JOINT COMMUNITY HEALTH NEEDS ASSESSMENT

Ochsner Lafayette General

Combined Implementation Plan

Presented: August 2022

United Way

Prepared by: United Way of Acadiana

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Ochsner Lafayette General

Ochsner Abrom Kaplan Memorial Hospital

Ochsner Abrom Kaplan Memorial Hospital (OAKMH), part of the Ochsner Lafayette General system, is a full-service hospital in the "Gateway to Acadiana's Wetlands" with 35 licensed beds and a staffed 24-hour Emergency Department. Since 2002, OAKMH and Ochsner Lafayette General's alliance has strengthened the quality of healthcare being delivered to residents of Vermilion Parish and beyond.

Ochsner Acadia General Hospital

Ochsner Acadia General Hospital (OAGH) is an acute care facility located at 1305 Crowley Rayne Highway, Crowley, LA 70526. It is one of seven hospitals within the Ochsner Lafayette General system. Ochsner Acadia General Hospital provides acute medical and surgical care, gynecology, pediatrics, orthopedics, otolaryngology, cardiac, nephrology, ophthalmology, oncology, emergency services, vein therapy, wound care and hyperbaric medicine.

Ochsner American Legion Hospital

Ochsner American Legion Hospital is a 49-bed, non-profit hospital offering state of the art medical care without the hassle of extensive travel. Located in Jennings, Louisiana, Ochsner American Legion Hospital offers a wide range of inpatient and outpatient services including cardiology OBGYN services, surgical care and emergency department.
In response to community need, the membership of James O. Hall Post 19 American Legion committed to establishing a hospital, which was ultimately dedicated and operational in December 1960. The hospital continues its commitment to patients though a mission-driven culture of excellence.

Ochsner Lafayette General

Ochsner University Hospital & Clinics

Ochsner University Hospital & Clinics (OUHC), located in Lafayette, Louisiana, is a full-service, acute care hospital that serves Acadiana as its primary graduate medical education center by training residents and fellows, and cultivating physicians for the future. The hospital is licensed for 116 beds and is Acadiana's largest provider of primary care and specialist appointments for patients who have Medicaid or who are under-insured. OUHC is open to all community members as a full-service hospital and offers numerous specialized clinics. Available services include surgery, intensive care, cardiac catheterization lab, gastrointestinal lab, laboratory testing, radiology, cancer treatments, infusion, and emergency medicine. From major emergencies to basic illnesses, UHC has the resources to provide care to all patients. As a nonprofit hospital, UHC is committed to helping patients who need help paying their hospital bills.

Ochsner Lafayette General Medical Center

Ochsner Lafayette General Medical Center (OLGMC) is an acute care facility located at 1214 Coolidge Street, Lafayette, LA 70503 and is part of the Ochsner Lafayette General system.

Ochsner St. Martin Hospital

Ochsner St. Martin Hospital (OSMH) is located at 210 Champagne Boulevard, Breaux Bridge, LA 70517. OSMH is a critical access hospital maintaining inpatient acute beds and a skilled nursing rehabilitation unit, as well as a staffed 24-hour emergency room. As a non-profit hospital, OSMH is committed to helping patients who need help paying their hospital bills. The hospital features the only emergency room available in all of St. Martin Parish. As an alternative to the ER, OSMH offers primary care through its walk-in community health clinic

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Evaluation of Impact

The following are the advancements related to the previous implementation strategy for Ochsner Lafayette General across all five facilities captured in this plan. Those efforts were expansive: however, highlights include:

- For nutrition and weight status, OUHC began working with the Beacon Project, identifying patients experiencing food insecurity and referring them to local resources. The Bariatric Program, which offers both surgical and medical weight loss to the community program has experienced a significant growth of 48% in the surgical treatment of obesity from 2020 to 2021 within Ochsner Lafayette General. As a cross-cutting solution, Ochsner Lafayette General developed a standardized Social Determinants of Health Screening Tool within the EMR system to capture needs of patients.

- System-wide, "Access to Care" was addressed by the opening of several clinics. These included the OUHC Community Health Care Clinic, the urgent care clinic on the campus of OUHC, St. Martin's conversion to a rural health clinic, a Gueydan Clinic, and a primary care clinic in Acadia Parish. In addition, rural health clinics are planned in several communities throughout the service area, and the merger with Jennings American Legion Hospital in 2022 brought four rural health clinics into the system (with an additional to come).

Evaluation of Impact
(continued)

- Since 2019, Access to Care has been improved for the region because OLG has a more robust telemedicine/virtual medicine approach as well as retail pharmacy delivery system to our patient homes and online access to care 24/7 with Health Anywhere.

- To improve heart disease and stroke risk, the OLG team's efforts to increase early detection saw successful implementation with activities that included a stroke screening event once per year offered free of charge to residents in our community, participation in ambulatory service line meeting to bring awareness to the OLG Sleep center, onboarding stroke coordinator for stroke service, onboarding stroke NPs for inpatient realm, and growth of stroke program and intervention capabilities.

- OLG worked with team members to implement several programs to address employee health including a Nurse Navigator, an enhanced Health and Wellness program, a Level 2 WellSpot designation, lactation rooms, and Eat Fit options in eating facilities.

- Ochsner St. Martin Hospital's program "Road to Good Health" brought community awareness to health-related issues and engaged community members in health-related behaviors.

Community Needs Assessment Results

During the 2021 Community Health Needs Assessment process, the joint assessment identified the following ten community needs:

- Access to primary care
- Cancer
- Diabetes
- Health disparities
- Health education/literacy

- Heart disease and stroke
- Mental/behavioral health
- Maternal and child health
- Rural health
- Weight status and nutrition (obesity)

In the implementation strategy for OLG, the team also looked at the system's capacity to address these needs as well as the community's ability to bring in other resources to address. Ochsner's system priorities that overlap with the assessment priorities include access to primary care, Cancer, Mental/behavioral health, and rural health.

