, particularly rural communities. Participants encouraged creative solutions such as ride-share vouchers, community van services or home-based care.

Workforce shortages in health and social services were also discussed. Participants described burnout among existing providers and difficulty recruiting new professionals to underserved areas. These shortages further limit access and reduce the quality of care, especially for those who need regular follow-up or specialized services.

Mental health needs were also described as growing and unmet. Adults in the community experience high levels of stress, anxiety and depression due to economic pressure, caregiving responsibilities and unresolved trauma. However, stigma, provider shortages and cost remain major obstacles to seeking care. Community members recommended normalizing mental health support and increasing the availability of low-cost behavioral health services.

Food deserts — in many towns the only grocer is a dollar store — drive obesity and rising adult-onset diabetes. Focus group participants noted fresh produce is expensive, farmers' markets are too expensive and WIC or SNAP dollars are hard to redeem with local vendors. Adults also struggle to afford mental health visits. Tele-psychiatry exists, but bandwidth, privacy and insurance hurdles limit uptake. Suggested fixes included mobile screening vans with produce boxes ("food-as-medicine"), sliding-scale pharmacies for insulin and heart drugs and community health worker navigators to shepherd patients through insurance, transportation and specialty referrals.

Community-based outreach and education were seen as effective tools for promoting health awareness and increasing trust in the system. Participants encouraged partnerships with trusted community institutions like churches, schools and food banks to deliver health education, screenings and navigation assistance in non-clinical settings.

Older Adult Health



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

Older adults are the wisdom-keepers, caregivers and community anchors who have helped shape the places we call home. As people live longer, healthier lives, the older adult population continues to grow, bringing both opportunities and unique challenges for communities and health systems. To better understand and address these needs, key indicators were identified to represent older adult health across the communities we serve:

- Access to care: medication affordability
- Behavioral health
- Crime
- Food insecurity
- Housing instability
- Internet access

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

How Are We Doing?

Medication Cost

23% of adults 65 and older say it is **difficult to afford the cost** of their prescription medication.

54% of older adults take **four or more** different prescription drugs.

Source: Kaiser Family Foundation | KFF Health Tracking Poll – February 2019: Prescription Drugs | The KFF Health Tracking Poll was conducted from February 14th – 24th 2019, among a nationally representative random digit dial telephone sample of 1,440 adults ages 18 and older in the United States.

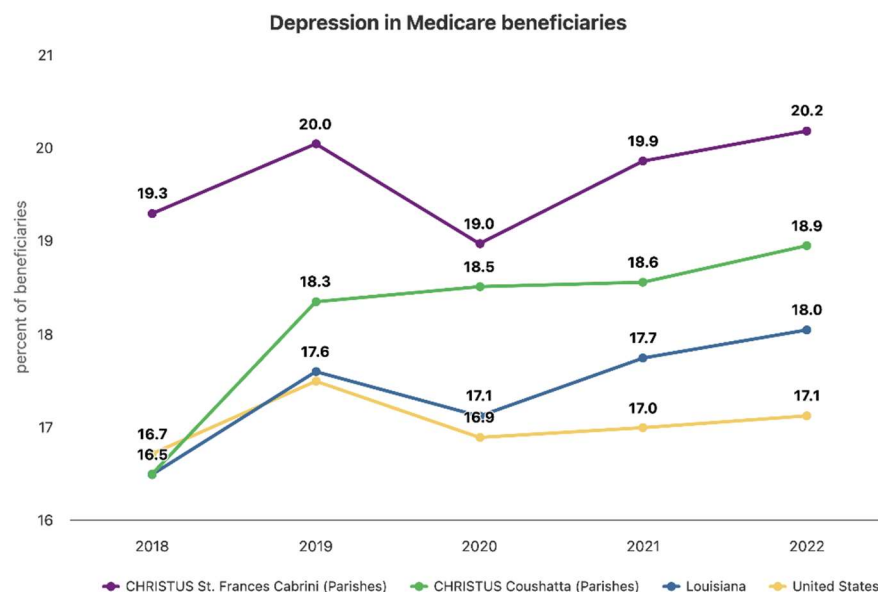
Affording prescription medications remains a significant challenge for many older adults in central and north Louisiana. According to national data, 23% of adults aged 65 and older report difficulty affording the cost of their prescriptions — despite the fact that more than half (54%) take four or more different medications to manage chronic conditions, pain and other age-related health needs.

