

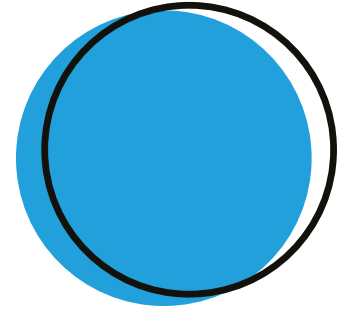


Youth and Young Adult Health in Shreveport, Louisiana: **2021 Survey Results**



Table of Contents

Acknowledgements	3
Executive Summary	4
Overview of Youth and Young Adult Health in Shreveport, Louisiana	5
About Louisiana Public Health Institute (LPHI) and Our Work in Adolescent Health	8
Overview of Shreveport Adolescent Mapping Project.....	10
Methodology	11
Assessments	11
Adolescent Focus Groups	11
Limitations	12
Findings	13
Community-Based Organizations	13
Healthcare Providers	17
Faith-Based Organizations.....	18
Mental Health.....	22
Racism and Poverty.....	23
Youth Focus Groups.....	25
Recommendations.....	32
References.....	34



Acknowledgements

Louisiana Public Health Institute would like to thank all of the organizations and individuals who contributed to this report for their time and dedication. We would also like to thank our intern, Nikka Khorsandi for his contributions.



Executive Summary

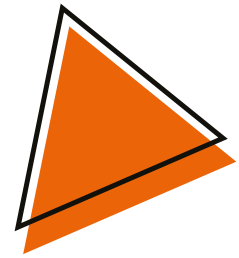
Young people ages 15 to 24 in the Shreveport region deserve access to quality and comprehensive health services and education, however, many experience negative health outcomes that may be related to the conditions in which they live, work, and play. In order to address the health concerns of young people in the area, Louisiana Public Health Institute (LPHI) conducted a one-year landscape assessment to identify the existing resources, gaps in services, major health concerns for this age group, the challenges in addressing health outcomes, and the opportunities for improving the overall health of young people in the region. LPHI used a mixed methods approach to gather community input that included assessments and interviews with community-based organizations (CBOs), faith-based organizations and faith leaders, and health service providers, and focus groups with young people residing in the Shreveport region. The results were compiled to identify the priority health concerns and the collective opportunities for addressing these concerns.

Overall, mental health and sexual health were of the greatest concern for young people in the region. The assessment was conducted amid

the COVID-19 pandemic, which has exacerbated underlying mental health concerns and the effects of trauma on the mental well-being of young people. Mental health was mentioned as a top concern by every stakeholder type. Young people felt overwhelmingly as though there are not enough resources to support mental health and that there were few places to turn for services.

Sexual health was another major concern for young people in the region. Youth focus group participants, CBOs, and health service providers in particular felt that sexual health remained a taboo topic in the area and that there was a lack of sex education and resources. Stigma played a large role in preventing youth from accessing services and information for both mental and sexual health.

Despite challenges, participants identified many opportunities for advancing the health of young people in the region. These include advancing technology, building community support and trust, and engaging parents. Each system plays a unique and integral role in working together to meet the needs young people in the community.



Overview of Youth and Young Adult Health in Shreveport, Louisiana

Adolescence is marked as a rapid period of development and is an important time for young people to cultivate behaviors that they will carry through their lifetimes. Developing health-seeking behaviors during this time is a crucial component to future health. Adolescents have differing health needs than younger children and adults that need to be met with care, compassion, and understanding.

Shreveport is the third largest city in Louisiana, located in the northwest corner of the state. It is predominantly located in Caddo Parish. The population estimate for the parish was 240,204 in 2019 with a median age of 27.7 years (U.S. Census Bureau, 2020). Seventy-eight percent of the population lives in the urban area (Shreveport) however, part of Caddo Parish is rural, similar to the surrounding parishes. Adolescents comprise just under 20% of the total population in Caddo Parish. Persons ages 10 to 14 years make up 6.9% of the total population, persons ages 15 to 19 years make up 6.2% of the total population, and persons ages 20 to 24 years make up 6.3% of the population (U.S. Census

Bureau, 2020)(Figure 1). Just under half (49%) of Caddo Parish residents identify as Black or African American, 44% identify as White, 3% as Hispanic or Latinx, and 4% as other races.

Population by Age,
Caddo Parish, 2019 Estimate

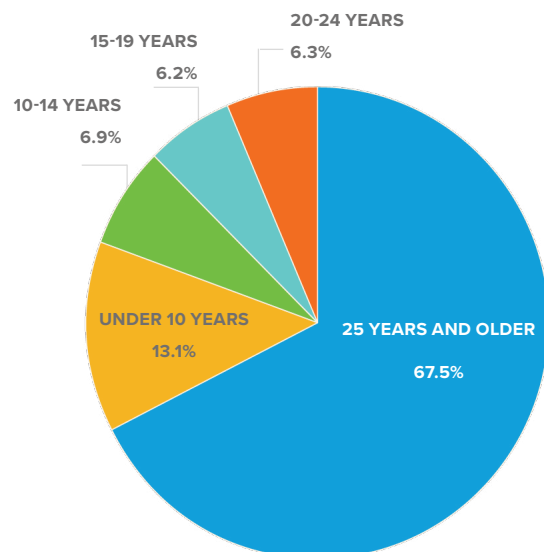
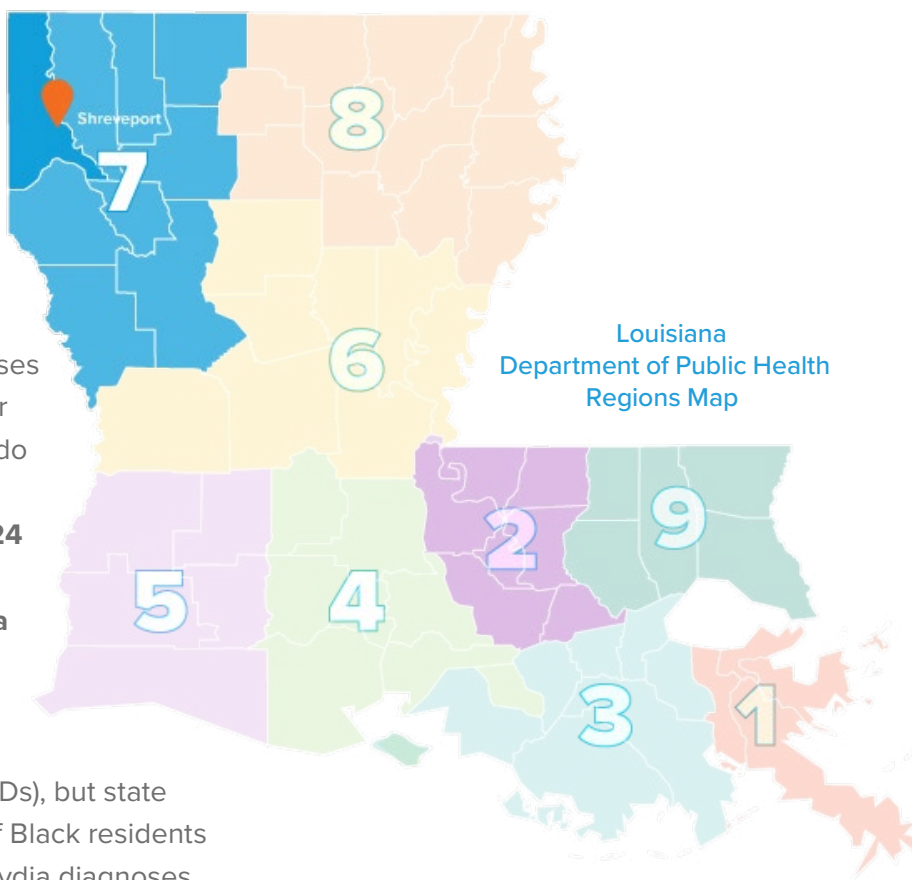


Figure 1: Population by Age, Caddo Parish, 2019 Estimate

In 2018, Louisiana Department of Health Public Health Region 7 where Caddo Parish is located had the third highest number and rate of chlamydia and gonorrhea diagnoses in Louisiana (Louisiana Department of Health, 2019). The majority of chlamydia and gonorrhea diagnoses in the region are in persons under the age of 25 and located in Caddo Parish. **Between 2016 and 2018, young people under the age of 24 accounted for 71% of chlamydia diagnoses and 62% of gonorrhea diagnoses in the Shreveport area.** Not only are young people disproportionately impacted by sexually transmitted diseases (STDs), but state data identifies a racial disparity of Black residents accounting for over 75% of chlamydia diagnoses and over 80% of gonorrhea diagnoses.



In 2018, both the teen birth rate and the rate of low birthweight babies in Caddo Parish were higher than the state average (35.3 per 1,000 versus 27.2 per 1,000 and 12.8% versus 10.8%, respectively), and access to early and adequate prenatal care was lower than the state average (73.9% versus 74.9%) (Louisiana Department of Health, 2020) (Annie E. Casey Foundation, 2020).

Although local data is not available, the teen suicide rate and percentage of children ages 0-17 who experienced two or more Adverse Childhood Experiences (ACEs) are both higher in Louisiana than the national average (America's Health Rankings, 2021).

