

Ochsner Medical Center – Kenner

Community Health Needs Assessment

October 2015



Table of Contents

- ❑ Introduction... Page: 1
- ❑ Community Definition... Page: 3
- ❑ Consultant Qualifications... Page: 4
- ❑ Project Mission & Objectives ... Page: 5
- ❑ Methodology... Page: 6
- ❑ Key Community Health Priorities... Page 9
- ❑ Community Health Needs Identification... Page 26
- ❑ Secondary Data... Page: 32
- ❑ Key Stakeholder Interviews... Page: 59
- ❑ Survey... Page: 68
- ❑ Conclusions ... Page: 75
- ❑ Appendix A: Community Resource Inventory ... Page: 77
- ❑ Appendix B: Community Secondary Data Profile ... Page: 88

Introduction

Ochsner Medical Center - Kenner, a 110-bed acute care community hospital located in Kenner, LA, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). A community health needs assessment was conducted between March 2015 and October 2015 to identify the needs of the residents served by Ochsner Medical Center - Kenner. As a partnering hospital of a regional collaborative effort to assess community health needs; Ochsner Medical Center - Kenner collaborated with 15 hospitals and other community based organizations in the region during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process in some way:

- Louisiana Office of Public Health
- Humana Louisiana
- Director - Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Delgado Community College
- Nouveau Marc Residential Retirement Living
- Kenner Council on Aging and Parks and Recreation
- City of Kenner
- Children's Special Health Services
- Methodist Health Foundation
- City of New Orleans
- Catholic Charities
- LSU Health Science Center, Allied Health
- Tulane University School of Medicine
- Jefferson Parish
- NO/AIDS Task Force
- Institute of Women and Ethnic Studies
- PACE Greater New Orleans
- New Wine Fellowship
- Jefferson Business Council
- Arc of St. Charles
- Healthy Start New Orleans
- Chief - HIV Division of Infectious Disease Prevention Research Center at Tulane University
- The McFarland Institute
- Greater New Orleans Foundation
- Susan G. Komen, New Orleans
- Jefferson Parish Commissioner
- Ochsner Health System
- Cancer Association of Greater New Orleans (CAGNO)
- The Metropolitan Hospital Council of New Orleans (MHCNO)
- Ochsner Medical Center
- Ochsner Baptist Medical Center
- Ochsner Medical Center Northshore
- Ochsner Medical Center Westbank
- Ochsner St. Anne General Hospital
- Children's Hospital of New Orleans
- Touro Infirmary
- University Medical Center
- East Jefferson General Hospital
- West Jefferson Medical Center
- St. Charles Parish Hospital
- Slidell Memorial Hospital

This report fulfills the requirements of the Internal Revenue Code 501(r)(3); a statute established within the Patient Protection and Affordable Care Act (ACA) requiring that non-

profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by Ochsner Medical Center - Kenner, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues, data related to vulnerable populations and representatives of vulnerable populations served by the hospital. Tripp Umbach worked closely with leadership from Ochsner Medical Center - Kenner and a project oversight committee to accomplish the assessment.

Community Definition

The community served by the Ochsner Medical Center - Kenner includes Jefferson, St. Charles, and St. John the Baptist Parishes. The Ochsner Medical Center - Kenner primary service area includes thirty populated zip code areas (excluding zip codes for P.O. boxes and offices) where 80% of the hospital's inpatient discharges originated (see Table 1).

Table 1. Ochsner Medical Center Kenner Study Area Definition – Zip Codes

City	Zip Code	Parish/County	City	Zip Code	Parish/County
Metairie	70001	Jefferson Parish	New Orleans	70126	Orleans Parish
Metairie	70002	Jefferson Parish	New Orleans	70129	Orleans Parish
Metairie	70003	Jefferson Parish	Chalmette	70043	St. Bernard Parish
Metairie	70005	Jefferson Parish	Boutte	70039	St. Charles Parish
Metairie	70006	Jefferson Parish	Destrehan	70047	St. Charles Parish
Gretna	70053	Jefferson Parish	Hahnville	70057	St. Charles Parish
Gretna	70056	Jefferson Parish	Luling	70070	St. Charles Parish
Kenner	70062	Jefferson Parish	Norco	70079	St. Charles Parish
Kenner	70065	Jefferson Parish	Saint Rose	70087	St. Charles Parish
Westwego	70094	Jefferson Parish	Gramercy	70052	St. James Parish
New Orleans	70123	Jefferson Parish	Lutcher	70071	St. James Parish
New Orleans	70117	Orleans Parish	Edgard	70049	St. John the Baptist Parish
New Orleans	70118	Orleans Parish	Garyville	70051	St. John the Baptist Parish
New Orleans	70119	Orleans Parish	LA Place	70068	St. John the Baptist Parish
New Orleans	70122	Orleans Parish	Reserve	70084	St. John the Baptist Parish

Figure 1. Map of Ochsner Medical Center Kenner Study Area



Consultant Qualifications

Ochsner Medical Center - Kenner contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 300 community health needs assessments over the past 25 years; more than 75 of which were completed within the last three years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health needs assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books¹ on the topic of community health and has presented at more than 50 state and national community health conferences. The additional Tripp Umbach CHNA team brought more than 30 years of combined experience to the project.

¹ A Guide for Assessing and Improving Health Status Apple Book:

http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1993.pdf and

A Guide for Implementing Community Health Improvement Programs:

http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf

Project Mission & Objectives

The mission of the Ochsner Medical Center - Kenner CHNA is to understand and plan for the current and future health needs of residents in its community. The goal of the process is to identify the health needs of the communities served by the hospital, while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who are partners in the community health needs assessment.

The objective of this assessment is to analyze traditional health-related indicators, as well as social, demographic, economic and environmental factors and measure these factors with previous needs assessments, state and national trends. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project sponsors and included:

- ❑ Ensuring that community members, including underrepresented residents and those with a broad-based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, educators, health-related professionals, media representatives, local government, human service organizations, institutes of higher learning, religious institutions and the private sector will be engaged at some level in the process.
- ❑ Obtaining information on the health status and socio-economic/environmental factors related to the health of residents in the community.
- ❑ Developing accurate comparisons to previous assessments and the state and national baseline of health measures utilizing most current validated data.
- ❑ Utilizing data obtained from the assessment to address the identified health needs of the service area.
- ❑ Providing recommendations for strategic decision-making regionally and locally to address the identified health needs within the region to use as a benchmark for future assessments.
- ❑ Developing a CHNA document as required by the Patient Protection and Affordable Care Act (ACA).

Methodology

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Ochsner Medical Center - Kenner — resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues. The needs assessment data collection methodology was comprehensive and there were no gaps in the information collected.

Key data sources in the community health needs assessment included:

- ❑ **Community Health Assessment Planning:** A series of meetings was facilitated by the consultants and the CHNA oversight committee consisting of leadership from Ochsner Medical Center - Kenner and other participating hospitals and organizations. This process lasted from March 2015 until August 2015.
- ❑ **Secondary Data:** Tripp Umbach completed a comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Ochsner Medical Center - Kenner community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, Truven Health Analytics, CNI, Healthy People 2020, and other additional data sources. This process lasted from March 2014 until August 2015.
- ❑ **Trending from 2013 CHNA:** In 2013, Ochsner Medical Center - Kenner contracted with Tripp Umbach to complete a CHNA. The data sources used were the same data sources from the 2013 CHNA, which made it possible to review trends and changes across the hospital service area. There were several data sources with changes in the definition of specific indicators, which restricted the use of trending in several cases. The factors that could not be trended are clearly defined in the secondary data section of this report. Additionally, the findings from primary data (i.e., community leaders, stakeholders, and focus groups) are presented when relevant in the executive summary portion. The 2013 CHNA can be found online at: <http://www.ochsner.org/giving/community-outreach/community-health-needs-assessment/>
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that included: 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (i.e., seniors, low-income residents, Latino(a) residents, Vietnamese residents, youth, residents with

disabilities, and residents that are uninsured). Such persons were interviewed as part of the needs assessment planning process. A series of 32 interviews were completed with key stakeholders in the Ochsner Medical Center - Kenner community. A complete list of organizations represented in the stakeholder interviews can be found in the “Key Stakeholder Interviews” section of this report. This process lasted from April 2015 until August 2015.

- **Survey of vulnerable populations:** Tripp Umbach worked closely with the CHNA oversight committee to ensure that community members, including under-represented residents, were included in the needs assessment through a survey process. A total of 598 surveys were collected in the Ochsner Medical Center - Kenner service area which provides a +/- 2.89 confidence interval for a 95% confidence level. Tripp Umbach worked with the oversight committee to design a 32 question health status survey. The survey was offered in English, Spanish, and Vietnamese. The survey was administered by community based organizations providing services to vulnerable populations in the hospital service area. Community based organizations were trained to administer the survey using hand-distribution. Surveys were administered onsite and securely mailed to Tripp Umbach for tabulation and analysis. Surveys were analyzed using SPSS software. Geographic regions were developed by the CHNA oversight committee for analysis and comparison purposes:

- ✓ Eastbank Region: the East banks of Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Charles Parish, and St. John Parish.
- ✓ Southeast Louisiana (SELA) Region: all parishes included in the study, including; Ascension Parish, Iberville Parish, Jefferson Parish, Orleans Parish, Plaquemines Parish, Lafourche Parish, East Baton Rouge, Livingston Parish, St. John Parish, St. Tammany Parish, St. Charles Parish, Washington Parish, Terrebonne Parish, and St. Bernard Parishes.

Vulnerable populations were identified by the CHNA oversight committee and through stakeholder interviews. Vulnerable populations targeted by the surveys were residents that were: seniors, low-income (including families), uninsured, Latino, chronically ill, had a mental health history, homeless, literacy challenged, limited English speaking, women of child bearing age, diabetic, and residents with special needs. This process lasted from May 2014 until July 2015.

There are several inherent limitations to using a hand-distribution methodology that targeted medically vulnerable and at-risk populations. Often, the demographic characteristics of populations that are considered vulnerable populations are not the same as the demographic characteristics of a general population. For example, vulnerable populations, by nature, may have significantly less income than a general

population. For this reason the findings of this survey are not relevant to the general population of the hospital service area. Additionally, hand-distribution is limited by the locations where surveys are administered. In this case Tripp Umbach asked CBOs to self-select into the study and as a result there are several populations that have greater representation in raw data (i.e., low-income, women, etc.). These limitations were unavoidable when surveying low-income residents about health needs in their local communities.

- ❑ **Identification of top community health needs:** Top community health needs were identified and prioritized by community leaders during a regional community health needs identification forum held on August 5, 2015. Consultants presented to community leaders the CHNA findings from analyzing secondary data, key stakeholder interviews, and surveys. Community leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified and prioritized the top community health needs in the Ochsner Medical Center - Kenner community.

- ❑ **Public comment regarding the 2013 CHNA and implementation plan:** Ochsner Medical Center – Kenner made the CHNA document publicly available on October 3, 2013. Since October 2013, Ochsner Medical Center – Kenner has offered a link on their web page for questions and comments related to the CHNA document. While the main Ochsner Health System CHNA website has been viewed 6,326 times since October 2013; Ochsner Medical Center – Kenner has not yet received any feedback related to the CHNA or 990 documents.

- ❑ **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process including the priorities set by community leaders.

Key Community Health Priorities

Louisiana is a state that has not expanded Medicaid, a key component of health reform that extends Medicaid eligibility to a greater population of residents. Many health needs identified in this assessment relate to the lack of Medicaid expansion and the resulting restricted access to health services. Community leaders reviewed and discussed existing data, in-depth interviews with community stakeholders representing a cross-section of agencies and survey findings presented by Tripp Umbach in a forum setting, which resulted in the identification and prioritization of three community health priorities in the Ochsner Medical Center - Kenner community. Community leaders identified the following top community health needs that are supported by secondary and/or primary data: 1) Access to health services; 2) Behavioral health and substance abuse; and 3) Resource awareness and health literacy. Many of the same underlying factors were identified in the 2013 CHNA, with slightly different priorities. A summary of the top three needs in the Ochsner Medical Center - Kenner community follows:

INCREASING ACCESS TO HEALTHCARE

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. Residents need solutions that reduce the financial burden of health care.
2. Provider to population ratios that are not adequate enough to meet the need.
3. Need for care coordination
4. Limited access to healthcare as a result of transportation issues.

Increasing access to healthcare is identified as the number one community health priority by community leaders. Access to health care is an ongoing health need in rural areas across the U.S. Apart from issues related to insurance status and the Medicaid waiver², access to health care in the hospital service area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location of health services as well as preventive practices.

Findings supported by study data:

Residents need solutions that reduce the financial burden of health care:

Socio-economic status creates barriers to accessing health care (e.g., lack of health insurance, inability to afford care, transportation challenges, etc.), which typically have a negative impact

² In 2015, there are multiple Medicaid Waivers operating in Louisiana. Residents are qualify for one of the Medicaid Waivers whereby receiving health services from health providers which accept the Medicaid Waiver, and are then eligible for Medicaid reimbursement.

on the health of residents. Often, there is a high correlation between poor health outcomes, consumption of healthcare resources, and the geographic areas where socio-economic indicators (i.e., income, insurance, employment, education, etc.) are the poorest. In the needs assessment completed by Ochsner Medical Center Kenner in 2013, community stakeholders and focus group participants identified access to health care and medical services (i.e., primary, preventive, and mental) as a need in the hospital services area.

- In findings from the 2013 CHNA, stakeholders perceived there was a lack of insurance coupled with increased poverty rates. Today, poverty remains prevalent in the area. “there still remain a great many very poor neighborhoods in New Orleans. In 2009-13, 38 of the city’s 173 census tracts had poverty rates exceeding 40 percent, down only slightly from 41 tracts in 2000 (see maps). Yet the population of those neighborhoods dropped dramatically, from more than 90,000 in 2000 to just over 50,000 in 2009-13... Meanwhile, poverty has also spread well outside the city’s borders. While the city’s poor population declined between 2000 and 2013, it rose by a nearly equivalent amount in the rest of the metropolitan area. And although the poverty rate in the rest of metro New Orleans has increased (from 13 percent to 16 percent), relatively few poor residents of those areas live in communities of extreme poverty, notwithstanding notable differences by race and ethnicity.”³ While incomes have improved for the state since the 2013 CHNA⁴, income conditions have worsened in the hospital service area.⁵
- Today, single parent homes are likely to be living in poverty with at least one quarter of these homes below the federal poverty rate. In Reserve, LA (70084) as many as two-thirds (73.1%) of single parent homes earn incomes below federal poverty rates.
- While the Ochsner Medical Center - Kenner study area has an average annual household income of \$61,121, the study area shows more households earning <\$25K annually (31.1%) than national norms (23.5%). Jefferson Parish shows the largest population of resident households earning less than \$25K annually (27.2%); whereas, St. Charles and St. John the Baptists show lower rates (19.8% and 22.4% respectively).
- There are indications in the secondary data that the geographic pockets of poverty align with data showing fewer providers and poor health outcomes in the same areas. For example, residents in zip code areas with higher CNI scores (greater socio-economic barriers to accessing healthcare) tend to experience lower educational attainment, lower household incomes, higher unemployment rates, as well as consistently showing less access to health care due to lack of insurance, lower provider ratios, and consequently poorer health outcomes when compared to other zip code areas with lower CNI scores (fewer socio-economic barriers to accessing healthcare).

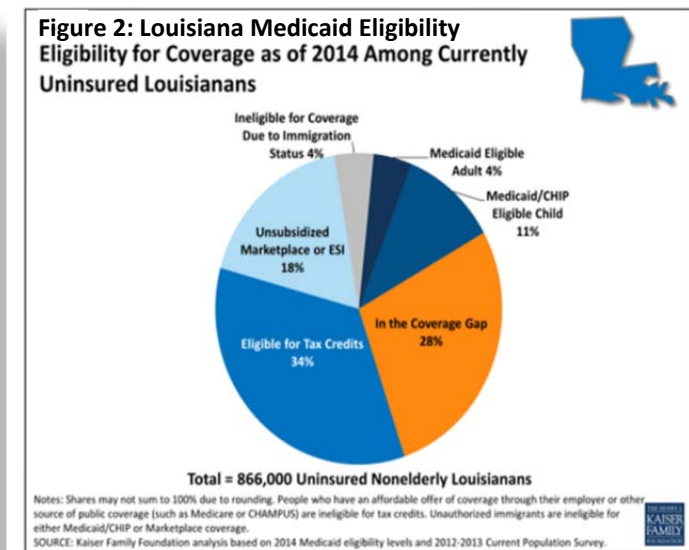
³ Source: Metropolitan Opportunity Series: Concentrated poverty in New Orleans 10 years after Katrina (<http://www.brookings.edu/blogs/the-avenue/posts/2015/08/27-concentrated-poverty-new-orleans-katrina-berube-holmes?cid=00900015020149101US0001-0829>)

⁴ In 2013, 19.1% of the state population made less than \$15,000 per year compared to 16.9% in 2015.

⁵ In 2013, 16.9% of the residents in the Hospital services area made less than \$15,000 per year to 18.2% in 2015.

- The overall CNI score for the Ochsner Medical Center Kenner service area rose from 3.8 (2011) to 4.0 (2015); both scores are higher than the median for the scale (3.0) indicating an increase in already greater than average socio-economic barriers to accessing health care across the service area. Twenty-seven (90%) of the thirty zip code areas that are included in the hospital service area fall above the median score for the scale. Ochsner Medical Center – Kenner serves two zip code areas with the highest CNI scores possible (5.0), indicating significant barriers to accessing health care in these areas- Gretna (70053) and New Orleans (70117).
- The data suggest that there is an increase in barriers to accessing healthcare for the hospital service area. A closer look at the changes in scores shows there were 17 zip code areas that saw increases in barriers since 2011 and 13 remained unchanged or showed improvement (two of which were areas with high barriers that remained unchanged). The change in CNI scores may be slightly inflated due to the lack of Medicaid expansion causing higher uninsured rates in the hospital service area than national norms. However, when socio-economic indicators measured by CNI are compared at the zip code-level from 2011 to 2015, we see a pattern of increased rates of poor socio-economic measures. A similar pattern is present in zip code areas that had lower CNI scores (lower barriers to accessing health care) in 2013 show a much greater increase in barriers than those areas that had higher CNI scores (greater barriers to accessing health care) previously. This means that socio-economic indicators (i.e., income, culture, education, insurance, and housing) are disintegrating at a rapid pace in areas that previously showed better socio-economics and there is little change in areas where socio-economic status was already poor.

Louisiana is a state that has chosen not to expand Medicaid, a key component in healthcare reform that extends the population that is eligible for Medicaid insurance coverage. Kaiser Family Foundation estimates that 32% of uninsured nonelderly Louisiana residents (866,000 people) remain ineligible for any insurance coverage or tax credits due to the lack of Medicaid expansion. The primary pathway for uninsured residents to gain coverage is the federally administered Marketplace where 34% (approximately 298,000) of uninsured Louisianans become eligible tax credits. Though residents



earning between 19% to 100% Federal Poverty Line (FPL) or \$4,476 to \$23, 550/year for a family of four do not qualify for any assistance at all⁶

- In the findings of the 2013 CHNA, many focus group participants felt that healthcare may have been difficult for some residents to secure due to limited outreach programs, costly procedures and a lack of health insurance coverage. Focus group participants also felt health insurance was difficult for some residents to afford at that time due to costly premiums and higher co-pays for medical care. Participants felt Medicare and supplemental insurance are costly and can be unaffordable for some residents that may be on a fixed income. Additionally, participants felt some residents may not be able to afford health insurance due to limited financial resources and the need to pay for basic necessities.
- During the 2015 study, the uninsured rate for the hospital services area (16.9%) is less than the state (19%); though there are eight zip code areas that have higher rates of uninsured than the state and the nation i.e., Gretna (70053), New Orleans (70117, 70119, 70126, 70129, 70122, and 70118), and Edgard (70049). Latino residents are more likely to be uninsured than their counterparts in Jefferson Parish (39.26% to 15.30% respectively), St. Charles Parish (32.56% to 12.95% respectively), and St. John the Baptist Parish (28.60% to 14.88% respectively). Additionally, we see the highest uninsured rates among residents reporting “Some other race”, Native American/Alaska Native, and Asian across all Parishes in the study area (Jefferson, St. Charles, and St. John the Baptist).
- During the community planning forum, community leaders discussed residents in areas with high rates of poverty as well as seniors that are not always able to afford prescription medication (e.g., uninsured, donut insurance coverage, etc.) without some form of assistance. Leaders and stakeholders indicated that there are very few resources available to subsidize prescription medications. Stakeholders addressed the limitations of the Medicaid Waiver, which does not cover prescription medications or specialty care. As a result, many community based clinics do not have access to specialty diagnostic services and many treatment options. Among the results of the 2013 CHNA, stakeholders felt there is a lack of access to affordable medication resulting in some residents not being able to control chronic illness because they cannot afford their prescriptions.
- During the 2013 CHNA, focus group participants felt the cost of medical care, including medical prescriptions, could be unaffordable for some residents due to costly procedures and the impression that Medicare/Medicaid is not comprehensive enough to cover necessary services. Additionally, stakeholders discussed the cost of health services in relationship to health insurance, uninsured care, and poor reimbursement

⁶ Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey

rates of health service providers (medical, dental and behavioral). Many providers (e.g., wound care specialist, sleep labs, etc.) are not accepting patients with Medicaid insurance due to the low reimbursement rates and lack of Medicaid expansion placing a strain on health resources to meet the needs of uninsured and underinsured residents.

- During the 2015 study, the percent of insured population receiving Medicaid benefits (2009-2013) was highest in St. John the Baptists Parish (28.27%) followed by Jefferson Parish (24.39%) compared to St. Charles Parish (18.90%) the state (25.70%) and national (20.21%) rates. If physicians are not accepting new Medicaid patients it is possible that many patients in the hospital services area are not able to secure primary care using their insurance coverage.
- In the 2013 CHNA, some focus group participants perceived Medicare/Medicaid as not being comprehensive enough to cover the cost of medical care because they receive medical bills for the cost of services that are not covered by Medicare/Medicaid. Participants believed patients may, at times, resist care due to costly fees/co-pays and uninsured patients are less likely to seek medical care, which participants believed may result in untreated illness and a poorer health status. Today, uninsured and underinsured residents may also be resisting seeking health services due to the cost of uninsured care, unaffordable copays and/or high deductibles. This trend was apparent in surveys collected with 61.5% of respondents reporting less than \$29,999 annual household income. A higher percentage of respondents indicated that they could not see a doctor in the last 12 because of cost (30.5%) when compared to the state average (18.9%). Additionally, 25.3% of respondents reported not taking medications as prescribed in the last 12 months due to cost. Stakeholders also felt that residents in poverty are less likely to secure health services prior to issues becoming emergent due to a lack of resources (i.e., time, money, transportation, etc.) and a focus on meeting basic needs, leading to a lower prioritization of health and wellness.
- The results of a survey conducted among Latino(a) residents in New Orleans from 2013 to 2014⁷; nearly a quarter of respondents, stated that they had never gone to a doctor for a check-up or care, either in New Orleans or elsewhere. The most common places to receive care are community clinics, with 38% of these respondents indicating that is where they access care. The next most common place is the emergency room, with 24% of respondents indicating they have sought care there. When asked what the most pressing health concerns were, respondents indicated: dental care, access to health care, insurance, and nutrition.

⁷ Source: *I don't Know Where to Go: Latino Community Health Issues in New Orleans*

Note: CBNO and Puentes collected 279 completed surveys. The demographic profile of the surveyed population is working age Latino adults, many of whom immigrated to New Orleans within the past eight to ten years and intend on making New Orleans their home. Nearly every survey respondent speaks Spanish as their first language, with 21% of respondents able to speak English and 13% being able to read English.

Provider to population ratios that are not adequate enough to meet the need:

Community leaders discussed that specialty care is not always available (i.e., Pediatric neurosurgery, pediatric cardiology, endocrinology, trauma unit, diagnostics and treatment). There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients and residents that live in communities with the highest rates of poverty.

- In 2013, stakeholders and focus group participants felt there was a shortage of healthcare providers throughout the region which caused a lack of timely access to healthcare providers, a lack of access to specialty services/providers, and over use of emergency medical care for non-emergency issues. Some focus group participants believed that there was an out flux of local physicians from their communities at that time. Stakeholders felt primary care in the Greater New Orleans area was a consistent issue due to huge caseloads, not enough physicians to see them all, and a lack of care coordination. Additionally, focus group participants were under the impression there are not enough healthcare professionals or clinics to meet the demand for under/uninsured medical care. Focus group participants believed many residents are seeking pediatric medical care outside of their community and many were under the impression, due to lack of resources, follow-up care and/or in-home care is not being provided to some residents upon discharge from an inpatient stay at local hospitals.
- During the 2015 study, the primary care physician ratio in St. Charles Parish (32.27 per 100,000 pop.) and St. John the Baptist Parish (31.28 per 100,000 pop.) are lower than Jefferson Parish, the state, and the national rates (112.3, 86.66, 78.92 per 100,000 pop.). The rates of Federally Qualified Health Centers was highest in St. Charles Parish and St. John the Baptist Parish (5.68 and 4.36 per 100,000 pop.) when compared to Jefferson Parish, the state, and national rates (1.39, 2.1, and 1.92 per 100,000 pop.).
- While not as clear an indication of restricted access to healthcare as provider rates, hospitalizations rates that are higher than expected are usually driven by access issues in the community. The end result is hospitalizations for illnesses that could have been resolved prior to becoming emergency situations. In the Ochsner Medical Center - Kenner service area there are higher rates throughout the study area when compared to the state and national rate across seven of the PQI measures (i.e., diabetes short-term complications, diabetes long-term complications, lower extremity amputation among diabetics, congestive heart failure, perforated appendix, low birth weight, and urinary tract infection). It is apparent that there is a need for effective diabetes management resources in the hospital services area due to the higher than state and national rates of PQI across three of the four PQI measures related to diabetes. However, the hospitalization rate for perforated appendix is the highest (473.69) when compared to state (322.43) and national (323.43) norms.

Need for care coordination:

Leaders discussed the need for care coordination for residents. Specifically, leaders discussed the importance of ensuring patients have access to treatment methods prescribed by the physician (i.e., medications, healthy nutrition, etc.) and that providers follow up with patients to improve implementation of treatment recommendations.

- In the 2013 CHNA, stakeholders believed hospital competition creates barriers to coordination of care throughout the region, and focus group participants were also concerned with the level of coordination of medical care offered by local medical providers at that time. Many group participants were under the impression, due to lack of resources, that follow-up care and/or in-home care was not being provided to some residents upon discharge from an inpatient stay at local hospitals.
- Today, stakeholders discussed the lack of care coordination provided for uninsured and underinsured residents, including seniors, who are seeking care in inappropriate settings like the emergency room. Several stakeholders mentioned the benefits of home healthcare for care coordination, though Medicaid eligible residents, reportedly, are not often approved for home health services.

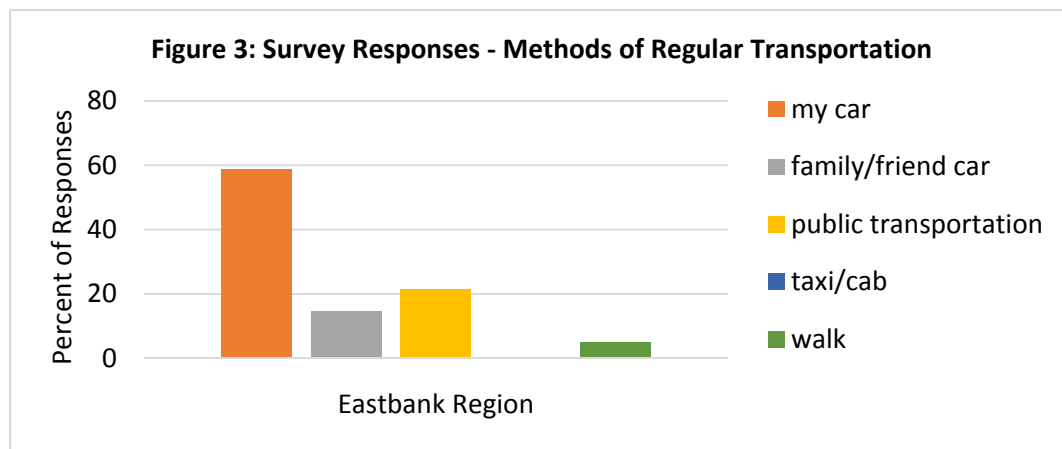
Limited access to healthcare as a result of transportation issues.

Transportation was discussed as a barrier to accessing health services for residents in local communities with the highest poverty rates.

- In 2013, the absence of readily, accessible, convenient transportation was causing limited access to medical care for some residents because they could not get to and from their medical appointments. Many focus group participants felt the limited public transportation resulted in residents requiring the use of emergency medical transportation (EMT) services more often, which may have increased the cost of medical care and possibly over-utilization of emergency rooms for non-emergency related issues. Additionally, focus group participants believed that public transportation provided in some of their communities had restrictive regulations such as limited weekday hours, no weekend service, limited circulation and 48-hour advanced scheduling. Participants felt those restrictions limited the convenience and availability of public transportation which ultimately affected their ability to access services at that time.
- Today, stakeholders also acknowledge that the lack of adequate transportation impacts health in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. The limitations of transportation may restrict the access residents have to employment opportunities,

which could be a barrier to insurance and financial stability. One stakeholder identified transportation as one of several reasons expecting mothers are not always consistent with prenatal care. Transportation can take hours, which may be a significant barrier to attending prenatal appointments, particularly if the expecting mother has other children.

- While the general population shows average or below average rates of households with no motor vehicles when compared to state (8.48%) and national (9.07%) norms; 40.9% of survey respondents indicated that they use some method of transportation other than a personal vehicle: 14.4% used a family/friend's car; 21.5% used public transportation; and 5% said that they walk.



- At least 1 in 10 survey respondents (10.3%) indicated that they did believe that accessible transportation was “available at all as far as they knew” or “available to other but not to them or their family”. Residents do not always have access to care (including primary/preventive care and dental care) due to a lack of transportation. The location of providers becomes a barrier to accessing healthcare due to the limited transportation options.

Stakeholders noted that the need for accessible healthcare among medically vulnerable populations (e.g., uninsured, low-income, Medicaid insured, etc.) has an impact on the health status of residents in a variety of ways and often leads to poorer health outcomes. Several of the noted effects are:

- ✓ Higher cost of healthcare that results from hospital readmissions and increased usage of costly emergency medical care.
- ✓ Residents delaying medical treatment and/or non-compliant due to the lack of affordable options and limited awareness of what options do exist.
- ✓ Poor outcomes in adult, maternal and pediatric care due to limited care coordination and lack of patient compliance.

Increasing access to healthcare is an issue that carries forward from previous assessments, though some progress has been made by increasing access to community based health services through the growth of FQHCs, look-a-like clinic, and urgent care clinics. It will be very important to further understand the access issues for Vietnamese as well as the Latino(a) communities in the hospital service area. Primary data collected during this assessment from community leaders and residents offered several recommendations to increase access to healthcare. Some of which included:

- **Increase employment opportunities:** Leaders discussed the position of hospital providers as major employers in the communities they serve. It is possible to increase the exposure of high school students to medical professions in order to generate an interest in medical training and education. Leaders also discussed job retraining for residents that are unemployed with the capacity to fill roles at local hospitals in order to increase employment opportunities for unemployed residents.
- **Offer health and other necessary services in areas where the rate of poverty is high:** Leaders discussed increasing access to health services in communities where the poverty rates are high and transportation may be an issue. Mobile health services and public-private partnerships to support hospitals where corporate models of healthcare may not be as sustainable were discussed by leaders as two models that may be able to increase the availability of health services in underserved areas. Additionally, leaders discussed the provision of medication assistance or a pharmacy for residents earning a low-income that are under/uninsured. Leaders felt that it is possible for communities to sponsor grocery delivery programs to ensure access to healthy nutrition for residents that do not have reliable transportation.
- **Proactively address health issues in women that are childbearing age:** Leaders recommended that women at risk of poor birth outcomes be identified prior to becoming pregnant, and target with increase access to insurance, and outreach and education regarding the impact their health status and behaviors can have on birth outcomes.
- **Increase the collaboration between FQHCs and Hospitals:** Leaders discussed the need for FQHCs and Hospitals to work together to refer patients for diagnostic and specialty care in hospitals, and then follow up with patients upon discharge with primary care and care coordination in local FQHC settings.
- **Increase the number of community health workers:** Leaders recommended an increase in the use of community navigators and community health workers who provide information and guidance to residents related to care coordination and appropriate use of healthcare resources.
- **Increase collaboration in the community to meet needs:** Leaders discussed the need to increase collaboration among hospitals, community based organizations, and community based providers. The discussion focused on the need to coordinate services to maximize the impact of what resources are available (e.g., screening, outreach, and

free health services) and develop creative solutions to challenging problems. For example, leaders discussed private-public partnerships to support grocery stores in areas where corporate grocers may not be sustainable alone.

- **Increase the access medically vulnerable individuals have to services:** Leaders discussed the restrictions and barriers that medically vulnerable individuals (e.g., homeless, low-income, residents with a history of behavioral health and/or substance abuse, etc.) face when trying to secure shelter services. Leaders recommended a low barrier shelter to increase the access homeless residents have to services, including health care.

ADDRESSING BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. There are not enough providers to meet the demand and the spectrum of services available in most areas is not comprehensive enough to treat individual needs.
2. Care coordination is needed among behavioral health, substance abuse, and primary care/medical providers.

Community leaders at the community forum identified the need to address behavioral health needs as a top health priority. Community leaders, stakeholders and survey respondents agree that behavioral health and substance abuse is a top health priority discussions focused primarily on the limited number of providers, and the need for care coordination and the fact that individuals with behavioral health and substance abuse needs often have poor health outcomes. According to the New Orleans City Health Department, New Orleans residents carry a heavy burden from mental health, substance abuse and other behavioral health issues.

Findings supported by study data:

There are not enough providers to meet the demand and the spectrum of services available in most areas is not comprehensive enough to treat individual needs:

- During the needs assessment conducted by Ochsner Medical Center – Kenner in 2013, Stakeholder’s perceived access was becoming increasingly more difficult, especially among the mental health and indigent population and focus group participants were under the impression mental health services were limited, without the capacity to meet the demand for services due to recent closures and funding cuts.

- During the 2015 study, the City of New Orleans Health Department published a dashboard of data depicting mental health utilization, which includes residents served by Ochsner Medical Center Kenner. The dash board for July 2015 indicates:
 - ✓ There is an average rate of 21 ER holds (individuals in crisis who have been evaluated and waiting for inpatient beds) each month during the preceding 12 month period. A rate that has increased when compared to previous year data.
 - ✓ Since June 2015, utilization of outpatient beds have increased overall, indicating that more people are seeking treatment outside of emergency departments⁸
- Data suggests there is a need for behavioral health services

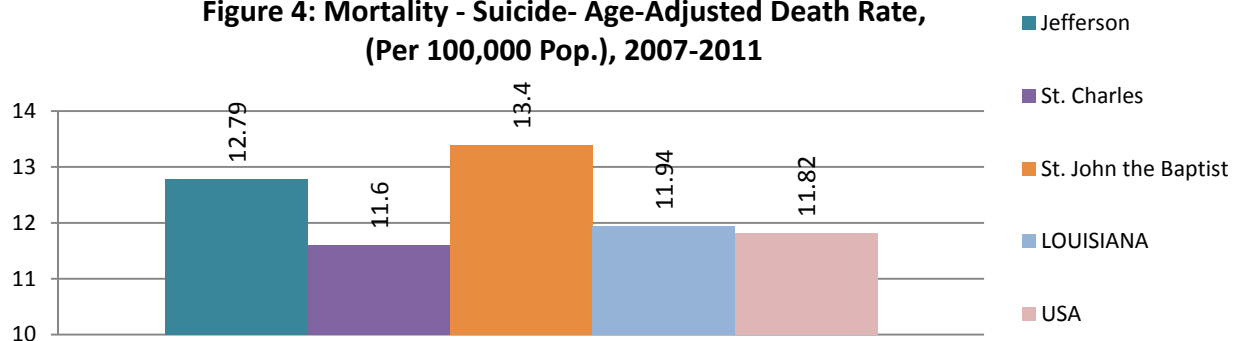
Table 2: County Health Rankings –Mental Health Providers (Count/Ratio) by Parish

Measure of Mental Health Providers*	LA	Jefferson Parish	St. Charles Parish	St. James the Baptist Parish
Mental health providers (count)	5386	618	33	32
Mental health providers (ratio Population to provider)	859:1	704:1	1,594:1	1,368:1

*County Health Ranking 2015

- The ratio of population to mental health providers in St. Charles Parish and St. John the Baptist Parish both show a significantly larger population to provider ratio (1,594 and 1,368 pop. for every 1 mental health provider) than Jefferson Parish and the state (704 and 859 pop. per provider respectively).

Figure 4: Mortality - Suicide- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



*Source: Community Commons. 06/08/2015

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to suicide for the study area at 13.40 per 100,000 population; this rate is higher than the national rate (11.82) and all of the other study area parishes.
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; all of the study area parishes are higher than this HP2020 Goal.

⁸ Source: New Orleans Health Department: New Orleans Mental Health Dashboard (July 2015)

- Almost 1 in 5 (19%) of survey respondents indicated that they have received mental health treatment or medication at some time in their lives. However, when asked if a variety of services are available to them or their family, more than 1 in 10 survey respondents indicated that mental health services (13.1%) and/or substance abuse services (11.8%) were “not available as far as they know” or “available to others but not to them”.
- Almost three-quarters of stakeholders identified a health need related to behavioral health and/or substance abuse. Stakeholders discussed the lack of behavioral health and substance abuse resources in general and many noted that behavioral health and substance abuse needs are highest in communities with the highest rates of poverty. Stakeholders felt that there is a connection between environmental factors and the prevalence of behavioral health and substance abuse, a sentiment that was echoed in the previous 2013 CHNA study as well.
- Community leaders and stakeholders alike discussed the gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. There is reportedly a resistance among behavioral health providers to accept Medicaid insurance and the cost of uninsured behavioral health services is unaffordable for residents who are Medicaid eligible. Other services that were noted as being inadequate in local communities were school-based screening and treatment of behavioral health issues in youth, early intervention services, inpatient services for adults and youth, and outpatient services for adults and youth. While there are inpatient beds and outpatient services available (e.g., Ochsner Medical Center-Kenner, The Help Unit in St. Charles Parish, etc.), stakeholders and community leaders indicated that they are not adequate enough to meet the demand for behavioral health and substance abuse services.
- There was also discussion around the need for behavioral health providers that are both culturally competent and reflective of the cultures and languages spoken by residents (i.e., Spanish and Vietnamese dialects) in communities served by Ochsner Medical Center - Kenner.
- Nearly fifty percent (47.8%) of survey respondents selected “Drugs and Alcohol” as one of the top five health concerns in their communities. Stakeholders felt that the culture of New Orleans and tourist industry encourages substance abuse and identified alcohol and marijuana as the most common substances being abused. Other substances noted were cocaine, heroin, methamphetamines, and prescription pain medications. Stakeholders also felt that substance abuse is often a way for residents to self-medicate or cope with behavioral health issues including stress and serious mental illness (e.g., bipolar, schizophrenia, etc.).

Care coordination is needed among behavioral health, substance abuse and primary care/medical providers.

- Among the findings of the 2013 CHNA, focus group participants believed mental health services throughout the region were disjointed and at times difficult to navigate. Some focus group participants believed there was disconnect in the communication between mental health providers, and/or physicians, and the school system. Focus group participants gave the impression some residents in the region may not have been aware of available mental health services and believed that, at the time, the results were patients suffering from mental illnesses may not have been getting their needs met.
- During the 2015 study, community leaders discussed a fractured behavioral health system where residents are not seeking and receiving effective ongoing behavioral health and/or substance abuse treatment. Residents may be seen in the emergency room for crisis behavioral health and then have little follow up afterward. Community leaders and stakeholders agree that care coordination is needed among behavioral health providers, substance abuse providers, and physical health providers.

Stakeholders noted that behavioral health and substance abuse has an impact on the health status of residents in a variety of ways and often leads to poorer health outcomes. Several of the noted effects of behavioral health and substance abuse are:

- ✓ Incarceration rates among residents with behavioral health and/or substance abuse diagnosis is high.
- ✓ It can be difficult to secure out-of-home placement for a senior who has been committed for psychiatric treatment.
- ✓ Residents with a history of behavioral health and substance abuse do not always practice healthy behaviors and may be non-compliant with necessary medical treatments (e.g., HIV treatments, etc.).
- ✓ Babies born to mothers with behavioral health and/or substance abuse issues may not receive adequate prenatal care and/or consistent care Postpartum to facilitate healthy child development. Mothers that have a history of substance abuse may not inform their physician due to laws that may lead to the removal of other children in the home.

Behavioral health has remained a top health priority that appears as a theme in each data source included in this assessment. The underlying factors include: care coordination and workforce supply vs. resident demand. Primary data collected during this assessment from community leaders and residents offered several recommendations to address the need for behavioral health and substance abuse. Some of which included:

- **Integrate behavioral health and primary care:** Leaders felt that behavioral health services need to be more adequately funded in local communities in order to increase

the number of providers and amount of services available. Additionally, primary care providers could begin screening for behavioral health symptoms and discussing these symptoms and resources with patients in order to decrease the stigma of behavioral health diagnoses and increase screening rates.

- **Increase the number of inpatient beds and outpatient behavioral health services:** Leaders discussed the need to increase the amount of inpatient and outpatient services that are available to residents in local communities. Leaders discussed increasing advocacy efforts regarding policy and funding mechanisms as well as restructuring how behavioral health services are funded and who can be served.
- **Develop school-based behavioral health services and screening for youth:** Leaders discussed the possibility of schools and other community based organizations collaborating to develop school-based behavioral health services using funds available through Medicaid/Bayou Health.

RESOURCE AWARENESS AND HEALTH LITERACY

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. A lack of awareness about health resources
2. Presence of barriers related to language.
 - ✓ System navigation.
 - ✓ Need to increase culturally sensitive clinical care and educational outreach to vulnerable populations.

Improving resource awareness and health literacy was identified as a top health priority for the Ochsner Medical Center - Kenner service area. While there has been a great deal of development in community based health services since the last needs assessment in 2013, there is limited awareness among residents regarding where to secure services and the health provider landscape remains largely disjointed. According to stakeholders and community leaders, efforts to better connect services providers (e.g. the health information exchanges, electronic medical records, etc.) are in the earliest stages of development. Additionally, there are limited English speaking skills making health literacy and system navigation a health concern. There is agreement across data sources in support of improving resource awareness, health literacy of residents and cultural sensitivity of providers in the hospital service area.

