



Ochsner St. Anne

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Ochsner St. Anne Hospital

Drafted November 2021

Adopted by hospital facility December 6, 2021

The Metropolitan Hospital Council of New Orleans (MHCNO) contracted with the Louisiana Public Health Institute (LPHI) to develop Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) reports for participating hospitals in the area. This report summarizes the findings of the joint CHNA for the area served by Ochsner St. Anne Hospital and describes the community health needs identified as top priorities by the hospital.

For this assessment, Ochsner St. Anne defined their community as the parishes where most of their patients reside, which are Lafourche, St. Charles, and Terrebonne Parishes.

LPHI used a collaborative mixed methods approach to determine significant needs and concerns in the community. The report contains secondary data from existing sources, such as the American Community Survey (ACS) and Behavioral Risk Factor Surveillance System (BRFSS), among others. This report also includes input from key stakeholders in the community, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the area served by the hospital. Community input was gathered through interviews, focus groups, and an electronic survey distributed to health system patients and community members. Community input drove the determination of significant concerns for this CHNA and therefore the priorities.

The CHNA revealed seven significant concerns in the community: access to and continuity of care, mental and behavioral health, health equity and discrimination in healthcare, economic opportunity, education and health literacy, environmental factors, and infrastructure. As a result of the prioritization process, Ochsner St. Anne identified four community health needs as their top priorities to address over the next three years. These priorities are listed below with brief descriptions of each health need.

ACCESS TO AND CONTINUITY OF CARE

Concerns about access to care were evident among the community. Barriers to care in the community include insurance issues (limited options based on payor, uninsured rates) and inadequate access to providers, especially specialists. Participants also described the reputation for lower quality care.

MENTAL AND BEHAVIORAL HEALTH

The CHNA revealed mental and behavioral health conditions as being a major problem in their community. Despite the prevalence of these issues, community members say that access to treatment for mental health conditions is severely lacking. Participants also noted high suicide rates, particularly in rural areas. Shame and stigma also affect community access to mental and behavioral health services, particularly for the aging, Black, and Vietnamese populations. Isolation and lack of social support have increased in the community due to the COVID-19 pandemic.

HEALTH EQUITY AND DISCRIMINATION IN HEALTHCARE

Discrimination in healthcare affects patient engagement, access to care, and quality of care. Participants raised examples of healthcare systems discriminating based on race, language, immigration status, age, sexual orientation, and gender identity/expression. Previous experiences of discrimination contribute to a lack of trust in the healthcare system at the personal and community levels. Lack of diversity in the healthcare workforce was identified as a factor that leads to discrimination. One of the primary goals of the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion is to achieve health equity where everyone can reach their optimal health.

EDUCATION AND HEALTH LITERACY

The CHNA found that education was a key concern of the community. Education and literacy are key factors contributing to poor health outcomes for both children and adults. Low levels of educational attainment and poor quality of primary and secondary schools are seen as contributing factors to low health literacy in the community. Lack of appropriate resources, for both schools and students, was raised as an issue. Health literacy affects patients' ability to access care and manage their health. Additionally, low health literacy among adults can make it difficult to communicate important health messages to them.

While these community health concerns are presented separately, they are interconnected and impact one another as they drive health outcomes. If a community health concern is not prioritized by a hospital, it does not mean it is not an important issue and may still be addressed.

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BACKGROUND

CHNA OVERVIEW

With the enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a CHNA and develop implementation strategies to better meet the community health needs identified every three years.¹ [Section 501\(r\)\(3\)](#) requirements include having an authorized body at the hospital facility adopt a documented CHNA that is available to the public, available for feedback, and includes the following:

- A definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- Resources potentially available to address the significant health needs identified.
- An evaluation of the impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA.²

This CHNA was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. COVID-19 continues to pose high risks for all communities, affecting all aspects of how people live, work, and play.

ASSESSMENT APPROACH

Nineteen hospitals eager to collaborate through the CHNA and CHIP processes contracted with LPHI via MHCNO, which is part of the Louisiana Hospital Association (LHA). LPHI was contracted to develop the CHNA and accompanying CHIP reports for participating hospital facilities. LPHI brings extensive history leading and supporting health systems, Federally Qualified Health Centers (FQHCs), and state/local health departments in the development of health assessments and implementation strategies based on health equity and population health strategies.

According to the CDC, the **social determinants of health** are “conditions in the places where people live, learn, work, and play” that can affect a person’s health risks and outcomes. They consist of factors such as economic and educational opportunity, access to transportation and housing, the quality of the natural environment, and access to and quality of healthcare.³ This assessment focuses on themes that relate to social determinants of health, organized by those that proved most salient from the data.

¹Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital health care facilities, which is separate from this report.

²<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

³Centers for Disease Control and Prevention. (2021). About Social Determinants of Health. Retrieved from <https://www.cdc.gov/socialdeterminants/about.html>

The assessment approach is centered in **health equity**, defined as all community members having a fair and just opportunity to be as healthy as possible. Racism is a principal barrier to health equity. Research shows that racism has impacted social determinants of health for communities of color, driving health inequities and placing communities of color at increased risk for poor health.⁴ By applying a health equity framework, this assessment seeks to move beyond identifying health disparities to uncovering and understanding the drivers, including racism, which produce inequities in health outcomes.

LPHI used a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity frameworks. Collaboration and engagement were central to LPHI's process. The gathering of input representing the broad interests of the community occurred through four modes: an online survey, focus groups, interviews, and data review meetings (As this input was gathered for the purpose of this assessment and participation was limited, these findings may not be generalizable to the larger community). Validated secondary data was also analyzed and incorporated to corroborate these findings. See Appendices C and D for details on the assessment approach and methodology, respectively.

USING THIS CHNA

This document serves as the 2021 CHNA report for Ochsner St. Anne Hospital. Ochsner St. Anne, a 35-bed hospital located in Raceland, Louisiana, is a non-profit hospital serving Lafourche and the surrounding parishes. Founded in 1967, Ochsner St. Anne has a rich history, a strong foundation of healthcare services, and a deep commitment to the health and well-being of its residents.

Health assessments facilitate strategic data collection and analysis to understand where and why health outcomes differ across a community, how a variety of health factors combine to influence these outcomes, and how policies and programs are supporting — or restricting — opportunities for health for all. Final CHNA reports are available via the hospital's website for future reference, feedback, and use by the public.

This CHNA serves multiple purposes:

- Provides hospitals and health systems with the information to guide development of implementation strategies to address their community's health concerns.
- Meets IRS requirements for non-profit hospitals.
- Informs planning of the city and state health departments.
- Provides residents and community organizations with a better understanding of the significant issues in their community and what the hospital is planning to prioritize.

⁴Centers for Disease Control and Prevention. (2021). Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

DEFINING THE COMMUNITY

For this assessment, Ochsner St. Anne defines their community as the geographic area where most (approximately 80%) of their patients reside according to inpatient data. This community includes the three-parish area of Lafourche, St. Charles, and Terrebonne Parishes, which will be referred to as “the St. Anne community” throughout this report. This community includes medical underserved, low-income, and minority populations.

The population of the St. Anne community is described in the figures below.⁵

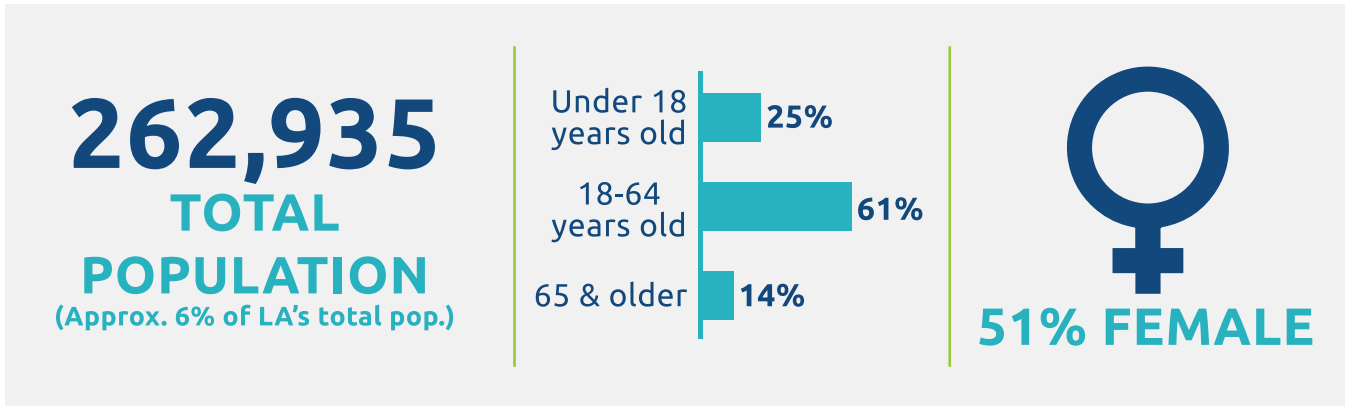


Table 1 shows demographics by parish compared to Louisiana. Terrebonne is the largest parish in the area by population. All three parishes in the St. Anne community are predominately non-Hispanic White. The percent of non-Hispanic Asian residents is lower than state levels (1.7%) in all three parishes. The percent of Hispanic residents is higher than state levels (5.1%) in St. Charles (6.1%) and Terrebonne (5.2%) Parishes.⁶ The percent of the population that lives in a rural area is lower in all three parishes in the St. Anne community compared to Louisiana (26.8%).⁷

**TABLE 1:
DEMOGRAPHICS OF ST. ANNE COMMUNITY COMPARED TO LOUISIANA**

Community	Population	% non-Hispanic White	% non-Hispanic Black	% non-Hispanic Asian	% Hispanic	% Rural
Lafourche	98,108	76.8%	13.6%	0.6%	4.4%	24.2%
St. Charles	52,773	65.1%	26.3%	1.0%	6.1%	11.5%
Terrebonne	112,054	66.7%	18.9%	1.0%	5.2%	20.6%
Louisiana	4,664,362	58.7%	32.0%	1.7%	5.1%	26.8%

⁵American Community Survey. (2015-2019).

⁶American Community Survey. (2015-2019).

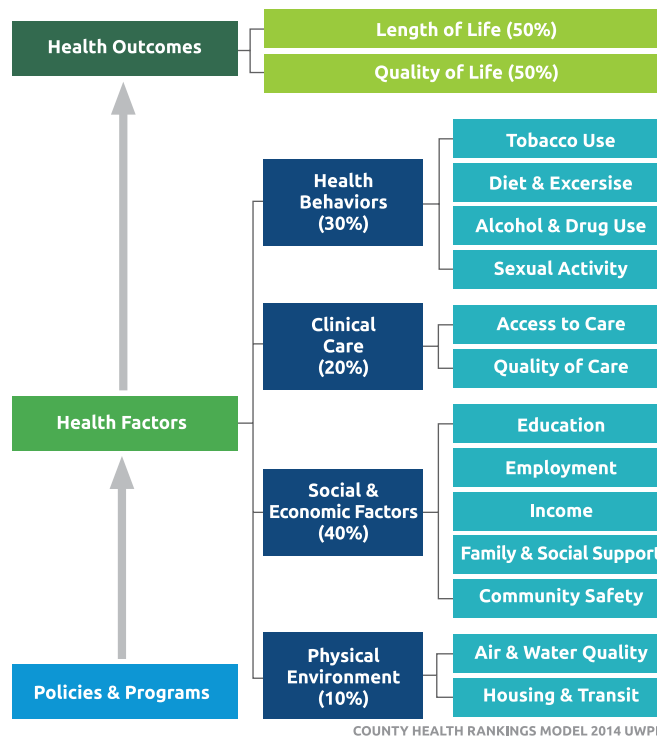
⁷Census Population Estimates. (2010). Retrieved from County Health Rankings, 2021.