Improving and supporting adolescent health requires understanding the social determinants of health (SDOH) for young people in the Caddo Parish area. SDOH are conditions in which people live, learn, work, and play that affect a vast range of health risks and outcomes (Office of Disease Prevention and Health Promotion, 2020). Factors such as the neighborhood and the built environment in which a person lives, their access to quality health care and education, their social and community context, and the economic stability of the individual and their community are the most consistent predictors of positive

Between 2016 and 2018, young people under the age of 24 accounted for 71% of chlamydia diagnoses and 62% of gonorrhea diagnoses in the Shreveport area.

health outcomes. Poverty plays a major role in an individual's life trajectory and their overall health outcomes by limiting access to basic resources such as healthy foods, better education, and safe neighborhoods. Social determinants of health play a large role in the overall health of the population in Caddo Parish (Figure 2). The rate of children in poverty in Caddo Parish (36%) is higher than the state average (26%), over one-third of people under the age of 18 live in poverty. Similarly, there is a lower high school graduation rate and a higher unemployment rate in Caddo Parish than in Louisiana (Louisiana Department of Education,

2020) (County Health Rankings, 2021). To improve health in the Shreveport area and Louisiana as a whole, attention must be focused on addressing health for all young people, and most importantly for those facing inequities.

This report aims to draw understanding around the greatest health needs and the factors that inhibit optimal health for young people in the region in order for health advocates to develop programming and policies that are centered in the issues directly impacting the community.

SOCIAL DETERMINANTS OF HEALTH CADDO PARISH VS. LOUISIANA

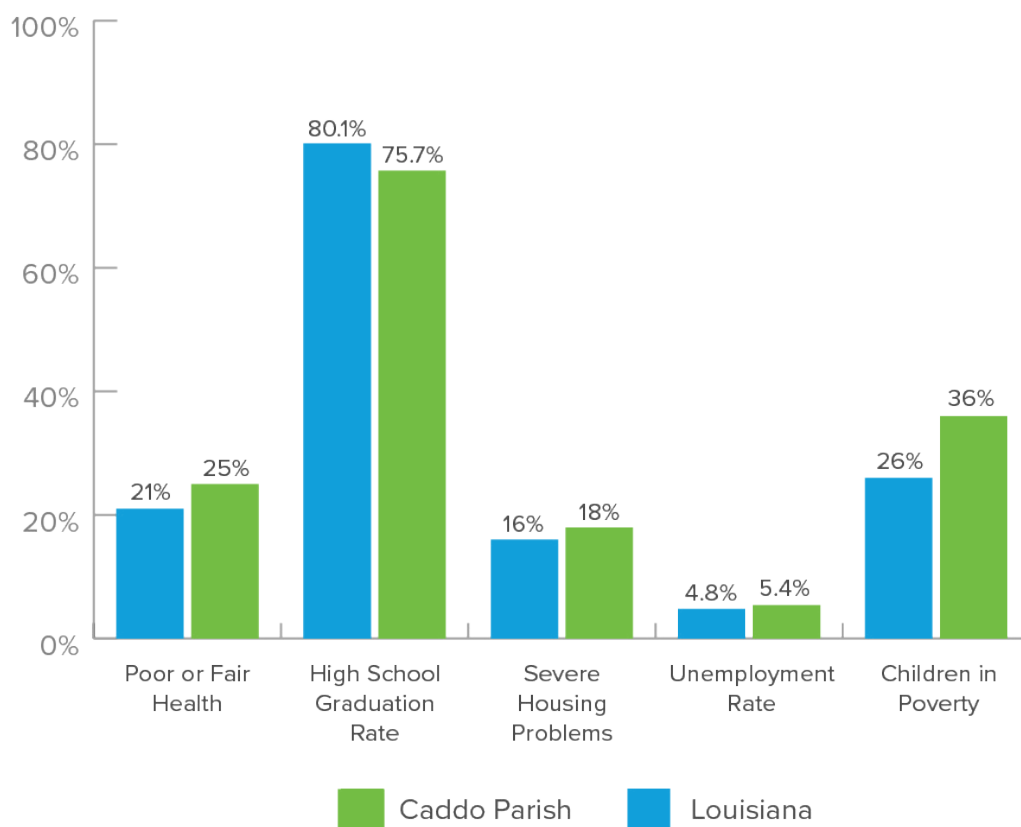
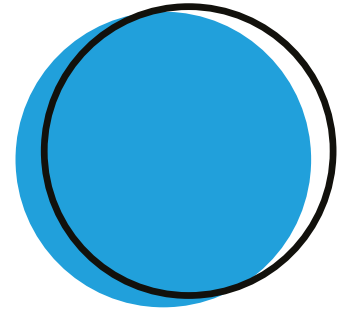


Figure 2: Social Determinants of Health in Caddo Parish and Louisiana Source: County Health Rankings and Louisiana Department of Education



About Louisiana Public Health Institute (LPHI) and Our Work in Adolescent Health

LPHI, founded in 1997, is a statewide community-focused 501(c)(3) nonprofit and public health institute committed to ensuring all Louisianans have just and fair opportunities to be healthy and well. Our work focuses on areas that touch public health, including tobacco prevention and control, building healthier communities, assessing needs of communities, supporting the whole health needs of individuals and families from early childhood to older adults, COVID-19, and more. We create authentic partnerships with both communities and partners to align action for health. **For more information, visit www.lphi.org**

Over the past 15 years, LPHI has worked to improve adolescent sexual and reproductive health (SRH) outcomes through the direct provision of services, expansion of school-based services, research, and mapping the adolescent reproductive health landscape, in addition to building capacity through technical assistance, coalition building, and policy

change. In recent years, LPHI has focused on the expansion of knowledge around support for adolescent SRH statewide and championing policy efforts at the state and local level.

In 2015, LPHI identified strengths and opportunities to advance adolescent SRH in New Orleans and Ouachita Parishes by engaging schools, community-based organizations, faith-based organizations, health providers, and adolescents in a comprehensive mapping process that explored: a) SRH services being offered in the community, b) adolescent-friendly features offered by providers, c) perceptions of major health issues for adolescent patients, d) strengths and challenges to providers' services, and e) social networks between resources in the community. The findings from these assessments led to increased knowledge of the current landscape, identified key health priorities, and helped to drive policy change at the local level.

In 2016 and 2018, LPHI conducted a statewide survey to assess parent and caregiver attitudes and beliefs around sex education. These surveys helped to illuminate overwhelming parental support for sex education, regardless of religious affiliation or political identity. The parent survey demonstrated that 84% of Louisiana parents feel sex education is a vital part of the school curriculum, yet it is not mandated by state law and only a handful of schools offer sex education — it is likely that even fewer offer sex education that is comprehensive in nature ^{i, ii} (ACOG, 2016).

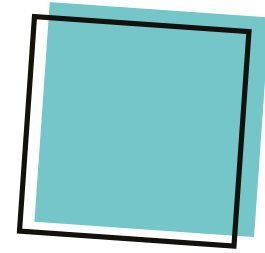
Despite gains, Louisiana still progresses slower than most states at improving outcomes. State laws restricting adolescent health surveillance data pose major barriers to building coordinated and evidence-supported systems to improve health outcomes. While schools, health care providers, faith-based organizations, and community-based organizations (CBOs) interact with adolescents within their own institutional arenas, the systems continue to be fragmented and there is no consolidated statewide strategy to address adolescent SRH. There is also a lack of reliable and timely data around sexual health behaviors. The continued cultural stigma towards SRH in the south poses real challenges to making progress. However, SRH does not exist independently of other health concerns for young people, thus it is important to look at adolescent health holistically, especially as sexual health plays a role in physical, mental, emotional, and social health. When addressing sexual health, it is also important to talk about mental health, substance use, violence, healthy relationships, social determinants of health, and more.

Comprehensive sex education is medically accurate, evidence-based, age-appropriate information that includes the benefits of delaying sexual intercourse, normal reproductive development, contraception, prevention of STIs and unintended pregnancy, forms of sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation and questioning, communication, recognizing and preventing sexual violence, consent, and decision making (ACOG, 2016).

Local data is imperative to understanding the unique needs of each region of Louisiana in order to improve adolescent health. While prior research has focused solely on adolescent SRH, this iteration seeks to gain a broader perspective of the issues, challenges, and opportunities to advancing adolescent health in the Shreveport region.