Findings supported by study data:

A lack of awareness about health resources:

- In the 2013 CHNA, stakeholders believed the healthcare system was still somewhat fractured and there was a lack of consistent information available, a lack of human resources to help with navigation of the system, and it also took a long time to get through the process to ultimately obtain the required health-related services. At the time, and still today, stakeholders believe hospital competition creates barriers to coordination of care throughout the region. Both stakeholders and focus group participants of the 2013 CHNA felt increased healthcare navigation was needed (i.e., helping people understand what is available to them and how to access resources).
- Today, stakeholders discussed a shift in the way health services are provided from the charity care model, where charity care was provided in large charity hospital settings before Katrina, to the community-based clinic model, which provides charity care to residents through a network of community based clinics. One of the most discussed about barriers to accessing health services in local communities was the awareness of residents about what services are available and where they are located. The lack of awareness about service availability could explain why survey respondents indicated that they did not feel a variety of health services were available to them. When asked if the following was available them or their family, at least 1 in 10 survey respondents indicated the following health services were “not available as far as they know” or “available to others but not to them”: affordable, safe, and healthy housing (23.1%), dental services (20.7%), vision services (19.7%), healthy foods(15.6%), employment assistance (16.2%), medical specialist (11.8%), HIV services (11.5%), emergency medical care (11.1%), pediatric & adolescent health (10.7%), primary care (10.2%), and services for 60+ (10%). Residents are not securing health services in the proper locations because they are not aware of new clinics and services that may be available to them. Furthermore, respondents reported preferring to receive information by word of mouth most often (62.4%), limiting the effectiveness of outreach and advertisement efforts using other methods.
- Also in the 2013 CHNA, many focus group participants felt residents were unaware of meetings, events, programs and services in their communities due to ineffective dissemination of information. Specifically, participants felt that information about meetings, events, programs and services was not always publicized in their communities causing a lack of awareness and limited participation among residents at that time.

Language barriers related to accessing care and understanding care provided.

- In the 2013 CHNA results, stakeholders stated there was a lack of service and lack of appropriate match of services to specific populations due to language/cultural barriers. Stakeholders believed it was a diverse community and healthcare needed to be provided in a culturally sensitive way. Overall, stakeholders felt there was a lack of

resources to address cultural barriers when dealing with the navigation of healthcare services at the time. Additionally, focus group participants for whom English was a second language stated that they felt uncomfortable obtaining health care services and health care coverage due to cultural and language barriers, ultimately leaving them uninsured at the time.

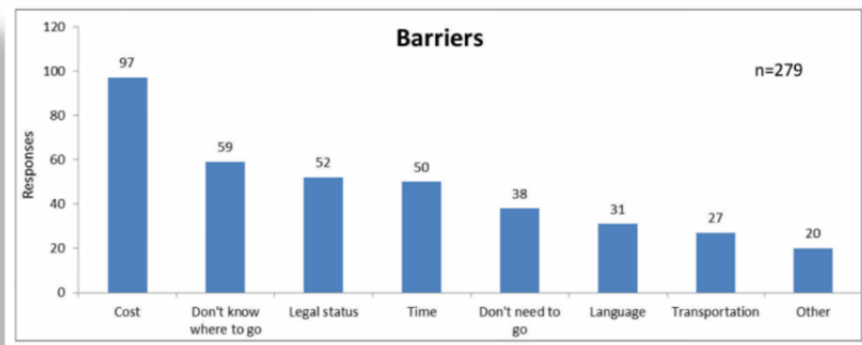
- During the 2015 study, the most current zip code level data suggests that there are pockets of populations in the hospital services area with limited English speaking skills. CNI data shows higher rates of residents with limited English speaking skills in New Orleans (70129), Gretna (70053), Kenner (70062), and Metairie (70002) (16.6%, 8.2%, 7.8% and 9.5% of the population respectively) when compared to the average rates for the hospital service area (3.3%) and the average rates for a 14 parish area of South East Louisiana (1.6%).

- The results of a survey conducted among Latino(a) residents in New Orleans from 2013 to 2014⁹ echoes the findings of the previous (2013) CHNA.

When asked what barriers they faced seeking health care:

the most frequently chosen barrier to healthcare is cost (35%), not knowing where to go to receive health care, and concerns regarding legal status was the third largest barrier to care (18.6%). Other barriers noted in survey results included: language, inadequate provision of health-related information, lack of outreach to Latino residents by healthcare providers.

Figure 5: Survey Results- Latino Community Health Issues in New Orleans



Health literacy can impact the level of engagement with health providers at every level; limiting preventive care, emergent care, and ongoing care for chronic health issues, leading to health disparities among populations with limited English skills and limited literacy skills. Primary data collected during this assessment from community leaders and residents offered several recommendations to improving resource awareness and health literacy. Some of which include:

- **Increase awareness through outreach education with providers and residents alike:** Community leaders indicated that there is a need to increase the level of education and outreach being provided in the community to residents. Leaders felt that residents could benefit from additional education and awareness regarding preventive practices,

⁹ Source: *I don't Know Where to Go: Latino Community Health Issues in New Orleans*

available services, appropriate use of healthcare resources, financial health, and healthy behaviors related to obesity, diabetes, smoking, etc. Additionally, leaders recommended that incentives should be provided to organizations and businesses for promoting healthy activities (e.g., exercise, healthy nutrition, etc.).

- **Increase access to accurate information about what services are available:** Leaders discussed the dissemination of accurate information about what services are available in local communities. Leaders discussed the development of a resource that is accessible through a variety of methods (e.g., electronically, by phone, pamphlets offered in physicians' offices and other community locations, etc.) to maximize the accessibility for residents, and offering an internet-based searchable data warehouse of available resources that would be updated on a regular basis to ensure accuracy of information. Additionally, leaders discussed promotion of the use of the Health Information Exchange among providers and residents alike.

Community Health Needs Identification Forum

The following qualitative data were gathered during a regional community planning forum held on August 5th in New Orleans, LA. The community planning forum was conducted with community leaders representing the primary service area for Ochsner Medical Center - Kenner. Community leaders were identified by the community health needs assessment oversight committee for Ochsner Medical Center Kenner. Ochsner Medical Center Kenner is an acute care community hospital and department of Ochsner Medical Center located in Kenner, LA. The community forum was conducted by Tripp Umbach consultants and lasted approximately three hours.

Tripp Umbach presented the results from secondary data analysis, community leader interviews, and community surveys, and used these findings to engage community leaders in a group discussion. Community leaders were asked to share their vision for the community they represent, discuss an action plan for health improvement in their community and prioritize their concerns. Breakout groups were formed to pinpoint, identify, and prioritize issues/problems that were most prevalent and widespread in their community. Most importantly, the breakout groups were charged to identify ways to resolve their community's identified problems through innovative solutions in order to bring about a healthier community.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for residents in the Ochsner Medical Center Kenner service area. Below is a brief summary of the recommendations:

Increase awareness through outreach education with providers and residents alike:

Community leaders indicated that there is a need to increase the level of education and outreach being provided in the community to residents. Leaders felt that residents could benefit from additional education and awareness regarding preventive practices, available services, appropriate use of healthcare resources, financial health, and healthy behaviors related to obesity, diabetes, smoking, etc. Additionally, leaders recommended that incentives should be provided to organizations and businesses for promoting healthy activities (e.g., exercise, healthy nutrition, etc.).

Integrate behavioral health and primary care: Leaders felt that behavioral health services need to be more adequately funded in Eastbank communities in order to increase the number of providers and amount of services available. Additionally, primary care providers could begin screening for behavioral health symptoms and discussing these symptoms and resources with patients in order to decrease the stigma of behavioral health diagnoses and increase screening rates.

Increase the number of inpatient beds and outpatient behavioral health services: Leaders discussed the need to increase the amount of inpatient and outpatient services that are available to residents in Eastbank communities. Leaders discussed increasing advocacy efforts regarding policy and funding mechanisms as well as restructuring how behavioral health services are funded and who can be served.

Proactively address health issues in women that are childbearing age: Leaders recommended that women at risk of poor birth outcomes be identified prior to becoming pregnant, and target with increase access to insurance, and outreach and education regarding the impact their health status and behaviors can have on birth outcomes.

Offer health and other necessary services in areas where the rate of poverty is high: Leaders discussed increasing access to health services in communities where the poverty rates are high and transportation may be an issue. Mobile health services and public-private partnerships to support hospitals where corporate models of healthcare may not be as sustainable were discussed by leaders as two models that may be able to increase the availability of health services in underserved areas. Additionally, leaders discussed the provision of medication assistance or a pharmacy for residents earning a low-income that are under/uninsured. Leaders felt that it is possible for communities to sponsor grocery delivery programs to ensure access to healthy nutrition for residents that do not have reliable transportation.

Increase employment opportunities: Leaders discussed the position of hospital providers as major employers in the communities they serve. It is possible to increase the exposure of high school students to medical professions in order to generate an interest in medical training and education. Leaders also discussed job retraining for residents that are unemployed with the capacity to fill roles at local hospitals in order to increase employment opportunities for unemployed residents.

Increase access to accurate information about what services are available: Leaders discussed the dissemination of accurate information about what services are available in Eastbank communities. Leaders discussed the development of a resource that is accessible through a variety of methods (e.g., electronically, by phone, pamphlets offered in physicians' offices and other community locations, etc.) to maximize the accessibility for residents, and offering an internet-based searchable data warehouse of available resources that would be updated on a regular basis to ensure accuracy of information. Additionally, Leaders discussed promotion of the use of the Health Information Exchange among providers and residents alike.

Increase the collaboration between FQHCs and Hospitals: Leaders discussed the need for FQHCs and Hospitals to work together to refer patients for diagnostic and specialty care in hospitals, and then follow up with patients upon discharge with primary care and care coordination in local FQHC settings.

Increase the number of community health workers: Leaders recommended an increase in the use of community navigators and community health workers who provide information and guidance to residents related to care coordination and appropriate use of healthcare resources.

Increase collaboration in the community to meet needs: Leaders discussed the need to increase collaboration among hospitals, community based organizations, and community based providers. The discussion focused on the need to coordinate services to maximize the impact of what resources are available (e.g., screening, outreach, and free health services) and develop creative solutions to challenging problems. For example, leaders discussed private-public partnerships to support grocery stores in areas where corporate grocers may not be sustainable alone.

Develop school-based behavioral health services and screening for youth: Leaders discussed the possibility of schools and other community based organizations collaborating to develop school-based behavioral health services using funds available through Medicaid/Bayou Health.

Increase the access medically vulnerable individuals have to services: Leaders discussed the restrictions and barriers that medically vulnerable individuals (e.g., homeless, low-income, residents with a history of behavioral health and/or substance abuse, etc.) face when trying to secure shelter services. Leaders recommended a low barrier shelter to increase the access homeless residents have to services, including health care.

PROBLEM IDENTIFICATION:

During the community planning forum process, community leaders discussed regional health needs that centered around three themes. These were (in order of priority assigned):

- 1. Access to Health Services**
- 2. Behavioral Health and Substance Abuse**
- 3. Resource Awareness and Health Literacy**

The following summary represents the most important topic areas within the community, discussed at the planning retreat, in order of priority. Community leaders believe the following

concerns are the most pressing problems and are identified as the most manageable to address and tackle.

ACCESS TO HEALTH SERVICES:

Community leaders identified access to health services as a community health priority. Leaders focused discussions around issues with Medicaid access to medications, specialty diagnostics and specialty care; the social determinants of health (e.g., poverty, employment, etc.); maternal health for women that are childbearing age; and need for care coordination.

Contributing Factors:

- Residents that qualify for the Medicaid Waiver are not covered in hospitals and do not have prescription assistance, often leaving these residents without access to diagnostic and treatment options.
- Many residents in areas with high rates of poverty as well as seniors are not always able to afford prescription medication (e.g., uninsured, donut insurance coverage, etc.) without some form of assistance. There are very few resources available to subsidize prescription medications.
- There is a general lack of resources to meet the needs of residents with complex health needs and co-occurring health issues, which are often found among populations with higher poverty rates. Specifically, the discussion focused on the discharge process from local hospitals with limited resources for follow up care for the most medically vulnerable.
- Leaders discussed the lack of insurance as a barrier to maternal health prior to pregnancy. Women of childbearing age become eligible for Medicaid after they are pregnant, which is too late to improve overall health outcomes for the expecting mother and unborn baby. Leaders indicated that high rates of low birth weight births in Eastbank communities may be related to the lack of health maintenance prior to pregnancy due to a lack of insurance. Leaders believed that if women were able to manage their health with insurance prior to becoming pregnant, birth outcomes would improve.
- There are residents who are not able to afford health insurance due to a lack of employment opportunities.
- Specialty care is not always available (i.e., Pediatric neurosurgery, pediatric cardiology, endocrinology, trauma unit, diagnostics and treatment). There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients, and residents that live in communities with the highest rates of poverty.
- Transportation was discussed as a barrier to accessing health services for residents in local communities with the highest poverty rates.

- There is limited follow up for Medicaid populations that seek care in the hospital.
- Leaders discussed the need for care coordination for residents related to ensuring patients have access to treatment methods prescribed by the physician (i.e., medications, healthy nutrition, etc.) and providers following up with patients to improve implementation of treatment recommendations.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE:

Behavioral health and substance abuse services were discussed at the community forum. Community leaders focused their discussions primarily on the stigma associated with behavioral health diagnoses, the limited number of providers, and the need for care coordination.

Contributing Factors:

- There is a stigma associated with behavioral health diagnoses, which causes residents to resist seeking diagnosis and treatment.
- There are gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. Services that were noted as being inadequate in local communities were school-based screening and treatment of behavioral health issues in youth, early intervention services, inpatient services for adults and youth, and outpatient services for adults and youth. There was also discussion around the need for behavioral health providers that are both culturally competent and reflective of the cultures and languages spoken by residents in local communities (i.e., Spanish and Vietnamese dialects).
- Leaders discussed a fractured behavioral health system where residents are not seeking and receiving effective ongoing behavioral health and/or substance abuse treatment. Residents may be seen in the emergency room for crisis behavioral health and then have little follow up afterward. Care coordination is needed among behavioral health providers, substance abuse providers, and physical health providers.

RESOURCE AWARENESS AND HEALTH LITERACY:

Community leaders discussed resource awareness and health literacy as a top health priority. Community leaders focused their discussions primarily on awareness of the health resources that exist, system navigation issues, the education of vulnerable populations, and language barriers.

Contributing Factors:

- There is a need to ensure outreach and education is culturally competent and offered in a variety of languages and dialects to ensure residents of a variety of cultures and those with limited English speaking skills are able to receive and understand the information.
- Leaders discussed the need to provide culturally competent services to residents that may be undocumented. Such services would include consideration of linguistic needs and fears/needs related to legal status.
- Residents do not always have access to healthy nutrition. When residents have access to health foods they are not always aware of how to prepare food in healthy ways. Leaders discussed the lack of outreach in areas of poverty providing both access to healthy foods and awareness about healthy preparation of foods.
- Leaders felt that there is a general lack of health and wellness promotion in some communities related to obesity, diabetes, smoking, etc.
- Leaders discussed that there are many health resources in communities, but residents do not always know the location and the type of health services that are available at each provider, to meet individual needs.
- Socio-economic status may pose additional challenges to residents navigating available resources. For example, there are specific physicians that accept Medicaid insurance however; many health care professionals do not accept new patients with Medicaid coverage.
- Residents are not always being assessed to determine their level of understanding and health literacy.

Secondary Data

Tripp Umbach worked collaboratively with the Ochsner Medical Center - Kenner community health needs assessment oversight committee to develop a secondary data process focused on three phases: collection, analysis and evaluation. Tripp Umbach obtained information on the demographics, health status and socio-economic and environmental factors related to the health and needs of residents from the multi-community service area of Ochsner Medical Center - Kenner. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to demographic data, specific attention was focused on two key community health index factors: Community Need Index (CNI) and Prevention Quality Indicators Index (PQI). Tripp Umbach provided additional comparisons and trend analysis for CNI data from 2012 to present.

Demographic Data

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the Ochsner Medical Center Kenner (OMC Kenner) study area. The OMC Kenner Study Area is defined to include the 30 zip codes across the 6 parishes; for comparison purposes the OMC Kenner Study Area looks to compare to Jefferson, St. Charles, and St. John the Baptist parishes (parishes with the largest number of zip codes that make up the study area).

Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

Demographic Profile – Key Findings:

- ✓ The OMC Kenner zip-code defined study area encompasses 613,839 residents.
- ✓ In 2015, the largest parish in the study area is Jefferson Parish with 435,154 residents in 2015.
- ✓ From 2015 to 2020, the OMC Kenner Study Area is projected to experience a 3.8% rise in population going from 613,839 residents to 636,868 residents.
- ✓ Of the included parishes of relevance to the OMC Kenner Study area, St. John the Baptist Parish is the only parish projected to experience population decline at 4.4% (a loss of 1,940 residents).
- ✓ The gender breakdown for the entire OMC Kenner Study Area and parishes is generally consistent and similar to state and national norms.

- ✓ Jefferson Parish reports the largest population of residents aged 65 and older with 15.4% followed by the OMC Kenner Study Area with 14.4%, and St. John the Baptist with 12.4%.
- ✓ St. Charles Parish reports the highest White, Non-Hispanic population percentage at 64.8%.
- ✓ John the Baptist Parish reports the highest Black, Non-Hispanic population across the study area counties at 51.7%. This is higher than both state (32.0%) and national (12.3%) reports.
- ✓ The OMC Kenner Study Area and all of the parishes report lower rates of Hispanic residents as compared with the country (17.6%). Jefferson Parish reports the highest Hispanic population rate at 14%. Jefferson Parish also reports the highest percentage of Asian or Pacific Islander residents (4.1%) as compared with the other parishes and Study Area.
- ✓ Jefferson Parish reports the highest rate of residents with less than a high school degree (6.7%).
- ✓ The OMC Kenner Study Area reports the highest rate of residents with a Bachelor's degree or higher with 25.0%.
- ✓ St. Charles Parish reports the highest average annual household income for the study at \$74,521. This is above state (\$64,209) and national (\$74,165) averages.
- ✓ The OMC Kenner Study Area reports the lowest average annual household income compared to the other parishes in the study at \$61,121.
- ✓ The OMC Kenner Study Area reports the highest rates of households that earn less than \$15,000 per year at 18.2%; this is higher than the state average of 16.9%.

Community Needs Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).¹⁰ CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to health care access. Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than other existing assessment methods in

¹⁰ Truven Health Analytics, Inc. 2015 Community Need Index.

identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

1. Income Barrier
 - a. Percentage of households below poverty line, with head of household age 65 or more
 - b. Percentage of families with children under 18 below poverty line
 - c. Percentage of single female-headed families with children under 18 below poverty line
2. Cultural Barrier
 - a. Percentage of population that is minority (including Hispanic ethnicity)
 - b. Percentage of population over age 5 that speaks English poorly or not at all
3. Education Barrier
 - a. Percentage of population over 25 without a high school diploma
4. Insurance Barrier
 - a. Percentage of population in the labor force, aged 16 or more, without employment
 - b. Percentage of population without health insurance
5. Housing Barrier
 - a. Percentage of households renting their home

Every populated zip code in the United States is assigned a barrier score of 1,2,3,4, or 5 depending upon the zip code's national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, zip codes that score a 1 for the Education Barrier contain highly educated populations; zip codes with a score of 5 have a very small percentage of high school graduates.

A total of 27 of the 30 zip code areas (90%) for the Ochsner Medical Center Kenner study area fall above the median score for the scale (3.0), none fall at the median, and three fall below the median. Being above the median for the scale indicates that these zip code areas have more than average the number of barriers to health care access.

Figure 6. OMC Kenner Study Area 2015 CNI Map

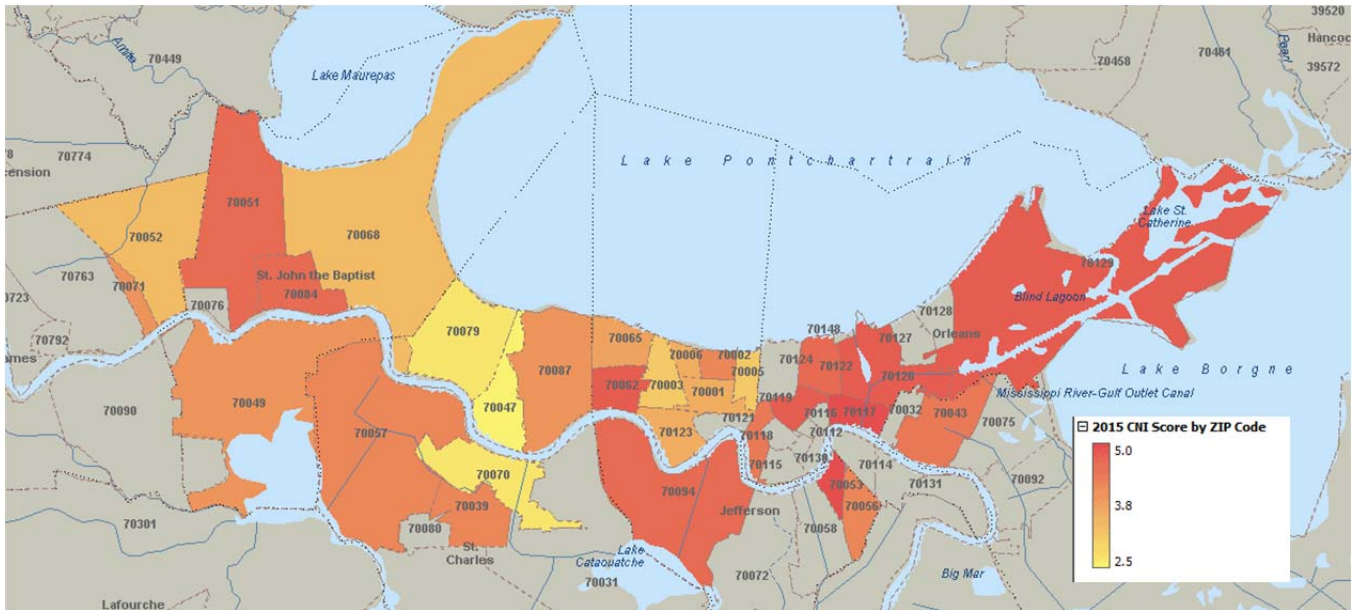


Table 3: OMC Kenner - 2015 CNI Detailed Data

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Renting
70053	Gretna	5.0	20.7%	39.2%	52.3%	8.2%	55.7%	25.7%	10.9%	20.5%	52.3%
70117	New Orleans	5.0	29.5%	46.8%	63.6%	0.6%	78.5%	22.0%	14.3%	31.9%	50.6%
70062	Kenner	4.8	29.9%	28.3%	49.1%	7.8%	62.6%	23.3%	17.4%	17.7%	48.9%
70119	New Orleans	4.8	25.4%	48.3%	66.8%	3.4%	70.7%	19.2%	15.4%	31.1%	67.0%
70126	New Orleans	4.8	11.8%	46.4%	55.3%	1.0%	95.3%	18.4%	16.2%	29.5%	45.5%
70129	New Orleans	4.8	34.1%	40.7%	67.7%	16.6%	90.0%	32.6%	13.1%	29.1%	34.1%
70051	Garyville	4.6	14.1%	33.7%	67.8%	0.9%	58.5%	23.1%	26.7%	16.7%	24.7%
70084	Reserve	4.6	3.8%	33.7%	73.1%	0.6%	57.7%	21.3%	15.0%	13.7%	24.2%
70094	Westwego	4.6	16.8%	26.5%	44.9%	2.2%	57.5%	25.7%	15.2%	16.3%	31.0%
70122	New Orleans	4.6	15.8%	27.9%	42.4%	0.8%	86.8%	14.1%	14.1%	25.2%	38.3%
70043	Chalmette	4.4	7.4%	22.9%	48.0%	2.4%	36.4%	17.0%	10.8%	17.1%	42.3%
70118	New Orleans	4.4	18.6%	25.3%	42.2%	0.9%	45.5%	11.7%	10.5%	23.1%	54.6%
70002	Metairie	4.2	10.8%	19.9%	46.0%	9.5%	40.5%	13.0%	7.6%	12.5%	46.2%
70039	Boutte	4.2	7.0%	20.8%	52.7%	0.8%	63.0%	15.6%	5.1%	10.9%	31.3%
70056	Gretna	4.2	12.6%	21.6%	45.3%	4.8%	62.1%	13.4%	7.1%	12.4%	39.9%
70057	Hahnville	4.2	12.1%	35.6%	61.3%	0.4%	56.0%	19.8%	14.5%	13.4%	18.4%
70049	Edgard	4.0	28.3%	23.3%	25.3%	0.0%	94.8%	22.1%	24.1%	19.6%	22.5%
70071	Lutcher	4.0	18.3%	20.5%	56.9%	0.4%	53.3%	16.8%	8.7%	12.8%	20.8%
70087	Saint Rose	4.0	21.8%	18.1%	41.2%	2.0%	55.3%	18.1%	10.4%	13.3%	33.2%
70065	Kenner	3.8	7.2%	14.4%	39.2%	6.1%	50.1%	13.3%	7.2%	9.3%	36.3%
70001	Metairie	3.6	14.4%	15.3%	30.0%	3.2%	32.2%	12.4%	5.5%	11.8%	50.1%
70006	Metairie	3.6	5.4%	17.0%	37.6%	5.0%	34.9%	13.7%	8.2%	10.4%	34.0%
70123	New Orleans	3.6	8.7%	14.2%	35.9%	1.0%	20.3%	10.5%	4.4%	10.1%	39.4%
70052	Gramercy	3.4	10.1%	22.1%	55.4%	0.4%	50.3%	12.5%	17.2%	11.4%	14.0%
70068	LA Place	3.4	13.7%	15.8%	27.5%	1.4%	58.1%	16.1%	9.1%	10.2%	19.3%
70003	Metairie	3.2	10.7%	13.7%	30.3%	2.8%	29.8%	13.2%	7.6%	11.5%	24.3%

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Un-employed	Un-insured	Renting
70005	Metairie	3.2	9.4%	6.1%	30.4%	4.1%	16.8%	8.6%	5.9%	10.8%	37.2%
70070	Luling	2.8	7.7%	13.0%	27.9%	1.1%	23.9%	10.7%	4.7%	8.0%	16.8%
70079	Norco	2.8	12.2%	16.2%	57.0%	0.1%	14.3%	7.9%	4.6%	8.6%	19.4%
70047	Destrehan	2.6	19.1%	9.8%	25.4%	0.9%	31.7%	9.8%	7.9%	7.8%	18.3%

For the OMC Kenner Study Area there are 2 zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70053- Greta and 70117- New Orleans.

- Zip code area 70117 in New Orleans reports the highest rates for the uninsured at (31.9%)
- Zip code area 70119 in New Orleans reports the highest rates for the study area for: married parents with children living in poverty (68.2%) and residents renting (88.4%).
- Zip code area 70129 in New Orleans reports the highest rates of residents aged 65 and older living in poverty (34.2%), residents with limited English (16.6%), and residents with no high school diploma (32.6%).
- Zip code area 70051 in Garyville reports the highest rate of unemployed residents at 26.7%; this is much higher than state (6.6%) and national (5.5%) rates.¹¹
- Zip code 70084 in Reserve reports the highest rate for single parents with children living in poverty (73.1%).
- 95.3% of zip code area 70126 in New Orleans identify themselves as a minority; this is the highest for the study area.

On the other end of the spectrum, the lowest CNI score for the study area is 2.6 in 70047 – Destrehan.

- Zip code 70084 in Reserve reports the lowest rate for residents aged 65 and older living in poverty (3.8%).
- Even though it has an overall 2015 CNI score of 4.0, zip code area 70049 in Edgard reports the lowest rate of residents with limited English proficiency at 0.0%, and reports the lowest rate for single parents with children living in poverty (25.3%)
- Zip code area 70123 in New Orleans reports the lowest rate for un-employed residents at 4.4%.
- Zip code 70052 in Gramercy reports the lowest rate for residents renting at 14.0%.
- Zip code 70005 in Metairie reports the lowest rate for married parents with children living in poverty at 6.1%.

¹¹ March 2015 state and national statistics. U.S. Bureau of Labor Statistics.

- Zip code 70079 in Norco reports the lowest rate for minorities at 14.3% and residents with no high school diploma at 7.98%
- Zip code 70047 in Destrehan reports the lowest rate for the uninsured at 7.8%.

Figure 7. Overall CNI Values - OMC Kenner and Parishes

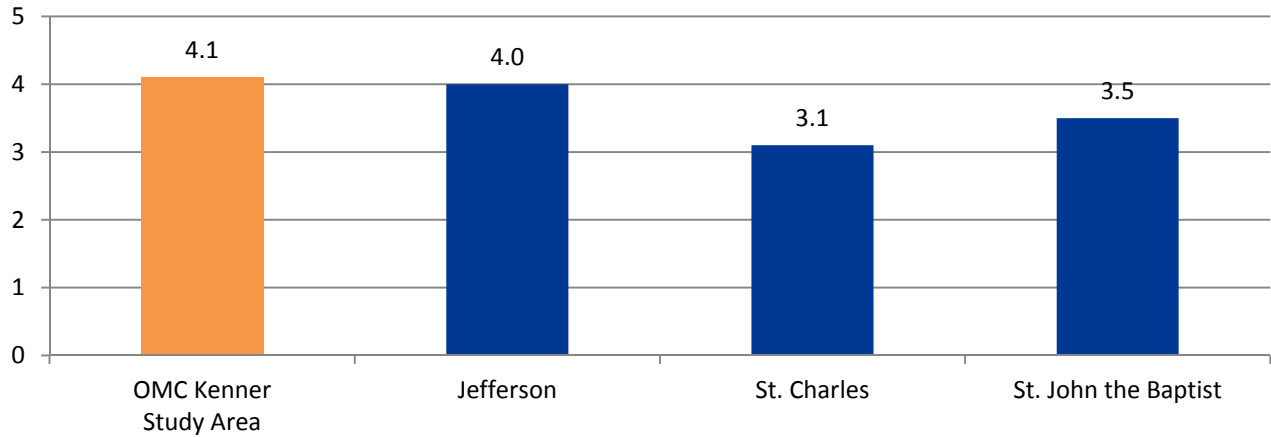
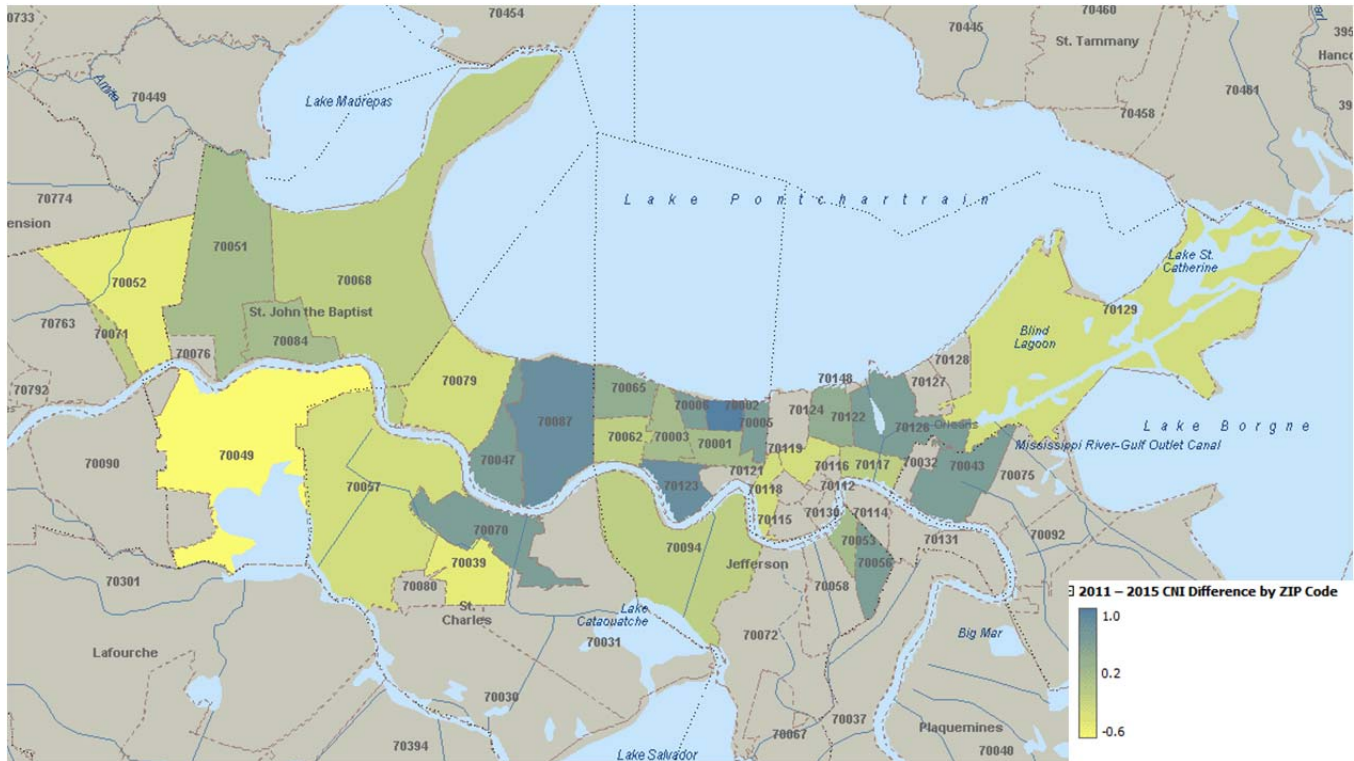


Figure 8. CNI Trending - OMC Kenner Study Area 2011 - 2015 CNI Difference Map



Trending (2011-2015): Across the 30 OMC Kenner study area zip codes:

- 8 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)

- 5 remained the same from 2011 to 2015
- 17 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)
- Zip code area 70002 – Metairie experienced the largest rise in CNI score (going from 3.2 to 4.2); while 70049 – Edgard experienced the largest decline in CNI score (going from 4.6 to 4.0).

Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)¹²

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations. The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators.

The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. The index measures number of residents living in the hospital service area, which are hospitalized for one of the following reasons (note: this does not indicate that the hospitalization took place at Ochsner Medical Center – Kenner). Lower index scores represent fewer admissions for each of the PQIs.

PQI Subgroups:

1. Chronic Lung Conditions

- PQI 5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40+) Admission Rate¹³
- PQI 15 Asthma in Younger Adults Admission Rate¹⁴

2. Diabetes

- PQI 1 Diabetes Short-Term Complications Admission Rate
- PQI 3 Diabetes Long-Term Complications Admission Rate
- PQI 14 Uncontrolled Diabetes Admission Rate
- PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

¹² PQI and PDI values were calculated including all relevant zip-code values from Louisiana; Mississippi data could not be obtained and was therefore not included.

¹³ PQI 5 for past study was COPD in 18+ population; PQI 5 for current study is now restricted to COPD and Asthma in 40+ population

¹⁴ PQI 15 for past study was Adult Asthma in 18+ population; PQI 15 for current study is now restricted to Asthma in 18-39 population (“Younger”).

3. Heart Conditions

- PQI 7 Hypertension Admission Rate
- PQI 8 Congestive Heart Failure Admission Rate
- PQI 13 Angina Without Procedure Admission Rate

4. Other Conditions

- PQI 2 Perforated Appendix Admission Rate¹⁵
- PQI 9 Low Birth Weight Rate¹⁶
- PQI 10 Dehydration Admission Rate
- PQI 11 Bacterial Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate

Table 4. Prevention Quality Indicators (PQI) OMC Kenner / LA / U.S.A. 2015

Prevention Quality Indicators (PQI)	OMC Kenner Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	OMC Kenner Study Area – LA Diff.	OMC Kenner Study Area – U.S.A. Diff.
Chronic Lung Conditions					
COPD or Adult Asthma (PQI5)	404.90	531.03	495.71	- 126.13	- 90.81
Asthma in Younger Adults (PQI15)	41.30	42.83	46.02	- 1.53	- 4.72
Diabetes					
Diabetes Short-Term Complications (PQI1)	101.40	98.10	63.86	+ 3.30	+ 37.54
Diabetes Long-Term Complications (PQI3)	132.47	126.06	105.72	+ 6.41	+ 26.75
Uncontrolled Diabetes (PQI14)	8.27	15.57	15.72	- 7.30	- 7.45
Lower Extremity Amputation Among Diabetics (PQI16)	16.87	12.74	16.50	+ 4.13	+ 0.37
Heart Conditions					
Hypertension (PQI7)	40.94	46.06	54.27	- 5.12	- 13.33
Congestive Heart Failure (PQI8)	374.96	404.11	321.38	- 29.15	+ 53.58
Angina Without Procedure (PQI13)	7.35	13.74	13.34	- 6.39	- 5.99
Other Conditions					
Perforated Appendix (PQI2)	473.68	322.43	323.43	+ 151.25	+ 150.25
Low Birth Weight (PQI9)	97.21	86.51	62.14	+ 10.70	+ 35.07
Dehydration (PQI10)	78.26	124.53	135.70	- 46.27	- 57.44
Bacterial Pneumonia (PQI11)	188.52	305.80	248.19	- 117.28	- 59.67
Urinary Tract Infection (PQI12)	178.93	209.39	167.01	- 30.46	+ 11.92

¹⁵ PQI 2 changed from Perforated Appendix in Males 18+ for the past study to Perforated Appendix in Total 18+ population as a rate per 1,000 ICD-9 code admissions for appendicitis. This shift has changed the values for this measure drastically and therefore, Tripp Umbach did not adjust.

¹⁶ Although not clearly explained by the AHRQ, it would seem that a definition of Newborn population has shifted for PQI 9 because the values are drastically lower in 2014 than in previous years (2011). This has shifted PQI 9 values drastically. Tripp Umbach did not adjust.

Key Findings from 2015 PQI Data:

- The PQI measures in which the OMC Kenner Study Area reports higher preventable admission rates than the State of Louisiana is for:
 - ✓ Diabetes Short-Term Complications
 - ✓ Diabetes Long-Term Complications
 - ✓ Lower Extremity Amputation Among Diabetics
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
- The PQI measures in which the OMC Kenner Study Area reports higher preventable admission rates than the nation is for:
 - ✓ Diabetes, Short-Term Complications
 - ✓ Diabetes, Long-Term Complications
 - ✓ Lower Extremity Amputation Among Diabetics
 - ✓ Congestive Heart Failure
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
 - ✓ Urinary Tract Infection
- There are a handful of PQI values in which the OMC Kenner Study Area as well as a majority of the study area parishes report higher rates than is seen nationally (indicating areas in which there are more preventable hospital admissions than the national norm), these include:
 - ✓ Diabetes, Short-Term Complications
 - ✓ Diabetes, Long-Term Complications
 - ✓ Lower Extremity Amputation Among Diabetics
 - ✓ Congestive Heart Failure
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
 - ✓ Urinary Tract Infection
- There are also a number of PQI measures in which the OMC Kenner Study Area and many of the parishes in the study area report lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:
 - ✓ COPD or Adult Asthma
 - ✓ Hypertension
 - ✓ Dehydration
 - ✓ Bacterial Pneumonia

Pediatric Quality Indicators Overview

The Pediatric Quality Indicators (PDIs) are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level.

Development of quality indicators for the pediatric population involves many of the same challenges associated with the development of quality indicators for the adult population. These challenges include the need to carefully define indicators using administrative data, establish validity and reliability, detect bias and design appropriate risk adjustment, and overcome challenges of implementation and use. However, the special population of children invokes additional, special challenges. Four factors—differential epidemiology of child healthcare relative to adult healthcare, dependency, demographics, and development—can pervade all aspects of children’s healthcare; simply applying adult indicators to younger age ranges is insufficient.

The PDIs focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals, and on preventable hospitalizations among pediatric patients.

The PDIs apply to the special characteristics of the pediatric population; screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the provider level or area level; and, help to evaluate preventive care for children in an outpatient setting, and most children are rarely hospitalized.

PDI Subgroups:

- PDI 14 Asthma Admission Rate (per 100,000 population ages 2 – 17)
- PDI 15 Diabetes, Short-Term Complications Admission Rate (per 100,000 population ages 6 – 17)
- PDI 16 Gastroenteritis Admission Rate (per 100,000 population ages 3 months – 17 years)
- PDI 17 Perforated Appendix Admission Rate (per 1,000 admissions ages 1 – 17)
- PDI 18 Urinary Tract Infection Admission Rate (per 100,000 population ages 3 months – 17 years)

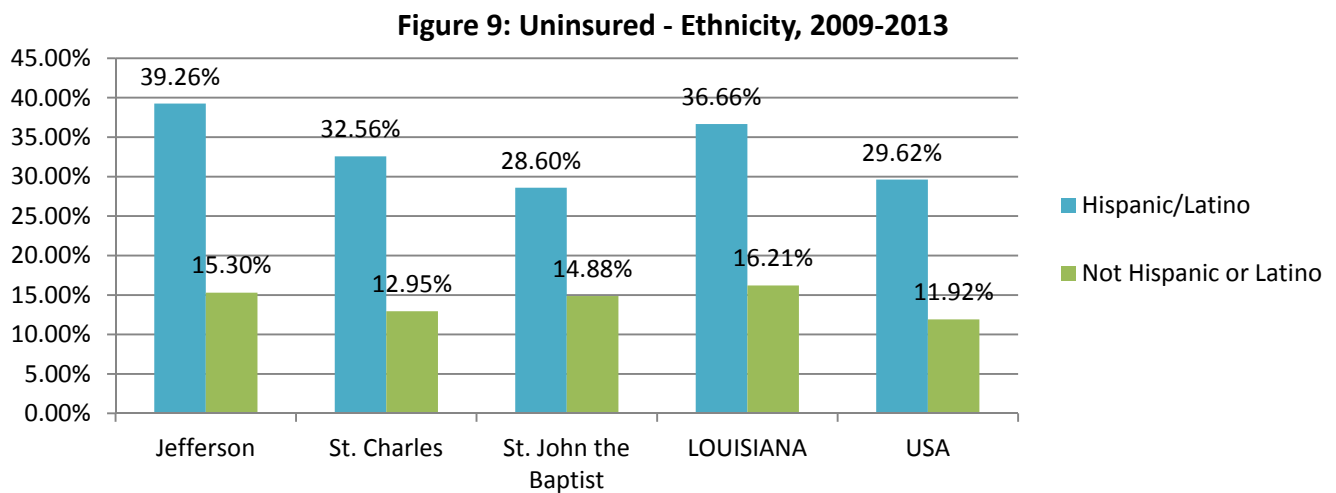
Key Findings from PDI Data:

- St. John the Baptist Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 289.39 per 100,000 population; more than double the national rate of 117.37
- St. Charles and Jefferson parishes report the highest rates of diabetes, short-term complications for those aged 6 to 17 years old for the study area (37.87 and 37.29 respectively).
- The entire study area falls below the state and national rate for preventable hospitals admissions due to gastroenteritis.