KEY FINDINGS

Below are quantitative (community survey and secondary data) and qualitative (interviews and focus group) findings from the St. Anne community. Parish-level findings are presented with Louisiana data as a baseline. It is important to note that **Louisiana is ranked 50th in health outcomes**, according to the 2020 America’s Health Rankings Report.⁸

The findings are organized into four sections: social and economic factors, physical environment, clinical care (which is comprised of access to and quality of care), and health behaviors and outcomes. Many of these findings align with the County Health Rankings Model (Figure 1).⁹

FIGURE 1.
COUNTY HEALTH RANKINGS MODEL



SOCIAL AND ECONOMIC FACTORS

There are many factors outside of clinical care that affect the health of residents in the St. Anne community. Qualitative participants and survey respondents indicated the importance of social and economic factors, such as poverty and economic opportunities, education, and violence and incarceration.

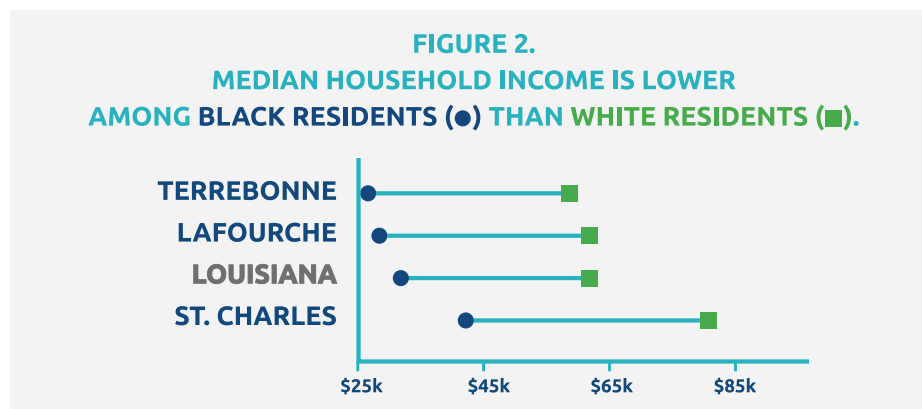
⁸United Health Foundation. (2021). America’s Health Rankings 2020 Annual Report. Retrieved from <https://www.americashealthrankings.org/learn/reports/2020-annual-report>

⁹County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

POVERTY AND ECONOMIC OPPORTUNITIES

OVER HALF OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, “ALL WORKERS IN MY COMMUNITY MAKE MINIMUM INCOME NECESSARY TO MEET BASIC NEEDS.”

International and national research connects poverty to ill-health.¹⁰ Qualitative participants indicated that inequities in wealth and limited economic opportunity are key factors driving adverse health outcomes. Secondary data show that the median household income is higher in all three parishes in the St. Anne community compared to statewide.¹¹ However, qualitative participants expressed that there are pockets of high poverty within the St. Anne community. Furthermore, secondary data show that there is income inequality by race (Figure 2), with **Black residents earning less than half of what White residents earn in most parishes in the St. Anne community.**¹²



Qualitative participants also shared that **there is a need for additional economic opportunities** in the St. Anne community, specifically jobs outside the oil and fishing industries. They expressed that many of the jobs that are available are not salaried or do not provide benefits, leaving many people uninsured or unable to take off work to visit the doctor. Qualitative participants also mentioned that the COVID-19 pandemic has impacted the economy, and people in the St. Anne community have lost jobs and money. Furthermore, they said that younger people who have established careers or obtained an education tend to leave the area to pursue better job opportunities. When that happens, the knowledge of those young professionals is not retained to better the St. Anne community.

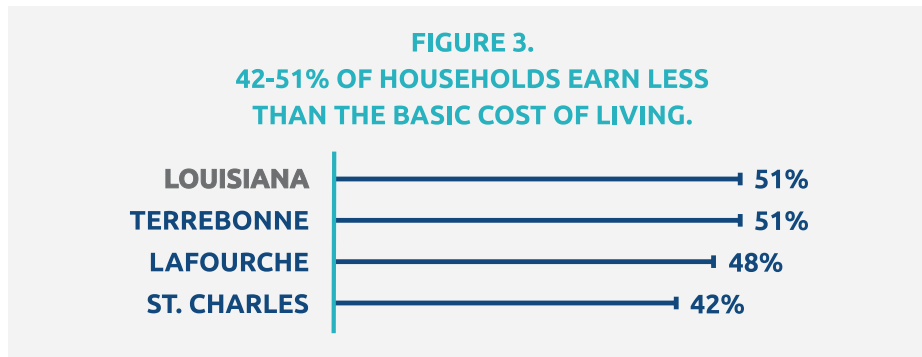
“The three parishes that we’re focusing on are coastal with a lot of dependence on the water-based industries and oil-based industries and drilling... So there’s always a concern about that and can they function and operate.” - Public Health Expert

¹⁰Wagstaff, A. (2002). Poverty and health sector inequalities. Retrieved at <https://www.scielosp.org/article/bwho/2002.v80n2/97-105/en/>

¹¹Small Area Income and Poverty Estimates. (2019). Retrieved from County Health Rankings, 2021.

¹²Small Area Income and Poverty Estimates. (2019). Retrieved from County Health Rankings, 2021.

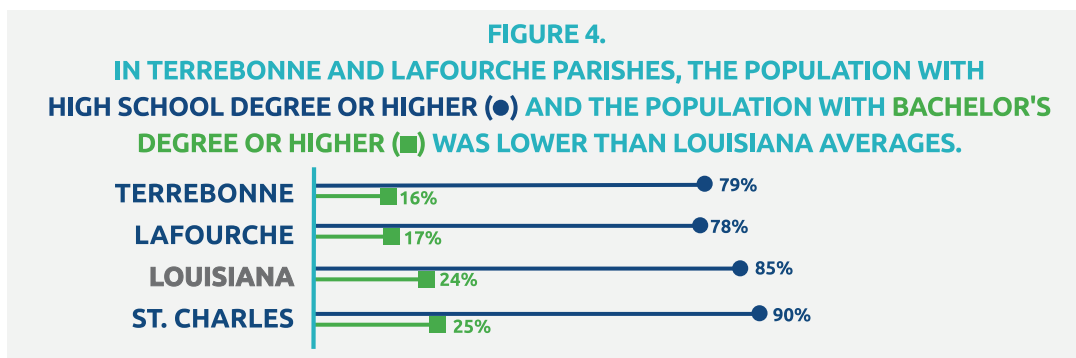
Qualitative participants also shared that there are a lot of seniors on fixed incomes who need to rely on social services for additional support. However, some participants expressed that **there are many barriers to accessing social services**. For example, qualitative participants described the application processes for these services as lengthy and deterring people from applying. Additionally, community members, including the elderly, may be told their income is just a little too high to receive services such as food stamps or assistance with electricity. Finally, other community members may not apply out of pride and because they see public assistance as beneath them. Concerns about the need for social services is supported by secondary data, which show that 42-51% of households in parishes in the St. Anne community earn less than the basic cost of living (Figure 3).¹³



EDUCATION

NEARLY HALF OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "ALL CHILDREN IN MY COMMUNITY RECEIVE HIGH QUALITY EDUCATION."

Higher educational attainment is linked to greater life expectancy, as well as other positive health outcomes.¹⁴ Secondary data show that **in Terrebonne and Lafourche Parishes, secondary and higher educational attainment lag behind state averages** (Figure 4).¹⁵



Qualitative participants and survey respondents shared **concerns about the quality of education in the St. Anne community**. Qualitative participants expressed that the public schools are subpar, and it is challenging to get parent involvement in the schools. Qualitative participants also shared concerns about the abilities of schools to serve students who have limited resources. For example, they explained that students often must

¹³ALICE Threshold, American Community Survey. (2007-2018). Retrieved from ALICE Parish Profiles, 2018

¹⁴Zajacova, A. & Lawrence, E.M. (2018). The relationship between education and health: reducing disparities through a contextual approach. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/>

¹⁵American Community Survey. (2015-2019).

pay fees for school sports, field trips, and activities, which excludes poorer students from participating in these activities. In addition, schools have limited resources to hire interpreters or translators to meet the needs of language-minority students. Finally, qualitative participants expressed that violence and behavioral issues within schools affect the learning environment, with these issues exacerbated by social media.

VIOLENCE AND INCARCERATION

Though the violent crime rate in parishes in the St. Anne community is lower than the Louisiana rate,¹⁶ qualitative participants elevated concerns about violence in their communities. They shared that there has been **a large increase in domestic violence during the COVID-19 pandemic**. They also said that there is regular and increasing gun violence in some areas. Qualitative participants explained that the gun violence is traumatizing for children and they are often afraid to go outside. Qualitative participants also shared that there are community resources to address issues of violence, such as a good domestic violence program and victim assistance group through the sheriff's office and increased counselors provided by the school district.

“...Also **an increase in abuse across the board**. Child abuse... domestic issues, domestic violence, family issues were just increased tremendously. It could have been [due to the] lack of employment because it didn't take long for people to start losing their jobs.” – Law Enforcement Official, Lafourche Parish

Qualitative participants also expressed concerns about patterns of incarceration and interactions with law enforcement. They shared that **individuals with mental illness end up in prisons due to the lack of supportive facilities and resources**. They may also self-medicate with drugs and are arrested for substance-related crimes.

“[Prisons are] almost like a place for safekeeping because at least it gets them off the street. They don't get hurt, they don't hurt themselves, they don't hurt other people when they're in a seizure or having an episode of some sort. They're safer there, but **prisons should not be a place for safekeeping for mentally ill people and we see it way too often, too much.**” - Law Enforcement Official, Lafourche Parish

Additionally, qualitative participants claimed that some community members view law enforcement as racist. A representative from law enforcement shared that officers are being offered additional training to improve interactions with the community.

PHYSICAL ENVIRONMENT

The physical environment consists of both infrastructure factors and the natural environment in which people live. Barriers in the physical environment can affect health and well-being.¹⁷ Qualitative participants and survey respondents emphasized poor infrastructure factors, such as transportation, housing, and food insecurity. They also discussed how pollution and access to parks and green spaces affect community health in the St. Anne community.

¹⁶FBI Uniform Crime Reports (2015-2019) Retrieved from CARES HQ, 2021

¹⁷County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

TRANSPORTATION

62% OF SURVEY RESPONDENTS DISAGREED
WITH THE STATEMENT, **"ALL PEOPLE HAVE ACCESS TO
RELIABLE PUBLIC TRANSPORTATION IN MY COMMUNITY."**

Qualitative participants and survey respondents pointed to transportation as a significant issue facing the St. Anne community. It was shared that poor families may not have access to cars or any other form of transportation, which limits their access to resources. Qualitative participants explained that access to healthcare is affected by transportation because there are few specialists in the area and community members must travel long distances for care. They shared that **community members living in rural areas, especially older adults and individuals with mental health needs, face significant challenges accessing healthcare because of transportation.** For example, older adults often get sent to multiple specialists in different locations and this can be a burden, especially if they do not have consistent access to a vehicle. Participants additionally discussed how Medicaid transportation is available, but it is not efficient as it takes all day and does not meet basic needs. For example, it lacks wheelchair-accessible vans and there is a limit to distances it will transport. Lastly, individuals who need the transportation support are often not aware of this resource.