ⁱ Data is not currently reported on sex education offerings

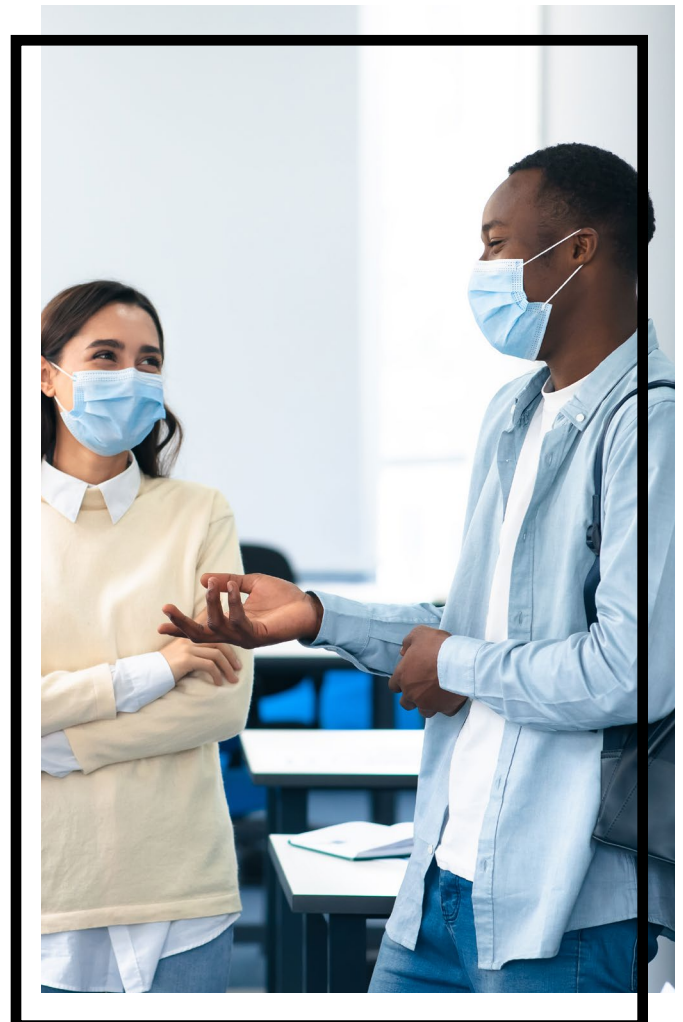
ⁱⁱ Definition of comprehensive sex education

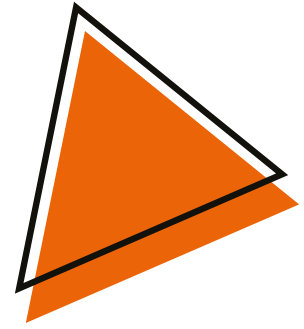


Overview of Shreveport Adolescent Mapping Project

To continue addressing these challenges, LPHI conducted a landscape assessment to map facilitators and barriers of CBOs, faith-based organizations, and health providers to move forward in planning and implementing larger programmatic solutions that address adolescent health.

The following report provides detailed findings from the Shreveport Adolescent Mapping Project, which was conducted between November 2020 and May 2021. The assessments explored: a) the services provided to adolescents in the community by CBOs, faith-based organizations, and clinics, b) SRH services offered in the community, c) adolescent-friendly features offered by providers, d) perceptions of major health issues for young people in the community, and e) strengths and opportunities of each system to provide services and connect with additional resources.





Methodology

ASSESSMENTS

Assessments were conducted with CBOs, faith-based organizations, and clinics across the Shreveport region. Participating organizations were identified through existing relationships, web-based searches, and snowball sampling. The research team purposively sampled organizations known to serve adolescents in Caddo Parish. Snowball sampling was used after each assessment, whereby the participant was asked to refer additional participants known to serve youth in the community. The research team followed up with each referral to conduct an additional assessment. Topics covered in the assessments included operational information, services offered, client population demographics, adolescent health issues, barriers to care, and outreach.

ADOLESCENT FOCUS GROUPS

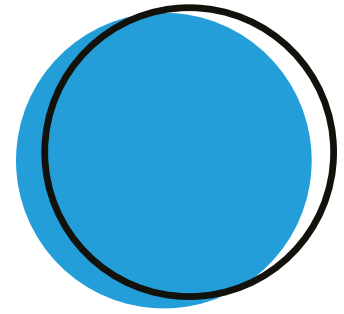
The LPHI research team conducted three focus groups with youth participants in May 2021. The team worked with three youth-serving organizations across Caddo Parish to recruit and interview 20 youth informants between the ages of 16 and 23. Organizations were identified through pre-existing relationships and were provided a stipend to help recruit focus group participants. The institutional review board (IRB) waived parental consent for participation. Youth gave verbal consent to participate after a review of confidentiality measures. No personal information was shared; thus, the risk of participating was minimal. Focus groups lasted one hour and were conducted virtually over Zoom by two researchers. Participants were provided with an incentive for their time. Focus groups identified major health issues faced by young people in the community, barriers to accessing information and services, and opportunities for addressing these issues.



LIMITATIONS

The Shreveport Adolescent Mapping Project was launched amid the COVID-19 pandemic; thus, several modifications were required. Originally intended as in-person interviews, all data collection was turned into online surveys and virtual interviews conducted using Zoom. Enrolling health providers in the data collection posed several issues as health systems were overwhelmed due to the pandemic. Further, providers had difficulty answering questions because their current services were limited or altered due to the pandemic. Overall,

fewer than anticipated providers ended up participating in data collection due to competing demands. The virtual nature of the survey also meant that some areas lacked the depth that could have been achieved during an in-person qualitative interview. Many organizations outside of health providers noted changes in services, funding, and staffing due to the pandemic and were unsure how it would continue to make an impact. At the time of data collection, vaccines had just begun to roll out and had not yet been made available to the general public.



Findings

Community-Based Organizations

CBOs work at the local level to meet community needs. They are often the foundation of community-led efforts to improve the social health, well-being, and overall functioning of its citizens. Twenty-eight youth-serving CBOs representing 30 programs were surveyed as part of the Shreveport Adolescent Mapping Project. These organizations have been in operation between one year and more than 70 years with an average of 15 years. The average size of the organizations surveyed was between 11 and 25 employees, however organizations as small as one employee and as large as more than 100 employees were included as part of the assessment. Nearly half of the organizations surveyed have licensed professional staff (48%) and one-third have a licensed counselor on staff (32%).

These organizations serve an average of more than 500 young people a year, with several serving more than 1,000 and as many as 5,000 yearly. The organizations surveyed primarily serve young people between the ages of eight and 24. One-quarter serves those under the age of eight and above the age of 24.

Table 1. Licensed Professionals On Staff

Type of professional	Percent
Professionals on staff	48%
Licensed Counselor	32%
Licensed Social Worker	21%
MD	11%
RN	11%
Other	7%
NP or APRN	4%
Psychologist	4%

Table 2. Ages Served

Age Range	Percent
Ages 8-12	39%
Ages 13-18	79%
Ages 19-24	57%
Other	25%

Certain groups of adolescents, such as LGBTQ+ youth, have unique needs and benefit from programs designed specifically for them. LGBTQ+ youth are more likely to feel isolated, alienated, and depressed (Poirier, et al., 2008). Further, schools in Louisiana are not welcoming spaces for LGBTQ+ students. The vast majority (93%) of LGBTQ+ students in Louisiana regularly hear anti-LGBTQ+ remarks and most (76%) experience anti-LGBTQ+ victimization (GLSEN, 2021). Thus, it is of the utmost importance to create welcoming spaces for these youth outside of school (GLSEN, 2021). Organizations were asked about the special populations they serve, including lesbian, gay, queer, and questioning youth, transgender youthⁱⁱⁱ, opportunity youth (youth ages 16-24 not enrolled in school or working), homeless youth, youth in foster care, systems-involved youth, young parents, and HIV positive youth. Over half of the organizations serve lesbian, gay, queer, and questioning youth (57%), but only 21% serve transgender youth.

Just over half (54%) serve youth in foster care. Less than half of the organizations surveyed serve the additional special populations.



ⁱⁱⁱ Sexual identity and gender identity were intentionally broken into two separate groups due to the specialized needs of each group

Identifier	Percent
Gay, Bisexual, Queer, Questioning Youth	57%
Youth in Foster Care	54%
Homeless Youth	46%
Systems-Involved Youth	39%
Teen Parents	39%
Opportunity Youth	36%
Transgender Youth	21%
HIV Positive Youth	18%
Other	11%

The organizations surveyed provide a large number of services to young people in the community. Over half of them offer mentoring (57%) and educational support (53%). A full breakdown of services is available in the figure below. In addition to these services, 33% of organizations also offer other services, including food pantry, food stamp assistance, grassroots organizing programs, forensic interviews, child sexual abuse prevention education, child sex trafficking prevention education, professional financial counseling, free tax preparation, free books to children, conflict resolution, shoplifting prevention, goal setting, healthy relationships, healthy communication, anger management, resource center, social service support, peer support for parents of special needs children, and communications initiatives.