- St. Charles and St. John the Baptist tie in reporting the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 500 per 100,000 admissions.
- Jefferson Parish is the only parish to report a value higher than the national rate of preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years with 31.01 per 100,000 population being admitted while the national rate stands at 29.64.

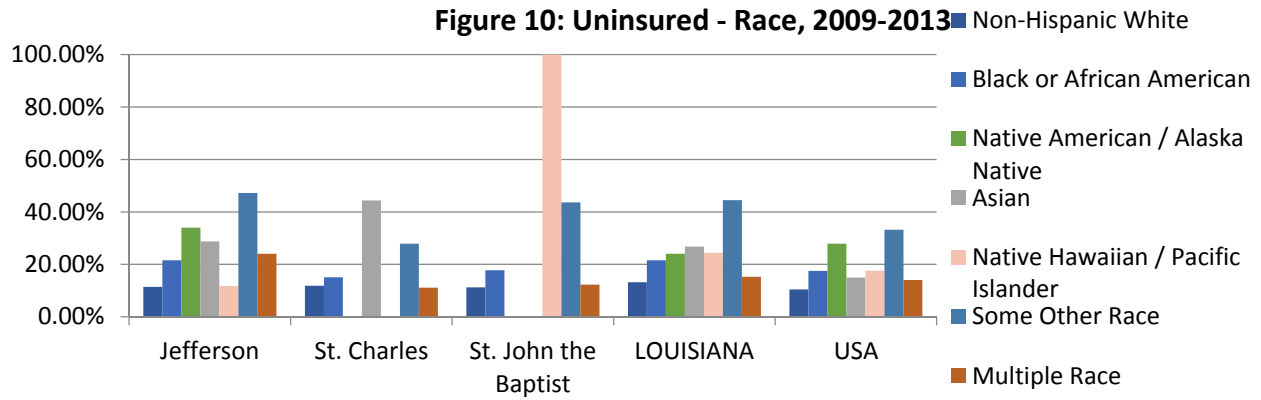
Community Commons Data

Tripp Umbach gathered data from Community Commons related to social and economic factors, physical environment, clinical care, and health behaviors for the parishes of interest for the Ochsner Medical Center Kenner (OMC Kenner) CHNA.¹⁷ The data is presented in the aforementioned categories below.

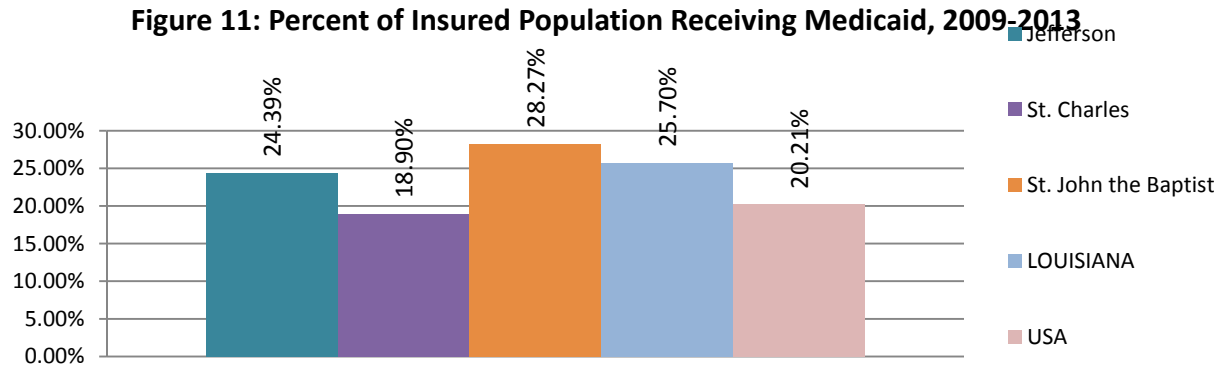


- Latino residents are more likely to be uninsured than their counterparts in Jefferson Parish (39.26% to 15.30% respectively), St. Charles Parish (32.56% to 12.95% respectively), and St. John the Baptist Parish (28.60% to 14.88% respectively).

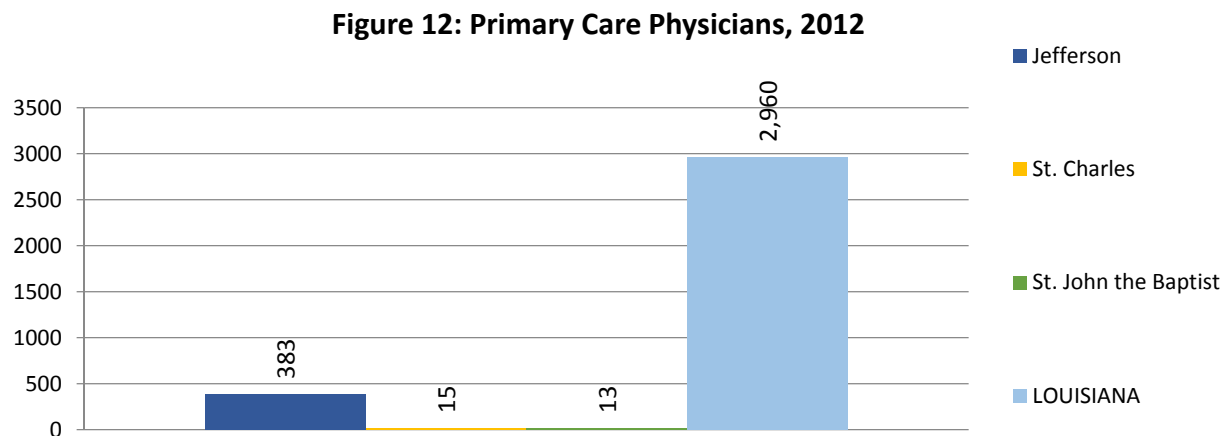
¹⁷ Community Commons. <http://www.communitycommons.org/> Accessed 06/08/2015.



- Additionally, we see the highest uninsured rates among residents reporting “Some other race”, Native American/Alaska Native, and Asian across all Parishes in the study area (Jefferson, St. Charles, and St. John the Baptist).

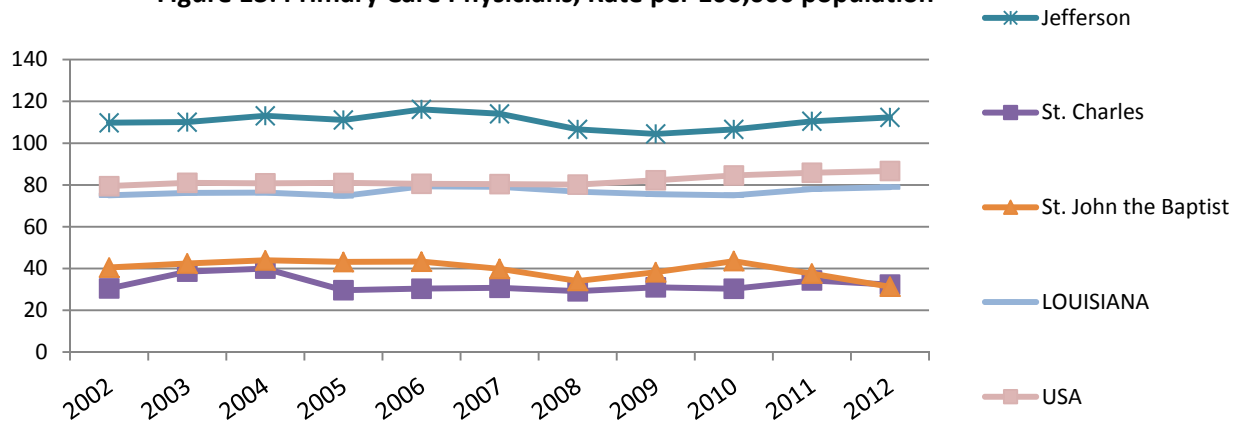


- The percent of insured population receiving Medicaid benefits (2009-2013) was highest in St. John the Baptists Parish (28.27%) followed by Jefferson Parish (24.39%) compared to St. Charles Parish (18.90%) the state (25.70%) and national (20.21%) rates.



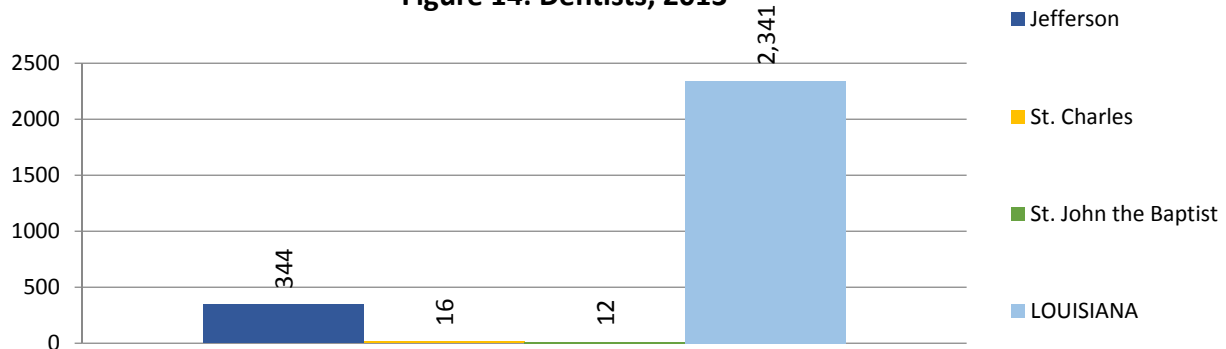
- Jefferson Parish reports the highest number of physicians across the study area parishes at 383. St. John the Baptist and St. Charles parishes report the fewest physicians with only 13 and 15 respectively.

Figure 13: Primary Care Physicians, Rate per 100,000 population



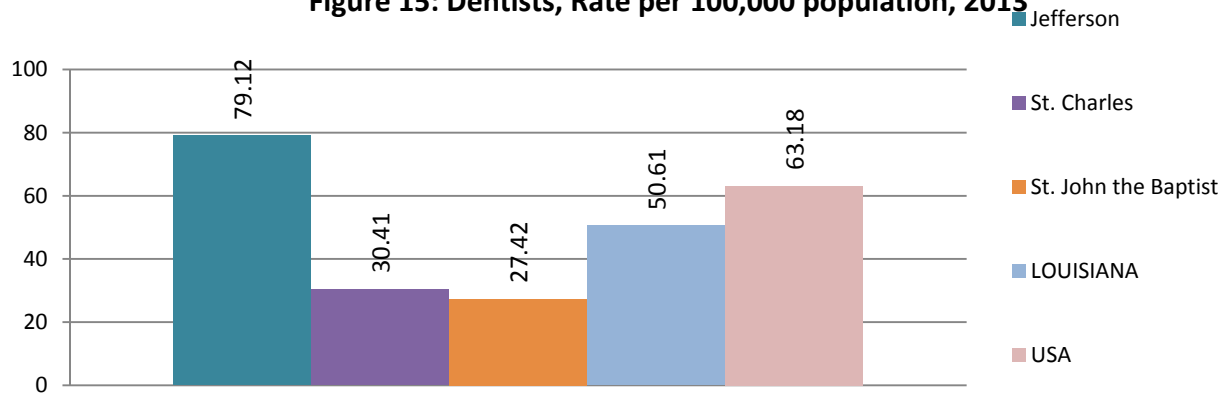
- The primary care physician ratio in St. Charles Parish (32.27 per 100,000 pop.) and St. John the Baptist Parish (31.28 per 100,000 pop.) are lower than Jefferson Parish, the state, and the national rates (112.3, 86.66, 78.92 per 100,000 pop.).

Figure 14: Dentists, 2013



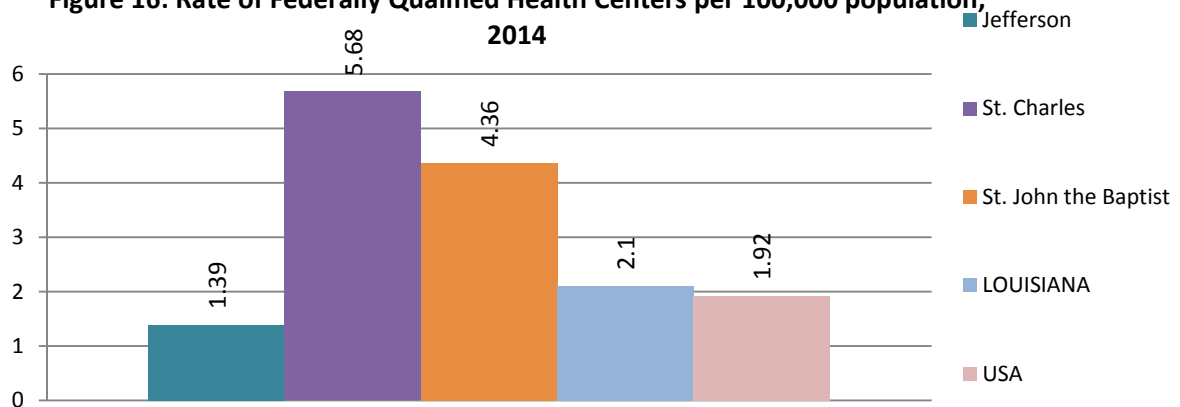
- Jefferson Parish reports the highest number of dentists across the study area parishes at 344. St. John the Baptist Parish reports the fewest dentists with only 12.

Figure 15: Dentists, Rate per 100,000 population, 2013



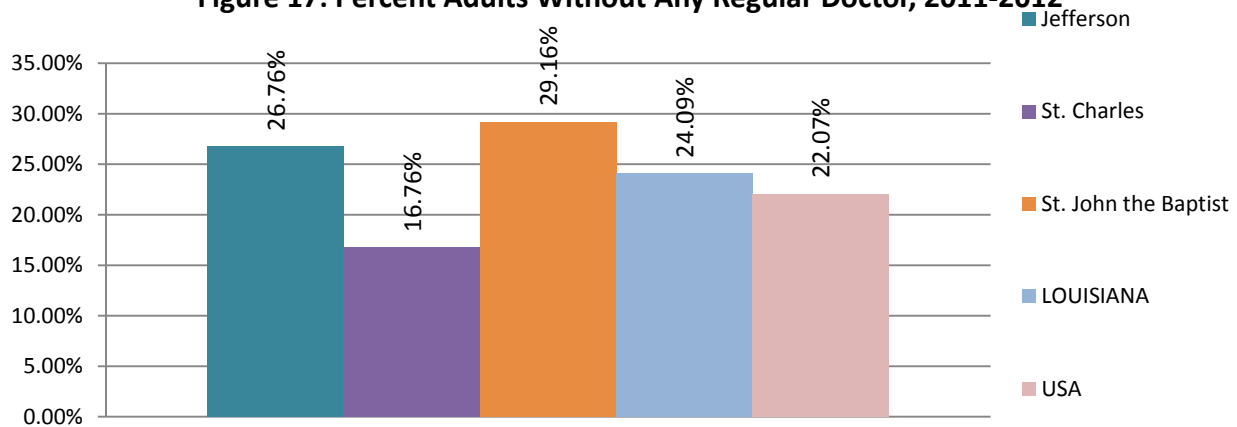
- Jefferson Parish has the highest dentist rate per 100,000 population at 79.12 in 2013. St. John the Baptist Parish reports the lowest rate of dentists per 100,000 population for the study area at only 27.42 in 2013.

Figure 16: Rate of Federally Qualified Health Centers per 100,000 population, 2014



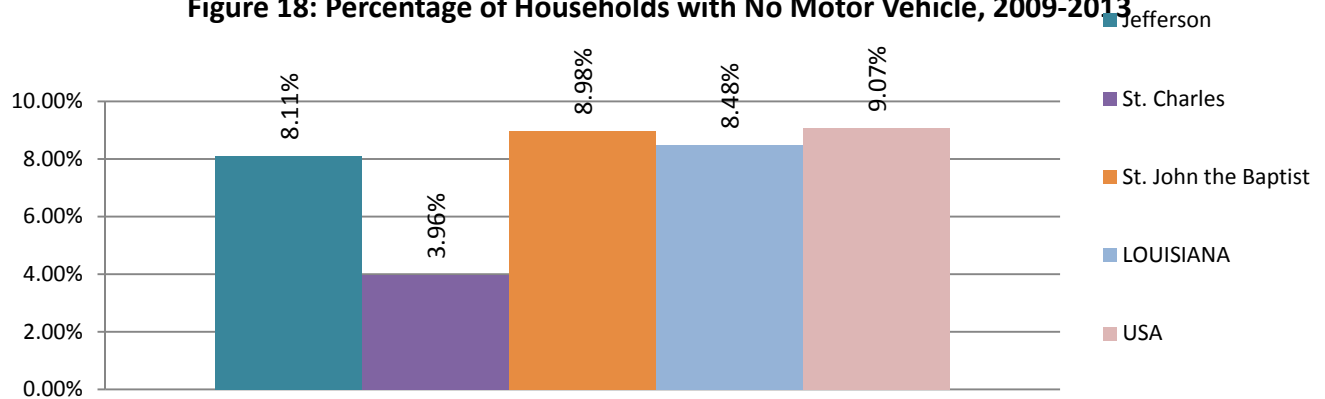
- The rates of Federally Qualified Health Centers was highest in St. Charles Parish and St. John the Baptist Parish (5.68 and 4.36 per 100,000 pop.) when compared to Jefferson Parish, the state, and national rates (1.39, 2.1, and 1.92 per 100,000 pop.).

Figure 17: Percent Adults Without Any Regular Doctor, 2011-2012



- Across the country, 22.07% of residents report not having a regular doctor (77.93% have a regular doctor); in Louisiana the rate is 24.09%. St. John the Baptist Parish reports the highest rate of residents who do not have a regular doctor at 29.16%.

Figure 18: Percentage of Households with No Motor Vehicle, 2009-2013



- While the general population shows average or below average rates of households with no motor vehicles when compared to state (8.48%) and national (9.07%) norms

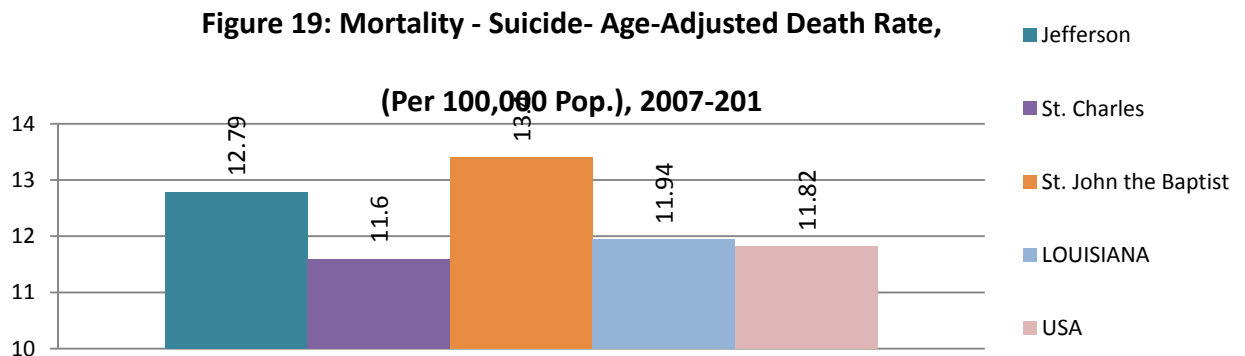
Table 5: County Health Rankings –Mental Health Providers (Count/Ratio) by Parish

Measure of Mental Health Providers*	LA	Jefferson Parish	St. Charles Parish	St. James the Baptist Parish
Mental health providers (count)	5386	618	33	32
Mental health providers (ratio Population to provider)	859:1	704:1	1,594:1	1,368:1

*County Health Ranking 2015

- The ratio of population to mental health providers in St. Charles Parish and St. John the Baptist Parish both show a significantly larger population to provider ratio (1,594 and

1,368 pop. for every 1 mental health provider) than Jefferson Parish and the state (704 and 859 pop. per provider respectively).



*Source: Community Commons. 06/08/2015

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to suicide for the study area at 13.40 per 100,000 population; this rate is higher than the national rate (11.82) and all of the other study area parishes. The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; all of the study area parishes are higher than this HP2020 Goal.

County Health Rankings

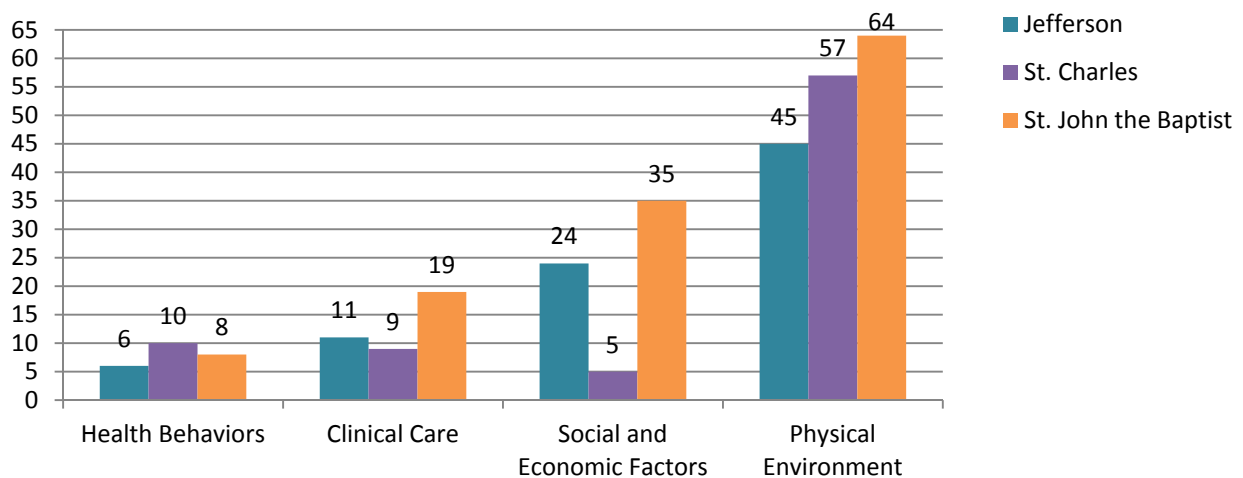
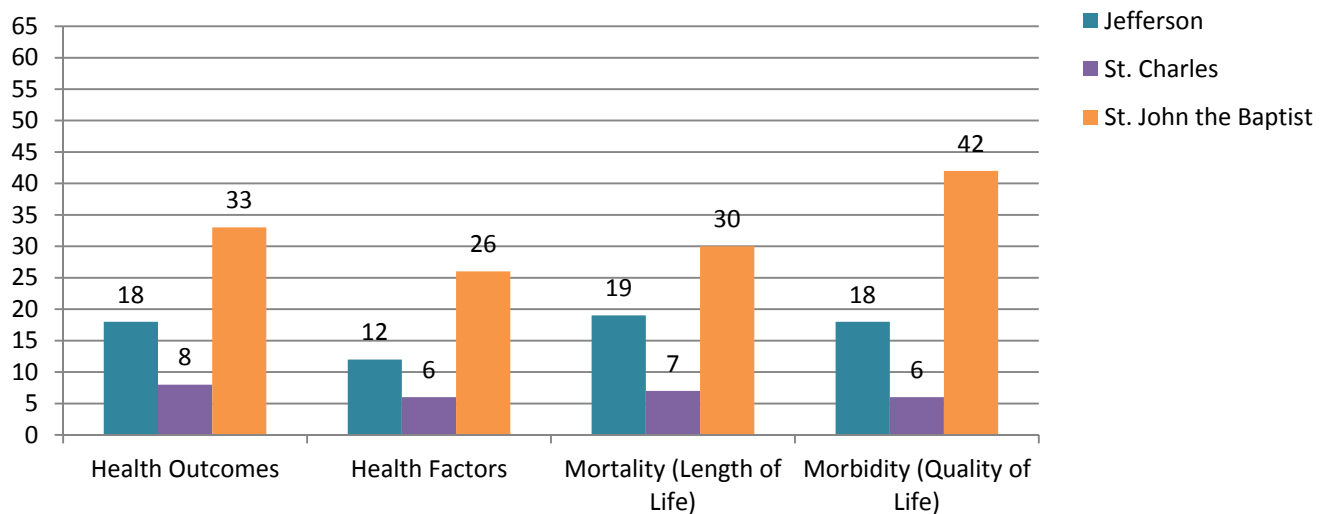
The County Health Rankings were completed as collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.¹⁸

Each parish receives a summary rank for its health outcomes, health factors, and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific parish-level data (as well as state benchmarks) for the measures upon which the rankings are based. Parishes in each of the 50 states are ranked according to summaries of more than 30 health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Parishes are ranked relative to the health of other parishes in the same state on the following summary measures:

- Health Outcomes – Rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

¹⁸ 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

- Health Factors – Rankings are based on weighted scores of four types of factors:
 - ✓ Health behaviors
 - ✓ Clinical care
 - ✓ Social and economic
 - ✓ Physical environment
- Louisiana has 64 parishes. A score of 1 indicates the “healthiest” parish for the state in a specific measure. A score of 64 for LA indicates the “unhealthiest” parish for the state in a specific measure.



Key Findings from County Health Rankings:

- St. John the Baptist Parish reports the highest ranks (unhealthiest parish of the study area) for the majority of the County Health Rankings:

- ✓ A rank of 33 for health outcomes.
- ✓ A rank of 26 for health factors.
- ✓ A rank of 30 for mortality.
- ✓ A rank of 42 for morbidity.
- ✓ A rank of 19 for clinical care
- ✓ A rank of 35 for social and economic factors.
- ✓ A rank of 64 (the worst parish in the state) for physical environment.
- St. Charles Parish reports the highest rating for health behaviors with a score of 10.

Substance Abuse and Mental Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region specific data from the entire United States in relation to substance use (alcohol and illicit drugs) and mental health.

Every state is parceled into regions defined by SAMHSA. The regions are defined in the *'Substate Estimates from the 2010-2012 National Surveys on Drug Use and Health'*. Data is provided at the first defined region (i.e., those that are grouped).

The Substate Regions for Louisiana are defined as such:

- Regions 1 and 10 (Data for Regions 1 and 10 provided separately for this grouping only)
 - ✓ Region 1 – Orleans, Plaquemines, St. Bernard
 - ✓ Region 10 – Jefferson
- Regions 2 and 9
 - ✓ Region 2 – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
 - ✓ Region 9 – Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
- Region 3
 - ✓ Region 3 – Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
- Regions 4, 5, and 6
 - ✓ Region 4 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
 - ✓ Region 5 – Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
 - ✓ Region 6 – Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
- Regions 7 and 8

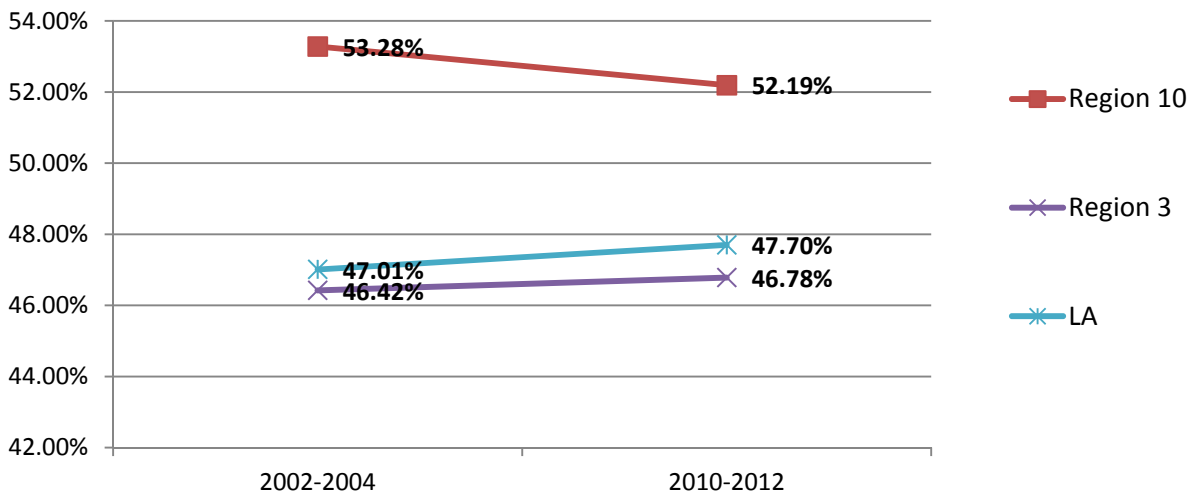
- ✓ Region 7 – Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
- ✓ Region 8 – Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll

Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.

Alcohol Use in the Past Month

- For the study area, Region 10 (Jefferson Parish) reports the highest current rate of alcohol use in the past month at 52.19% of the population aged 12 and older. However, this region/parish has seen the largest decline in alcohol use rate from 2002-2004 to 2010-2012.

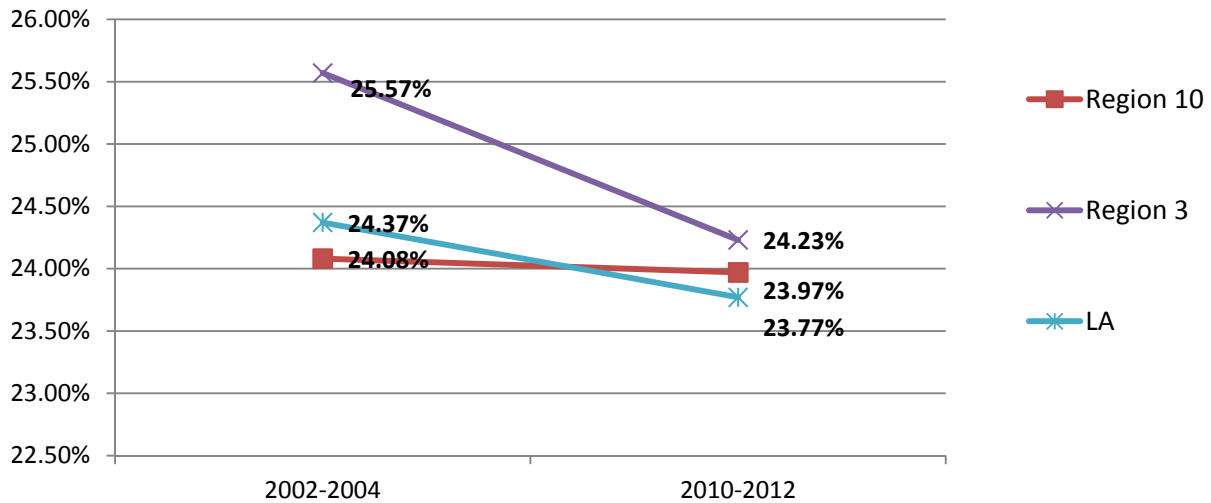
Figure 22: Alcohol Use in the Past Month



Binge Alcohol Use in the Past Month

- Region 3 (Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne parishes) reports the highest rate in binge alcohol use for the study area from 2002-2004 to 2010-2012. However, this region/parish has also seen the largest decline from 2002-2004 to 2010-2012.

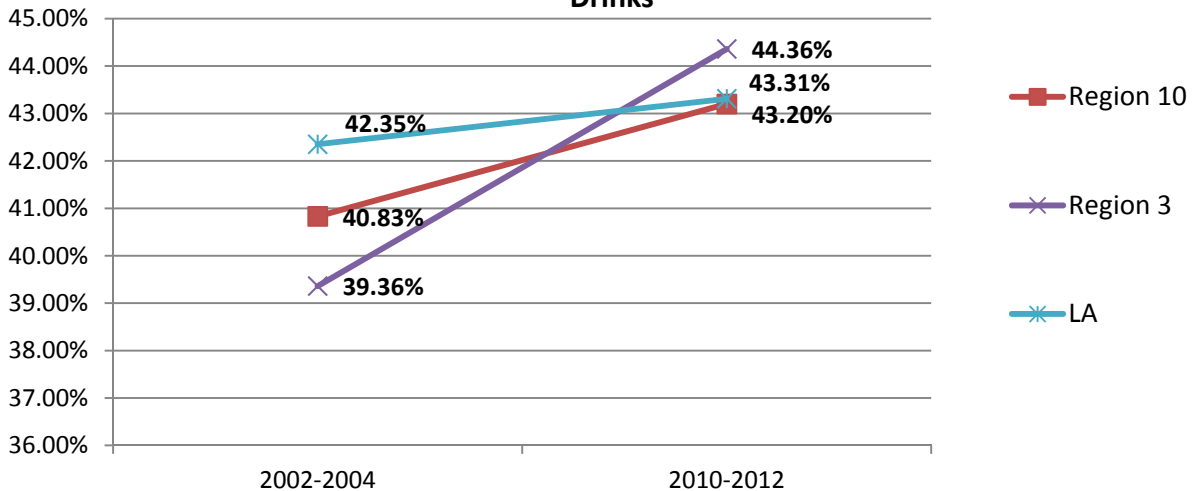
Figure 23: Binge Alcohol Use in the Past Month



Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week

- All of the study area regions have shown rises in the perceptions of risk of having five or more drinks once or twice a week from 2002-2004 to 2010-2012.

Figure 24: Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks

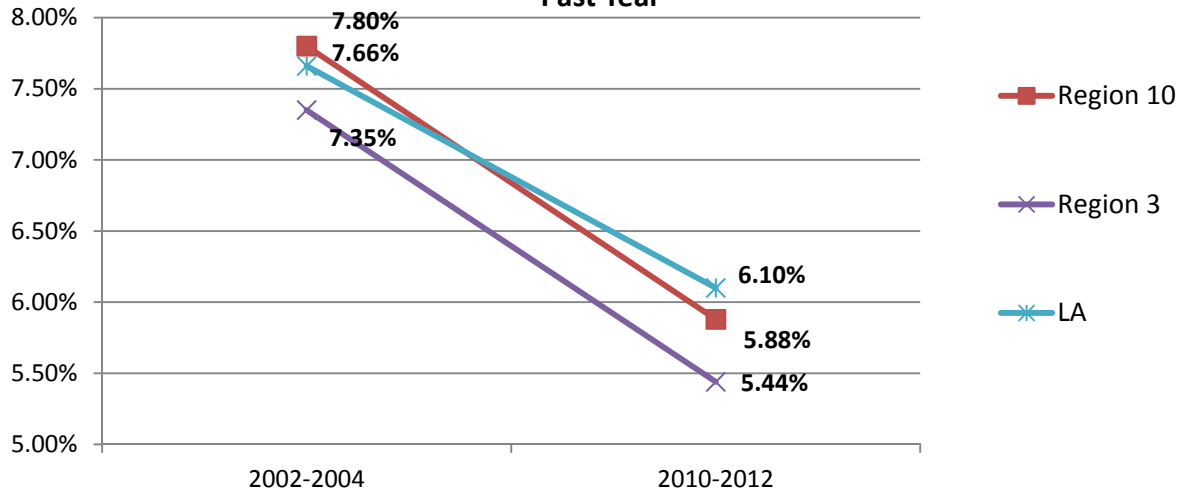


Needing but Not Receiving Treatment for Alcohol Use in the Past Year

- All of the study area regions have seen declines in the rates of residents needing but not receiving treatment for alcohol use from 2002-2004 to 2010-2012.

- Region 10 (Jefferson Parish) reports the highest rate for the study area of residents who needed but did not receive treatment for alcohol use in the past year at 5.88%.

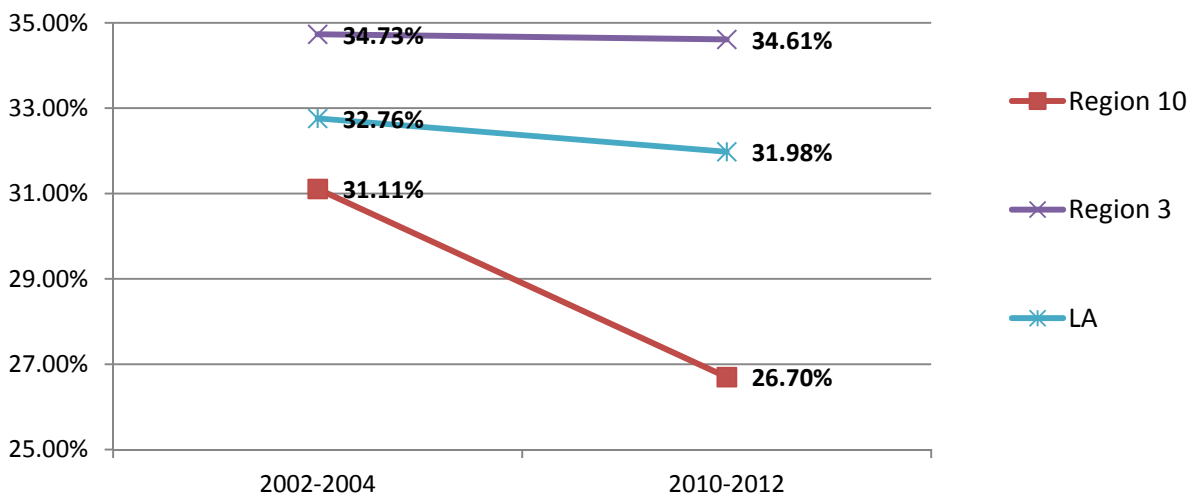
Figure 25: Needing but Not Receiving Treatment for Alcohol Use in the Past Year



Tobacco Use in the Past Month

- Region 3 reports the highest currently and in the past (with little difference from 2002-2004 to 2010-2012) of tobacco use in the past month at 34.61%.

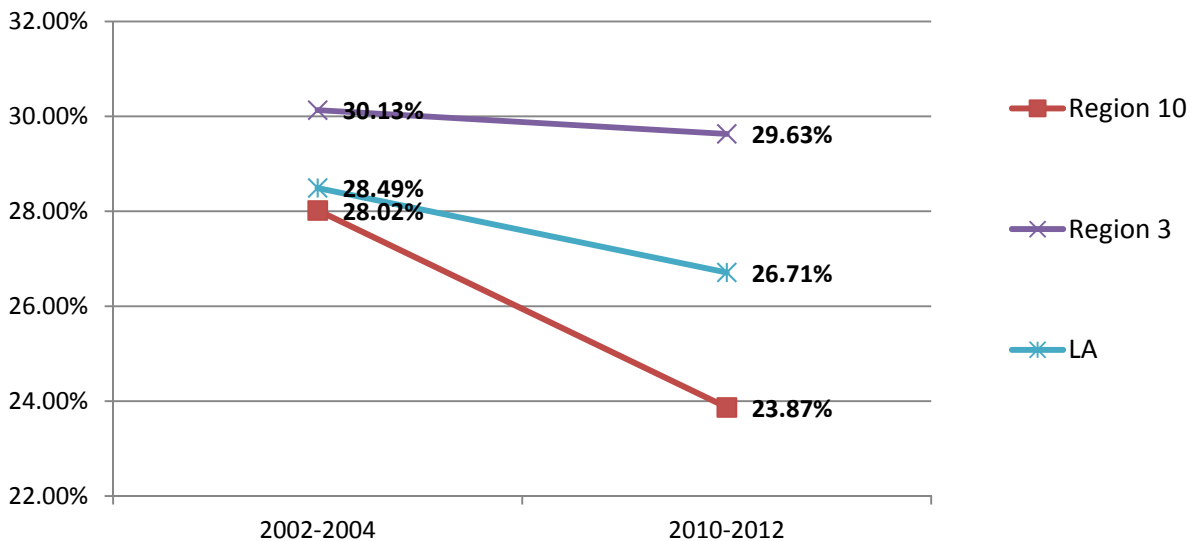
Figure 26: Tobacco Use in the Past Month



Cigarette Use in the Past Month

- Cigarette use in the past month is highest for Region 3 and was for the 2002-2004 analysis as well; it has seen a slight decline in rate over the years going from 30.13% to 29.63%.

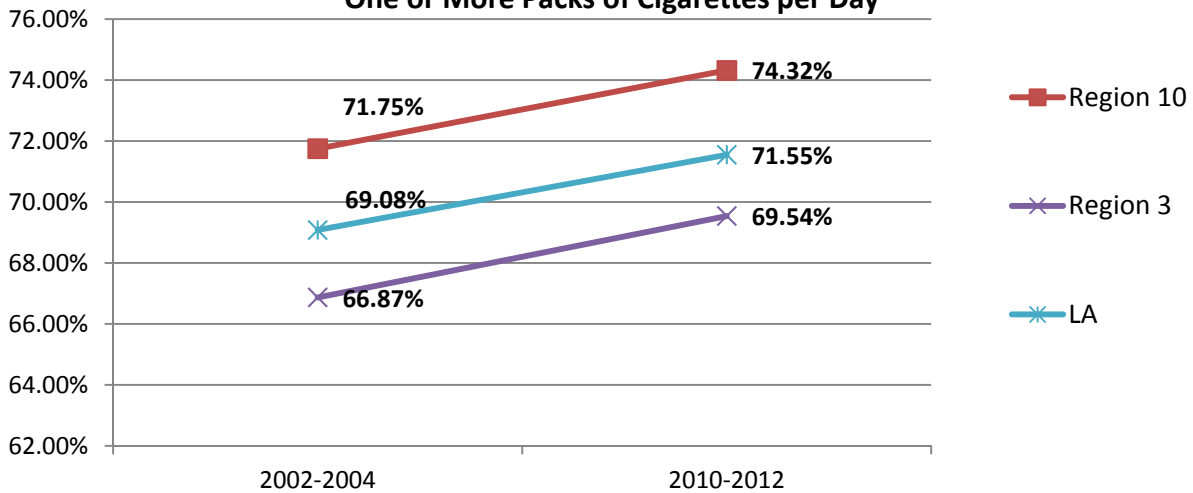
Figure 27: Cigarette Use in the Past Month



Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day

- All of the study area regions report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day; Region 3 reports the lowest rate (correlating to the higher usage).