For the communities served by CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta, these numbers highlight the financial strain placed on older residents — many of whom live on fixed incomes and may have to choose between medication and other basic necessities like food or utilities. Medication nonadherence due to cost is linked to poorer health outcomes, avoidable hospitalizations and diminished quality of life.

These insights reinforce the importance of continuing to provide charity care, medication assistance programs and care coordination services to ensure that older adults can access and afford the medications they need to age with dignity and stability.

Depression in Medicare Beneficiaries

Depression rates among Medicare beneficiaries in the parishes served by CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta have remained consistently higher than the state and national averages from 2018 to 2022. In 2022, CHRISTUS St. Frances Cabrini reported the highest rate at 20.18%, while the national average was 17.12%. These elevated rates indicate a significant mental health challenge in these specific parishes compared to Louisiana and the United States as a whole.



Created on Metopio | metopio.io/judt2cezu | Data source: Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities

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

Substance Use

Approximately **4-9%** of older adults **use prescription opioids** to relieve pain.

Opioid-involved deaths, primarily involving synthetic opioids such as illicit fentanyl, in older adults **increased by 10%** in 2022, compared to 2021.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Preventing Opioid Misuse and Treating Opioid Use Disorders in Older Adults.

Substance use among older adults is an emerging public health concern in Central and Northern Louisiana. Nationally, an estimated 4–9% of older adults use prescription opioids to manage chronic pain — a common reality for aging populations. However, rising trends in opioid-involved deaths among this age group highlight a growing and underrecognized risk. In 2022, opioid-involved fatalities in older adults increased by 10% compared to the previous year, largely driven by synthetic opioids such as illicit fentanyl.

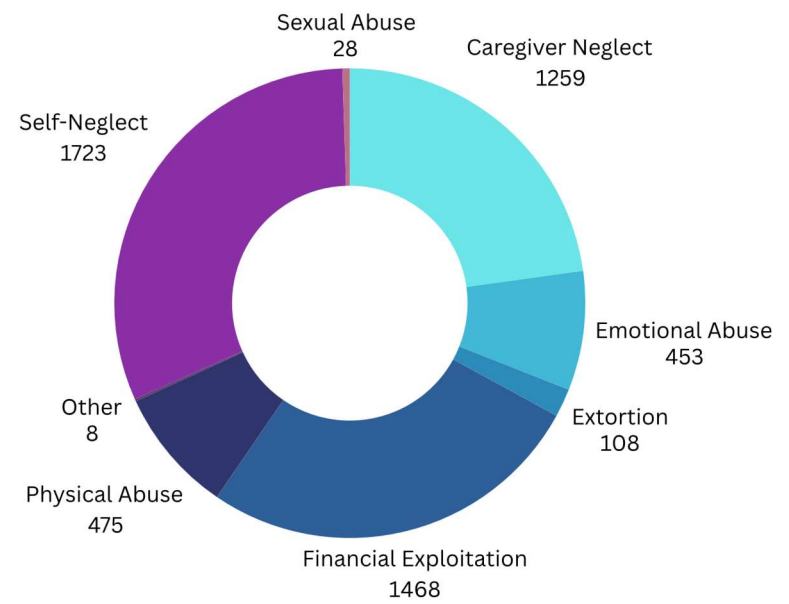
For the communities served by CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta, these figures raise important questions about safe prescribing practices, medication monitoring and access to addiction and behavioral health services tailored to older adults. Many older patients may not perceive themselves at risk for substance misuse, and providers may overlook signs of dependency due to overlapping symptoms with age-related conditions.

This data underscores the need for proactive, age-appropriate strategies, including pain management alternatives, patient and caregiver education, routine substance use screening and cross-sector collaboration to prevent misuse and protect the health and dignity of older adults.

Crime (Safety)

Elder abuse and neglect remain serious and often underrecognized threats to the well-being of older adults in Louisiana. In 2024, elderly protective services received thousands of reports statewide, with the most frequent cases involving self-neglect (1,723 reports), financial exploitation (1,468) and caregiver neglect (1,259). Additional reports included physical abuse (475), emotional abuse (453) and sexual abuse (28).

Distribution of Elderly Protective Services Reports in 2024



Source: Louisiana Executive Board on Aging – Governor's Office of Elderly Affairs | Distribution of Elderly Protective Services Reports: Types and Quantities of Reported Abuse in 2024

Food Insecurity

1 in 7 seniors in Louisiana experience food insecurity.