CBO SERVICE OFFERINGS

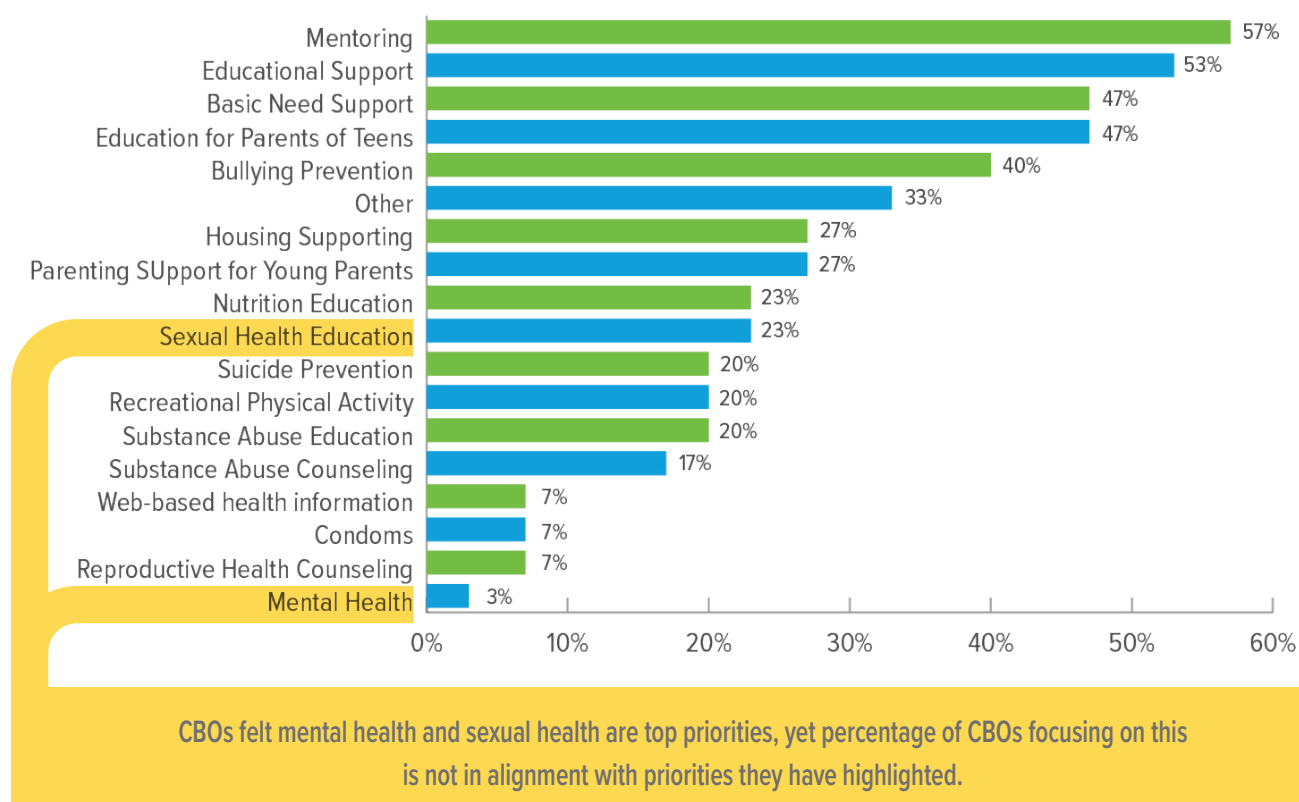


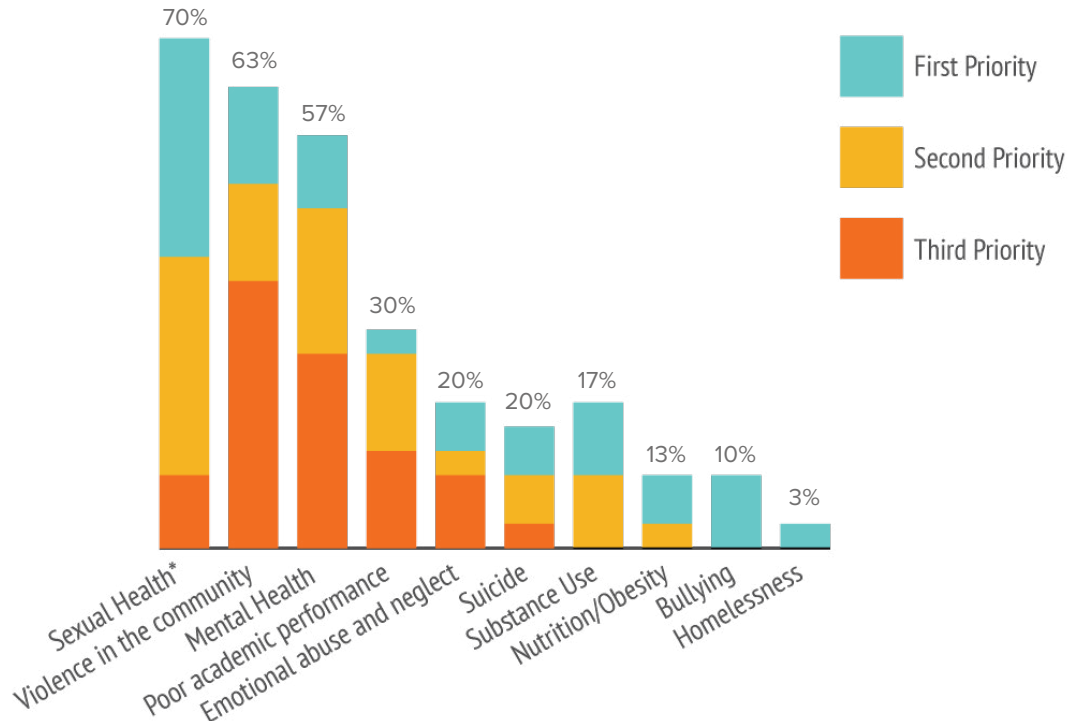
Figure 3: Community Based Organization service offerings (Percent that offer each service type)

Organizations were polled on what they saw as the biggest issues for young people in the Shreveport community. The top-rated issues included violence in the community, general sexual health, mental health, emotional abuse and neglect, sexual violence, bullying, getting sexually transmitted diseases, and poor academic performance. When asked to rank their priority level violence in the community, sexual health-related issues and mental health were the clear outliers. Sexual health related issues included general sexual health, getting STIs/STDs other than HIV, pregnancy, HIV/AIDS, dating violence, and sexting.

These issues were more deeply explored in follow-up interviews with the organizations.

Key themes identified as impacting the health and well-being of young people in the area include stigma, stereotypes, shame, mental health, and a lack of access to health information and services. SRH was a common theme across all of these areas. Respondents commented on the lack of reliable SRH education and how stigma continues to impact SRH overall.

HEALTH ISSUES FACING YOUNG PEOPLE IN SHREVEPORT



*Sexual Health related issues included general sexual health, getting STIs/STDs other than HIV, pregnancy, HIV/AIDS, dating violence, and sexting

Figure 4: Major health issues affecting young people in Shreveport

Respondents commented on a general lack of knowledge around health seeking behaviors and the scarcity of programs and education that promote health and well-being. Several key deficits included access to nutritious and affordable food, access to safe and affordable transportation, and a lack of services and resources available in Spanish. Nutrition was discussed in terms of access to healthy nutritious food and also being tied to major health concerns such as diabetes. Several respondents noted transportation as the biggest barrier to improving health. Only slightly more than a quarter (28%) of CBOs surveyed offer services in Spanish, despite the fact that 43% of CBOs reported serving the Hispanic/Latinx population. No other language availabilities were reported.

The lack of knowledge around health and health seeking behaviors was discussed as a generational issue passed down from parents to children. As one respondent commented, “There’s a lack of knowledge from the parents, parents don’t know the adequate steps to take to get their children healthcare.” Another respondent stated, “The major health issue is caring about their health, period. They’re not taught to care about their health, it comes from their upbringing, their family hasn’t been taught.” Parents also often act as a barrier to care, particularly in terms of SRH, most commonly due to a lack of dialogue between parents and their children.

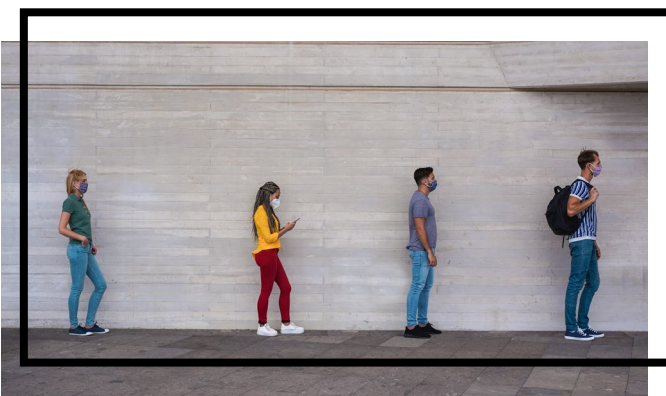
Mental health was identified as a top concern for adolescents in Shreveport. Mental health issues ranged from general stress, anxiety, and lack of coping skills to severe depression and suicide. The COVID-19 pandemic has only furthered the unaddressed collective trauma respondents noted in young people in the area, stating that those who did not have coping mechanisms prior to the pandemic are at the greatest risk. Respondents also felt that COVID-19 had exacerbated isolation and feelings of stress, particularly around schoolwork and a lack of access to technology.

Limited education around mental health resources and a limited availability of affordable resources has compounded these mental health concerns. Mental health was also discussed in terms of sexual health and how stigma around discussing sexual health led to feelings of shame. As one respondent noted, “It’s that mental health component, you have that stress factor, you have teenage girls who are sexually active, but they’re nervous or scared for all the reasons... that entails what if there’s STDs or STIs, but since you’re so afraid, there’s this fear-mongering in teenage girls that you go all this time untreated.”

However, the interviews also demonstrated that there are many opportunities and assets to improving adolescent health in the region. First and foremost, there are strong community partnerships. Many respondents mentioned strong community ties and networks that support their work. They noted that there were integrated systems of care that allowed them to get the resources they need to young people in the community. There was also a notion of strong community support to address adolescent health overall, and that with the appropriate resources, more could be done.

HEALTHCARE PROVIDERS

Ultimately, only two health care providers and one health plan participated in data collection. As stated in the limitations section, the survey team had difficulties recruiting health providers as the assessment took place during the first wave of the COVID-19 pandemic. In order to protect the privacy of the institutions that participated in the survey, limited data will be presented in this report. Clinics identified violence, STDs/STIs, and poor academic achievement as the biggest issues facing young people in the community. They identified emotional abuse and neglect, sexual health, violence, substance use, and mental health as the top priorities to be addressed among youth in the community.



A thematic review of the in-depth interviews conducted with providers further delved into these areas and identified mental health, STI management, and trauma as the top health issues they deal with in the clinical setting. Clinics identified the need for improved sex education, access to contraception, and reduction of stigma around SRH. The clinics identified transportation and confidentiality between providers and patients as barriers to accessing care.

