

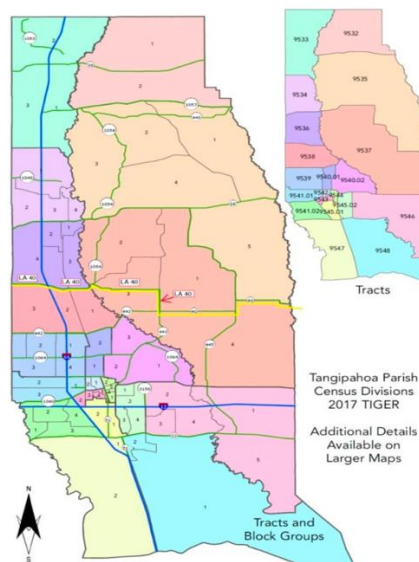
HOOD MEMORIAL HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT
2023

Amite Rural Health Clinic is a division of Hood Memorial Hospital (HMH) that “offers preventive, primary, and urgent care for people of all ages and is conveniently located 1 block from the hospital at 409 NW Central Avenue” (HMH, n.d.). The clinic and the hospital share the same mission and goal – to provide the highest level of care affordable but to incorporate empathy, compassion, and a hometown approach to the people we serve. With five of the clinic’s practitioners being native to our area and the other tenured practitioners of HMH, the mission, and goal are not only achievable but imminent. The population and community serve to the rural city of Amite and surrounding small towns such as Roseland, LA, and Fluker, LA includes general acute care outpatient services, long term care, and an emergency room (HMH, n.d.).

Following the 2010 Patient Protection and Affordable Care Act, better known as ACA or Obama Care because the act was installed under President Barak Obama's administration. The ACA expanded health care coverage for more uninsured Americans. Due to this act, hospitals that are considered non-profit/ tax-exempt are now required to conduct a Community Needs Assessment every three years. The last Community Health Needs Assessment that was conducted at HMH was in September 2019. This Community Health Needs Assessment (CHNA) was performed at the Amite Rural Health Clinic because using out-patient care helps to identify gaps in patient care, improve patient experience, and translate subjective results into meaningful, qualifiable, and action-based data.

Defining the Community

The rural community that this CHNA was conducted in Amite, Louisiana, United States. Amite, Louisiana has a population of 3,963 people. The population is comprised of about 48.96% African-American residents, 48.13% Caucasian residents, 1.86% Asian residents, and 1.05% of Two or more races (World Population Review, 2023). This CHNA encompasses a community of working-class Americans who are below the poverty line. Hood Memorial Hospital (HMH) is a critical-access hospital that delivers healthcare services to the Tangipahoa Parish District Number 2 through wellness, preventive, primary, and secondary services. In recent years HMH has increased its boundaries outlined as the north half of Tangipahoa Parish. According to the Community Health Needs Assessment of September 2019, “The boundary begins at a point where the southeast corner of the district boundary meets the Tangipahoa River and the township line dividing townships 4 and 5, from said point proceeding east to the parish line. Thence north along the parish line to the state line. Thence west along the state line to the St. Helena parish line. Thence south along the parish line to the township line dividing townships 4 and 5. Thence east along the township line to the beginning point (HMH, 2019).”



Conducting the Assessment

A Tulane University Graduate Student attending the School of Public Health and Tropical Medicine reached out to Hood Memorial Hospital (HMH) in the hopes of conducting a Community Health Needs Assessment (CHNA). The student is a resident of the Amite, Louisiana community and had been a resident for about seven years. Particularly, this student had the opportunity to interact with numerous amounts of community members because of the impact her family has on the community through different businesses and attending town hall meetings. After speaking with a representative from HMH, a meeting with the hospital's leadership team was scheduled to hear why the CHNA should be conducted.

The primary purposes included:

- Identify factors that are impacting the community's health
- Recognize the health disparities in the community among African-Americans and Caucasians in the community
- Ultimately create strategies that will lead to filling gaps in the needs of the community