Louisiana's food insecurity rate for seniors is **almost double the national percent**.

- United States: 7%
- Louisiana: 13.6%

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

Food insecurity remains a critical concern for older adults in central and northern Louisiana. According to Feeding America, one in seven seniors in Louisiana (13.6%) are food insecure — nearly double the national average of 7%. This means thousands of aging adults across the CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta service areas are struggling to consistently access the nutritious food they need to maintain their health and independence.

Food insecurity in older adults is linked to higher rates of chronic illness, hospitalizations, depression and poor medication adherence — especially among those on fixed incomes or with limited mobility. The rising cost of living, lack of transportation and limited availability of senior-focused nutrition programs in rural parishes only worsen the issue.

Housing Instability

28 % of households with one or more adults aged 65 and older in Louisiana **spend more than 30% of their household income on housing costs**.

Cost burden amongst older adults is higher among:

- Women
- Black and Hispanic households
- Adults aged 80 and older
- Single-adult households
- Renters
- Those with annual household income of \$15,000 or less

Source: U.S. Census Bureau, American Community Survey; summarized by housing cost burden in older adults

In Louisiana, 28% of households with one or more adults aged 65 and older spend more than 30% of their income on housing costs — a level that meets the federal definition of being cost-burdened.

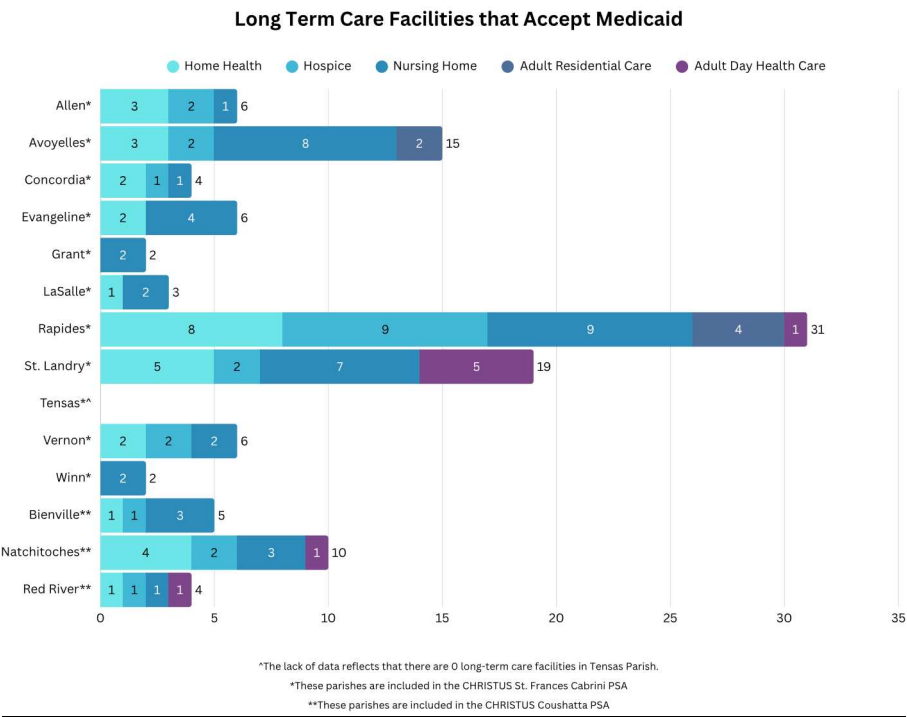
This financial strain is most severe among women, Black and Hispanic households, adults aged 80 and older, single-adult households, renters and those earning \$15,000 or less annually. For these vulnerable populations, high housing costs often mean impossible trade-offs between paying for food, medications, utilities and medical care.

Housing insecurity in older age threatens not only physical safety but also emotional well-being, independence and access to health services.

Long Term Care Facilities that Accept Medicaid

Access to long-term care for Medicaid-eligible older adults varies significantly across the CHRISTUS St. Frances Cabrini and CHRISTUS Coushatta service areas. In more urbanized parishes like Rapides, there is a broader network of care with 31 facilities accepting Medicaid — including nursing homes, home health, hospice, adult residential care and adult day health care. This range of options supports aging in place, end-of-life care and transitional support for medically complex seniors.