All ten priorities are addressed by at least one of the facilities in Ochsner Lafayette General, though the implementation strategy clearly reflects an emphasis on the Ochsner system priorities and the *40 by 30* overall statewide goal. In particular, the *40 by 30* initiative addresses health disparities, many but not all of which are captured here.

This combined implementation strategy reflects the first time that Ochsner Lafayette General has collaborated on a joint implementation strategy. In future years, this effort will work to collaborate additionally with other entities within the state system.

Implementation Strategy

Ochsner Lafayette General system-wide strategies

While each facility has its own initiatives for implementation items related to the Assessment, there are many that the Lafayette-based system is working as a whole to address. These first 15 strategies are those that will be implemented at the system level.

These strategies were developed with broad input from system leaders in coordination with staff. In addition, Ochsner's Community Benefits Committee (CBC) provided input to help ensure that the strategies reflected the results found in the assessment.

In addition to the data captured in the dozens of strategies listed below, the CBC will be working with the system as a whole to increase partnerships with several important community entities that will deepen the system's community relationships and overall effectiveness with the strategies identified in the document. These partnerships include institutions of higher education – University of Louisiana at Lafayette, South Louisiana Community College, Infinity College, and Unitech Training Academy. In addition, Federally Qualified Health Centers (FQHCs), WIC offices, and health units are recognized as key sites as well as ideal collaborative partners. The local library systems are recognized by the CBC as a resource that can host community workshops and information sessions – and particularly can provide an important platform for community conversations around important health issues. Finally, the CBC recognized that partnerships with schools across the region may improve health education/literacy, access to primary care, and mental/behavioral health across implementation items. While these entities are not separately identified as "potential partners," the system recognizes their strategic opportunities each presents to improve community health across the ten areas of need.

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
All	Access to Primary Care	Service Area Population	Improve care by ensuring patients are directed efficiently and effectively to and through the Central Call Center ("Access to Care")	Improve access to care by ensuring patients are directed to proper care through coordinated efforts by system.			Interviews with medical providers indicated challenges for patients in coordination of patient referrals.
All	Access to Primary Care	Medicaid-eligible individuals	Increase the percentage of eligible individuals who are enrolled in the Medicaid program	Utilize the EPIC system to screen patients for Medicaid eligibility and, if they are deemed to qualify, assistance is provided to complete the application, and this process is within the patient registration process.			Interviews with medical providers indicated that Medicaid access was a barrier to follow up care.

Implementation Strategy

Ochsner Lafayette General system-wide strategies (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
All	Access to Primary Care	Whole Community	Link community members to supportive services that impact social determinants of health	(1) Explore referral technologies like the "Unite Us" web- based platform (2) Utilize Beacon for support services to patients (3) Leverage rural health presence across system for follow ups and better care management	Beacon, United Way of Acadiana		Providers recognized that many patients have additional issues that complicate or worsen health needs/conditions.
All	Access to Primary Care	Whole Community	Increase the number of individuals with a regular source of care	Connect inpatients and those seen through the clinics with primary care providers		Louisiana Department of Health	"According to the 20th report of the Council on Graduate Medical Education on Advancing Primary Care (www.hrsa.gov), research shows that health care outcomes and costs in the United States are strongly linked to the availability of primary care physicians. Patients with access to a regular primary care physician have lower overall health care costs than those without one, and health outcomes improve." -American Academy of Family Physicians
All	Health Disparities	Whole community, with focus on rural communities	Engage system, community and statewide leaders and organizations to join system on journey to a Healthy Louisiana (40 by '30) by driving change with a healthy equity lens • Social equities – diverse and inclusive communities • Institutional Equities – education & job training access, job & employment access, healthcare access, housing access, income equity, lending equity • Living Conditions – physical environmental, digital/media environment; economic & work environment, rural & urban equities • Health Behaviors – not using substances (tobacco, drugs, alcohol), exercise, sexual health, safety nutrition • Health Outcomes – chronic conditions, communicable disease, injury	Health Equity Data Strategy to Achieve "40 by 30" • Data capture and validation • Develop measures & insights • Inform innovation	Chevron LDH LPHI BCBS United Way of Acadiana One Acadiana	Louisiana Healthcare Connections, Louisiana Rural Coalition, LRHA	Together we achieve more through the power of alignment with community partners
All	Heart Disease & Stroke	Individuals recently diagnosed with heart disease	Improve treatment adherence by continuing to increase number of patients who utilize Care Companion	Provide digital care management via "Care Companion" mobile apps and services		Cardiovascular Institute of the South	Heart disease remains the leading cause of death in the assessment area.
All	Mental and Behavioral Health	Ochsner patients	Increase compliance on medication	Utilize MyOschner app to increase medication compliance / technology	Ochsner Health	Oceans Behavioral Health	Medication compliance was cited by providers as a reason for poorer health outcomes among patients.
All	Mental and Behavioral Health	Community residents	Reduce stigma and increase the number of individuals who receive needed mental health and substance abuse treatment	(1) Provide education for healthcare providers on how to identify patients in need of mental health or substance abuse supports and resources (2) Educate the general public on topics related to mental health and substance abuse (3) Maintain local referral resources	Oceans Behavioral Health	NAMI, local mental health providers and substance abuse treatment programs, organizations providing community-based support	Medical providers indicate that underlying mental health issues exacerbate medical conditions

Implementation Strategy

Ochsner Lafayette General system-wide strategies (continued)

The items below are all "cross-cutting" – meaning that they address more than one health priority when implemented well. These system-wide and cross-cutting items reflect the broad factors impacting community health.