The HMM Leadership Team decided to have the Tulane University graduate student conduct the assessment survey at the Amite Rural Health Clinic due to the of the benefits of outpatient care. The idea was that the patients can take the assessment right before leaving their appointment or while they are waiting to get called back for lab work or waiting to get scheduled for their follow-up appointment. The patient could agree or refuse to take the assessment survey. At the beginning of week one, patients were not so open to taking the assessment survey. But, by week two, the student had ten patients participating in the assessment survey so things were looking up. More and more patients wanted to get their voices heard by the staff of HMM. In the end, one hundred patients took the assessment survey. While conducting the assessment survey about 10% of the patients who participated in the survey lacked health literacy. For instance, some patients did not know what chronic diseases were but if the student responded with “Do you have diabetes or high blood pressure?” then the patient understood the question. About 10-15% of participants did not understand certain questions when asked so the student gave more details each time to help the patient understand. In turn, the student responded with “Do you see a physician or doctor that is a specialist for diabetes or heart disease?” Once I restated the question, the patients understood and responded accordingly. The CHNA was conducted for about 3.5 months starting at the end of January 2023 and ending at the beginning of April 2023. The target population was a demographic of citizens of Tangipahoa Parish that receive care from Amite Rural Health Clinic between the ages of 50-65. After interviewing some of the primary care physicians (PCPs) and medical assistants (MAs) that work at the Amite Rural Health Clinic they explained that 20-30 of the patients that come to the clinic a day are suffering from at least one or more chronic diseases. Furthermore, after asking the PCPs and MAs what is the biggest barrier or barriers that the patients face with the clinic the greatest response was that patients

have a difficult time accessing transportation to their appointments due to not having a reliable vehicle or someone to transport them back and forth. Similarly, for some patients, it can be an inconvenience for some patients to see a specialist that is located in another city far from the clinic. Lastly, after asking the PCPs and MAs what they think about gaining two new specialist physicians such as a cardiologist or an endocrinologist they responded with a very enthusiastic attitude all stating yes but one provider in particular stated “Yes, 100 percent, I have to refer patients all the time and they tell me that it may be hard for them to get to Hammond. Sometimes they have to reschedule because they cannot always make it due to their ride or other situations.”

-Shea Edwards, NP

In rural communities, Americans are at higher risk of death from chronic illnesses than citizens living in urban areas (CDC, 2017). There are numerous reasons that cause this public health issue among citizens living in rural areas. Poverty, poor health, a lack of strong academic education, racial discrimination, cultural barriers, lack of affordable health coverage, unemployment, inadequate medical and social services are all damaging to their quality of life (Kennard, 2022). Social determinants of health serve as a guide to help issues that are impacting rural communities. Examples of social determinants of health include an individual’s income level, educational opportunities, employment, access to healthcare, availability of healthy foods, cultural constructs, and someone’s environment (where they live). According to Rural Health Information Hub, residents that live in rural areas are far more likely to acquire chronic diseases, for instance, heart disease, obesity, and diabetes. Social and environmental factors influence health and reduce life expectancy in rural communities (RHlhub, 2020).

Community Demographics of Chronic Illness(es)

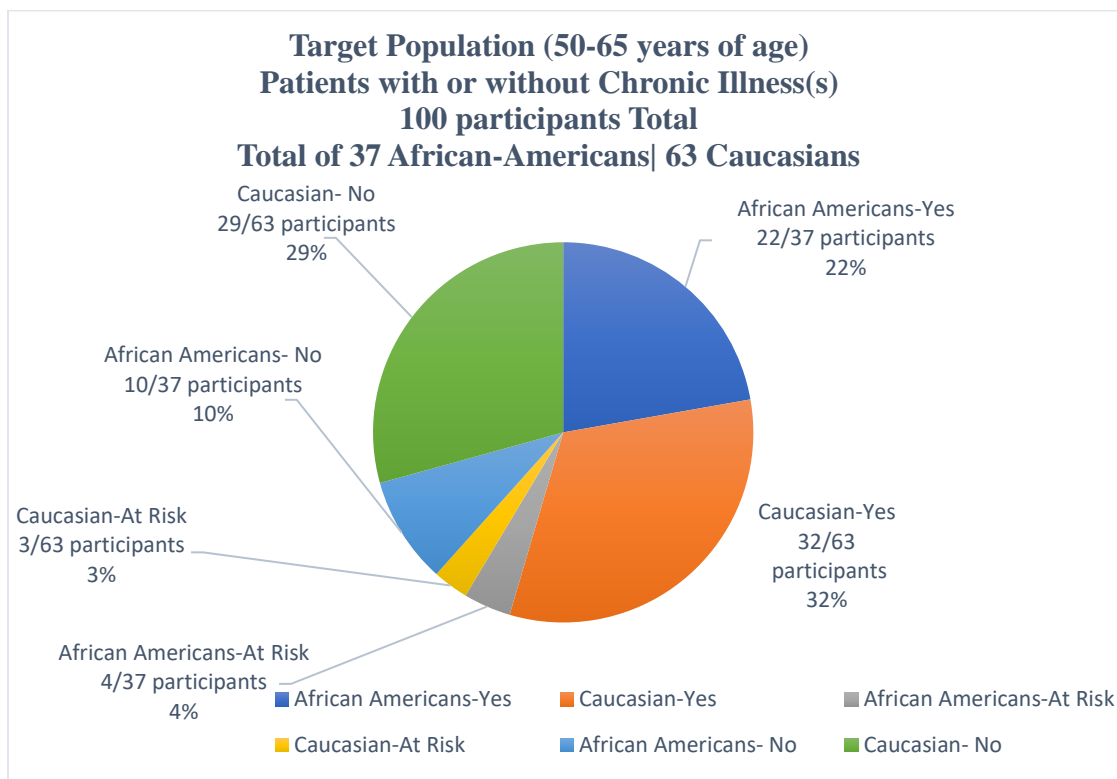
After conducting the community’s needs assessment data, the evaluation determined

