Barriers to Care Landscape Analysis for the Capital Area Region

Written by the Louisiana Public Health Institute on behalf of the Huey and Angelina Wilson Foundation

LOUISIANA PUBLIC HEALTH INSTITUTE

Table of Contents

Introduction and Executive Summary

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The Huey and Angelina Wilson Foundation ("the Foundation") supports public health initiatives in Southcentral Louisiana serving a 10-parish region (Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, West Baton Rouge, and West Feliciana) in the areas of human services, healthcare, education, and prison reentry. Established in 1986, the Foundation holds a unique position as one of the few philanthropic organizations with deep roots in the region and a steadfast commitment to addressing its systemic challenges to enhance the quality of life for all residents. This long-standing presence, combined with a place-based funding approach, allows the foundation to work collaboratively with local stakeholders, leverage regional expertise, and target resources to areas of greatest needs. While the Foundation's historical approach to funding was reactionary by responding to the area's most immediate needs, it has since shifted its strategic focus to a more proactive, place-based, and people-focused strategy. The purpose of the landscape analysis is to dive deeper into the healthcare funding area, with the understanding that human services, education, and prison reentry play a role due to intersectionality. Within the healthcare funding area, the strategy seeks to address systemic barriers to healthcare access with a focus on improving primary care, mental health care services, and workforce capacity. These barriers disproportionately impact underserved populations, including individuals falling below the ALICE (Asset-Limited, Income-Constrained, Employed) threshold and those re-entering society following incarceration. ALICE data represents those who earn above the Federal Poverty Level but less than what it costs to maintain a comfortable living; United Way defines this group based on the cost of living in given municipalities. ALICE offers a unique perspective on the state of the working poor, those who make too much to qualify for benefits such as Medicaid, but not enough to afford private health insurance (United for Alice, 2019). This landscape analysis synthesizes research and data to identify key barriers to care, such as cost barriers and cost perception barriers, workforce shortages, and mental health care service gaps. It also explores strategies and recommendations for improving access to primary care, mental health care services, and chronic disease management, with an emphasis on workforce development and system-level policy changes.

The analysis identified **key barriers** as:

- Financial Barriers and Perceived Financial Barriers. The primary financial barriers to accessing care are 1) cost of care, 2) perceived cost of care, and 3) the overall lack of coverage of care.
- Geographic and Transportation Barriers. The inability to find a conveniently located provider has been shown to prevent access to care, is often limited by a lack of public transportation options and deeply impacts availability of providers.
- Healthcare Provider Workforce Shortages. Rurality, coupled with provider shortages impacts access to care with individuals facing longer wait times to access care, a lack of general and specialty providers.

The analysis provided initial **recommendations** to consider:

- Address financial barriers to care and perceived financial barriers to care through capacity building and education on insurance literacy.
- Expanding Care and Access to Care Models
- Enhance and Expand the Use of Staff Extender Models
- Expand the Use of Telehealth, Increase Consumer Digital Literacy, and Increase Telehealth Infrastructure Investment as a Foundational Component of Access
- Expanding Workforce Pipeline Programs Supporting New Providers and Ensuring Continuity of the Current Workforce

Overview of Health Disparities and Outcomes in Louisiana

Overview of Health Disparities and Outcomes in Louisiana

Louisiana, rich in culture, habitat, natural resources, and community, struggles with the translation of this wealth into health outcomes. In 2023, Louisiana ranked as the least healthy state in the nation according to America's Health Rankings, and consistently ranks in the bottom five states for a series of indicators deeply affecting health outcomes including, economic factors (ranked 50th), physical environment (ranked 47th), health behaviors (ranked 49th), health outcomes (ranked 48th) and clinical care (ranked 38th) (AHR, 2023). While studies show strengths in some preventative areas of health, for example, screening around cancer, and lower levels of residential racial segregation compared to neighboring states, the drivers of health listed above result in some of the highest rates of chronic conditions and preventative deaths nationally. These include diabetes, heart disease, obesity, infant mortality, and maternal mortality.

Health disparities, or health differences linked to some form of inequity, in Louisiana are deeply entrenched, particularly within the Capital Area's 10-parish region, which includes East Baton Rouge and surrounding parishes. These issues are compounded by the state's economic conditions and socioeconomic disparities, felt by residents, and captured in a national measure that includes six population-level social and economic measures (housing density, dependency, education, income, poverty, and unemployment) ranking Louisiana at 49th in the national economic hardship index (AHR, 2023). This economic hardship index helps illuminate the issue that a significant portion of the state's residents experience poverty, combined with a multitude of other economic factors that influence health literacy, health behaviors, health access, and overall health outcomes.

Health disparities and challenges in Louisiana, and specifically in the 10-parish region, are further exacerbated by geographic and infrastructure limitations impacting access to care. In addition to economic factors and significant geographic equity issues, racial disparities around access to care and its impact on overall health outcomes show stark differences between white and Black residents. Black residents of the 10-parish area disproportionately experience barriers to timely and high-quality care, alongside significant disparities in investment in health infrastructure and health care funding distribution (LDH, 2021).

A high-level overview of Louisiana's most pronounced health disparities affecting both rural and urban populations includes, but it is not limited to:

Chronic Disease

Louisiana faces a higher-than-average rate of chronic disease prevalence such as diabetes, hypertension, and heart disease compared to national averages. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), residents of the state are more likely to suffer from these conditions due to a combination of factors, including limited access to healthcare services, unhealthy lifestyle choices, and socioeconomic challenges (CDC, 2023). The Louisiana Health Report Card further emphasizes the severity of chronic disease in the region, noting that a large proportion of residents suffer from preventable conditions such as obesity, diabetes, and cardiovascular disease (LDH, 2022). Louisiana has higher rates of diabetes (13.8%, 11.6%), hypertension (39.9%, 34.0%), and heart disease (8.5%, 6.3%) than the national averages (American Diabetes Association, 2024) (CDC, 2023).

These chronic conditions place an additional strain on the already overburdened healthcare system, leading to higher hospitalization rates and increased healthcare costs. The high prevalence of chronic disease is closely linked to the lack of access to and utilization of primary care and specialty services,

which leaves many individuals unable to manage their conditions effectively. This situation is particularly critical in rural parishes, where healthcare infrastructure is limited, and patients often must travel long distances to receive care (RWJF, 2022).

Table 1: Chronic Disease in the 10 Parish Region

Parish	Diabetes Prevalence	Adult Obesity	Coronary Heart Disease	Hypertension
Ascension	10%	36%	6	34%
East Baton Rouge	12%	37%	5.8	36%
East Feliciana	12%	42%	6.6	39%
Iberville	14%	41%	6.7	41%
Livingston	10%	37%	6.4	33%
Pointe Coupee	13%	40%	6.9	39%
St Helena	15%	43%	6.6	43%
St. James	13%	39%	6.1	40%
West Baton Rouge	12%	42%	6.3	37%
West Feliciana	12%	40%	6.4	40%
Louisiana	**12%**	**39%**	**5.7***	**30%***

*National averages, Louisiana not available for given data point

County Health Rankings & Roadmaps. (2024). 2024 County Health Rankings Louisiana Data [Data set]. University of Wisconsin Population Health Institute.

Table 2: HIV in the 10 Parish Region

Parish	Persons Living with HIV per 100,000 population-2022	New HIV Diagnoses per 100,000 population-2023*
Ascension	275	8.4
East Baton Rouge	1054	28.4
East Feliciana	914	31.4
Iberville	911	37.3
Livingston	232	10.1
Pointe Coupee	419	2 new cases
St Helena	312	1 new case
St. James	518	4 new cases
West Baton Rouge	550	17.8
West Feliciana	731	1 new case
Louisiana	**568**	**24.4**

*Not available for Parishes with <5 new cases

AIDSVu. (2023). Rate of Persons Living with HIV per 100k, 2022, Louisiana Department of Health STD, HIV, and Hepatitis Program. (2023). STI/HIV/Hepatitis B & C Update 2023

Despite advances in the treatment of HIV, it continues to be a major health concern for the region. The Baton Rouge Metropolitan Statistical Area has the 5th highest rate of new HIV diagnoses in the United States, at 22 new cases per 100,000 population (CDC, 2024). Additionally, Louisiana has the second highest rate of HIV diagnoses in the United States. According to the Louisiana Department of Health (LDH), 60% of Persons Living With HIV (PLWH) in the Baton Rouge Metro are retained in care, and 77% of PLWH in the Baton Rouge Metro are virally suppressed. Fast-Track Cities, a global partnership centered on reducing HIV infections and AIDS-related deaths to zero, partners with eight primary health centers in Baton Rouge to facilitate linkage and retention of care, as well as partnering with eight facilities that distribute PrEP. The combination of these resources strive to make it easier for PLWH to receive treatment and stay in treatment to prevent them from developing AIDS (Fast-Track Cities, n.d.).

