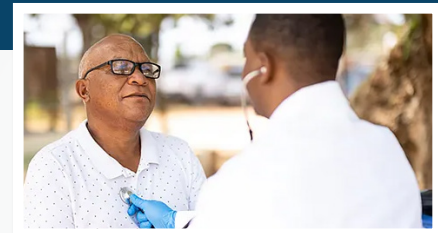


The Ochsner-Xavier Institute for Health Equity and Research (OXIHHER) invites you to learn how poverty shapes rural health disparities, and how Ochsner is supporting efforts to positively impact those living in rural areas.

**Health disparities impact many rural communities**, including those in the Gulf South.

Throughout Ochsner Health's Gulf Coast service area of Louisiana, Coastal Mississippi, and East Mississippi/West Alabama, America's Health Ranking has estimated that approximately 26.4% of Louisiana's population live in rural areas; 41.5% of Alabama's population live in rural areas; and half of Mississippi residents live in rural areas (50.5%). In Louisiana, about 1.2 million people live in rural communities, with 50 of the 64 parishes being primarily rural.



## Rural Health Barriers

### PHYSICIAN SHORTAGE

Louisiana, Mississippi, and New Mexico are the top three states in the country estimated to have the [greatest physician shortage ratio by 2030](#) (MS -120 physicians per 100,000 people; LA -100 physicians per 100,000 people). Louisiana currently has 12,577 active physicians, or 271.6 for every 100,000 residents.

However, only 11% of physicians in Louisiana serve rural communities compared to 13.1% of physicians in other states. Primary Care Physicians (PCPs) are needed the most. By 2030, Louisiana will need an additional [392 PCPs to maintain current levels of healthcare access](#), with 43 needed exclusively for rural areas.

### POVERTY

Karen Wyble, AVP - Community & Public Affairs, Ochsner Lafayette General, leads the Health Disparities in Rural Areas Task Force for Louisiana. "[Our legislature](#) is supporting us to go across Louisiana to talk with Indigenous [and other] minority populations that have specific needs and...get their input into what our call to action is going to be for the upcoming year." Poverty is an overarching issue. For example, the Louisiana Budget Project's initial findings show that 15.5% of Black people in Louisiana live in deep poverty, which means their household income [falls below the federal poverty line of \\$27,750 for a family of four](#).

**Health outcomes are impacted not only by income, but also by the following factors associated with poverty:**

**Education, Health Literacy, and Higher Learning Opportunities:** Rural areas have limited K-12 schools and higher learning opportunities. In Louisiana, it is estimated that 1.5M residents read on a fourth-grade level, emphasizing the need for innovative health literacy solutions and improvements in education overall. Level of education impacts job prospects and overall community rates of poverty.

**Childcare and Job Availability:** Finding safe, reliable and affordable childcare is difficult, causing additional hurdles for parents seeking work or training programs for enhanced job opportunities. Even when jobs are available, positions are limited and pay is not competitive, nor does it provide a living wage. Lack of jobs and career training opportunities perpetuates poverty.

**Transportation:** Patients living in rural areas often travel longer distances for doctors' visits and routine medical care. The lack of reliable transportation increases the likelihood of forgoing preventive care and use of emergency services only.

**Food Security and Grocery Store Availability:** Lack of available grocery stores limits access to fresh fruits and vegetables, staple foods, and other healthful offerings which in turn leads to food insecurity and [nutrition-related chronic diseases](#) such as obesity, diabetes, hypertension, cardiovascular disease and some forms of cancer.

**Internet Access:** Access to affordable broadband internet services and devices is now considered a "[super social determinant of health](#)". Connectivity supports access to other resources (e.g. telehealth, virtual learning, SNAP and WIC applications) that have downstream impacts on health outcomes.

# OXIHER HEALTH PRIORITIES: FOCUS ON RURAL HEALTH DISPARITIES

## Innovative Solutions and Community Partnerships

### SECOND HARVEST MOBILE MARKET

Tena Turnage, Clinic Operations Manager for Ochsner Lafayette General (OLG), is diligently addressing rural health disparities across Acadiana. Through a recent partnership between Second Harvest Mobile Market and the Ochsner University Hospital and Clinics, the Mobile Market visits the hospital once a month and offers groceries at a lower cost to patients at the facility. Highlighted as a one-stop-shop, community members can see a physician, refill prescriptions, and purchase groceries all on the same day and in the same location.

The Mobile Market reduces barriers related to transportation and access to fresh, healthy food options. The market accepts SNAP and offers an incentive for customers to receive \$10 more in groceries for every \$10 spent. Over 800 families have participated since January 2024. As a result of its tremendous success and need, the Mobile Market is expanding to other rural hospitals and community health clinics throughout the Acadiana Region.



### THE COUNTRY ROAD INCLUSION PROJECT WORKFORCE COMMITMENT

The St. Landry Parish Government was recently awarded \$1.5M from the Workforce Opportunity for Rural Communities Round 6 Grant. The Inclusion project, led by Acadiana Workforce Solutions, is a collaborative effort tackling the need for skilled workers in rural healthcare.

The initiative identifies marginalized populations in rural areas and empowers them with the skills needed for careers in healthcare. Landry Community Action Agency will provide transportation, ensuring program participants can access training and employment without hindrance. Ochsner Lafayette General and Opelousas General Health System are committed to hiring qualified candidates upon completion of training and credentialing, providing a sense of security and stability to the project.

### MEDICAL SCHOOL REIMBURSEMENT AIDS IN RURAL PHYSICIAN SHORTAGE

In a recent [American Medical Association interview](#), Dr. Leonardo Seoane, Executive Vice President and Chief Academic Officer, Ochsner Health, discusses how Ochsner Health and Xavier University of Louisiana are working together to address the rural health physician shortage and make medical school more affordable for minority applicants. Dr. Seoane details the significance of XOCOM as it relates to diversity in medicine, shares major challenges by health care systems in rural areas, and highlights the success of the Ochsner Physician Scholars Program and other incentive and tuition reimbursement programs for medical students, particularly those who wish to practice in rural areas.

### DIGITAL MEDICINE, VIRTUAL VISITS, AND TELEHEALTH

Ochsner's Digital Medicine program empowers patients to take control of high blood pressure, Type 2 diabetes, and/or weight management with expert guidance and monitoring right from home. Telehealth resources, like Ochsner's Telestroke Program, also support rural providers with specialist expertise to stabilize critical patients until they can be transported for more acute care services.

### CONNECT LA

The Granting Unserved Municipalities Broadband Opportunities ([GUMBO](#)) grant program and the Digital Opportunity Plan aim to close the state's digital divide by paying for broadband infrastructure deployment in underserved areas of the state. Since its initial funding launch in 2022, over \$170M has been awarded for increased broadband access in 50 LA parishes making access to quality healthcare more convenient for rural communities.