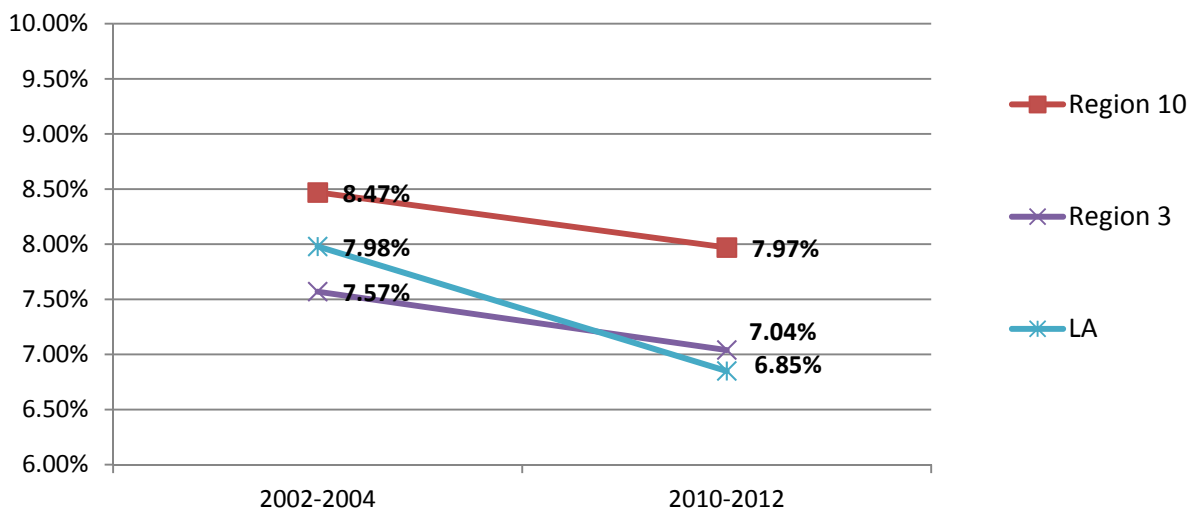
Figure 28: Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day



Illicit Drug Use in the Past Month

- Region 10 (Jefferson Parish) reports the highest rate of illicit drug use in the past month with 7.97% of the population aged 12 and older participating in drug use.

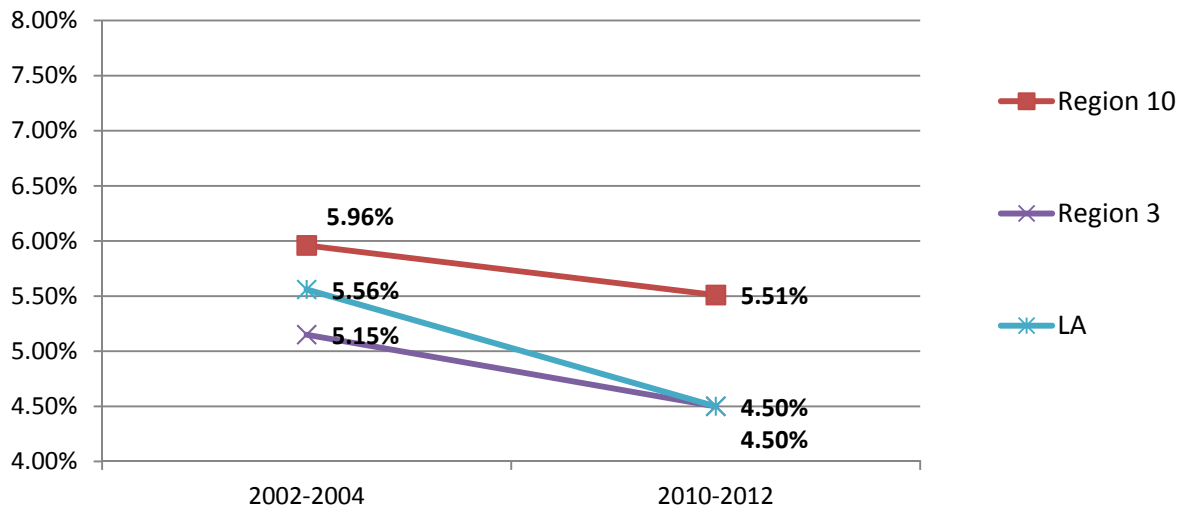
Figure 29: Illicit Drug Use in the Past Month



Marijuana Use in the Past Month

- Region 10 (Jefferson Parish) reports the highest rate of marijuana use in the past month with 5.51% of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 5.96%.

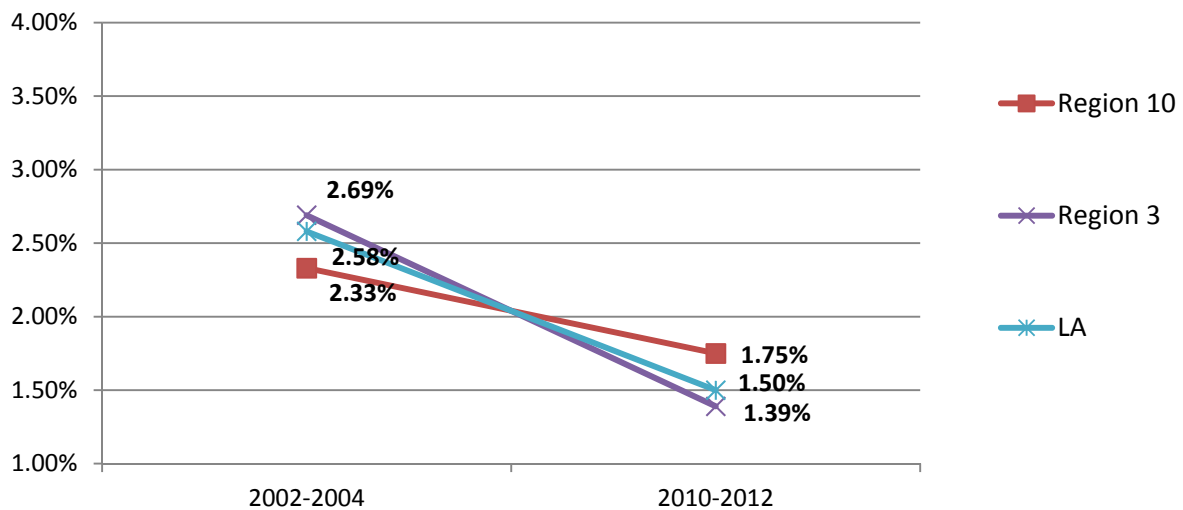
Figure 30: Marijuana Use in the Past Month



Cocaine Use in the Past Year

- Region 10 (Jefferson Parish) reports the highest rate of cocaine use in the past month with 1.75 % of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 2.33%.

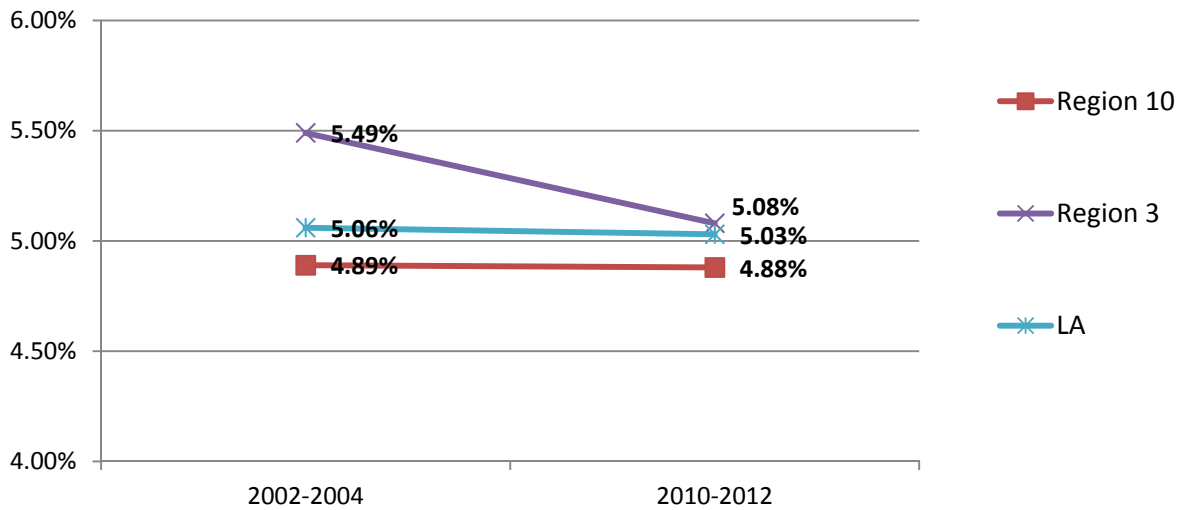
Figure 31: Cocaine Use in the Past Year



Nonmedical Use of Pain Relievers in the Past Year

- All of the study area regions have report declines in nonmedical use of pain relievers in the past year. Region 3 reporting the highest rate of 5.08%.

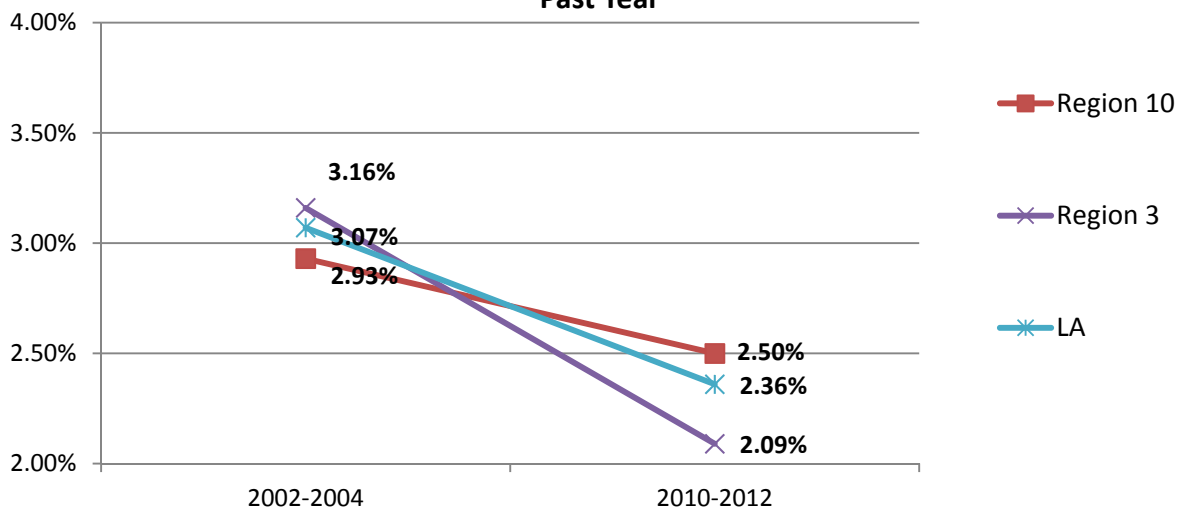
Figure 32: Nonmedical Use of Pain Relievers in the Past Year



Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year

- All of the study area regions report declines in the rates of residents reporting needing but not receiving treatment for illicit drug use in the past year. Region 10 reports the highest rate for the study area at 2.50% needing but not receiving treatment.

Figure 33: Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year



America's Health Rankings

America's Health Rankings® is the longest-running annual assessment of the nation's health on a state-by-state basis. For the past 25 years, America's Health Rankings® has provided a holistic view of the health of the nation. America's Health Rankings® is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.

For this study, the Louisiana State report was reviewed. The following were the key findings/rankings for Louisiana:

- Louisiana Ranks:
 - ✓ 48th overall in terms of health rankings
 - ✓ 44th for smoking
 - ✓ 45th for diabetes
 - ✓ 45th in obesity
- Louisiana Strengths:
 - ✓ Low incidence of pertussis
 - ✓ High immunization coverage among teens
 - ✓ Small disparity in health status by educational attainment
- Louisiana Challenges:
 - ✓ High incidence of infectious disease
 - ✓ High prevalence of low birthweight
 - ✓ High rate of preventable hospitalizations
- Louisiana Highlights:
 - ✓ In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
 - ✓ In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
 - ✓ In the past 20 years, low birthweight increased by 15 percent from 9.4 percent to 10.8 percent of births. Louisiana ranks 49th for low birthweight infants.
 - ✓ In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
 - ✓ Since 1990, infant mortality decreased by 32 percent from 11.8 to 8.2 deaths per 1,000 live births. Louisiana now ranks 47th in infant mortality among states.

Table 6. America's Health Rankings - Louisiana

Measure	Rank	Value	Measure	Rank	Value
Air Pollution	26	9.2	Infectious Disease	48	
All Determinants	48	-0.53	Insufficient Sleep	34	37
All Outcomes	44	-0.273	Lack of Health Insurance	39	16.7
Binge Drinking	21	16.3	Low Birthweight	49	10.8
Cancer Deaths	47	217.4	Median Household Income	50	39,622
Cardiovascular Deaths	46	307.5	Obesity	45	33.1
Children in Poverty	44	26.5	Obesity – Youth		13.5
Chlamydia	47	597.9	Occupational Fatalities	47	8.2
Cholesterol Check	26	76.2	Overall	48	-0.803
Colorectal Cancer Screening	39	61.5	Personal Income, Per Capita	29	41,204
Dental Visit, Annual	48	56.1	Pertussis	1	1.6
Dentists	39	49.6	Physical Activity	46	67.8
Diabetes	45	11.6	Physical Inactivity	46	32.2
Disparity in Health Status	16	26.5	Poor Mental Health Days	43	4.2
Drug Deaths	27	12.9	Poor Physical Health Days	38	4.2
Excessive Drinking	22	17.7	Premature Death	45	9625
Fruits	44	1.18	Preterm Birth	49	15.3
Heart Attack	41	5.3	Preventable Hospitalizations	48	80.3
Heart Disease	40	5	Primary Care Physicians	20	123.7
High Blood Pressure	47	39.8	Public Health Funding	27	69.01
High Cholesterol	41	40.7	Salmonella	47	33.7
High Health Status	47	44.4	Smoking	44	23.5
High School Graduation	46	72	Stroke	45	4
Immunization - Adolescents	11	72.6	Suicide	12	12.5
Immunization – Children	31	69.1	Teen Birth Rate	44	43.1
Immunization Dtap	16	87.9	Teeth Extractions	48	9.6
Immunization HPV female	12	42.1	Underemployment Rate	23	12.7
Immunization MCV4	9	87.7	Unemployment Rate, Annual	15	6.2
Income Disparity	48	0.491	Vegetables	49	1.64
Income Disparity Ratio	1	5.68	Violent Crime	44	496.9
Infant Mortality	47	8.2	Youth Smoking		12.1

Key Stakeholder Interviews

Tripp Umbach conducted interviews with community leaders on behalf of the Ochsner Medical Center-Kenner. Leaders who were targeted for interviews encompassed a wide variety of professional backgrounds including 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (See Appendix 1 for a list of participating organizations listed by region). The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

This report represents a section of the overall community health needs assessment project completed by Tripp Umbach.

DATA COLLECTION:

The following qualitative data were gathered during individual interviews with 31 stakeholders in communities served by the Ochsner Medical Center-Kenner, a 110-bed hospital located in Kenner, LA. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach and previously reviewed by an Ochsner Medical Center-Kenner CHNA oversight committee. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the communities served by Ochsner Medical Center-Kenner, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 32 stakeholders interviewed. Those organizations represented included:

- Louisiana Office of Public Health
- Humana Louisiana
- Director - Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Delgado Community College
- Nouveau Marc Residential Retirement Living
- Kenner Council on Aging and Parks and Recreation
- City of Kenner
- Children's Special Health Services
- Methodist Health Foundation
- City of New Orleans
- Catholic Charities
- LSU Health Science Center, Allied Health
- Tulane University School of Medicine
- Jefferson Parish
- NO/AIDS Task Force
- Institute of Women and Ethnic Studies
- PACE Greater New Orleans
- New Wine Fellowship
- Jefferson Business Council
- Arc of St. Charles
- Healthy Start New Orleans
- Chief - HIV Division of Infectious Disease
- Prevention Research Center at Tulane University
- The McFarland Institute
- Greater New Orleans Foundation

- Susan G. Komen, New Orleans
- Jefferson Parish Commissioner
- Ochsner Health System
- Cancer Association of Greater New Orleans (CAGNO)

STAKEHOLDER RECOMMENDATIONS:

The stakeholders provided many recommendations to address health issues and concerns for residents living in the Greater New Orleans area. Below is a brief summary of the recommendations:

- Incentivize healthy choices through employers and health insurance companies. Employers could offer monetary incentives and health insurance companies could offer discounted rates for practicing health behaviors. Entities responsible for the cost of unhealthy options should be held accountable (e.g., bars, fast food restaurants, residents making unhealthy choices) through a tax, similar to the tax placed on cigarettes.
- Hospitals could facilitate the community conversation among health providers in their service areas regarding collaboration to address common health issues and social determinants of health using the spectrum of care and care coordination to begin to move away from acute care models, increase prevention and education, and reduce prevalence rates improving population health.
- Healthcare providers could participate in a universal way in the exchange of health information in order to facilitate collaboration among all providers including FQHCs, Hospitals, and private practices.
- Increase care coordination and community support for residents, including seniors, to improve treatment compliance, medication management, appropriate use of healthcare resources, and outcomes.
- Hospitals could sponsor areas that encourage healthy activity like exercise stations along jogging paths.
- Increase the education of residents regarding healthy options like food preparation, preventive practices, prevention of STIs, etc.
- Disseminate information on an ongoing basis regarding healthy options (e.g., Prenatal practices, prevention, healthy nutrition, etc.) and health resources (e.g., location, eligibility, services, etc.).
- The state could develop a strategy to effectively address poverty throughout Louisiana. This strategy could include plans to increase access to health insurance by expanding Medicaid, as well as, increase the high-quality early child education and care to disrupt the generational cycle of poverty.

- Maintain critical access hospitals and enhance services provided to residents in rural areas.
- Integrate behavioral health services into primary care settings through co-location of behavioral health providers to decrease stigma and increase treatment options for behavioral health. Additional integration could include psychiatric consultation on an as needed basis for primary care providers to treat behavioral health issues that are not severe or persistent.
- Teach youth about prevention and healthy options in school settings in order to ensure accurate and complete information is being provided about important topics like HIV and STI prevention, healthy nutrition and healthy exercise, etc.
- The city could increase foot-traffic of officers in areas where violence and crime are high to reduce the prevalence of violent crime.
- Increase the hours of operation of primary care settings.

PROBLEM IDENTIFICATION:

During the interview process, stakeholders discussed five overall health needs and concerns in their community. The top five health needs in order from most discussed to least discussed were:

1. Accessibility of health services
2. Common health concerns
3. Social and environmental determinants of health
4. Personal behaviors that impact health
5. Behavioral health, including substance abuse

ACCESSIBILITY OF HEALTH SERVICES:

All stakeholders representing Eastbank communities articulated a need to improve the accessibility of health services (medical, dental, behavioral) in the study area. Several stakeholders acknowledged the significant investments that have been made in healthcare, including establishing community based care and building the University Medical Center. The discussion about accessibility of services was related most often to the cost of care, acceptance of insurance, awareness of services available, and the number and location of providers.

Stakeholders discussed a shift in the way health services are provided from the charity care model where charity care was provided in large charity hospital settings before Katrina to the community-based clinic model providing charity care to residents through a network of community based clinics. Most stakeholders felt that the community based clinic model may

prove to be more efficient and accessible to residents in Eastbank communities. One of the most discussed about barriers to accessing health services on in Eastbank communities was the awareness of residents about what services are available and where they are located. Residents are not securing health services in the proper locations because they are not aware of new clinics and services that may be available to them.

Stakeholders discussed the cost of health services in relationship to health insurance, uninsured care, and poor reimbursement rates of health service providers (medical, dental and behavioral). Many providers are not accepting patients with Medicaid insurance due to the low reimbursement rates (e.g., wound care specialist, sleep labs, etc.). This does not include non-profit hospitals. One stakeholder mentioned a trend among primary care providers toward a cash only payment model, which does not accept any form of insurance. Stakeholders discussed the lack of Medicaid expansion placing a strain on health resources to meet the needs of uninsured and underinsured residents. Many residents in the region do not qualify for Medicaid insurance, cannot afford private pay insurance or the cost of uninsured health services. This includes many residents that are employed in the service industry in Eastbank communities who do not have access to health insurance due to the part-time employment. Additionally, residents employed in service industries may not qualify for Medicare as they age due to limited Social Security payments. Residents that are uninsured often seek health services when an issue becomes an emergency and requires more intense and costly care, which typically yields poorer outcomes than primary and preventive care practices.

Stakeholder discussed the fragmentation of health services and the gaps in services that are available. Stakeholders described disparate health resources with lower income neighborhoods containing the fewest resources. The Medicaid Waiver provides some access to care but does not cover prescription medications or specialty care. As a result, many community based clinics do not have access to specialty diagnostic services. Residents may have an undiagnosed illness that they cannot afford to treat due to the cost of medications. Stakeholders discussed the lack of care coordination provided for uninsured and underinsured residents, including seniors, who are seeking care in inappropriate settings like the emergency room. Several stakeholders mentioned the benefits of home healthcare for care coordination, though Medicaid eligible residents, reportedly, are not often approved for home health services.

Stakeholders noted that the need for accessible healthcare among medically vulnerable populations (e.g., uninsured, low-income, Medicaid insured, etc.) has an impact on the health status of residents in a variety of ways and often leads to poorer health outcomes. Several of the noted effects are:

- Higher cost of healthcare that results from hospital readmissions and increased usage of costly emergency medical care.
- Residents delaying medical treatment and/or non-compliant due to the lack of affordable options and limited awareness of what options do exist.

- Poor outcomes in adult, maternal and pediatric care due to limited care coordination and lack of patient compliance.

COMMON HEALTH CONCERNS:

More than ninety percent of stakeholders discussed specific health concerns of residents. The most common health concerns discussed by stakeholders were obesity, diabetes, heart disease, cancer, and HIV.

1. Obesity – Over one half of stakeholders discussed the prevalence and cause of obesity among residents in Eastbank communities. Stakeholders indicated that obesity is an issue among adults as well as a growing problem among youth. Stakeholders identified social and environmental determinants (e.g., culture, lack of awareness, limited access to healthy nutrition, etc.) as well as personal choice and behaviors within the control of residents (e.g., choices about nutrition, exercise, etc.) as driving the high rates of obesity.
2. Diabetes – Over one half of stakeholders discussed the prevalence and cause of diabetes as a common health issue among residents. Stakeholders identified social and environmental determinants (e.g., lack of awareness, limited access to primary care, food deserts, etc.) as well as personal choice and behaviors within the control of residents (e.g., choices about nutrition, exercise, etc.) as driving the high rates of diabetes.
3. Heart disease – More than one third of stakeholders discussed heart disease and cardiovascular complications as a common health concern among residents. Stakeholders identified social and environmental determinants (e.g., lack of awareness, culture, etc.) as well as personal choice and behaviors within the control of residents (e.g., smoking, exercising, etc.) as driving the high rates of heart disease.
4. Cancer - One-quarter of stakeholders discussed cancer as a common health concern among residents. Stakeholders identified social and environmental determinants (e.g., exposure to cancer causing agents in the environment, etc.) as well as personal choice and behaviors within the control of residents (e.g., smoking, excessive alcohol consumption, etc.) as driving the high rates of cancer.
5. HIV – One-quarter of stakeholders discussed HIV as a common health concern among residents. Stakeholders identified social and environmental determinants (e.g., limited prevention education, etc.) as well as personal choice and behaviors within the control of residents (e.g., treatment non-compliance, risky behaviors, etc.) as driving the high rates of HIV.

The impact of common health issues can be poor health outcomes of a population and greater consumption of health care resources.

SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH:

Ninety-seven percent of stakeholders discussed the social and environmental determinants of health in Eastbank communities. The most common social and environmental factors discussed by stakeholders were the impact of culture, high rates of violence, lack of education, and poverty on the health of seniors, adults, children, and unborn children.

New Orleans and surrounding areas are famous for the culture, food, and drinking. Stakeholders discussed the impact that culture has on the practices, views and health of residents. Stakeholders noted that the culture of residents is close and supportive, but often centers around food and alcohol consumption. Traditional diets of residents are reflective of culture and historically are high in fried and fatty foods. Additionally, the tourism industry is focused on the party atmosphere and encourages excessive consumption alcohol and foods that can be unhealthy. Stakeholders noted that changing behavior can be difficult particularly when it is steeped in accepted cultural practices and supported by the economy of tourism. Excessive consumption of alcohol and fried foods can cause lifestyle diseases such as cardiovascular disease, obesity, diabetes and cancer.

One of the most discussed social determinants of health in Eastbank communities was the high rates of violence. Stakeholders indicated that the high rates of violence cause trauma in children, adults and seniors. Stakeholders felt that residents experienced a greater level of stress, which leads to stress related health issues, such as, higher rates of anxiety, heart disease, and low birth weight.

Hurricane Katrina facilitated worsened conditions in communities due to the displacement of residents, loss and extensive damage to property. Post-Katrina housing has been overcrowded due to extended family living arrangements due to damaged homes and an overall reduction in healthy safe living conditions. Stakeholders often reminisced about the informal support networks for child care, transportation, etc. that existed in areas where poverty is the highest. According to stakeholders, many residents practiced almost a communal sharing of resources (child care, transportation, food, money, etc.). Many residents had to move from the communities where they lived after Katrina and lost access to these informal networks. While resources in these areas of poverty lessened due to unemployment, death, and loss of personal assets; residents were faced with having to pay for child care, transportation, etc. Katrina has had an impact on resources, mental health and stability of residents and according to stakeholders, the response has not been adequate to allow communities to fully heal and recover. As a result there are still many health needs related to Katrina and Ivan in the region.

The economy was discussed regarding the lack of opportunity many residents have. The primary industry is based in service, which does not offer financial stability or consistent access to employment benefits such as health insurance, retirement, etc. According to stakeholders, many residents live below the federal poverty line. Stakeholders addressed the high rates of poverty and the poor outcomes for residents in poverty. Discussions focused on poverty as an explanation for the high prevalence of substance abuse, low educational attainment, violence,

poor health, limited access to health services, etc. Often stakeholders pointed out that the lack of opportunity, limited employment, and low educational attainment found in communities of poverty cause residents to feel apathetic. Stakeholders felt that the lack of education coupled with low exposure to healthy resources causes residents in poverty to be unaware of healthy options. When residents are aware of healthier choices they may perceive these options to be out of their reach e.g., healthy produce and nutrition may not be viewed as consistently attainable due to a lack of grocery stores, limited transportation, and cost.

Food security was discussed by stakeholders related to the health of seniors and youth. Grocery stores are not often located in low income neighborhoods creating what is being called a “food desert”. Youth and seniors residing in these food deserts may not have ready access to healthy nutrition due to the lack of transportation options.

Transportation was addressed as a need across all of the Greater New Orleans area, including Eastbank communities. The lack of adequate transportation impacts health in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. Additionally, the limitations of transportation may restrict the access residents have to employment opportunities, which could be a barrier to insurance and financial stability. One stakeholder identified transportation as one of several reasons expecting mothers are not always consistent with prenatal care. Transportation can take hours, which may be a significant barrier to attending prenatal appointments, particularly if the expecting mother has other children. Several of the communities where stakeholders felt transportation was the poorest was the more rural communities, Ninth Ward, Holy Cross, and St. Claud.

The education in charter schools was addressed as an issue related to the oversight of behavioral health, access youth have to physical exercise throughout the day, and education about reducing the spread of STIs and HIV. Stakeholders felt that youth are not always getting their behavioral health needs met in the school systems due to the lack of formal oversight for behavioral health in the school system. Additionally stakeholders discussed the decline or absence of physical activity in the school system. Stakeholders felt that youth are becoming obese for a variety of reasons, one of which is the limited exercise they may be participating in during school hours.

Stakeholders discussed the implications of social and environmental determinants of health as some of the following:

- Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease.
- Higher rates of poor birth outcomes such as low birth weight.
- Increased behavioral health symptoms of trauma e.g., risky behaviors, suicide, anxiety, depression, violence, apathy, etc.
- Poor birth outcomes and limited access to healthy options.

PERSONAL BEHAVIORS THAT IMPACT HEALTH:

Almost three-quarters of the stakeholders interviewed discussed lifestyle choices that impact the health status and subsequent health outcomes for residents. Stakeholders noted that there are factors like smoking, lack of physical exercise, and risky behaviors that are related to the personal choices of residents and influence health outcomes. The topic of personal choice was most often discussed in relationship to obesity, the prevalence of STIs, and cancer and respiratory issues related to smoking and alcoholism. Note that these are also health concerns stakeholders felt were heavily influenced by social and environmental determinants of health. It is this coupling of social/environmental and personal choice determinants of health that present the greatest challenge to improving lifestyle related diseases like diabetes, obesity, cancer, and STIs

Stakeholders recognized that there are social determinants that drive the rate of obesity such as food deserts, lack of awareness about healthy food preparation and the inability to exercise outdoors due to a lack of safety; however, stakeholders also recognized that residents often make personal choices based on preferences for unhealthy foods and limited motivation to exercise.

At the same time that stakeholders recognized that there are social and environmental determinants of cancer and respiratory diseases like chemical run off from factories and pollution; they discussed the personal choice to continue smoking as an additional factor that facilitates low birth weight, the rates of cancer and COPD in communities where smoking rates are greatest.

While stakeholders understood the impact of social and environmental determinants like youth not learning the practices that reduce the spread of STIs like HIV in school settings; stakeholders also recognized that parents are choosing not to provide education to their children about preventing the spread of STIs and youth are making the decision to practice risky behaviors.

NEED FOR BEHAVIORAL HEALTH INCLUDING SUBSTANCE ABUSE SERVICES:

Behavioral health services and issues were discussed separate from medical or dental health services, with almost three-quarters of stakeholders identifying a health need related to behavioral health and/or substance abuse. Stakeholders discussed the lack of behavioral health and substance abuse resources in general and many noted that behavioral health and substance abuse needs are highest in communities with the highest rates of poverty. Stakeholders felt that there is a connection between environmental factors and the prevalence of behavioral health and substance abuse. For example, several stakeholders discussed the traumatization of youth after Katrina and the link to the prevalence of behavioral health

experienced by the same youth (now teenagers and young adults) today. Stakeholders felt that the culture of New Orleans and tourist industry encourages substance abuse and identified alcohol and marijuana as the most common substances being abused. Other substances noted were cocaine, heroin, methamphetamines, and prescription pain medications. Additionally, stakeholders discussed the role that the post-Katrina influx of illegal substances and increased gang activity plays in the prevalence of substance abuse. Stakeholders also felt that substance abuse is often a way for residents to self-medicate or cope with behavioral health issues including stress and serious mental illness (e.g., bipolar, schizophrenia, etc.).

“Katrina has had a major impact on the mental health of residents- the stress, and displacement of residents has had an impact and the response has not been adequate to meet the need.” ~ First Responder

Often communities with higher rates of poverty are also the areas with limited resources available to treat diagnoses related to behavioral health and substance abuse. This is in part due to the low reimbursement rates for behavioral health services. There is reportedly a resistance among behavioral health providers to accept Medicaid insurance and the cost of uninsured behavioral health services is unaffordable for residents who are Medicaid eligible.

Stakeholders noted that there has been a decrease in funding for behavioral health and substance abuse services which has led to limited resources. While there are inpatient beds and outpatient services available (e.g., Ochsner Medical Center-Kenner, The Help Unit in St. Charles Parish, etc.), stakeholders indicated that they are not adequate enough to meet the demand for behavioral health and substance abuse services on the Eastbank. In recent years there has been a decrease in the number of inpatient beds and outpatient services often have lengthy waiting lists for diagnostic services as well as ongoing treatment. One stakeholder noted that there are few behavioral health services for youth, particularly youth of color.

Stakeholders noted that behavioral health and substance abuse has an impact on the health status of residents in a variety of ways and often leads to poorer health outcomes. Several of the noted effects of behavioral health and substance abuse are:

- Incarceration rates among residents with behavioral health and/or substance abuse diagnosis is high.
- It can be difficult to secure out-of-home placement for a senior who has been committed for psychiatric treatment.
- Residents with a history of behavioral health and substance abuse do not always practice healthy behaviors and may be non-compliant with necessary medical treatments (e.g., HIV treatments, etc.).
- Babies born to mothers with behavioral health and/or substance abuse issues may not receive adequate prenatal care and/or consistent care Postpartum to facilitate healthy child development. Mothers that have a history of substance abuse may not inform their physician due to laws that may lead to the removal of other children in the home.

Survey of Vulnerable Populations

Tripp Umbach worked closely with the Community Health Needs Assessment (CHNA) oversight committee to ensure that community members, including under-represented residents, were included in the needs assessment through a survey process.

DATA COLLECTION:

Vulnerable populations were identified by the CHNA oversight committee and through stakeholder interviews. Vulnerable populations targeted by the surveys were: seniors, low-income (including families), uninsured, Latino, chronically ill, had a mental health history, homeless, literacy challenged, limited English speaking, women of child bearing age, diabetic, and residents with special needs.

A total of 598 surveys were collected in the Ochsner Medical Center - Kenner service area which provides a +/- 2.89 confidence interval for a 95% confidence level. Tripp Umbach worked with the oversight committee to design a 32 question health status survey. The survey was administered by community based organizations providing services to vulnerable populations in the hospital service area.

- Community based organizations were trained to administer the survey using hand-distribution.
- Surveys were administered onsite and securely mailed to Tripp Umbach for tabulation and analysis.
- Surveys were analyzed using SPSS software.

Limitations of Survey Collection:

There are several inherent limitations to using a hand-distribution methodology that targets medically vulnerable and at-risk populations. . Often, the demographic characteristics of populations that are considered vulnerable populations are not the same as the demographic characteristics of a general population. For example, vulnerable populations by nature may have significantly less income than a general population. For this reason the findings of this survey are not relevant to the general population of the hospital service area. Additionally, hand-distribution is limited by the locations where surveys are administered. In this case Tripp Umbach asked CBOs to self-select into the study and as a result there are several populations that have greater representation in raw data (i.e., low-income, women, etc.). These limitations were unavoidable when surveying low-income residents about health needs in their local communities.

Demographics:

Survey respondents were asked to provide basic anonymous demographic data.

- Of the surveys gathered: 69.5% were female, 30.5% were male
- The majority of the survey respondents reported their race as Black or African American (77.2%), the next largest racial group was White or Caucasian (9.6%), and third largest Asian (7.8%).

Table 6: Survey Responses – Self-Reported Annual Income of Respondents

Income	Respondents (%)
< \$10k	28.3%
\$10-19,999	18.9%
\$20-29,999	14.3%
\$30-39,999	7.7%
\$40-49,999	6.4%
\$50-59,999	3.1%
\$60-69,999	1.3%
\$70-79,999	1.3%
\$80-99,999	2.9%
\$100-149,999	1.7%

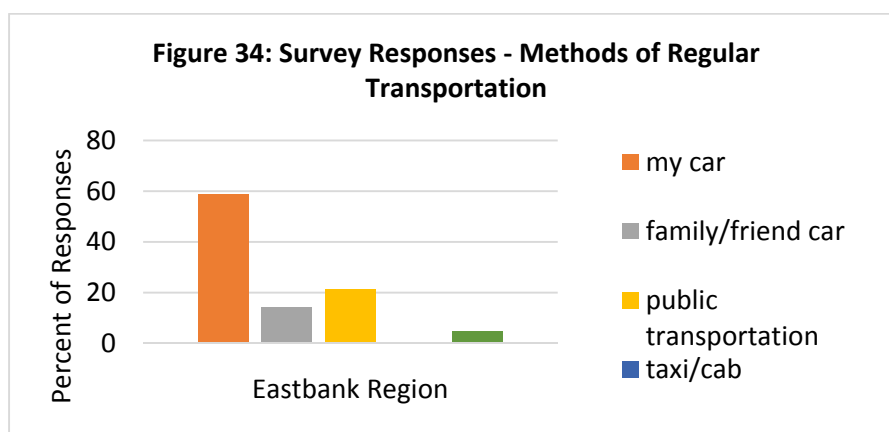
- The household income level with the most responses was < \$10,000 (28.3%) and \$10,000 - \$19,999 (18.9%).
 - 61.5% of respondents reported less than \$29,999 annual household income.

Table 7: Survey Responses – Self-Reported Age of Respondents

Age	Respondents (%)
18-24	4.3%
25-34	15.3%
35-44	19.9%
45-54	17.0%
55-64	23.5%
65-74	12.0%
75-84	6.0%
85+	2.1%

Healthcare:

- The most popular place for residents to seek care is a doctor’s office (49.5%), with the free or reduced cost clinics being the second most popular (20.4%), hospital clinics third (10.9%), and ER fourth (10.4%).
- The most common forms of health insurance carried by respondents was Private/commercial (26.3%), no insurance (22.7%), and Medicaid only (23.0%).
- The most common reason why individuals indicated that they do not have health insurance is because they can’t afford it (61.2%).
- 30.5% could not see a doctor in the last 12 because of cost; compared to the state (18.9%).
- Most respondents had been examined by a physician within the last 12 months at least once (70.8%).
- 25.3% of respondents reported not taking medications as prescribed in the last 12 months due to cost.
- Most adult respondents indicated related children were up-to-date on vaccinations (75.8%)



- Many respondents indicated that their primary form of transportation is some method other than their own car.

Table 7: Survey Responses Related to HIV/AIDS Testing

Ever Been Tested for HIV	Eastbank	LA	U.S.
Yes	59.9%	43.5%	35.2%
No	40.1%	56.5%	64.8%

- The Eastbank region reports a higher rate of HIV testing (59.9%) than the state (43.5%) or the U.S. (35.2%).

Health Services:

Table 8: Survey Responses – Health Services Received During the Previous 12 Month Period

Test Received	SELA Region	Eastbank Region
Blood test	52.3%	55.4%
Check up	45.8%	45.7%
Cholesterol test	31.5%	35.1%
Flu shot	31.1%	34.1%
Urinalysis	23%	22.6%

- ✓ Respondents from the Eastbank region report similar testing rates as those across the SELA Region.
- Most respondents did not prefer to receive health services in a language other than English.

Table 9: Survey Responses – Perceptions About Health Service Availability

Eastbank	Available to me	Available to others	Not available	NA*
Dental services	65.0%	12.7%	8.0%	14.3%
Vision services	66.7%	13.7%	6.0%	13.5%
Affordable, safe, and healthy housing	57.5%	15.1%	8.0%	19.4%
Healthy foods	72.9%	11.0%	4.6%	11.4%
Cancer screening	14.2%	5.2%	4.5%	75.9%

*NA = Not applicable

- When asked if the following was available to them or their family at least 1 in 10 respondents indicated they did not have access to: dental services (20.7%), vision services (19.7%), affordable, safe, and healthy housing (23.1%), healthy foods (15.6%), services for 60+ (10%), mental health services (13.1%), substance abuse services (11.8%), HIV services (11.5%), medical specialist (11.8%), accessible transportation (10.3%), pediatric & adolescent health (10.7%), employment assistance (16.2%), primary care (10.2%), and emergency medical care (11.1%)
- Most respondents indicated that they have access to: safe exercise, women's health, and surgical services.

Table 10: Survey Responses – Preferences for Receiving Information About Healthcare

Preferred Method	Respondents (%)
Newspaper	21.2%
TV	33.4%
Internet	29.4%
Word of Mouth	62.4%
Radio	13.7%

Preferred Method	Respondents (%)
Library	2.5%
Clinics	21.2%
Faith/Religious Organizations	27.1%
Call 2-1-1	4.5%
Other	6.2%

- ✓ Respondents reported preferring to receive information by word of mouth most often.

Common Health Issues:

Table 11: Survey Responses – Health Issues Respondents Reported Ever Diagnosed with

Ever Diagnosed with	SELA Region	Eastbank Region	LA*	U.S.*
High blood pressure	44.8%	49.6%	39.9%	31.4%
High blood cholesterol	30%	32.4%	--	--
Heart attack	6.2%	5.6%	5.3%	4.3%
Asthma	13.2%	11.3%	5.3%	4.3%
Still have asthma	8.8%	8.4%	--	--
COPD, emphysema or chronic bronchitis	4.2%	3.1%	7.5%	6.5%
Arthritis/rheumatoid, gout, lupus, or fibromyalgia	27.8%	30.5%	26.4%	25.3%
Depressive disorder	21.5%	18.4%	18.7%	18.7%
Pre-diabetes or borderline diabetes	18.6%	20.4%	11.6%	9.7%
Diabetes	16%	18.1%	10.3%	9.7%
Skin cancer	2.8%	2.8%	5%	6%
Other types of cancer (Breast-20.5%)	4.4%	3.5%	6.6%	6.7%
Receiving mental health treatment/medication	21.4%	19%	--	--

* Source: CDC

When asked to report health conditions that they had ever been diagnosed with by a health professional, survey respondent from the Eastbank region reported:

- Higher diagnosis rates than the SELA region, the state and the nation for high blood pressure (49.6% vs. SELA- 44.8%, LA- 39.9%, and U.S.- 31.4%); high blood cholesterol (32.4% vs. SELA- 30%); arthritis/rheumatoid, gout, lupus, or fibromyalgia (30.5% vs. SELA- 27.8%, LA- 26.4%, and U.S.- 25.3%); pre-diabetes/borderline diabetes (20.4% vs. SELA- 18.6%, LA- 11.6%, and U.S.- 9.7%); diabetes (18.1% vs. SELA- 16%, LA- 10.3%, and U.S.- 9.7%).
- 1 in 5 survey respondents indicated they have received mental health treatment or medication at some point in their lives.

Table 12: Survey Responses – Top Health Concerns Reported

Health Concern	SELA Region	Eastbank Region
Diabetes	50.8%	58.9%
High Blood Pressure	49.9%	57.9%
Drugs and Alcohol	47.7%	47.8%
Cancer	42.1%	40.8%
Heart disease	38.5%	40.6%

- ✓ When asked to identify five of the top health concerns in their communities; there was a great deal of agreement between the two regions. Several of the additional choices that were not as popular were: adolescent health, asthma, family planning / birth control, flood related health concerns (like mold), hepatitis infections, HIV, maternal and child health, pollution (e.g., air quality, garbage), sexually transmitted diseases, stroke, teen pregnancy, tobacco use, violence or injury, other, and don't know.

Lifestyle:

Table 13: Survey Responses – Average Body Mass Index of Survey Respondents

Weight & BMI	SELA Region	Eastbank Region	Avg. Female (5'4")*	Avg. Male (5'9")*
BMI**	29.3	29.27	26.5	26.6

* Source: CDC

** Survey Respondents were asked to report their weight and height, from which the BMI calculation was possible.

- ✓ Respondents in both regions show higher weight and BMI than national and state averages regardless of gender.
- ✓ Most respondents reported having access to fresh fruits and vegetables (82.9%).

Table 14: Survey Responses – Self-Reported Smoking Rates

Smoking	SELA Region	Eastbank Region	LA*	U.S.*
Everyday	15.5%	11.4%	19.3%	15.4%
Some days	8.1%	7.6%	6.4%	5.7%
Not at all	74.7%	79.3%	--	--

*Behavioral Risk Factor Surveillance System

- ✓ Self-reported smoking rates are lower in the regions studied than is average for the state or the nation.