Mental Health and Substance Use Challenges

Louisiana has elevated mental health needs when compared to the United States, as 18.7% of Louisianans report having fourteen or more poor mental health days a year, compared to the national average of 15.4% (CDC, 2015). Additionally, according to Kaiser Family Foundation (KFF), Louisiana has a slightly lower rate of unmet mental health needs (24.0%) than the national rate (26.8%) (BHW, HRSA 2024). The number of adults reporting symptoms of anxiety and/or depressive disorder only steadily increases, and over the last five years, approximately 39.1% of Louisiana adults reporting symptoms in 2023 compared to 32% of the general United States population. It is estimated that one in four adults have a mental health challenge. Louisiana ranks 35th among all states for its suicide rate (LDH, n.d.). The *Louisiana Health Report Card* highlights that behavioral health (mental health and substance use) challenges are compounded by the region's high rates of poverty and unemployment, which increase the likelihood of mental health challenges while reducing access to services (LDH, 2022). Moreover, the stigma surrounding mental health care in these communities further discourages individuals from seeking help, leaving many residents untreated and unsupported (LPHI, 2022).

Table 3: Mental Health in the 10 Parish Region

Parish	Average number of Poor Mental Health Days in last month	Ratio of population to mental health providers.
Ascension	5.0	831:1
East Baton Rouge	5.9	218:1
East Feliciana	5.6	231:1
Iberville	6.1	332:1
Livingston	5.5	825:1
Pointe Coupee	6.1	840:1
St Helena	6.1	1202:1
St. James	6.0	1387:1
West Baton Rouge	5.7	1038:1
West Feliciana	5.3	1025:1
Louisiana	**5.7**	**295:1**

County Health Rankings & Roadmaps. (2024). 2024 County Health Rankings Louisiana Data [Data set]. University of Wisconsin Population Health Institute.

Substance Use, including Opioid Use and Overdose

Substance use in Louisiana presents significant challenges, with notably high drug overdose deaths and addiction rates. From 2019 to 2020, drug deaths in the state surged by 50%, a trend fueled in part by the opioid crisis and increasing prevalence of fentanyl (KFF, 2023). Louisiana ranks among the worst states nationally for substance use outcomes, with limited access to evidence-based treatments exacerbating the issue. Medicaid reforms, such as expanded use of medication-assisted treatment (MAT) for opioid use disorder, have shown promise but are unevenly implemented across the state and 10-parish region (Whitacre et al., 2024).

The 10-parish region is experiencing an acute crisis related to substance use, and opioid use specifically. Louisiana ranks among the highest states in opioid prescription rates, with rural areas disproportionately affected. For instance, Livingston Parish reported 65.3 opioid overdose deaths per 100,000 residents in recent years, more than double the state average (LDH, 2022). A lack of treatment facilities, combined with limited access to evidence-based practices such as MAT, has left many communities ill-equipped to combat these challenges. Furthermore, stigma surrounding substance use disorders remains a major obstacle, discouraging individuals from seeking help.

Table 4: Opioid Mortality in the 10 Parish Region

Parish	Opioid Overdose Deaths – per 100,000
Ascension	49.8
East Baton Rouge	15.1
East Feliciana	N/A
Iberville	40
Livingston	65.3
Pointe Coupee	27.9
St Helena	N/A
St. James	59.3
West Baton Rouge	N/A
West Feliciana	55
Louisiana	**30**

Louisiana Department of Health. (2022). Louisiana Health Report Card 2021. Baton Rouge, LA: Louisiana Department of Health.

Suicide

Suicide remains a pressing public health issue in Louisiana, with significant disparities evident across demographic and geographic lines. Rural parishes, such as West Feliciana, report suicide rates as high as 24 per 100,000 residents, compared to state averages of 15 per 100,000 residents (LDH, 2022). While White men represent most suicide deaths, Black youth are experiencing a concerning rise in suicide rates, reflecting national trends (Bridge et al., 2018; Curtin et al., 2022; Stone et al., 2023).

Table 5: Suicides in the 10 Parish Region

Parish	Suicides – per 100,000
Ascension	12
East Baton Rouge	12
East Feliciana	12
Iberville	9
Livingston	16
Pointe Coupee	15
St Helena	N/A
St. James	12
West Baton Rouge	13
West Feliciana	24
Louisiana	**15**

Louisiana Department of Health. (2022). Louisiana Health Report Card 2021. Baton Rouge, LA: Louisiana Department of Health.

Cancer Rates and Cancer Mortality

Louisiana has one of the highest cancer mortality rates (5th) in the nation, with the highest death rate in the state associated with lung cancer, followed by breast, prostate, colon, and pancreatic cancer. The cancer burden of the 10-parish region exceeds the state average in all but two of the parishes (East Baton Rouge, St. Helena) of focus (NCI, 2023). Additionally, three parishes – Iberville, Pointe Coupee, and St. James – have higher rates of cancer mortality than the state average. This data shows that these three parishes see the largest cancer burden in the ten-parish region, as they have the three largest incidence and mortality rates.

Table 6: Cancer Burden in the 10 Parish Region

Parish	All Sites Cancer Incidence (New cases per 100,000)	All Sites Cancer Mortality (deaths per 100,000 persons)
Ascension	499.6	142.9
East Baton Rouge	475.3	145.7
East Feliciana	485.9	162.3
Iberville	586.4	195.3
Livingston	491.2	158.7
Pointe Coupee	500.9	170.8
St Helena	461.4	156.3
St. James	533.5	169.6
West Baton Rouge	494.3	154.5
West Feliciana	508.9	159.8
Louisiana	**483.6**	**165.2**

National Cancer Institute. (2023). National Program of Cancer Registries and Surveillance, Epidemiology and End Results Database

Maternal and Infant Mortality

Low birthweight (LBW) can cause health problems for infants and is also an indicator for maternal health, nutrition, healthcare delivery, and poverty. Factors like maternal stress, pollution, and malnutrition are associated with LBW (County Health Rankings & Roadmaps, 2024). The parishes with the highest percentage of LBW births are East Baton Rouge, Iberville, and St. James Parish. Additionally, East Baton Rouge and Iberville have the highest rate of infant mortality in the 10-parish region (at 10 and 9 deaths per 1000 live births, respectively) indicating that these parishes tend to see more disparity with regards to maternal mortality. There are significant data gaps in some of the parishes. For instance, St. James Parish, which has the second highest LBW in the region, lacks infant mortality data; therefore, the scope of disparity around mortality cannot be full illustrated. The state tracks pregnancy associated deaths, or maternal mortality, at the state level, and the Louisiana rate of 26.2 deaths per 100,000 live births is higher than the national rate of 22.3 deaths per 100,000 live births (Louisiana Department of Health, n.d.) (CDC, 2022).

Table 7: Infant and Maternal Health in the 10 Parish Region

Parish	Infant Mortality – deaths per 1000 live births	Percentage of live births with low birth weight
Ascension	5	9%
East Baton Rouge	10	12%
East Feliciana	N/A	11%
Iberville	9	13%
Livingston	7	8%
Pointe Coupee	N/A	11%
St. Helena	N/A	11%
St. James	N/A	12%
West Baton Rouge	8	11%
West Feliciana	N/A	9%
Louisiana	**8**	**11%**

County Health Rankings & Roadmaps. (2024). 2024 County Health Rankings Louisiana Data [Data set]. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/sites/default/files/media/document/2024%20County%20Health%20Rankings%20Louisiana%20Data%20-%20v2.xlsx

Health Behaviors

The drivers of health like income, education, and where people live impact the resources and opportunities available to the community. These drivers influence health behaviors like seeking preventative care. The indicator of preventable hospital stays identifies the health behavior of seeking preventative care, through categorizing hospital stays that could have been prevented, if addressed earlier. Preventable hospital stays in the 10-parish region only exceed the state average in two parishes, St. Helena and West Baton Rouge. Other preventable health seeking behaviors, like annual flu vaccines and cancer screenings are lower than state averages across the 10-parish region. These health behaviors tend to be lower in the more rural parishes, such as East Feliciana, Livingston, and St. Helena which have lower vaccination and cancer screening rates than the rest of the state.

Table 8: Preventative Care in the 10 Parish Region

Parish	Preventable Hospital Stays	% with Flu Vaccinations	% of Female Medicare enrollees with Mammography Screening	Adults ages 50-75 with at least one colonoscopy within the past 10 years
Ascension	2676	45%	45%	65%
East Baton Rouge	2517	46%	45%	65%
East Feliciana	3146	37%	37%	59%
Iberville	4072	44%	45%	56%
Livingston	2978	41%	42%	63%
Pointe Coupee	1727	34%	43%	59%
St. Helena	3784	31%	35%	62%
St. James	3050	41%	40%	61%
West Baton Rouge	3732	44%	47%	64%
West Feliciana	1711	41%	42%	56%
Louisiana	**3575**	**40%**	**43%**	**61%**

County Health Rankings & Roadmaps. (2024). 2024 County Health Rankings Louisiana Data [Data set]. University of Wisconsin Population Health Institute, National Cancer Institute. (2023). National Program of Cancer Registries and Surveillance, Epidemiology and End Results Database.

Low rates of preventive care utilization, such as screenings and vaccinations, are a significant issue in the state, especially in rural parishes. Data from the County Health Rankings indicates that the region consistently underperforms in terms of preventive healthcare use when compared to state and national averages (RWJF, 2022).

Even though immunization rates in Louisiana, a critical prevention tool, are slightly above the national average at 75.3%, a significant portion of the population remains unvaccinated, further highlighting gaps in preventive care access (KFF, 2022). This issue is particularly pronounced in rural areas.