issues of health literacy, lack of nutritional education, and closing the health status gap when it comes to intervention strategies. This assessment targeted patients that obtain care through the Amite Rural Health Clinic between the ages of 50-65. According to *Figure 1: Patients with or without Chronic Illnesses that Participated in the Community Health Needs Assessment*, there was a disproportionate number that exists with diabetes, heart disease, high cholesterol, and hypertension among African-Americans and Caucasians. The disproportional criteria was according to *Figure 2: Patients who stated they have Diabetes*, out of 37 African-Americans; 16 stated that they have diabetes. According to *Figure 3: Patients who stated they have Hypertension/ High Blood Pressure*, out of 37 African-Americans; 17 stated they have hypertension. According to *Figure 4: Patients who stated they have Heart Disease*, out of 37 African-Americans; 8 stated they have heart disease. According to *Figure 5: Patients who stated they have Asthma, COPD or High Cholesterol*, out of 37 African-Americans; 4 stated they have high cholesterol. On the other hand also according to *Figure 2: Patients who stated they have Diabetes*, Caucasian statistics indicated that out of 63 Caucasians; 9 stated that they have diabetes. According to *Figure 3: Patients who stated they have Hypertension/ High Blood Pressure*, out of 63 Caucasians; 11 stated they have hypertension. According to *Figure 4: Patients who stated they have Heart Disease*, out of 63 Caucasians, 9 stated they have heart disease. According to *Figure 5: Patients who stated they have Asthma, COPD, and High Cholesterol*, out of 63 Caucasians; 4 stated they have high cholesterol. At the same time, a disproportion was noted for Asthma and COPD as follows: according to *Figure 5: Patients who stated they have Asthma, COPD, and High Cholesterol*, out of 63 Caucasians; 6 stated that they had asthma, and out of 37 African-Americans none reported that they have asthma. According to

Figure 5: Patients who stated they have Asthma, COPD, and High Cholesterol, for COPD out of 63 Caucasians, 3 have COPD, and out of 37 African-Americans, none stated they have COPD

Figure 1

Patients with or without Chronic Illnesses that Participated in the Community Health Needs Assessment