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
Cross Cutting Priorities							
All	Cross Cutting: Access to Primary Care and Rural Health	Service Area Population	Increase number of providers in order to treat more patients	(1) Increase nurse practitioners in order to expand capacity of physicians (2) Increase physicians			Every parish served by the OLG system is identified as an HPSA for at least a subset of residents
All	Cross Cutting: Access to Primary Care/Health Literacy	Service Area Population	Implement the Community Health Worker Apprenticeship Program	The apprenticeship program will (1) Assist with chronic disease care management (2) Community Outreach and health education (3) Linking community to health and social services (4) Engaging in collaborative efforts to improve individual and community health (5) Acts as a health coach including self-management support and goal setting	Ochsner Health		The CHNA revealed that many residents rely on the internet and social media for health and health-related information. This program will increase trained medical outreach into the community.
All	Cross Cutting: Rural Health and Cancer	Service Area Population	Provide high quality cancer care within the community	(1) Open additonal oncology satellite locations (2) Nurse practitioners to provide additional support to physicians to expand and improve care for cancer patients			Rural parishes range from approximately 7-12% of housing units without vehicle access; therefore, efforts to bring care closer to those households may improve rural health.
All	Cross-Cutting - All	Whole Community	Improve knowledge and understanding through health communication	Publish regular articles on various topics within local media and social media outlets	Teche News	Beacon Community Connections and local social media campaigns	Community leaders and medical providers expressed many times frustration with patients lack of accurate information about health risks and social determinants of health.
All	Cross-Cutting: Access to Care, Heart Disease, Maternal & Child Health	Rural or medically underserved populations	Provide telehealth services to expand access to needed medical care	Increase the utilization of telemedicine technologies to provide care in a variety of settings	Ochsner Health		(1) Continue to provide options for treatment for immunocompromised individuals (2) Reduce poor health outcomes associated with long transportation times (e.g. heart disease/stroke outcomes) and (3) Provide care to those who lack adequate transportation
All	Cross Cutting: Health literacy, Access to primary care, Mental and Behavioral Health	Low income population/Hospital inpatients	Ensure at-risk clients have ancillary services to decrease stressors/risk factors for poor mental health outcomes	(1) Screen patients for social needs through case management (2) Train case managers on referrals to Beacon Community Connections (3) Beacon Project Community Care Navigators will connect identified patients with community resources for food, housing, jobs, and more	Beacon Connections		Mental and behavioral health was cited by community leaders and medical providers as a complicating factor in treatment.
All	Cross Cutting: Weight status and nutrition (obesity), Heart Disease and Stroke	Hospital employees and their families	Improve nutrition knowledge, skills, and understanding	(1) Leverage Ochsner Pathway to Wellness which is available for all Ochsner Health employees and includes rewards (2) Include engaging health education sessions in regular employee health fairs (3) Promote healthy eating with messaging and demonstrations at the hospital's cafeterias	Ochsner Health		Ochsner's 40 by '30 program includes a Healthy Weight program for the state; Ochsner employees are key group to whom the health system has access.

Implementation Strategy

Ochsner Abrom Kaplan Memorial Hospital

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OAKMH	Access to primary care	Older adults	Increase older adults' ability to utilize technology to access health services	(1) Host a town hall once a quarter geared toward teaching older adults how to use health related websites and applications (i.e. setting up telemedicine visits, ordering pharmaceutical refills, setting up third party health applications, etc.) (2) Run ads in the local papers with sign up instructions and contact information for EPIC. (3) Support successful deployment of MyOchsner App for patient care		Vermilion Council on Aging, AARP	Reluctance to use technology can become an additional barrier/access to care issue; therefore, proactive communication by providers is important to ensure health equity across ages.
OAKMH	Health Education and Literacy	Individuals with low socio-economic status	Address social risk factors (social determinants of health) in order to improve treatment adherence and health outcomes	(1) Work with OLG system to incorporate a screening tool into the Electronic Health Record system to identify unmet social needs (2) Maintain a list of local resources to assist patients with social needs (3) When unmet needs are pinpointed, case managers will direct patients to local resources (4) Educate patients about the SDOH	Ochsner Health	AHC HRSN screening tool, Beacon	According to the CDC, "Poverty limits access to healthy foods and safe neighborhoods, and more education is a predictor of better health. Differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about SDOH, we can not only improve individual and population health but also advance health equity."
OAKMH	Heart Disease & Stroke	Women	Increase heart health screening rates, promote early identification, reduce complications associated with heart disease	Continue to host the annual Women's Cardiac Event to provide health education and improve awareness of screening guidelines and health resources		Cardiovascular Institute of the South	Vermilion Parish has the highest rates of heart disease among women and generally relative to all parishes in the assessment.
OAKMH	Mental and Behavioral Health	Vermilion Parish residents	Increase timely access to behavioral health care	Partner with behavioral health providers to streamline outpatient treatment referrals and inpatient treatment placement	Oceans		Oceans Behavioral Health accepts referrals twenty-four hours/day.
OAKMH	Mental and Behavioral Health	Vermilion Parish residents	Improve suicide rates	Continue to sponsor the Annual Suicide Awareness Walk to provide community education and promote suicide prevention initiatives	Oceans, NAMI, local mental health workers		According to the Rural Health Informaiton Hub, suicide rates are nearly twice as great in rural areas of the United States as compared to urban areas: "The suicide rate is nearly twice as great in the most rural areas of the U.S. compared to the most urban areas (18.9 per 100,000 people in rural areas vs. 13.2 per 100,000 people in urban areas). This difference in suicide rates between rural and urban areas has widened from 1999 to 2019, increasing 50% in rural areas compared to 31% in urban areas."
OAKMH	Mental and Behavioral Health	Healthcare providers	Improve provider skills and self-efficacy to identify mental health concerns and refer patients to local treatment and support	Continue provider education on behavioral health topics including suicide prevention		Oceans Behavioral Health, NAMI	Providers report that undiagnosed mental health issues/concerns contribute to access to care issues. Increasing provider training related to mental health concerns can assist providers in mitigation and proper referrals.