Several factors contribute to the underutilization of preventive care, including limited access to primary care providers, the cost of healthcare services, and a lack of awareness about the importance of preventive measures. The ALICE Report illuminates that many low-income families prioritize immediate financial needs over preventive healthcare, choosing to forgo routine checkups and vaccinations in favor of covering essential household expenses (United Way of Louisiana, 2021). This situation is particularly concerning in rural areas, where healthcare providers are scarce, and residents may not have the financial or logistical means to travel to distant healthcare facilities for preventive services (RWJF, 2022). The low rates of preventive care utilization further exacerbate health disparities in the region, leading to higher rates of preventable diseases and conditions that could be managed more effectively if caught early.

Barriers to Accessing Care

Barriers to Accessing Care

The primary documented access to care barriers faced by individuals both in Louisiana and across the United States include:

Financial Barriers and Perceived Financial Barriers: The primary financial barriers to accessing care are 1) cost of care, 2) perceived cost of care, and 3) the overall lack of coverage of care. Overall insurance coverage does not guarantee comprehensiveness of coverage which can result in high out-of-pocket expenses and limitations in access to care. Additionally, many individuals make too much money to qualify for benefits such as Medicaid, but not enough to afford private health insurance. Those below the ALICE threshold, even with Medicaid coverage, perceive healthcare as unaffordable, and as a result, they may delay or avoid care. Financial considerations around accessing mental health and substance use (MH/SU) care are deeply impacted by parity concerns, cost of and restrictions on care, and the perceptions of timeliness and quality based on paying for care out-of-pocket.

Geographic and Transportation Barriers: Nationally, the inability to find a conveniently located provider has been shown to prevent approximately 30% of individuals from receiving MH/SU care (NCMW, 2002). In some rural areas, providers may be hours away. In Louisiana, specifically in the rural areas of the 10-parish region identified by the Foundation, individuals face significant geographic challenges in relation to distance to access healthcare facilities, lack of public transportation options, and limited availability of providers. Physical proximity, a lack of reliable and/or public transportation options, as well as a lack of provider choice can lead to delayed or avoided care.

Healthcare Provider Workforce Shortages: Rurality, coupled with provider shortages impacts access to care. In Louisiana, 73% of residents live in a Health Professional Shortage Area (HPSA), a designation by HRSA as having shortages of primary care, dental care, or mental health providers (LDH, 2022). A shortage of healthcare providers, particularly in the rural and underserved areas of the 10-parish region, exacerbates primary care and mental health service access challenges with individuals facing longer wait times to access care, a lack of general providers, and a lack of specialty providers.

Financial Barriers to Care

Financial barriers continue to be one of the most significant barriers to millions of people in the United States accessing timely and high-quality healthcare. These financial barriers often manifest through high out-of-pocket costs (e.g., copayments and deductibles), particularly for those without insurance or with limited coverage. Even when insurance coverage is available, many patients still report avoiding care due to out-of-pocket expenses such as copayments, deductibles, and prescription drug costs (RWJF, 2022). Though they may see a medical provider for an initial or emergency encounter, many individuals delay additional care, follow up care, or medication to prioritize more immediate needs such as housing, food, transportation, or paying for competing medical issues due to financial constraints (Sandhu et al., 2022). This is even more pronounced in communities or groups facing greater social and economic vulnerability, such as individuals who face housing insecurity, individuals living with HIV, and individuals with MH/SU challenges (Campbell et al., 2015) (KFF, 2023). In Louisiana specifically, individuals and families face significant financial barriers to healthcare access due to high costs of care combined with overall high poverty rates (the second highest rate in the country), individuals falling below the ALICE threshold, and most individuals and families without the means or access to adequate insurance coverage.

Table 9: Public Insurance Coverage in the 10 Parish Region

Parish	% on Medicaid, alone or in combination	% on Medicare, alone or in combination	% on VA healthcare coverage alone or in combination	% Adults under age 65 Uninsured
Ascension	20%	15%	1%	7%
East Baton Rouge	26%	16%	2%	9%
East Feliciana	26%	23%	2%	8%
Iberville	28%	20%	2%	9%
Livingston	23%	16%	2%	9%
Pointe Coupee	34%	25%	2%	10%
St Helena	41%	22%	1%	11%
St. James	24%	21%	2%	7%
West Baton Rouge	24%	18%	1%	8%
West Feliciana	26%	16%	2%	7%
Louisiana	**30%**	**19%**	**2%**	**11%**

U.S. Census Bureau, U.S. Department of Commerce. "Public Health Insurance Coverage by Type and Selected Characteristics." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2023.

Table 10: Private Insurance Coverage in the 10 Parish Region

Parish	% Employer-based coverage alone or in combination	% Direct-purchase coverage alone or in combination	% Tricare/ military coverage alone or in combination
Ascension	63%	8%	2%
East Baton Rouge	54%	12%	2%
East Feliciana	51%	12%	1%
Iberville	52%	10%	1%
Livingston	58%	8%	1%
Pointe Coupee	42%	16%	3%
St Helena	39%	8%	<1%
St. James	57%	11%	2%
West Baton Rouge	60%	9%	2%
West Feliciana	55%	12%	2%
Louisiana	**48%**	**12%**	**3%**

U.S. Census Bureau. "Private Health Insurance Coverage by Type and Selected Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2703, 2022.

Additional Financial Barriers to Accessing Mental Health and Substance Use Care

Financial barriers are particularly detrimental in impacting access to mental health and substance use care. Adequate health insurance coverage and high out of pocket costs remain barriers, and additional barriers exist, mostly notably inconsistent application of mental health parity laws (the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 – MHPAEA) around the reimbursement of MH/SU services, which impact individuals even when they have insurance (RWJ, 2022) (Centers for Medicare & Medicaid Services, 2024). The differences in reimbursement rates of MH/SU services increase the cost of care and impacts access to care as health plans and health providers are more likely to impose restrictions on care or limits to services based on this.

A national review of State's efforts to enforce mental health parity resulted in findings that:

> "*Health plans may be less likely to grant prior authorization for inpatient behavioral health treatment than for inpatient medical services, leading to delays in obtaining care and limits on the level and duration of care. Further, health plans often pay behavioral health providers significantly lower payment rates than they do for other medical providers, dissuading them from joining plan networks and making it harder for enrollees to find in-network providers and timely appointments. As a result, enrollees are more likely to use an out-of-network provider for behavioral healthcare—and therefore pay higher out-of-pocket costs—than for other medical care.*" (RWJF, 2022)

Additional findings show that when surveyed, none of the major national insurance plans complied with key requirements of MHPAEA (Department of Labor, 2022). Key requirements include three specific areas of cost containment to achieve parity or equivalent with physical health coverage that prevent barriers to accessing high quality and timely MH/SU services. They include 1) financial requirements (e.g., copayments, co-insurance, and out-of-pocket limits), 2) treatment limits (e.g., limits on number of visits

covered, limits of days of treatment covered) imposed on covered treatments, 3) non-quantitative treatment limits (e.g., prior authorizations, step therapy protocols, restrictions on billing codes, etc.) (RWJF, 2022).

Issues with the lack of MH/SU parity are critical to understanding how further financial barriers manifest for individuals around accessing this type of care. The high cost of out-of-pocket care, and inadequate coverage of care for ongoing specialized treatment, therapeutic modalities, hospitalizations, and medications make MH/SU care expensive and unaffordable for many (NCMW, 2022). These costs coupled with restrictions on number of sessions or types of certain therapies impacts quality of care and successful treatment outcomes.

National representative polling showed that overall coverage or cost-related concerns prevented 37% of Americans from accessing the mental health care they needed and 31% from receiving substance use care (NCMW, 2022). Those that did receive care report overwhelming difficulties in accessing it (67% for mental health care and 81% for substance use care), and the majority report that insurance-related issues complicate their access to care (NCMW, 2022). Overall, almost 60% of adults in the United States believe it is easier and faster to get MH/SU care if you pay out-of-pocket rather than using insurance (NCMW, 2022).

Additionally, a lack of awareness about available subsidies or financial assistance programs further compounds this issue, preventing eligible individuals from accessing critical mental health services (LMHA, 2022).

Expanded Access to Care and Outcomes: Louisiana and Medicaid Expansion

Since the passing of the Affordable Care Act, Medicaid expansion has increased access to care and reduced barriers to care nationally (American Medical Association, 2018). Medicaid expansion in Louisiana extended coverage to all adults earning up to 138% of the federal poverty level (FPL) on July 1, 2016 (LDH, 2019). The Affordable Care Act (ACA) provided states who expanded Medicaid with an enhanced federal matching rate (FMAP) for their expansion populations (KFF, 2024).

One study examined how Medicaid expansion affected health insurance coverage of low-income adults that have asthma, and this study found that low-income adults with asthma those living in states with Medicaid expansion saw 13.36% increase in health insurance coverage than when compared to those living in states without Medicaid expansion (Hsu et al., 2021). Another research article used preventable hospitalizations to determine if Medicaid expansion states experienced higher levels of primary care access. Researchers found that Medicaid expansion led to lower rates of preventable hospitalizations, as well as increased Medicaid income eligibility, both of which are associated with higher rates of primary care utilization (Brown et al., 2022). These studies demonstrate that Medicaid expansion has lowered barriers to care while increasing access to care, especially when compared to states that have not enacted Medicaid expansion.