**Figure 2**

Patients who stated they have Diabetes

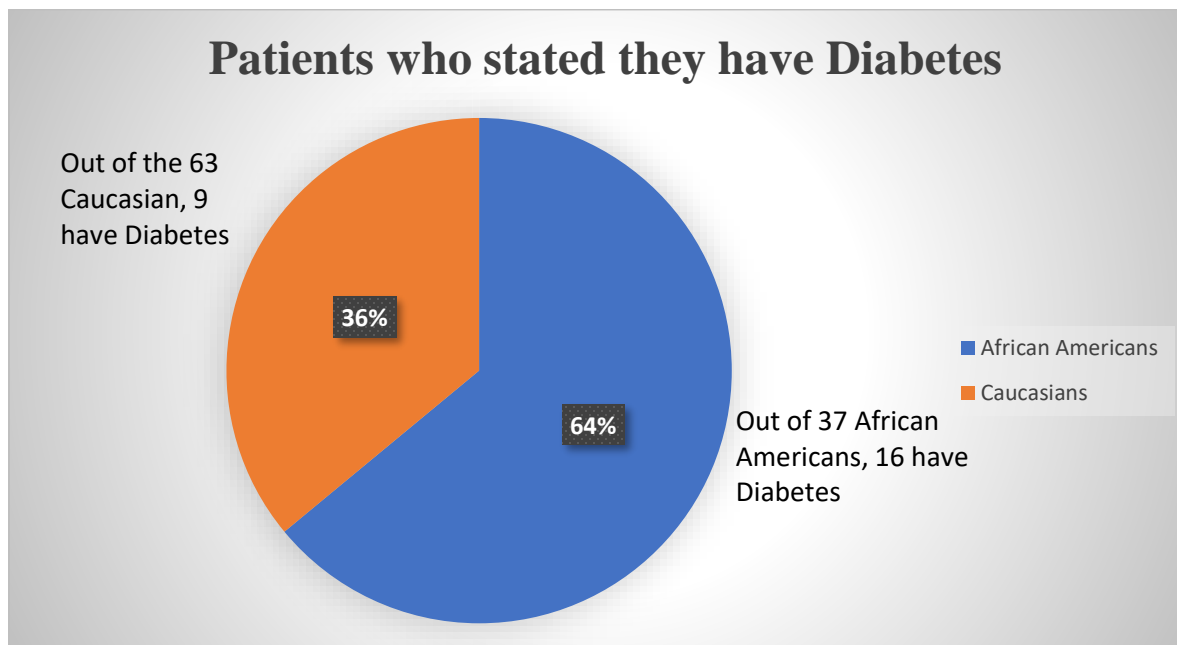
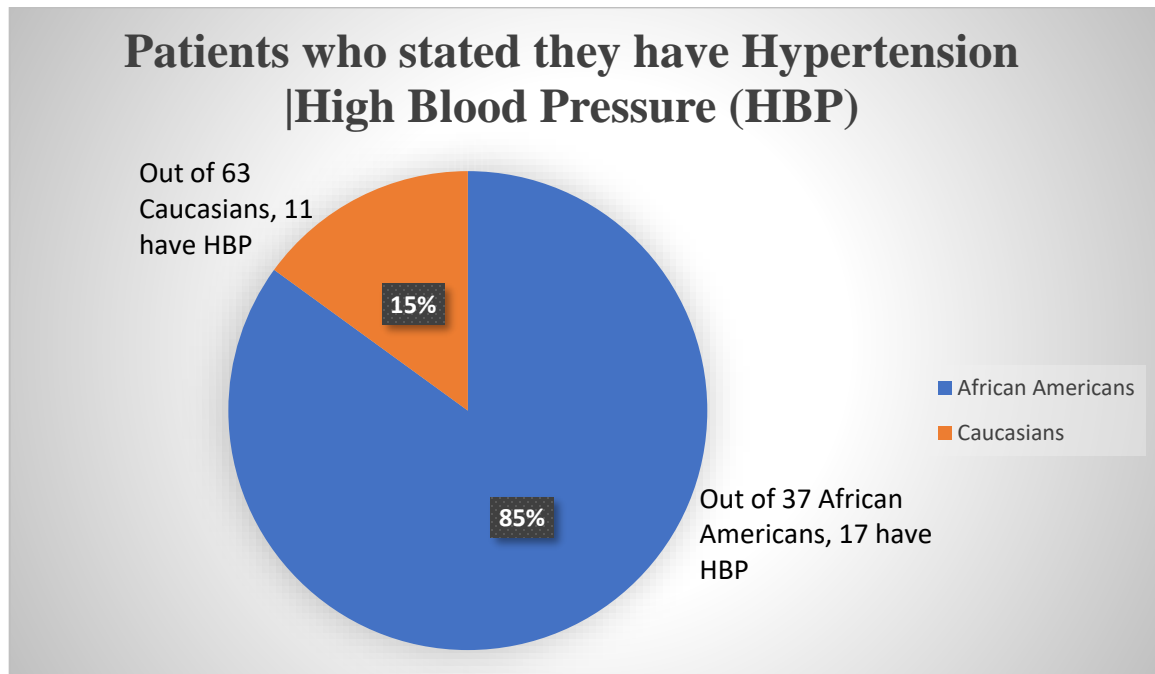


