



2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Ochsner Medical Center – Baton Rouge

Drafted October 2021

Adopted by hospital facility December 18, 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 accompanying Community Health Improvement Plan (CHIP) reports for participating hospitals across the area.

This report serves as the 2021 CHNA report for Ochsner Medical Center - Baton Rouge, who defined the community as those parishes where most of their patients reside: East Baton Rouge, Iberville, and Livingston. This report summarizes the findings of the Baton Rouge area CHNA and describes the health needs identified as top priorities. LPHI used a collaborative mixed methods approach to determine significant needs and concerns in the community. Community input was gathered through interviews, focus groups, and an electronic survey, with a particular focus on those with special knowledge of public health, and representatives of vulnerable populations in the communities served by the hospital. Community input drove the determination of significant concerns for this CHNA and therefore the priorities.

The CHNA revealed six significant concerns in the Baton Rouge area: access to and continuity of care, mental and behavioral health, health equity and discrimination in healthcare, environment, infrastructure (transportation, housing), and poverty (income inequality). As a result of the CHNA prioritization process, the hospital identified the three community health needs noted below as top priorities.

ACCESS TO AND CONTINUITY OF CARE

Concerns about access to care were evident in various data sources used for the CHNA. Geographically speaking, rural parts of the community do not have healthcare facilities, which means residents must travel long distances to be seen. Lack of affordable insurance options emerged as a barrier to care for the community. Community members who use Medicaid found it difficult to find providers that accept it. Finally, time was identified as a barrier to care, including time needed traveling to a healthcare facility, time spent waiting to be seen, and the short amount of time people spend interacting with a provider.

MENTAL AND BEHAVIORAL HEALTH

Community participants identified mental health conditions, substance abuse, addiction, excessive alcohol use, and trauma as being major problems in their communities. Stress is a key factor affecting the mental well-being of community members of all ages. A variety of factors contribute to stress in the community, such as cost of living and COVID-19. At the same time, there is a lack of mental health support in the community to help residents address these issues.

HEALTH EQUITY AND DISCRIMINATION IN HEALTHCARE

Health equity and discrimination in healthcare affects patient engagement, access to care, and quality of care. The CHNA uncovered examples of healthcare systems discriminating against marginalized communities based on race, language, and immigration status. Previous experiences of discrimination contribute to a lack of trust in the healthcare system at the personal and community levels. Discrimination is associated with poor health outcomes.

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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 CHNAs 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 prior 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. The virus that causes 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.

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 healthcare 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>

According to the Centers for Disease Control and Prevention (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.

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 uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity frameworks. Collaboration and engagement are 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. Secondary data was also analyzed and incorporated (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 Medical Center – Baton Rouge (OMC - Baton Rouge). OMC - Baton Rouge, a 150-bed hospital located in Baton Rouge, Louisiana, is a non-profit hospital serving East Baton Rouge, Iberville, Livingston, and the surrounding Parishes. OMC - Baton Rouge has a rich history and a strong foundation of healthcare services along with a deep commitment to the health and well-being of its residents. OMC - Baton Rouge is also a participant of [Healthy BR](#), in partnership with other Baton Rouge Hospitals and organizations to promote a better and healthier life for all people in the city of Baton Rouge.

Health assessments facilitate strategic data collection and analysis to understand where and why health outcomes differ across a parish, 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 hospital websites for future reference, feedback, and use by the public.

This CHNA serves multiple purposes:

- Provides hospitals and health systems with the information they need to deliver community benefits that can be targeted to address the specific needs of their communities.
- Meets IRS requirements for non-profit hospitals.
- Can inform 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 prioritizing.

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

⁴ Centers 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, OMC - Baton Rouge defines their community as the geographic area where most (over 50%) of their patients reside, which includes East Baton Rouge, Iberville, and Livingston Parishes. This community includes medically underserved, low-income, and minority populations. The three parishes together will be referred to as the Baton Rouge (BR) area throughout the report.

The population of the BR area is described in the figures below.⁵

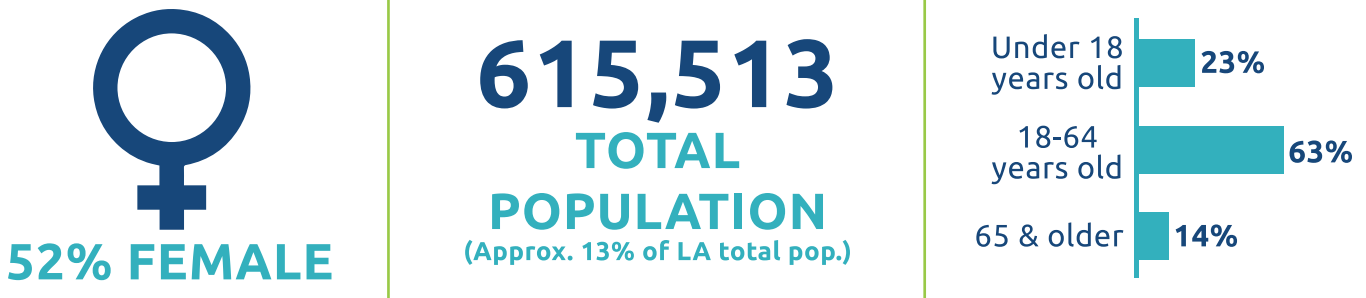


Table 1 shows demographics by parish compared to Louisiana. The most populous parish in the BR area is East Baton Rouge Parish. East Baton Rouge and Iberville Parishes are predominately non-Hispanic Black, while Livingston Parish is predominately non-Hispanic White. The percent of non-Hispanic Asian residents is higher than state levels (1.7%) in East Baton Rouge Parish (3.2%). The percent of Hispanic residents is lower than state levels (5.1%) in all three parishes in the BR area.⁶ Iberville and Livingston Parishes have a higher percentage of the population living in rural areas than Louisiana.⁷

TABLE 1. DEMOGRAPHICS OF BR AREA COMPARED TO LOUISIANA

Community	Population	% non-Hispanic White	% non-Hispanic Black	% non-Hispanic Asian	% Hispanic	% Rural
East Baton Rouge	443,763	44.6%	46.0%	3.2%	4.2%	6.9%
Iberville	328,22	47.7%	48.1%	0.0%	2.6%	59.2%
Livingston	138,928	87.7%	5.9%	0.6%	3.7%	41.1%
Louisiana	4,664,362	58.7%	32.0%	1.7%	5.1%	26.8%

⁵American Community Survey. (2015-2019).

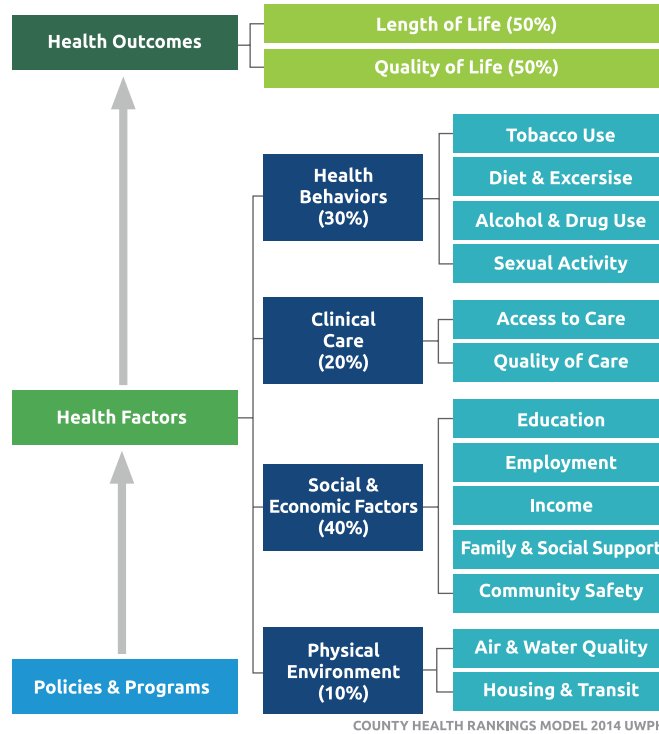
⁶American Community Survey. (2015-2019).

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

KEY FINDINGS FROM THE BATON ROUGE AREA

Below are quantitative (community survey and secondary data) and qualitative (interviews and focus groups) findings from the BR area. 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 below.⁹



SOCIAL AND ECONOMIC FACTORS

There are many factors outside of clinical care that affect the health of residents and communities in the BR area. Qualitative participants and survey respondents indicated the importance of social and economic factors, such as poverty and income inequality, as well as educational opportunity.

A geographic north - south divide across Baton Rouge was a common theme among participants, including differences in race, finances, social connectedness, and opportunity.

“Baton Rouge is portrayed...and to a certain extent it’s real, as a divided community. If you’re more divided than you are together, you feel not valued, not heard.” -NGO Director

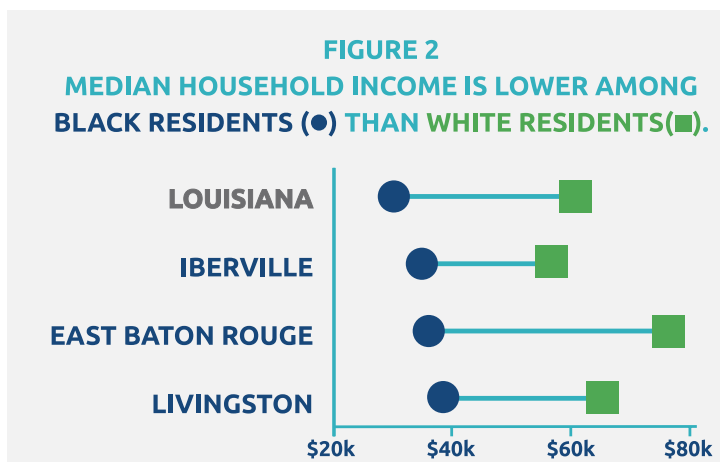
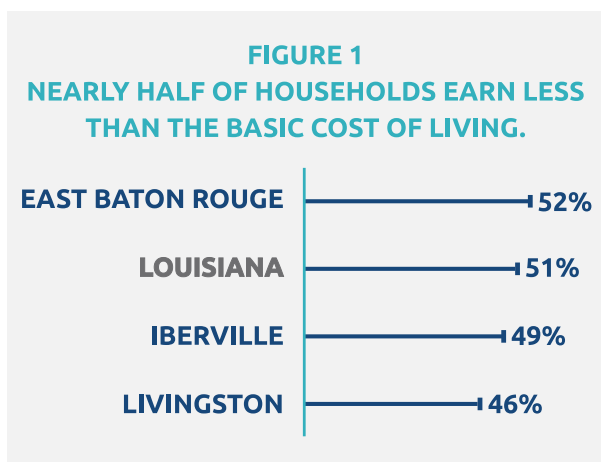
⁸United Health Foundation. (2021). America's Health Rankings 2020 Annual Report. Retrieved from <https://www.americashealthrankings.org/learn/reports/2020-annual-report>
⁹County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

POVERTY AND INCOME INEQUALITY

64% 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 and survey respondents indicated that economic divides and inequities in economic opportunity are key factors driving adverse health outcomes. **Qualitative participants described people struggling to find employment and working multiple jobs just to make ends meet.**

This is supported by secondary data, which show that nearly half of households in all BR area parishes earn less than the basic cost of living (Figure 1).¹¹ Qualitative participants expressed that those individuals who work lower-wage jobs often cannot prioritize their and their family's health due to the threat that they might lose their job if they take time off, as well as other job-related healthcare access issues.