Implementation Strategy

Ochsner Acadia General Hospital

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OAGH	Access to Primary Care	Uninsured and underinsured individuals	Increase the number of individuals with a regular source of primary care	(1) Utilize new clinic in Crowley to provide more individuals with primary care (2) Recruit new family physicians to practice in the area			The low-income population in Acadia Parish is designated as a Health Professional Shortage Area (HRSA) for Primary Care.
OAGH	Access to primary care	Primary care and ED patients	Address basic needs to prevent chronic disease and other negative health outcomes	Utilize Ochsner system to assist patients to use community-based clinics for follow up care and care beyond emergencies		Unite Us, nonprofits in the community	According to the CDC's website, one of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."
OAGH	Access to Primary Care	Low-income and medically underserved populations	Improve medication affordability to encourage compliance	Continue to participate in the 340B Drug Pricing Program to provide discounted medications to patients	Local pharmacies		Providers report that medication compliance is a negative factor in health outcomes.
OAGH	Cancer	Community residents	Improve residents access to cancer screening and treatment	(1) Provide Breast Radiologist and other services (2) Provide Cancer Infusion Clinic with fellowship-trained cancer surgeon (3) Provide Lung and other cancer screenings			Cancer continues to be the second leading cause of death in Acadia Parish per 100,000 people, and much higher than the state average.
OAGH	Health Literacy	Patients of OAGH	Provide education packets and resources upon discharge to increase health literacy	Provide patient education upon discharge including handouts and/or discharge kits provided based on diagnosis as well as follow-up appointments (e.g. kit with blood pressure and scale for weight monitoring if patient does not have these items).			Community leaders expressed that navigating health care resources is difficult for individuals and that access to reliable information is often limited.
OAGH	Heart Disease & Stroke	Individuals with high blood pressure or heart conditions	Improve blood pressure self-management and cardiovascular treatment adherence to reduce cardiovascular complications	Through the CIS Virtual Care Center and through own clinic, provide on-demand care consultations, telecardiology services.	Cardiovascular Institute of the South	American Heart Association	Heart disease in Acadia Parish and Jefferson Davis Parish is above the state average.

Implementation Strategy

Ochsner Acadia General Hospital (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OAGH	Mental and Behavioral Health	Community residents	Increase access to mental health services by leveraging grant opportunities, particularly in the aftermath of COVID	Explore grant application for behavioral health telemedicine through OAGH Clinic			As both a OLG system priority and an identified community need, seeking additional community resources to increase access is a viable strategy to expand care.
OAGH	Mental and Behavioral Health	Individuals at risk of suicide	Reduce suicide rates	Continue to utilize the Columbia Protocol (Columbia-Suicide Severity Rating Scale) to identify at-risk patients in need of psychiatric care	Oceans Behavioral Health		According to the Columbia Lighthouse Project: This protocol is a suicide risk assessment conducted through a series of simple, plain-language questions that "anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs."
Cross Cutting Priorities							
OAGH	Cross Cutting - All	Community residents	Engage stakeholders in collaborative problem solving and grassroots-level initiatives to achieve the goals contained within the implementation strategy	Conduct presentations at local civic organizations regarding OAGH's priorities and initiatives	Community-based organizations	Local residents who have a passion for or are inquisitive about health-related topics	Health literacy was identified by stakeholder groups and community leaders as a community need.
OAGH	Cross Cutting: Access to Primary Care and Rural Health	Rural communities	Provide healthcare in rural or hard-to-reach areas	In partnership with the OLG system administration and leveraging the newly-acquired American Legion system footprint, continue to explore the further development of rural health care clinics to place physicians in underserved areas and to improve health outcomes where clinics are located.	OLG System		Acadia Parish is designated as a partially rural Medically Underserved Area by the Health Resources and Services Administration and Jefferson Davis Parish is designated as rural.
OAGH	Cross Cutting: Rural Health and Maternal and Child Health	Rural communities	Leverage relationship with Jennings facilities to potentially increase available care	Explore partnership with OALH (Ochsner American Legion Hospital) to bring in OB Practitioner/NP at OAGH Clinic with infants delivered at OALH.			Residents of Acadia Parish must currently travel to Lafayette Parish to give birth.