Perceived Financial Barriers to Care

One of the most significant barriers to healthcare access in Louisiana, in addition to the actual cost of care and cost of coverage for care, is the perception of high healthcare costs (Altarum Healthcare Value Hub, 2023). Research shows that many residents delay or avoid seeking healthcare services due to concerns about affordability, even when coverage, low-cost or sliding-scale options are available. The ALICE Report (2022), indicates that 51% of households in Louisiana fall below the ALICE threshold, compared to 42% at the national level (United Way of Louisiana, 2022). This suggests that a significant portion of the population in Louisiana faces economic challenges that are likely to contribute to their perception of healthcare costs as unaffordable. According to the ALICE Report, this population often falls into a coverage gap—earning too much to qualify for Medicaid but not enough to afford private insurance, leaving them in a financial situation where healthcare costs are prohibitively expensive. This economic instability impacts the ability to access essential healthcare services, even when qualify for assistance programs. This coverage gap leaves many individuals unable to access preventive or routine healthcare services, leading to worsened health outcomes over time.

In rural areas, the perception of cost is further compounded by limited access to healthcare providers (Rural Health Information Hub, 2024). Residents in these areas often need to travel significant distances to reach healthcare facilities, which adds transportation costs to their financial burden. The average distance to a hospital is 4.4 miles in urban areas compared to 10.5 miles in rural areas nationwide. This disparity means that residents in rural areas, who already perceive healthcare costs as prohibitive, face the added burden of longer travel distances. This further contributes to their reluctance to seek timely medical care, reinforcing the perception of healthcare as financially inaccessible (Pew Research Center, 2018).

Geographic and Transportation Barriers

Louisianians across the state face significant challenges when accessing health care, particularly regarding rurality, population distribution, services, and infrastructure limitations, both of physical and digital nature. The State has a mix of urban centers, including Baton Rouge, and expansive rural areas where access to healthcare services is limited. As of the 2021 US Census, 26.4% of Louisiana's population lives in a rural region of the state, which often lacks sufficient healthcare infrastructure, including hospitals, clinics, primary care providers, mental health, and specialty services (NIH, 2022) (Morales et al., 2020) (United Health Foundation, 2025).

Louisiana's geography also poses logistical challenges, including transportation barriers for patients in remote areas. Recent efforts to address these issues include expanding telehealth services and leveraging nurse practitioners to provide care in underserved areas. However, regulatory and financial constraints continue to limit the full potential of these solutions (Wang et al., 2023).

Transportation barriers also affect the ability of residents to access healthcare services. Public transportation options are scarce or nonexistent in many rural parts of the region, making it difficult for individuals without personal vehicles to reach healthcare providers. Research indicates that 78.53% of Louisiana residents drive alone for their commute, compared to the national average of 68.66% (Bureau of Transportation Statistics, 2022). This higher reliance on personal vehicles highlights the lack of accessible public transportation options, particularly in rural areas. This poses a barrier to accessing healthcare services as it further increasing the logistics and cost involved in obtaining care. This situation exacerbates geographic isolation and limits healthcare access, especially for underserved communities in the state. For patients needing specialized care or follow-up appointments, these transportation challenges can lead

to delayed or missed care, exacerbating health conditions and increasing the likelihood of hospitalization (American Hospital Association, 2017).

Healthcare Provider Workforce Shortages

A critical factor contributing to healthcare access issues in the region is the shortage of healthcare providers. The Louisiana Health Report Card and the Louisiana Mental Health Association both highlight the lack of healthcare professionals in the region, particularly in primary care and mental health services (Louisiana Department of Health, 2022) (Louisiana Mental Health Association, 2022).The number of primary care physicians, specialists, and mental health providers is insufficient to meet the needs of the population, leading to inadequate access to timely care. In 2019, Louisiana had 28.2 primary care providers per 10,000 people, matching the national average (National Center for Health Statistics, 2021). However, this average does not reflect the uneven distribution within the state, particularly in the rural areas of the 10-parish region (Rural Health Information Hub, 2024). These areas often have significantly fewer providers, leading to longer wait times and reduced access to essential healthcare services.

Of particular interest is the shortage of mental health professionals in the 10-parish region. The region is characterized by high rates of untreated mental health conditions, including depression, anxiety, and substance use disorders, which are compounded by a lack of available mental health professionals. For residents who do seek care, the wait times for mental health appointments can be several months, further exacerbating mental health crises in the community (LMHA, 2022).

Workforce shortages are not limited to physicians and mental health providers; the region also faces a shortage of nurses, allied health professionals, and support staff. These shortages strain existing healthcare facilities, leading to burnout among healthcare workers and reducing the quality of care provided to patients. Furthermore, Louisiana has 9.54 nurses per 1,000 people, slightly above the national average of 9.22 (Nurse Journal, 2023). Despite this, the distribution of nurses is uneven, with rural areas in the state experiencing more severe shortages. This uneven distribution results in an overburdened nursing workforce in these areas, limiting the availability of care and increasing burnout rates among healthcare staff, which ultimately compromises the quality and timeliness of healthcare services for residents. Addressing these workforce shortages will require significant investments in healthcare training programs and workforce development initiatives. Expanding the use of provider extenders, such as nurse practitioners and community health workers, has been shown to improve access to care in underserved areas and could serve as a viable solution to mitigate workforce shortages in the state. However, this does not necessarily negate the challenges associated with cost, health, transportation, or provider recruitment (Maganty et al., 2023).

According to County Health Rankings, the region has fewer physicians per capita than both the state and national averages, with some parishes having no full-time physicians at all (RWJF, 2022). Many rural areas also report difficulty in recruiting providers to their area (Maganty et al., 2023). This shortage of providers forces residents to travel long distances to seek care, which poses significant challenges for people without reliable transportation.

The limited healthcare infrastructure, including hospitals and clinics, exacerbates the problem. Residents often rely on emergency rooms for non-emergent care, which increases healthcare costs and places additional strain on already overburdened emergency services. Louisiana has 0.52 hospital beds per 1,000 persons, which is higher than the national average of 0.33 beds per 1,000 persons (KFF, 2022). Although

hospital infrastructure is more available in the state compared to national averages, the distribution of hospital beds is concentrated in specific areas, leaving gaps in rural regions (AHA, 2022).

Table 11: Primary Care Provider to Population Ratio in the 10 Parish Region

Parish	Ratio of population to primary care physicians
Ascension	2252:1
East Baton Rouge	1153:1
East Feliciana	3223:1
Iberville	3314:1
Livingston	4861:1
Pointe Coupee	3393:1
St Helena	5456:1
St. James	3948:1
West Baton Rouge	5558:1
West Feliciana	1937:1
Louisiana	**1441:1**

County Health Rankings & Roadmaps. (2024). 2024 County Health Rankings Louisiana Data [Data set]. University of Wisconsin Population Health Institute.

MH/SU Workforce Shortages

MH/SU disparities in Louisiana, particularly in the 10-parish region, are influenced by systemic inequities and geographic limitations. The state's mental health system is fragmented, with rural areas disproportionately lacking access to critical MH/SU disorder services in a timely fashion, with established standardized quality of care. Approximately 73% of Louisiana residents live in a designated HPSA specifically as it relates to accessing MH/SU services, underscoring the severity of workforce shortages (LDH, 2022). These provider shortages leave many residents with no choice but to delay or forego treatment, exacerbating MH/SU challenges, and in many cases straining emergency care systems owing to the acuity of conditions when preventative and community-based care is inaccessible. Financial barriers, stigma, and cultural barriers amplify these challenges, creating significant gaps in addressing MH/SU needs.

The mental health crisis in Louisiana is made worse by long wait times for appointments. According to the Louisiana Mental Health Association, there is a severe shortage of mental health professionals in the region, which contributes to unmet mental health needs and worsens conditions such as anxiety, depression, and substance use disorders (LMHA, 2022). The shortage of mental health providers is particularly pronounced in rural areas, where residents often must wait several months to see a counselor or psychiatrist, if they can secure an appointment at all.

For those dealing with mental health issues, the lack of timely care can lead to a deterioration of their conditions, increased emergency room visits, and even preventable deaths.

Additional Barriers to Accessing Care

Health Infrastructure Challenges in Rural Areas

Rural areas, regions with higher poverty rates or concentrated poverty, and regions with larger proportions of people face systemic challenges in accessing the best care owing to chronic underinvestment in health infrastructure. This underinvestment can manifest in reduced access to healthcare services, limited workforce availability, and aging or inadequate healthcare facilities that are a critical factor in attracting talent. Rural areas have fewer hospitals, clinics, and specialized care providers. The health systems in these areas frequently lack the same infrastructure in larger urban areas, such as broadband access essential for telehealth. Additional challenges show that low patient volumes limit revenues and drive up the cost of care delivery and sustainability of rural clinics and hospitals, and while rural hospitals may have less crowding and more bed capacity per capita, they have less access to capital funding and staffing to maintain quality and accessible services (Carroll, Planey, & Kozhimannil, 2022) (Hegland, Owens, & Selden, 2022). The American Hospital Association (AHA) states,

> *"Every day, roughly 57 million rural Americans depend on their hospital as an important source of care as well as a critical component of their area's economic and social fabric. Yet, rural hospitals face unprecedented financial and health care challenges. This includes severely deteriorated hospital finances, aging physical plants, and lack of broadband and high-speed internet; an aging and burnt-out workforce; and a patient population that is increasingly older, poorer, and sicker than other parts of the country (*AHA,2021).