Figure 3

Patients who stated they have Hypertension/ High Blood Pressure

**Figure 4**

Patients who stated they have Heart Disease

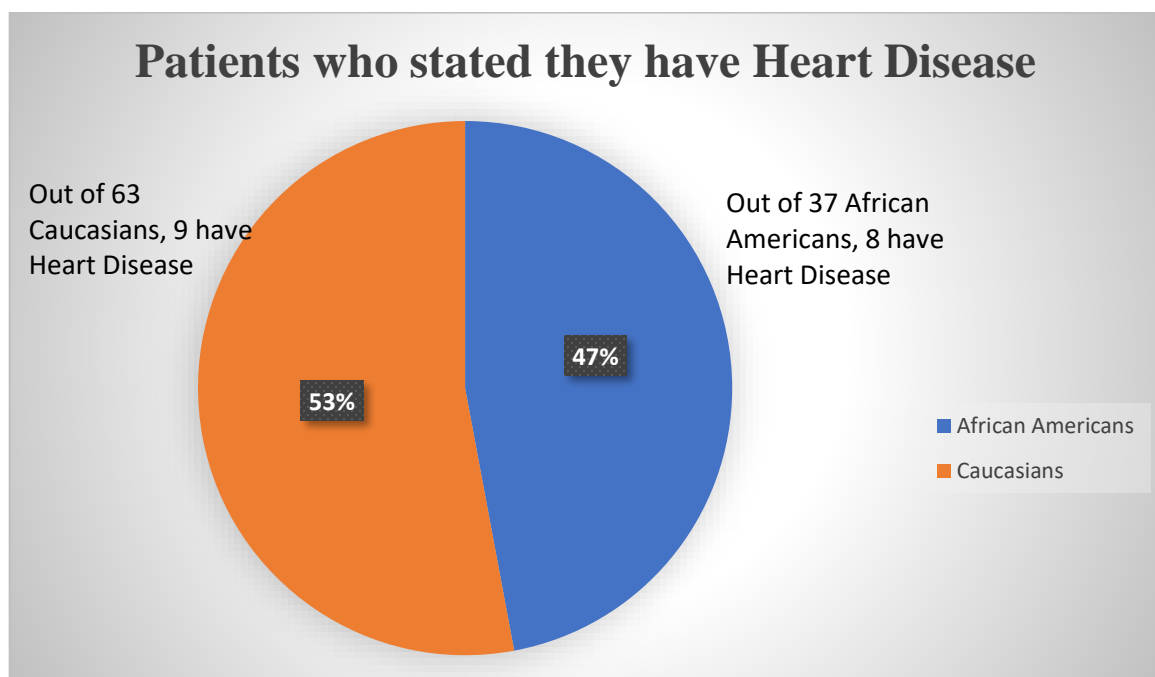
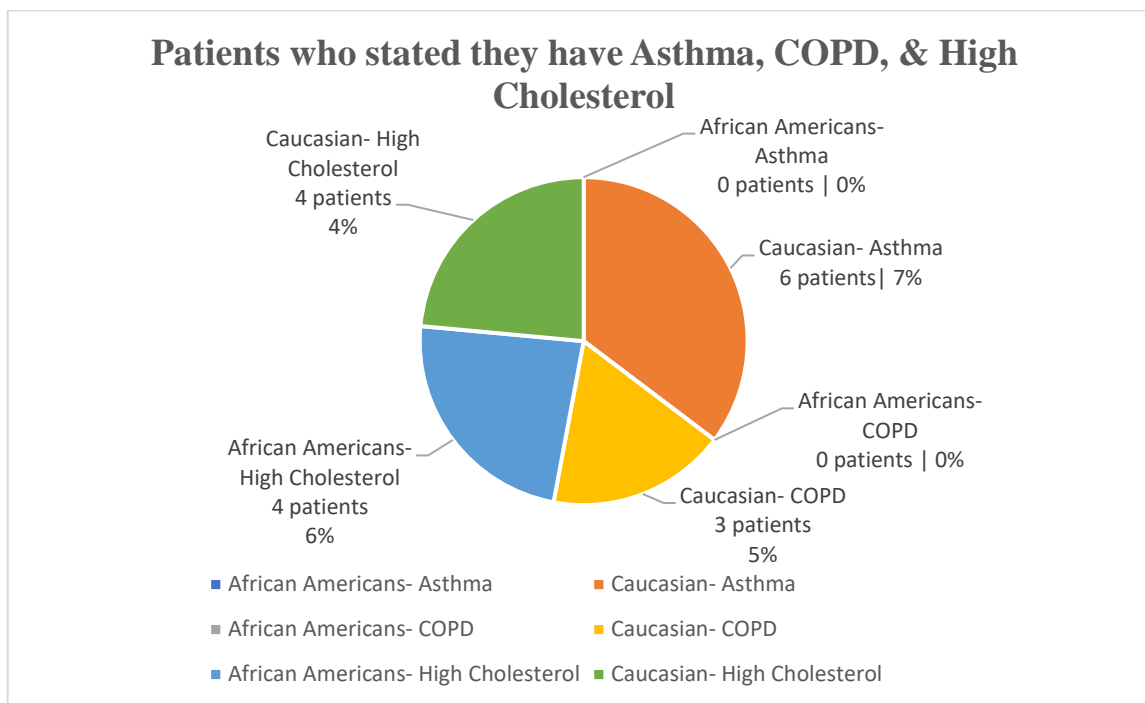


Figure 5

Patients who stated they have Asthma, COPD, & High Cholesterol



The Community Health Needs Assessment Survey Questions

The initial survey that was conducted with the patients at the Amite Rural Health Clinic and each individualized patient's responses are located below:

[Initial Community Health Needs Assessment Survey](#)

[Community Health Needs Assessment Survey Answers](#)

Identify and Prioritize Health Needs

Based on the data collected in the Community Health Needs Assessment, listed below are five of the most significant health needs of Amite Rural Health Clinic. These health needs are also based on health providers' feedback on what they see the patients need:

Assessment Conclusions

1. In need of Population Health Specialist and a Nutritionist
2. In need of two Specialists Physicians

3. Lack of Health Literacy
4. Lack of Nutritional Education and unable to afford healthy eating choices
5. Transportation reliability conflict