Implementation Strategy

Ochsner Lafayette General Medical Center

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OLGMC	Cancer	Service Area Population	Provide high quality cancer care and access to cancer subspecialists	(1) Recruit additional medial oncology providers to improve medical oncologist to patient ratio for region (2) Develop sustainable regional cancer center hub and local treatment center spoke model that improves access while keeping care close to home when possible. (3) Through recruitment and larger urban area health centers expand service line subspecialty cancer programs within the Ochsner Cancer Center of Acadiana at Ochsner Lafayette General Medical Center (4) Implement virtual subspecialty consults to expand access to cancer subspecialists			Additional medical oncologists are required to meet the projected growth in cancer cases. A well organized and coordinated service line across region maximizes utilization of limited provider and support services.
OLGMC	Cancer	Current Cancer Patients and Survivors	Provide support services for cancer patients and their family members	Provide or refer patients to programs offering peer-to-peer emotional support, health education, and assistance in navigating the healthcare system	Cancer Center of Acadiana Survivorship Program, Miles Perret Cancer Services, American Cancer Society, Komen Acadiana	Hospice of Acadiana	In the focus groups during the Assessment, the Black/African-American population indicated education and support services were needed for community members.
OLGMC	Maternal and Child Health	Infants and children	Utilize role as birth center to promote literacy and learning	(1) Explore "Brain Bag" and text messaging service to families (2) Refer LMI families to the United Way's Dolly Parton's Imagination Library Program that donates children's books to eligible families	United Way of Acadiana, One Acadiana, pediatricians	Office of Public Health, Nurse Family Partnership, WIC offices, Lafayette Public Library Foundation	Louisiana ranks second highest in pre-term births in the country, with many Acadiana parishes ranking worse than the state average. Pre-term is a risk factor for additional health and educational challenges in a child's life that can be mitigated by proactive interventions.
OLGMC	Mental and Behavioral Health	Adolescents and Adults	Recruit additional psychiatrists	Establish an in-network behavioral health provider group in Acadiana capable of meeting the population needs both now and in the future.	Oceans Healthcare	Established psychiatric providers	Per HRSA, Acadiana is identified as a mental health professional shortage area. Because there is a shortage of providers, most private psychiatric providers are not in network with Medicare, Medicaid and many citizens pay cash for services.
OLGMC	Mental and Behavioral Health	Adolescents and Adults	Expand hospital level services	Provide adequate inpatient and outpatient services to meet the needs of the community.		Psychiatric residency programs.	According to providers, citizens are traveling outside of the market to gain access to care for these services.
OLGMC	Mental and Behavioral Health	First Responders	Provide funding to support the mental health needs of first responders.	Prevent suicides and occupational burn-out that occur today due to a lack of available resources for this population.		Law enforcement, fire department, emergency response providers.	Community leaders have recognized the need to provide additional mental health support to first responders.
OLGMC	Mental and Behavioral Health	Caregivers	Support those caring for older adults or individuals with disabilities	(1) Within Neurology's strategic business objective, the service line has identified mental and behavioral health as a high-volume target in need of additional provider support. The service line has added a Neuropsychologist to the list of providers to recruit for future. (2) Education opportunity to support primary care providers with patients identified with mental and behavior health problems. Provide additional support, resources, guidance to PCP providers.	Alzheimer's Association of Acadiana	Nursing homes, Local Area Agencies on Aging	Community leaders described the chronic stress that many personal caregivers face.

Implementation Strategy

Ochsner Lafayette General Medical Center (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OLGMC	Weight status and nutrition (obesity)	Individuals with obese weight status	Provide medical weight loss interventions	(1) Continue to provide bariatric surgical care (2) Expand support service referrals for patients who may desire bariatric procedures, particularly smoking cessation and weigh loss programs for LMI patients	OLGH Providers, University Hospital and Clinics		Bariatric surgery can assist patients in losing excess weight and reduce their risk of complications associated with an obese weight status. Some patients are not eligible for these procedures therefore referrals to other programs may be necessary to impact more patients.
Cross Cutting Priorities							
OLGMC	Cross Cutting: Heart Disease and Stroke and Health Education and Literacy	Individuals at risk of heart disease	Improve early identification of heart disease by screening and improving community education	(1) Screen individuals for cardiovascular disease and stroke risk factors and indicators (2) Increase awareness in community regarding sleep apnea evaluation as it relates to modifying/reducing stroke risk factors and cardiovascular complications (3) Educate local PCPs and CIS providers regarding Ochsner's Sleep Center of Acadiana (4) Explore direct referral process for sleep studies	Cardiovascular Institute of the South, University Hospital and Clinics	School-based health centers, Emergency Departments	According to a study in Sleep, "Participants with untreated severe sleep disordered breathing (AHI > 30) were 2.6 times more likely to have an incident coronary heart disease or heart failure compared to those without sleep disordered breathing."
OLGMC	Cross Cutting: Weight status and nutrition (obesity)/ Health Education and Literacy	Service Area Population	Increase access to healthy foods and healthy menu options	(1) Expand healthy meals in OLG cafeteria locations (2) Provide healthy options within hospital vending machines	Eat Fit Acadiana		Exposure to healthy options, in conjunction with marketing of healthy foods, can enable individuals to make more nutritious choices.
OLGMC	Cross-Cutting: Access to Primary Care and Rural Health	Rural and underserved populations	Increase access to primary care through the opening of satellite clinics.	Bring more primary care via rural health clinics to underserved locations ensuring appropriate supervision and also avoiding overutilization of specialty referrals.			Interviews with community stakeholders and medical providers indicated a difficulty for many patients to access care due to transportation issues. Using a rural health care model is ideal for creating access especially in underserved areas with use of a midlevel provider. However, appropriate supervision needs to be ensured to keep the cost of care under control as well as avoid unnecessary referrals in specialties that already are backlogged.