"If you live on the outside of Raceland going towards Thibodaux, everything's on the other side going towards Lockport. So **if you don't have a vehicle, that's major.**" - School Employee, Lafourche Parish

HOUSING

69% OF SURVEY RESPONDENTS DISAGREED
WITH THE STATEMENT, **"ALL PEOPLE IN MY COMMUNITY
LIVE IN SAFE, AFFORDABLE HOUSING."**

Research shows that residents facing housing insecurity are more likely to delay care and report poor health status than residents with stable housing.¹⁸ Qualitative participants and survey respondents expressed that **affordable housing is an issue in the St. Anne community.** Secondary data show that, prior to the pandemic, 19-25% of households in parishes in the St. Anne community were housing cost burdened, meaning that they spent 30% or more of their income on housing costs (Figure 5).¹⁹ Qualitative participants also mentioned that there is a greater percentage of Black people living in low-income housing, which is located far from resources like grocery stores and hospitals. Community participants were concerned housing insecurity may worsen with the end of the eviction moratorium put in place due to the COVID-19 pandemic.

Figure 5. 19-25% of households were housing cost burdened.

Lafourche	19%
St. Charles	22%
Terrebonne	25%
Louisiana	28%

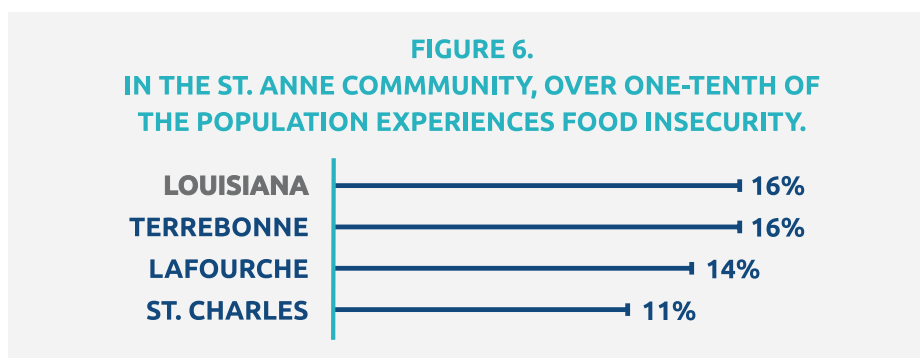
¹⁸Stahre M, VanEenwyk J, Siegel P, Njai R. (2011). Housing Insecurity and the Association With Health Outcomes and Unhealthy Behaviors. Retrieved from https://www.cdc.gov/pcd/issues/2015/14_0511.htm

¹⁹American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

FOOD INSECURITY

NEARLY HALF OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "ALL PEOPLE IN MY COMMUNITY HAVE ACCESS TO HEALTHY, NUTRITIOUS FOODS."

Food insecurity, or limited access to adequate food, is associated with poor physical and mental health outcomes, including increased risk of chronic diseases.²⁰ **Qualitative participants perceived food insecurity to be an issue in Lafourche and Terrebonne Parishes, due to an insufficient number of supermarkets and grocery stores.** Secondary data shows that more than one-tenth of the population in the St. Anne community experiences food insecurity (Figure 6).²¹ However, qualitative participants shared that there are community organizations working to provide food for the community. For example, the fire department in Lafourche gives food for those in need and "Live Healthy Houma" provides more healthy options in local corner stores.



NATURAL AND BUILT ENVIRONMENT

Qualitative participants expressed concerns about the environment, particularly environmental pollution. They explained that **the sugarcane harvest causes air quality and respiratory issues, which is especially a concern for children and people on oxygen.** Also, qualitative participants shared that disregard of burn bans, frequent driving due to the lack of public transportation, and pollution created by industrial plants contribute to poor air quality and health issues like asthma, upper respiratory problems, and cancer. A qualitative participant also mentioned raw sewage as an environmental concern.

"Some neighborhoods that may be deemed... impoverished or poor neighborhoods have raw sewage... We know that that's horrible... That just isn't supposed to happen. But it does. It does happen" - Law Enforcement Official, Lafourche Parish

Qualitative participants expressed that **the presence of parks, community centers, and recreation opportunities are assets of the St. Anne community.** They said that there have been attempts to improve access to green space by restoring sidewalks, planting trees, and making the community greener. While these resources are available, qualitative participants mentioned that few parks and playgrounds are accessible for children with physical disabilities.

²⁰Michael Precker, American Heart Association News. (2021) Food insecurity's long-term health consequences. Retrieved from <https://www.heart.org/en/news/2021/09/22/food-insecuritys-long-term-health-consequences>

²¹Map the Meal Gap. (2018). Retrieved from County Health Rankings, 2021

CLINICAL CARE

Access to affordable, high-quality clinical care can improve the health and wellbeing of communities through prevention and early detection of diseases.²² This section will also include discrimination in healthcare, which was emphasized by qualitative participants and can contribute to inequitable health outcomes.

ACCESS TO CARE

NEARLY HALF OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "EVERYONE IN MY COMMUNITY CAN ACCESS THE HEALTH CARE THEY NEED."

Qualitative participants emphasized that **limited availability of providers and time-related issues can inhibit access to care** in the St. Anne community:

- There are few specialists, especially for pediatric patients with special needs and behavioral health patients.
- Patients must travel long distances to other parishes and cities for care far from their support system. Often patients are transferred to New Orleans.
- Even when specialists are locally available, there are long wait times to see them.
- Hospitals are understaffed due to shortages in nursing, dentistry, and primary care providers.
- Some providers will not see patients after the early afternoon, creating additional barriers for working people to access care.

Concerns about availability of providers are supported by the secondary data, which show that there are fewer primary care providers, dentists, and mental health providers per capita in all parishes in the St. Anne community compared to the state rates (Figure 7).^{22,23,24}

Figure 7. In all parishes in the St. Anne community, there are fewer providers (per 100,000 population) compared to Louisiana.

Community	Primary care physicians	Dentists	Mental health providers
Louisiana	68	56	304
Lafourche	46	45	165
Terrebonne	40	52	218
St. Charles	36	47	143

"Some barriers that I see [are]... not a lot of specialty doctors here, in that we have to transfer them to New Orleans. That's not good in our area because people like to stay around the area, especially the elderly... They would prefer to be connected from St. Anne to maybe Thibodaux or Terrebonne compared to Ochsner." - Non-Governmental Organization (NGO) Director, Lafourche Parish

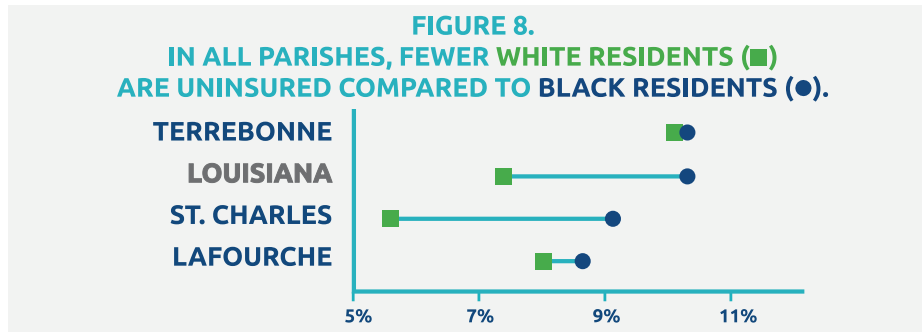
Qualitative participants also elevated issues with insurance as a major barrier to care. They shared that Medicaid expansion helped increase access to insurance, but there are still issues with Medicaid, such as limits on home health services and pediatric specialties. Qualitative participants also expressed that **there are community members**

²²Area Health Resource File, American Medical Association. (2018). Retrieved from County Health Rankings, 2021

²³Area Health Resource File, National Provider Identification File. (2019). Retrieved from County Health Rankings, 2021

²⁴CMS, National Provider Identification. (2020). Retrieved from County Health Rankings, 2021

who are underinsured. They said that private insurance is unaffordable to many due to high deductibles and co-pays. Secondary data show that there are inequities in who has access to insurance. In all parishes in the St. Anne community, a higher percentage of Black residents are uninsured compared to White residents (Figure 8)²⁵ and a higher percentage of Hispanic residents are uninsured compared to non-Hispanic residents of any race (Appendix F).²⁶



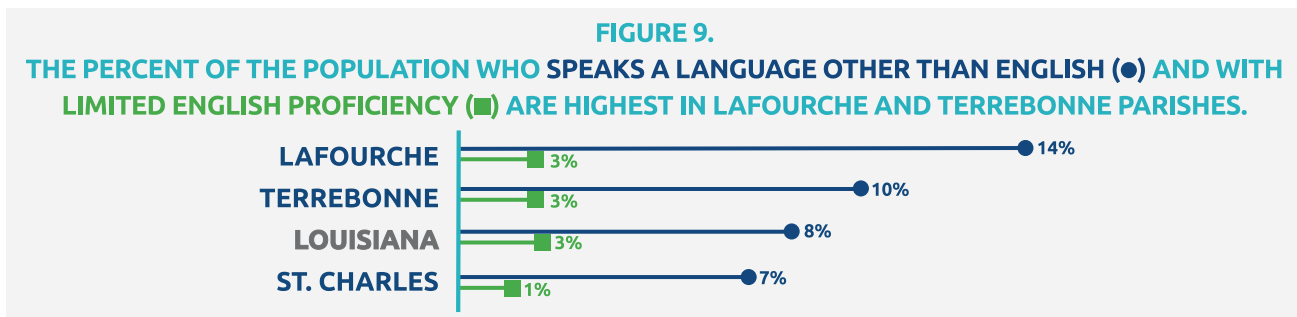
QUALITY OF CARE

Qualitative participants shared **concerns about the quality of healthcare in the St. Anne community.** They mentioned concerns that patients are being discharged without a discharge plan. In addition, they expressed a need for patient navigators or case managers to help follow-up with patients after their appointments. Finally, qualitative participants expressed that community members may have negative perceptions of hospitals from years ago or after administrative changes. Participants felt like current hospital administrations are working to change those reputations, but community members remain hesitant to use the hospitals where they had negative experiences in the past.

DISCRIMINATION IN CARE

Discrimination in healthcare affects individuals' access to high-quality care, as well as their willingness to seek care to begin with,²⁷ and was an issue elevated by qualitative participants. They shared that **communities of color may not trust doctors and the medical system due to prior negative experiences.** They explained that this is further complicated by the lack of staff diversity in healthcare settings. For example, participants explained that community members may avoid certain hospitals due to the lack of providers that are from their same racial/ethnic group.

Qualitative participants expressed that language-minority communities, especially Spanish- and Vietnamese-speaking populations, face additional barriers in accessing care. They raised the issue that **there are too few dual-language providers and interpreters available in healthcare settings and therefore language-minority patients may not be receiving the crucial health information they need.** Secondary data show that most parishes in the St. Anne community have sizeable populations who speak a language other than English and who have limited English proficiency (Figure 9).²⁸



²⁵American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021.

²⁶American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021.