“ [Patients] don’t always have a car to where they can get to the clinic by themselves, especially if it is someone who is not telling their parents of all of their healthcare, they don’t exactly want to have to ask mom for a ride to get treatment for an STI. So, I think transportation is usually a [big barrier]. ”

“ Sometimes [patients] may have problems with access to care because they’re hiding their pregnancy from [their guardians] so they don’t have access to care. ”

The providers interviewed indicated limited access to long-acting, reversible contraception at the clinics. If patients want an IUD or Nexplanon, they must be referred to a different clinic where those options are available. The limited access compounds the existing transportation barriers.

Providers highlighted technological advances as an opportunity to improve access to care. The electronic health records (EHR) systems provide patients with the opportunity to easily

schedule appointments and chat with providers. In addition to the EHR system, one of the providers mentioned they will call patients on their cell phones in an effort to increase confidentiality between the patient and provider.

FAITH-BASED ORGANIZATIONS

Faith-based organizations, including places of worship, are often cornerstones of community life. They offer a safe place to congregate with others and religious leaders are often held in high regard amongst the community as a whole. They are looked to for guidance on a multitude of issues and may be gatekeepers to larger pockets of citizens. Faith-based organizations can be instrumental in addressing community issues and promoting the health and well-being of community members (National Academy of Sciences, 2018). Shreveport is located in what is known in the United States as the Bible Belt, a region of the southern US known for being religiously conservative or fundamentalist (Brunn, Webster, & Archer, 2011). In 2018, LPHI conducted a statewide parent survey that demonstrated that parents in the Shreveport region are highly religious, with 80% reporting that religion was somewhat or very important in their life and 93% reporting that faith was somewhat or very important in their life (LPHI, 2018). Young people tend to share the religion of their parents/caregivers and Evangelical Protestant teens are more religious than other teens (Diamant & Sciupac, 2020). The 2010 report from the Association of Statisticians on American Religious Bodies shows that the majority of people in the Shreveport region identify as Evangelical Protestant (63%) (Association of Religion Data Archives, 2010).

Fifteen faith-based organizations were surveyed as part of the Shreveport Adolescent Mapping Project. The faith-based organizations surveyed were all from the Christian faith^{iv} Fifty percent of the organizations were Baptist, 40% were Non-Denominational Christian, and 10% were Full Gospel.

The majority of the faith-based organizations surveyed primarily serve Black or African American congregations (87%), 13% primarily serve White congregations, only 7% serve Hispanic/Latinx parishioners. The majority of the organizations (80%) were churches, the remaining 20% defined themselves as interfaith organizations. More than one-third of the organizations surveyed serve more than 300 youth annually. The majority (67%) primarily serve youth between the ages of 13 and 18.

Young people belonging to a variety of special populations, especially LGBTQ+ youth, may feel excluded from religious communities based on strongly held biases and teachings within certain faith traditions (Group for the Advancement of Psychiatry, 2020). However, affirming communities and people of faith can be strong support systems for youth who may feel disenfranchised and experience hatred and violence based upon their identities. Faith-based organizations were surveyed on the special populations they serve. Only one-third reported serving lesbian, gay, bisexual, queer, and questioning youth, while even fewer report serving transgender youth^v Over half of the organizations serve opportunity youth, or young people between the ages of 16 and 24 not enrolled in school or holding employment.

FAITH-BASED ORGANIZATION DENOMINATION (n=15)

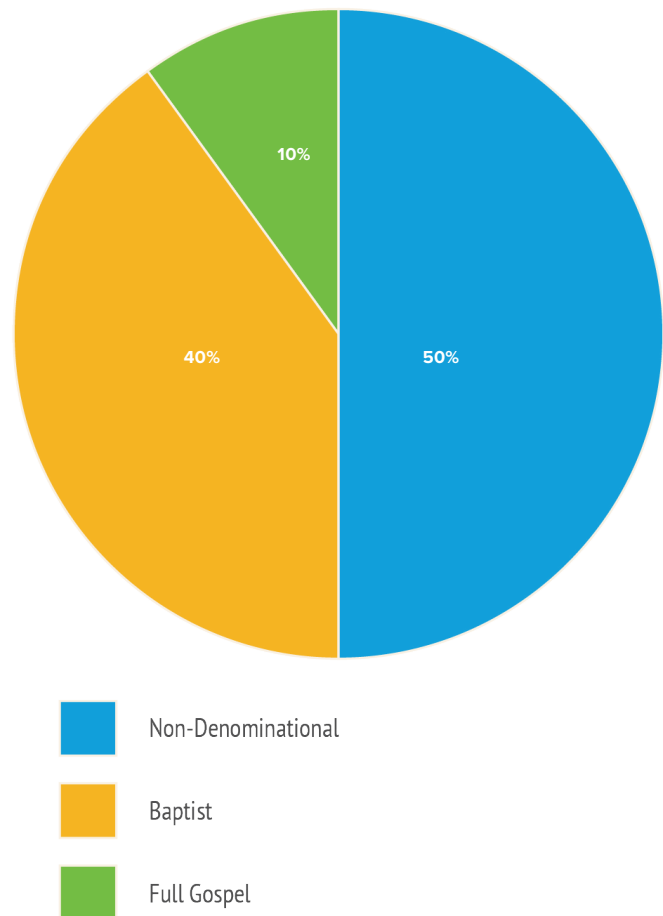


Figure 5: Percent of Denominations Represented in Faith-Based Organization Survey

^{iv} This is a limitation as no other religions were surveyed

^v Sexual identity and gender identity were intentionally broken into two separate groups due to the specialized needs of each group sexual identity and gender identity were intentionally broken into two separate groups due to the specialized needs of each group

PRIMARY RACE(S) SERVED PERCENT (n=15)

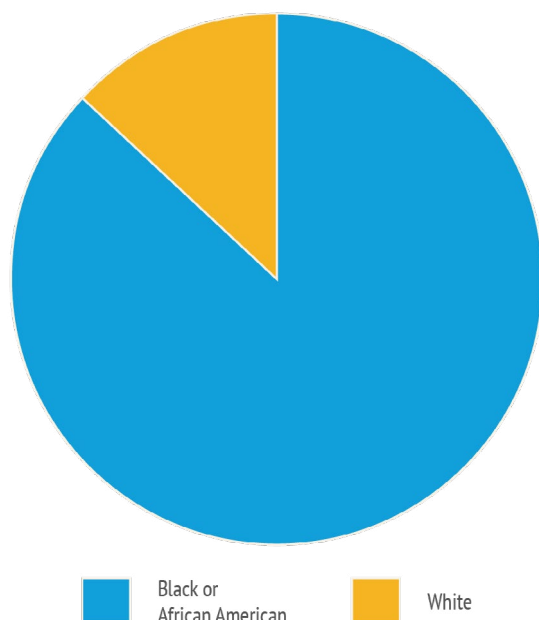


Figure 6: Percent of Primary Race served by Faith-Based Organizations^{vi}

These organizations provide many services to young people in the community. The most common offerings include mentoring (93%), basic need support (93%), educational support (67%), and recreational physical activity (60%). The majority of the organizations surveyed offer marriage counseling (80%), two-thirds offer youth counseling, and only one-third offer health counseling.

Faith-based organizations and religious leaders were asked about the greatest health needs of the young people they serve, the challenges young people face accessing health services and information, and the opportunities to advancing adolescent health in the region.

The top health issues included access to nutritious food and nutrition education, mental health, and education overall.

In 2019, one in four children (27.2%) in Caddo Parish were food insecure, and estimates show that the number likely increased between 2020-2021 due to the COVID-19 pandemic (Gunderson, Strayer, Dewey, Hake, & Engelhard, 2021). Feeding America defines food insecurity as “a lack of consistent access to enough food for every person in a household to live an active, healthy life” (Feeding America, 2021). As one participant explained, not only is lack of access to healthy food an issue, but there is little provided in terms of nutrition education and that this issue is often multi-generational and a result of poverty:

“The greatest health need for the youth I serve has to be access to proper nutrition and nutritional education because the majority of them come from backgrounds dominated by poverty. Those types of stores are not readily accessible in neighborhoods that are poverty stricken. Not only are those stores not in those neighborhoods, but very few of them are going to even have access to the neighborhoods that do have them...There’s a lack of nutrition education, very few of the young people that I serve are cognizant of their individual health. That’s not something that they think about or meditate on, on a daily basis. It’s not something that’s talked about in the home. It’s not something that is pressed upon them in the environments that they come from, it’s very rarely an area of concern for them.”