Telehealth

Telehealth has shown promise as a potential solution to address some of these geographic barriers by allowing patients to access care remotely. Research shows positive impacts on chronic disease management, access and retention in care, no-show rates, and patient adherence. The hybrid telehealth model where patients receive care through a combination of in-person and telehealth visits is proving to be an effective solution for both patients and providers as it maintains the personal aspect of in-person visits while reaping the benefits of virtual care. Its positive effects on health outcomes span across demographics as well as health issues (Ezeamii et al., 2024).

Although telehealth has been slowly building availability and accessibility over the last decade, the COVID-19 pandemic helped establish its critical need for ensuring access to care in rural communities or during period of public health crisis. The costs of establishing and maintaining robust and up-to-date telehealth infrastructure are critical. The AHA states that,

> *"Continued funding is needed for programs to offset infrastructure costs related to telecommunications services, information services, and devices necessary to provide telehealth to patients at their homes or mobile locations, especially those patients who are unable to secure other points of access to the health care system. It is crucial that all rural hospitals, regardless of ownership status, be eligible for funding to support telehealth in their communities (*AHA, 2021*)."*

Policy barriers remain a challenge in enabling telehealth in rural communities and expanding new service offerings. Eliminating policies, or ensuring strong pro-rural health polices around issues will serve to support telehealth expansion, for example: eliminating geographic and setting requirements; providing adequate reimbursement for originating sites; expanding use of audio-only communication and coverage

of it when clinically appropriate; allowing for expansive licensing coordination between locations and across state lines, maintaining policy allowance created during COVID-19, and expanding the ease for substance use treatment initiation via telehealth.

Digital Health Equity

Telehealth expanded rapidly during the COVID-19 pandemic, and the healthcare landscape was forever changed. Clinical practices have adapted, and more digital health related tools and technologies are available. However, these tools and technologies are not accessible to all people. As digital healthcare continues to evolve, those without access will be left behind. The disparities between those with access and those without will grow and lead to greater health disparities (Sieck et al, 2021).

Technological tools, digital literacy, and community infrastructure (i.e., broadband) have been identified as digital determinants of health (DDOH), which act as both facilitators and barriers to social determinants of health (SDOH) and impact health outcomes (Richardson et al, 2022). To maximize the effectiveness of telehealth, DDOH should not be an obstacle. Providers and clinical staff can provide patient education and resources to support and minimize challenges accessing virtual care. As long as there are digital barriers, there will always be a need for in-person healthcare visits, and the hybrid telehealth model accounts for this need.

Limitation in Telehealth Uptake, Adaptation, and Access

The region faces obstacles in expanding telehealth services, such as poor broadband coverage and limited technological literacy among residents, which limits the efficacy of this model of care (Robert Wood Johnson Foundation, 2022). Data indicates that 11.9% of Louisiana residents lack broadband internet access, compared to 7.8% nationally (U.S. Census Bureau, 2023). While only 1.5% of the urban population lacks broadband internet coverage, almost one-fourth (22.3%) of the rural population lacks broadband internet coverage.

The lack of reliable internet complicates efforts to expand telehealth as a viable solution for addressing healthcare access issues in the state. Without sufficient broadband coverage, residents in these areas are unable to take advantage of remote medical consultations, which could otherwise mitigate transportation barriers and improve healthcare utilization. The expansion of telehealth services can be a successful method of improving access to care for those with limited access to care, such as rural populations. Telehealth consultations increase access to health care providers and set the stage for remote monitoring of health conditions. However, it is not without challenges as people may struggle with limited internet access and have limited experience with digital tools.

Recommendations

Recommendations

The recommendations below are crafted specifically in alignment with the Wilson Foundation's interests, and the areas of interest assessed in mind. While these recommendations might be overarching, they were explicitly designed to meet the needs of the analysis and subsequent report, versus an all-encompassing set of public recommendations around healthcare quality, delivery, and financing. Different programmatic and funding strategies might lend themselves to changes in these recommendations, as well as emerging models, shifting landscape, unique partner collaborations, and opportunities.

Recommendation #1
Address financial barriers to care and perceived financial barriers to care through capacity building and education on insurance literacy.

Explanation and Overview: Continuing to develop national, state, and local programs that address financial barriers to accessing care is critical to ensuring timely and high-quality access to healthcare and improving positive health outcomes. Enhancing insurance literacy can be a critical tool in helping individuals navigate selection and utilization of their health insurance. It impacts coverage and access for individuals and families, even those with employer-selected plans, as multiple levels and offers are usually provided with diverse options. Insurance literacy overall focuses on helping individuals better understand the key concepts within health insurance, including premiums, deductibles, the difference between in-network and out-of-network care, and comprehensive planning for future health events such as short-term coverage, new dependents and other life events. Providing insurance literacy support has been shown to increase insurance enrollment, help individuals understand how to maximize the benefits of coverage, and reduce out-of-pocket costs. In some studies, close to half of all US adults sampled reported having inadequate health insurance literacy as measures by knowledge of basic terms, and close to half reported low confidence in using their insurance to access health care (Ling et al., 2015).

Collective Partnership and Investment Opportunities

Invest in existing literacy training and curriculum: Despite initial online searches yielding no results around specific insurance literacy classes or curriculum in Louisiana, there are organizations and coalitions in Louisiana working in the asset building and financial literacy programming space. There may be opportunities to work with organizations and partners in the larger financial literacy space to expand financial literacy curriculums and education to include components of insurance literacy. There is a variety of national toolkits and resources with strong curriculum content, as well as multiple national examples (a select few presented below) of organizations, coalitions, or institutions engaged in insurance literacy education. Additional opportunities to build or enhance partnerships to expand insurance literacy could include partnering with enrollment navigator programs or organizations utilizing enrollment navigators.

Partner with association for development and adoption of literacy trainings: In designing a literacy program and/or curriculum with a focus on Medicaid population, engaging with the Louisiana Managed Medicaid Association (LMMA) may support a more collective, standard, adopted level of practice across all plans. The LMMA serves the State of Louisiana and the Legislature as a collaborative partner in improving the Medicaid program; a convener of health plans and stakeholders around shared concerns; a source of health policy experience and expertise; and a resource for information, research and ideas.

National Examples

- Michigan's Insuring Good Health Project, a partnership between community health centers and researchers to enhance health insurance literacy and increase health care access and navigation.

- The National Rural Health Information hub lists five examples of programs spanning the U.S. focused on improving financial and health insurance literacy, and also provides a free Coverage to Care (C2C) toolkit developed by the Centers for Medicare & Medicaid Services for public use and adaptation in building insurance literacy education. The three examples focused on insurance literacy specifically with strong rural focus too include:
    - The Health Insurance Literacy Initiative (HILI), through the University of Maryland Extension and University of Delaware Cooperative Extension, offers web-based modules about health insurance that helps residents learn about health insurance options as they age and provide tools to help estimate costs and coverage options.
    - Cover Missouri is a project of Missouri Foundation for Health to promote quality, affordable health coverage for every Missourian. MFH is the convener of the Cover Missouri Coalition and is an independent philanthropic foundation dedicated to eliminating the underlying causes of health inequities, transforming systems, and enabling individuals and communities to thrive. The funded coalition works to build awareness, facilitate enrollment, increase health insurance literacy, and support Medicaid transformation.
    - The ABC for Rural Health program serves Wisconsin's rural individuals and families. Fact sheets help individuals learn about how to change health insurance plans, eligibility for healthcare coverage programs, and information about open enrollment timelines.

- HRSA as an intentional support of the Ryan White programs nationally has developed materials to help folks understand a combination of insurance and health literacy. While topically they address HIV, the majority of the self-paced resources and tools that are being deployed nationally to support individuals can be utilized across a wide variety of settings.

- The University of Arkansas, in recognizing that young people are at a higher risk for having inadequate health insurance literacy has developed an interactive online learning module to equip young adults to better understand and use their health insurance.

Louisiana Statewide and Capital Area Examples

An initial online review of programming in the 10-parish region yielded no results of organizations or companies currently providing insurance literacy classes or supports. While there may be programming present, brief online searches by consumers will yield no support or access to enroll in expanded understanding of benefits. National healthcare.gov resources for assistance in picking a plan exist, and individual managed care organizations all have "choose your healthcare plan" supports online, as do private company HR supports. However, no company-neutral online resources on insurance literacy were found. Notably, the Louisiana Department of Health provides some general health insurance resources online, though they lack the comprehensiveness of other national initiatives that were found. Additionally, national resources such as the Rural Health Information Hub's toolkit provide some guidance on insurance literacy, but these are not localized. Most Louisiana resources noted via online searches to help individuals understand insurance literacy were informal online reddit boards where residents discussed what different terms meant. The lack of easily discoverable, company-neutral resources underscores a significant gap in insurance literacy support for Louisiana residents, leaving many to rely on informal sources for clarification on insurance terms.