²⁷Irena Stepanoikova and Gabriela Oates. (2017). Perceived Discrimination and Privilege in Health Care: The Role of Socioeconomic Status and Race. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5172593/>

²⁸County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

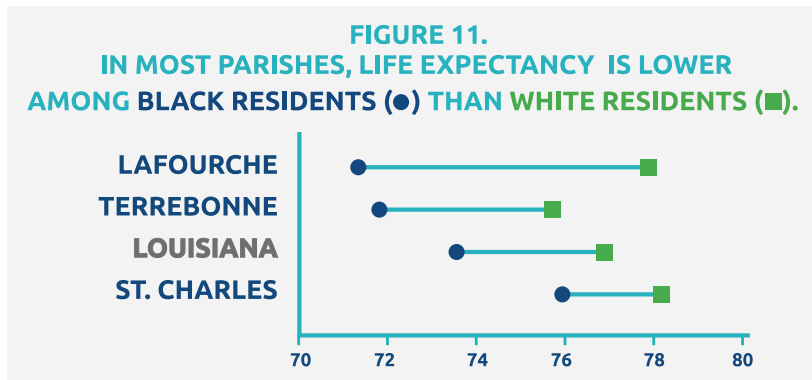
HEALTH BEHAVIORS AND OUTCOMES

Health behaviors, or the actions people take that affect their health, can affect individuals' risk of disease. Health outcomes reflect the physical and mental wellbeing of communities. Health behaviors and outcomes emphasized by qualitative participants and survey respondents, as well as supported by analysis of secondary data, include behavioral health, obesity, physical inactivity, tobacco use, diabetes, heart disease, cancer, and COVID-19.

Communities of color are often at greater risk for poor health outcomes because of inequitable access to social and economic benefits,²⁹ as shown in previous data on social determinants of health in St. Anne community. One important measure of health is average life expectancy. There are considerable differences in average life expectancy between parishes in the St. Anne community, with life expectancy the highest in St. Charles Parish and the lowest in Terrebonne Parish (Figure 10).³⁰ Additionally, there are significant disparities in life expectancy by race within all parishes (Figure 11).³¹ **In all parishes in the St. Anne community, Black residents have lower average life expectancy than White residents, with the largest disparity in Lafourche Parish.**

Figure 10. Average life expectancy is highest in St. Charles and lowest in Terrebonne.

St. Charles	77.6
Lafourche	77.1
Louisiana	76.1
Terrebonne	75.4



BEHAVIORAL HEALTH

“The children took a hit this past year with less camp opportunities or staying home or less of the sports activities that might've had large gatherings in the past.” – Public Health Expert

Behavioral health, including mental health and substance use, was a key concern shared by qualitative participants and survey respondents. Qualitative participants noted that **limited socialization and community events during the COVID-19 pandemic led to increased isolation and depression, especially among children and older adults.** Qualitative participants also expressed concerns about suicide in the St. Anne community, especially in rural areas. Secondary data show that the suicide death rate is higher in Lafourche Parish than the state rate (Figure 12).³² **Most survey respondents said that mental health conditions, substance abuse and addiction, and excessive alcohol use were “major problems” in their communities.** Secondary data show that the drug overdose death rate is higher in Terrebonne Parish than the state rate (Figure 13).³³

Figure 12. The suicide death rate (per 100,000) is higher in Lafourche Parish than the state rate.

St. Charles	13
Terrebonne	14
Louisiana	15
Lafourche	19

Figure 13. The drug overdose death rate (per 100,000) is higher in Terrebonne Parish than the state rate.

St. Charles	18
Lafourche	19
Louisiana	25
Terrebonne	38

²⁹Centers for Disease Control and Prevention. (2021). Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

³⁰National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

³¹National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

³²National Center for Health Statistics- Mortality Files (2017-2019; 2015-2019) Retrieved from County Health Rankings, 2021

³³National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

Qualitative participants shared that **there are limited behavioral and mental healthcare services available, especially for substance use and co-occurring disorders.** Secondary data show that there are fewer mental health providers per capita in all parishes in the St. Anne community compared to the state rates (see “Clinical Care- Access to Care”).³⁴ Additionally, qualitative participants shared that access to mental healthcare is limited by stigma, especially in the Black, Vietnamese, and older adult communities, as well as among men.

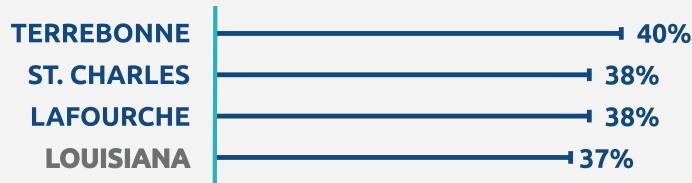
“I think there's been a lot of drug problems like everywhere, but maybe not the access to the professional treatment to get over addictive disorders. And then if it's co-disorder with some other kind of mental health issue, just woof. **So yeah, [we] could use more behavioral health professionals in the area.**” - Public Health Expert

OBESITY

8 IN 10 SURVEY RESPONDENTS
REPORTED THAT **WEIGHT MANAGEMENT IS A MAJOR PROBLEM** FOR THEIR COMMUNITY.

Obesity is associated with increased risk for leading causes of death, including diabetes, heart attack, stroke, and different types of cancers. Obesity results from a combination of behaviors and environmental factors, such as access to walking trails and healthy foods.³⁵ **Adult obesity is higher in all parishes in the St. Anne community compared to statewide** (Figure 14).³⁶

FIGURE 14.
ADULT OBESITY IS HIGHER IN ALL PARISHES IN THE ST. ANNE COMMUNITY THAN LOUISIANA.

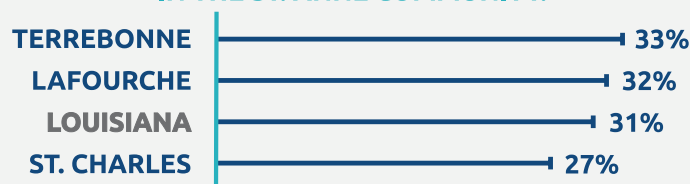


PHYSICAL INACTIVITY

OVER HALF OF SURVEY RESPONDENTS
REPORTED THAT **PHYSICAL INACTIVITY IS A MAJOR PROBLEM** FOR THEIR COMMUNITY.

In parishes in the St. Anne community, 27-33% of adults lack physical activity (Figure 15).³⁷ Decreased physical activity can contribute to heart disease, type 2 diabetes, different kinds of cancer, and obesity. Many communities, schools, and work environments are not designed for physical activity and improving these environments can promote active communities.³⁸

FIGURE 15.
27-33% OF ADULTS LACK PHYSICAL ACTIVITY IN THE ST. ANNE COMMUNITY.



³⁴CMS, National Provider Identification. (2020). Retrieved from County Health Rankings, 2021

³⁵Centers for Disease Control and Prevention. (2021). Adult Obesity Causes & Consequences. Retrieved from <https://www.cdc.gov/obesity/adult/causes.html>

³⁶Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

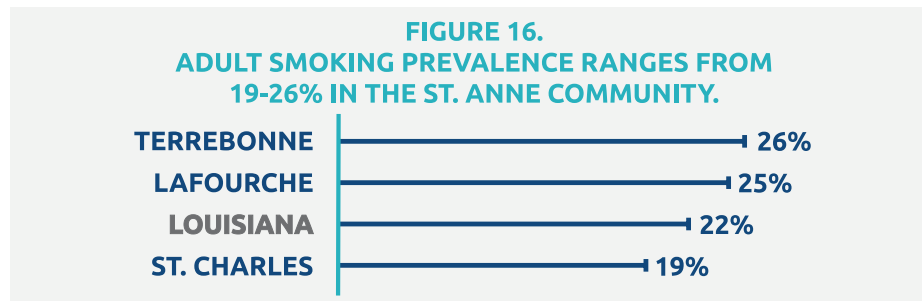
³⁷Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

³⁸Centers for Disease Control and Prevention. (2019). Lack of Physical Activity. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/physical-activity.htm>

TOBACCO USE

OVER HALF OF SURVEY RESPONDENTS
REPORTED THAT **TOBACCO/SMOKING** IS A **MAJOR PROBLEM**
FOR THEIR COMMUNITY.

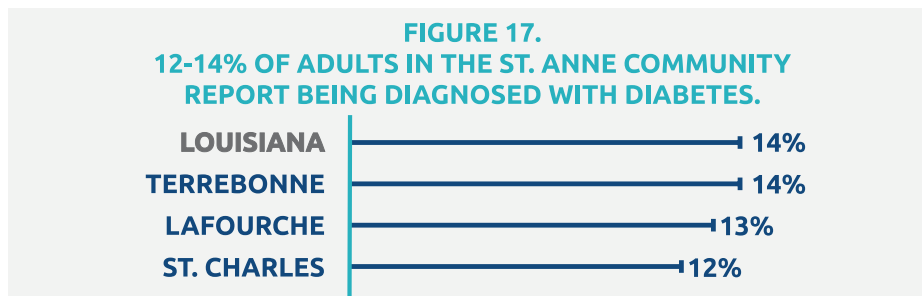
Smoking can lead to a variety of chronic health conditions, including cancer, heart disease, stroke, lung diseases, and type 2 diabetes. The effects of tobacco use go beyond the smoker and can impact others via secondhand smoke or adverse birth outcomes for infants of smokers. According to the CDC, “tobacco use is the leading cause of preventable disease, disability, and death in the United States.”³⁹ **In the St. Anne community, 19-26% of adults currently smoke, with adult smoking prevalence highest in Terrebonne and Lafourche Parishes (Figure 16).**⁴⁰



DIABETES

8 IN 10 SURVEY RESPONDENTS
REPORTED THAT **DIABETES** IS A **MAJOR PROBLEM**
FOR THEIR COMMUNITY.

In the St. Anne community, 12-14% of adults report being told by a health professional that they have diabetes (Figure 17).⁴¹ Over time, diabetes can contribute to serious health problems such as heart disease, vision loss, and kidney disease.⁴²



³⁹Centers for Disease Control and Prevention. (2021). Tobacco Use. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm>

⁴⁰Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

⁴¹Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

⁴²Centers for Disease Control and Prevention. (2020). Diabetes Basics- What is diabetes? Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

HEART DISEASE

MORE THAN 7 IN 10 SURVEY RESPONDENTS
 REPORTED THAT **HEART DISEASE IS A MAJOR PROBLEM**
 FOR THEIR COMMUNITY.