Table 15: Survey Responses – Self-Reported Physical Activity Rates

Physical Activities	SELA Region	Eastbank Region	U.S.*
Yes	57.3%	55.6%	74.7%
No	42.7%	44.4%	25.3%

Respondents in both the SELA and Eastbank regions report lower rates of physical activity than those reported for the nation.

Conclusions and Recommended Next Steps

The community needs identified through the Ochsner Medical Center CHNA process are not all related to the provision of traditional medical services provided by medical centers. However, the top needs identified in this assessment do “translate” into a wide variety of health-related issues that may ultimately require hospital services. Each health need identified has an impact on population health outcomes and ultimately the cost of healthcare in the region. For example: unmet behavioral health and substance abuse needs lead to increased use of emergency health services, increased death rates due to suicide, poor health, and higher consumption of other human service resources (e.g., the penal system).

Ochsner Medical Center – Kenner working closely with community partners, understands that the CHNA document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow the assessment – with a clear focus on addressing health priorities for the most vulnerable residents in the hospital service area.

The hospital service area contains pockets of concentrated poverty with higher socio-economic needs (e.g., low-income, residents with a behavioral health history, unemployed, uninsured, homeless, residents with limited English speaking skills, single parent families in poverty, etc.); which presents a unique challenge for hospital leadership when planning to meet the needs of all residents. With the lowest FQHC ratio in the study area and a high rate of uninsured residents, it will be important to continue to strive to address the primary care needs of the under/uninsured residents in Jefferson Parish in a way that takes into consideration the challenges related to transportation. St. John the Baptist Parish shows the poorest outcomes across many of the indicators included in this study. Several of the areas that show heaviest concentrations of poverty include Gretna (70084), New Orleans (70117, 70119, 70126, and 70129), Kenner (70062) and Reserve (70084). Hospital leadership will need to consider the health disparities that exist among Native American residents, Asian residents, African American populations throughout the service area, and residents with limited English speaking skills in New Orleans (70129), Kenner (70062 and 70065), Metairie (70002), and Gretna (70053). Investments in increasing access to care and outreach education in New Orleans (70129), Gretna (70053), and/or Kenner (70062) have the greatest chance of yielding the greatest impact on population health. It is important to expand existing partnerships and build additional partnerships with multiple community organizations when developing strategies to address the top identified needs. Implementation strategies will need to consider the higher need areas in the study area and address the multiple barriers to healthcare. It will be necessary to review evidence based practices related to addressing barriers related to language, awareness, and poverty prior to planning to address any of the needs identified in this assessment due to the complex interaction of the underlying factors at work driving the need in local communities.

Tripp Umbach recommends the following actions be taken by the hospital sponsors in close partnership with community organizations over the next five months.

Recommended Action Steps:

- Widely communicate the results of the CHNA document to Ochsner Medical Center, Kenner staff, providers, leadership and boards.
- Review the CHNA findings with a decision making body (e.g., a Board of Directors) for approval.
- Make the CHNA widely available to community residents, as well as through multiple outlets such as: the hospital website, neighborhood associations, stakeholders, community-based organizations, and employers.
- Review relevant evidence-based practices that the community has the capacity to implement.
- Develop “Working Groups” to focus on specific strategies to address the top needs identified in the CHNA. The working groups should meet for a period of four to six weeks to review evidence-based practices and develop action plans for each health priority which should include the following:
 - ✓ Objectives
 - ✓ Anticipated impact
 - ✓ Target population
 - ✓ Planned action steps
 - ✓ Planned resource commitment
 - ✓ Collaborating organizations
 - ✓ Evaluation methods and metrics
 - ✓ Annual progress

APPENDIX A



Community Resource Inventory

OCHSNER MEDICAL CENTER - KENNER

September, 2015

Tripp Umbach completed an inventory of community resources available in the Ochsner Medical Center Kenner (OMC Kenner) service area using resources identified by the hospital leadership, internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the OMC Kenner community (70065, 70068, 70062, 70003, 70047, 70084, 70087, 70001, 70119, 70070, 70123, 70066, 70005, 70002, 70057, 70079, 70049, 70043, 70094, 70126, 70117, 70053, 70122, 70129, 70071, 70039, 70052, 70051, 70056, and 70118) more than 191 community resources were identified with the capacity to meet the three community health needs identified in the OMC Kenner CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MHCNO CHNA

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of mental, behavioral, and substance abuse services that may be unavailable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH	
1ST CLASS CARE, EVERY TIME	No restrictions	2200 Veterans Blvd., Suite 115 Kenner, LA 70062 Phone: (504) 466-1550 1 (888) 988-8088	70062	Jefferson	More information	No restrictions	Provides home healthcare. Children's Choice Waiver. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X						*	X			X	*	X				*	
40TH JUDICIAL DISTRICT ADULT COURT OUTPATIENT COUNSELING	St. John the Baptist	104 Ormond Blvd, Suite B La Place, LA 70068 Phone: (985)359-3315	70068	St. John the Baptist	More information	Adults involved with the court system	Provides substance abuse services.								*		X													
A BEAM OF LIGHT	No restrictions	5201 WestBank Expressway Marrero, LA 70072 Phone: (504) 328-1627 (866) 328-1627	70072	Jefferson	More information	No restrictions	Provides home healthcare and assistance with independent living.	*		X									*	X			X	*	X					*
A PIECE OF MIND CARE PROVIDER, INC	No restrictions	115 Oak Lane Suite B Luling, LA 70070 Phone: (985) 785-4451 (888) 900-4451	70070	St. Charles	More information	No restrictions	Provides home healthcare. South Central Application Center for Medicaid.	*	X	X	X		X						*	X			X	*	X					*
A+ PEOPLE SERVICES	No restrictions	12 A Westbank Expressway Suite 204 Gretna, LA 70053 Phone: (504) 362-4866 (866) 294-5672	70053	Jefferson	More information	No restrictions	Provides home healthcare. South Central Application Center for Medicaid.	*		X									*				X	*						
A-1 ABSOLUTE BEST CARE	No restrictions	401 Whitney Avenue, Suite 401 Gretna LA 70056 Phone Number: 504 368-0206	70053	Jefferson	More information	No restrictions	Provides home care services, companionship care, fellowship care, and adult day care.	*		X			X						*	X		X	X	*	X					*
A-1 ABSOLUTE BEST CARE	No restrictions	534 East Airline Highway La Place LA 70068 Phone Number: 985 651-6003	70068	St. John the Baptist	More information	No restrictions	Provides home care services, companionship care, fellowship care, and adult day care.	*		X			X						*	X		X	X	*	X					*
A-1 CUSTOMIZED COMPANION CARE	No restrictions	2100 Belle Chase Highway Suite C Gretna, LA 70053 Phone: (504) 259-4628 (888) 321-2375	70053	Jefferson	More information	No restrictions	Provides home healthcare. South Central Application Center for Medicaid.	*		X	X								*											
ACCESS HEALTH LOUISIANA	No restrictions	Albert Cammon Wellness Center 232 Pirate Drive St Rose, LA 70087 (985) 308-6101	70087	St. Charles	http://www.accesshealthla.org/	St. Rose Elementary and Albert Cammon Middle School	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	Bonnabel High School 2801 Bruin Drive Kenner, LA 70065	70065	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	Internists - Cardiology and Nephrology Drive Raj and Drive Jay 1057 Paul Mallard Rd, Suite 240 Luling, LA 70070 (985) 785-2045	70070	St. Charles	http://www.accesshealthla.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*		X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	John Ehret High School 4300 Parnot Street Marrero, LA 70072	70072	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	Joshua Butler Elementary School 300 Fourth Street Westwego, LA 70094	70094	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	Paradis Wellness Center 434 South Street Paradis, LA 70080	70080	St. Charles	http://www.accesshealthla.org/	R.J. Vial Elementary School and J.B. Martin Middle School	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	Riverdale High School 240 Riverdale Drive Jefferson, LA 70121	70121	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	St. Charles Community Health Center 16004 River Road Norco, LA 70079 (985) 725-9330	70079	St. Charles	http://www.stcchs.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	St. Charles Community Health Center 200 W. Esplanade Avenue Suites 305, 310, 413 Kenner, LA 70065 (504) 712-7800	70065	Jefferson	http://www.stcchs.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	St. Charles Community Health Center 843 Milling Avenue Luling, LA 70070 (985) 785-5800	70070	St. Charles	http://www.stcchs.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS HEALTH LOUISIANA	No restrictions	St. Charles Community Health Center 853 Milling Avenue Luling, LA 70070 (985) 785-5800	70070	St. Charles	http://www.stcchs.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	X	X	X	X		X	X	*	X	X	X	*	X			*	X					*
ACCESS PREGNANCY AND REFERRAL CENTERS	No restrictions	921 Aris Avenue, Ste. B Metairie, LA 70005 (504) 832-1503	70065	Jefferson	http://accesspregnancy.com/access-pregnancy-counseling-new-orleans-metairie/	Women	Provides individualized support and referrals for pregnancy-related concerns and application for Medicaid. Professional counseling services are available by referral.	*	X	X	X	X				*	X			*	X	X	X	X	*	X				*

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals	Costs that may be unaffordable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Polynesian residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
Accessibility Community Living, Inc.	No restrictions	1799 Stumpf Blvd., Bldg. 3 Suite 1, Gretna, LA 70056 Phone: (504) 361-8807 (866) 363-8807	70056	Jefferson	http://dh.louisiana.gov/index.cfm?directory/detail/5348	No restrictions	Provides services and access to resources for people with disabilities.	*	X	X	X			X		*	X			*	X	X	X	X						*
ADDICTION COUNSELING & EDUCATIONAL RESOURCES (ACER)	No restrictions	2321 North Hullen Street Suite B Metairie, LA 70001 504-841-7580	70001	Jefferson	http://acercanhelp.com/services-2/	No restrictions	Provides treatment of addictive disorders.									*	X	X		*	X	X	X	X						*
ADDICTION RECOVERY RESOURCES	No restrictions	4933 Wabash Street Metairie, LA 70001 1.866.399.HOPE (4673)	70001	Jefferson	http://www.arnco.com/	No restrictions	Provides alcohol and substance abuse treatment.									*	X	X		*	X									*
All America Personal Care, Inc.	No restrictions	4232 Williams Blvd, Suite 109 Kenner, LA 70065 Phone: (504) 234-3940 (866) 364-1822	70056	Jefferson	http://www.dth.state.la.us/index.cfm?directory/detail/3139	No restrictions	Provides home healthcare.	*		X																				
ALPHACARE SUPPORT COORDINATION, LLC	No restrictions	7809 Airline Drive Suite 210 Metairie, LA 70003 Phone: 504-733-2100	70003	Jefferson	http://alphacaresupport.com/5339.html	Individuals with developmental disabilities	Provides community support services for individuals with developmental delays/disabilities and/or HIV.	*	X	X	X		X	X		*	X		X	*			X	X						*
AMERICAN CANCER SOCIETY NEW ORLEANS OFFICE	No restrictions	2605 River Road New Orleans, LA 504-469-0021	70121	Jefferson	www.cancer.org	Cancer patients and their families	Provides access to information and services for cancer patients and their families.	*	X											*	X		X	X	*					*
AMERICAN HEART ASSOCIATION	No restrictions	110 Veterans Blvd., Suite 160 Metairie, LA 504-830-2300	70005	Jefferson	www.heart.org	No restrictions	Provides information and support relating to diseases of the heart.													*	X	X	X	X						*
ANGEL'S CARE, LLC	No restrictions	1317 Airline Hwy STE C La Place, LA 70068 985-359-2162	70068	St. John the Baptist	http://www.angelcarela.com/Personal-Care-Services.html	No restrictions	Provides support services to individuals with developmental disabilities.	*		X	X	X								*	X		X	X	*	X	X	X		*
ANGEL'S CARE, LLC	No restrictions	7809 Airline Drive, Suite 208 B Metairie, LA 70003 Phone: (504) 739-1592 (866) 739-1592	70003	Jefferson	http://www.angelcarela.com/Personal-Care-Services.html	No restrictions	Provides support services to individuals with developmental disabilities.	*	X	X	X									*	X		X	X	*	X	X	X		*
ARC OF GREATER NEW ORLEANS	Jefferson, Orleans, St. Bernard, Plaquemines and St. Tammany	935 S. Labarre Road Metairie, LA 70001 Phone: 504-837-5140	70001	Jefferson	www.arcno.org/	Individuals with intellectual disabilities and their families.	ARC provides various services throughout the entire community including Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*		X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X	X	X		*
ARC OF GREATER NEW ORLEANS	Jefferson, Orleans, St. Bernard, Plaquemines and St. Tammany	Individual Options 333 Sala Avenue Westwego, LA 70094 504-341-4414	70094	Jefferson	www.arcno.org/	Adults with intellectual disabilities	Provides support for individuals to take part in volunteer projects and work at other non-profit agencies and/or provides support and supervision in various community and health and fitness activities relevant to each individual's interest.	*					X			*	X			*	X	X	X	X	*	X				*
ARC OF GREATER NEW ORLEANS	Jefferson, Orleans, St. Bernard, Plaquemines and St. Tammany	Individual Options 3406 Hessmer Avenue Metairie, LA 70002 504-267-7741	70002	Jefferson	www.arcno.org/	Adults with intellectual disabilities	Provides support for individuals to take part in volunteer projects and work at other non-profit agencies and/or provides support and supervision in various community and health and fitness activities relevant to each individual's interest.	*					X			*	X			*	X	X	X	X	*	X				*
Assurance Care Provider, LLC	No restrictions	2145 Rev. Richard Wilson Drive Kenner, LA 70062 Phone: (504) 472-0068	70062	Jefferson	More information	No restrictions	Provides substance abuse services.									*		X												
Authentic Community Living, Inc.	No restrictions	1799 Stumpf Blvd., Bldg. 7, Suite 1 Gretna, LA 70056 Phone: (504) 368-4535	70056	Jefferson	http://dh.louisiana.gov/index.cfm?directory/detail/5375	No restrictions	Provides support services to individuals with developmental disabilities.	*		X	X	X								*	X		X	X	*	X	X	X		*
BEACON BEHAVIORAL HOSPITAL	No restrictions	3200 Ridgeway Drive, Suite 100 Metairie, LA 70002 Phone: 504.581.4333	70002	Jefferson	http://beaconbh.com/kntr2.com/about-us	No restrictions	Provides behavioral and mental health care.	*	X	X	X	X		X		*	X			*	X	X	X	X						*
BHG NEW ORLEANS WESTBANK TREATMENT CENTER	No restrictions	1141 Whitney Avenue Building 4 Gretna, LA 70056 P: 504-347-1130	70056	Jefferson	https://new-orleans-westbank.bhgrecovery.com/	No restrictions	Provides substance abuse services.									*		X												
BOAT PEOPLE SOS	No restrictions	925 Behrman Highway, Suite 14 Gretna, LA 70056 Phone: 504-433-8668	70056	Jefferson	More information	Targets Vietnamese population	Provides access to services for Vietnamese population. South Central Application Center for Medicaid.													*	X	X	X	X						
BOY SCOUTS OF AMERICA SOUTHEAST LOUISIANA COUNCIL	Jefferson, Orleans, Plaquemine, St. John the Baptist, St. Bernard, St. Charles, St. Tammany	4200 S. I-10 Service Rd. West, Metairie, LA 504-889-0388	70001	Jefferson	www.bsa-selacouncil.org	Youth	The BSA provides a program for young people that builds character, trains them in the responsibilities of participating citizenship, and develops personal fitness.													*	X		X	X	*	X	X	X		*
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	Westbank Boys & Girls Club 900 Tenth Street Gretna, LA 70053 504-368-3434	70053	Jefferson	More information	Youth	Club programs work to achieve three priority outcomes: academic success, good character and citizenship and healthy lifestyles.													*	X		X	X	*	X	X	X		*
CANCER ASSOCIATION OF GREATER NEW ORLEANS	No restrictions	824 Elmwood Park Blvd., Suite 154 New Orleans, LA 70123 Phone: (504) 733.5539	70123	Jefferson	http://www.cagno.org/wp/services-offered/	Targets cancer patients and their families	Patient services program can help cover the costs of prescription pain and treatment medications, colostomy bags and comfort items (bedpads, etc.) for cancer patients who cannot afford them. Also, provides health education.	*		X										*	X		X	X						*
CANON HOSPICE	No restrictions	1221 S. Clearview Parkway, 4th Floor Jefferson, LA 70121 (504)818-2723	70121	Jefferson	http://www.canonhospice.com/	No restrictions	Provides end of life care. South Central Application Center for Medicaid.	*	X	X	X	X		X						*	X	X	X	X	*	X	X			*
CARE, INC	No restrictions	3013 Highway 51, Suite A, La Place, LA 70068 Phone: (985) 653-7575 (800) 630-9883 Fax: (985) 653-4996 Email: Tsalinas@careinc.com	70068	St. John the Baptist	http://www.careinc.com/Services/tabid/56/Default.aspx	No restrictions	Assisting individuals with daily living skills, transportation, companionship, meal preparation, personal hygiene, medication reminders, social activities and light housekeeping.	*		X			X											*	X	X				*
CELEBRATION HOPE CENTER	No restrictions	1901-B Airline Drive Metairie, LA 70001 Phone: (504) 833-4673	70001	Jefferson	http://www.healingheartsnola.org/choice?page_id=19	No restrictions	Provides substance abuse services.									*		X												

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals	Costs that may be unaffordable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Latina residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH		
CHEATAM MEDICAL TRANSIT	Jefferson, Orleans, Plaquemines, St. Bernard	2112 Sautet Place Harvey, LA 70058 (504)415-7948	70058	Jefferson		No restrictions	Provides non-emergency medical transportation.	*					X																			
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Children's Hospital After Hours 3040 33rd Street (Located at I-10 and Causeway, next to the Galleria) Metairie, LA 70001 Phone (504) 837-7260	70001	Jefferson	More information	Children	Provides pediatric health care and treatment of minor illnesses and injuries after regular business hours.	*	X	X	X	X		X	X					*	X	X	X	X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Kids First Westbank 829 Barataria Blvd. Marrero, LA 70072 (504) 368-7337	70072	Jefferson	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Lakeside Pediatrics 4740 S I-10 Service Road Metairie, LA 70001 (504) 883-3703	70001	Jefferson	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Metairie Pediatrics 2201 Veteran's Blvd., Suite 300 Metairie, LA 70002 Phone: (504) 833-7374	70002	Jefferson	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Napoleon Pediatrics - Metairie 3040 33rd Street Metairie, LA 70001 (504) 239-8880	70001	Jefferson	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Ormond Pediatrics 141 Ormond Center Court Destrehan, LA 70047 (985) 764-7317	70047	St. Charles	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Pelican Pediatric Physicians 3100 Kingman Street, Suite 110 Metairie, LA 70006 (504) 887-8355	70006	Jefferson	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Pelican Pediatric Physicians 501 Rue de Sante Suite 13 La Place, LA 70068 (985) 652-6359	70068	St. John the Baptist	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Physicians of River Ridge 9605 Jefferson Highway, Suite E River Ridge, LA 70123 (504) 738-3604	70123	Jefferson	More information	Children	Provides primary and preventive pediatric health care.	*	X	X	X	X		X	X					*	X			X	*	X				*		
Choices of Louisiana, Inc.	No restrictions	128 Woodlawn Drive La Place, LA 70068 Phone: (985) 651-3777	70068	St. John the Baptist	http://www.choicesla.com/services/	Adults	Provides substance abuse services.										*	X														
CITY OF WESTWEGO	Jefferson	419 Avenue A, Westwego, LA 504-341-3424	70094	Jefferson	More information	Residents of Westwego	Multi-use playground facilities with organized sports programs for youth. Contact our Park Director, Brian Plaisance at 340-4440																		*		X				*	
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	111 N Causeway Blvd Metairie, LA 70001 (504) 482-0084	70001	Jefferson	More information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X		X	X		*	X	X	*	X			*	X						*	
DuraCARE Counseling & Consulting Services, LLC	No restrictions	4323 Division Street, Suite 102 METAIRIE, LA 70002 Phone: (504) 327-9753	70002	Jefferson	http://duracarecounseling.com/services/	No restrictions	Provides behavioral health, mental health, and substance abuse services.										*	X	X	X												
EAST JEFFERSON GENERAL HOSPITAL	No restrictions	4200 Houma Blvd Metairie, LA 70006-2996 (504) 454-4000	70006	Jefferson	http://www.ejgh.org/	No restrictions	Provides primary, preventive, emergency, mental health and specialty care. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X		X	X		*	X	X	*	X	X	X	X	*	X					*	
ERNEST J. TASSIN SENIOR CITIZEN CENTER	Jefferson	701 Fourth Street Westwego, LA 70094 (504) 309-6230	70094	Jefferson	More information	Senior residents of Westwego	Provides recreation, nutrition, and transportation to doctor appointments	*					X											*	X	X						
FAMILIES HELPING FAMILIES OF JEFFERSON INC.	Jefferson	201 Evans Road Building 3, Suite 100 Harahan, LA 70123 504-888-9111	70123	Jefferson	www.fhjefferson.org	Residents of Jefferson Parish that are disabled and their families.	Provides individualized services, information, resources and support to positively enhance the independence, productivity and inclusion of individuals with disabilities.													*	X	X	X	X								
FAMILY HELPERS OF GREATER NEW ORLEANS	No restrictions	3525 N. Causeway #700, Metairie, LA 70002 Phone: (504) 828-6070 (800) 770-0143 Email: familyhelpers@fhogno.com	70002	Jefferson	http://fhh.louisiana.gov/index.cfm?directory/detail/5425	No restrictions	Provides home healthcare. Medicaid application site.	*	X	X	X	X																				
FAMILY SERVICE OF GREATER NEW ORLEANS	No restrictions	1799 Stumpf Blvd, Building 5, Suite 3B Gretna, LA 70056 Phone: 504.733-4031	70056	Jefferson	More information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.										*	X	X	X	*		X	X							*	
FAMILY SERVICE OF GREATER NEW ORLEANS	No restrictions	201 Evans Road, Building 3, Suite 311 Harahan, LA 70123 Phone: 504.733.4031	70123	Jefferson	More information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.										*	X	X	X	*		X	X							*	
Gateway Recovery Systems	No restrictions	4103 LAC Coeur de Drive Harvey, LA 70058 Phone: (504) 368-9935	70058	Jefferson	http://www.gatewayrecovery.com/	Adult males	Provides substance abuse services.										*	X	X													
GULF COAST SOCIAL SERVICES	Orleans, Plaquemines, St. Bernard, Jefferson	401 Whitney Avenue Suite 104 , Gretna, LA 70056 504-361-9950 info@gctfs.org	70056	Jefferson	http://www.gctfs.org/about_us.php	Persons with disabilities	Provides services and access to resources for people with disabilities.	*	X	X	X	X	X	X	X		X			*	X		X	X	*		X		X	*		
Holistic Educational Rehabilitation Center	No restrictions	2100 Belle Chasse Highway Gretna, LA 70053 Phone: (504) 367-6630	70053	Jefferson	More information	No restrictions	Provides substance abuse services.										*		X													

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals	Programs that may be unaffordable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH	
Jefferson Addictive Disorders Clinic	Jefferson	3616 I-10 Service Road South Metairie, LA 70001 Phone: (504) 838-5257	70001	Jefferson	More Information	No restrictions	Provides substance abuse services.									*		X													
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Bridge City Community Center 301 Third Emanuel Street Bridge City, LA 70094 Telephone: (504) 349-5464	70094	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered. South Central Application Center for Medicaid.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Dorothy B. Watson Community Center 1300 S. Myrtle Street Metairie, LA 70003 Telephone: (504) 736-6480	70003	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered. Greater New Orleans Area Application Center for Medicaid.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Gretna Community Center 1700 Monroe Street Gretna, LA 70056 Telephone: (504) 376-2130	70056	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Harvey Community Center 1501 Estalote Street Harvey, LA 70058 Telephone: (504) 227-1221	70058	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered. South Central Application Center for Medicaid.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Hazel Rhea Hurst Community Center 1121 S. Causeway Blvd. Jefferson, LA 70121 Telephone: (504) 838-4277	70121	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered. Greater New Orleans Area Application Center for Medicaid.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	J C Simmons Community Center 4008 U.S. Highway 90 Avondale, LA 70094 Telephone: (504) 349-5414	70094	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Marrero Community & Senior Center 1861 Ames Blvd. Marrero, LA 70072 Telephone: (504) 349-5950	70072	Jefferson	http://www.jeffparish.net/index.aspx?page=416	Residents of Jefferson Parish	Centers provide emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FEMA and the Food Box. Citizens can rent the facilities for nominal fees. They also host Recreational, Senior, Youth Development and Civic Association meetings; income tax assistance and cultural activities are also offered. South Central Application Center for Medicaid.													*	X	X	X	X	*	X	X				*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Barataria/Lafitte Head Start Sharlene Adams, Center Supervisor 4977 City Park Road Lafitte, LA 70067 Telephone: (504)689-3384	70067	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X	X		X	X					*	X	X	X	X	*	X	X		X		*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Beechgrove Head Start (Vacant), Center Supervisor 721 Tricia Court Westwego, LA 70094 Telephone: (504)437-4852	70094	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X	X		X	X					*	X	X	X	X	*	X	X		X		*

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals (e.g., dietitians, podiatrists, etc.)	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Polynesian residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Causeway Head Start Lisa Mitchell, Center Supervisor 3420 N. Causeway Blvd. Suite B Metairie, LA 70002 Telephone: (504)838-1000	70002	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Clay Street Head Start (Washington Elementary School) Linda Morris, Center Supervisor 608 Clay Street Kenner, LA 70062 Telephone: (504)736-8770	70062	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Grand Isle Head Start (Grand Isle Public School) Sharlene Adams, Center Supervisor 149 Ludwig Lane Grand Isle, LA 70358 Telephone: (504)689-3384	70358	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Juttland Head Start Chanel Davis, Center Supervisor 1821 Juttland Drive Harvey, LA 70058 Telephone: (504)349-5500	70058	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Kenner Head Start Linda Morris, Center Supervisor 200 Decatur Street Kenner, LA 70062 Telephone: (504)736-8770	70062	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Lapalco Head Start Antoinette Davis, Center Supervisor 2001 Lincolnshire Drive Marrero, LA 70072 Telephone: (504)349-5185	70072	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Terrytown-Gretna Head Start Gloria McKenzie, Center Supervisor 2315 Park Place Gretna, LA 70056 Telephone: (504)392-9890	70056	Jefferson	http://www.jeffparish.net/index.aspx?page=417	Residents of Jefferson Parish	The program establishes a supportive learning environment for children, parents, and staff; giving them enhanced awareness, refined skills, and increased understanding of values. Head Start embraces a comprehensive vision of healthcare for children and families.	*	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	11312 Jefferson Highway River Ridge, LA 70123 (504) 463-3002	70123	Jefferson	More information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X	X	*	X		X	*	X		X	X	*	X			X	*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	1855 Ames Boulevard Marrero, LA 70072 (504) 372-8958	70072	Jefferson	More information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children.	*	X	X	X		X	X	*	X		X	*	X		X	X	*	X			X	*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	3932 U.S. Highway 90 Avondale, LA 70094 504.436.2223	70094	Jefferson	More information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children. South Central Application Center for Medicaid.	*	X	X	X		X	X	*	X		X	*	X		X	X	*	X			X	*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	5140 Church Street Lafitte, LA 70067 504.349.6525	70067	Jefferson	More information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children.	*	X	X	X		X	X	*	X		X	*	X		X	X	*	X			X	*
JEFFERSON COUNCIL ON AGING, INC.	Jefferson	6620 Riverside Dr. Ste 107 Metairie, LA 70003 Phone: (504) 888-5880	70003	Jefferson	http://www.jcoa.net/about	Seniors of Jefferson Parish	Provides programs for seniors including access to social services, wellness, transportation, nutrition, recreation, physical activity and social opportunities.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X	X	X	X	*
JEFFERSON PARISH HUMAN SERVICES AUTHORITY	Jefferson	3616 S. I-10 Service Road Metairie, LA 70001 504-838-5257 Adults 504-838-5002 Child/Adolescents	70001	Jefferson	More information	Residents of Jefferson Parish	Jefferson Parish Human Services Authority (JPHSA) is the public service provider for mental health, addictive disorders, and developmental disabilities services in Jefferson parish.	*	X	X	X		X	X	*	X	X	X	*	X		X	X	*	X			X	*
JEFFERSON PARISH HUMAN SERVICES AUTHORITY	Jefferson	5001 West Bank Expway, Marrero, LA 70072 504-48-8708 Adults 504-349-8755 Child/Adolescents	70072	Jefferson	More information	Residents of Jefferson Parish	A federally qualified health center providing mental health and substance abuse services for adults and children.	*	X	X	X		X	X	*	X	X	X	*	X		X	X	*	X			X	*
JEFFERSON PARISH LIBRARY	Jefferson	1000 West Esplanade Ave. Metairie, LA 70005 (504) 838-4375	70005	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.	*	X	X	X		X	X	*	X		X	*	X	X	X	X	*	X			X	*
JEFFERSON PARISH LIBRARY	Jefferson	102 Willow Dr. Gretna, LA 70053 (504) 364-2716	70053	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.	*	X	X	X		X	X	*	X		X	*	X	X	X	X	*	X			X	*
JEFFERSON PARISH LIBRARY	Jefferson	125 Acadia Dr. Waggaman, LA 70094 (504) 736-8475	70094	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.	*	X	X	X		X	X	*	X		X	*	X	X	X	X	*	X			X	*
JEFFERSON PARISH LIBRARY	Jefferson	143 Ludwig Lane Grand Isle, LA 70358 (985) 787-3450	70358	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.	*	X	X	X		X	X	*	X		X	*	X	X	X	X	*	X			X	*

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTH CARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals	Programs that may be unaffordable for some patients	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH	
JEFFERSON PARISH LIBRARY	Jefferson	219 Soniat Ave. Harahan, LA 70123 (504) 736-8745	70123	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	2150 Metairie Rd. Metairie, LA 70001 (504) 838-4353	70001	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	2751 Manhattan Blvd. Harvey, LA 70058 (504) 364-2660	70058	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	4036 Jefferson Hwy. Jefferson, LA 70121 (504) 838-4350	70121	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	4747 West Napoleon Ave. Metairie, LA 70001 (504) 838-1190	70001	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	4917 City Park Drive Lafitte, LA 70067 (504) 689-5097	70067	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	5550 Belle Terre Rd. Marrero, LA 70072 (504) 349-5910	70072	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	630 West Esplanade Ave. Kenner, LA 70065 (504) 736-8730	70065	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	635 Fourth St. Westwego, LA 70094 (504) 349-5912	70094	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	6646 Riverside Drive Metairie, LA 70003 (504) 838-1193	70003	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	680 Heritage Ave. Terrytown, LA 70056 (504) 364-2717	70056	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*	
JEFFERSON PARISH LIBRARY	Jefferson	E-branch 128 Saave Road, River Ridge, LA 70123 736-6455	70123	Jefferson	http://www.jpilibrary.net/	Residents of Jefferson Parish	Provides virtual access to information, health research, online news and events, and free internet access.													*	X	X	X	X	*					*	
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM	Jefferson	501 Manhattan Blvd Harvey, LA 70058 Phone: 504-349-7600	70058	Jefferson	http://jpschools.org/departments/	Residents of Jefferson Parish	Provides youth education, nutrition, opportunities for physical activity, health education, health assessments, health screenings, and English as a second language program and translation services.	*	X	X	X	X		X	X					*	X	X	X	X	*	X	X		X	*	
JEFFERSON TRANSIT	Jefferson	21 Westbank Exp Gretna LA 70053 Phone: (504) 364-3450	70053	Jefferson	http://www.jeffersontransit.org/default.asp	Jefferson Parish	Provides public transportation and special paratransit services.	*					X							*					*			X			
MAGNOLIA COMMUNITY SERVICES	No restrictions	100 Central Avenue Jefferson, LA 70121 Phone: (504) 731-1371 (866) 266-1612	70121	Jefferson	http://www.mcjs.org/programs/	Adults with intellectual and other developmental disabilities.	We offer supports and services in nineteen group homes, supported community living, a vocational/day habilitation program, and supported employment.	*												*					*	X	X				*
MARCH OF DIMES - METRO NEW ORLEANS DIVISION	No restrictions	3000 26th Street, Suite 100, Metairie, LA (504) 836-2087	70002	Jefferson	http://www.marchofdimes.com/loUISIANA/	Pregnant women and newborns	Provide support to pregnant women to ensure best outcome for both mother and baby.	*	X	X	X	X			X					*	X	X	X	X	*	X					*
MERCY FAMILY CENTER	No restrictions	110 Veterans Memorial Blvd., Suite 425 Metairie, LA 70005 (504) 838-8283	70005	Jefferson	More information	No restrictions	Provides outpatient counseling, psychiatry, educational services and school based mental health services to children, youth, and adults. Greater New Orleans Area Application Center for Medicaid.	*		X	X	X			X	*	X		X	*	X				*						*
MMO BEHAVIORAL HEALTH SYSTEM	No restrictions	4429 Shores Drive Metairie, LA 70006 Ph: 504.267.6028	70006	Jefferson	http://www.mmoinc.com/services	Adults	Provides behavioral and mental health care.										*	X		*	X	X	X	X	*	X					*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	Hispanic Resource Center 4312 Florida Ave. Kenner, LA 70065	70065	Jefferson	http://www.nochp.org/services/health-services	Children	Provides primary, preventive, and mental health care, asthma & allergy services, weight management & education, and health education.	*	X	X	X	X		X	X	*	X		X	*	X	X	X	X	*	X					*
OCHSNER HEALTH SYSTEM	No restrictions	Liselette Tansley Breast Center at Ochsner 1319 Jefferson Highway New Orleans, LA 70121 Phone: 504-842-6056	70121	Jefferson	More information	No restrictions	Provides health care services for detection and treatment of breast disease.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Center for Primary Care and Wellness 1401 Jefferson Highway New Orleans, LA 70121 Phone: 504-842-4747	70121	Jefferson	More information	No restrictions	Provides primary, preventive and specialty health care.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Destrehan Family Health 159 Longview Drive Destrehan, LA 70047 Phone: 985-764-7669	70047	St. Charles	More information	No restrictions	Provides primary and preventive health care.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Driftwood 2120 Driftwood Blvd. Kenner, LA 70065 Phone: 504-443-9500	70065	Jefferson	More information	No restrictions	Provides primary, preventive, and specialty care. Also, provides nutrition education and information.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Elmwood 1221 S. Clearview Pkwy. Harahan, LA 70121	70121	Jefferson	More information	No restrictions	Provides primary, preventive and specialty health care.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Gretna 441 Wall Blvd. Gretna, LA 70056 Phone: 504-371-6550	70056	Jefferson	More information	No restrictions	Provides primary and preventive health care.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	X	*

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical/professional services that may be unavailable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Kenner 200 W. Esplanade Avenue Kenner, LA 70065 Phone: 504-464-8506	70065	Jefferson	More information	No restrictions	Provides primary, preventive and specialty health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - La Place Medical 735 W. 5th Street La Place, LA 70068 Phone: 985-652-9504	70068	St. John the Baptist	More information	No restrictions	Provides primary and preventive health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Lapalco 4225 Lapalco Blvd. Marrero, LA 70072 Phone: 504-371-9355	70072	Jefferson	More information	No restrictions	Provides primary, preventive, specialty, pediatric, pediatric specialty and urgent health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Luling 1057 Paul Mallard Rd. Luling, LA 70070 Phone: 985-785-3740	70070	St. Charles	More information	No restrictions	Provides primary, preventive, and specialty care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Metairie 2005 Veterans Memorial Blvd. Metairie, LA 70002 Phone: (504) 836-9820	70002	Jefferson	More information	No restrictions	Provides primary, preventive, specialty and urgent health care. Also, provides nutrition education and information.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - River Parishes 502 Rue de Saint La Place, LA 70068 Phone: 985-652-3500	70068	St. John the Baptist	More information	No restrictions	Provides primary, preventive, specialty, emergency health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - West Bank 120 Meadowcrest Street Gretna, LA 70056 Phone: 504-371-9355	70056	Jefferson	More information	No restrictions	Provides primary, preventive, specialty, psychiatric and mental health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - Destrehan 1970 Ormond Blvd. Destrehan, LA 70047 Phone: 985-764-6036	70047	St. Charles	More information	Children	Provides pediatric health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - Metairie 4901 Veterans Memorial Blvd. Metairie, LA 70006 Phone: 504-887-1133	70006	Jefferson	More information	Children	Provides pediatric health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - New Orleans 1315 Jefferson Highway New Orleans, LA 70121 Phone: 504-842-3900	70121	Jefferson	More information	Children	Provides specialty pediatric care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Hospital For Children 1514 Jefferson Highway New Orleans, LA 70121 Phone: 1-866-OCHSNER	70121	Jefferson	More information	Children	Provides primary, preventive, specialty and emergency health care for children.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Kenner Medical Office Building - Ochsner Health Clinics 200 West Esplanade Avenue Kenner, LA 70065 Phone: 504-443-9500	70065	Jefferson	More information	No restrictions	Provides preventive and specialty health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Center - Kenner 180 W. Esplanade Avenue Kenner, LA 70065 Phone: 504-443-9500	70065	Jefferson	More information	No restrictions	Provides primary, preventive, specialty, and emergency health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Center - West Bank Campus 2500 Belle Chasse Highway Gretna, LA 70056 Phone: 504-392-3131	70056	Jefferson	More information	No restrictions	Provides primary, preventive, behavioral, mental, specialty, and emergency health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Center 1514 Jefferson Highway New Orleans, LA 70121 Phone: 1-866-OCHSNER	70121	Jefferson	More information	No restrictions	Provides primary, preventive, specialty, and emergency health care. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Complex - River Parishes 500 Rue de Saint La Place, LA 70068 Phone: 985-652-7000	70068	St. John the Baptist	More information	No restrictions	Provides primary, preventive, specialty, and emergency health care.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	St. Charles Parish Hospital 1057 Paul Mallard Rd. Luling, LA 70070 Phone: 985-785-6242	70070	St. Charles	More information	No restrictions	Provides primary, preventive, specialty, psychiatric and mental, and emergency health care. Also provides nutrition education and information.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	The Gayle and Tom Benson Cancer Center 1514 Jefferson Highway New Orleans, LA 70121 Phone: 1-866-OCHSNER	70121	Jefferson	More information	No restrictions	Provides health care services for detection and treatment of cancer.	*	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
RELIABLE COMMUNITY ALTERNATIVES, INC.	No restrictions	151 Almedia Rd, Suite 6 St. Rose, LA 70087 Office (985) 465-5322	70087	St. Charles	http://rcainc.net/services.htm	No restrictions	Provides personal care. Application Center for Medicaid.	*	X	X	X			X	*				*	X			X	*				X	*
RELIABLE COMMUNITY ALTERNATIVES, INC.	No restrictions	5416 Veterans Memorial Boulevard Suite 315 Metairie, LA 70003 Office (504) 779-4740	70003	Jefferson	http://rcainc.net/services.htm	No restrictions	Provides personal care. Application Center for Medicaid.	*	X	X	X			X	*				*	X			X	*				X	*

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Latina/multiracial residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH	
RESOURCES FOR HUMAN DEVELOPMENT	Jefferson	JPHSA Pathways Phase II 1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-376-2524	70058	Jefferson	http://www.rhd.org/Program.aspx?pid=111	Jefferson Parish	Pathways-Phase II is a supervised independent living program for adults with a severe and persistent mental illness or a co-occurring disorder with mental illness as primary. The program provides 10 beds (men and women) for Jefferson Parish residents. RHD administers Pathways on behalf of the Jefferson Parish Human Services Authority.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	Jefferson	Project Reach 2121 Ridgeland Avenue Suite 206B Metairie, LA 70001 Phone: 504-832-5123	70001	Jefferson	http://www.rhd.org/Program.aspx?pid=126	Homeless of Jefferson Parish	Provides support case management, van transportation, bus tokens, community education and awareness, clothing, water, snacks, and blankets and housing referrals to homeless individuals in Jefferson Parish.	*				X	X						*	X	X	X	X	*	X		X			
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	RIC/LA-SAFE Focused Outreach Case Management Program 1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-376-2524	70058	Jefferson	http://www.rhd.org/Program.aspx?pid=233	Women	RHD's Focused Outreach Case Management Program empowers and supports women who are involved with the criminal justice system and Department of Children and Family Services as a result of their struggles with substance abuse. The overall aim of services is to promote and support individual recovery utilizing a comprehensive, empowerment, and strengths-based approach. The program supports treatment rather than incarceration and keeping families together and children out of state custody. The Focused Outreach Case Management Program includes LA-SAFE and Reach-in CARE services.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	Jefferson	JPHSA Pathways Phase I 1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-376-2524	70058	Jefferson	http://www.rhd.org/Program.aspx?pid=4	Jefferson Parish	Phase I provides permanent supportive housing for homeless, mentally ill and/or chemically dependent individuals. The program's capacity is 16 (unaccompanied men and women) for Jefferson Parish residents. RHD administers Pathways on behalf of the Jefferson Parish Human Services Authority.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	Family House Louisiana 112 Holmes Blvd., Bldg. B, Apt. 1 Terrytown, LA 70056 Phone: (504) 367-7600	70056	Jefferson	http://www.rhd.org/Program.aspx?pid=48	Pregnant women and women with children	Family House is a residential substance abuse treatment program for pregnant women and women with children. While at Family House, women receive individual therapy, individual parenting, and groups that include: substance abuse education, parenting education, trauma, feelings process, life skills and much more.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	Jefferson, Orleans	Assertive Community Treatment Team 2 1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-247-9120	70058	Jefferson	http://www.rhd.org/Program.aspx?pid=7	Consumers in Jefferson Parish and the Greater New Orleans area	The ACT Program provides community based services to individuals with severe and persistent mental illness. Their mental illness may also be accompanied by a substance abuse disorder and/or a developmental disability. ACT is an evidenced based, recovery oriented service delivery model that provides a holistic, multidisciplinary approach of consumer care. ACT support services are not time bound. The primary goals of the program are to lessen or eliminate the debilitating symptoms of mental illness each consumer experiences, minimize or prevent recurrent acute episodes of the illness and to enhance quality of life and functioning.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	Jefferson, Orleans	1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-247-9120	70058	Jefferson	http://www.rhd.org/Program.aspx?pid=8	Adult residents of Jefferson Parish and Greater New Orleans	Provides community based services to individuals with severe and persistent mental illness.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	Jefferson, Orleans	Assertive Community Treatment Team 1 1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-247-9120	70058	Jefferson	http://www.rhd.org/Program.aspx?pid=8	Consumers in Jefferson Parish and the Greater New Orleans area	The ACT Program provides community based services to individuals with severe and persistent mental illness. Their mental illness may also be accompanied by a substance abuse disorder and/or a developmental disability. ACT is an evidenced based, recovery oriented service delivery model that provides a holistic, multidisciplinary approach of consumer care. ACT support services are not time bound. The primary goals of the program are to lessen or eliminate the debilitating symptoms of mental illness each consumer experiences, minimize or prevent recurrent acute episodes of the illness and to enhance quality of life and functioning.								*	X	X		*	X	X	X	X							
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	151 Meadowcrest Street, Suite C Gretna, LA 70056 Phone: (504) 361-9573	70056	Jefferson	More Information	Adults in the Greater New Orleans area	Provides substance abuse services.								*		X													
RESPONSIBILITY HOUSE	No restrictions	1799 Stumpf Blvd., Bldg. 7, Ste. 4 Terrytown, LA 70056 Phone: (504) 367-4426	70056	Jefferson	http://www.responsibilityhouse.org/contact_us0.aspx	No restrictions	Provides substance abuse services.								*		X													