Below are a few organizations engaged in this work and/or sector:

- Louisiana Community and Technical College System
- United Way Capital Area
- Southern University
- Junior Achievement of Baton Rouge
- 100 Black Men of Metro Baton Rouge
- Louisiana Public Libraries
- City of Baton Rouge
- Louisiana Bankers Association
- Jump$tart Louisiana Coalition

Recommendation #2
Expanding Care and Access to Care Models

Explanation and Overview: Expanding care and access to care models that address availability, cost containment and provider workforces' shortages. Different models of care have proven effective in addressing healthcare access challenges, for instance, team-based care models, such as Patient-Centered Medical Homes (PCMHs) and Certified Community Behavioral Health Clinics (CCBHCs) that prioritize coordination among healthcare providers to offer comprehensive, patient-focused services. These models have demonstrated improved access to primary care and MH/SUD services by reducing wait times and enhancing the quality of care. These models, when provided in Federally Qualified Health Centers (FQHCs) and/or Rural Community Health Clinics (CHCs) can also ensure that underserved populations have affordable care mitigating financial barriers. Other successful interventions include the integration of behavioral, reproductive, and environmental health services into primary care settings and expanding telehealth capabilities. Specific care delivery models can effectively improve health outcomes, and many can also further address access for rural populations.

Collective Partnership and Investment Opportunities

Collective investment in the CCBHC model: There is opportunity for collective impact funding in this CCBHC space as it pertains to the 10-parish region. In Dec 2024, the Office of Behavior Health was awarded a state CCBHC SAMHSA planning grant to develop and implement a state-specific certification program for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable behavioral health services, and prepare an application to participate in a four-year CCBHC Demonstration program. Louisiana's CCBHC program will serve the statewide population of 4,590,241 residents with a special focus of adults and children who have Serious Mental Illness/Serious Emotional Disturbances (SMI/SED), substance use disorders (SUD), and co-occurring disorders (COD). Through this federal award Louisiana's goal is to expand statewide behavioral healthcare capacity, access, and availability for residents of all ages. Key objectives of the Planning Grant are to (1) develop the Louisiana CCBHC Certification Program, (2) certify the six existing CCBHCs, and (3) recruit and prepare new CCBHCs to ensure statewide coverage. The opportunity to support the CCBHCs already currently listed operating in the 10-parish region to be prepared for certification, and thereby a sustainable Prospective Payment Systems (PPS) for enhanced Medicaid reimbursement is a rare opportunity to support strong payment model reform and the future of behavioral health access in Louisiana.

Investment in HIE to support care coordination: Through integrating data connection points, partners, and infrastructure, health information exchanges (HIE) can support care expansion and continuity across many priority health services and interventions. With the growing interest and awareness of HIEs critical role in care coordination, many partners locally and nationally are collectively investing in HIEs. The statewide Medicaid-focused HIE in Louisiana (PelEX) provides timely, actionable data to empower care teams to deliver the best care possible and serves as a trusted health data steward through community-driven data sharing and meaningful collaboration. There is a noticeable increase in utilization of data infrastructures, such as HIEs, to support comprehensive health programming efforts as well as to evaluate the impact of intervention, such as models like CCBHC. Recently, Louisiana partners were awarded the HRSA Rural Care Coordination Grant to address the overarching chronic health issues of people with or at risk for heart disease by more seamlessly providing avenues of care continuity and coordination. Shortages in healthcare providers and extremely poor health outcomes, especially in those related to heart disease, make it imperative that all medical and social resources be brought into the referral and communication fold. By integrating three evidence-based models: the Health Information Exchange (HIE) model, the Community Health Worker (CHW) Model, and the Chronic Care Model (CCM), partners will demonstrate the impact of this collective investment model over the grant period. A similar model can support the intervention activities of CCBHC as well as the impact of the new model integration over a period of time. Louisiana may lead in this effort as early research does not indicate the use of HIEs in collaboration with CCBHC evaluation.

Advancing doula integration into clinical settings: Another opportunity for partnership and collective investment is in the doula model integration into clinical settings. Legislative changes in 2022 in Louisiana facilitated reimbursement for doulas by Medicaid managed care plans and private insurances while also expanding coverage in health savings accounts (HSA). This has led to an increased use of doulas by pregnant people in Louisiana, but additional support is needed for integrating Doulas into medical care teams to support better birth outcomes through providing support and education during pregnancy, throughout labor and delivery, and during the post-partum period. A Doula Integration Community of Practice (CoP) builds capacity of Louisiana communities for improved maternal and child health outcomes through expanding the integration of Doulas into clinical care team processes via bidirectional education provided outside of emergent labor when role conflict and power struggles over birthing autonomy occur. Subject matter experts are engaged to provide didactic content, and participants will share lessons learned from their own experiences as well as feedback to their peers. LPHI and partner organizations provide Doula CoPs in certain regions of the state and are actively seeking to replicate the model to reach each part of the state.

National Examples

- *Integrated Care,* or the integrating primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings addresses both mental and physical health needs in one location. This has been shown to reduce stigma and increase efficiency (National Council for Mental Wellbeing, 2024).

- *Collaborative Care, or the* Collaborative Care Model has been shown as remarkably effective and efficient in delivering integrated care. Led by a primary care provider and including behavioral health care managers, psychiatrists and frequently other mental health professionals empowers all to work at

the top of their license. The Collaborative Care Model's chronic care delivery model has shown significant efficacy.

- *Zero Suicide:* Zero Suicide is a way to improve suicide care within health and behavioral health systems. Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care and has been used across rural regions with success (Education Development Center, 2024).

- *Zero Overdose is* a model and practical framework used to support the reduction of overdose events by expanding access to overdose safety planning and education for individuals and communities at risk (Zero Overdose, 2024).

Louisiana Statewide and/or Capital Area Examples:
Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. They are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. The CCBHC model requires crisis services to be available 24 hours a day, 7 days a week, comprehensive behavioral health services to be available so people who need care don't have to piece together the behavioral health support they need across multiple providers, and care coordination must be provided to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in. A few unique aspects of CCBHC are a sustainable funding mechanism through a Prospective Payment Systems (PPS) rate, their success in partnering with law enforcement to address community behavior health needs, and their unique requirements around establishing community partnerships to meet the required 9 areas of service delivery.

Current CCBHC sites in Louisiana include (bolded marks 10-Parish location):
- Acadiana Area Human Services District
- **Capital Area Human Services District**
- **Florida Parishes Human Services Authority**
- Metropolitan Human Services District
- Crescent Care (New Orleans Aids Task Force, Inc)
- Start Corporation
- **LDH- Office of Behavior Health**

Below are a few organizations engaged in this work and/or sector:
- Office of Behavioral Health
- Federally Qualified Health Centers
- Methodist Health System Foundation
- Louisiana Community Health Outreach Network (LACHON)

Recommendation #3
Enhance and Expand the Use of Staff Extender Models

Explanation and Overview: There is an opportunity to expand staff extender models (SEMs), which involves leveraging non-physician providers to supplement the traditional healthcare workforce. These models have been found, particularly in resource-limited settings or in setting facing geographic limitations, to be successful in expanding access to care by delegating routine or preventive services to different providers (PolicyLink & USC Equity Research Institute, 2024). Among these models, Community Health Workers (CHWs) play a vital role by acting as liaisons between patients and providers, addressing health disparities, and enhancing culturally competent care. By engaging directly with underserved communities, CHWs help reduce barriers to care, improve health literacy, and support chronic disease management, making them integral to effective SEMs. There is a wide variety of staff extender models with varying levels of operational efficiency and clinical care efficacy, and all models may need to be adapted based on state regulations. Furthermore, healthcare organizations are moving to a model with physicians, nurse practitioners and physician assistants as the primary providers, but with physicians not always on-site. This model grew from 54.4% in 2019 to 71.6% in 2022. One reason for this change is during the pandemic federal and state governments progressed nurse practitioners closer to full practice authority.

National and regional models found to be particularly effective in underserved areas where physician shortages are acute should be explored for their ability to potentially reduce delays in care delivery, extend service hours, and provide culturally competent, community-based care. Exploring staff extender models currently being used by health partners effectively in the 10-parish area served by the foundation may provide insight into opportunities to expand these workforce development models to enhance care access.

Collective Partnership and Investment Opportunities

Advancing CHWs in the care continuum: Momentum among statewide partners to collectively advance the awareness, integration and sustainability of CHW in Louisiana. In 2019, the Louisiana Legislature created the Louisiana CHW Workforce Study Committee (Committee) led by LSU Health's Louisiana Community Health Worker Institute to provide recommendations on how best to support and expand this workforce. This committee continues to meet monthly to promote and support the integration of CHW services within various access points of health and wellbeing as CHWs are still underutilized in Louisiana. CHWs are frontline public health professionals who are trusted members of and may have deep understanding of the communities they serve. CHWs have primarily provided health education, outreach, and connecting underserved populations to resources through roles within community-based organizations. In recent years, the role of CHWs as well as the employment landscape has expanded as clinical providers are seeing impact of CHWs in improving health outcomes, reducing hospitalizations and emergency department use, decreasing health care costs, and enhancing overall quality of care. In addition, CHWs are becoming critical to comprehensive navigation efforts to ensure that individuals are receiving preventative and enrollment screenings for continued referrals into social determinants of health supports such as housing, food, education, and more.