Furthermore, qualitative participants stated that there are inequities in access to employment among the northside and southside of BR. Inequities also exist along the lines of race. Secondary data show that in all parishes in the BR area, Black residents have a lower median income than White residents (Figure 2).¹² **In East Baton Rouge Parish, Black residents earn half of what White residents earn.**¹³

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

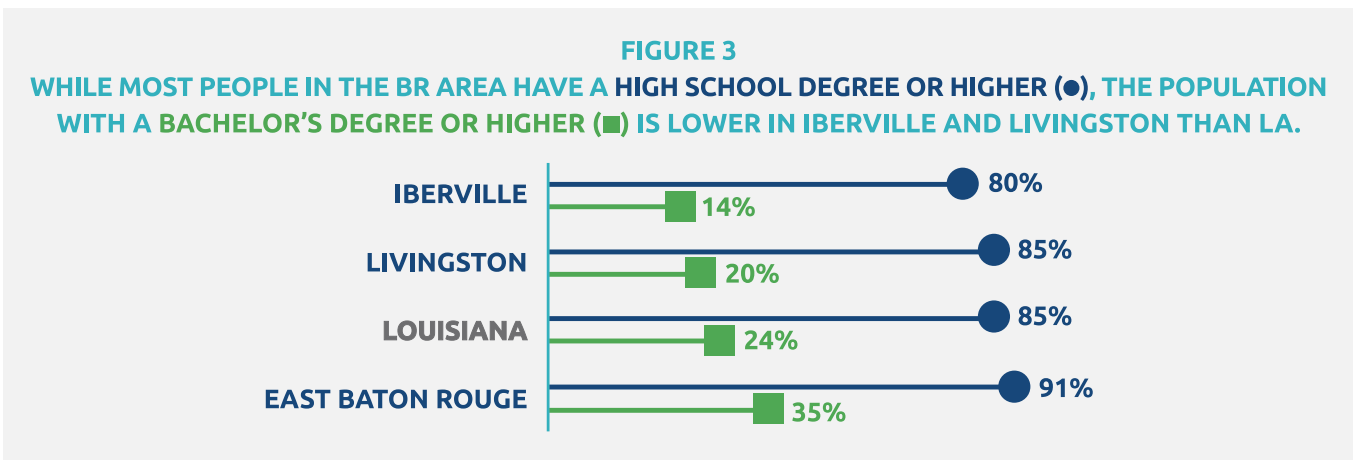
¹¹ALICE Threshold, American Community Survey. (2007-2018). Retrieved from ALICE Parish Profiles, 2018

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

¹³Small Area Income and Poverty Estimates. (2019). Retrieved from County Health Rankings, 2021.

EDUCATIONAL OPPORTUNITY

Higher educational attainment is linked to greater life expectancy, as well as other positive health outcomes.¹⁴ However, **in Iberville and Livingston Parishes, higher educational attainment lags behind state averages** (Figure 3).¹⁵ Qualitative participants perceived that people in the BR area have low health literacy, regardless of their level of educational attainment, and survey respondents expressed concerns about the quality of education in the BR area.



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

PHYSICAL ENVIRONMENT

"We talk about the culture of a community and it's not just whether a group listens to this music, but the actual culture, the physical environment that people have to experience. **I think that's the thing that we have to aggressively address, [the] physical environment in which people live.**" -Community Activist

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.¹⁶ Qualitative participants and survey respondents emphasized poor infrastructure factors, such as transportation, housing, food insecurity, and access to technology. They also discussed how pollution, as well as access to parks and green spaces, affect community health in the BR area.

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

¹⁵ American Community Survey. (2015-2019).

¹⁶ County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

LACK OF TRANSPORTATION OPTIONS

Qualitative participants and survey respondents pointed to **transportation as a significant issue** facing their communities. The following issues with transportation were emphasized by qualitative participants:

- Poor quality public transportation.
- Transportation affects access to healthcare and accompanying resources.
- Community members on certain sides of the region experience more barriers.
- Limited awareness of free or low-cost transportation programs, especially those for older adults.

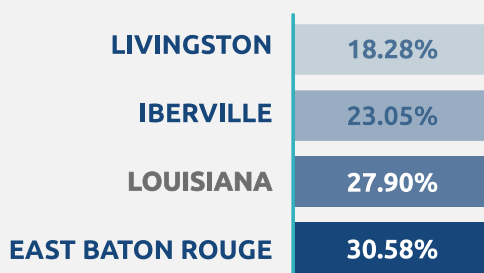
64% OF SURVEY RESPONDENTS DISAGREED
WITH THE STATEMENT, **"ALL PEOPLE HAVE ACCESS TO RELIABLE
PUBLIC TRANSPORTATION IN MY COMMUNITY."**

HOUSING CHALLENGES

"Let's address the most immediate issue and that is housing. Address housing, then provide drug counseling; provide housing, then provide mental health." -Community Activist

Research shows that residents facing housing insecurity are more likely to delay care and report poor health status than residents with stable housing.¹⁷ **Nearly a third of households in East Baton Rouge Parish are housing cost burdened**, meaning that they spend 30% or more of their income on housing costs (Figure 4).¹⁸ Additionally, some qualitative participants doubted whether housing is even available in BR, regardless of cost.

FIGURE 4
IN EAST BATON ROUGE PARISH, NEARLY A THIRD OF HOUSEHOLDS ARE HOUSING COST BURDENED.



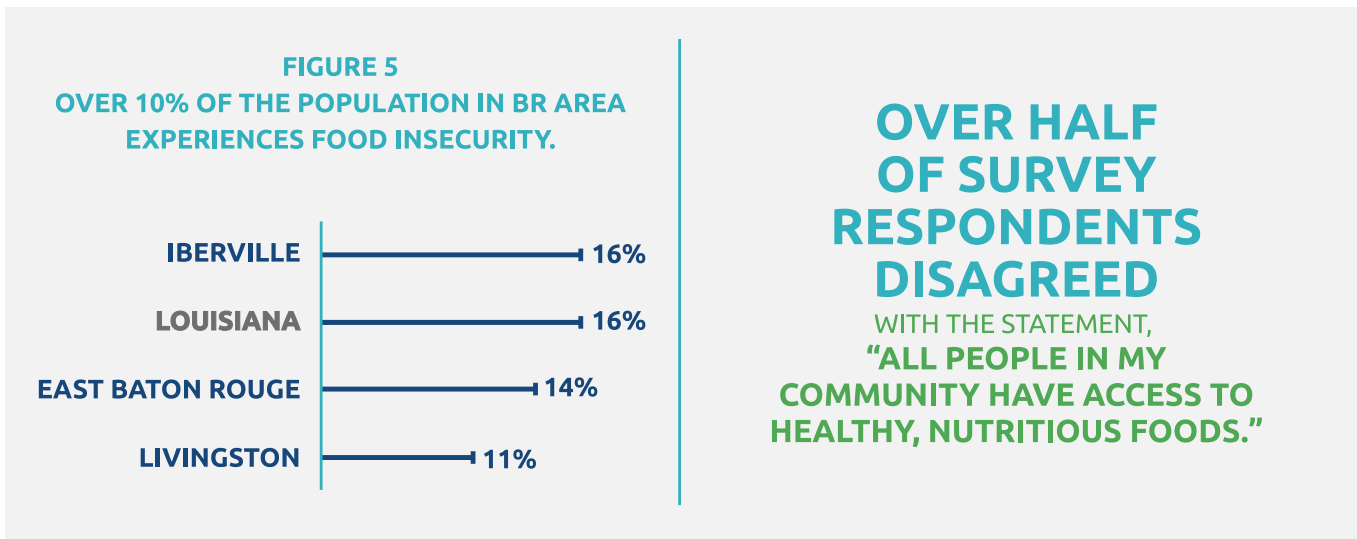
NEARLY 7 IN 10
SURVEY
RESPONDENTS
DISAGREED
WITH THE STATEMENT,
"ALL PEOPLE IN
MY COMMUNITY LIVE IN
SAFE, AFFORDABLE HOUSING."

¹⁷Stahre M, VanEenwyk J, Siegel P, Njai R. (2011). Housing Insecurity and the Association with Health Outcomes and Unhealthy Behaviors. Retrieved at https://www.cdc.gov/pcd/issues/2015/14_0511.htm

¹⁸American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

FOOD INSECURITY

Food insecurity, or limited access to adequate food, is associated with poor physical and mental health outcomes, including increased risk of chronic diseases.¹⁹ Qualitative participants and survey respondents identified access to food as a significant issue in the BR area. Qualitative participants used the language of “food deserts” to express that there were **barriers to accessing nutritious foods, including cost and neighborhood proximity to places to buy food**. For example, while there was recognition that farmers markets are held within the region, qualitative participants expressed that they are not accessible for all community members. Secondary data show that over 10% of residents in the BR area experience food insecurity (Figure 5).²⁰



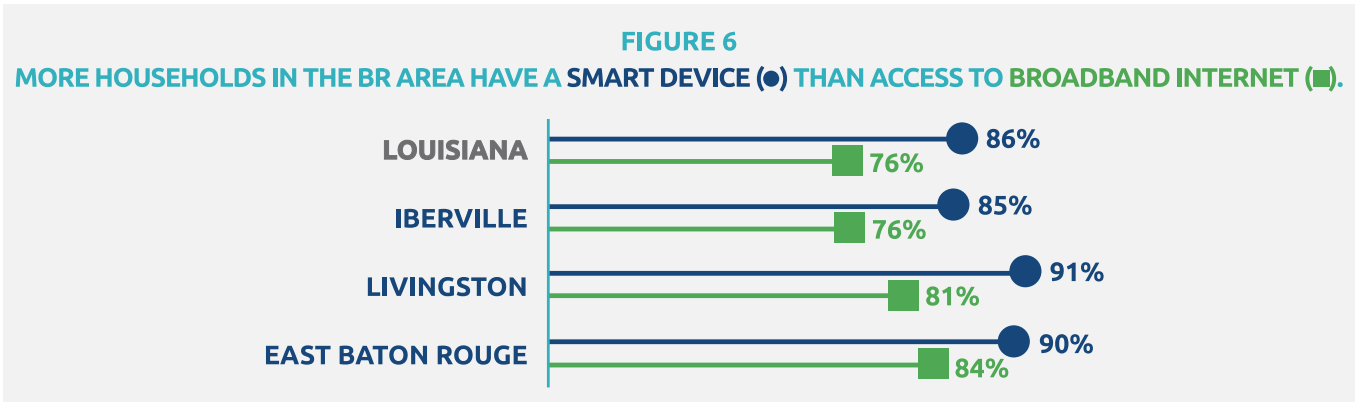
TECHNOLOGY EXACERBATES INEQUITY

A final infrastructural factor revealed by the assessment was access to technology. Qualitative participants shared that, though technology is an asset, there is a digital divide that causes people without access to technology to miss out on crucial information. They noted that older adults, in particular, face this issue due to lack of access as well as digital literacy gaps.