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTH CARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals	Programs that may be unaffordable for some patients	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH				
River Oaks Hospital	No restrictions	1525 River Oaks Rd W New Orleans, LA 70123-2199 (504) 734-1740	70123	Jefferson	http://www.riveroakshospital.com/	No restrictions	Provides mental healthcare.	*	X							*	X		X															
RIVER PARISHES TRANSIT AUTHORITY	St. Charles, St. John and Terrebonne	1409 Woodland Dr. LaPlace, LA 70068 Phone: (504) 304-2000	70068		http://rptarolls.org/	Residents of St. Charles and St. John the Baptist Parishes	Provides public transportation services.	*					X											*				X						
RIVER PARISHES TRANSIT AUTHORITY	St. Charles	P.O. Box 2444 La Place, LA 877-651-1171	70069	St. John the Baptist	www.rptarolls.org	No restrictions	Public transportation and paratransit services	*					X							*								X						
SEASIDE HEALTH CARE	No restrictions	229 Bellemeade Blvd. Gretna, LA 70056 (504) 391-2440	70056	Jefferson	http://www.seasidehc.com/seaside-behavioral-center-locations/	Adults	Partial hospitalization and intensive outpatient programs for patients 18 and older.									*	X	X																
SEASIDE HEALTH CARE	No restrictions	4200 Houma Blvd, 4th floor Metairie, LA 70006 (504) 503-4900	70006	Jefferson	http://www.seasidehc.com/seaside-behavioral-center-locations/	Adults	Inpatient program offering adult psychiatric services for patients 30 and older.									*	X	X																
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY	Lafourche, St. Charles, St. John, and Terrebonne	River Parishes Assessment Center 421 Airline Highway Suite L La Place, LA 70068 Phone: 985.651.7064	70068	St. John the Baptist	http://www.sclhsa.org/	Residents of Lafourche, St. Charles, St. John, and Terrebonne Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*	X	X	X			X	X	*	X	X	X	*	X		X	X		*	X			X	*			
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY	Lafourche, St. Charles, St. John, and Terrebonne	River Parishes Behavioral Health Center 1809 W. Airline Highway La Place, LA 70068 Phone: 985.652.8444	70068	St. John the Baptist	http://www.sclhsa.org/	Residents of Lafourche, St. Charles, St. John, and Terrebonne Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*	X	X	X			X	X	*	X	X	X	*	X		X	X		*	X			X	*			
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY	Lafourche, St. Charles, St. John, and Terrebonne	River Parishes Children and Adolescent Center 421 Airline Highway, Suite L La Place, LA 70068 Phone: 985.651.7064	70068	St. John the Baptist	http://www.sclhsa.org/	Residents of Lafourche, St. Charles, St. John, and Terrebonne Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*	X	X	X			X	X	*	X	X	X	*	X		X	X		*	X			X	*			
ST ROSE COMMUNITY CENTER	St. Charles	608 Mockingbird Lane St. Rose, LA 70087 Phone: (504) 305-5138	70087	St. Charles	http://www.stcharlesparish-la.gov/departments/community-services/st-rose-community-center.html	Residents of St. Charles Parish	Drop-in center for at-risk youth.													*	X		X	X		*	X	X		X	*			
ST. CHARLES COUNCIL ON AGING, INC	St. Charles	626 Pine St., Suite A Hahnville LA 70057 Phone: (985) 783-6683	70057	St. Charles	http://www.stcharlescoa.com/home.html	Seniors	Provides programs for seniors including access to social services, wellness, transportation, nutrition, recreation, physical activity and social opportunities.	*	X	X	X	X	X	X	X	*	X	X		*	X	X	X	X		*	X	X	X	X	*			
ST. CHARLES PARISH	St. Charles	Department of Community Services 14564 River Road New Sarpy, LA 70078 Phone: 9857647944	70078	St. Charles	http://www.stcharlesparish-la.gov/departments/community-services/programs-and-services	Residents of St. Charles Parish	Access point for community services. Provides emergency financial assistance, food pantry, information on services, and referrals. South Central Application Center for Medicaid.	*			X									*	X	X	X	X		*	X	X	X	X	*			
ST. CHARLES PARISH LIBRARY	St. Charles	105 Lakewood Drive P.O. Box 949 Luling, LA 70070 Phone: (985) 785-8471	70070	St. Charles	http://www.myscp.org/branches.html	Residents of St. Charles Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. CHARLES PARISH LIBRARY	St. Charles	14596 River Road, Suite A P.O. Box 444 Hahnville, LA 70057 Phone: (985) 783-2341	70057	St. Charles	http://www.myscp.org/branches.html	Residents of St. Charles Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. CHARLES PARISH LIBRARY	St. Charles	160 West Campus Drive P.O. Box 759 Destrehan, LA 70047 Phone (Circulation): (985) 764-2366	70047	St. Charles	http://www.myscp.org/branches.html	Residents of St. Charles Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. CHARLES PARISH LIBRARY	St. Charles	197 Good Hope Street Norco, LA 70079 Phone: (985) 764-6581	70079	St. Charles	http://www.myscp.org/branches.html	Residents of St. Charles Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. CHARLES PARISH LIBRARY	St. Charles	307 Audubon Street Paradis, LA 70080 Phone: (985) 758-2868	70080	St. Charles	http://www.myscp.org/branches.html	Residents of St. Charles Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. CHARLES PARISH LIBRARY	St. Charles	90 East Club Drive St. Rose, LA 70087 Phone: (504) 465-0646	70087	St. Charles	http://www.myscp.org/branches.html	Residents of St. Charles Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. JOHN ARC	St. John the Baptist	101 Bamboo Rd La Place, LA 70068 Phone: (985) 652-8003	70068	St. John the Baptist	http://www.thearc.org/page.aspx?id=2331&menuid=27ed9b9m%247e%3d&bbssys=0&bart=0	Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including transportation, Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*	X	X	X	X	X	X	X	*	X		X	*	X	X	X	X		*	X	X	X	X	*			
ST. JOHN PARISH LIBRARY	St. John the Baptist	111 Historic Front Street Garyville, LA 70051 Phone Number: 985-535-6868	70051	St. John the Baptist	http://stjohn.lib.la.us/	Residents of St. John the Baptist Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. JOHN PARISH LIBRARY	St. John the Baptist	170 West 10th Street Reserve, LA 70084 Phone Number: 985-536-4107	70084	St. John the Baptist	http://stjohn.lib.la.us/	Residents of St. John the Baptist Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. JOHN PARISH LIBRARY	St. John the Baptist	2920 Highway 51 LaPlace, LA 70068 Phone Number: 985-652-6857	70068	St. John the Baptist	http://stjohn.lib.la.us/	Residents of St. John the Baptist Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. JOHN PARISH LIBRARY	St. John the Baptist	2979 Highway 18 Edgard, LA 70049 Phone Number: 985-497-3453	70049	St. John the Baptist	http://stjohn.lib.la.us/	Residents of St. John the Baptist Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X		*			X	*				
ST. JOHN THE BAPTIST COUNCIL ON AGING	St. John the Baptist	214 Regala Park Rd. Reserve, LA 70084 985-479-0272	70084	St. John the Baptist	http://www.sjbgarish.com/services-general.php?id=78	Seniors	Provides programs for seniors including access to social services, wellness, transportation, nutrition, recreation, physical activity and social opportunities.	*	X	X	X	X	X	X	X	*	X	X		*	X	X	X	X		*	X	X	X	X	*			
TECHE ACTION CLINIC	No restrictions	159 East Third Street Edgard, LA 70049 ph: (985) 497-8726	70049	St. John the Baptist	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X		*	X			X	*			

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventative care	Limited availability of medical professionals Priority areas that may be unaffordable for some patients	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric health care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limits of information dissemination	Services for Latino/Vietnamee residents (including translation services)	Collaboration of business, hospitals and communities	Limits of outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH	
TECHE ACTION CLINIC	No restrictions	471 Central Avenue Reserve, LA 70084 Ph: (985) 479-1315	70084	St. John the Baptist	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X				*	
The Arc of St. Charles (CRP)	St. Charles	13771 Highway 631 (Old Spanish Trail) Boutte, LA 70039 Telephone: (985) 785-0971	70039	St. Charles	http://www.arcsoftcharles.com/	Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including transportation, Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X	X		X	*	
THE EXTRA MILE, SOUTHEAST LOUISIANA, INC	No restrictions	3616 S I-10 Service Road W. Metairie, LA 70001 Phone: 504.349.8748	70001	Jefferson	http://www.temelsa.org/contact-us.html	No restrictions	Provides access to community, social, and assistance services to disadvantaged individuals.												*	X	X	X	X							
THE EXTRA MILE, SOUTHEAST LOUISIANA, INC	No restrictions	JPHSA Clinic 5001 Westbank Expressway Marrero, LA 70072 Phone: 504.349.8748	70072	Jefferson	http://www.temelsa.org/contact-us.html	No restrictions	Provides access to community, social, and assistance services to disadvantaged individuals.												*	X	X	X	X							
TOWN OF GRAND ISLE	Jefferson, Lafourche, Terrebonne	P. O. Box 200 170 Ludwig Lane Grand Isle LA 70358 Phone: (985) 787-3196	70358	Jefferson	http://www.townofgrandisle.com/community/	Elderly, disabled, needy	Provides transportation, information on community services, and recreation and social opportunities.	*				X											*		X	X				
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Behavioral Health Clinic - Metairie 4641 Fairfield St., Suite F Metairie, LA 70006 (504) 988-7250	70006	Jefferson	http://tulane.edu/som/departments/psychiatry/patientCare/behavioral-health-clinic.cfm	Adults	Provides adult mental health psychotherapy and medication management.								*	X			*	X	X	X	X							
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Tulane Center for Women's Health 4720 South I-10 Service Road, Suite 300 Metairie, LA 70001 504-988-8070	70001	Jefferson	http://tulane.edu/som/patients/index.cfm	Women	Provides women's health care.	*	X	X	X		X						*	X	X	X	X	*	X				*	
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Tulane Lakeside Hospital 4700 South I-10 Service Road West Metairie, LA 70001 504-780-8282	70001	Jefferson	http://tulane.edu/som/patients/index.cfm	No restrictions	Provides specialty health care. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X						*	X	X	X	X	*	X				*	
WEST JEFFERSON MEDICAL CENTER	No restrictions	1111 Medical Center Blvd. Suite S-850 Marrero, LA 70072 Phone: 504.347.5511	70072	Jefferson	More information	No restrictions	Provides adult and pediatric primary and preventive care. South Central Application Center for Medicaid.	*	X	X	X		X	X					*	X		X	X	*	X				*	
WEST JEFFERSON MEDICAL CENTER	No restrictions	Grand Isle Multiplex 3101 Louisiana Highway 1 Grand Isle, LA 70358	70358	Jefferson	More information	No restrictions	Provides adult and pediatric primary and preventive care.	*	X	X	X		X	X					*	X		X	X	*	X				*	
WEST JEFFERSON MEDICAL CENTER	No restrictions	Lapalco Clinic 3909 Lapalco Blvd. Suite 100 Harvey, LA 70058 504.349.6900	70058	Jefferson	More information	No restrictions	Provides adult and pediatric primary and preventive care.	*	X	X	X		X	X					*	X		X	X	*	X				*	
WEST JEFFERSON MEDICAL CENTER	No restrictions	Manhattan Clinic 2845 Manhattan Blvd. Harvey, LA 70058 504.349.6936	70058	Jefferson	More information	No restrictions	Provides adult and pediatric primary and preventive care.	*	X	X	X		X	X					*	X		X	X	*	X				*	
WEST JEFFERSON MEDICAL CENTER	No restrictions	Oakwood Clinic 175 Hector Avenue Gretna, LA 70056 504.349.6925	70056	Jefferson	More information	No restrictions	Provides adult and pediatric primary and preventive care.	*	X	X	X		X	X					*	X		X	X	*	X				*	
Westwego Ernest J. Tassin Senior Center	Jefferson	701 4th Street Westwego LA 70094 Phone: 504-328-3664	70094	Jefferson	http://www.cityofwestwego.com/contact/senior-center	Seniors and disabled residents of Westwego area	Provides non-emergency medical transportation.	*				X							*	X	X	X	X	*	X	X	X		*	
YMCA	No restrictions	6691 Riverside Drive Metairie, LA 504-888-9622	70003	Jefferson	More information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.												*	X		X	X	*	X	X		X	*	
YOUTH SERVICE BUREAU	No restrictions	150 Cleveland Avenue Slidell, LA 70438 Client Services: 985-643-5746	70438		http://www.ybworks.com/contact.php	Youth	Provides substance abuse services.								*	X	X	X												
YOUTH SERVICE BUREAU	No restrictions	114 S 316 Austin Street Bogalusa, LA 70427 Client Services: 985-735-1687	70427		http://www.ybworks.com/contact.php	Youth	Provides substance abuse services.								*	X	X	X												
YOUTH SERVICE BUREAU	No restrictions	911 Washington Street Franklinton, LA 70438 Office: 985-839-4090	70438		http://www.ybworks.com/contact.php	Youth	Provides substance abuse services.								*	X	X	X												

APPENDIX B



Secondary Data Profile

OCHSNER MEDICAL CENTER - KENNER
August, 2015

Table of Contents

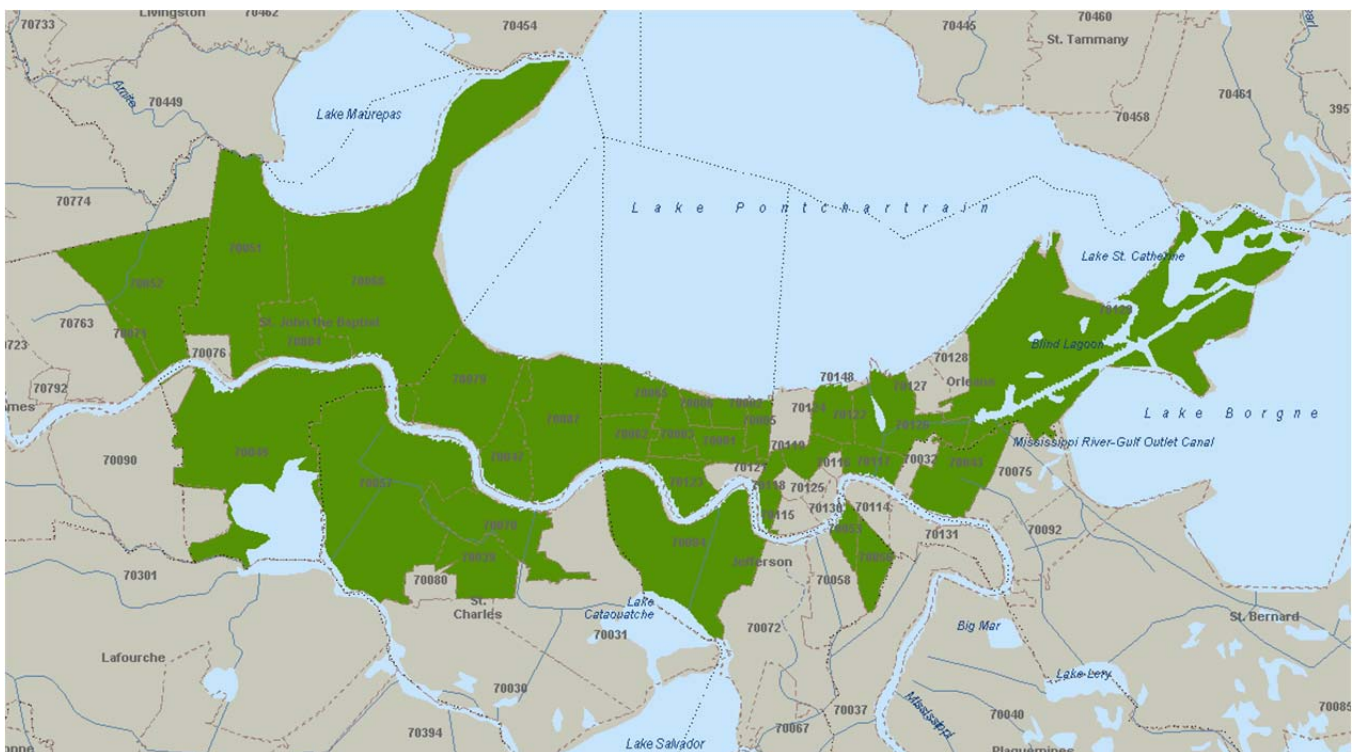
Ochsner Medical Center Kenner Study Area Definition	.....
Demographic Data	.....
Community Needs Index (CNI)	.....
Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)	.....
Prevention Quality Indicators (PQI)	.....
Pediatric Quality Indicators Overview	.....
Community Commons Data	.....
Social and Economic Factors	.....
Physical Environment	.....
Clinical Care	.....
Health Behaviors	.....
Health Outcomes	.....
County Health Rankings	.....
Substance Abuse and Mental Health	.....
America’s Health Rankings	.....

Ochsner Medical Center Kenner Study Area Definition

While community can be defined in many ways, for the purposes of this report, the **Ochsner Medical Center Kenner (OMC Kenner)** community is defined as 30 zip codes – including 6 parishes that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Table 1. Ochsner Medical Center Kenner Study Area Definition – Zip Codes					
City	Zip Code	Parish/County	City	Zip Code	Parish/County
Metairie	70001	Jefferson Parish	New Orleans	70126	Orleans Parish
Metairie	70002	Jefferson Parish	New Orleans	70129	Orleans Parish
Metairie	70003	Jefferson Parish	Chalmette	70043	St. Bernard Parish
Metairie	70005	Jefferson Parish	Boutte	70039	St. Charles Parish
Metairie	70006	Jefferson Parish	Destrehan	70047	St. Charles Parish
Gretna	70053	Jefferson Parish	Hahnville	70057	St. Charles Parish
Gretna	70056	Jefferson Parish	Luling	70070	St. Charles Parish
Kenner	70062	Jefferson Parish	Norco	70079	St. Charles Parish
Kenner	70065	Jefferson Parish	Saint Rose	70087	St. Charles Parish
Westwego	70094	Jefferson Parish	Gramercy	70052	St. James Parish
New Orleans	70123	Jefferson Parish	Lutcher	70071	St. James Parish
New Orleans	70117	Orleans Parish	Edgard	70049	St. John the Baptist Parish
New Orleans	70118	Orleans Parish	Garyville	70051	St. John the Baptist Parish
New Orleans	70119	Orleans Parish	LA Place	70068	St. John the Baptist Parish
New Orleans	70122	Orleans Parish	Reserve	70084	St. John the Baptist Parish

Figure 1. Map of OMC Kenner Study Area



Demographic Data

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the Ochsner Medical Center Kenner (OMC Kenner) study area. The OMC Kenner Study Area is defined to include the 30 zip codes across the 6 parishes; for comparison purposes the OMC Kenner Study Area looks to compare to Jefferson, St. Charles, and St. John the Baptist parishes (parishes with the largest number of zip codes that make up the study area).

Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

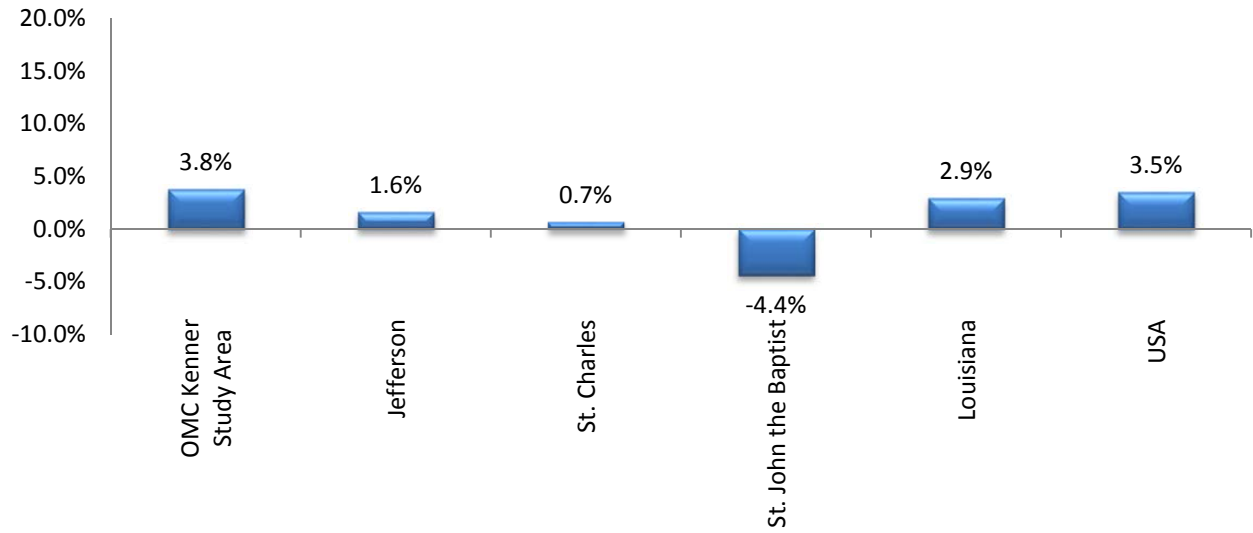
Population Change

- The OMC Kenner zip-code defined study area encompasses 613,839 residents.
- In 2015, the largest parish in the study area is Jefferson Parish with 435,154 residents in 2015.
- From 2015 to 2020, the OMC Kenner Study Area is projected to experience a 3.8% rise in population going from 613,839 residents to 636,868 residents.
- Of the included parishes of relevance to the OMC Kenner Study area, St. John the Baptist Parish is the only parish projected to experience population decline at 4.4% (a loss of 1,940 residents).

Table 2. Population Size and Change Projections 2015, 2020

	OMC Kenner Study Area	Jefferson Parish	St. Charles Parish	St. John the Baptist Parish	Louisiana	USA
2015 Total Population	613 839	435,154	50,783	43,705	4,662,874	319,459,991
2020 Projected	636,868	441,911	51,124	41,765	4,800,027	330,689,265
# Change	23,029	6,757	341	- 1,940	137,153	11,229,374
% Change	3.8%	1.6%	0.7%	- 4.4%	2.9%	3.5%

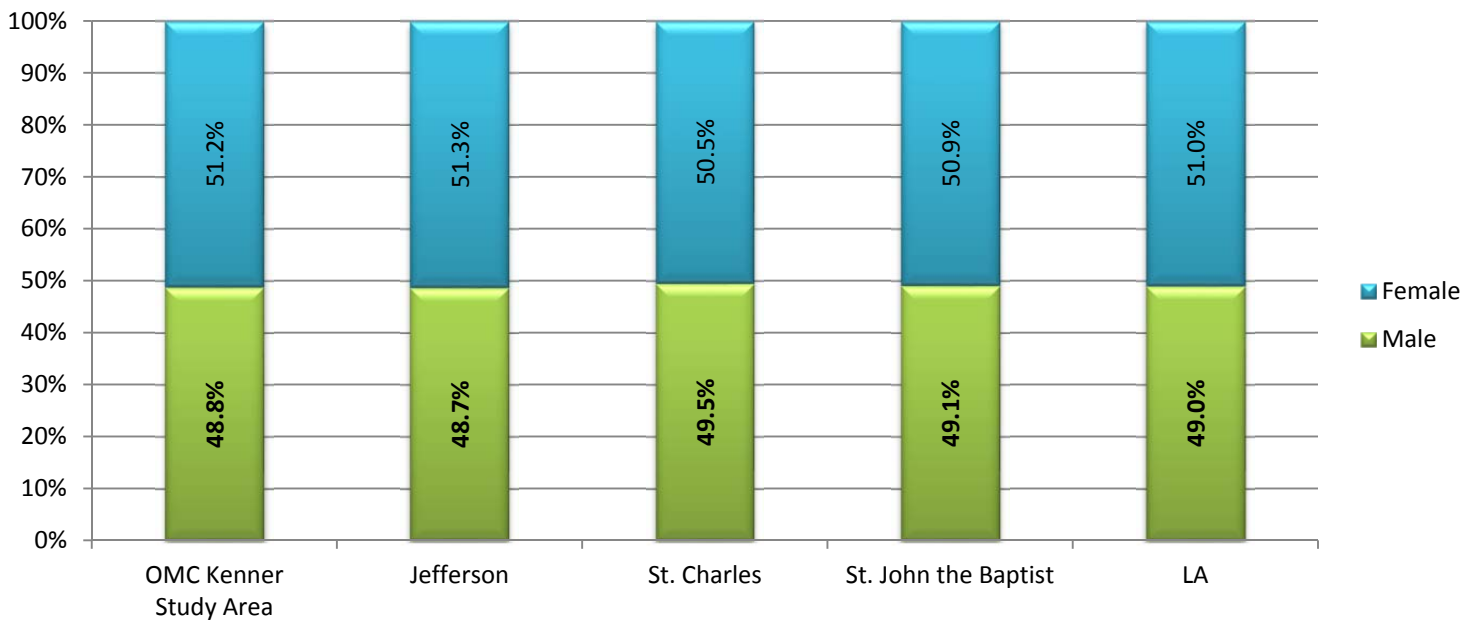
Chart 1. Population Change 2015 - 2020



Gender

- The gender breakdown for the entire OMC Kenner Study Area and parishes is generally consistent and similar to state and national norms.

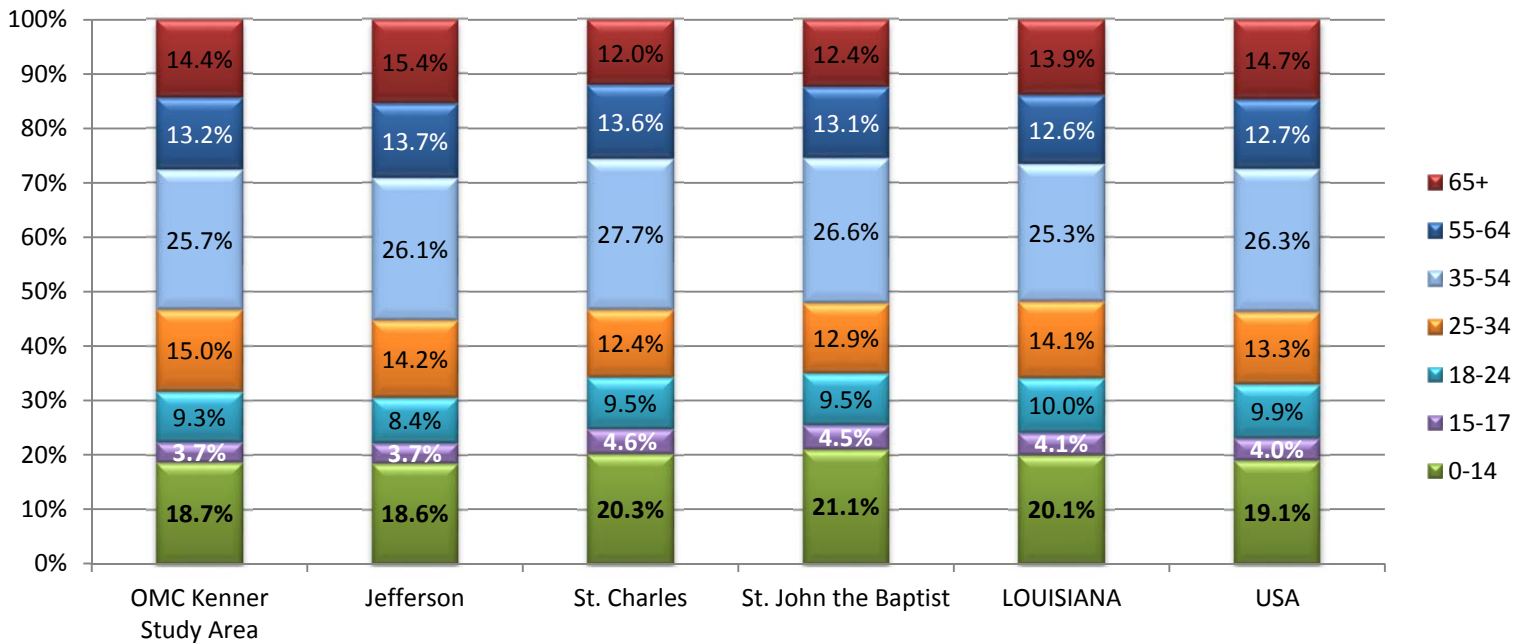
Chart 2. Gender (2015)



Age

- Jefferson Parish reports the largest population of residents aged 65 and older with 15.4% followed by the OMC Kenner Study Area with 14.4%, and St. John the Baptist with 12.4%.

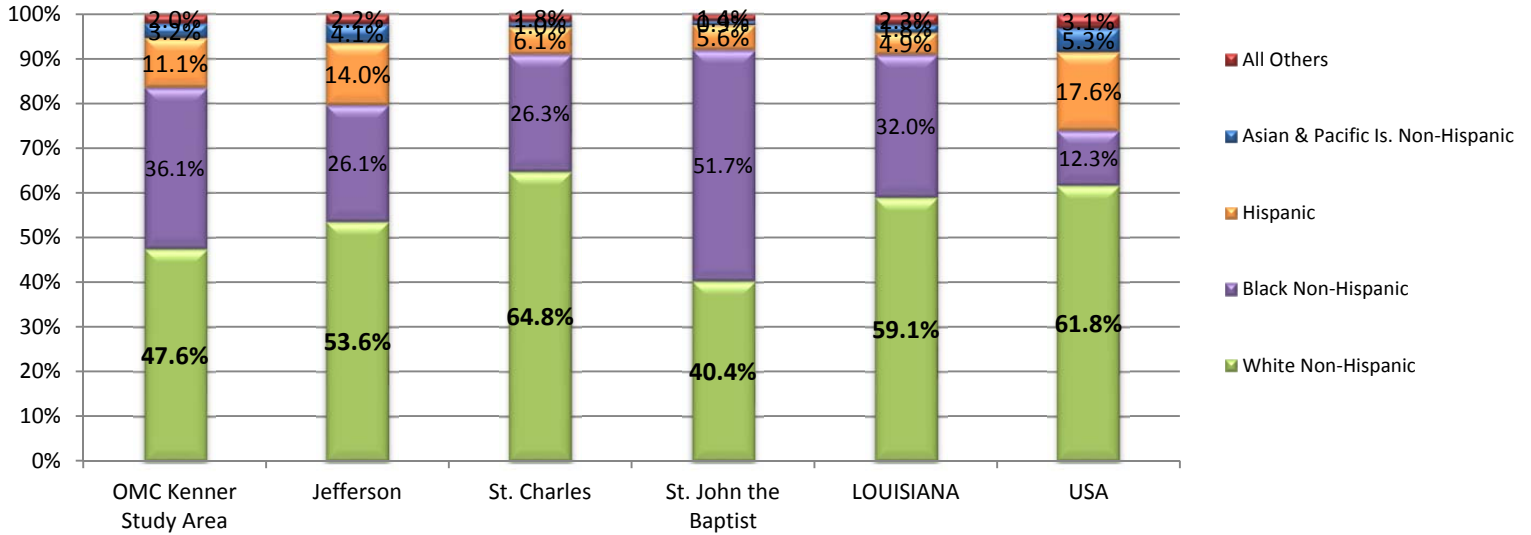
Chart 3. Age (2015)



Race

- St. Charles Parish reports the highest White, Non-Hispanic population percentage at 64.8%.
- John the Baptist Parish reports the highest Black, Non-Hispanic population across the study area counties at 51.7%. This is higher than both state (32.0%) and national (12.3%) reports.
- The OMC Kenner Study Area and all of the parishes report lower rates of Hispanic residents as compared with the country (17.6%). Jefferson Parish reports the highest Hispanic population rate at 14%. Jefferson Parish also reports the highest percentage of Asian or Pacific Islander residents (4.1%) as compared with the other parishes and Study Area.

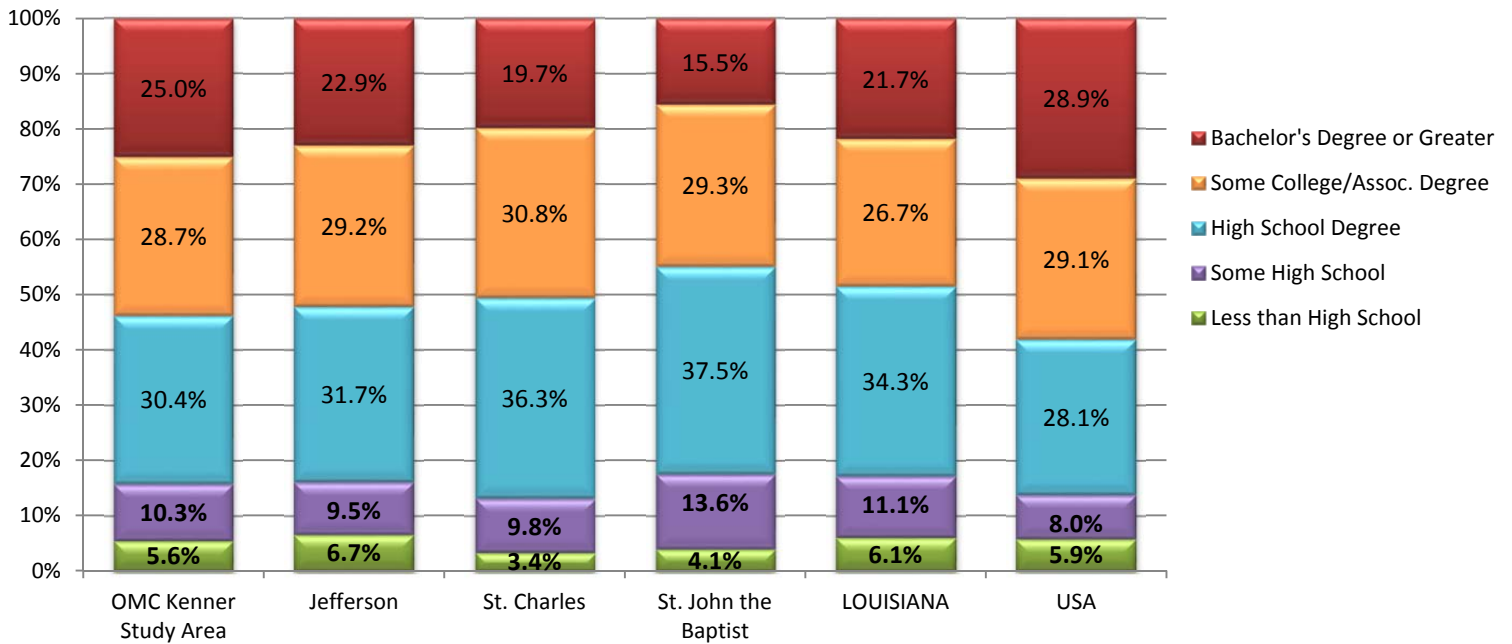
Chart 4. Race (2015)



Education Level

- Jefferson Parish reports the highest rate of residents with less than a high school degree (6.7%).
- The OMC Kenner Study Area reports the highest rate of residents with a Bachelor’s degree or higher with 25.0%.

Chart 5. Education Level (2015)



Income

- St. Charles Parish reports the highest average annual household income for the study at \$74,521. This is above state (\$64,209) and national (\$74,165) averages.
- The OMC Kenner Study Area reports the lowest average annual household income compared to the other parishes in the study at \$61,121.
- The OMC Kenner Study Area reports the highest rates of households that earn less than \$15,000 per year at 18.2%; this is higher than the state average of 16.9%.

Chart 6. Average Annual Household Income (2015)

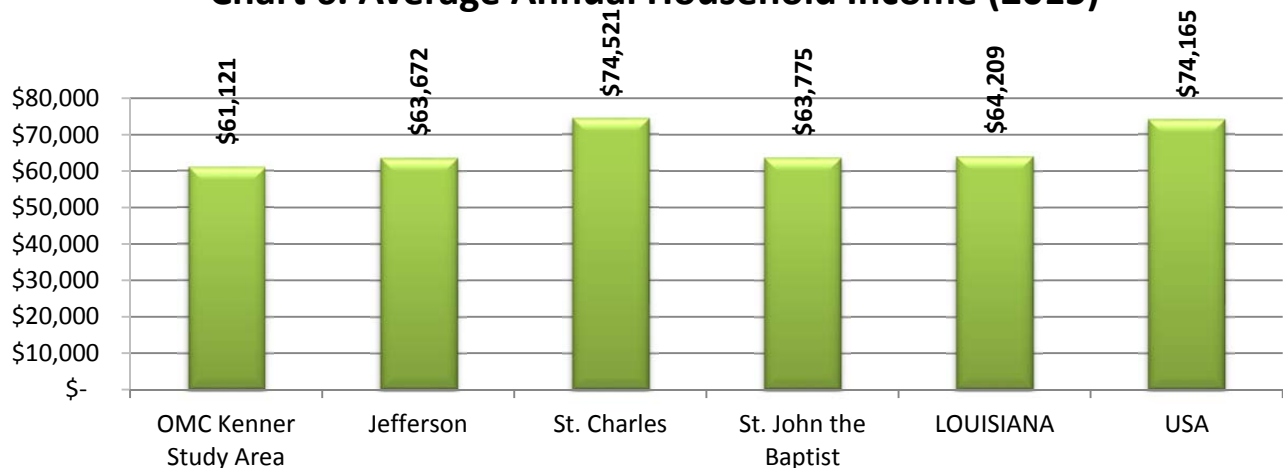
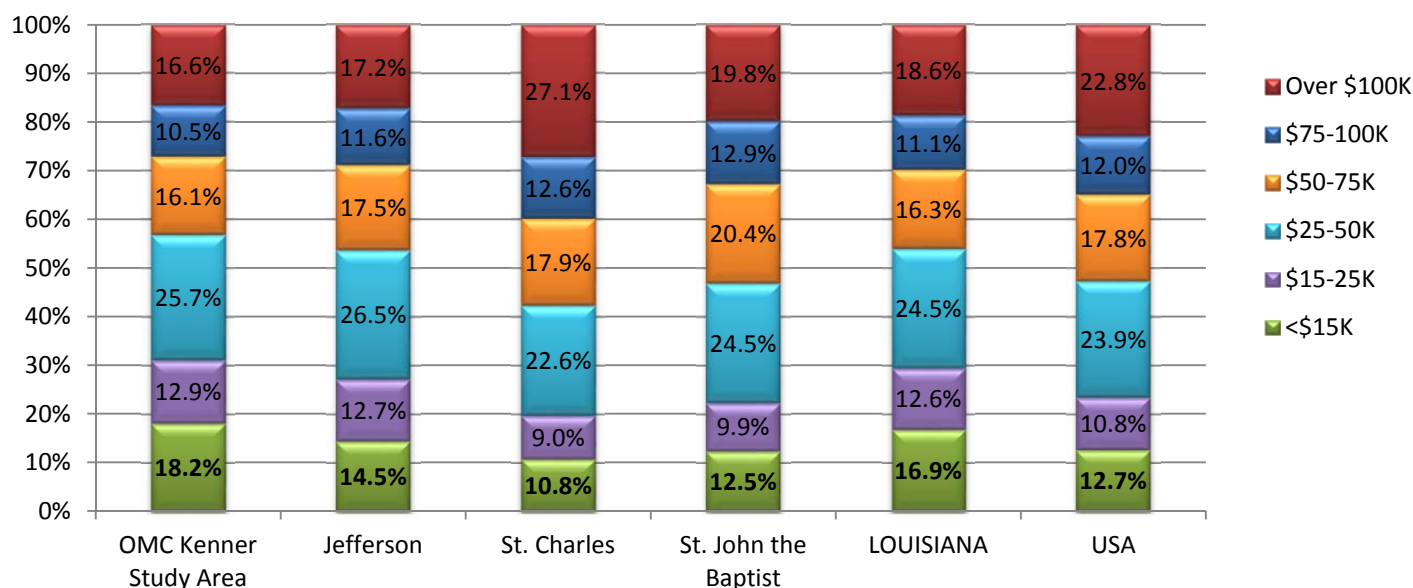


Chart 7. Annual Household Income Detail (2015)



Community Needs Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation’s first standardized Community Need Index (CNI).¹⁹ CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to health care access. Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

6. Income Barrier

- a. Percentage of households below poverty line, with head of household age 65 or more
- b. Percentage of families with children under 18 below poverty line
- c. Percentage of single female-headed families with children under 18 below poverty line

¹⁹ Truven Health Analytics, Inc. 2015 Community Need Index.

7. Cultural Barrier

- a. Percentage of population that is minority (including Hispanic ethnicity)
- b. Percentage of population over age 5 that speaks English poorly or not at all

8. Education Barrier

- a. Percentage of population over 25 without a high school diploma

9. Insurance Barrier

- a. Percentage of population in the labor force, aged 16 or more, without employment
- b. Percentage of population without health insurance

10. Housing Barrier

- a. Percentage of households renting their home

Every populated zip code in the United States is assigned a barrier score of 1,2,3,4, or 5 depending upon the zip code’s national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, zip codes that score a 1 for the Education Barrier contain highly educated populations; zip codes with a score of 5 have a very small percentage of high school graduates.