^{vi} No faith-based organizations primarily served Asian, Native American, or Other racial groups

SPECIAL POPULATIONS SERVED PERCENT (n=15)

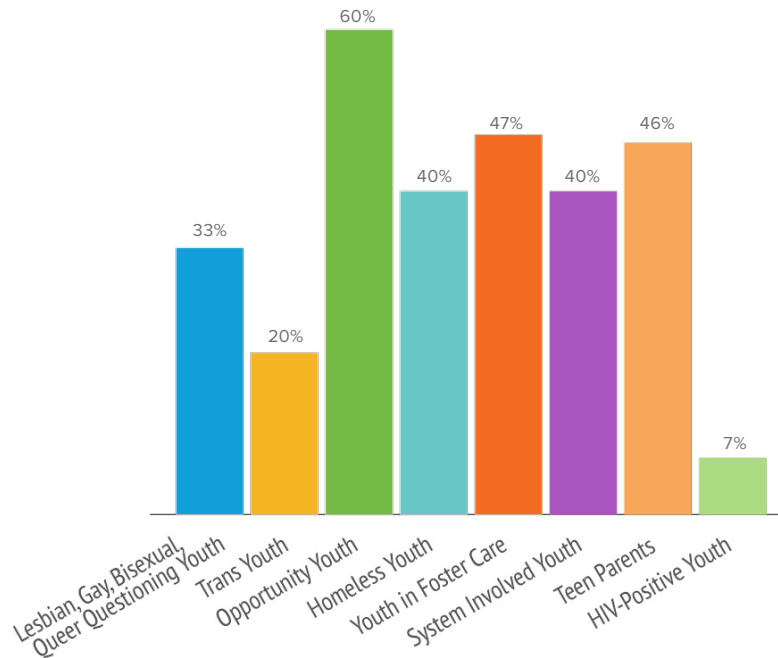


Figure 7: Percent of Special Populations Served by Faith-Based Organizations

SERVICES OFFERED BY FAITH-BASED ORGANIZATIONS (n=15)

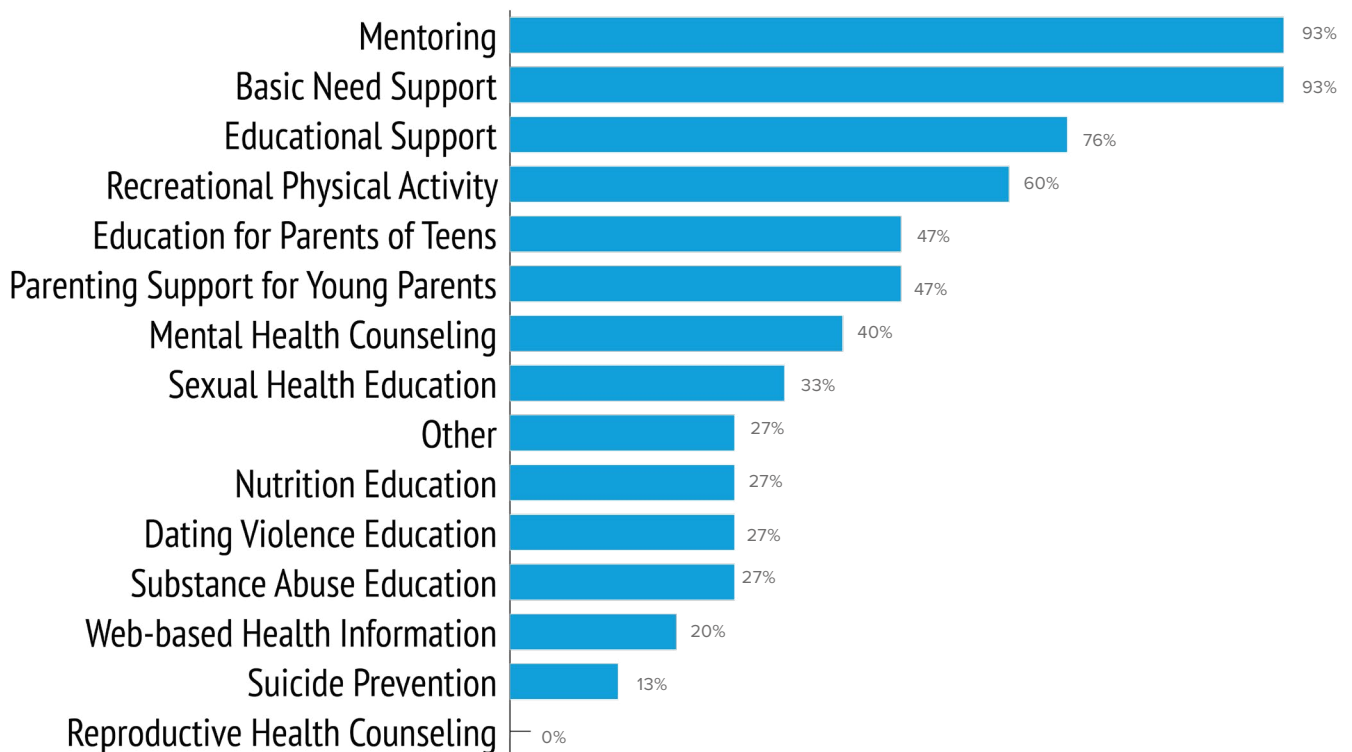


Figure 8: Percent of Faith-Based Organizations offering each service type

Another participant commented on how nutrition is impacted by poverty, family systems, and education – “Because of the poverty, being in the inner city, healthy eating is a big issue. General nutrition and psychological needs. A lot of that ties in with family systems and education.”

MENTAL HEALTH

Mental health was mentioned by nearly every participant. Many explained that mental health has become an even larger issue during the pandemic. As one participant stated, “Mental health is obviously a big one right now. I think that encompasses a lot of things, family issues, just the issues that are common in that age group. We probably see a little bit more mental health and trauma.” As another participant explained, “Mental health is the number one [issue]. The reason why is this pandemic has forced them to grow up a lot faster than they imagined, than we anticipated. So, the trauma that comes with schooling differently, really making adult decisions at an adolescent age, has really played a traumatic role on them. So, I would say mental health is number one because they’re facing issues, pandemic and beyond pandemic that really claims their attention.”

“They [youth] deal with the uncertainty of how to deal with their emotions. They deal with a lot of pressure from friends, from family, from parents, from siblings, from being unsure of themselves. They deal with a lot of emotions daily and they don’t know how to manage them. I think the greatest health challenge is helping these young people understand their emotional health.”



Another stated, “I found out through my years of pastoring, that mental health seems to be the biggest hurdle and biggest obstacle for young people, because of the fact that in the African American community, mental health is not spoken about freely. In some instances, it is actually looked down upon as a stigma or handicap, but throughout time and through our learning, we now understand that mental health is just as important as your physical health, because you can be the healthiest athlete in the whole world, but if you mind is not correct it does you no good because the way I think is your mind goes and your body will follow, not the opposite.”

RACISM AND POVERTY

Many of the barriers or challenges to health and health services were entangled in racism and poverty, and their impacts on education and society as a whole.

The murders of George Floyd and Breonna Taylor, and others, and the COVID-19 pandemic have put a spotlight on the effect racism has on the health and wellbeing of Black people and other People of Color. The religious leaders and faith-based organizations who participated in interviews highlighted the role systemic racism plays in health disparities. Systemic racism is directly related to inequities in housing and job security, education, health care, and nearly every facet of American life, resulting in drastic health disparities.



“Systemic racism is a big one [issue]. Employment, education, but I think education is impaired by the racism that exists in our various institutions, but especially our educational institutions are affected by inequities.”

“We deal with disparities in health care issues across the board. Certainly, with adolescents, it is sexual health, nutritional health, emotional health, all of those things are issues right here in our own community.”

“The color of their skin, to be honest with you. Even though we say we live in a society where everyone is offered the same things, where everyone has the same fair shake, as they say, anyone can make it in America. Well, that’s not totally true. And that’s not what our young people are experiencing and seeing, especially with all the things that have been going on these last several years that have been publicized, have been talked about on a continual basis. They’re afraid to be happy in their own skin.”

Poverty was discussed as a barrier to nutrition and to mental health services.

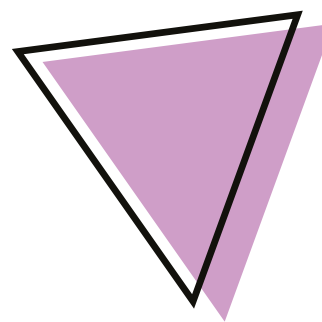
“Economic opportunity, which affords them privileges to really find the resources they need to address. A lot of them [youth served] are in underprivileged communities or underprivileged home. It’s a luxury to say, ‘Well, I’m going to therapy’, when it’s a battle to make ends meet.”

Despite challenges, participants offered many opportunities for addressing adolescent health and the health of the community as a whole.

Churches and faith-based organizations can be prime settings for conducting health promotion programs and providing resources to parishioners as they are seen as trusted entities.



As one participant stated, “I see the church and interfaith organizations being a conduit or a connector to helping them [youth] find the resources they need. Predominantly speaking, in the African American context, the church has always had a vital role in guiding communities or leading communities to find what they need for communities to survive and thrive.” The participant continued by explaining how religious leaders need to remain aware of new challenges and issues affecting young people and continue to develop ways of addressing evolving needs. “The next wave we need to consider how the church can help its parishioners connect with resources to have them live healthier lives. So, if the pastor is not knowledgeable about certain aspects of counseling or certain aspects of therapy or certain aspects of health issues—he at least needs to be aware enough to know where those resources are and refer those parishioners out to find that.” Another participant explained that the church plays a role in all aspects of life, thus it would be a natural fit for the church to play a role in health promotion. “It’s definitely a role that the church has to play a part in if we are really ministering to the needs of our people...I don’t think there’s an aspect of life that the church does not play a role in.”



Youth Focus Groups

Three focus groups were conducted with a total of 20 young people ages 16 to 23. Youth were recruited by three partner organizations. Both participants and recruitment partners were paid a stipend for their time. Demographic information was provided for 18 of the 20 participants. The average age of the participants was 18.6 years. Sixty-one percent (61%) of the participants identified as female, 39% as male, no participants identified as transgender or non-binary.^{vii} Two-thirds of the participants (67%) identified as Black or African American, 28% identified as White, and 5% as Asian. Eight percent (8%) identified as Hispanic or Latinx. A breakdown of the sexual orientation of participants is available in the figure below. The majority of participants identified as straight or heterosexual.^{viii} The primary language spoken by most participants was English (94%), one participant's primary language was Chinese.^{ix} All interviews were conducted in English.^{ix}



Participants identified sexual health, mental health, nutrition, and lack of access to information and services as the biggest health issues facing young people in Shreveport.