¹⁹Michael 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>

²⁰Map the Meal Gap. (2018). Retrieved from County Health Rankings, 2021

Furthermore, qualitative participants expressed that, though the COVID-19 pandemic pushed telehealth forward, it created an additional **barrier to care for those who do not have access to high-speed internet**. The secondary data show that although many households in the BR area have access to smart devices, household access to broadband internet is more limited (Figure 6).²¹



POLLUTION

Qualitative participants shared their concerns about pollution produced by industrial plants in their neighborhoods and accompanying health issues. Participants expressed that **communities of color are the most impacted by environmental pollutants due to their proximity to the plants**. Secondary data show that, in all BR area parishes, incidence rates and death rates of cancer are higher among Black residents than White residents.²² Qualitative participants explained that this disparity is compounded with the effects of other racial disparities, such as access to health care and poverty. See Appendix F for additional data.

“You have the Exxon plant that’s not too far that, probably all the time, is kicking out **all types of pollution in the air.**” -Community Activist

ACCESS TO PARKS AND GREEN SPACES IS AN ASSET

Qualitative participants and survey respondents saw access to parks and green spaces as an asset of the BR area. In particular, qualitative participants spoke highly of Parks and Recreation in East Baton Rouge (BREC) and their programming, which is suitable for various ages. Qualitative participants also shared that they saw an increase in usage of green spaces and walking or biking paths during the COVID-19 pandemic. However, participants also mentioned that some neighborhoods are not safe for playing or walking.

8 IN 10 SURVEY RESPONDENTS AGREED WITH THE STATEMENT, “THERE ARE PARKS AND GREEN SPACES IN MY COMMUNITY.”

²¹American Community Survey. (2015-2019).

²²National Cancer Institute/Centers for Disease Control and Prevention. (2013-2017; 2014-2018).

CLINICAL CARE

Access to affordable, high-quality clinical care can improve the health and well-being of communities through the prevention and detection of diseases.²³ This section will also include health equity and discrimination in healthcare, which was emphasized by qualitative participants and can contribute to inequitable health outcomes.

ACCESS TO CARE

64% OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "EVERYONE IN MY COMMUNITY CAN ACCESS THE HEALTH CARE THEY NEED."

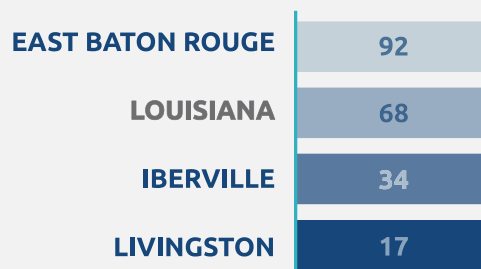
Qualitative participants emphasized various factors that inhibit access to care, including **location and time-related issues:**

- Closures of hospitals limited access to providers.
- Differences in care based on location within the region; lack of hospitals and clinics in rural areas.
- Ambulances may not reach people in a timely manner because of long distances.
- Access to specialized care is even more challenging and delayed due to location and wait times.
- Long waiting lists means it takes a long time to get to an appointment.
- Once at the clinic, people must wait for their appointment and the care feels rushed so there is no opportunity to build rapport with providers.

Concerns about availability of providers are supported by the secondary data, which show that there are fewer primary care physicians per capita in Iberville and Livingston Parishes, compared to the state rate (Figure 7).²⁴

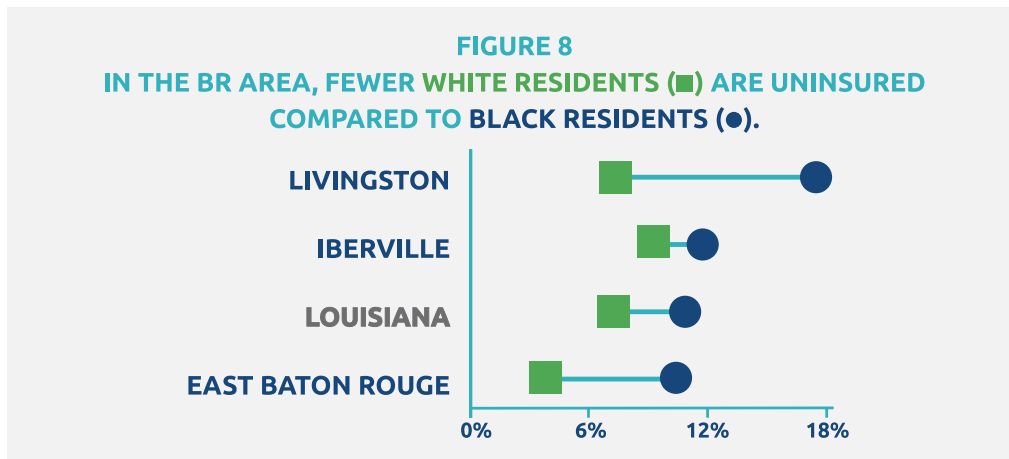
"I do have some kids with mental and behavioral developmental issues, and there is no pediatric speech therapist, occupational therapist in their town. They live way, way out. So, they're having to try to find transportation, once a week, having to **drive 45 minutes there for 45 minutes of therapy, and then drive 45 minutes home.**" -Medical Provider

FIGURE 7
IN IBERVILLE AND LIVINGSTON PARISHES, THERE ARE FEWER PRIMARY CARE PHYSICIANS (PER 100,000 POPULATION) COMPARED TO THE STATE RATE.



²³County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

²⁴Area Health Resource File, American Medical Association. (2018). Retrieved from County Health Rankings, 2021



Qualitative participants also mentioned **insurance as a major barrier to care**. They expressed that community members face challenges in getting affordable insurance and shared that, even if people have insurance, it can be hard to find providers who take their insurance, especially Medicaid. Participants emphasized that those who are uninsured and underinsured face the greatest challenges in accessing care. They shared that access to care can vary within families; even if parents have insurance, it does not mean the children do, and vice versa. Secondary data show that there are inequities in who has access to insurance. In every parish in the BR area, a higher percentage of Black residents are uninsured compared to White residents (Figure 8).²⁵ Additionally, in East Baton Rouge and Livingston Parishes, a higher percentage of Hispanic residents are uninsured compared to non-Hispanic residents of any race.²⁶

“[Patients] feel like that is the time where they want to seek out professional medical treatment, but yet then **they can’t find somebody that will actually accept their insurance.**” -Hospital Administrator

Qualitative participants mentioned the use of **school settings as a venue to increase access to care**, in particular for behavioral health. They shared that nurses and other healthcare professionals should be present in schools to not only help the students get familiar with interacting with healthcare professionals, but also help meet their clinical needs. School-based health professionals could also educate and reinforce healthy lifestyles at an early age.

HEALTH EQUITY AND DISCRIMINATION IN HEALTHCARE

Health equity and discrimination in healthcare affects individuals’ access to quality care as well as their willingness to seek care,²⁷ and was an issue elevated by our participants. Qualitative participants noted that, **for Black patients, a history of discrimination and substandard care, as well as their own personal negative experiences with providers, contribute to a lack of trust in the healthcare system.**

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/>

“But I would say **the most significant cause of the hesitancy is that so many people have personal testimonies**. Just in this conversation, I’ve shared three stories about my own personal distrust for the health system, rooted in these experiences.” -Community Activist

In addition, participants expressed that **language-minority populations experience a lack of resources needed for adequate care**. While translators may be available during appointments, accompanying resources such as signage in hospitals and health education materials are often not available in needed languages, creating disparities in the accessibility of health information.

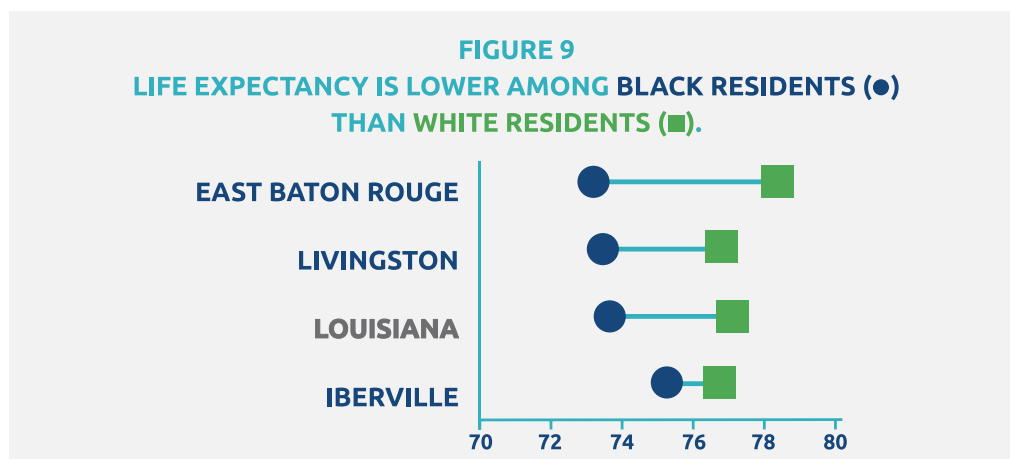
HEALTH BEHAVIORS AND OUTCOMES

Health behaviors, or the actions people take that affect their health, can affect individuals’ risk of disease. Health outcomes reflect the physical and mental well-being of communities.²⁸ 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, COVID-19, and sexually transmitted infections.

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 the BR area. One important measure of health is average life expectancy. All parishes in the BR area have an average life expectancy equal to or higher than the average life expectancy for Louisiana (76.1 years).³⁰

However, there are significant disparities in life expectancy by race. **In all three BR parishes, Black residents have lower average life expectancy than White residents**, with the largest disparity in East Baton Rouge Parish (Figure 9).³¹

AVERAGE LIFE EXPECTANCY IS APPROXIMATELY 76 YEARS OF AGE IN THE BR AREA. HOWEVER...