Table 3. Complete Zip Code CNI List – 2011 to 2015 Comparison

Zip	Community Name	County	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. 2011 – 2015
70053	Gretna	Jefferson Parish	5	5	5	5	5	5.0	4.8	+ 0.2
70117	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0
70062	Kenner	Jefferson Parish	4	5	5	5	5	4.8	4.8	0.0
70119	New Orleans	Orleans Parish	5	5	4	5	5	4.8	5.0	- 0.2
70126	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+ 0.6
70129	New Orleans	Orleans Parish	5	5	5	5	4	4.8	5.0	- 0.2
70051	Garyville	St. John the Baptist Parish	5	5	5	5	3	4.6	4.4	+ 0.2
70084	Reserve	St. John the Baptist Parish	5	5	5	5	3	4.6	4.4	+ 0.2
70094	Westwego	Jefferson Parish	4	5	5	5	4	4.6	4.6	0.0
70122	New Orleans	Orleans Parish	4	5	4	5	5	4.6	4.2	+ 0.4
70043	Chalmette	St. Bernard Parish	4	4	4	5	5	4.4	3.8	+ 0.6
70118	New Orleans	Orleans Parish	4	5	3	5	5	4.4	4.6	- 0.2
70002	Metairie	Jefferson Parish	4	5	3	4	5	4.2	3.2	+ 1.0
70039	Boutte	St. Charles Parish	4	5	4	4	4	4.2	4.6	- 0.4
70056	Gretna	Jefferson Parish	4	5	3	4	5	4.2	3.6	+ 0.6
70057	Hahnville	St. Charles Parish	5	5	4	5	2	4.2	4.4	- 0.2
70049	Edgard	St. John the Baptist Parish	2	5	5	5	3	4.0	4.6	- 0.6
70071	Lutcher	St. James Parish	4	5	4	4	3	4.0	4.0	0.0
70087	Saint Rose	St. Charles Parish	3	5	4	4	4	4.0	3.2	+ 0.8
70065	Kenner	Jefferson Parish	3	5	3	3	5	3.8	3.4	+ 0.4
70001	Metairie	Jefferson Parish	2	4	3	4	5	3.6	3.4	+ 0.2
70006	Metairie	Jefferson Parish	3	4	3	4	4	3.6	3.0	+ 0.6
70123	New Orleans	Jefferson Parish	3	4	3	3	5	3.6	2.8	+ 0.8
70052	Gramercy	St. James Parish	4	5	3	4	1	3.4	3.8	- 0.4
70068	LA Place	St. John the Baptist Parish	2	5	4	4	2	3.4	3.4	0.0
70003	Metairie	Jefferson Parish	2	4	3	4	3	3.2	3.0	+ 0.2

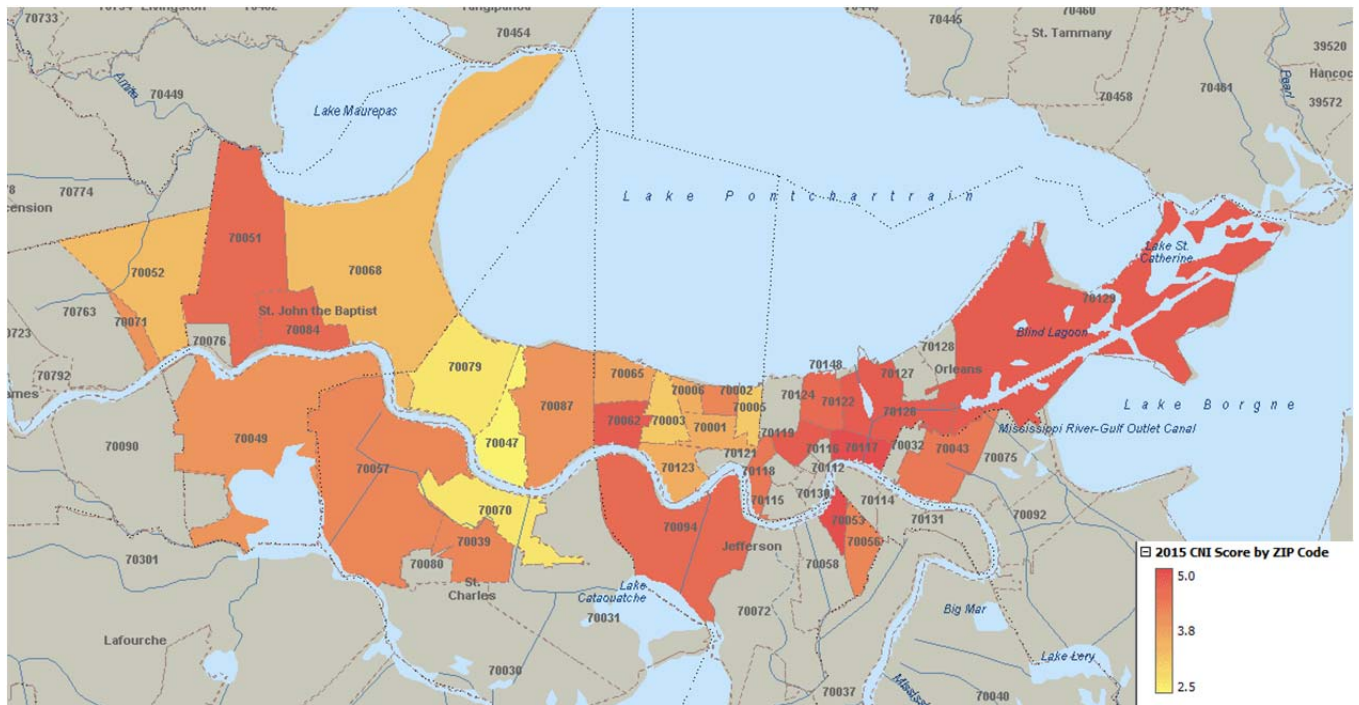
Community Health Needs Assessment
Ochsner Medical Center - Kenner

Tripp Umbach

70005	Metairie	Jefferson Parish	2	3	2	4	5	3.2	2.6	+ 0.6
70070	Luling	St. Charles Parish	2	4	3	3	2	2.8	2.2	+ 0.6
70079	Norco	St. Charles Parish	4	3	2	3	2	2.8	3.0	- 0.2
70047	Destrehan	St. Charles Parish	2	4	2	3	2	2.6	2.0	+ 0.6

A total of 27 of the 30 zip code areas (90%) for the Ochsner Medical Center Kenner study area fall above the median score for the scale (3.0), none fall at the median, and three fall below the median. Being above the median for the scale indicates that these zip code areas have more than average the number of barriers to health care access.

Figure 2. OMC Kenner Study Area 2015 CNI Map

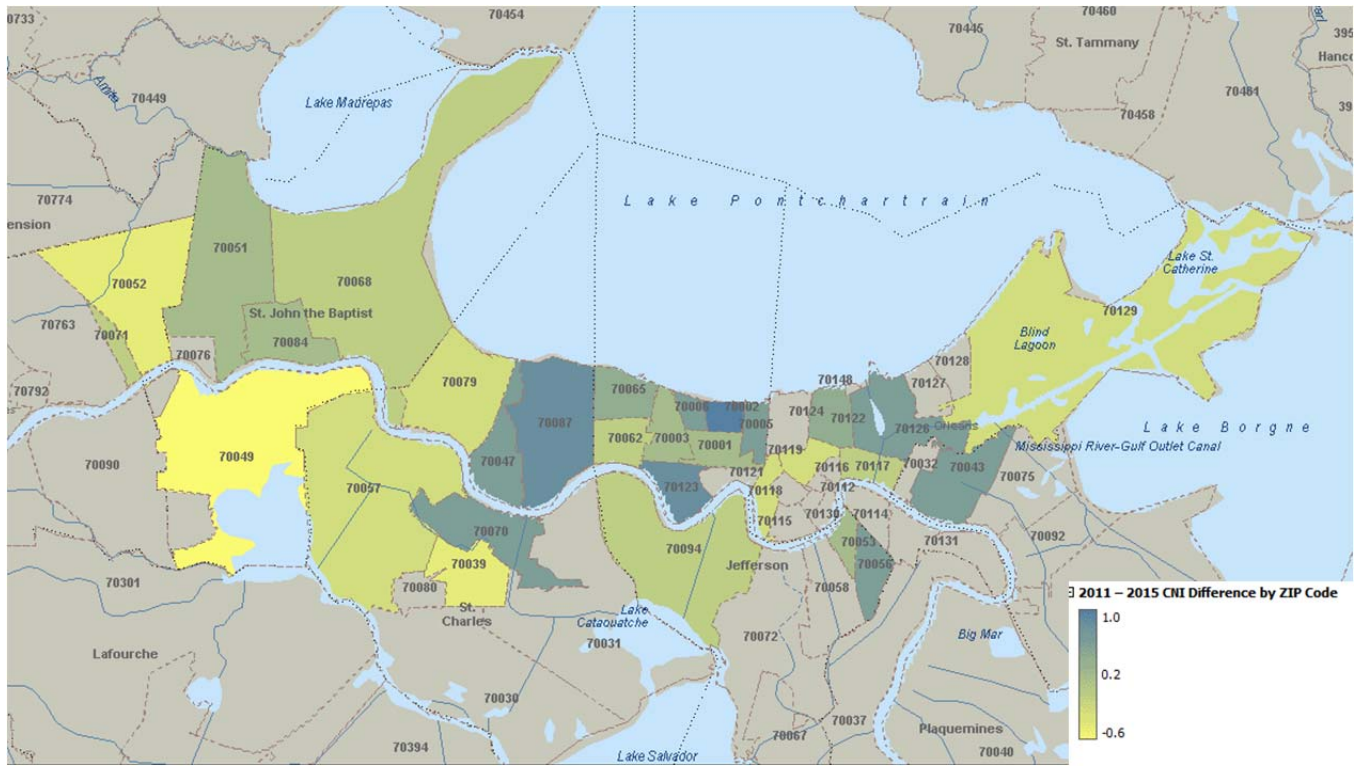


Across the 30 OMC Kenner study area zip codes:

- 8 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)
- 5 remained the same from 2011 to 2015
- 17 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)

Zip code area 70002 – Metairie experienced the largest rise in CNI score (going from 3.2 to 4.2); while 70049 – Edgard experienced the largest decline in CNI score (going from 4.6 to 4.0).

Figure 3. OMC Kenner Study Area 2011 - 2015 CNI Difference Map



The available data behind the rankings illustrates the supporting data for each CNI ranking.

Table 4. OMC Kenner - 2015 CNI Detailed Data

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Un-employed	Un-insured	Renting
70053	Gretna	5.0	20.7%	39.2%	52.3%	8.2%	55.7%	25.7%	10.9%	20.5%	52.3%
70117	New Orleans	5.0	29.5%	46.8%	63.6%	0.6%	78.5%	22.0%	14.3%	31.9%	50.6%
70062	Kenner	4.8	29.9%	28.3%	49.1%	7.8%	62.6%	23.3%	17.4%	17.7%	48.9%
70119	New Orleans	4.8	25.4%	48.3%	66.8%	3.4%	70.7%	19.2%	15.4%	31.1%	67.0%
70126	New Orleans	4.8	11.8%	46.4%	55.3%	1.0%	95.3%	18.4%	16.2%	29.5%	45.5%
70129	New Orleans	4.8	34.1%	40.7%	67.7%	16.6%	90.0%	32.6%	13.1%	29.1%	34.1%
70051	Garyville	4.6	14.1%	33.7%	67.8%	0.9%	58.5%	23.1%	26.7%	16.7%	24.7%
70084	Reserve	4.6	3.8%	33.7%	73.1%	0.6%	57.7%	21.3%	15.0%	13.7%	24.2%
70094	Westwego	4.6	16.8%	26.5%	44.9%	2.2%	57.5%	25.7%	15.2%	16.3%	31.0%
70122	New Orleans	4.6	15.8%	27.9%	42.4%	0.8%	86.8%	14.1%	14.1%	25.2%	38.3%
70043	Chalmette	4.4	7.4%	22.9%	48.0%	2.4%	36.4%	17.0%	10.8%	17.1%	42.3%
70118	New Orleans	4.4	18.6%	25.3%	42.2%	0.9%	45.5%	11.7%	10.5%	23.1%	54.6%
70002	Metairie	4.2	10.8%	19.9%	46.0%	9.5%	40.5%	13.0%	7.6%	12.5%	46.2%
70039	Boutte	4.2	7.0%	20.8%	52.7%	0.8%	63.0%	15.6%	5.1%	10.9%	31.3%
70056	Gretna	4.2	12.6%	21.6%	45.3%	4.8%	62.1%	13.4%	7.1%	12.4%	39.9%
70057	Hahnville	4.2	12.1%	35.6%	61.3%	0.4%	56.0%	19.8%	14.5%	13.4%	18.4%
70049	Edgard	4.0	28.3%	23.3%	25.3%	0.0%	94.8%	22.1%	24.1%	19.6%	22.5%
70071	Lutcher	4.0	18.3%	20.5%	56.9%	0.4%	53.3%	16.8%	8.7%	12.8%	20.8%

Community Health Needs Assessment
Ochsner Medical Center - Kenner

Tripp Umbach

70087	Saint Rose	4.0	21.8%	18.1%	41.2%	2.0%	55.3%	18.1%	10.4%	13.3%	33.2%
70065	Kenner	3.8	7.2%	14.4%	39.2%	6.1%	50.1%	13.3%	7.2%	9.3%	36.3%
70001	Metairie	3.6	14.4%	15.3%	30.0%	3.2%	32.2%	12.4%	5.5%	11.8%	50.1%
70006	Metairie	3.6	5.4%	17.0%	37.6%	5.0%	34.9%	13.7%	8.2%	10.4%	34.0%
70123	New Orleans	3.6	8.7%	14.2%	35.9%	1.0%	20.3%	10.5%	4.4%	10.1%	39.4%
70052	Gramercy	3.4	10.1%	22.1%	55.4%	0.4%	50.3%	12.5%	17.2%	11.4%	14.0%
70068	LA Place	3.4	13.7%	15.8%	27.5%	1.4%	58.1%	16.1%	9.1%	10.2%	19.3%
70003	Metairie	3.2	10.7%	13.7%	30.3%	2.8%	29.8%	13.2%	7.6%	11.5%	24.3%
70005	Metairie	3.2	9.4%	6.1%	30.4%	4.1%	16.8%	8.6%	5.9%	10.8%	37.2%
70070	Luling	2.8	7.7%	13.0%	27.9%	1.1%	23.9%	10.7%	4.7%	8.0%	16.8%
70079	Norco	2.8	12.2%	16.2%	57.0%	0.1%	14.3%	7.9%	4.6%	8.6%	19.4%
70047	Destrehan	2.6	19.1%	9.8%	25.4%	0.9%	31.7%	9.8%	7.9%	7.8%	18.3%

For the OMC Kenner Study Area there are 2 zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70053- Greta and 70117- New Orleans.

- Zip code area 70117 in New Orleans reports the highest rates for the uninsured at (31.9%)
- Zip code area 70119 in New Orleans reports the highest rates for the study area for: married parents with children living in poverty (68.2%) and residents renting (88.4%).
- Zip code area 70129 in New Orleans reports the highest rates of residents aged 65 and older living in poverty (34.2%), residents with limited English (16.6%), and residents with no high school diploma (32.6%).
- Zip code area 70051 in Garyville reports the highest rate of unemployed residents at 26.7%; this is much higher than state (6.6%) and national (5.5%) rates.²⁰
- Zip code 70084 in Reserve reports the highest rate for single parents with children living in poverty (73.1%).
- 95.3% of zip code area 70126 in New Orleans identify themselves as a minority; this is the heist for the study area.

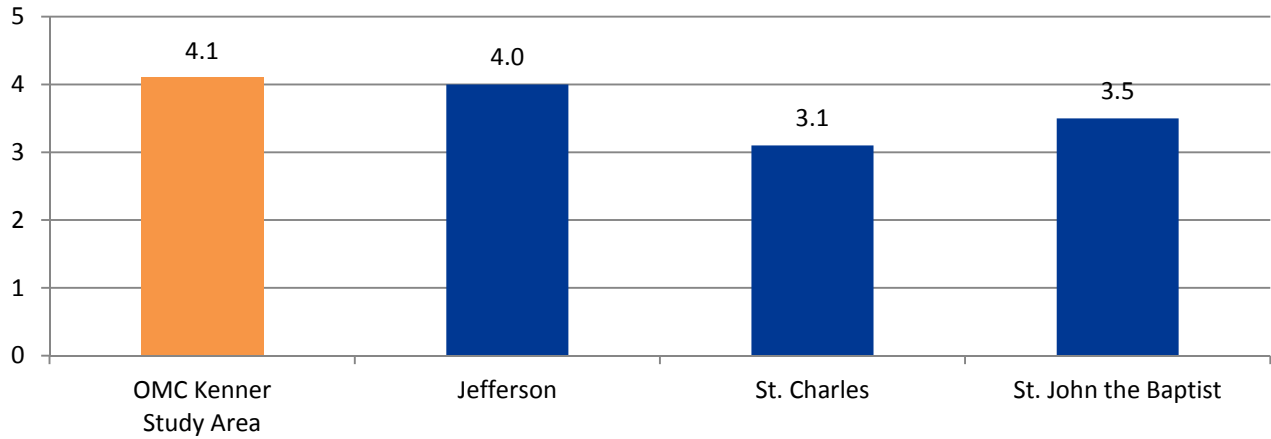
On the other end of the spectrum, the lowest CNI score for the study area is 2.6 in 70047 – Destrehan.

- Zip code 70084 in Reserve reports the lowest rate for residents aged 65 and older living in poverty (3.8%).
- Even though it has an overall 2015 CNI score of 4.0, zip code area 70049 in Edgard reports the lowest rate of residents with limited English proficiency at 0.0%, and reports the lowest rate for single parents with children living in poverty (25.3%)
- Zip code area 70123 in New Orleans reports the lowest rate for un-employed residents at 4.4%.

²⁰ March 2015 state and national statistics. U.S. Bureau of Labor Statistics.

- Zip code 70052 in Gramercy reports the lowest rate for residents renting at 14.0%.
- Zip code 70005 in Metairie reports the lowest rate for married parents with children living in poverty at 6.1%.
- Zip code 70079 in Norco reports the lowest rate for minorities at 14.3% and residents with no high school diploma at 7.98%
- Zip code 70047 in Destrehan reports the lowest rate for the uninsured at 7.8%.

Chart 8. Overall CNI Values - OMC Kenner and Parishes



Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)²¹

Prevention Quality Indicators (PQI)

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations. The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators.

The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. Lower index scores represent fewer admissions for each of the PQIs.

PQI Subgroups:

5. Chronic Lung Conditions

- PQI 5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40+) Admission Rate²²
- PQI 15 Asthma in Younger Adults Admission Rate²³

6. Diabetes

- PQI 1 Diabetes Short-Term Complications Admission Rate
- PQI 3 Diabetes Long-Term Complications Admission Rate
- PQI 14 Uncontrolled Diabetes Admission Rate
- PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

7. Heart Conditions

- PQI 7 Hypertension Admission Rate
- PQI 8 Congestive Heart Failure Admission Rate
- PQI 13 Angina Without Procedure Admission Rate

²¹ PQI and PDI values were calculated including all relevant zip-code values from Louisiana; Mississippi data could not be obtained and was therefore not included.

²² PQI 5 for past study was COPD in 18+ population; PQI 5 for current study is now restricted to COPD and Asthma in 40+ population

²³ PQI 15 for past study was Adult Asthma in 18+ population; PQI 15 for current study is now restricted to Asthma in 18-39 population (“Younger”).

8. Other Conditions

- PQI 2 Perforated Appendix Admission Rate²⁴
- PQI 9 Low Birth Weight Rate²⁵
- PQI 10 Dehydration Admission Rate
- PQI 11 Bacterial Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate

Table 5. Prevention Quality Indicators (PQI) OMC Kenner / LA / U.S.A. 2015

Prevention Quality Indicators (PQI)	OMC Kenner Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	OMC Kenner Study Area – LA Diff.	OMC Kenner Study Area – U.S.A. Diff.
Chronic Lung Conditions					
COPD or Adult Asthma (PQI5)	404.90	531.03	495.71	- 126.13	- 90.81
Asthma in Younger Adults (PQI15)	41.30	42.83	46.02	- 1.53	- 4.72
Diabetes					
Diabetes Short-Term Complications (PQI1)	101.40	98.10	63.86	+ 3.30	+ 37.54
Diabetes Long-Term Complications (PQI3)	132.47	126.06	105.72	+ 6.41	+ 26.75
Uncontrolled Diabetes (PQI14)	8.27	15.57	15.72	- 7.30	- 7.45
Lower Extremity Amputation Among Diabetics (PQI16)	16.87	12.74	16.50	+ 4.13	+ 0.37
Heart Conditions					
Hypertension (PQI7)	40.94	46.06	54.27	- 5.12	- 13.33
Congestive Heart Failure (PQI8)	374.96	404.11	321.38	- 29.15	+ 53.58
Angina Without Procedure (PQI13)	7.35	13.74	13.34	- 6.39	- 5.99
Other Conditions					
Perforated Appendix (PQI2)	473.68	322.43	323.43	+ 151.25	+ 150.25
Low Birth Weight (PQI9)	97.21	86.51	62.14	+ 10.70	+ 35.07
Dehydration (PQI10)	78.26	124.53	135.70	- 46.27	- 57.44
Bacterial Pneumonia (PQI11)	188.52	305.80	248.19	- 117.28	- 59.67
Urinary Tract Infection (PQI12)	178.93	209.39	167.01	- 30.46	+ 11.92

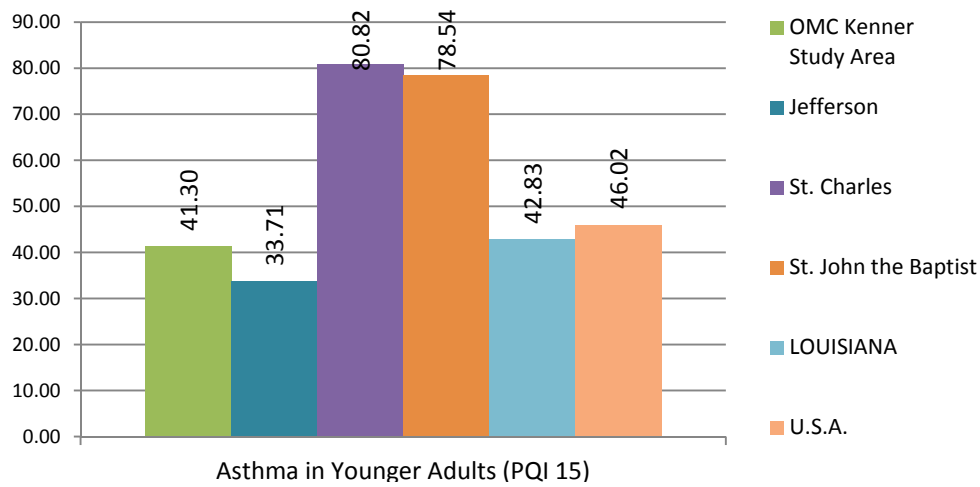
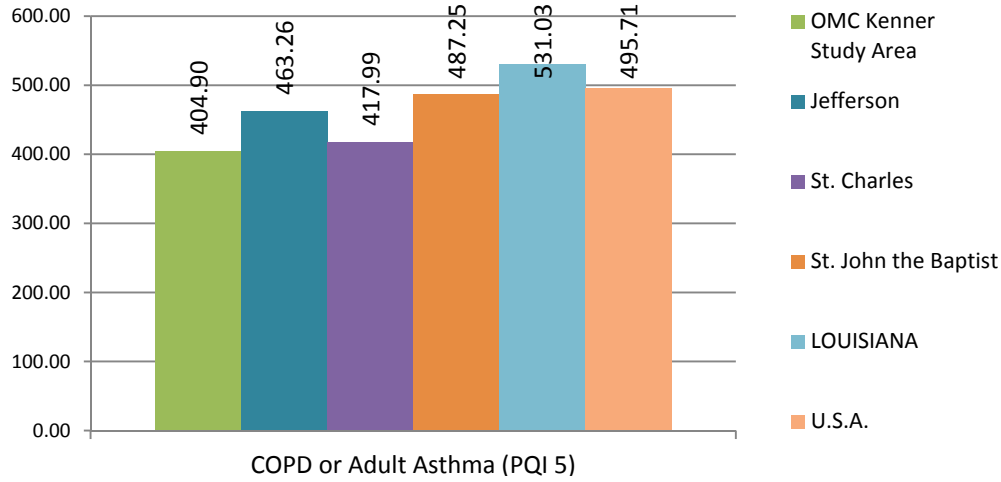
Key Findings from 2015 PQI Data:

²⁴ PQI 2 changed from Perforated Appendix in Males 18+ for the past study to Perforated Appendix in Total 18+ population as a rate per 1,000 ICD-9 code admissions for appendicitis. This shift has changed the values for this measure drastically and therefore, Tripp Umbach did not adjust.

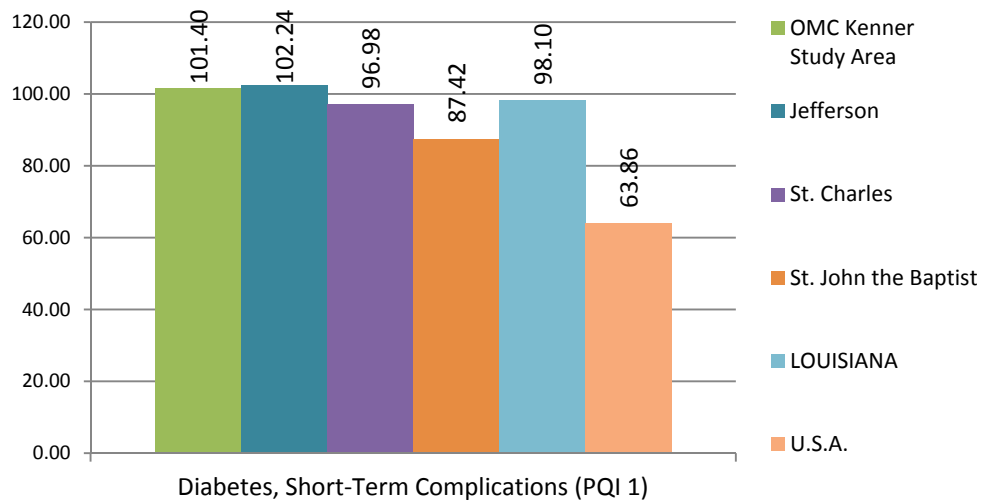
²⁵ Although not clearly explained by the AHRQ, it would seem that a definition of Newborn population has shifted for PQI 9 because the values are drastically lower in 2014 than in previous years (2011). This has shifted PQI 9 values drastically. Tripp Umbach did not adjust.

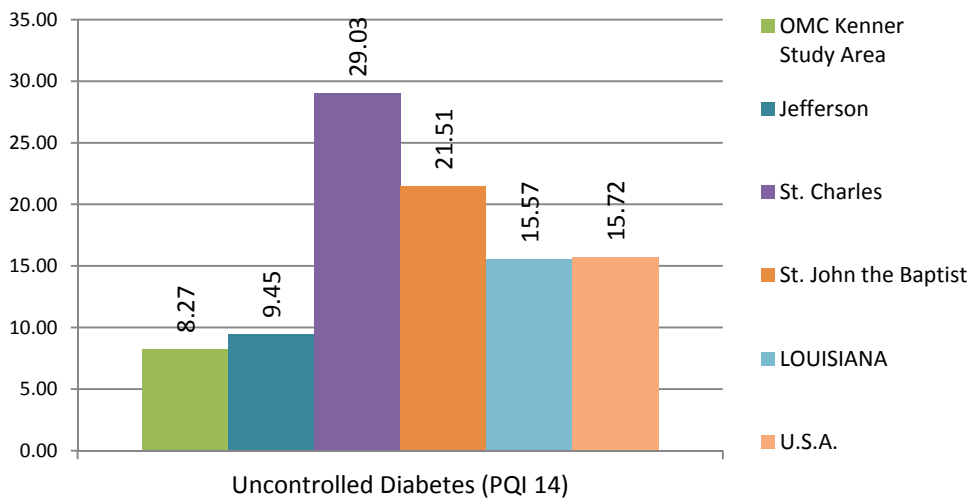
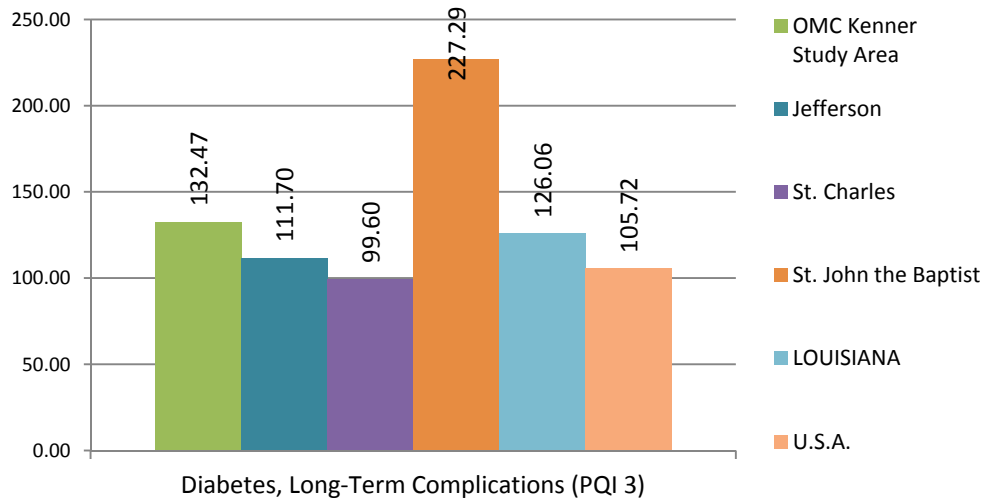
- The PQI measures in which the OMC Kenner Study Area reports higher preventable admission rates than the State of Louisiana is for:
 - ✓ Diabetes Short-Term Complications
 - ✓ Diabetes Long-Term Complications
 - ✓ Lower Extremity Amputation Among Diabetics
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
- The PQI measures in which the OMC Kenner Study Area reports higher preventable admission rates than the nation is for:
 - ✓ Diabetes, Short-Term Complications
 - ✓ Diabetes, Long-Term Complications
 - ✓ Lower Extremity Amputation Among Diabetics
 - ✓ Congestive Heart Failure
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
 - ✓ Urinary Tract Infection
- There are a handful of PQI values in which the OMC Kenner Study Area as well as a majority of the study area parishes report higher rates than is seen nationally (indicating areas in which there are more preventable hospital admissions than the national norm), these include:
 - ✓ Diabetes, Short-Term Complications
 - ✓ Diabetes, Long-Term Complications
 - ✓ Lower Extremity Amputation Among Diabetics
 - ✓ Congestive Heart Failure
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
 - ✓ Urinary Tract Infection
- There are also a number of PQI measures in which the OMC Kenner Study Area and many of the parishes in the study area report lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:
 - ✓ COPD or Adult Asthma
 - ✓ Hypertension
 - ✓ Dehydration
 - ✓ Bacterial Pneumonia

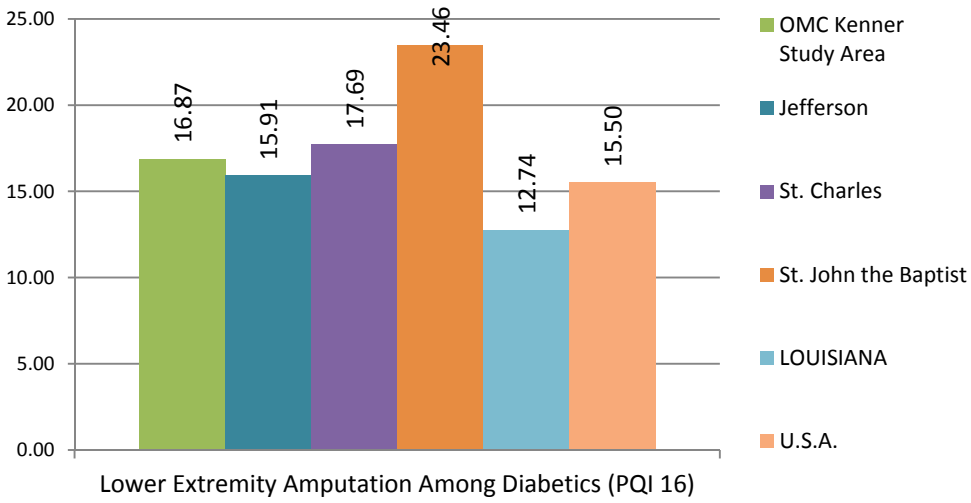
Chronic Lung Conditions:



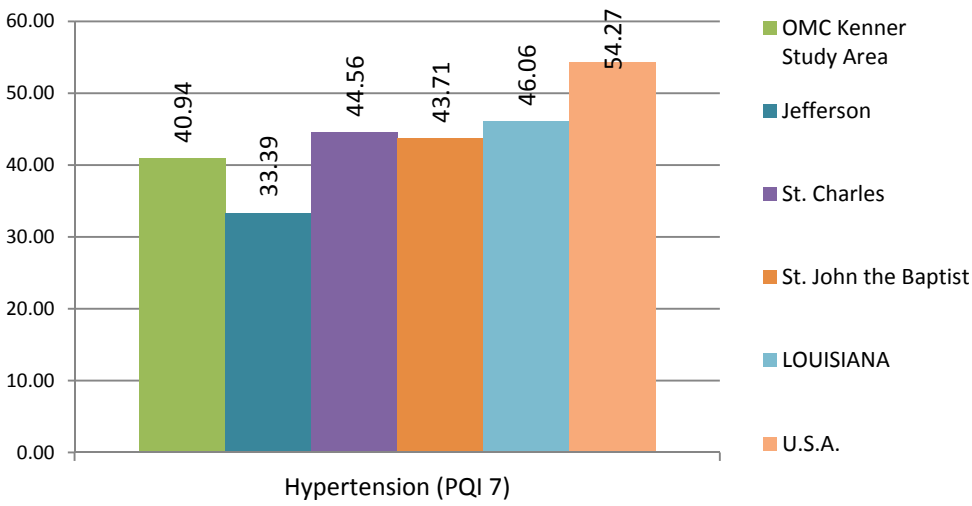
Diabetes:

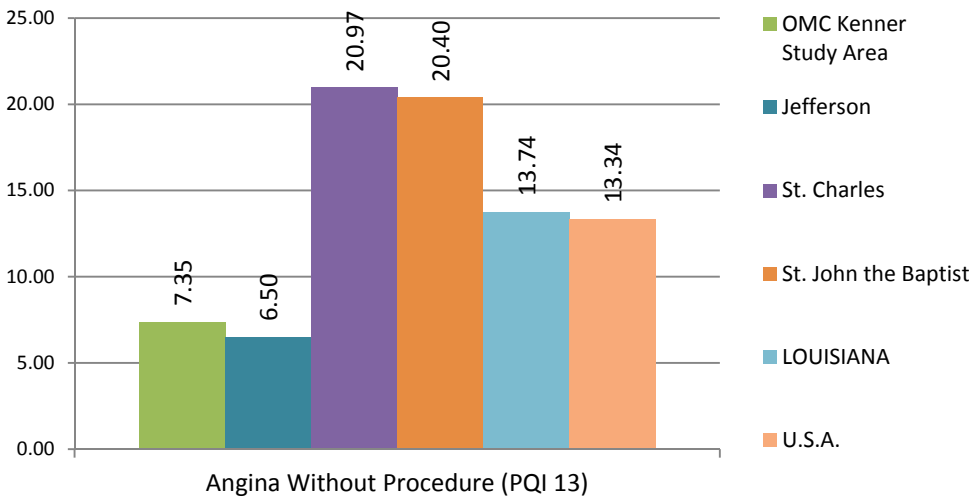
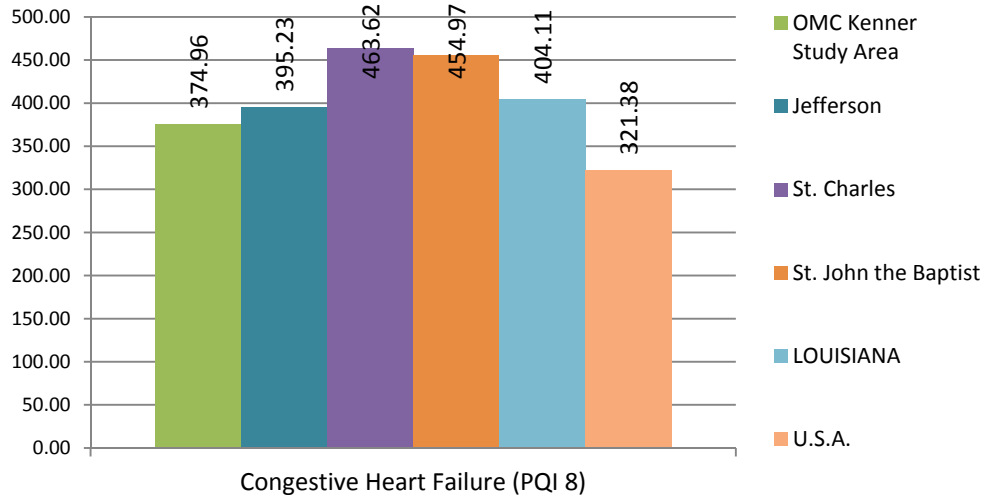




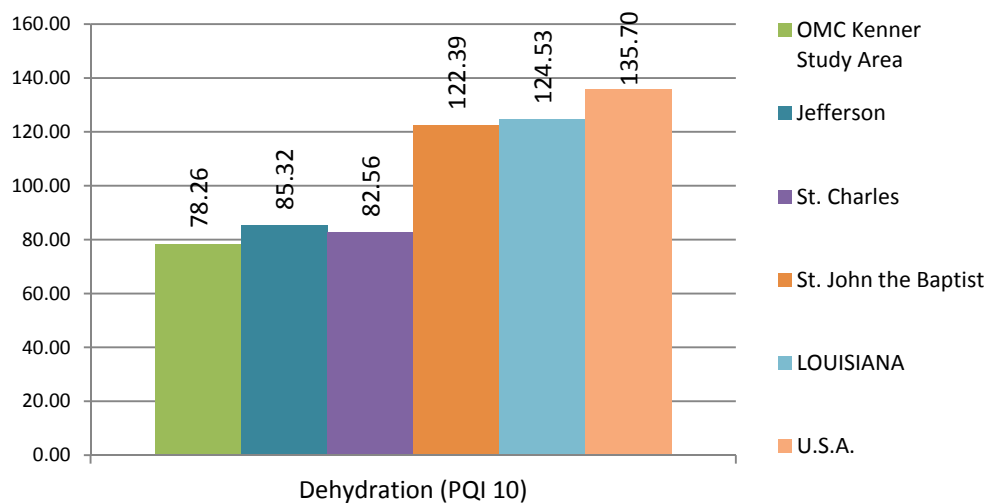
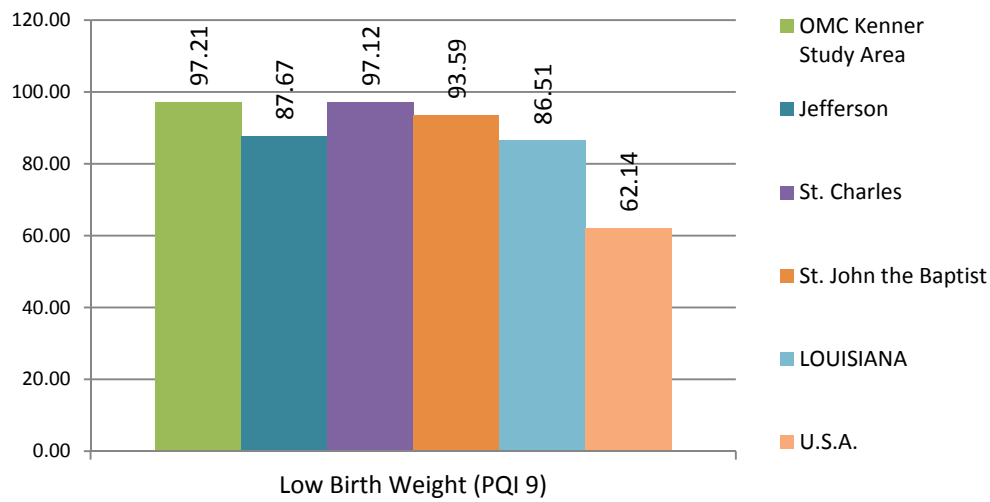
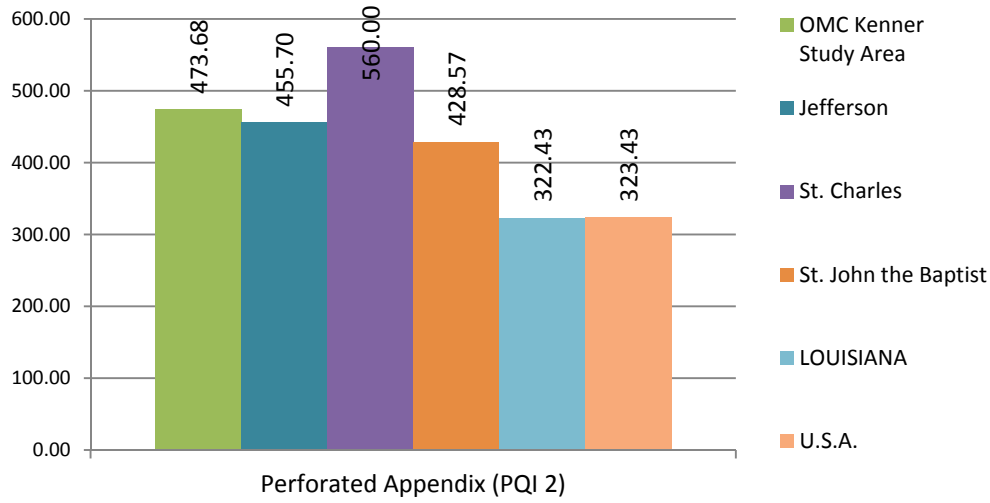


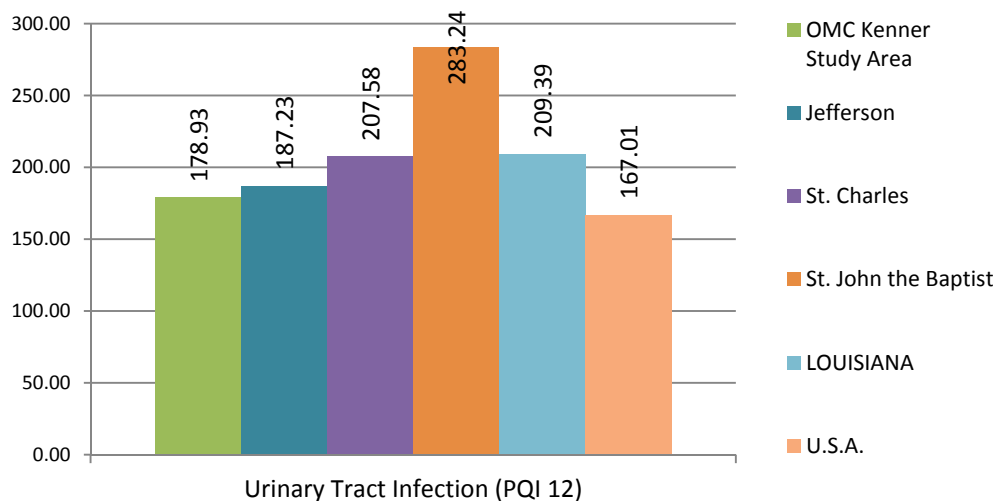
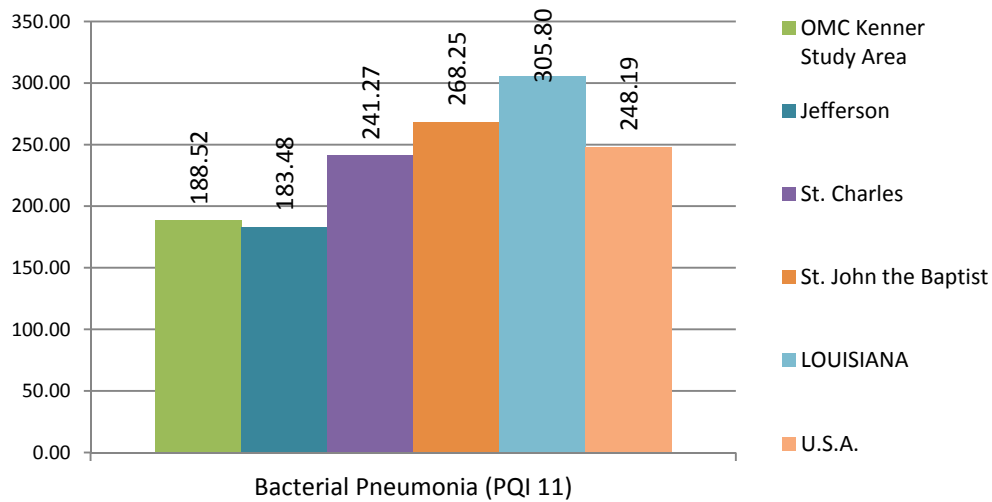
Heart Conditions:





Other Conditions:





Pediatric Quality Indicators Overview

The Pediatric Quality Indicators (PDIs) are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level.