^{vii} Limitation/Future Research

^{viii} Limitation/Future Research

^{ix} Limitation/Future Research

SEXUAL ORIENTATION OF FOCUS GROUP PARTICIPANTS

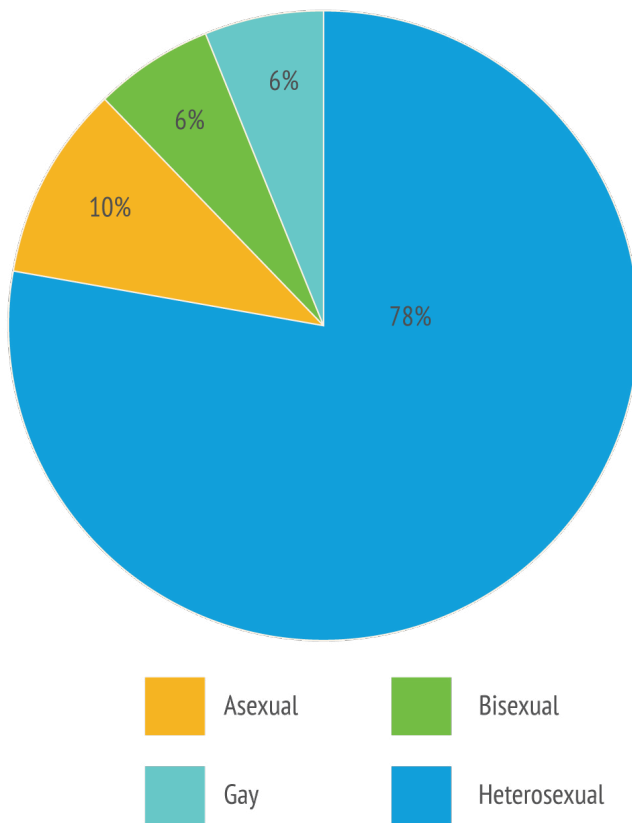


Figure 4

Focus groups were transcribed and a thematic review was conducted by two researchers. Participants identified the major health issues facing their peers, as well as barriers and opportunities to improving the health of young people in the region.

Sexual health, mental health, nutrition, and lack of access to information and services were identified as the major health issues facing young people in the region.

Sexual health was discussed in terms of both concerns over health issues and the lack of sex education. Participants noted an increase in sexually transmitted diseases (STDs/STIs) since the beginning of the pandemic. They felt that without other things to do, more people were engaging in unprotected sex. They felt that stigma contributed to an increase in STDs/STIs because people were not likely to get tested or discuss their STD status. One participant noted feeling that the lack of positive things to do contributes to the high number of STDs/STIs.

Resoundingly, participants noted a lack of sex education. They stated that, “If it is taught at all, it is not taught well,” and that the sex education they received focused heavily on the use of scare tactics, the science of reproduction, and abstinence. Little, if any, information is given about healthy relationships, sexual assault, birth control, or contraception.

“

They [schools] only teach the negatives of sex. They don't teach you like, oh, you're creating a connection with your partner or something like that. They only say you could get pregnant, you could get an STD and die. Do you know that if you do this, people will look down on you and like, God will frown on you.

”

“

It's a thing that happens. And whether you are a Christian or not, and you believe that you should wait until marriage, not everybody waits until marriage. And so, you can't just teach abstinence. If people want to have sex, they are going to. And so, you can't just say abstinence is the only way because it's not. And I feel like in Shreveport, especially Louisiana in general, abstinence is pushed so heavily, and people are like, if you don't want to get pregnant, if you don't want an STD, just don't have sex. But you know, that's not the only option and it's not being taught to us in a proper way.

”

Participants discussed some of the places young people do get information about sexual health. Participants identified the internet as the most frequent place to receive information about sexual health. In addition to the internet, participants also received sexual health information from parents, teachers, and medical professionals. However, they felt that parents and adults in general could do a better job of sharing information about sexual health. As one participant stated, “Some kids aren't able to go and talk to their parents how they should be able to. So, they're not growing up knowing what's right and what's wrong. I feel like their relationship between their parents is stopping them from learning what to do, what not to do, and how to do it.” Others noted that some parents avoid the conversation because they do not want to think about their kids having sex, they do not want to be held accountable, or they themselves do not know the information. Participants did state that they felt it was the role of parents to talk to young people about sex so that they can be as safe as possible.

Young people want to receive sex education at school because not all parents discuss sexual health with their children. They felt it was something that should be required, and that you should not be able to opt out of it. As one participant noted, “If you don't have a parent who talks to you about things, it is hard to get information about things like sexual health.”

Participants noted that they felt that medical professionals could do a better job at educating young people around sexual health and providing resources. Several stated that the medical providers they saw did not provide any information and expressed a desire for them to offer things such as pamphlets and other resources designed for younger people. Overall, they felt it was hard to find a good primary care doctor to meet the needs of young people after a pediatrician. They also noted that ability to pay and insurance often posed as a barrier to seeking services.

Stigma was a very large concern around sexual health and sex education.

“I mean, I have never had like a real sexual education experience and especially there’s so much stigma around it. Like I shouldn’t be 16 years old, scared out of my mind sitting in a gynecologist office. That’s just not something that should happen. There’s not, it’s, there’s so much stigma around it where like once you turn 16 and you go to the gynecologist and you start taking birth control, all of a sudden, you’re not the same person. It’s almost as if you were unclean, even if you haven’t had sex because there’s so much stigma around it. And I feel like we are so comfortable talking about drugs and talking about that kind of thing. But when it comes to talking about sex, that’s something that people are so uncomfortable with and it’s not supposed to be something that makes people uncomfortable.”

“I also just wanted to say that like the fear of getting pregnant as a teenager has never been more present than it is right now as someone who is on birth control, I am more confident in my COVID vaccine than I am my birth control. And I feel like that’s kind of a problem because if my birth control is 99% effective, I should be fine. But if my COVID vaccine is 95% effective, I should probably be taking a little bit more caution for that than I am by birth control. And I’m not, I am so worried about getting pregnant and high school. And there are not enough resources to talk about that kind of thing, especially with the whole stigma about like abortion and Planned Parenthood and stuff. And a lot of people wanting to take away Planned Parenthood. I think we need more of that. Not for the abortion, but for the education, for the access to healthcare, for the access of birth control and contraceptives. That’s something that we need more of. And that’s something that we don’t need to take away. And I know that that’s politics and I’m not going to get into it, but that’s like resources for boys and girls for sex. There’s not enough of them. And so, it creates this stigma and I see all these people all the time when they turn 20 years old, they get like a cake or something. And they’re like, I beat teen pregnancy because I didn’t get pregnant while I was a teenager. That’s so bad. Like if being, getting pregnant should not be as much of a fear as AIDS. Like, yes, it’s a problem. You shouldn’t go out and be like, oh, I’m not going to worry about not getting pregnant.”



Another major health concern was mental health. Participants saw mental health as encompassing general stress, depression, anxiety, and suicidal ideation. Stress was related to school and often other health issues like sexual health that young people feel ashamed to seek services for. Participants felt that the surface was skimmed, and that not enough information was shared about mental health.

They felt the information they do receive was reactionary rather than preventative and often boiled down to “Suicide Prevention”. Several participants noted that mental health was often dealt with after something happened, and that it was more difficult to get information or support before a potential crisis.

Participants shared that most young people turn to a friend or someone at school, not necessarily a professional counselor or therapist, to talk about mental health issues. They noted that access to counselors and therapists felt limited and harder to access, especially for those in lower socioeconomic situations.

Further, participants noted disparities and stigma around mental health in Black and African American families.

“I feel like in the African American household, mental health is definitely a big problem and it’s overlooked so many times because they take it as just being angry or you’re just emotional and you don’t know how to deal with your feelings. I definitely feel like that’s not true. You have kids going through certain things from starting traumas and it literally bothers you, but we overlook it, I guess, because it’s just like a generational curse. No one is used to you explaining how you’re feeling and what’s bothering you. So, you’re...it’s overlooked.”

Nutrition and access to healthy foods and exercise was also stated as a concern. Participants noted that, especially because of the pandemic, the opportunities to exercise and be outside were extremely limited. Several participants mentioned that they felt food and eating healthy was a form of medicine and extremely important for chronic health issues like diabetes. They feel it can support a healthy lifestyle, but that it is often hard to get healthy food and eat a lot of things like fast food.

Barriers to accessing health information and services included limited knowledge of resources, distrust of the medical system, and stigma. Participants felt it was difficult to identify resources in the community. As one participant stated, “... People don’t know about resources in the area... we want to know where we can go and get help.” There was an overall lack of knowledge around where to access care, compounded by issues related to payment and insurance, long wait times, and crowded facilities.

Further, participants stated a general lack of knowledge and misconceptions around sexual health and mental health. They felt that young people did not know about STDs/STIs and while some know the basics of sex, most do not and are not given useful information –turning to the internet to figure things out. They feel that scare tactics often derail real information on the symptoms of STDs/STIs, how to prevent and treat them, and what to do if you think you have an STD. Many participants felt that people do not care about their health or health care.