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

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

BEHAVIORAL HEALTH

NEARLY 7 IN 10 SURVEY RESPONDENTS
 REPORTED THAT **MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE AND ADDICTION** WERE **MAJOR PROBLEMS** FOR THEIR COMMUNITY.

“Obviously, especially coming out of COVID, I think you could attach mental health to the homeless issue, to probably some of the violence issues, to some of the other things that are going on around our community.” -NGO Director

Behavioral health, which includes mental health and substance use, was a key concern arising from the assessment’s qualitative and quantitative data. Many qualitative participants discussed **stress as a key contributor to behavioral health issues** for various populations, including youth. They shared that the costs of living, including healthcare, food, and housing, causes significant stress. Additionally, participants noted that COVID-19 led to increased stress levels and has had negative effects on behavioral health due to increased isolation, violence, and homelessness. They explained that there is a **lack of mental health support**, so community members turn to self-medicating measures, leading to drug use, violence, and other concerns. This is supported by secondary data, which show that there are fewer mental health providers per capita in Iberville and Livingston Parishes compared to the Louisiana rate (Figure 10).³² Additionally, secondary data show that suicide and drug overdose death rates are higher in Livingston Parish than the Louisiana rates (Figure 11).³³

FIGURE 10
IN IBERVILLE AND LIVINGSTON PARISHES, THERE ARE FEWER MENTAL HEALTH PROVIDERS (PER 100,000 POPULATION) COMPARED TO THE STATE RATE.

EAST BATON ROUGE	413
LOUISIANA	304
IBERVILLE	252
LIVINGSTON	112

FIGURE 11
THE SUICIDE AND DRUG OVERDOSE DEATH RATES ARE HIGHER IN LIVINGSTON PARISH THAN THE LOUISIANA RATES.

COMMUNITY	DRUG OVERDOSE DEATH RATE (PER 100,000)	SUICIDE DEATH RATE (PER 100,000)
IBERVILLE	21	7
EAST BATON ROUGE	23	12
LOUISIANA	25	15
LIVINGSTON	37	17

³²CMS, National Provider Identification. (2020). Retrieved from County Health Rankings, 2021

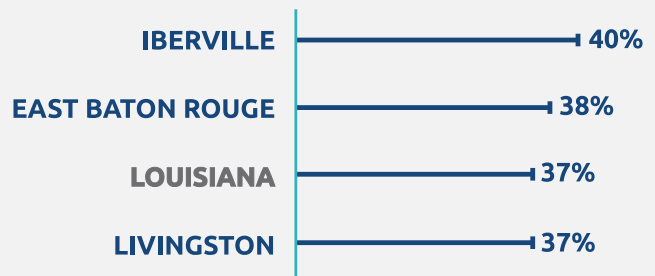
³³National Center for Health Statistics- Mortality Files (2017-2019; 2015-2019) Retrieved from County Health Rankings, 2021

OBESITY

NEARLY 7 IN 10 SURVEY RESPONDENTS

REPORTED THAT **WEIGHT
MANAGEMENT**
IS A **MAJOR PROBLEM**
FOR THEIR COMMUNITY.

FIGURE 12
37-40% OF ADULTS ARE OBESE IN THE BR AREA.



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 factors, including behaviors and environmental factors, such as access to walking trails and healthy foods.³⁴ **In the BR area, 37-40% of adults are obese** (Figure 12).³⁵

PHYSICAL INACTIVITY

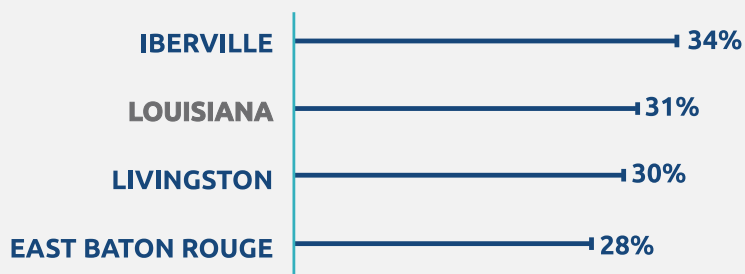
OVER HALF OF SURVEY RESPONDENTS
REPORTED THAT **PHYSICAL INACTIVITY** IS A **MAJOR PROBLEM**
FOR THEIR COMMUNITY.

In the BR area, 28-34% of adults lack physical activity (Figure 13).³⁶ 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.

Physical activity has numerous benefits for people of all ages and conditions, including:

- Healthy growth and development
- Reduced risk of chronic diseases
- Improved sleep
- Improved cognitive ability
- Increased ability to perform everyday activities³⁷

FIGURE 13
28-34% OF ADULTS IN THE BR AREA LACK PHYSICAL ACTIVITY.



³⁴Centers for Disease Control and Prevention. (2021). Adult Obesity Causes & Consequences. Retrieved from <https://www.cdc.gov/obesity/adult/causes.html>

³⁵Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

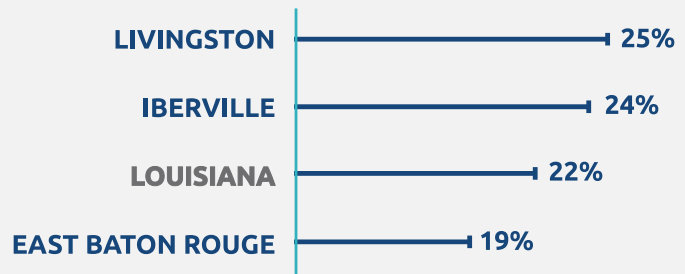
³⁶Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

³⁷Centers 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

FIGURE 14
ADULT SMOKING PREVALENCE RANGES FROM
19-25% IN THE BR AREA.



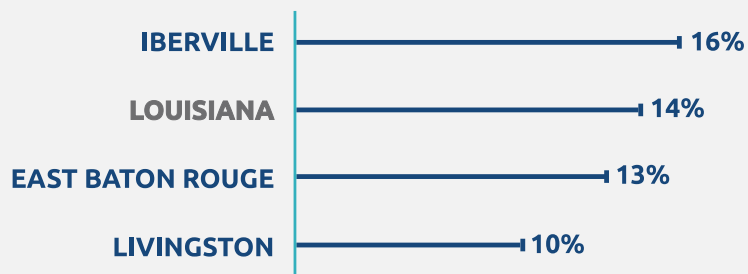
Smoking can lead to a variety of chronic health conditions, including cancer, heart disease, stroke, lung diseases, and type 2 diabetes. The effects of tobacco use go beyond the smoker and can impact others via secondhand smoke or adverse birth outcomes for infants of smokers. According to the CDC, "tobacco use is the leading cause of preventable disease, disability, and death in the United States."³⁸ **In the BR area, 19-25% of adults currently smoke, with adult smoking prevalence highest in Livingston and Iberville Parishes** (Figure 14).³⁹

DIABETES

In the BR area, 10-16% of adults report being told by a health professional that they have diabetes (Figure 15).⁴⁰ Diabetes can contribute to serious health problems such as heart disease, vision loss, and kidney disease over time.⁴¹

76% OF SURVEY RESPONDENTS
REPORTED THAT **DIABETES** IS A **MAJOR PROBLEM** FOR THEIR COMMUNITY.

FIGURE 15
10-16% OF ADULTS IN THE BR AREA REPORT BEING
DIAGNOSED WITH DIABETES.



³⁸Centers for Disease Control and Prevention. (2021). Tobacco Use. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm>

³⁹Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

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

⁴¹Centers for Disease Control and Prevention. (2020). Diabetes Basics- What is diabetes? Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

HEART DISEASE

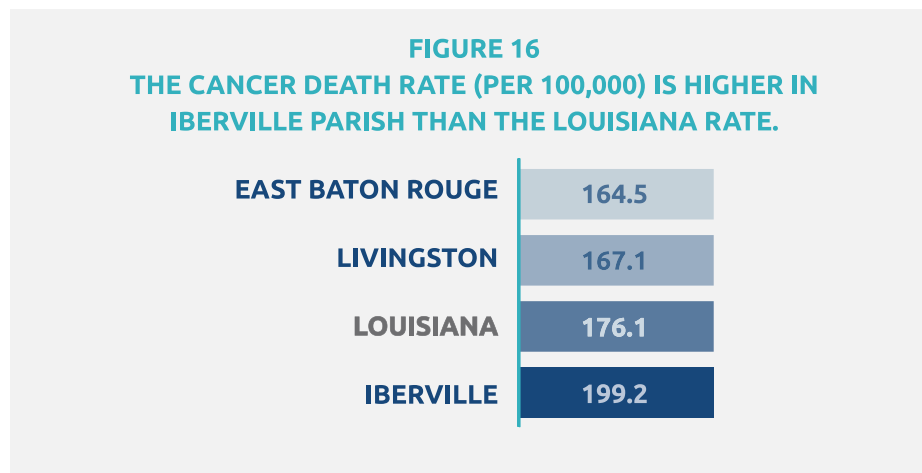
64% OF SURVEY RESPONDENTS
REPORTED THAT **HEART DISEASE IS A MAJOR PROBLEM**
FOR THEIR COMMUNITY.

Heart disease can lead to a heart attack or heart failure. Risk factors for heart disease include smoking, diabetes, obesity, and physical inactivity.⁴² These risk factors are prevalent in many parishes in the BR area. Though self-reported rates of heart disease are lower in BR parishes compared to Louisiana⁴³, **heart disease is the leading cause of death in all parishes in the BR area**, when adjusted for age.⁴⁴

CANCER

6 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 BR area, when adjusted for age.⁴⁵ The cancer death rate is higher in Iberville Parish than the Louisiana rate (Figure 16).⁴⁶



Leading risk factors for preventable cancers include:

- Smoking and secondhand smoke exposure
- Exposure to sun and tanning beds
- Overweight and obesity
- Excessive alcohol use
- Infectious diseases⁴⁷

⁴²Centers for Disease Control and Prevention. (2021). About Heart Disease. Retrieved from <https://www.cdc.gov/heartdisease/about.htm>

⁴³Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

⁴⁴CDC WONDER- Underlying Cause of Death. (2015-2019).