Implementation Strategy

Ochsner St. Martin Hospital

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OSMH	Access to Primary Care	School-aged children	Improve access to preventative and primary care services	(1) Continue to provide school- based telemedicine services (2) Explore ways to increase utilization of services	St. Martin Parish School District		"Utilization of telehealth technology may be a valuable tool to assist registered professional school nurses (herein referred to as a school nurse) to provide school health services. The health of many students is impacted by lack of access to primary care and specialty services due to health disparities caused by poverty and other social determinants of health. Technology and telehealth can assist the school nurse in addressing these issues." -National Association of School Nurses
OSMH	Access to primary care	Medicaid enrollees, individuals without health insurance	Provide access to care facilities outside of the hospital's Emergency Department	Open and begin successful operations of Cecelia Clinic to make health care more accessible			St. Martin Parish is recognized as a High Needs Geographic area by the HRSA for Primary Care.
OSMH	Cancer	Individuals over the age of 45	Utilize risk factors to provide proper screenings	(1) Utilize checklists to determine risk factors for conditions such as colon cancer, heart disease, kidney disease, etc.		American Cancer Society, Miles Perret Cancer Services, Cancer Center of Acadiana	Due to the high rates of cancer and chronic disease in St. Martin Parish and the region generally, incorporating screening into health visits may assist in earlier identification of health conditions.
OSMH	Cancer	Whole Community	Provide high quality cancer care within the community	Expand the number of oncology services available in Breaux Bridge	OLG Oncology Services Department		In most types of cancer (except breast cancer), St. Martin Parish residents experience higher rates than the state and national average.
OSMH	Mental and Behavioral Health	Healthcare providers	Increase provider understanding of the negative effects of trauma on health and wellbeing	Using nurse educators, host trauma-informed care trainings for healthcare providers		Trauma- Informed Care Implementation Resource Center (national)	According to community interviews, mental health challenges for patients and patients who have experienced trauma can be challenging for providers, therefore adding to the stress for patient and caregiver.
OSMH	Mental and Behavioral Health	Whole Community	Ensure access to the appropriate level of psychiatric care	(1) Collaborate with partners to streamline referrals to needed Hospital or inpatient and outpatient Clinics (2) Facilitate access to General psychiatric services through Medical Center telemedicine (3) Utilize centralized placement/staffing from OLG to assist in identifying appropriate care			According to the Rural Health Information Hub, access to mental health resources can be negatively impacted in rural communities by four factors -- accessibility, availability, affordability, and acceptability.

Implementation Strategy

Ochsner St. Martin Hospital (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OSMH	Rural Health	Minority Population and the elderly	Leverage newly authorized taskforce to have an intentional focus on the health inequities and disparities in the rural communities	Mitigate the risk of health inequities and disparities in the rural communities with identified markers to achieve by a specific timeline	St. Martin Parish Government, OPH, OLG, Rural Coalition	State office of rural health; Louisiana Rural Health Association	Health disparities were highlighted in the Assessment, as well as during the COVID-19 pandemic. This task force leverages partnership and system leadership to address these challenges.
OSMH	Rural Health	Whole Community	Utilize Infusion Center to increase treatment options for community	Expand services offered in community through the newly-opened Infusion Center			Rural health is a system priority that will also address other community needs, including access to care and disease management.
OSMH	Weight status and nutrition (obesity)	Whole Community	Promote increased physical activity	Implement LHCC grant with activities that include: (1) Having providers administer "prescriptions" for physical activity (2) Support local walking clubs (3) Provide free or low-cost gym memberships to certain patients			The County Health Rankings & Roadmaps indicate that "increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity."
OSMH	Weight status and nutrition (obesity)	Whole Community	Increase access to healthy foods and healthy menu options	(1) OSMH to continue to participate in the "Eat Fit" program (2) OSMH will explore partnerships to expand community members' access to healthy foods		Meal delivery programs, LSU AgCenter, summer feeding programs for school-aged children, LSU Ag, Grocery partners (e.g. Joyce's)	Food deserts were recognized in the Assessment as a challenge in the region. By utilizing system facilities and resources, OLG can improve access to healthy foods in the community.
OSMH	Weight status and nutrition (obesity)	Diabetics or individuals with pre- diabetes	Promote knowledge and understanding of nutrition	(1) Provide outpatient nutrition classes -- marketing the classes to diabetic patients and monitoring participation rates (2) Utilize virtual services "ask a dietician" when possible to increase access	Council on Aging, local newspapers and media outlets		The CDC indicates that SME (self-management education) "can help you learn key strategies, such as goal setting and self-monitoring. These strategies can help you make good decisions about your health so that you feel better. In other words, you will learn how to better "self-manage" your chronic condition(s)."

Implementation Strategy

Ochsner St. Martin Hospital (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
Cross Cutting Priorities							
OSMH	Cross Cutting: Access to primary care, Rural Health	Whole Community	Divert ED patients to Rural Health Clinics when appropriate through education	Ensure all discharged patients with no primary care provider to make a follow up appoint in the clinic to keep out of ED			In community interviews, providers regularly indicated that patients utilize the ED for non-emergency issues.
OSMH	Cross-Cutting - Access to Primary Care, Mental and Behavioral Health	Incarcerated individuals	Improve access to integrated mental health services	(1) Partner with the Parish jail system to provide on-site care including telepsych services (2) Using Beacon, work to help those about to be released from jail to get on Medicaid		NAMI, Beacon, Parish Jail	According to the American Psychological Association, at least half of prisoners have mental health concerns, and anywhere from 10-25 percent suffer from serious mental illness.
OSMH	Cross-Cutting - Cancer, Heart Disease and Risk Factors	Individuals who smoke	Decrease the number of parish residents who smoke	Counsel patients who smoke and encourage participation in a tobacco cessation program	Cardiovascular Institute of the South	LA Campaign for Tobacco-Free Living, 1-800-QUIT-NOW	According to the CDC, "Smoking leads to disease and disability and harms nearly every organ of the body."
OSMH	Cross-Cutting - Health Education and Literacy, Heart Disease and Stroke, Weight Status and Nutrition (Obesity), Diabetes	Individuals at risk of negative chronic disease outcomes	Reduce chronic disease prevalence and the rate of complications	Continue to facilitate (and re-energize following the COVID-19 pandemic) the "Road to Good Health" program, which includes education about behavioral risk factors, chronic disease, and healthy living		Diabetes Self-Management Program (DSMP)	Providers communicated a lack of understanding by patients about the negative effects of negative behavioral health habits.