An overall sentiment of distrust of the medical system was apparent throughout the focus groups. Participants did not feel that medical providers care about patients and are often just interested in making money.

One participant stated that she felt that “doctors are bad,” that they could be helpful, but often were not. She referenced issues during pregnancy and racial disparities in maternal mortality.

There was also a notable distrust of the COVID-19 vaccine.

“So many people have asked me if I’m getting the vaccine. I can’t tell them. I say I’m not eligible yet, but yes, it’s kind of nerve-wracking with everybody being so vaccine crazy. I’m nervous to take it. It’s only been a year. I just feel they should do a little bit more research and stuff on it a bit longer.”

Another participant echoed with “I don’t think it’s [the vaccine] something positive to be completely honest with you. Have they ever given out something positive for free?”



Additionally, participants felt that doctors do not take time to explain procedures or medicines, particularly around birth control and the side effects of different forms of birth control. One participant stated, “I see it a lot when I go to the [clinic] for my birth control. When I first began taking it, I had no idea how to take it. They just told me when I would need to follow back up with them. I had to google how to take them.” Another participant stated, “I had to check and make sure I didn’t have gonorrhea. The doctor was so rough. Even my mama and my boyfriend was in the room with us. The man doctor was rough with me and I don’t understand why.”

Stigma around sexual and mental health appeared to be the biggest barrier to achieving improved health outcomes for young people. Stigma was mentioned by nearly every participant in one form or another. Young people feel that they are not given information because of stigma and feel they cannot ask for help because of the stigma associated with these health concerns.

Opportunities for improving the health of young people in the region included engaging faith-based communities, enhancing community support, and providing more activities in which youth can engage.

Several times participants noted the impact of religious communities on sex and sex education. They felt that religion was used as a reason to inhibit young people from receiving appropriate and accurate sex education and felt that it was often the source of stigma around sex.

Despite the feeling of religion inhibiting appropriate sex education, participants identified faith leaders and communities as a trusted and respected resource.

“I’ve made the shift of not only preaching about the good news to our youth but also the good news about making smart decisions and good choices with dating. I invite the parents to the sessions too. We have to meet these youth where they are and we can’t shame little Jane for getting pregnant by Johnny when we’re not equipping them with the education to make the right choices.” Faith communities are able to engage young people and their parents in healthy and productive conversations about sexual and mental health and provide resources for parents to discuss these issues with their children.

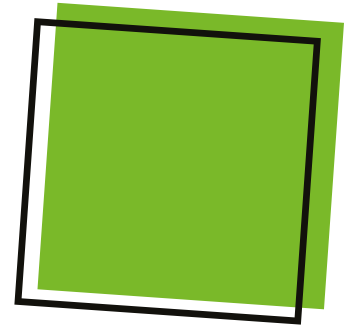
Despite community organizations feeling there was a strong network of support for young people, focus group participants noted a disconnect and did not feel they knew where to turn for services



or information. Improving these connections could reduce the stress young people feel when they need services for sexual or mental health.

Finally, increasing the availability of activities for youth to engage in could spur the physical and mental health of young people. Participants noted a desire for more access to safe opportunities for exercise and to be outside.

Recommendations



Based on the findings from this report, recommendations for improving adolescent health in the region include advancing technology, building community support and trust, and engaging parents. Resoundingly, young people in the Shreveport area need support in terms of mental and sexual health and combatting stigma around accessing health services and information. Young people deserve access to information and services and critical steps can be taken to address this gap. Participants highlighted that they are able to access a great deal of information online and noted more sources than seen in past research in other parishes (LPHI, 2016). Community-based and faith-based organizations have long established relationships with government officials, young people, and their parents and can serve as connection points and places to distribute information. And finally, and most importantly, parents and caregivers are the primary health educators of their children. It is imperative to provide support to parents and caregivers in order to enable them to have conversations with their young people.

In the midst of the COVID-19 pandemic, technology has advanced rapidly to connect people to different kinds of resources including health care. Telehealth has been a positive advancement and increased accessibility between

provider and patient, while also allowing for greater confidentiality between provider and adolescent patients. Further, young people are looking to technology to find answers they are not able to find elsewhere. While Google remains a



popular tool, young people are also using different functions and features of the internet to get the support they need. This includes online chat functions with medical professionals, social media that boosts and promotes health and wellness, and other search functions that can provide timely information such as YouTube. One opportunity for greater investment is the use of digital media to provide reproductive health resources for adolescents. With 73% of adolescents between 13 and 17 years old owning a smartphone and many using these devices as tools to access information, future opportunities exist to provide confidential and accurate reproductive health education right at the fingertips of adolescents (Guttmacher Institute, 2019).

It was evident in the interviews that there are close community relationships that could be leveraged to assist young people in getting the information and services that they need. Despite many participants detailing the relationships they share with other community organizations and services, young people do not currently feel that they are able to connect with the resources available. Opportunities exist for CBOs and faith-based organizations to become resource hubs for young people, because they are trusted figures within the community who can build trust amongst different systems (e.g. clinical, school, government, etc.).

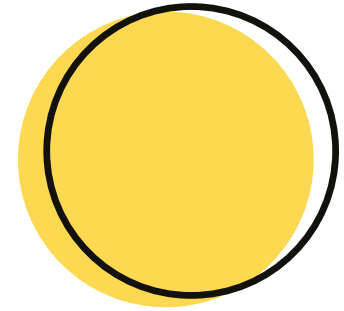
There is an undertone of distrust of the medical community that could be addressed through conversations and relationship-building.

These conversations could also begin to address stigma around mental health and sexual health.

Parent engagement remains paramount as a tool for addressing the health and wellness of young people in the community. Each sector touched upon the influence of parents and how they can facilitate or inhibit a young person getting the information and services they need to live a healthy life. Parents can be open and share information with their children and help them make decisions and access care, or they can perpetuate fear, shame, and stigma. One avenue to do this may be within faith-based communities, as religious leaders are often seen as influencers and connectors.



References



ACOG. (2016). *Comprehensive Sexuality Education*. Retrieved from American College of Obstetricians and Gynecologists: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/comprehensive-sexuality-education>

Association of Religion Data Archives. (2010). *Shreveport-Bossier City Metro Area Membership Report*. Retrieved from The Association of Religion Data Archives: <https://www.thearda.com/rcms2010/rcms2010.asp?U=43340&T=metro&Y=2010&S=Name>

Brunn, S. D., Webster, G. R., & Archer, J. C. (2011). The Bible Belt in a Changing South; Shrinking, Relocating, and Multiple Buckles. *Southeastern Geographer*, 51(4), 513-549.

Diamant, J., & Sciupac, E. P. (2020, September 10). *10 key findings about the religious lives of U.S. teens and their parents*. Retrieved from Pew Research Center: <https://www.pewresearch.org/fact-tank/2020/09/10/10-key-findings-about-the-religious-lives-of-u-s-teens-and-their-parents/>

Feeding America. (2021). *Hunger in America*. Retrieved from Feeding America: <https://www.feedingamerica.org/hunger-in-america/food-insecurity>

GLSEN. (2021). *School Climate for LGBTQ Students in Louisiana (State Snapshot)*. Retrieved from GLSEN: <https://www.glsen.org/sites/default/files/2021-01/Louisiana-Snapshot-2019.pdf>

Group for the Advancement of Psychiatry. (2020). *Faith Communities and the Well-Being of LGBT Youth*. Retrieved from Group for the Advancement of Psychiatry: <https://ourgap.org/resources/Documents/GAP%20LGBT-Religion%20Project.pdf>

Gunderson, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). *Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019*. Retrieved from Feeding America.

- Guttmacher Institute. (2019, September). *Adolescent Sexual and Reproductive Health in the United States*. Retrieved from Guttmacher Institute: <https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health>
- LDH. (2019, 7 23). Region 7-Shreveport STD/HIV Update. Retrieved from Louisiana Department of Health: https://ldh.la.gov/assets/oph/HIVSTD/hiv-aids/2019_STD_FACTSHEETS/Region7_Shreveport_HIV_STD_Update_2016_2018.pdf
- LPHI. (2016, January). Adolescent Mapping Project. Retrieved from Louisiana Public Health Institute: <https://lphi.org/work/family-health/adolescent-mapping-project/>
- LPHI. (2018). *Statewide Parent Survey*.
- National Academy of Sciences. (2018). *Communities in Action: Pathways to Health Equity: Faith-Based Organizations*. Retrieved from nap.edu: https://www.nap.edu/resource/24624/021218_faith_sector_brief.pdf
- Office of Disease Prevention and Health Promotion. (2020). *Social Determinants of Health*. Retrieved from Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- Poirier, J. M., Francis, K. B., Fisher, S. K., Williams-Washington, K., Goode, T. D., & Jackson, V. H. (2008). Practice Brief 1: Providing services and supports for youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Retrieved from SAMHSA.gov.
- U.S. Census Bureau. (2020). *2015-2019 ACS 5-Year Data Profile*. Retrieved from Census.gov: [https://data.census.gov/cedsci/table?t=Age and Sex%3APopulations and People%3ARace and Ethnicity&g=0500000US22017&tid=ACSDP5Y2019.DP05&moe=false&tp=false&hidePreview=true](https://data.census.gov/cedsci/table?t=Age%20and%20Sex%3APopulations%20and%20People%3ARace%20and%20Ethnicity&g=0500000US22017&tid=ACSDP5Y2019.DP05&moe=false&tp=false&hidePreview=true)