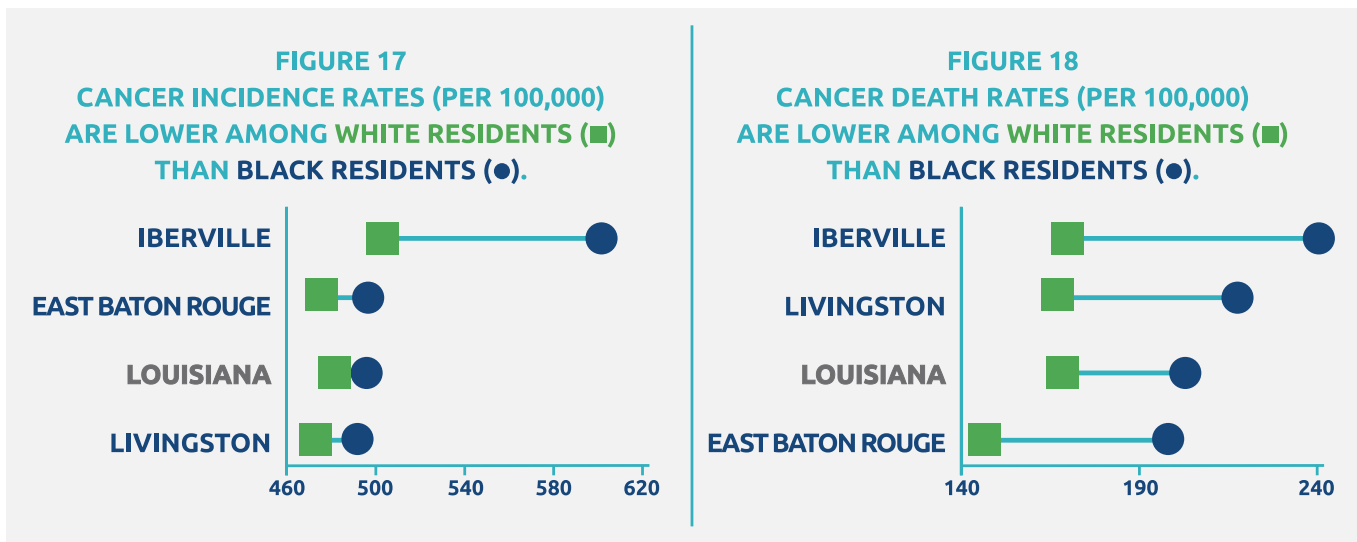
⁴⁵CDC WONDER- Underlying Cause of Death. (2015-2019).

⁴⁶National Cancer Institute/ Centers for Disease Control and Prevention. (2014-2018).

⁴⁷Centers for Disease Control and Prevention. (2020). Cancer. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/cancer.htm>

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

Communities of color are disproportionately affected by cancer due to a variety of factors, including barriers in access to care and negative environmental conditions.⁴⁸ In all parishes in the BR area, cancer incidence rates (Figure 17) and death rates (Figure 18) are lower among White residents than Black residents.⁴⁹



COVID-19

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 reported Louisiana’s first presumptive positive 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 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

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

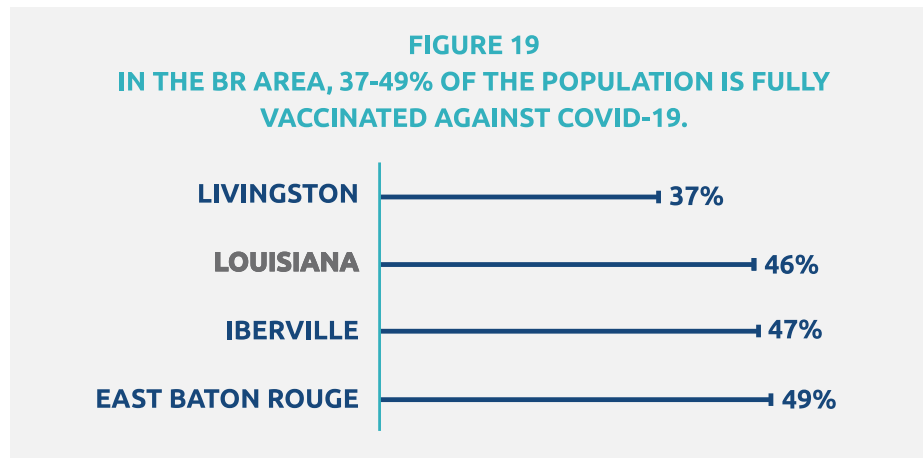
⁵⁰Mayo Clinic Staff. (2021). Coronavirus disease 2019 (COVID-19). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/svc-20479963>

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>

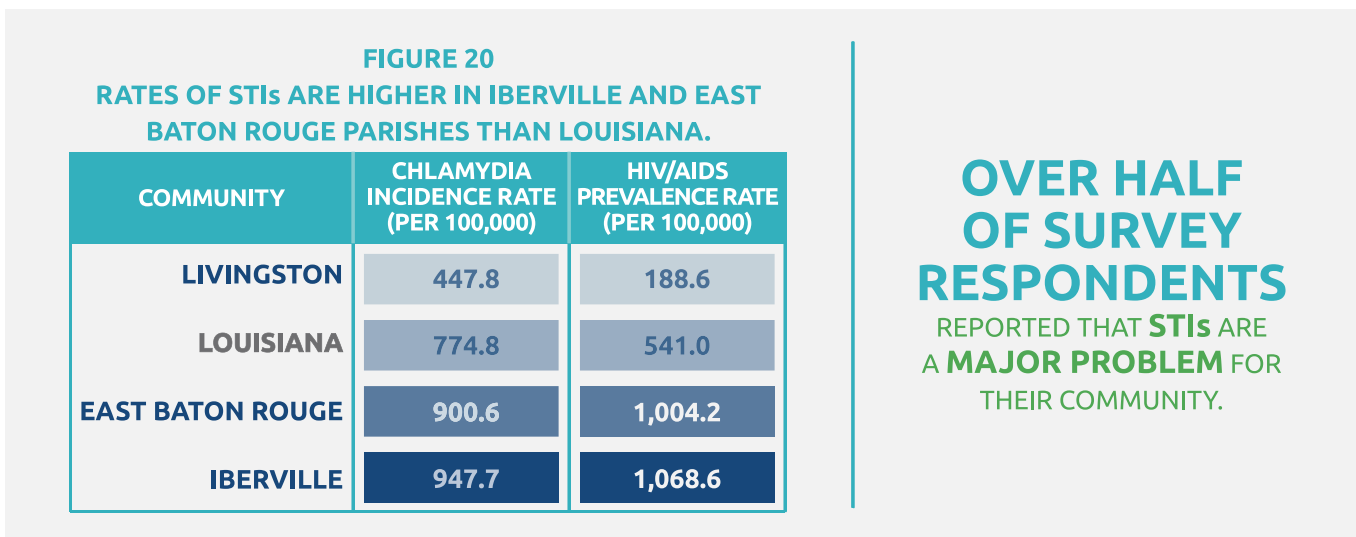
The best way to prevent COVID-19 is via vaccination.⁵⁴ As of October 11, 2021, 37-49% of the population was fully vaccinated in the BR area, **with the lowest vaccination rate in Livingston Parish** (Figure 19).⁵⁵ There is an ongoing push from local health providers and public health officials to increase vaccination rates in Louisiana.



For real-time data on COVID-19 cases, deaths, and vaccinations, please refer to the [Louisiana Department of Health COVID data dashboard](#).

SEXUALLY TRANSMITTED INFECTIONS (STIs)

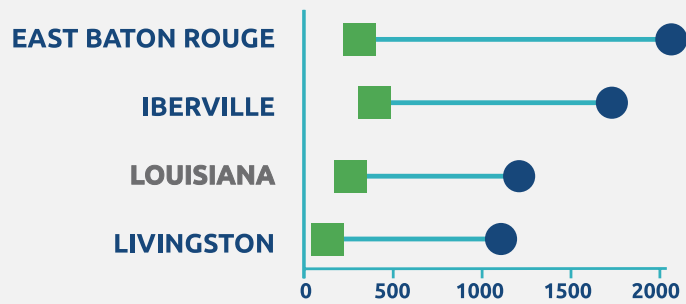
Chlamydia is one of the most common STIs in the United States and can lead to pelvic inflammatory disease or adverse birth outcomes if untreated.⁵⁶ HIV is an ongoing public health concern in the United States and rates of new diagnoses are highest in the South.⁵⁷ **In the BR area, incidence of chlamydia and prevalence of HIV/AIDS are higher in Iberville and East Baton Rouge Parishes than the Louisiana rates** (Figure 20).⁵⁸



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.
⁵⁶Centers for Disease Control and Prevention. (2021). Chlamydia- CDC Fact Sheet (Detailed). Retrieved from <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>
⁵⁷Centers of Disease Control and Prevention. (2021). HIV in the United States and Dependent Areas. Retrieved from https://www.cdc.gov/hiv/statistics/overview/ataglance.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Fstatistics%2Fbasics%2Fataglance.html
⁵⁸National Center for HIV/AIDS, Viral Hepatitis, STD, and TB. (2018). Retrieved from CARES HQ, 2021

Nationally, Black communities are disproportionately affected by HIV. This disparity may be associated with social and economic issues, racism, health equity and discrimination in healthcare, and other factors that create barriers for Black people to access HIV prevention and care services.⁵⁹ In all parishes in the BR area, HIV/AIDS prevalence rates are lower among White residents than Black residents (Figure 21).⁶⁰

FIGURE 21
HIV/AIDS PREVALENCE RATES (PER 100,000) ARE LOWER AMONG
WHITE RESIDENTS(■) THAN BLACK RESIDENTS(●).



⁵⁹Centers for Disease Control and Prevention. (2021). HIV and African American People. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

⁶⁰National Center for HIV/AIDS, Viral Hepatitis, STD, and TB. (2018). Retrieved from CARES HQ, 2021

SIGNIFICANT HEALTH ISSUES AND PRIORITIES

For the BR area, both quantitative and qualitative data were collected and analyzed to understand and elevate concerns and issues raised by diverse community members (community advocates, public health experts, providers) and across 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 and complexity 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 BR community:

- Access to and continuity of care
- Behavioral health
- Health equity and discrimination in healthcare
- Environmental factors
- Infrastructure (transportation, housing)
- Poverty and income inequity

While these areas of concern are listed as separate, they are all interconnected and impact one another as they drive health outcomes.

Focus group and interview participants also discussed resources in the community to address health needs, which are listed in Appendix B.

PRIORITIZATION FOR OMC - BATON ROUGE

LPHI met with OMC - Baton Rouge on October 4, 2021, via Zoom, to review key findings and begin prioritizing key concerns. An initial prioritization activity was conducted with participants using [Mentimeter](#). During this activity, participants rated each key concern based on their perceptions of how much of an **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 are shown below, with access to and continuity of care, behavioral health, infrastructure, and health equity and discrimination in healthcare ranking the highest for 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 2021 CHNA priorities for OMC - Baton Rouge are listed below.

2021 CHNA PRIORITIES FOR OMC - BATON ROUGE

ACCESS TO &
CONTINUITY
OF CARE

DISCRIMINATION
IN HEALTHCARE

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 the OMC - Baton Rouge 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 three-year CHIP describing how the hospital intends to address the key health concerns identified: access to and continuity of care, health equity and discrimination in healthcare, and mental and behavioral health. The CHIP will include:

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

The accompanying CHIP will be a separate written report, also adopted by the hospital facility.