For the community needs assessment a few things that could have been done differently were to add two additional questions: What was the highest level of education you completed? and Do your parents have any chronic illness(s) and if so what are they? Establishing interventions for these five significant health needs can start with the help of gaining funds from a business plan or a grant. While conducting the community health needs assessment, the lack of health literacy was noticed from the questions that a few community members asked: “What are chronic illnesses?”, “What is a specialist physician?”, or “What is a primary care physician?” The lack of nutritional education and not to mention the inability to afford healthy eating choices was noticed when a few patients stated that groceries are too expensive. As stated in the Conducting the Assessment section, the PCPs and MAs explained how reliable transportation is a real barrier for some of their patients. During the hiring process, gaining a specialist that is of a minority ethnicity can be an asset. According to (LaVeist and Nuru-Jeter, 2002, p. 296), “Whites were more likely to be race concordant with their physician compared to African-American, Hispanic, and Asian American respondents. Among each race/ethnic group, respondents who were race concordant reported greater satisfaction with their physician compared to respondents who were not race concordant with their physician” (LaVeist and Nuru-Jeter, 2002, p. 296).

Self-efficacy and proactive control will be needed because patients in their 50s and 60s are more likely to be set in a routine that can be harder to change. For many health-related behaviors, long-term health outcomes are often studied by witnessing other people’s behavioral consequences. Also, based on organizational decision-making research it was discovered that

subjective belief in someone's skill to perform a behavior was directly connected to the actual performance (Zhang et al., 2021). Realistically, the Populational Health Specialist and the Nutritionist will conspire together to understand what needs to occur so patients can maintain their self-efficacy and proactive control.

Strategies to Address Health Needs

How do we implement value-based care? In a cross-sectional study, data compared racial/ethnic-specific prevalence of numerous adaptable cardiometabolic risks found disparities across racial/ethnic groups. There were differences in how Black, Latinx, Filipino, Chinese, and White adults in the age groups of middle-aged (35-64) and older (65-79) identify cardiometabolic risks attributed to behavioral determinants. In the end, no matter which age group Black, Latinx, and Filipino adults were more likely than Chinese and White to be overweight and obese. Black, Latinx, and Filipino are less likely to be involved in health-promoting dietary. "Black, Latinx, and Filipino adults were more likely than White and Chinese adults to report dietary and sleep behaviors associated with development and worsening of cardiometabolic conditions with men exhibiting poorer dietary behaviors than women" (Gordon and Hsueh, 2021, paragraph 4).

Improving health through community engagement is the primary focus of this CHNA. According to Glanz et al., key concepts and principles in Community Engagement include *Community capacity, Empowerment, Critical consciousness, Participation and relevance, and Health equity* (Glanz et al., 2015). The rural community of Amite City Louisiana is the capital of Tangipahoa Parish. The surrounding towns and villages look to this city to seek quality care.

Community capacity is the first phase of Community Engagement. The first step is that community members will actively contribute and participate in recognizing the problems and

learning how to better address future problems that may occur. Systems thinking is a common principle used in public health. A systems thinking approach aids professionals to develop health promotion by creating policies, initiatives, and strategies which lead to productive readiness in order to be organized for unintended consequences. The Population Health Specialist will be in charge of undergirding these types of organized readiness plans above such as this first phase of Community Engagement theory and others. Community capacity is the essence of “community as the unit of the solution” (Glanz et al., 2015). Strengthening the relationship with patients through involving community organizations and leaders can improve the connections with those of like-minded interests. For example, a community organization titled the *Local Heart Foundation* would be a great organization to partner with in order to make a difference in the lives of heart patients. The mission of the Local Heart Foundation is “Inspiring hope and improving the quality of life for local individuals and their families in OUR community by providing resources for overwhelming and unplanned financial burdens while undergoing treatment for heart disease, “Our Hearts Helping Our Community’s Hearts” (Andreas, n.d., paragraph 2). Partnering with this organization can create health-based interventions to decrease health disparities because the organization donates its time to help heart patients in Southwest Louisiana. Such interventions can include more community-based physical activities to get the heart pumping that includes sponsors, vendors, and stakeholders.

Empowerment emphasizes the importance of why community members can develop their capacity or challenge power structures to generate desired changes (Glanz et al., 2015). The only way that things will advance in Amite, Louisiana is through a new way of thinking and hearing from the source itself. After completing a CHNA at the Amite Rural Health Clinic, there were obvious struggles of health disparities in the community, and the question that came to mind is,

“How can the people maintain empowerment of their health?” Based on the data from the CHNA, out of all the participants who took the assessment survey only six participants out of one hundred patients noted that their chronic illness(es)/disease(s) are under control. Now about half of the participants that stated they have chronic illness(es)/ disease(s) are seeing their doctor regularly which is great. One idea that came to mind is that the Population Health Specialist and the Nutritionist can assist the community members with how to eat healthier or how to stay consistent on their journey of choosing to eat healthier. The nutritionist should also be of a minority or African-American because the population will be more inclined to listen because the individual looks like them. The nutritionist can come over to the Amite Rural Health Clinic two days a week to host seminars on healthy eating with food tastings. Additionally, establishing a nutritionist that will work with the patients after seeing the cardiologist and endocrinologist at the clinic can give patients helpful education. The nutritionist will provide a better outlook on how to read food labels or how to budget healthier food options. The nutritionist could see the patient in the last ten minutes of the patient’s wellness checkup.