Heart disease can lead to heart attack or heart failure. Risk factors for heart disease include smoking, diabetes, obesity, and physical inactivity.⁴³ These risk factors are prevalent in many parishes in the St. Anne community. Though self-reported rates of heart disease are lower in the St. Anne community compared to Louisiana,⁴⁴ **heart disease is the leading cause of death in all parishes in the St. Anne community**, when adjusted for age.⁴⁵

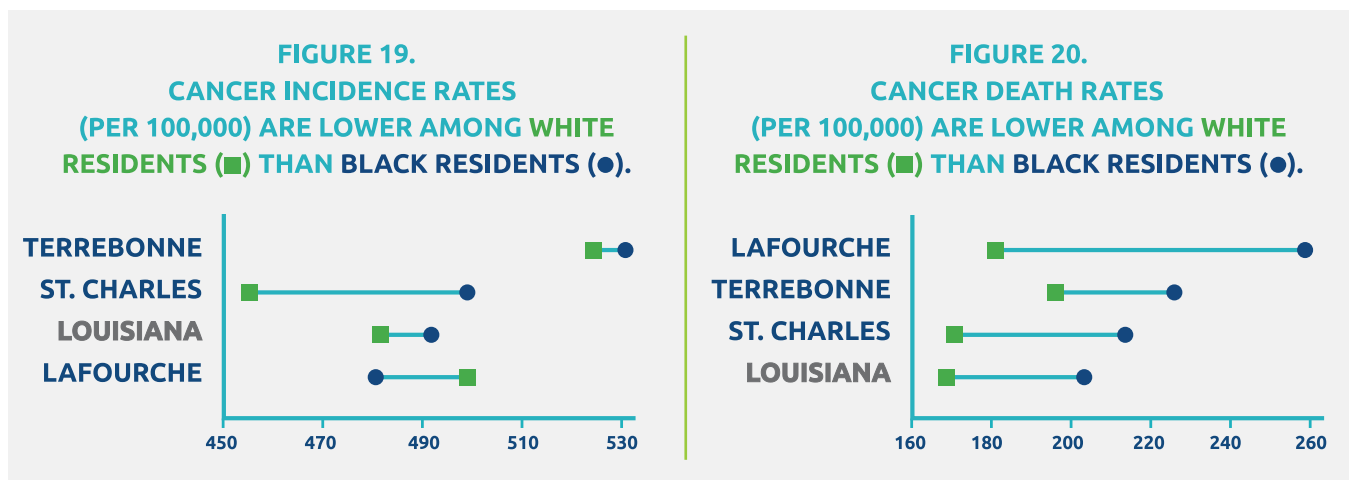
CANCER

NEARLY 8 IN 10 SURVEY RESPONDENTS
 REPORTED THAT **CANCER IS A MAJOR PROBLEM**
 FOR THEIR COMMUNITY.

Cancer is the second leading cause of death in all parishes in the St. Anne community, when adjusted for age.⁴⁶ Cancer death rates are higher in all parishes in the St. Anne community compared to the state rate (Figure 18).⁴⁷

Figure 18. The cancer death rate (per 100,000) is higher in all parishes in the St. Anne community compared to the state rate.	
Louisiana	176.1
St. Charles	178.2
Lafourche	187.6
Terrebonne	197.8

Communities of color are disproportionately affected by cancer due to a variety of factors, such as barriers in access to care and negative environmental conditions.⁴⁸ In most parishes in the St. Anne community, cancer incidence rates (the rate of newly diagnosed cases, Figure 19) and cancer death rates (Figure 20) are lower among White residents than Black residents.⁴⁹



⁴³Centers for Disease Control and Prevention. (2021). About Heart Disease. Retrieved from <https://www.cdc.gov/heartdisease/about.htm>

⁴⁴Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

⁴⁵CDC WONDER- Underlying Cause of Death. (2015-2019).

⁴⁶CDC WONDER- Underlying Cause of Death. (2015-2019).

⁴⁷National Cancer Institute/ Centers for Disease Control and Prevention. (2014-2018).

⁴⁸National Institutes of Health- National Cancer Institute. (2020). Cancer Disparities. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>

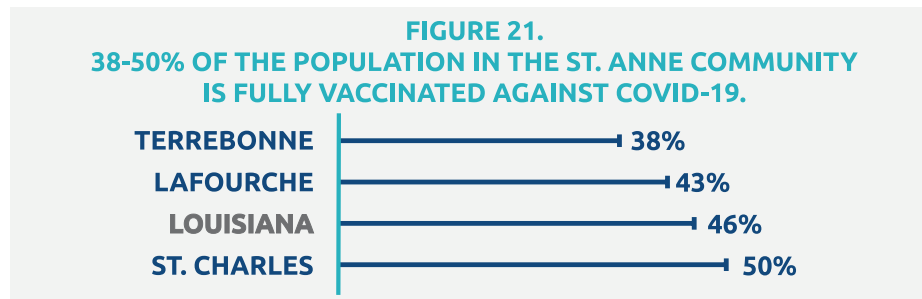
⁴⁹National Cancer Institute/ Centers for Disease Control and Prevention. (2013-2017; 2014-2018).

COVID-19

NEARLY 8 IN 10 SURVEY RESPONDENTS
REPORTED THAT **COVID-19 IS A MAJOR PROBLEM**
FOR THEIR COMMUNITY.

COVID-19 can lead to severe medical complications and death, with older adults and people with existing medical conditions at greater risk of these effects.⁵⁰ The Louisiana Department of Health (LDH) reported Louisiana's first presumptive case of COVID-19 on March 9, 2020.⁵¹ Since then, Louisiana and the nation have experienced four waves, or surges, of COVID-19 cases, with the latest wave driven by the Delta variant of the disease in July-October 2021.⁵² Because of inequities in the social determinants of health, many racial and ethnic minority groups are at increased risk of infection, severe illness, and death from COVID-19.⁵³

The best way to prevent COVID-19 is via vaccination.⁵⁴ **As of October 11, 2021, 38-50% of the population was fully vaccinated in the St. Anne community, with the lowest vaccination rate in Terrebonne Parish** (Figure 21).⁵⁵ There is an ongoing push from local health providers and public health officials to increase vaccination rates in Louisiana.



For current data on COVID-19 cases, deaths, and vaccinations in Louisiana parishes, please refer to the [LDH COVID data dashboard](#).

⁵⁰Mayo Clinic Staff. (2021). Coronavirus disease 2019 (COVID-19). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/svc-20479963>

⁵¹State of Louisiana Office of the Governor. (2020). Gov. Edwards Confirms Louisiana's First Presumptive Positive Case of COVID-19. Retrieved from <http://gohsep.la.gov/portals/0/News/Covid-Release03092020.pdf>

⁵²Weintraub, Karen. (2021). The fourth wave of COVID-19 cases is here. Retrieved from <https://www.usatoday.com/story/news/health/2021/07/16/covid-19-fourth-wave-pandemic-surge-deaths-hospitalizations/7976034002/>

⁵³Centers for Disease Control and Prevention. (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>

⁵⁴Centers for Disease Control and Prevention. (2021). Key Things to Know About COVID-19 Vaccines. Retrieved from https://www.cdc.gov/coronavirus/2019ncov/vaccines/keythingstoknow.html?s_cid=10536:%2Bthe%20%2Bcovid%20%2Bvaccine:sem.b:p:RG:GM:gen:PTN:FY21

⁵⁵Louisiana Department of Health. (Oct. 11, 2021). COVID-19 Data Dashboard.

SIGNIFICANT HEALTH ISSUES AND PRIORITIES

Across Lafourche, St. Charles, and Terrebonne Parishes, both qualitative and quantitative data were collected and analyzed to understand and elevate concerns and issues seen across diverse community members (community advocates, public health experts, providers) and data sources (community survey, interviews/ focus groups, secondary data). Special attention was paid to understand and elevate drivers of poor health outcomes and health inequities.

Survey findings were analyzed alongside qualitative findings to understand what community members perceived as the top health issues facing their community. Secondary data were then reviewed and analyzed to reinforce, contradict, or add additional context to results from the primary data. These three layers of data (survey, qualitative, and secondary) were analyzed in concert and produced the following key health concerns in the St. Anne community:

- Access to and continuity of care
- Health equity and discrimination in healthcare
- Economic opportunity
- Education and health literacy
- Environmental factors
- Infrastructure (transportation, housing)
- Mental and behavioral health factors

While these areas of concern are listed separately, they are all interconnected and impact one another as they drive health outcomes. See **Appendix A** for priorities from the previous CHNA and progress made by Ochsner St. Anne.

Focus group and interview participants also discussed resources and assets in the community addressing some of these concerns, which are listed in **Appendix B**.

PRIORITIES FOR OCHSNER ST. ANNE

LPHI met with Ochsner St. Anne Hospital (in addition to Ochsner St. Mary) on October 12, 2021, through a virtual meeting to review key findings and begin prioritizing key concerns. An initial prioritization activity was conducted with participants using a web-based audience interaction platform. During this activity, participants rated each key concern based on their perceptions of the **impact** addressing the issue would have on their community's health and the **feasibility** of the hospital to address the issue. The initial results of the activity ranked access to and continuity of care, and education and health literacy the highest in both impact and feasibility.

After the activity, participants brought the key concerns back to their hospital team and leadership to discuss and finalize priorities. The community health concerns Ochsner St. Anne prioritized to address over the next three years include:

- Access to and continuity of care
- Health equity and discrimination in healthcare
- Education and health literacy
- Mental and behavioral health

NEXT STEPS

This CHNA will be available to the public via the hospital's website. To request a paper copy of this Ochsner St. Anne Hospital CHNA report or to provide feedback, please contact Jessica Diedling, Associate Manager, Community Benefit, at CommunityOutreach@ochsner.org.

TRANSITION TO PLANNING AND IMPLEMENTATION

Following adoption of the CHNA, the hospital will develop a collaborative three-year CHIP describing how the hospital intends to address the key health concerns identified: access to and continuity of care, mental and behavioral health, health equity and discrimination in healthcare, and education and health literacy. The accompanying CHIP will be a separate written report, also adopted by the hospital facility and include the following:

- Actions the hospital intends to take to address priority concerns,
- Resources the hospital plans to commit,
- Planned collaborations, and
- Metrics to track progress.

ACKNOWLEDGEMENTS

This CHNA report was developed under the care and guidance of participants in the MHCNO. The CHNA workgroup for the 2021 CHNA for the St. Anne area included:

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Jennifer McMahon, MHCNO, Louisiana Hospital Association
Jessica Diedling, Ochsner Health
Mae Hitt, Ochsner St. Anne Hospital
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The following LPHI team members managed the planning, data collection, analysis, writing, and editing of this report:

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Jesse Chanin, Qualitative Consultant
Jessica Brewer, Program Coordinator, Monitoring, Evaluation, and Learning
Peggy Sanders, Clinical Integration Manager, Family Health
Trey Lewis, Senior Analyst, Monitoring, Evaluation, and Learning

The authors of this report thank community members and leaders across the Lafourche, St. Charles, and Terrebonne area who participated in the interviews, focus groups, and surveys. This report could not have been completed without your time and dedication. For a list of participating organizations, please see **Appendix D**.

ABOUT THE LOUISIANA PUBLIC HEALTH INSTITUTE

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

APPENDIX A: PROGRESS MADE SINCE PREVIOUS CHIP

In 2019, a CHNA was conducted for Ochsner St. Anne Hospital and three significant health needs were prioritized:

- Access to care
- Behavioral health (mental health & substance abuse)
- Chronic diseases

This section summarizes the progress made since the previous CHNA cycle and related CHIP

ACCESS TO CARE

Ochsner continues to provide medical services in neighborhoods across the St. Anne area. They have significantly increased access and availability to Urgent Care services with 19 locations throughout Louisiana. Ochsner St. Anne Hospital provides a 24-hour full-service emergency department with average wait times of less than 15 minutes.

Ochsner is a recognized leader in digital medicine. Over 15,000 patients have participated in Ochsner Digital Medicine for chronic disease. The program is available in 15 states and will expand in 2021 to serve patients, employers, payors, and health systems nationally. On July 14, 2021, Digital Medicine Day was held at Ochsner St. Anne Hospital. Patients had the opportunity to sign up for the Digital Medicine program and to pick up their digital device at the mobile O Bar, located at the Ochsner Family Doctor Clinic – Mathews, in Raceland.