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 BR area included:

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Charlene Ho, OMC - Baton Rouge
Christy Reeves, OMC - Baton Rouge
Jennifer McMahon, MHCNO, Louisiana Hospital Association
Jessica Diedling, Ochsner Health

The following LPHI team members managed the planning, data collection, analysis, writing, and editing of this report:

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Daniele Farrisi, Senior Program Manager, Family Health
Jessica Brewer, Program Coordinator, Monitoring, Evaluation, and Learning
Peggy Sanders, Clinical Integration Manager, Family Health
Rachel Powell, Qualitative Consultant
Trey Lewis, Senior Analyst, Monitoring, Evaluation, and Learning

The authors of this report thank community members and leaders across the BR 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) non-profit 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 OMC - Baton Rouge and four significant health needs were prioritized:

- Access to care
- Behavioral health
- Healthy living
- Sexually transmitted infections/HIV

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

ACCESS TO CARE

To improve access to comprehensive, quality healthcare services, a goal of Healthy People 2020, OMC - Baton Rouge, and Ochsner Medical Complex – Iberville’s Emergency Departments (ED), added multiple services so patients may have more access to specialized care, including the implementation of Telemedicine services: TeleTRIAGE, TelePSYCH, and TeleSTROKE. In response to COVID-19, rapid COVID-19 and Influenza point of care testing has been added. Both EDs have introduced ED Paramedics, being the first in the BR area.

Access to care has increased with behavioral health services now available at three new locations along the I-12 corridor. Virtual appointments increased by 48%, allowing further ease of access to behavioral health services across the state.

Ochsner’s strong, three-decades-long commitment to serving the BR area added another chapter in 2020 with the July opening of Ochsner Health Center - Bluebonnet South. The new \$5.3 million, 11,000 square-foot facility offers a full array of primary care, general pediatrics, obstetrics, and women’s services. Bluebonnet South is an example of Ochsner’s sustained investment to add facilities and capabilities in the BR area. The area is home to OMC - Baton Rouge, Ochsner Medical Complex - The Grove, Ochsner Medical Complex - Iberville, and Ochsner Cancer Center - Baton Rouge, as well as 12 additional Ochsner health centers, three therapy and wellness centers, and two urgent care centers. Spine and cranial services were added in 2019.

Ochsner uses digital medicine to support the Connected MOM program, which provides expectant mothers with a scale and blood pressure device that communicates with the Epic electronic health record system. UniteUs, a community referral program, allows Ochsner team members to connect patients with community-based resources.

Ochsner’s workforce development programs worked with Louisiana Community and Technical Colleges throughout Louisiana to host incumbent training and workforce development programs. The program in Baton Rouge trained 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

OMC - Baton Rouge tripled the size of the behavioral health department, adding four psychiatrists, two psychologists, two nurse practitioners, and seven licensed clinical social workers since 2020. In addition to adult psychiatric services, they now provide pediatric and adolescent psychiatry and psychology services.

OMC - Baton Rouge participated in the I Care Council, a Drug/Alcohol/Violence prevention program through East Baton Rouge Parish School System.

There was a 20% growth in unique patients served across Ochsner outpatient clinics for behavioral health and addictive disorders. During the COVID-19 pandemic, the Ochsner system conducted 90% of behavioral health visits virtually, seeing 10,780 patients through the MyOchsner patient portal.

HEALTHY LIVING

OMC - Baton Rouge initiated and maintained strategic partnerships to advance health and wellness-related activities for community members and patients.

Through collaboration with local restaurants, schools, and sports arenas, OMC - Baton Rouge provides the Ochsner Eat Fit Program. Registered dietitians review and select restaurant partner menus and certify "approved" Eat Fit options for community members to make healthy meal decisions. OMC - Baton Rouge provides the free eight-week "CHOP" after-school cooking program at local schools and community centers, teaching hands-on cooking skills to young people.

The Tobacco Control & Prevention Program at OMC - Baton Rouge offers a free tobacco cessation clinic for patients who are eligible for the tobacco trust program. System wide, over 10,400 unique patients demonstrated a 29.8% quit rate.

OMC - Baton Rouge also participates in the Mayor's Healthy Baton Rouge Coalition with other hospitals in the region, to work together to improve health outcomes. In 2020, OMC - Baton Rouge worked with Healthy Baton Rouge to drive COVID-19 response, healthy citizens initiatives, and the Mayor's Healthy BR Community Health Needs Assessment process. Additionally, OMC - Baton Rouge hosted "Safe Return to Business" informational webinars open to all businesses in the BR area.

SEXUALLY TRANSMITTED INFECTIONS/HIV

OMC - Baton Rouge and Ochsner Medical Complex - Iberville implemented the opt-out HIV/HCV testing program in the ED for all qualifying patients in early 2019. Baton Rouge was the first region within Ochsner Health to accomplish this. The key to this initiative is the LPN Care Coordinator housed in the Baton Rouge ED. This LPN Coordinator connects patients to care and coordinates education for frontline staff. Care Coordinators work closely with all tested patients to ensure that they receive their results in a timely manner and are linked to a care provider as efficiently as possible to review their care options. These Care Coordinators work with Rapid Start Navigators, employed by the state, to ensure patients are seen by a provider as quickly as possible. OMC - Baton Rouge's Infection Control nurses routinely work with the LDH Office of Public Health (OPH) regarding communicable diseases in the local population.

A virtual series, Project ECHO, was offered to all ED nurses to create further awareness of the need to reduce stigma of persons who use drugs and/or persons living with HIV or HCV. Handouts were created to educate patients who inject drugs on the risks involved, the proper use and disposal of needles and syringes, the importance of knowing one's status, and options available for those who are HIV/HCV positive.

APPENDIX B: LOCAL RESOURCES MENTIONED BY QUALITATIVE PARTICIPANTS

RESOURCES ADDRESSING SOCIAL AND ECONOMIC SUPPORT

Organization	Focus	Parish(es)	Notes
AARP - Baton Rouge	Resources and information for seniors and their caregivers.	Baton Rouge region	Senior membership benefits include opportunities to save money, play, learn, and volunteer, and access to health tools, dental and vision insurance, long-term and short-term care insurance, and more.
Baton Rouge Alliance for Students	Info on schools provided to clinics.	East Baton Rouge	The Alliance was created with a goal of ensuring that students are at the forefront of school improvement decisions in Baton Rouge, and that a diverse coalition of families, civic leaders, elected officials, and business leaders from across the Parish are engaged in driving a more successful future for students in EBR.
Capital Area Alliance for the Homeless (One Stop Services Center & Day Care Center)	Resources for individuals who become homeless.	Multiple	Provides emergency shelter, transitional housing, and permanent supportive housing for chronically homeless individuals, persons with a range of disabilities, and families experiencing homelessness for the first time. Also provides outreach, behavioral health referrals, substance abuse treatment, veterans services, life skills training, job training placement, youth shelters, and literacy/GED classes. They serve East & West Baton Rouge, Ascension, East & West Feliciana, Iberville, and Pointe Coupee.
Capital Area United Way	Community resources.	Multiple	United Way 211/CAUW provides local resources, disaster information, and mental health support 24/7, with a mission to improve lives by leveraging community partnerships to advance the common good through education, economic stability, and healthy living. Serves East Baton Rouge, West Baton Rouge, Livingston, West Feliciana, East Feliciana, St. Helena, Pointe Coupee, Iberville, Ascension, and St. James.
Catholic Charities Diocese of Baton Rouge	Community resources including counseling, transitional housing, and immigration services.	Baton Rouge region	Catholic Charities provides help to people struggling with poverty and other complex issues, regardless of their faith. Focus areas include transitional housing, stabilizing families and individuals, senior services, immigration and refugee services, and mental health counseling.
East Baton Rouge Parish Library	Book lending program, resource, and information hub.	East Baton Rouge	The East Baton Rouge Parish Library is a community service organization that connects citizens with information, resources, materials, technology, and experiences in order to make a positive difference in their lives.
First United Methodist Church of Baton Rouge	Worship and fellowship.	East Baton Rouge	A religious organization that provides worship services and ministry, preteen and senior groups, lunches and monthly road trips (prior to pandemic).
Golden Opportunity - Baton Rouge	50+ lifestyle program.	East Baton Rouge	Golden Opportunity is an Ochsner Medical Center 50+ lifestyle program which offers a broad array of wellness services, educational information, diagnostic screenings, social activities, and travel opportunities to support optimum health.
VET-Force	Small business assistance for veterans.	Baton Rouge region and U.S.	The Veterans Entrepreneurship Task Force advocates for additional assistance to veterans, with forming and expanding their own small businesses. LSU-Baton Rouge Executive Education hosts the Entrepreneurship Boot Camp for Military Veterans - Accelerate.

RESOURCES ADDRESSING THE PHYSICAL ENVIRONMENT

Organization	Focus	Parish(es)	Notes
BREC	Parks and recreation.	East Baton Rouge	BREC's mission is to contribute to a healthier, more vibrant community by providing exceptional parks, open spaces, and recreational experiences for all of East Baton Rouge Parish. Offers exercise programs, after-school activities, and parent training on healthy habits for kids.
Greater Baton Rouge Food Bank	Food and educational outreach.	Multiple	The Greater Baton Rouge Food Bank provides food and educational outreach through faith-based and other community partners. Serves East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, St. James, St. Helena, Pointe Coupee, Livingston, Assumption, and Ascension.
East Baton Rouge Council on Aging - Meals on Wheels	Meals for seniors.	East Baton Rouge	Provides meals to seniors in the program seven days a week, with meals pre-planned by a registered dietitian/nutritionist.