Implementation Strategy

Ochsner University Hospital & Clinics

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OUHC	Access to primary care	UHC Patients	Increase telemedicine services	Increase access to care by utilizing telemedicine care when appropriate ("right patient, right setting")			Telemedicine became widely more available during the COVID-19 pandemic, allowing both providers and patients to consider when circumstances (travel, relative health risk) may make telemedicine the most effective form of care
OUHC	Access to primary care	Medicaid population	Leverage OUHC network of clinics to deliver services	Extend access to urgent care and walk-in clinic facilities			OUHC's service area contains multiple Medically Underserved Areas according to the Health Resources and Services Administration (HRSA). In addition to the shortage of primary care providers in underserved areas, community leaders identified a lack of physicians in the Acadiana region who accept Medicaid patients.
OUHC	Access to primary care	UHC Patients	Increase access to prescription medication	(1) Increase patient percentage of filled prescriptions; (2) increase participation in 340B program to allow for savings			Interviews with medical providers indicated that part of access to care is compliance with prescriptions
OUHC	Cancer	Residents in the community, primarily women	Plan and open Breast Center at the former Advertiser building	Increase access to breast cancer screening and treatment			Cancer remains the second leading cause of death in the assessment area
OUHC	Cancer	Community residents	Promote colorectal cancer screening	(1) Continue to encourage colorectal screenings through distribution of test kits; (2) Monitor number of colonoscopies given.	American Cancer Society, Miles Perret Cancer Services		All Acadiana Parishes had a higher death rate from colorectal cancer than the Louisiana average.
OUHC	Cancer	UHC Cancer Patients	Increase participation in survivorship program to support cancer patients	Improve the quality of life and access to resources for UHC patients who have survived cancer diagnosis and treatment			Cancer was the second leading cause of death throughout the service area in 2018. Increased referrals to a variety of supportive and wellness services will improve the quality of life of cancer patients and their families and can lead to improved health outcomes for this population.
OUHC	Diabetes	UHC Patients	Expand Diabetic Education Program	Educate patients with diabetes in order to minimize complications and improve health outcomes			While data was not available in every parish in Acadiana, Diabetes was the seventh leading cause of death in Lafayette Parish in 2018. Further, diabetes is often a complicating condition for other health issues.
OUHC	Diabetes	UHC Patients	Launch "Food is Medicine" program	Decrease diabetes incidence through prevention			All but two parishes in the assessment area have obesity rates worse than the state average, and Louisiana has one of the worst obesity rates in the country. Nutrition education can help to prevent diabetes and obesity.

Implementation Strategy

Ochsner University Hospital & Clinics (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OUHC	Health Disparities	Historically underserved community members, primarily minority and those in poverty	Support the deployment of OLG Community Health Workers (CHWs) program	Utilize new CHWs to improve patient navigation.			Community interviews and interviews with medical professionls indicated social determinants of health as risk factors for negative health outcomes. The CHWs are intended to provide supportive services for patients in need.
OUHC	Health Disparities	Historically underserved community members, primarily minority and those in poverty	Support non-clinical case management efforts	Improve health outcomes, particularly in patients with poor support services (negative social determinants of health) through direct referrals	Beacon Community Connetions		Community interviews and interviews with medical professionals indicated that support services and systems often have an impact on health outcomes, particularly when leaving the hospital.
OUHC	Heart Disease & Stroke	Cardiovascular patients who smoke	Promote smoking cessation assistance programs to cardiovascular patients who indicate a desire to quit	Increase referrals to smoking cessation program.			Heart disease remains the leading cause of death in the assessment area, and smoking is a leading cause of heart disease.
OUHC	Heart Disease & Stroke	Vascular disease patients	Measure number of patients with peripheral vascular disease served and the number of specific procedures provided	Leverage recent staffing increases to increase service offerings at the UHC Catheterization Lab			In 2018, all parishes in the assessment area except Lafayette have heart disease deaths greater than the average of the state of Louisiana (St. Mary is equal to state average).
OUHC	Mental and Behavioral Health	Community residents	Expand access to mental health services	Leverage the recent increase in relevant staffing to ensure more patients who are in need of mental and behavioral health services are receiving them			Interviews with medical providers indicated that mental health challenges were a barrier to receiving appropriate medical services for a variety of reasons.
Cross Cutting Priorities							
OUHC	Cross Cutting: Access to primary care and health literacy	Medicaid-eligible population	Utilize OUHC staff to increase enrollment by medicaid-eligible population	Reduce the number of individuals who do not have health insurance	LA Department of Health		Community interviews indicated health literacy as a barrier to accessing services. By utilizing OUHC staff, eligible patients will have trained staff expose them to services.

Implementation Strategy

Ochsner American Legion Hospital

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OALH	Mental and Behavioral Health	Community residents	Enhance education and outreach, to ensure at-risk patients are able to access resources necessary for health maintenance.	1.Identify resources available and keep updated information available to the community.	Beacon	United Way of Acadiana	Education and outreach is a critical component of patient care because it keeps patients informed about their health, and the resources available to them through community partners which in turn can improve their outcome.
OALH	Mental and Behavioral Health	OALH Patients	Patients to receive substance abuse intervention with a trained substance abuse navigator/peer support.	1. Reduce overdose rates and provide support through resources and trained substance abuse peer navigators to patients to reduce overdose rates and recurrent admissions to ER. 2. Participant in HRSA-funded RCORP grant to develop, implement and deliver Opioid Use Disorder/Substance Use Disorder prevention, treatment and recovery services to the residents of our rural community through our family medicine RHC.	Beacon, OPH Region 5, Imperial Calcasieu Human Services Authority.		Opioid abuse is a problem in Louisiana where almost all indicators- addiction to opioid medications, overdose deaths, emergency room admissions and over-prescribing are evidence of the problem.
OALH	Mental and Behavioral Health	Community residents	Increase access to mental health services	1. Provide behavioral health services at our hospital-owned and operated family medicine clinic and expand those services. 2. Expand utilization of tele psych services through Oceans Behavioral Health. 3. Evaluate all OB patients mental health before discharge and provide maternal navigator for ongoing support	Oceans Behavioral Health	Council on Aging United Way of Acadiana	Oceans Behavioral Health accepts referrals twenty-four hour/day.