The Connected Maternal Online Monitoring Services (MOM) program allows expectant parents to stay connected to their Ochsner care team from the comfort of home. The program provides pregnant people with a kit of connected devices, including a scale and a blood pressure cuff, that communicate with Ochsner's Epic electronic health record system, allowing clinicians to monitor their well-being wherever they are. U.S. Senator Bill Cassidy of Louisiana, a physician, has joined with three bipartisan Senate co-sponsors to introduce legislation aimed at improving healthcare for expectant mothers. The Connected MOM Act requires the Centers for Medicare and Medicaid (CMS) to provide coverage recommendations for remote devices to check blood pressure, blood glucose, and pulse rates. The goal of the legislation, named after the Ochsner Health Digital Medicine program, is to improve maternal and infant outcomes for pregnant and postpartum people nationwide.

Ochsner team members utilize UniteUs, a community resource referral platform, that connects patients with community-based resources to close gaps in patients' non-clinical needs.

Considering the long-term need for healthcare providers, Ochsner has made significant investments in K-12 and healthcare education. Over 13,200 K-12 students and teachers were engaged in Ochsner's K-12 STEM Education Program Teacher Professional Development programs in Louisiana and Mississippi. The Ochsner Clinical School and Graduate Medical Education Programs brought over 800 students through medical training programs in 2019. Ochsner's Workforce Development programs worked with Louisiana Community and Technical Colleges throughout Louisiana to host incumbent training and workforce development programs. The programs in Greater New Orleans, Northshore, Lake Charles, Bayou and Baton Rouge trained 411 unemployed or underemployed adults at no cost to the student, with a 100% graduation rate and 100% employment upon graduation rate in roles as Medical Assistant, Pharmacy Tech, Coding, and Patient Care Technician.

BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE ABUSE)

In 2020, 24 providers and expanded new behavioral health services were added to Ochsner facilities in Louisiana's Bayou, Northshore, South Shore, and Baton Rouge regions. There was a 20% growth in unique patients served across outpatient clinics for behavioral health and addictive disorders. Ochsner partnered with Acadia Healthcare to open River Place Behavioral Health Hospital, an 82-bed inpatient facility, in Laplace, LA (St. John the Baptist Parish) in 2018. Ochsner continues to provide inpatient behavioral health services at this site treating adolescents aged 12 and up.

To meet the behavioral health, mental health, and substance abuse needs of the community, Ochsner has focused on increasing access to care for all ages. During the COVID-19 pandemic, the Ochsner system conducted 90% of behavioral health visits virtually, seeing 10,780 patients through the MyOchsner patient portal. Ochsner's system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing the use of opioids.

The Office of Professional Well-Being led the COVID-19 Staff Support and Wellness Initiative, providing on-demand access to a crisis phone line and psychiatric consultation, twice-daily virtual mindfulness groups, and decompression groups for high-stress units.

CHRONIC DISEASES

The Ochsner Innovation Hub opened in 2019 as a way for community members to have access to learn about digital medicine options to manage chronic disease, explore healthy lifestyle education, and have interactive experiences centered around healthcare. Ochsner Digital Medicine helps patients manage their chronic conditions (high blood pressure and/or Type 2 diabetes) from home while staying connected to a dedicated care team through wearable technology that monitor levels and alert care providers. Care teams use information to adjust treatment plans, medications, and provide lifestyle guidance. Seventy one percent of participants in the hypertension digital medicine program achieved control within 90 days of entering the program. The diabetes digital medicine program allows diabetic patients to measure blood sugar levels anywhere and automatically transmit the information to their care teams.

A smoking cessation clinic at the Internal Medicine Clinic in Raceland, LA continues work to help patients quit their smoking or vaping habit. Ochsner partners with the Smoking Cessation Trust to offer free counseling for anyone wanting to make a healthy lifestyle change.

Support groups are provided at all Ochsner campuses for a variety of topics, including managing chronic health conditions, transplant support, mental health, pre- and post-natal, sibling classes, geriatric, and women's health. Ochsner works in the community to provide expert speakers that cover health topics including managing chronic diseases and prevention strategies.

APPENDIX B: LOCAL RESOURCES MENTIONED BY QUALITATIVE PARTICIPANTS

RESOURCES ADDRESSING SOCIAL AND ECONOMIC SUPPORT

Organization	Focus	Parish(es)	Notes
Bayou Land Families Helping Families	Resources for children, youth, and families with special healthcare needs.	Lafourche, Terrebonne+	This agency is a non-profit resource center for individuals with special needs and their families. Their staff offers peer-to-peer support, referrals, education and training, and advocates for inclusion for individuals. They serve the parishes of Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, and Terrebonne. The office is in Thibodaux, LA.
Knights of Columbus	Provides food or resources for families in need.	Worldwide including Lafourche, Terrebonne+	The Knights of Columbus is the world's largest Catholic fraternal service organization. They are dedicated to promoting and conducting educational, charitable, religious, and social welfare works, rendering mutual aid and assistance to sick and needy members and their families, and providing insurance products and annuities to members and their families.
Lafourche Council on Aging	Senior resources.	Lafourche	The Lafourche Council on Aging services clients 60 years of age and older to stay safely and independently in their own homes. Services include utility assistance, outreach and assessments, homemaker services, medical alert button, transportation to doctor appointments, senior citizen centers, meal sites, recreational activities, and referrals.
Parents and Children Together (P.A.C.T.) Place	Supervised visitation and exchanges.	Lafourche	The P.A.C.T. Place offers supervised visitation and monitored exchanges for families with a history of or potential for domestic violence, dating violence, child abuse, sexual assault, or stalking. This is one of the many services of the Lafourche Parish Sheriff's Office. All services are offered free of charge.
Police Social Services	Advocacy resources.	Lafourche	The Lafourche Parish Sheriff's Office Police Social Services Section is a victim services program which provides comprehensive services to crime victims as well as the elderly community. They connect those in need to crisis/trauma counseling, emergency financial aid, transportation, accompaniment to court or hospital, shelter or safe house placement, personal advocacy during a criminal investigation and trial, assistance with protective orders and legal matters, victim and death notification, childcare during court, and critical incident stress debriefing.
Terrebonne Foundation for Academic Excellence (TFAE)	Funding resources for public education.	Terrebonne	This organization provides funding for additional financial resources to foster academic excellence in public education. Additionally, they provide one age-appropriate book per month to Terrebonne Parish children until their 5th birthday. Along with Chevron, they host the Girls Who Code Summer Sessions. The Run for Excellence is the primary fundraiser for TFAE.
United Way for South Louisiana (UWSLA)	Community resources.	Terrebonne, Lafourche+	UWSLA is a nonprofit organization dedicated to creating long-lasting change ensuring all residents have access to the building blocks to a better life: education, income, and health. They serve Assumption, Lafourche, St. Mary, and Terrebonne Parishes.

RESOURCES ADDRESSING THE PHYSICAL ENVIRONMENT

Organization	Focus	Parish(es)	Notes
Good Samaritan Food Bank of Thibodaux	Food pantry.	North Lafourche area	This organization is comprised of volunteers from several churches in the community. Residents of the North Lafourche area can call to be screened and make an appointment to pick up a food box. The service area includes Thibodaux north of the St. Charles Bridge to the northern boundary of Lafourche Parish.
Lafourche Parish Recreation District #2	Activities for youth.	Lafourche	This recreation center is in Raceland, LA. It provides summer activities and trips for youth, and offers soccer, football, and baseball fields.
LSU AgCenter Healthy Communities Initiative	Community health initiative.	Statewide with initiatives in Lafourche and Terrebonne	The LSU AgCenter Healthy Communities Initiative is addressing the nutrition and physical activity environments in Louisiana through a systemic, community-driven approach to reducing obesity. Their work includes grocery store initiatives, farmers markets, community and school gardens, park improvements, and walk audits.

ADDITIONAL CLINICAL CARE RESOURCES

Organization	Focus	Parish(es)	Notes
Children's Special Health Services (CSHS)	Healthcare services and resources for children and youth with special needs.	Statewide	CSHS works to ensure that children and youth with special healthcare needs in Louisiana have access to services that are designed to minimize their disabilities and maximize their ability to live as independently as possible. In their direct service clinics, CSHS serves LA residents under the age of 21 who are diagnosed or suspected of having certain chronic physical illnesses or serious disabilities. CSHS also connects caregivers and families to resources, works to improve service provision and care coordination, and builds systems.
South Central Louisiana Human Services Authority (SCLHSA)	Behavioral health, developmental disabilities, and primary care services.	Lafourche, Terrebonne+	SCLHSA services include mental health, developmental disabilities, addictive disorders, primary care, health home, Youth Mental Health First Aid instruction, and specialty programs. Locations include Lafourche, Terrebonne, St. John the Baptist, and St. Mary Parishes.
Teche Action Clinic	Federally Qualified Health Center.	Lafourche, Terrebonne+	Teche Action Clinic is a private, nonprofit Federally Qualified Health Center accredited by the Joint Commission as a Primary Care Medical Home. They provide adult, women's health, pediatric, dental, and behavioral health care, as well as pharmacy and patient assistance services. They have clinics in several parishes including Lafourche, Terrebonne, St. John, St. Mary, St. James, Assumption, and surrounding areas.
Thibodaux Regional Health System	Healthcare and wellness.	Lafourche	Thibodaux Regional provides a wide range of inpatient and outpatient care including services such as comprehensive cardiovascular care and heart surgery, comprehensive cancer care, neurosurgery, orthopedics and sports medicine, women's services, obstetrics, inpatient and outpatient physical rehabilitation services, and our state-of-the-art Wellness Center.

RESOURCES ADDRESSING HEALTH BEHAVIORS AND OUTCOMES

Organization	Focus	Parish(es)	Notes
American Heart Association (AHA)	Cardiovascular disease resources.	Nationwide	The AHA is a national, nonprofit, voluntary health agency funded by private contributions, and is dedicated to the reduction of death and disability from cardiovascular diseases including heart diseases and stroke. They offer CPR and opioid training, the Healthy for Good program, information on fitness, blood pressure control, 2020 Handbook for Emergency Cardiovascular Care, and host a support group for those that have experienced a heart or stroke condition.
Lafourche Behavioral Health Center SCLHSA	Behavioral health clinic.	Terrebonne	This agency offers telemedicine/telehealth and outpatient treatment. They provide cognitive behavioral therapy, integrated dual diagnosis disorder treatment, and psychotropic medication to young adults, adults, and children/adolescents. Additional services include illness management and recovery, court-ordered outpatient treatment, and family psychoeducation.
New Orleans Pelicans - Jr. NBA Youth Basketball	Adolescents.	Gulf Coast Region	The Jr. NBA is the official youth baseball participation program of the NBA. It includes a free, membership-based program for existing basketball leagues/organizations (boys and girls aged 6-14), to develop a lifelong passion for basketball while instilling core values including teamwork, respect, and sportsmanship.
Relay for Life - American Cancer Society	Fundraising community.	Nationwide including Lafourche, St. James	The Relay for Life movement is a community of like-minded survivors, caregivers, volunteers, and participants who believe that the future can be free from cancer. They collect donated funds to raise awareness.
Youth Mental Health First Aid	Training for mental health symptom awareness and crisis intervention of youth and adolescents.	Nationwide	This training program, offered by the National Council of Mental Wellbeing, is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human service workers, and other caring individuals how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The training is primarily designed for adults who regularly interact with young people.