ADDITIONAL CLINICAL CARE RESOURCES

Organization	Focus	Parish(es)	Notes
Baton Rouge General Hospital	Inpatient and outpatient healthcare services including a smoking cessation program.	East and West Baton Rouge, Ascension, Livingston	Baton Rouge General offers comprehensive inpatient and outpatient healthcare services including a General Health & Wellness Center smoking cessation program.
Cardiac Institute of the South	Cardiovascular care services including a smoking cessation program.	Southeast LA	Offers advanced cardiovascular care, and research development of techniques and technology in the treatment of both coronary and peripheral artery disease. Offers a smoking cessation program.
LA Emergency Response Network (LERN)	Statewide care coordination for sudden illness, traumatic injury, or disasters.	Statewide	An agency of state government that develops and maintains a statewide system of care coordination for patients suddenly stricken by traumatic injury or time-sensitive illness and serves as a vital healthcare resource for larger scale emergencies and natural disasters.
Our Lady of the Lake Regional Medical Center - Baton Rouge	Inpatient and outpatient healthcare services including a smoking cessation program.	Baton Rouge region	A not-for-profit healthcare ministry with an 800-bed teaching hospital and Cancer Institute. Offers a 5-7-week smoking cessation program with free medications, counseling, and quit line coaching.
Ochsner Baton Rouge - Lyft for Epic Program	Ochsner Baton Rouge patient transportation.	East Baton Rouge	Ochsner Health is Louisiana's pilot program integrating Lyft and Epic, an electronic health record, to help alleviate patients' transportation barriers to healthcare services. Healthcare providers order a Lyft ride on behalf of a patient.
Planned Parenthood: Baton Rouge Health Center of Baton Rouge, LA	Family planning.	Baton Rouge region	Planned Parenthood is one of the nation's leading providers of high-quality, affordable health care, and the nation's largest provider of sex education. Services include abortion referrals, birth control, HIV services, men's health care, emergency contraception, pregnancy testing and services, primary care, STD testing, treatment and vaccines, and women's health care.
Sexually Transmitted Disease Clinic	Sexually transmitted infection testing and treatment for Medicaid recipients.	Statewide	Located at Parish Health Units across the state, including East and West Baton Rouge Parishes, LDH's STD Clinics offers testing, counseling, and treatment of STDs, as well as confidential HIV testing. They have an existing partnership with Ochsner.

RESOURCES ADDRESSING HEALTH BEHAVIORS AND OUTCOMES

Organization	Focus	Parish(es)	Notes
American Cancer Society in Louisiana	Cancer information and resources.	Statewide	Offers free programs and services to help manage cancer treatment and recovery and find emotional support. Cancer Control Strategic Partnerships Manager manages hospital system relationships.
Cafe Au Lait Breastfeeding Support Circle	Breastfeeding resources.	Multiple	Cafe au Lait is a free breastfeeding support circle for families of color, with locations in New Orleans, Kenner, Baton Rouge, Lake Charles, Opelousas, Shreveport, and Bossier City. Their goal is to educate, empower, and embrace pregnant and breastfeeding families of color with evidence-based peer support. Serves East Baton Rouge, West Baton Rouge, Orleans, Jefferson, Calcasieu, St. Landry, Caddo, and Bossier.
Capital Area Center for Adult Behavioral Health	Mental health, addiction and developmental disability services.	East Baton Rouge	This agency provides services including adult mental health and addiction, children and adolescent emotional health and substance abuse, prevention, developmental disabilities, support, wellness, emergency and disaster preparedness.
La Leche League of Baton Rouge	Breastfeeding resources.	Baton Rouge region	La Leche League is an international, nonprofit, nonsectarian organization dedicated to providing education, information, support, and encouragement to women who want to breastfeed. All breastfeeding mothers and pregnant women interested in breastfeeding are welcome to come to meetings or call their leaders for breastfeeding help. They also provide health care professionals with continuing education opportunities and access to the latest research on lactation management. La Leche League of Baton Rouge meets twice monthly.
Oceans Behavioral Hospital of Baton Rouge	Mental health: inpatient and intensive outpatient services.	Baton Rouge region	Oceans Baton Rouge specializes in treating mature adults experiencing severe depression, anxiety, grief or PTSD, in addition to the effects of Alzheimer's or dementia. Oceans Baton Rouge South provides inpatient care for patients aged 30 or older with chronic conditions such as bipolar disorder, schizophrenia, and other mental health diagnoses. Oceans has an existing partnership with Ochsner.
YMCA of the Capital Area	Cholesterol screenings, nutrition education, and vaccinations.	East Baton Rouge	Community-focused nonprofit with recreational programs and services for all ages including sports and recreation, swimming, health and wellness, education, childcare, and camps. Has an existing partnership with Ochsner.

COLLABORATIVES AND COALITIONS

Organization	Focus	Parish(es)	Notes
Healthy Baton Rouge	Community wellness, Medline BR Hotline (225) 765-6906, health screenings, community gardens, farmer's markets, summer food service program, exercise, etc.	Baton Rouge region	Healthy BR's mission is to make Baton Rouge a healthier place for all. Partners provide information and screenings. The mayor's office created this initiative that focuses on healthy living, personal health, chronic disease, cancer, sexually transmitted infection and HIV, behavioral health, and health screenings.
Louisiana Perinatal Quality Collaborative (LaPQC)	Moms and babies.	Louisiana parishes including East Baton Rouge and West Baton Rouge	LaPQC is a network of perinatal care providers, public health professions, and advocates who work to improve outcomes for birthing persons, families, and newborns in Louisiana. LaPQC is an initiative of the Bureau of Family Health and an authorized agent of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality. The LaPQC provides support to hospitals for continuous quality improvement on perinatal outcomes.
Power Coalition for Equity & Justice	Policy and community advocacy.	Baton Rouge region	A coalition of community-based organizations who work together to educate and empower voters across Louisiana. Their work includes power mapping, listening sessions, organizing, voter engagement, policy advocacy, and leadership development.
Together Baton Rouge	Community advocacy, access to healthcare, etc.	Baton Rouge region	Together Baton Rouge is a broad-based coalition of congregations and community-based organizations in the Greater Baton Rouge area, with the capacity to address community problems large and small. The coalition is deliberate about crossing the lines of race, religion, neighborhood, and political affiliation. It works on issues affecting families and communities and is a strictly non-partisan organization.

OTHER RESOURCES

Organization	Focus	Parish(es)	Notes
Country Roads magazine	Itineraries and socialization opportunities.	South Louisiana parishes	A cultural print and online magazine focused on events, festivals, arts, cuisine, and travel around South Louisiana and Mississippi.
Downtown Baton Rouge	Development, business & community resources.	East Baton Rouge	Since 1987, the Downtown Development District has been a passionate advocate and catalyst for the growth and vitality of Downtown Baton Rouge.
Senior Living Magazine	Latest information, resources, and tools for senior living.	Statewide	Senior Living Magazine NEPA delivers the latest information, resources, and tools for seniors, elders, their families and caregivers.
Visit Baton Rouge	Calendar of local events, hotel and restaurant guide, maps.	Baton Rouge region	Events and things to do in Baton Rouge. Provides COVID-19 information.

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
 - Ochsner Baptist - A Campus of Ochsner Medical Center
 - Ochsner Medical Center - West Bank Campus
- 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
- Slidell Memorial Hospital
- St. Tammany Health System
- Touro Infirmary
- Tulane Medical Center (includes Tulane Lakeside Hospital & Lakeview Regional Medical Center)
- University Medical Center
- West Jefferson Medical Center

LPHI followed a modified version of the Community Improvement Cycle⁶¹ 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 the 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.

⁶¹ACHI. (2017). Community Health Assessment Toolkit. Retrieved at www.healthycommunities.org/assesstoolkit

APPENDIX D: BR AREA METHODOLOGY

DATA COLLECTION AND ANALYSIS

LPHI utilized mixed methods to understand and document community feedback and perspectives by triangulating primary qualitative data from interviews and focus groups, 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 BR area 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 data indicators and sources can be found in Appendix F: Secondary Data Sources.

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 was distributed in all three languages via email, social media, and radio. OMC - Baton Rouge focused on distributing the survey to their patients through social media, as well as through clinics and COVID-19 testing/vaccination sites. LPHI and LDH distributed the tool through virtual networks serving the BR area. The survey was conducted in collaboration with 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*).⁶² 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 East Baton Rouge, Iberville, and Livingston Parishes were compiled for analysis in STATA. In the BR area, 284 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.

⁶²Prevention 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>

FOCUS GROUPS

LPHI facilitated two focus groups in August 2021 with participants from East Baton Rouge, Iberville, and Livingston Parishes. One focus group consisted of seven community advocates and the other included nine participants from a hospital patient advisory board. Focus groups lasted approximately 60-90 minutes and were conducted via Zoom. Focus group discussions addressed health concerns of the community, resources, and assets of the community, how people choose/access providers, and recommendations on how to improve the health of residents. Incentives were provided to those that were eligible as a token for their time. All transcriptions were uploaded into Dedoose, coded, and analyzed.

KEY STAKEHOLDERS INTERVIEWS

Twelve interviews were conducted via Zoom with key stakeholders across the BR area between June 29 and August 12, 2021. OMC - Baton Rouge provided an initial list of key stakeholders. Interviewees included public health experts, medical providers, hospital administrators, school employees, and leaders from local community-focused organizations.

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. Monetary incentives were provided to eligible participants for their time and input. Transcripts were loaded into Dedoose and coded based on key themes. A thematic analysis was then conducted to synthesize findings.

QUALITATIVE PARTICIPANTS FROM THE BATON ROUGE COMMUNITY

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

- Seven public health experts, and
- 21 members, representatives, or leaders of medically underserved, low-income, or minority populations.

Examples of Baton Rouge organizations participating in interviews and focus groups include:

- BREC
- Ochsner Health
- Sexual Trauma and Recovery (STAR)
- Southern University
- Together Baton Rouge
- YMCA Baton Rouge
- Iberville Parish Schools
- March for Moms
- OMC - Baton Rouge Patient Advisory Group

APPENDIX E: ADDITIONAL COMMUNITY SURVEY DATA

DEMOGRAPHIC DATA FROM COMMUNITY SURVEY

N	284
Parish	
East Baton Rouge	75.4%
Livingston	20.1%
Iberville	4.6%

Gender	
Female	89.8%
Male	9.5%
Non-Binary	0.7%

Age	
24 or younger	10.2%
25-35	33.1%
36-45	24.6%
46-55	16.2%
56-65	10.2%
65+	5.6%

Race/Ethnicity	
Non-Hispanic White	45.5%
Non-Hispanic Black	44.4%
Latino/Hispanic	4.7%
Non-Hispanic Asian	2.5%
Multiracial	2.5%
Other	0.4%

Zip code (top 10)	
70815	7.8%
70806	6.8%
70726	6.4%
70808	5.7%
70816	5.3%
70802	5.0%
70810	5.0%
70791	4.6%
70817	4.6%
70714	4.3%

Educational Attainment	
Prefer not to answer	1.4%
Less than high school	2.5%
High school or GED	18.0%
Some college	25.0%
Associates degree	8.8%
Bachelor's degree	18.7%
Graduate degree or higher	25.7%

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.