National Examples

- REACH for Wellness Program: Community-Based Primary Care Model: Racial and Ethnic Approaches to Community Health (REACH), funded by CDC, aims to reduce racial and ethnic health disparities and gaps to help people can reach their full health potential using community-

based, participatory approaches. This includes utilizes REACH funding to use CHWs and other health professionals to promote wellness as an effort to improve access to care.

Louisiana Statewide and/or Capital Area Examples

- Louisiana Community Health Worker Institute within LSU Health: This program develops the capacity of Community Health Workers (CHWs) through training and collaboration with healthcare providers. It emphasizes improving health outcomes in underserved communities by integrating CHWs into care teams.

- Louisiana Primary Care Association (LPCA) – Community Health Worker Initiative: LPCA has been instrumental in expanding the use of CHWs within Federally Qualified Health Centers (FQHCs). CHWs focus on health education, care coordination, and addressing social determinants of health, bridging the gap between providers and patients in underserved areas.

- *Louisiana Department of Health STD, HIV, Hepatitis C Program (SHHP) Community Health Worker Program:* Through a CDC pilot program, SHHP incorporates a CHW approach as part of their work to end the HIV epidemic. By utilizing CHWs representative of the communities they serve, the program conducts rapid testing for HIV, syphilis, and hepatitis C in non-traditional locations, links people to HIV medical care, assists people start pre-exposure prophylaxis, makes referrals to community partners and medical providers as needed.

- Louisiana State University Health Sciences Center- Interprofessional Collaborative Practice: LSU Health's initiative integrates healthcare professionals, including NPs, PAs, and CHWs, into collaborative teams. These teams focus on chronic disease management, preventive care, and addressing healthcare disparities in Louisiana's rural areas.

- Transitions Clinic Network (TCN): The Formerly Incarcerated Transitions (FIT) Clinic program: The FIT Clinic leverages CHWs with lived experience of incarceration to support individuals recently released from prison. This model focuses on reducing recidivism, improving health outcomes, and addressing social determinants of health.

Below are a few organizations engaged in this work and/or sector:

- Ochsner Health System
- Louisiana Community Health Outreach Network (LACHON)
- Community Health Worker Integration in Louisiana's Medicaid Managed Care
- Louisiana State University Health Sciences Center
- Well-Ahead Louisiana: Community Clinical Linkages

Recommendation #4
Expand the Use of Telehealth, Increase Consumer Digital Literacy, and Increase Telehealth Infrastructure Investment as a Foundational Component of Access

Explanation and Overview: Telehealth has expanded significantly in the last decade as a transformative tool to address healthcare access challenges, particularly in rural and underserved areas. With the ability to provide remote consultation, direct care, specialty care, and care monitoring, telehealth reduces geographic barriers, allowing patients in rural communities or those facing transportation or mobility issues to connect with providers. Telehealth has been especially successful in managing chronic diseases, providing mental health services, delivering urgent care, initiating medications for MH/SUD, remote fetal monitoring and more. Telehealth has had remarkable success in areas facing physician shortages, and rapidly expanded uptake, acceptance, and success during the COVID-19 pandemic. There remain digital equity challenges, particularly around broadband access in rural areas and the affordability of technology and limited digital literacy. As these disproportionately impact rural and low-income populations, it limits the potential for those who may benefit the most. Many rural providers and health systems lack healthcare technology infrastructure despite potentially needing it even more to serve outlying areas more successfully. Addressing these disparities through broadband expansion initiatives, subsidized technology programs, and telehealth education efforts is essential.

Supporting telehealth expansion has the potential to enhance access to care with some areas of focus including, but not limited to:

- supporting policy initiatives to allow for telehealth, expanding leveraging telehealth and maintaining broad COVID-19 telehealth policy expansion can increase access to care
- investing in telehealth or digital equity infrastructure initiatives, whether though capital investment, equipment investment or operational investment support.
- supporting the successful expansion and uptake of successful telehealth initiatives and telehealth supervision models that allow for healthcare provider expansion

With research providing evidence of the effectiveness of the use of telehealth models to improve access to care, retention in care, and health outcomes, *digital literacy* is essential to ensuring success of the models. Like insurance literacy, it focuses on improving patient understanding of the technology systems needed for telehealth, which leads to positive health outcomes. By providing patient education on technical skills and support for digital platforms (i.e., telehealth and patient portals), providers and clinical staff empower patients to actively participate in the provision of healthcare through improved provider-patient relationships and communication leading to joint decision-making (Toschi et al, 2024).

Collective Partnership and Investment Opportunities

Advancing awareness and utilization of digital solutions**:** Louisiana is trending towards meeting its goal of eliminating the digital divide by 2029 (FINAL_Five-YearActionPlan_LA) under the leadership or ConnectLA and many partners working collectively across Louisiana. The state continues to receive resources to advance broadband, connectivity, and critical infrastructure to support the advancement of a resilient and secure digital environment. There is an opportunity to partner and invest in efforts focused on the community's awareness, education, and uptake of digital solutions, complementing the already existing efforts underway on the infrastructure side.

Building unique partnerships: Community partners across Louisiana are committed to improving access to and creating confidence in communities utilizing digital solutions, building upon foundational components

of broadband and telehealth to achieve short- and long-term positive outcomes that are efficient, effective, and embedded in the fabric of health and social well-being. Building partnerships and equipping interested and primed organizations in advancing comprehensive and meaningful utilization of digital health solutions will support the broader goal of internet, connectivity and digital equity for Louisiana.

- Collaborating with statewide associations, such as the LA Rural Health Association, on advancing digital literacy training for rural health providers, patients, and broader rural communities.

- Supporting libraries in provision of digital literacy training and adoption of telehealth equipment and devices to support access to care within remote and rural areas.

- Providing linkages to support care coordination across clinical services, social services and digital literacy education for schools, community-based organizations, and other.

National Examples

- TexLa Telehealth Resource Center: The TexLa Telehealth Resource Center (TRC) is a federally funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana. The TexLa TRC will continually evaluate Telehealth programs in these two states for effective delivery of Telehealth services, efficiency, sustainability, and patient satisfaction.
- Center for Connected Health Policy: Center for Connected Health Policy (CCHP) is a nonprofit, nonpartisan organization working to
- maximize telehealth's ability to improve health outcomes, care delivery, and cost effectiveness. CCHP serves as an independent center of excellence in telehealth policy providing technical assistance to twelve federally funded regional Telehealth Resource Centers (TRC), state and federal policy makers, national organizations, health systems, providers, and the public.
- Next Generation 9-1-1 Telemedicine Medical Services Pilot Project Telemedicine for Pre-Hospital Care

Louisiana Statewide and/or Capital Area Examples

- An example of new telehealth supervision models to expand provider networks and increase access in Louisiana includes the recent legislation, HB865:Tele-supervision Supports for Clinical Social Workers (National Association of Social Workers Texas Chapter, n.d.). Whereas previously the Louisiana social work rules decreed only in-person clinical supervision for social workers, and tele-supervision subject to individual approval when deemed necessary by the board adding an unnecessary approval layer that complexified and added governmental oversight to the supervision process, HB865 creates significant mental health access expansion possibilities. This legislation, effective August 1st, 2024, creates:

  > "Greater *access to diverse supervisors, promoting connections based on shared identities and experiences, increases accessibility for social workers in rural areas, reduces transportation costs and accommodates individuals unable to drive, benefits supervisees with hearing and vision differences through closed captioning and volume control, ensures privacy and confidentiality through HIPAA-compliant technology, and offers convenience and flexibility for scheduling."*

  This telehealth supervision model exemplifies opportunities to expand the behavioral health workforce while leveraging telehealth to expand provider education and licensure in rural regions.

- Another example of recent legislation passage (HB888) that expands provider care in Louisiana, specifically in the behavioral health space, includes the Social Work Licensure Compact. This compact allows social workers to practice in multiple states without needing separate licenses. It permits social workers holding bachelor's, master's, and clinical licenses to offer services to clients in participating states. Recognizing the critical services of social workers, this provides access to hiring nationally for local workforce shortages, the opportunity to expand remote use of social workers providing telehealth in rural regions and ensure continuity of care for individuals.

Below are a few organizations engaged in this work and/or sector:

- ConnectLA
- AgriSafe
- NorthStar Literacy
- Louisiana Public Libraries (BCBC funded pilot extensions in this space)
- Capital Area Human Services
- National Association of Social Workers – Louisiana
- Louisiana Public Health Institute
- School-Based Health Centers (example of rural hospital and school partnerships in Louisiana)

Recommendation #5
Expanding Workforce Pipeline Programs Supporting New Providers and Ensuring Continuity of the Current Workforce

Explanation and Overview: Developing workforce expansion strategies to meet the critical needs of rural Louisiana communities requires balancing the immediate needs of recruitment, coupled with the development of longer-term sustainability through:

- A Focus on Retention as studies show that simply recruiting healthcare workers is not enough, but ensuring they stay through incentives (like student loan repayment and other financial incentives), professional support and development and community integration is critical to addressing longer term workforce shortages (AAMCRI, 2022). Retention supports to ensure behavioral health clinicians are supported in staying in their roles is of paramount importance to addressing shortages specifically around building professional development pathways through master's level and clinical level supervisor and mentorship and supporting high licensure passage rates.