COLLABORATIVES AND COALITIONS

Organization	Focus	Parish(es)	Notes
Live Healthy Houma	Tools for healthy eating.	Terrebonne	Live Healthy Houma, a part of LSU AgCenter's Healthy Communities Initiative, helps local, lower-income families eat healthier by making fresh produce more accessible. The Greaxing at Home program provides free knowledge and tools to grow produce at home.

OTHER RESOURCES

Organization	Focus	Parish(es)	Notes
Paint it Purple - American Cancer Society	Promotional campaign for fundraising events.	Nationwide	Paint it Purple is a promotional event to raise awareness of the American Cancer Society and to further engage the community in the local Relay for Life event.

APPENDIX C: MHCNO ASSESSMENT APPROACH

Collaboration, engagement, and evidence-based practices were central to the assessment process from the onset. The MHCNO assessments included 19 hospitals eager to collaborate through the assessment and planning processes. LPHI was contracted by MHCNO to lead the assessment with the participating hospitals:

- Children’s Hospital of New Orleans
- East Jefferson General Hospital
- New Orleans East Hospital
- Northshore Rehabilitation Hospital
- Ochsner Medical Center - New Orleans (includes Ochsner Baptist & Ochsner-West Bank)
- Ochsner Medical Center - Baton Rouge
- Ochsner Medical Center - Kenner
- Ochsner Medical Center Northshore
- Ochsner Northshore Extended Care Hospital
- Ochsner Rehabilitation Hospital
- Ochsner St Anne Hospital
- Ochsner St Mary
- River Place Behavioral Health Hospital
- Slidell Memorial Hospital
- St. Tammany Health System
- Touro Infirmary
- Tulane Medical Center (includes Tulane Lakeside Hospital & Lakeview Regional Medical Center)
- University Medical Center New Orleans
- West Jefferson Medical Center

LPHI followed a modified version of the Community Improvement Cycle⁵⁶ to guide the community health assessment process with hospitals April - October 2021.

Primary data collection for MHCNO CHNAs consisted of 75 interviews, 10 focus groups, and over 5,000 community survey responses.

DEFINING COMMUNITY WITH MHCNO

CHNAs for MHCNO focused on where most patients reside across participating hospitals, rather than each service area separately. Joint assessments were conducted for hospitals serving the same community. Hospitals defined their community geographically based on the parishes where at least 50% of inpatient discharges reside.

Most patients of MHCNO hospitals lived in 18 parishes across southeast Louisiana, which were divided into the following regions for CHNA process based on communities:

1. Greater New Orleans area: Orleans, Jefferson, St. Bernard, St. John the Baptist, Plaquemines, St. Tammany, St. James, St. Charles Parishes
2. Baton Rouge area: East Baton Rouge, Livingston, and Iberville Parishes
3. Northshore area: St. Tammany, Washington, Tangipahoa Parishes, and Pearl River County, MS
4. Bayou area: St. Mary, Lafourche, St. Charles, and Terrebonne Parishes.

⁵⁶ACHI. (2017). Community Health Assessment Toolkit. Retrieved at www.healthycommunities.org/assesstoolkit

APPENDIX D: ST. ANNE AREA METHODOLOGY

DATA COLLECTION AND ANALYSIS

LPHI utilized a mixed methods approach to understand and document community feedback and perspectives by triangulating primary qualitative data from interviews, secondary quantitative data from existing data sources, and additional quantitative and qualitative data collected through an online community survey. Due to safety protocols during the COVID-19 pandemic, all data collection and engagement efforts occurred virtually.

Health equity was central to both the data collection and analysis processes. Secondary data were analyzed by race whenever possible. Primary data collection focused on gathering voices of vulnerable populations, such as aging and non-English speaking communities.

SECONDARY DATA

Secondary data from national and statewide databases were compiled and analyzed to identify key concerns in the St. Anne community and supplement findings from primary data sources. The indicator list for secondary data was developed to align with the County Health Rankings Indicator Model. Data were extracted at the parish level and disaggregated by race/ethnicity where possible. Louisiana averages were used as a baseline for comparison. A full list of secondary data indicators and sources can be found in **Appendix G**.

COMMUNITY SURVEY

Between July 13 and August 23, 2021, MHCNO partner hospitals, LPHI, and LDH distributed an online survey through their networks to community members residing in southeast Louisiana. The survey was available in English, Spanish, and Vietnamese and distributed in all three languages via email, social media, and radio. Hospitals focused on distributing the survey to their patients through social media, as well as through clinics and COVID testing/vaccination sites. LPHI and LDH distributed the tool through virtual networks serving the St. Anne community. The survey was conducted in collaboration with the LDH's Statewide Health Assessment survey, which took place simultaneously, to boost response rates and reduce survey fatigue.

The survey tool was grounded in health equity and informed by evidence-based materials (such as Prevention Institute's *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health*⁵⁷). It included questions designed to measure respondents' perceptions of determinants of health, health behaviors and exposures, and health outcomes, as well as open-ended questions on local assets and recommendations to improve community health. All survey responses from Terrebonne, Lafourche, and St. Charles Parishes were compiled for analysis in STATA. In the St. Anne community, 229 community members participated in the survey. As survey responses were collected via convenience sampling, these findings may not be generalizable to the entire community and should be interpreted in concert with qualitative and secondary data findings. Demographic information on respondents, as well as a summary of responses to survey questions, can be found in **Appendix E**.

⁵⁷Prevention institute (2015). *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health*. Retrieved at <https://www.preventioninstitute.org/publications/measuring-what-works-achieve-health-equity-metrics-determinants-health>

KEY STAKEHOLDER INTERVIEWS

Eight interviews were conducted with key stakeholders across the St. Anne community via Zoom between June 22 and July 21, 2021. Interviews averaged 45 minutes and focused on health concerns within the community, community resources and assets, and recommendations on how to improve the health of residents. Incentives were provided to those that were eligible as a token of appreciation for their time. Transcripts were loaded into a qualitative analysis platform and coded based on key themes. All coders completed training and inter-rater reliability was achieved by the team. A thematic analysis was then conducted to synthesize findings.

QUALITATIVE PARTICIPANTS FROM ST. ANNE PARISH

LPHI, with the hospitals, conducted outreach through virtual platforms to solicit input from persons representing broad interests of the St. Anne community. Through key stakeholder interviews the team incorporated input from at least:

- 3 public health experts,
- 1 representatives of a state, regional, or local health department, and
- 4 members, representatives, or leaders of medically underserved, low-income, or minority populations.

Examples of St. Anne area organizations who participated in interviews and focus groups include:

- Louisiana Department of Health
- Lafourche Parish Council
- Lafourche Council on Aging
- Raceland Middle School
- Lafourche Parish Sherrif's Office
- LSU Ag Center
- South Central LA Human Services Authority
- Bayou Land Families Helping Families

APPENDIX E: ADDITIONAL COMMUNITY SURVEY DATA

DEMOGRAPHIC DATA FROM COMMUNITY INPUT SURVEY

N	229
Parish	
Terrebonne	39%
Lafourche	37%
St. Charles	24%
Age	
18-24	3%
25-35	22%
36-45	23%
46-55	19%
56-65	21%
65+	12%
Gender	
Female	83%
Male	15%
Prefer not to answer	2%
Race/Ethnicity	
Non-Hispanic White	70%
Non-Hispanic Black	18%
Latino/Hispanic	3%
Multiracial	3%
Non-Hispanic Indigenous	3%
Non-Hispanic Asian	2%

Educational Attainment	
Prefer not to answer	1%
Less than high school	2%
High school or GED	14%
Some college	20%
Associates degree	15%
Bachelor's degree	32%
Graduate degree or higher	16%

Zip Code (top 10)	
70301	17%
70360	12%
70364	11%
70363	9%
70394	8%
70047	7%
70070	6%
70359	5%
70087	4%
70373	3%

DETERMINANTS OF HEALTH

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly Disagree/ Disagree	Strongly Agree/ Agree	Total responses (N)
All people in my community live in safe, affordable housing.	69%	31%	227
All people have access to reliable public transportation in my community.	62%	38%	228
All workers in my community make minimum income necessary to meet basic needs.	58%	42%	224
All people in my community have opportunities to engage with the arts and culture.	53%	47%	227
Individuals and families can get the support they need during times of stress and hardship.	47%	53%	228
All people in my community have access to healthy, nutritious foods.	47%	53%	227
All children in my community receive high quality education.	45%	55%	227
Everyone in my community can access the health care they need.	44%	56%	225
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	38%	62%	228
People in my community actively work to make the community a better place to live.	38%	62%	228
People in my community take pride in the community and its accomplishments.	30%	70%	228
My community has clean air, water, and soil.	27%	73%	228
My community is a safe place to live.	21%	79%	228
There are parks and green spaces in my community.	16%	84%	227

HEALTH BEHAVIORS & EXPOSURES

Question: For each one, please tell me how big a problem you think it is for people in your community—a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Substance abuse and addiction	69%	25%	5%	226
Excessive alcohol use	58%	34%	7%	224
Physical inactivity	56%	36%	8%	225
Tobacco/smoking	55%	37%	8%	222
Poor nutrition	45%	42%	13%	225
Violence	42%	44%	14%	224
Physical and emotional trauma	42%	49%	9%	226
Air pollution, water pollution, and chemical exposures	38%	46%	16%	224
Car/motorcycle accidents	30%	56%	14%	226

HEALTH OUTCOMES

Question: For each one, please tell me how big a problem you think it is for people in your community—a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Diabetes	81%	15%	4%	224
Weight management	81%	15%	4%	224
COVID-19	78%	18%	4%	224
Cancer	75%	21%	4%	224
Heart disease	74%	21%	4%	223
Mental health conditions	70%	25%	5%	224
Stroke	49%	46%	5%	222
Sexually transmitted infections/ diseases	37%	52%	12%	223
Homicide	36%	50%	14%	223
Suicide	35%	51%	14%	223
Asthma	33%	59%	8%	224
Unintentional injury	16%	66%	18%	222
Infant mortality	14%	59%	27%	222

APPENDIX F: ADDITIONAL SECONDARY DATA

This appendix includes additional secondary data to supplement key findings.

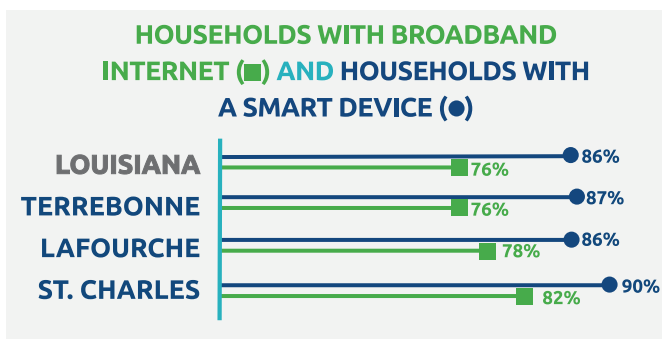
SOCIAL AND ECONOMIC FACTORS

Community	Median household income
St. Charles	\$71,579
Lafourche	\$54,145
Terrebonne	\$51,719
Louisiana	\$51,108

Community	Annual violent crime rate (per 100,000)
St. Charles	329.8
Lafourche	379.1
Terrebonne	437.9
Louisiana	562.3

Community	Homicide death rate (per 100,000)
St. Charles	7
Lafourche	7
Terrebonne	10
Louisiana	13

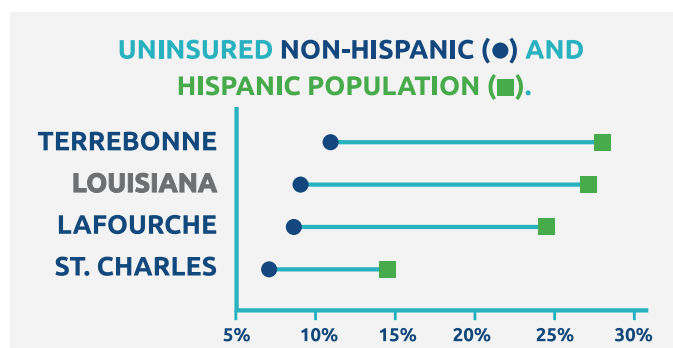
PHYSICAL ENVIRONMENT



Community	Air pollution-particulate matter
Terrebonne	6.9
Lafourche	8.6
Louisiana	8.7
St. Charles	8.7

CLINICAL CARE

Community	% population uninsured
St. Charles	7.2%
Lafourche	9.0%
Louisiana	9.5%
Terrebonne	11.1%



Note: Total population size and percent of population that is Hispanic differs between each parish (see Table 1). Parishes with smaller Hispanic communities may have a wider margin of error for the indicator percent of Hispanic population that is uninsured.