Implementation Strategy

Ochsner American Legion Hospital (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OALH	Health Education and Literacy	Parents of children ages 0-3	Increase education on early brain development	1. Provide an early brain development bag of resources to each OB patient. 2. Provide access to brain development educational video through hospital and clinic visits	United Way of Acadiana, Pugh Foundation, One Acadiana	Office of Public Health, Nurse Family Partnership, WIC Offices	Louisiana ranks second highest in pre-term births in the country, with many Acadiana parishes ranking worse than the state average. Pre-term is a risk factor for additional health and educational challengers in a child's life that can be mitigated by proactive interventions.
OALH	Health Education and Literacy	New and Expectant Mothers	Increase education and support to OB patients.	1. Provide educational resources and support on breastfeeding by a trained maternal navigator. 2. Provide breastfeeding and delivery classes	LAPQC, Maternal Navigators at OALH Rural Health Clinics		Maternal and child health can have long term and far reaching effects on overal health.
OALH	Maternal/Child Health	At-Risk OB Patients	Decrease health disparities through targeted evaluations of high risk OB patients	1. Participate in quality projects that are aimed at reducing morbidity/mortality in our OB population through targeted evaluations of women at high risk for post partum hemorrhage, hypertension, etc.	LAPQC		The World Health Organization defines maternal morbidity as any health condition attributed to and/or aggravated by pregnancy and childbirth that has negative outcomes to the woman's well-being. Through thorough evaluations, we can prevent some postpartum medical conditions and even mortality.

Implementation Strategy

Ochsner American Legion Hospital (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OALH	Diabetes	Whole Community	Enhance community education about prevention, detection and managing diabetes.	1. Provide Clinical dietitians to patients for educational resources and support. 2. Promote healthier eating through outpatient consultation with a clinical dietitian. 3. Promote programs that support healthier eating, increased physical activity, a tobacco-free lifestyle, and moderate alcohol use.		LA Campaign for Tobacco Free Living, Diabetes Self Managment Program	According to the Louisiana Health Needs Addessment, the percent of adults ages 20 and older was 11% in Jefferson Davis Parish.
OALH	Diabetes	OALH Patients	Increase access to diabetes-related services	1. Provide wound care services to inpatients through a certified wound care/ostomy care RN. 2. Evaluate the feasibility of expansion to include outpatient wound care services.		Diabetes Self Managment Program	Poorly controlled or untreated diabetes can lead to amputations, vison loss, and kidney damage. Interventions can help reduce the risk.
OALH	Obesity	Whole Community	Decrease population risk factors by providing support of healthier lifestyles.	1.Promote and participate in programs that support healthier eating, increased physical activity. 2. Promote the Ochsner Wellness iniative to staff		Eat Fit	According to the LA Health Needs Assesment. 39% of Jefferson Davis' population struggle with obesity.
OALH	Obesity	Whole Community	Enhance community education about prevention and management of obesity	1. Evaluate partnering with local schools in providing education on obesity and healthier lifestyles.		Second Harvest Food Bank, LSU Ag, United Way, Jefferson Davis Schools	Food Security and Nutrition Security are important factors that can contribute to obesity. Partnering with community nutrition partners can provide education for a healthier lifestyle.

Implementation Strategy

Ochsner American Legion Hospital (continued)

Facility(ies)	Health Priority	Target Population	Action Plan	Goals	Existing Partners	Potential Partners	Rationale
OALH	Access to Care	Low-income and medically underserved populations	Enhance education and outreach, to ensure at risk patients are able to access resources necessary for health maintenance.	1. Identify resources available and provide the community with a compilation of this information. 2. Expand Women's Health Services in Crowley Clinic. 3. Maintain follow-up support to at-risk patients via phone calls and communications from appropriate healthcare providers.		LDH	Interview with medical providers indicated that medicaid acess was a barrier to follow up care.
OALH	Access to Care	Whole Community	Increase access to local medical services	1. Evluate the feasibility of expanding pharmacy hours to after hours and Saturdays 2. Maintain appropriate number and type of medical providers by recruiting physicians in the needed specialty areas.			Jefferson Davis is designated as an area of HRSA (Health Care Professional Shortage Area)
Cross Cutting Priorities							
OALH	Cross Cutting: Access to Primary Care and Rural Health	Service Area Population	Provide healthcare in rural or hard to reach areas	In partnership with the OLG system administration and Acadia General Hospital, we can continue to explore and develop rural healthcare clinics to have physicians in underserved areas and to improve health outcomes where clinics are located.	OLG System		Jefferson Davis is designated as a rural Medically Underserved Area by the Health Resouces and Serveices Administation.
OALH	Cross Cutting: Rural Health and Maternal Child Health	Service Area Population	Leverage relationship with Acadia General to increase available care	Expand partnership with OAGH for access to OB Practiciioner/NP to their clinics for infants delivered at OALH.			Residents of Acadia Parish currently travel to Lafayette or OALH to give birth.