- Supporting License expansion programs, such as the tele-supervision and social work compact license described above that can bridge access gaps, especially for rural populations when allowing for telehealth providers and expanded out-of-state clinicians to offer care and other license expansion programs that can support broadening the scope of practice for healthcare providers. For example, supporting expanded authority laws for nurse practitioners can enable them to operate independently of physicians, increasing the capacity for care in areas with limited physician availability. Expanded licensure models have been shown to reduce patient wait times, expand access to care, and improve health outcomes. Additionally, licensing reforms for telehealth providers allow out-of-state clinicians to offer care remotely, further bridging access gaps for rural populations and those with mobility challenges.

- Addressing provider burnout is a critical workforce retention strategy as health systems grapple with staffing shortages, increasing patient demand, and rising mental health challenges among

providers. Burnout is linked to high turnover rates and decreased quality of care. Burnout affects physical and mental health providers, for example, nine in 10 behavioral health workers are concerned about their ability to provide care in the event of another health crisis in the future (87%), and nearly two in three (65%) reported increased client caseload, and more than seven in 10 (72%) reported increased client severity since the COVID-19 pandemic (NCWM, 2023). These high rates of caseload and severity deeply impact workers, with nine in 10 behavioral health workers (93%) said they have experienced burnout, and a majority report suffering from moderate or severe levels of burnout (62%) and nearly half (48%) of behavioral health workers say the impacts of workforce shortages have caused them to consider other employment options (NCMW, 2023). Its critical to invest in workforce strategies to address burnout through comprehensive wellness programs that address culture, reduce administrative burden, and increase provider autonomy, flexible scheduling and provide employees with the same benefits as patients—strong mental health supports, and access to the best quality of care.

- Incentivizing people to stay in Louisiana after receiving degrees is crucial for workforce retention. For example, universal home visiting programs for new mothers could serve as an incentive to draw healthcare professionals interested in public health work to state. Similarly, policies that were previously in place, such as requiring LSU Medical School to admit at least one student from every parish each year, could be reinstated to ensure graduates are more likely to return to and serve rural areas. Programs like LSU's Rural Scholars Track are examples of initiatives aimed at increasing retention of healthcare providers in underserved regions.

- Ensuring a diverse workforce that is from and remains in Louisiana is a critical workforce development strategy aimed at improving access to culturally competent care and addressing health disparities. The U.S. Department of Health and Human Services (HHS) highlights that a diverse healthcare workforce improves patient-provider communication, enhances trust in the healthcare system, and reduces health inequities.
    - An example of this in Louisiana impacting the behavioral health workforce is that while some of Louisiana's private universities have more nationally representative masters and clinical level passage rates such as Tulane University (72% passage rate for masters level clinicians) other major universities in Louisiana, including LSU (68%) and Southern (31%), who overwhelmingly educate clinicians from Louisiana, who remain in Louisiana, have much lower passage rates resulting in interrupted career pathways for individuals and a lack of clinicians to hire, retain and advance for health systems (ASWB, 2024). Equity, efficacy, and cultural responsiveness are all critical parts of high-quality behavioral health care, and increasing our efforts to recruit and retain a diverse behavioral health workforce is critical to ensuring this. While the American Psychological Association reports that 86% of psychologists, 70% of social workers, and 88% of mental health counselors are white (NCMW, 2023), providers from diverse racial, ethnic, and other demographic and socioeconomic differences are more likely to increase mental health system engagement to begin with, increase trust and increase patient satisfaction (Ware, 2022).

Collective Partnership and Investment Opportunities

Continued partnership and investment with the Baton Rouge Health District: HAWF currently funds the BRHireD Initiative, which is aimed at bridging the healthcare workforce gaps that exist in the BR metro, as such this partnership should be continued to support increasing access and availability of healthcare professionals.

Forming deep partnerships with community and technical colleges: Through working with strong health systems, academic, licensing, training and technical assistance and capacity building partners, there is an opportunity to address the workforce shortage challenges of the specialty workforce, such as behavioral health practitioners, that will better address the overwhelming mental health needs faced by individuals, families and Louisiana overall. Our Lady of the Lake Regional Medical Center has partnered with the Baton Rouge Community College to develop a healthcare workforce pipeline aimed at connecting those interested in healthcare careers to available job openings within the hospital and ambulatory care setting. HAWF can support and expand these innovative partnerships to include workforce training partners, additional community and technical colleges, and health systems in identifying career paths to continue to support the workforce development initiatives in the capitol region.

National Examples

The National Conference of State Legislatures convened on the idea of leveraging career pathway programs to address the increasing demand for health care workers. This resource shows various ways that other states have created workforce pipelines for the various areas of healthcare, including primary care and behavioral health.

Howard University's National Workforce Diversity Healthcare Pipeline seeks to create educational pathways for workforce diversification in healthcare fields, by aiming to give opportunities to those students who may not otherwise could pursue a career in healthcare. As such, this a program that universities in the capital area region could emulate in order to strengthen and build the healthcare workforce in this part of the state.

Louisiana Statewide and/or Capital Area Examples

LCMC's Healthcare Professionals Pipeline is partnership between LCMC Health and Louisiana academic institutions aimed at addressing the demand for skilled healthcare professionals in the state. Part of this initiative includes a tuition-free nursing program at Chamberlain University, so long as students agree to a work commitment at LCMC following their graduation. They recently added 10 additional institutions to this partnership, expanding its reach across Louisiana.

Acadiana Workforce Solutions' Country Road Inclusion Program aims at connecting those who are interesting in a healthcare career with opportunities that exist where a person is, to develop a homegrown workforce. This program seeks to connect qualified applicants with access to transportation assistance, training, paid work-based learning experiences, and connections to employment, to increase skills and tools for sustainable living as a healthcare professional.

Below are a few organizations engaged in this work and/or sector:

- Baton Rouge Area Chamber (BRAC)
- Baton Rouge Health District
- HOPE Ministries
- Louisiana Workforce Commission

- Well-Ahead Louisiana Primary Care Office
- Health Works Commission
- Blue Cross Blue Shield Louisiana Foundation

Additional recommendation for continued alignment:
Alignment of required hospital and state health assessments to ensure meaningful, comprehensive process, results, and action plan

Assessments and improvement plans are a vital method to understanding the needs and assets of communities, a requirement for accreditation, and a catalyst for collective impact. At any given time, there are multiple assessments and improvement plans being implemented. These can include Community Health Needs Assessments for non-profit hospitals, parish health assessments, city health assessments, topic area focused assessments, statewide health assessments, and associated improvement plans. In Louisiana, needs assessments and improvement plans are continuously underway and historically, have not been implemented in collaboration with others working toward the same goals. This produces duplication of efforts, survey and engagement fatigue of communities, and limited impact. In 2024, the Louisiana Public Health Institute (LPHI) initiated the Louisiana Needs Assessment and Improvement Plan Committee (the committee). LPHI serves as a centralized data collection and analysis hub and a strategic thought partner. Through LPHI's role, the idea and implementation of the committee was formed. The committee was established in early 2024 to share updates for ongoing work, identify opportunities for alignment and synergy, share lessons learned, work through barriers, and leverage one another's work. A core tenant of the working group is to promote alignment across all people and institutions working with or interested in Needs Assessments, Improvement Plans, and Community Benefit. The committee seeks to implement a collective impact approach to improve health outcomes in Louisiana through aligning efforts in continuous quality improvement and implementation of health improvement plans.

Available assessments to support continued planning and investment in the Capital Region include:

- All hospitals in the Capital area are required to complete Community Hospital Needs Assessments on a 3-year cycle. These cycles vary though many hospital systems are committed to aligning assessment and planning efforts and do so through the Mayor's Health City Initiative/Healthy BR.
- 2024 – 2028 State Health Improvement Plan
- 2024 Ochsner Medical Center Baton Rouge Community Hospital Needs Assessment
- LPHI is working closely with Ochsner Health System on developing and disseminating Community Hospital Implementation Plans for the Capital Region. These plans will be published on May 15, 2025.

Conclusion

Conclusion

The landscape assessment, and subsequent report, highlights the unique challenges that Louisiana faces, which the Foundation seeks to address. Louisianans face many barriers to healthcare access and poorer health outcomes than the rest of the nation, which all end up being compounded by the workforce shortages that the state faces. However, there are strategies and plans that can be funded and implemented within the state to improve access to primary and mental health care, with an emphasis on remedying workforce shortages and changing policy to improve the health of all Louisianans, especially those currently underserved by the healthcare system.

The review supports the Foundation's strategic shift to proactive long-term investments aimed at improving healthcare outcomes in the region. While this review explored the barrier trends at the national and state levels, the next report will explore the effects of these trends on the 10-parish region, gaps of corresponding data in the 10-parish region, potential methods and solutions to address these issues and gaps, and how these efforts would align with or diverge from the Foundation's current and previous work.

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