HEALTH BEHAVIORS AND OUTCOMES

TOP 5 CAUSES OF DEATH (2015-2019)

Community	Top 5 causes of death	Age- adjusted death rate per 100,000
Louisiana	Diseases of heart	211.8
	Malignant neoplasms	172.8
	Accidents	58.5
	Cerebrovascular diseases	46.1
	Chronic lower respiratory diseases	42.8
Lafourche	Diseases of heart	187.9
	Malignant neoplasms	184.1
	Accidents	57.1
	Chronic lower respiratory diseases	35.1
	Cerebrovascular diseases	32.8
St. Charles	Diseases of heart	191.1
	Malignant neoplasms	165.9
	Accidents	50.3
	Alzheimer Disease	47.6
	Cerebrovascular diseases	44.1
Terrebonne	Diseases of heart	203.1
	Malignant neoplasms	195.2
	Accidents	72.3
	Cerebrovascular diseases	42.6
	Chronic lower respiratory diseases	40.3

*Preliminary data shows that COVID-19 was a leading cause of death in Louisiana in 2020. Validated data from 2020 is not yet available at the parish level.

CHRONIC HEALTH CONDITIONS

Community	High blood pressure	High cholesterol	Heart disease	14+ days of poor mental health	14+ days of poor physical health
Lafourche	39%	39%	9%	17%	15%
St. Charles	38%	37%	7%	15%	13%
Terrebonne	38%	38%	9%	17%	17%
Louisiana	39%	38%	12%	16%	14%

CANCER

Community	All cancer types, age-adjusted incidence rates per 100,000
St. Charles	462.1
Louisiana	481.0
Lafourche	491.2
Terrebonne	509.3

Community	Breast cancer, age-adjusted incidence rates per 100,000	Breast cancer, age-adjusted death rates per 100,000
Terrebonne	113.0	28.5
Lafourche	116.7	23.5
Louisiana	125.9	22.8
St. Charles	134.9	21.9

Community	Colon and rectum cancer, age-adjusted incidence rates per 100,000	Colon and rectum cancer, age-adjusted death rates per 100,000
St. Charles	36.9	16.9
Louisiana	45.1	16.4
Lafourche	45.2	19.6
Terrebonne	51.6	20.0

Community	Lung and bronchus cancer, age-adjusted incidence rates per 100,000	Lung and bronchus cancer, age-adjusted death rates per 100,000
St. Charles	54.4	46.4
Lafourche	63.0	49.5
Louisiana	66.2	47.5
Terrebonne	80.7	56.1

Community	Prostate cancer, age-adjusted incidence rates per 100,000	Prostate cancer, age-adjusted death rates per 100,000
Lafourche	122.2	12.8
St. Charles	127.2	21.4
Louisiana	131.2	20.5
Terrebonne	132.9	19.3

STIs

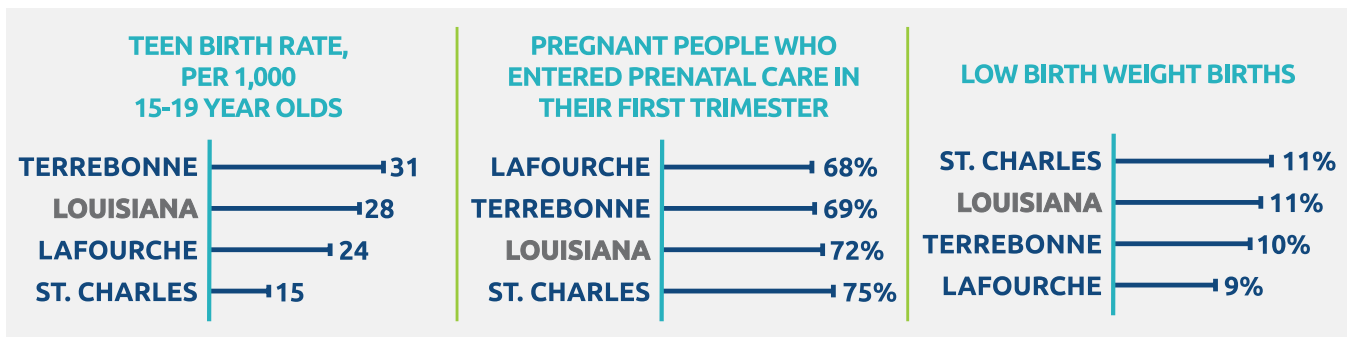
Community	Chlamydia incidence rate (per 100,000)	Gonorrhea incidence rate (per 100,000)
St. Charles	606.6	168.7
Lafourche	621.8	180.8
Louisiana	774.8	257.1
Terrebonne	809.2	278.4

Community	HIV/AIDS prevalence rate (per 100,000)
Lafourche	184.0
Terrebonne	243.5
St. Charles	267.9
Louisiana	541.0

MATERNAL AND CHILD HEALTH

Community	Child death rate (per 100,000)
St. Charles	48
Lafourche	61
Terrebonne	67
Louisiana	70

Community	Infant mortality rate (per 1,000 live births)
St. Charles	6
Lafourche	7
Louisiana	8
Terrebonne	8



APPENDIX G: SECONDARY DATA SOURCES

Section	Focus Area	Measure Description	Source	Year	Accessed via
Demographics	Population	Population estimate trend by parish	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Age	% population under 18	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Age	% population 65 and over	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic Black	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic White	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic Asian	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% Hispanic	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Gender	% population identified as female	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Rural/urban	% population living in a rural area	Census Population Estimates	2010	County Health Rankings, 2021
Social and Economic Factors	Educational attainment	% population 25 and older with high school graduate or higher	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Social and Economic Factors	Educational attainment	% population 25 and older with Bachelor's degree or higher	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Social and Economic Factors	Violent crime rate	Annual violent crime rate (per 100,000)	FBI Uniform Crime Reports	2015-2019	CARES HQ, 2021
Social and Economic Factors	Homicide death rate	Number of deaths due to homicide per 100,000 population	National Center for Health Statistics- Mortality Files	2013-2019	County Health Rankings, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Social and Economic Factors	Income	Median household income	Small Area Income and Poverty Estimates	2019	County Health Rankings, 2021
Social and Economic Factors	Households that earn less than the basic cost of living	% households that are below the ALICE threshold (households that earn less than the basic cost of living)	ALICE Threshold, American Community Survey	2007-2018	ALICE Parish Profiles, 2018
Physical Environment	Smart device access	% households with a smart device	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Physical Environment	Internet access	% households with a broadband Internet subscription	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Physical Environment	Housing cost burden	% households that spend 30% or more on housing costs	American Community Survey	2015-2019	CARES HQ, 2021
Physical Environment	Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking Network	2016	County Health Rankings, 2021
Physical Environment	Food insecurity	% population who lack access to food	Map the Meal Gap	2018	County Health Rankings, 2021
Clinical Care	Speaks language other than English	% population 5 and older, speaks language other than English	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Clinical Care	Limited English proficiency	% population 5 and older, speaks language other than English, speaks English "less than very well"	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Clinical Care	Uninsured	% population uninsured	American Community Survey	2015-2019	CARES HQ, 2021
Clinical Care	Primary care physicians	Primary care physicians per 100,000 population	Area Health Resource File, American Medical Association	2018	County Health Rankings, 2021
Clinical Care	Dentists	Dentists per 100,000 population	Area Health Resource File, National Provider Identification File	2019	County Health Rankings, 2021
Clinical Care	Mental health providers	Mental health providers per 100,000 population	CMS, National Provider Identification	2020	County Health Rankings, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	STI	Chlamydia incidence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	STI	Gonorrhea incidence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	STI	HIV/AIDS prevalence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	Smoking	% adults current smoking	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Physical inactivity	% adults with no leisure-time physical activity	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Obesity	% adults with BMI ≥ 30	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	High blood pressure	% adults who report ever being diagnosed with high blood pressure	Behavioral Risk Factor Surveillance System	2017	CDC PLACES, 2021
Health Behaviors and Outcomes	High cholesterol	% adults who report being diagnosed with high cholesterol	Behavioral Risk Factor Surveillance System	2017	CDC PLACES, 2021
Health Behaviors and Outcomes	Coronary heart disease	% adults who report ever being told by a health professional that they have angina/coronary heart disease	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Diabetes	% adults who report ever being told by a health professional that they have diabetes	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Poor mental health	% adults who report 14+ days in past 30 days during which mental health was not good	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Poor physical health	% adults who report 14+ days in past 30 days during which physical health was not good	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Life expectancy	Average number of years a person is expected to live at birth	National Center for Health Statistics- Mortality Files	2017-2019	County Health Rankings, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	Child death rate	Number of deaths among children under age 18 per 100,000 population	National Center for Health Statistics- Mortality Files	2016-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Drug overdose death rate	Number of drug poisoning deaths per 100,000 population	National Center for Health Statistics- Mortality Files	2017-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Suicide death rate	Number of deaths due to suicide per 100,000 population	National Center for Health Statistics- Mortality Files	2015-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Top 5 causes of death	Age-adjusted death rate per 100,000 for top 5 causes of death	CDC WONDER- Underlying Cause of Death	2015-2019	CDC Wonder
Health Behaviors and Outcomes	All cancer- death rate	All cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	All cancer- incidence rate	All cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Breast cancer- death rate	Breast cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Colon and rectum cancer- death rate	Colon and rectum cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Colon and rectum cancer- incidence rate	Colon and rectum cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Lung and bronchus cancer- death rate	Lung and bronchus cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Lung and bronchus cancer- incidence rate	Lung and bronchus cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Prostate cancer- death rate	Prostate cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Prostate cancer- incidence rate	Prostate cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	Teen birth rate	Teen birth rate, per 1,000 15-19 year old	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	Prenatal care	% entered prenatal care in 1st trimester	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	Low birth weight	% of all births born at a low birth weight	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	Infant mortality rate	Infant mortality rate, per 1,000 live births	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	COVID vaccination	% individuals with COVID vaccination series completed	LDH	2021 (Oct. 11)	Louisiana Department of Health, COVID-19 Data Dashboard
Health Behaviors and Outcomes	COVID vaccination	% individuals with COVID vaccination series completed	LDH	2021 (Oct. 11)	Louisiana Department of Health, COVID-19 Data Dashboard