However, in rural parishes — such as Grant, LaSalle, Winn, Bienville and Red River — the number and type of Medicaid-accepting long-term care facilities are far more limited, sometimes with only one or two services available. Notably, Tensas Parish has no long-term care facilities accepting Medicaid, leaving vulnerable seniors with few options close to home.



Source: Louisiana Department of Health – LA Medicaid Provider Locator | Long term care facilities that accept Medicaid: The number of home health, hospice, nursing home, adult residential care, and adult day health care facilities that accept Medicaid for each parish

What Is the Story Behind the Data?

Isolation, fixed-income poverty and medication costs were noted by community members as challenges to maintaining older adult health. Participants described seniors skipping pills, cutting tablets in half or alternating days because “everything from electricity to property tax has gone up and the check hasn’t.” Many elders own modest homes or cars, disqualifying them from assistance programs yet still leaving too little cash for a \$300 inhaler refill.

Social networks have thinned since COVID and successive hurricanes. Local organizations offer rides only to essential doctor visits, so seniors decline bingo, exercise classes and even pharmacy trips. Mental health screening shows depression rates among Medicare beneficiaries well above state and national baselines, and caregivers see a parallel rise in opioid or alcohol misuse to blunt chronic pain. Community ideas included volunteers to assist with home repairs, expanded home health nurse visits to reconcile medication lists and peer-led companion programs to provide regular check-ins and break the cycle of loneliness.

Access to in-home care and long-term services remains limited. Participants noted that many seniors wish to age in place but cannot do so safely due to lack of support with daily tasks or medical needs. Waitlists for home health aides and limited Medicaid reimbursement rates were cited as systemic challenges that limit service availability.

Mental health concerns, including depression, grief and anxiety, are widespread but under-acknowledged among older adults. Stigma, generational attitudes and a lack of screening often result in these issues going untreated. Participants emphasized the need for proactive mental health outreach and support groups tailored to seniors.

Finally, participants advocated for increased opportunities for social connection and purpose. Programs that offer older adults chances to volunteer, learn and engage with others were described as protective for mental and physical health. However, these programs are often limited by funding or lack of transportation access, especially in rural areas.

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Chapter 8: Conclusion



Conclusion

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

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



Looking Ahead

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

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

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

Acknowledgements

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

CHRISTUS St. Frances Cabrini Health System and CHRISTUS Coughatta Health Care Center Leadership

We extend our sincere gratitude to the leadership team for their unwavering support throughout the development of this Community Health Needs Assessment. Their leadership ensured that this report

reflects both the pressing health needs of our region and the mission and values of CHRISTUS Health.

CHNA Report Preparation Team

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

- Patrick Braquet, Vice President of Mission Integration
- Madeline Mitchell, Public Health AmeriCorps
- Rahima Olatinwo, Public Health AmeriCorps
- Cade Foster, Public Health AmeriCorps
- Kathy Armijo-Etre, AE Consulting
- Chara Abrams, System Director, Community Health & Health Equity
- Nadine Nadal Monforte, Director, Community Health
- Jessica Guerra Martinez, Program Manager, Community Development
- Kala Guidry, Program Director, Health Equity Analytics
- Stephen Thomas, Ada Abaragu and Micah Dennis, AmeriCorps VISTA Members
- Marcos Pesquera, Chief Diversity Officer and Vice President of Community Health
- Sarah Vanausdall and Annie Elliott, Metopio
- Amanda White, Graphic Designer
- Shakira Del Toro, Copywriter

Community Indicator Workgroup

We extend our sincere appreciation to the individuals who participated in the community indicator workgroup. Their expertise in identifying and

prioritizing key health indicators has been instrumental in shaping this assessment.

Data Dictionary Work Sessions

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

Community Survey Workgroup and Distributors

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

Community Focus Groups

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

Windshield Survey Participants

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

CHRISTUS Community Impact Fund Grantees

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

Community Partners

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

Board of Directors

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

Subject Matter Experts and Consultants

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

Contact Information

We are grateful to the scholars, hospital staff, advocacy leaders, partners and stakeholders who have expressed appreciation for easy access to previous CHNAs to reference comprehensive data on local community health status, needs and issues. We hope the collaborative nature of the 2026-2028 CHNA is valued as an enhanced asset. We invite all members of the community to submit questions and feedback regarding this collective assessment.

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

Patrick Braquet

patrick.braquet@christushealth.org

System Community Health Team

communityhealth@christushealth.org

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

CHRISTUS Health's website:

<https://www.christushealth.org/connect/community/community-needs>

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