Critical consciousness is the action toward social change which requires listening, information flow, and action that connects causes and community actions (Glanz et al., 2015). After bringing in both the endocrinologist and the cardiologist, feedback will be given every six months from the physicians, patients, and other healthcare providers. That feedback will be collected by the Population Health Specialist and taken to the Town of Amite City Council Meetings which are governed by the mayor and five councilpersons. The meetings are held every first Tuesday of each month at 6 p.m. Central Standard Time (Town of Amite City, 2023). The town council members should be updated on the care of the town’s citizens. The council

meetings are public which means residents can attend to give their opinions about what needs to be changed, updated, issues, or concerns.

Participation and relevance are the fourth principles of the Community Engagement Theory which dives into how community members design their outline which is based on the community's needs, shared power, and awareness of resources (Glanz et al., 2015). The great thing about this phase is that there is confirmation from HMH that the endocrinologist and the cardiologist will have four exam rooms ready for them to use for patients in an empty clinic space right across the street from the Amite Rural Health Clinic.

Health equity is the last principle of the Community Engagement Theory that ties all the phases together. Health equity challenges any inequitable conditions currently happening in the community. The data that was collected through the CHNA that was conducted at the Amite Rural Health Clinic revealed health disparities between African-Americans and Caucasian patients in the town of Amite City. A total of 100 patients opted to take the assessment. The data showed that out of the African-Americans, 22 out of 36 patients have chronic illness(es) but only 32 out of 63 Caucasian patients have chronic illness(es).

Current Community Resources

Advocacy

Northshore Families Helping Families – (985) 875-0511 |

<https://www.fhfnorthshore.org>

Advocacy Center – (800) 960-7705

<https://ldh.la.gov/page/1563>

Child Advocacy Services Inc. – 303 E. Oak Street Amite, LA 70422 – (985) 747-0868

<https://childadv.net/our-locations>

Assistance

Louisiana Senior Prescription Program – (225)287-7414 or (800) 280-0908

<https://www.capitalaaa.org/programs/seniorx/>

Partnership for Prescription Assistance – (888) 477-2669

<https://www.lupus.org/florida/prescription-assistance-programs-and-resources>

Emergency Food/Clothing, Utility Bills, Rental Assistance

American Red Cross/Northshore – (985) 892-4317 or (800) 229-8191

<https://www.redcross.org/local/louisiana/about-us/locations/southeast-louisiana.html>

Department of Children and Family Services – (888) 524-3578

link to the website of SNAP-How to Apply: <http://dss.la.gov/page/snap-how-to-apply>

St. Helena Catholic Church – 122 1st Street Amite, LA 70422 – (985) 748-9057

<https://www.sthelenachurch.net/contact>

Council on Aging of Amite – 113 East Central Avenue Amite, LA 70422 – (985) 748-7617

<https://www.dcfs.louisiana.gov/directory/office/300>

United Way of Southeast Louisiana – (985) 732-2305

<https://www.chamberofcommerce.com/united-states/louisiana/bogalusa/social-services-organization/2811034-united-way>

Our Daily Bread – 1006 West Coleman Avenue Hammond, LA 70403 – (985) 542-4676

<https://www.ourdailybreadhammond.org>

Tangi Food Pantry – 2410 West Thomas Street Hammond, LA 70403 – (985) 429-8551

<https://resources.chooselouisianahealth.com/map/tangi-food-food-pantry/>

St. Vincent de Paul Society – 824 North Morrison Boulevard, Hammond, LA 70403 –

(985) 542-8900

<https://svdpbr.org/stores-distribution>

USDA Rural Housing Development – 805 West Oak Street Amite, LA 70422 – (985) 748-8751

<https://offices.sc.egov.usda.gov/locator/app?type=ref&county=105&state=22&agency=rd>

Crisis Intervention Services and Domestic Violence

Louisiana Domestic Violence Hotline/Southeast Advocates for Family Empowerment (SAFE) –