Survey Statement	Strongly Disagree/ Disagree	Strongly Agree/ Agree	Total responses (N)
All people in my community live in safe, affordable housing.	69%	31%	284
Everyone in my community can access the health care they need.	64%	36%	282
All workers in my community make minimum income necessary to meet basic needs.	64%	36%	284
All people have access to reliable public transportation in my community.	64%	36%	284
Individuals and families can get the support they need during times of stress and hardship.	58%	42%	284
All children in my community receive high quality education.	56%	44%	284
All people in my community have opportunities to engage with the arts and culture.	56%	44%	284
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	54%	46%	284
All people in my community have access to healthy, nutritious foods.	53%	47%	283
People in my community actively work to make the community a better place to live.	40%	60%	284
My community has clean air, water, and soil.	37%	63%	284
My community is a safe place to live.	34%	66%	284
People in my community take pride in the community and its accomplishments.	33%	67%	283
There are parks and green spaces in my community.	18%	82%	284

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%	6%	280
Violence	59%	32%	9%	282
Excessive alcohol use	59%	32%	9%	278
Physical and emotional trauma	57%	33%	10%	279
Tobacco/smoking	56%	36%	8%	276
Poor nutrition	53%	34%	14%	280
Physical inactivity	51%	37%	13%	280
Air pollution, water pollution, and chemical exposures	46%	37%	17%	282
Car/motorcycle accidents	41%	48%	11%	281

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)
COVID-19	81%	16%	4%	277
Diabetes	76%	19%	5%	277
Mental health conditions	75%	19%	6%	278
Weight management	69%	24%	6%	278
Heart disease	64%	29%	7%	278
Cancer	63%	31%	5%	278
Homicide	60%	29%	12%	278
Sexually transmitted infections/diseases	56%	35%	9%	278
Stroke	52%	39%	9%	277
Asthma	42%	48%	10%	276
Suicide	39%	44%	17%	276
Infant mortality	34%	48%	18%	276
Unintentional injury	25%	61%	14%	277

APPENDIX F: ADDITIONAL SECONDARY DATA

This appendix includes additional secondary data to supplement key findings.

SOCIAL AND ECONOMIC FACTORS

Community	Median household income
Livingston	\$63,852
East Baton Rouge	\$56,303
Iberville	\$55,198
Louisiana	\$51,108

Community	Homicide death rate (per 100,000)
Livingston	7
Iberville	8
Louisiana	13
East Baton Rouge	20

Community	Annual violent crime rate (per 100,000)
Livingston	298.8
Louisiana	562.3
East Baton Rouge	612.8
Iberville	968.3

PHYSICAL ENVIRONMENT

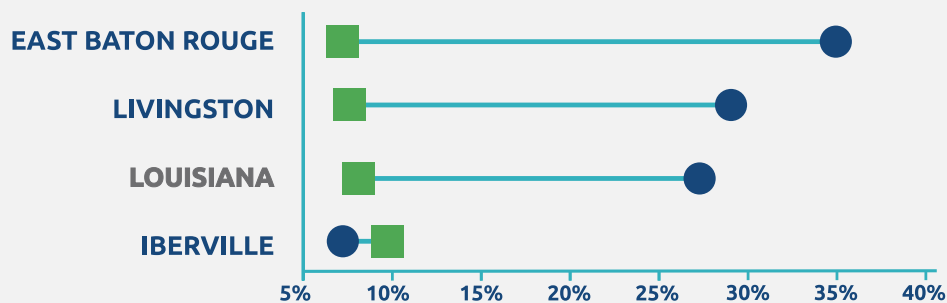
Community	Air pollution - particulate matter (in micrograms per cubic meter)
Iberville	8.3
Louisiana	8.7
Livingston	9.9
East Baton Rouge	12.1

CLINICAL CARE

Community	% population uninsured
East Baton Rouge	8.5%
Livingston	8.6%
Louisiana	9.5%
Iberville	9.9%

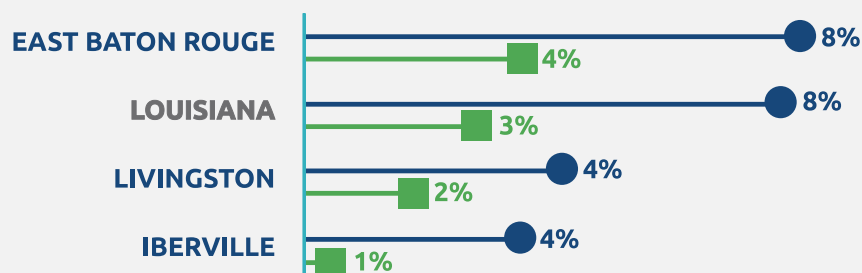
Community	Dentists (per 100,000 population)
East Baton Rouge	76
Louisiana	56
Iberville	37
Livingston	33

UNINSURED NON-HISPANIC(■) AND HISPANIC(●) POULATION



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.

POPULATION WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH(●) AND POPULATION WITH LIMITED ENGLISH PROFICIENCY(■)



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
East Baton Rouge	Diseases of heart	211.2
	Malignant neoplasms	159.4
	Accidents	60.4
	Alzheimer Disease	53.6
	Cerebrovascular diseases	47.6
Iberville	Diseases of heart	185.0
	Malignant neoplasms	183.7
	Chronic lower respiratory diseases	60.0
	Cerebrovascular diseases	56.6
	Diabetes mellitus	54.1
Livingston	Diseases of heart	208.6
	Malignant neoplasms	162.2
	Accidents	77.5
	Chronic lower respiratory diseases	58.1
	Cerebrovascular diseases	45.2

*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
East Baton Rouge	39%	36%	7%	15%	12%
Iberville	43%	38%	9%	17%	16%
Livingston	36%	37%	7%	16%	13%
Louisiana	39%	38%	12%	16%	14%

Cancer

Community	All cancer types (age-adjusted incidence rates per 100,000)
Livingston	470.3
East Baton Rouge	480.4
Louisiana	481.0
Iberville	539.8

Community	Breast cancer (age-adjusted incidence rates per 100,000)	Breast cancer (age-adjusted death rates per 100,000)
Livingston	119.0	17.5
Louisiana	125.9	22.8
East Baton Rouge	133.9	23.3
Iberville	136.4	24.5

Community	Colon and rectum cancer (age-adjusted incidence rates per 100,000)	Colon and rectum cancer (age-adjusted death rates per 100,000)
East Baton Rouge	39.7	14.6
Iberville	40.7	18.1
Livingston	45.1	13.6
Louisiana	45.2	16.4

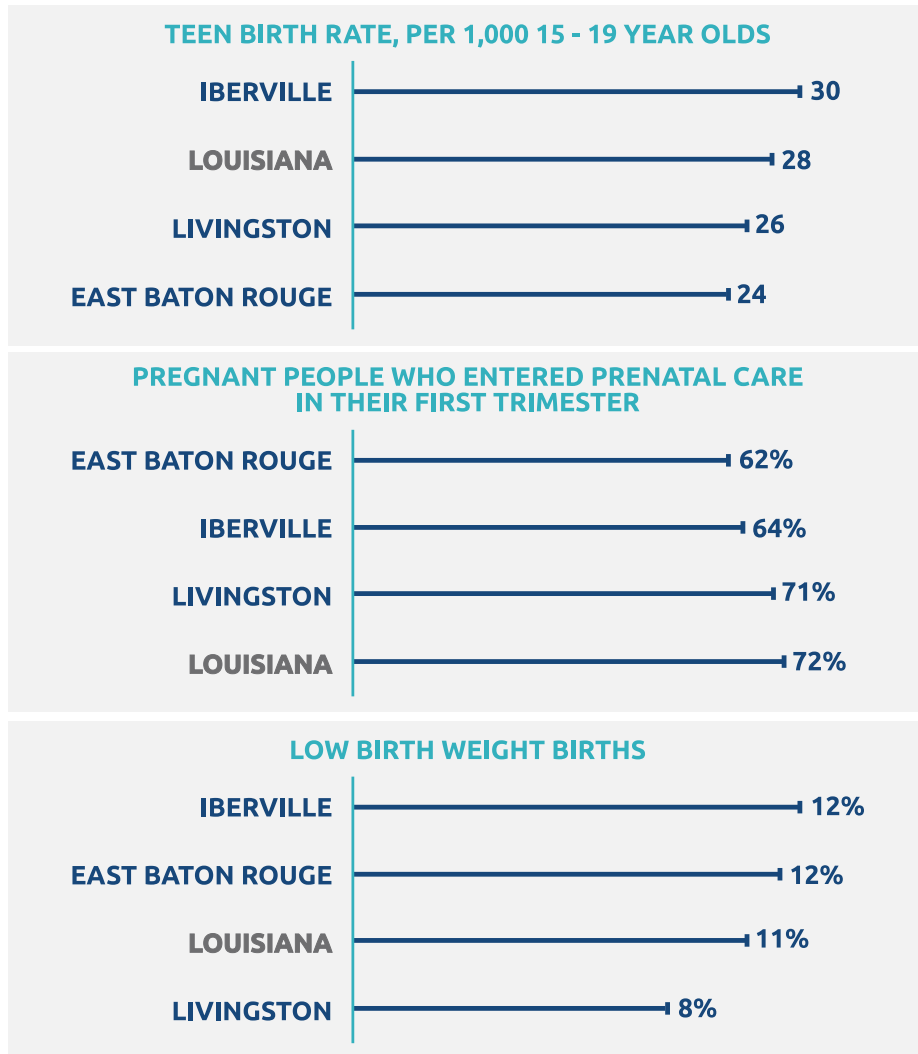
Community	Lung and bronchus cancer (age-adjusted incidence rates per 100,000)	Lung and bronchus cancer (age-adjusted death rates per 100,000)
East Baton Rouge	51.9	38.0
Louisiana	66.2	47.5
Livingston	73.2	52.2
Iberville	83.8	59.4

Community	Prostate cancer (age-adjusted incidence rates per 100,000)	Prostate cancer (age-adjusted death rates per 100,000)
Livingston	99.1	15.2
Louisiana	131.2	20.5
East Baton Rouge	154.9	20.8
Iberville	161.4	24.3

STIs

Community	Gonorrhea incidence (rate per 100,000)
Livingston	99.1
Iberville	187.7
Louisiana	257.1
East Baton Rouge	317.3

Maternal and Child Health



Community	Infant mortality rate (per 1,000 live births)
Livingston	8
Louisiana	8
East Baton Rouge	9
Iberville	11

Community	Child death rate(per 100,000)
Livingston	66
Louisiana	70
Iberville	81
East Baton Rouge	83

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	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

Section	Focus Area	Measure Description	Source	Year	Accessed Via
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
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
Health Behaviors and Outcomes	Mental health providers	Mental health providers per 100,000 population	CMS, National Provider Identification	2020	County Health Rankings, 2021
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

Section	Focus Area	Measure Description	Source	Year	Accessed Via
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
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

Section	Focus Area	Measure Description	Source	Year	Accessed Via
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	Breast cancer- incidence rate	Breast cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/CDC	2013-2017	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
Health Behaviors and Outcomes	Teen birth rate	Teen birth rate, per 1,000 15-19 year olds	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 1 st 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