(985) 542-8384 or (888) 411-1333

<https://lcadv.org/programs-resources/>

Child Protective Services – (855) 452-5437

<http://www.dcfslouisiana.gov>

Adult Protective Services – (800) 898-4910

<https://ldh.la.gov/index.cfm/page/120/n/126>

Elderly Protective Services – (833) 577-6532 or (225) 342-0144

<https://goea.louisiana.gov/services/elderly-protective-services/>

Suicide Prevention/Crisis Intervention Hotline – (800) 273-8255

<https://www.nami.org/Advocacy/Policy-Priorities/Responding-to-Crises/National-Hotline-for-Mental-Health-Crises-and-Suicide-Prevention>

Dental

Verges Dental Center- 103 SE Central Ave, Amite, LA 70422- (985) 286-4045

<https://www.vergesdental.com>

Givens Family Dentistry- 200 NE Central Ave, Amite, LA 70422- (985) 747-8600

<http://givensdental.com>

Jacob Roger Smith DDS- 416 N 2nd St, Amite, LA 70422- (985)748-4652

<https://www.jrs.dental>

Disability Services

Florida Parishes Human Services Authority/Developmental Disabilities – (985) 543-4730

<https://fphsa.org/developmental-disability-services/>

Adult Programs for Developmental Disability

Office of Citizens with Developmental Delay – 835 Pride Drive Hammond, LA 70401 – (985)

543-4370

<https://fphsa.org/developmental-disability-services/developmental-disabilities-services-locations/>

Emergency Preparedness

Tangipahoa Parish Homeland Security – 114 North Laurel Street, Amite, LA 70422 – (985) 748-9602

<https://tangipahoa.org/government/emergency-preparedness>

Family Planning

Nurse-Family Partnership – (985) 543-4165

<https://npiprofile.com/npi/1366704363>

Sellers Maternity Ministries (Louisiana Baptist Children's Home) – (318)343-2244

Sanctuary for Life Maternity Home (Catholic Charities) – (225) 336-8708

<https://www.adoptccdiobr.org/im-pregnant/resources/example-page-1/>

Women's Hope Center – (225) 686-1123

Take Charge (Family Planning Medicaid Services) – (888) 342-6207

Planned Parenthood of Louisiana – (225) 387-1167

Danielle Inn – (985) 898-3559

Women's Life Ministries Pregnancy Center – (985) 747-0602

<http://www.womenslifeministries.org>

Government Agencies

Social Security and Medicaid Office – 2100 Robin Ave Hammond, LA 70403 – (855)848-7937

Office of Public Health| Amite Health Unit- 330 W Oak St, Amite, LA 70422- (985)748-2020

Long-Term Care Facilities

The Lodge at Tangi Pines- 10746 Highway 16, Amite, LA 70422- (985)748-9464

<https://www.thelodgeattangipines.com>

Heritage Healthcare – 1300 Derek Drive, Hammond, LA 70403 – (985) 345-7210

<https://www.heritagehealthcarehammond.com>

Belle Maison Nursing Home LLC – 15704 Medical Arts Drive Hammond, LA 70403 – (985)

542-0110

<https://www.bellemaisonnursingandrehab.com>

Hammond Nursing Home – 501 Old Covington Highway Hammond, LA 70403 – (985) 542-

1200

Landmark Nursing Home – 42250 North Oaks Drive Hammond, LA 70403 – (985) 542-8570

<https://www.landmarkhammond.com>

Ponchatoula Community Care Center– 1560 Highway 51 Ponchatoula, LA – (985) 229-2112

<https://www.ponchatoulaccc.com/contact-us/>

Oak Park Village – 17010 Old Covington Highway Hammond, LA 70403 – (985)345-8787

Summerfield Senior Living of Hammond – 16170 East Minnesota Park Road Hammond, LA 70403 – (985) 985-6300

<https://www.lifeatsummerfield.com/communities/summerfield-of-hammond>

Legal Services

Southeast Louisiana Legal Services – (985) 345-2130

Medical Services

Hood Memorial Hospital – 301 West Walnut Street Amite, LA 70422 – (985) 748-9485

<https://www.hoodmemorial.com/about>

Lallie Kemp Hospital – 52579 Highway 51 Independence, LA 70443 – (985) 878-9421

<https://www.lsuhs hospitals.org/lak/>

Mental Health

Tangipahoa Parish Coroner – 15479 West Club Deluxe Road Hammond, LA 70403-

(985)902-8580

Florida Parishes Human Services Authority – (800) 272-8367

<https://fphsa.org/contact-us/>

BetterHelp Online Therapy- [BetterHelp Website](#)

Oceans Behavioral Hospital – 921 Avenue G Kentwood, LA 70444 – (985) 229-0717

<https://oceanshealthcare.com/ohc-location/kentwood/>

Transportation

Council on Aging Transportation – (985) 748-6016

Medicaid Transportation Services- Free Ride to Doctor Appointments – (855) 369-3723

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