Development of quality indicators for the pediatric population involves many of the same challenges associated with the development of quality indicators for the adult population. These challenges include the need to carefully define indicators using administrative data, establish validity and reliability, detect bias and design appropriate risk adjustment, and overcome challenges of

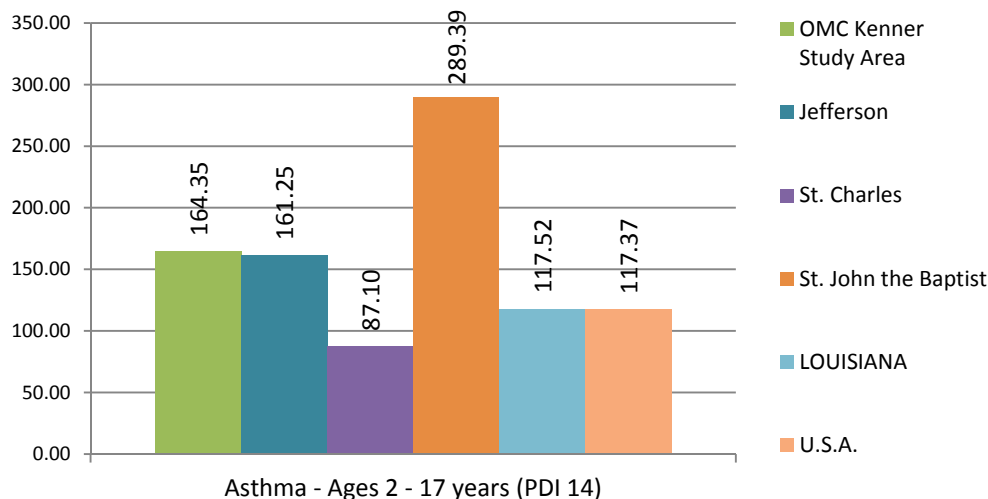
implementation and use. However, the special population of children invokes additional, special challenges. Four factors—differential epidemiology of child healthcare relative to adult healthcare, dependency, demographics, and development—can pervade all aspects of children’s healthcare; simply applying adult indicators to younger age ranges is insufficient.

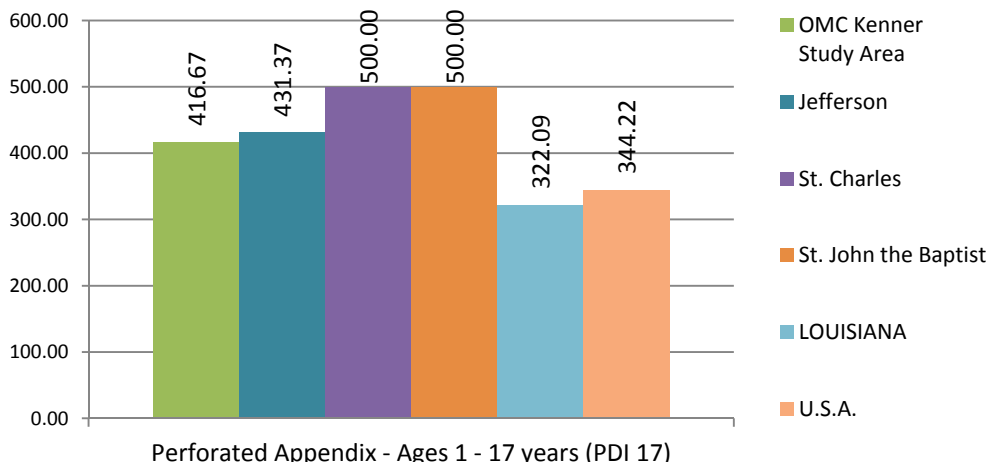
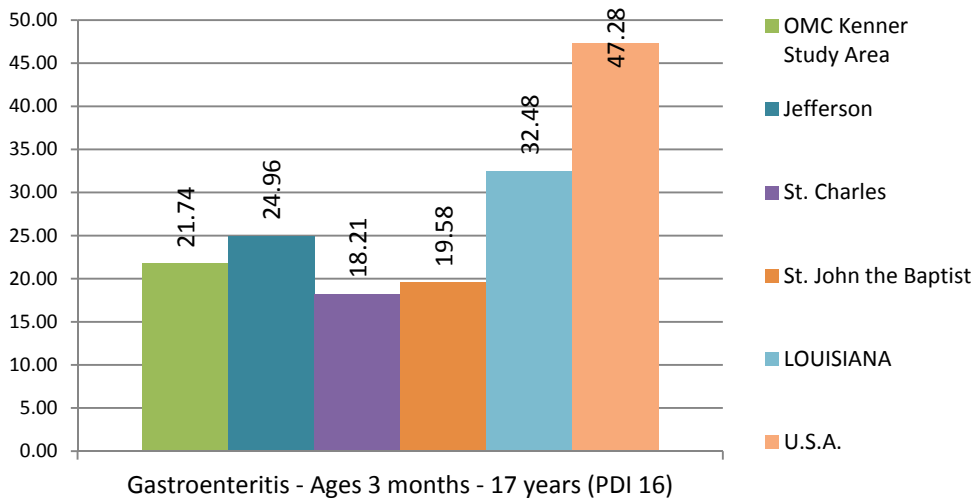
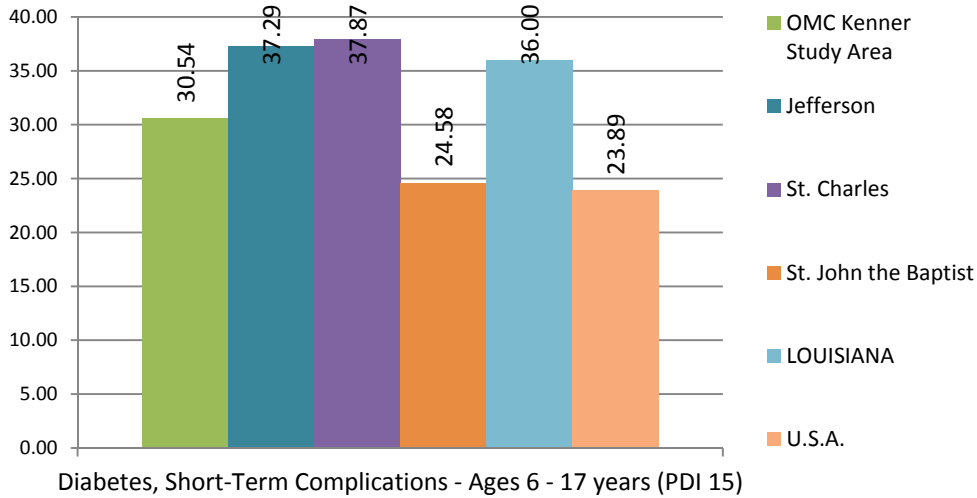
This PDIs focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals, and on preventable hospitalizations among pediatric patients.

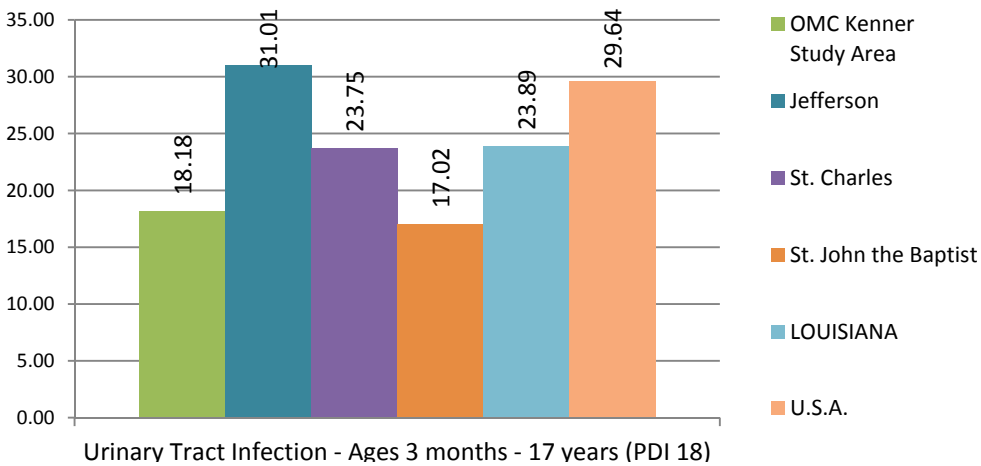
The PDIs apply to the special characteristics of the pediatric population; screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the provider level or area level; and, help to evaluate preventive care for children in an outpatient setting, and most children are rarely hospitalized.

PDI Subgroups:

- PDI 14 Asthma Admission Rate (per 100,000 population ages 2 – 17)
- PDI 15 Diabetes, Short-Term Complications Admission Rate (per 100,000 population ages 6 – 17)
- PDI 16 Gastroenteritis Admission Rate (per 100,000 population ages 3 months – 17 years)
- PDI 17 Perforated Appendix Admission Rate (per 1,000 admissions ages 1 – 17)
- PDI 18 Urinary Tract Infection Admission Rate (per 100,000 population ages 3 months – 17 years)







Key Findings from PDI Data:

- St. John the Baptist Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 289.39 per 100,000 population; more than double the national rate of 117.37
- St. Charles and Jefferson parishes report the highest rates of diabetes, short-term complications for those aged 6 to 17 years old for the study area (37.87 and 37.29 respectively)..
- The entire study area falls below the state and national rate for preventable hospitals admissions due to gastroenteritis.
- St. Charles and St. John the Baptist tie in reporting the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 500 per 100,000 admissions.
- Jefferson Parish is the only parish to report a value higher than the national rate of preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years with 31.01 per 100,000 population being admitted while the national rate stands at 29.64.

Community Commons Data

Tripp Umbach gathered data from Community Commons related to social and economic factors, physical environment, clinical care, and health behaviors for the parishes of interest for the Ochsner Medical Center Kenner (OMC Kenner) CHNA.²⁶ The data is presented in the aforementioned categories below.

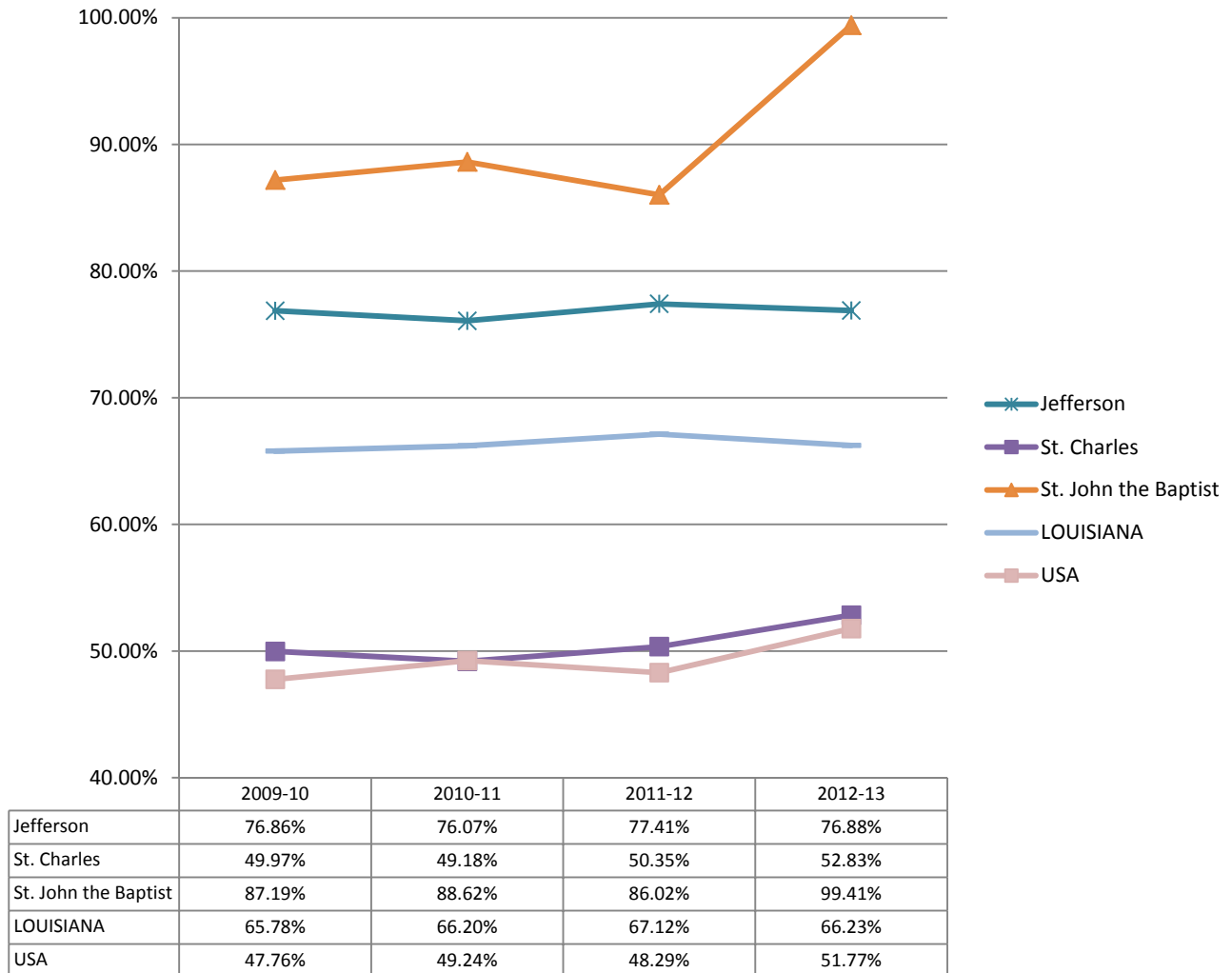
²⁶ Community Commons. <http://www.communitycommons.org/> Accessed 06/08/2015.

Social and Economic Factors

Free/Reduced Price Lunch Eligible

- St. John the Baptist Parish reports the highest rate of public school students who are eligible for free or reduced lunch eligible and has seen a rise in this rate (99.41%).

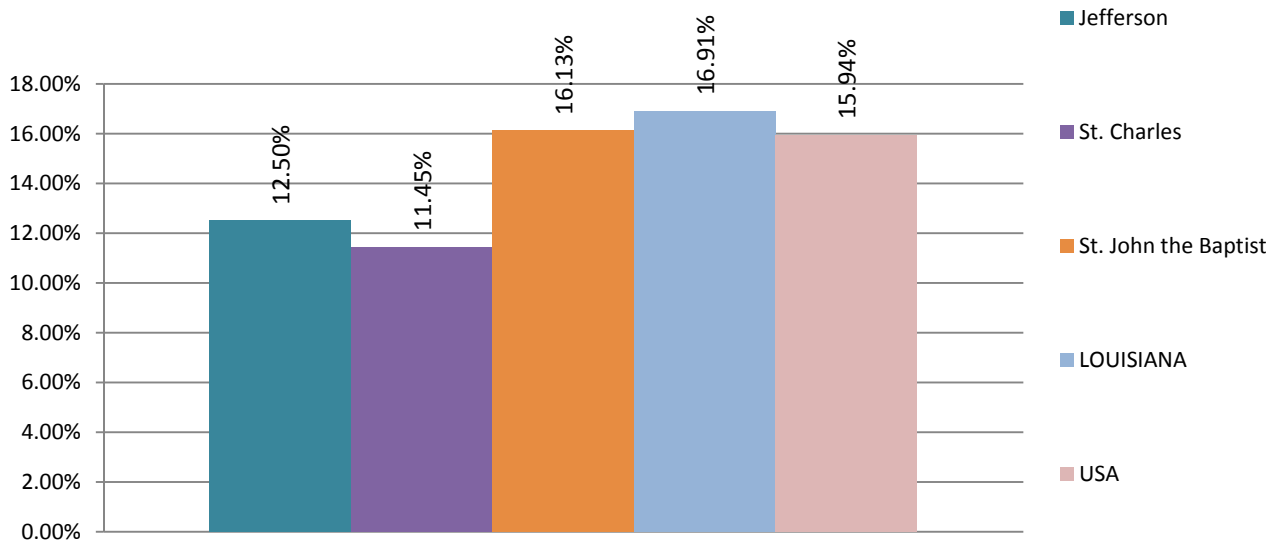
Percent Population Free/Reduced Price Lunch Eligible, 2012-2013



Food Insecure Population

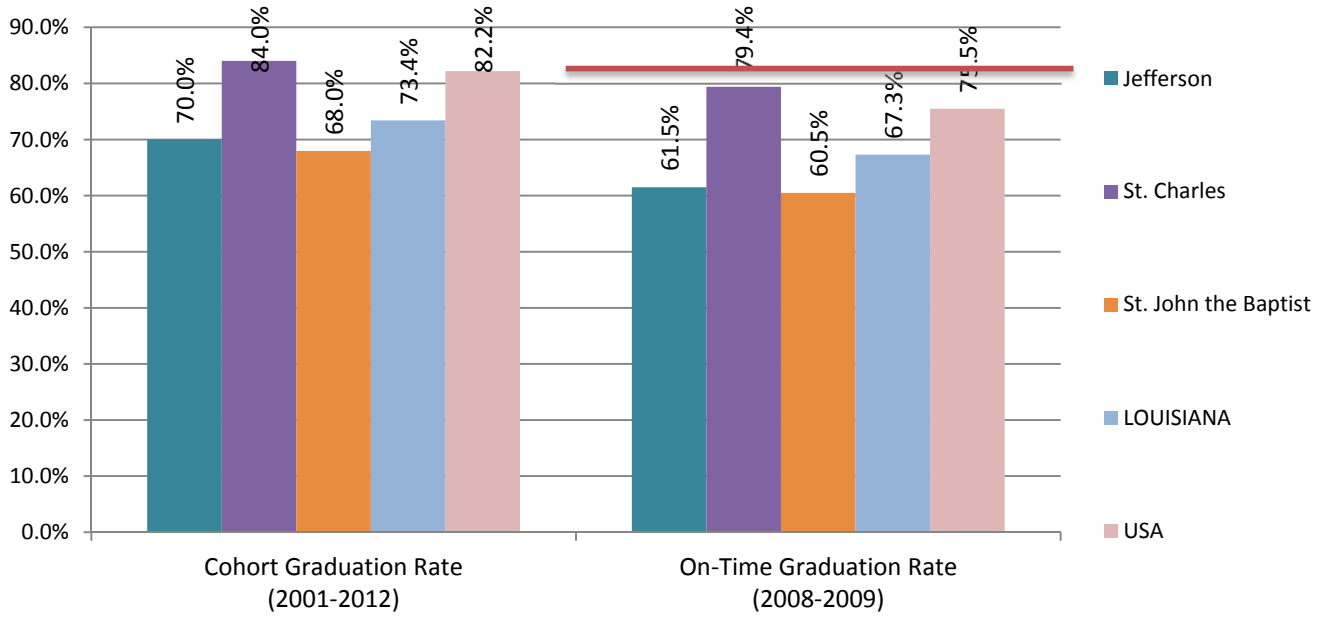
- This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.
- St. John the Baptist Parish reports the highest rate of food insecurity at 16.13%. This is slightly less than the state (16.91%) and slightly more than the nation (15.94%).

Food Insecure Population, Percent, 2012



Graduation Rate

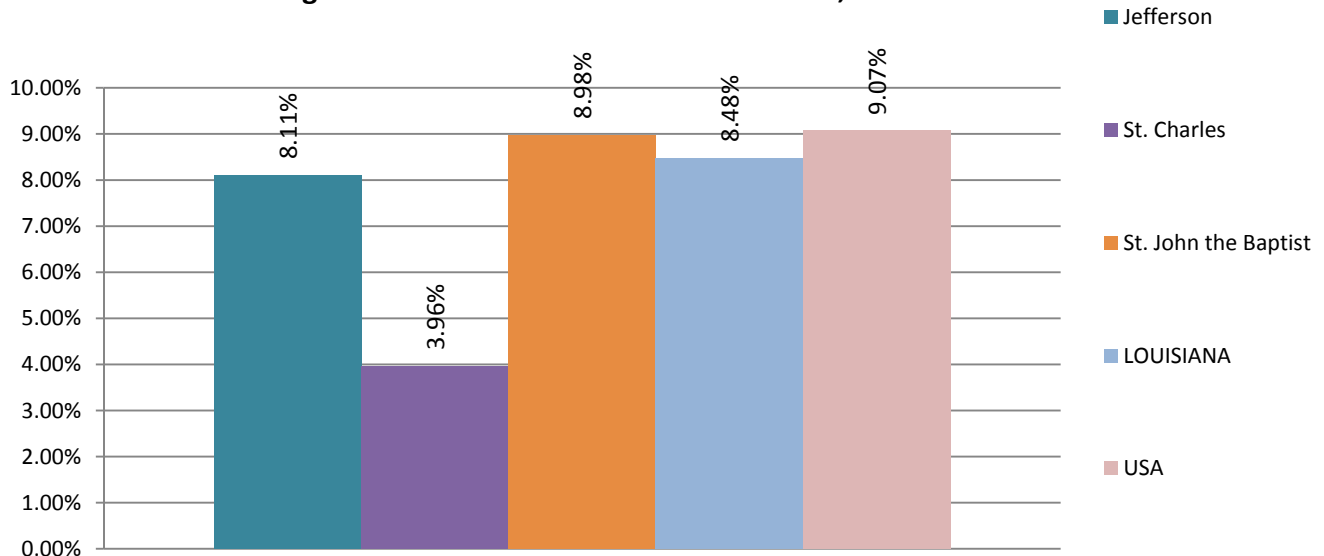
- This indicator is relevant because research suggests education is one of the strongest predictors of health (Freudenberg & Ruglis, 2007).
- St. John the Baptist Parish reports the lowest overall graduation rate as well as the lowest on-time graduation rate throughout the study area (68.0% overall graduation, 60.5% on-time graduation).
- The Healthy People 2020 Target for on-time graduation is 82.4% – all of the study area parishes/counties and the states fall below this goal. However, some of the study area parishes report equivalent or higher on-time graduation rates than the national average (Ascension, Plaquemines, St. Charles, and St. Tammany parishes).



Households with No Motor Vehicle

- St. John the Baptist Parish reports the highest rate of households with no motor vehicle (8.98%).

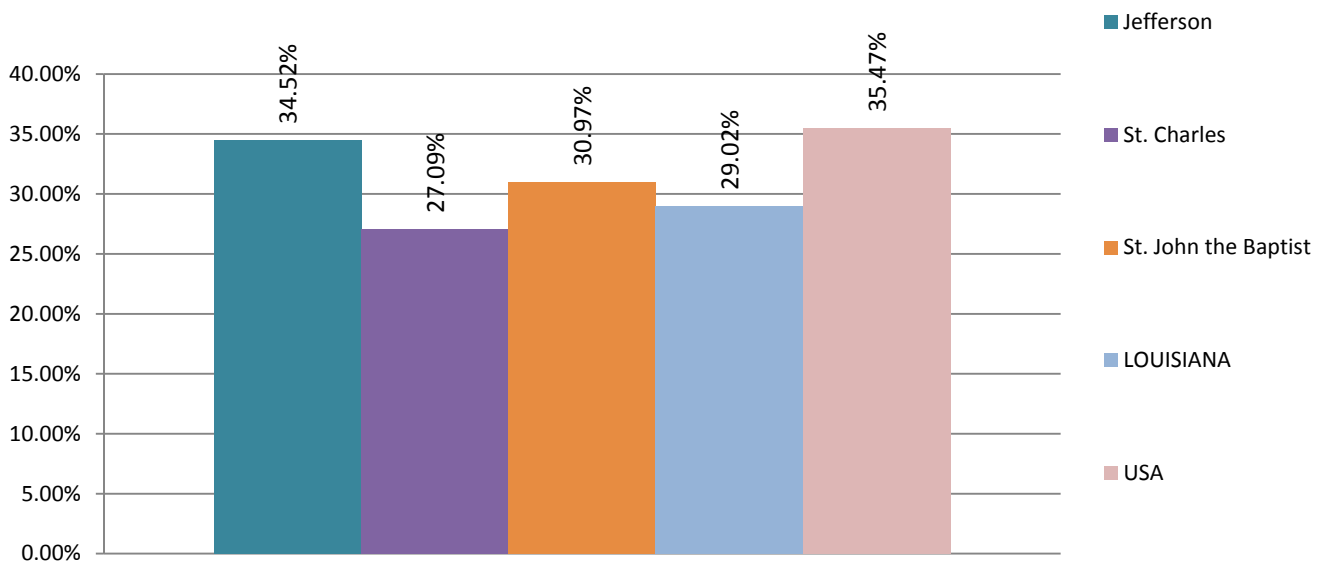
Percentage of Households with No Motor Vehicle, 2009-2013



Cost Burdened Households

- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.
- Jefferson Parish reports a higher percentage of cost-burdened households at 34.52% for the study area. All of the other parishes in the study area report lower rates of cost-burdened households than the national average (35.47%).

Percentage of Cost Burdened Households (Over 30% of Income), 2009-2013

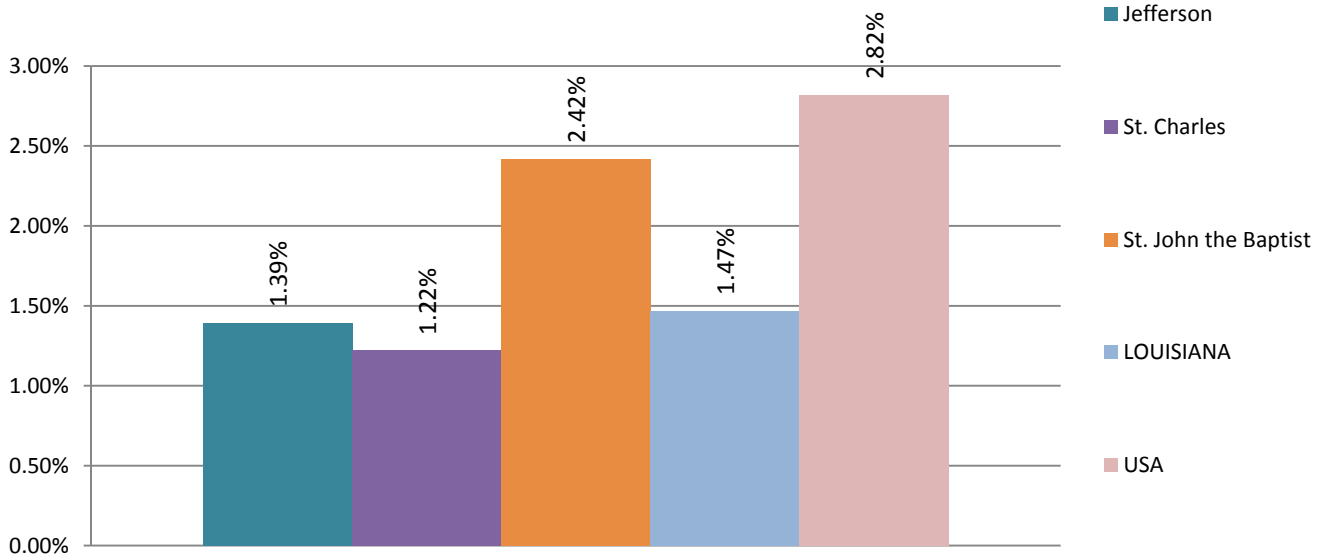


Public Assistance

- This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.
- St. John the Baptist Parish reports higher than the state (1.4%) but lower than the nation (2.82%) for households with public assistance income at 2.42%.

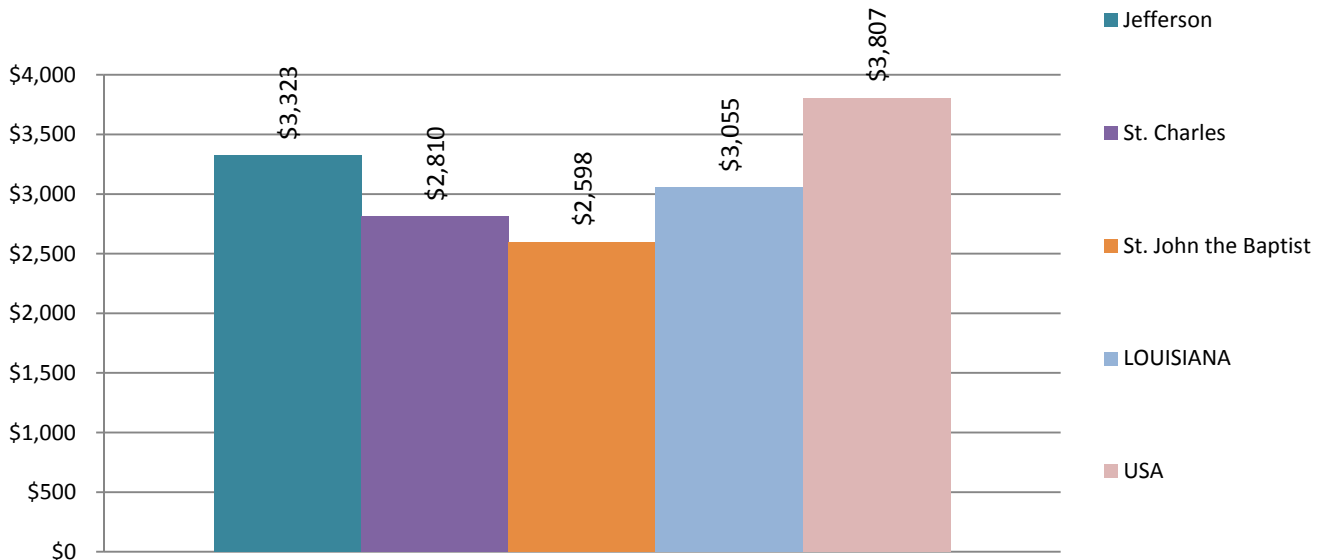
- St. Charles Parish displays the lowest rate in the study area at 1.22%.

Percent Households with Public Assistance Income, 2009-2013



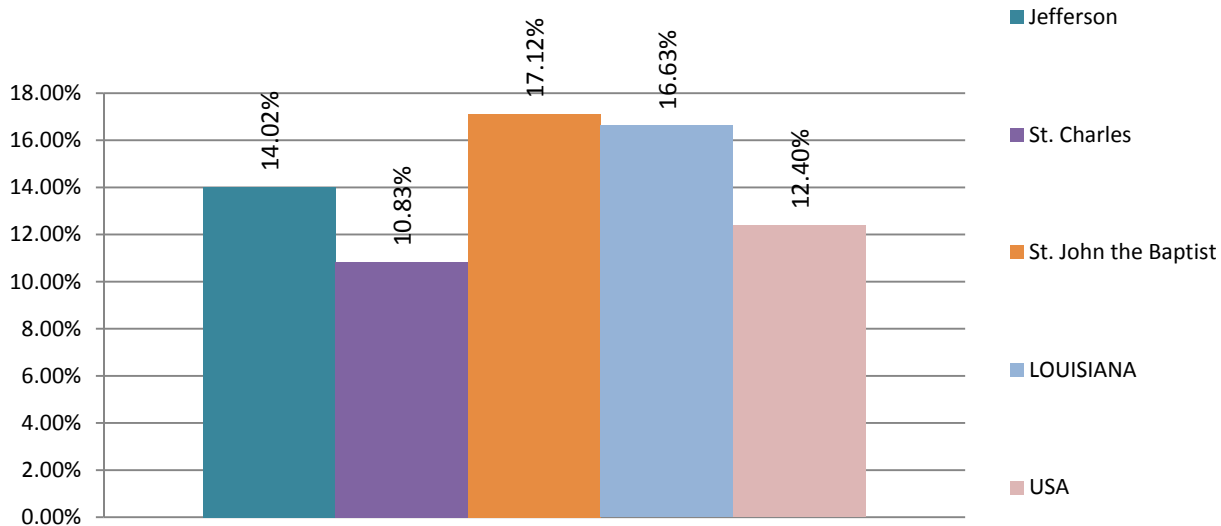
- St. Bernard Parish reports the highest average amount of public assistance received by households at \$4,334.

Average Public Assistance Received (in USD), 2009-2013



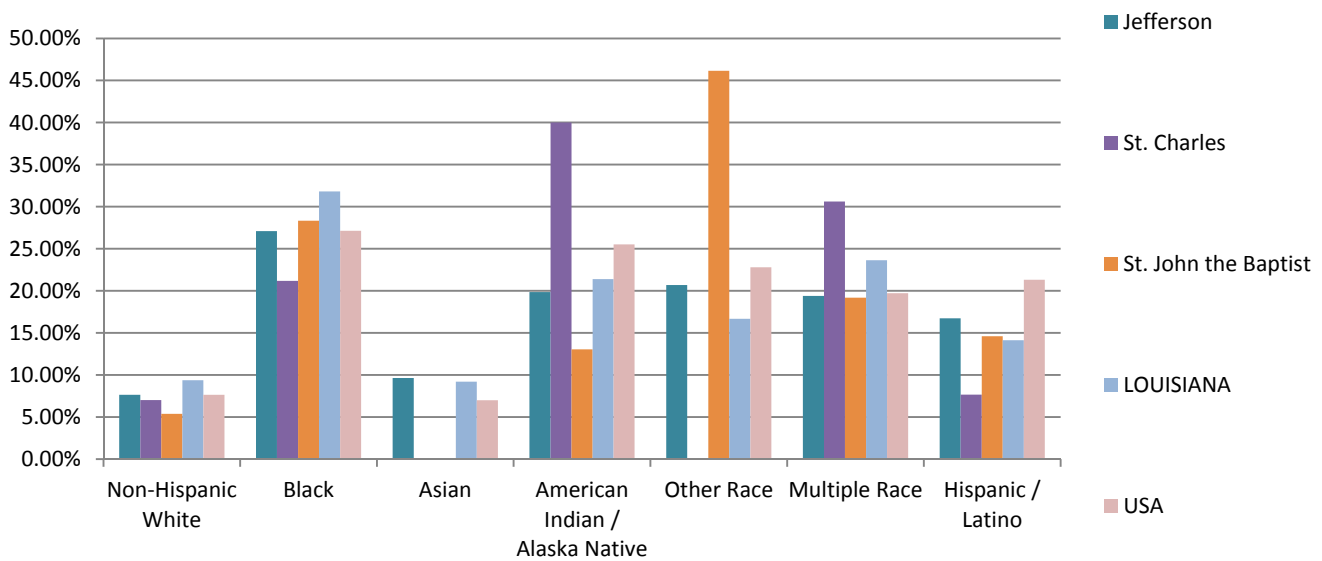
SNAP Benefits

Percent Households Receiving SNAP Benefits, 2009-2013



- St. John the Baptist Parish reports the highest rate of households receiving SNAP benefits across the study area at 17.12%.
- St. Charles Parish reports the lowest rate in the study area at 10.83%; this is lower than the state (16.63%) and the nation (12.40%).
- The Other Race population of St. John the Baptist report one of the highest rates of receiving SNAP benefits across the study area at 46.15%.
- The American Indian / Alaska Native, African-American / Black, and Multiple race populations of the study area see some of the highest rates of receiving SNAP benefits. The Non-Hispanic White, Asian, and Hispanic/Latino populations report some of the lowest rates of receiving SNAP benefits for the study area.

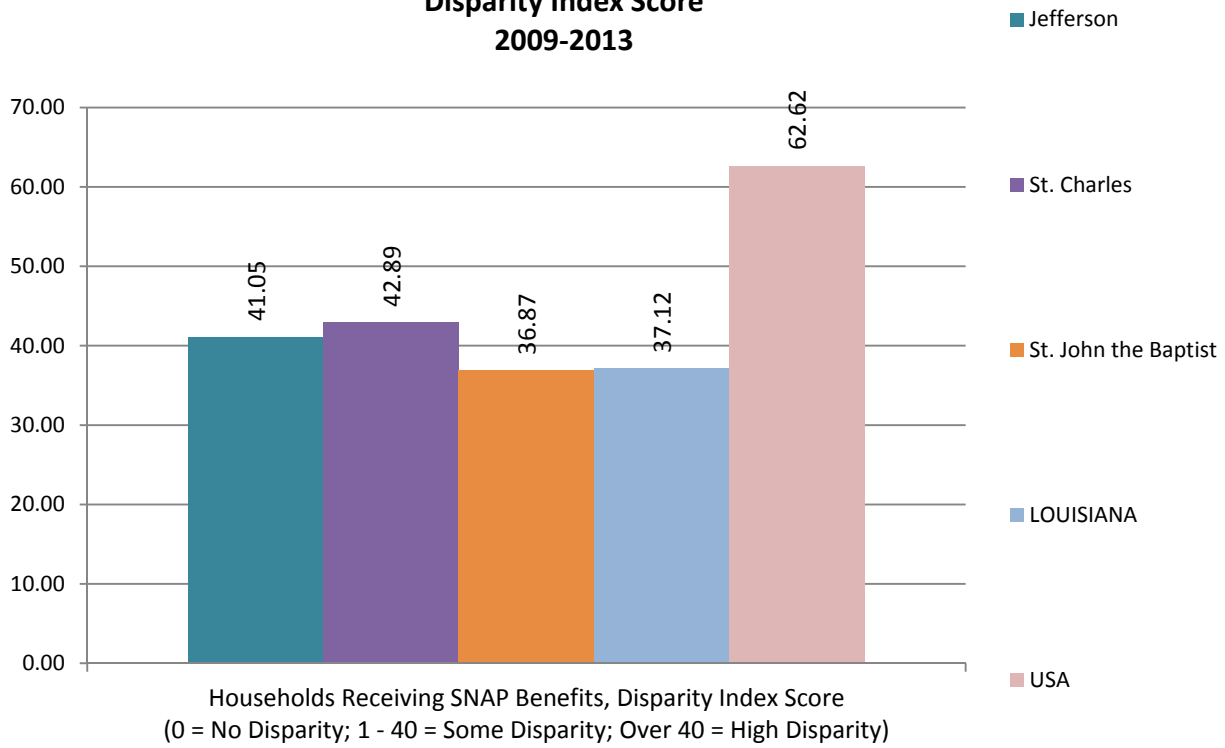
Percent Households Receiving SNAP Benefits, by Race, 2009-2013



Households Receiving SNAP Benefits, Disparity Index

- The Index of Disparity (ID) measures the magnitude of variation in indicator percentages across population groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage".
- Only one of the 3 study area parishes report "Some Disparity," the other two parishes have "High Disparity" when it comes to SNAP benefits.
- St. Charles Parish reports the highest SNAP Benefits Disparity Index score for the study area at 42.89 with Jefferson Parish a close second at 41.05.

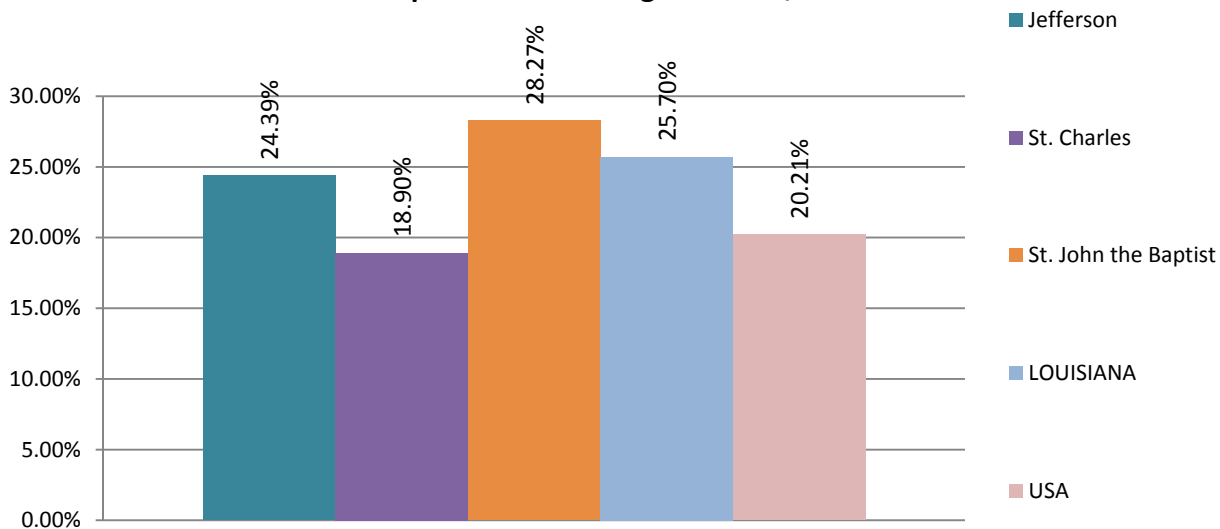
Households Receiving SNAP Benefits, Disparity Index Score 2009-2013



Medicaid

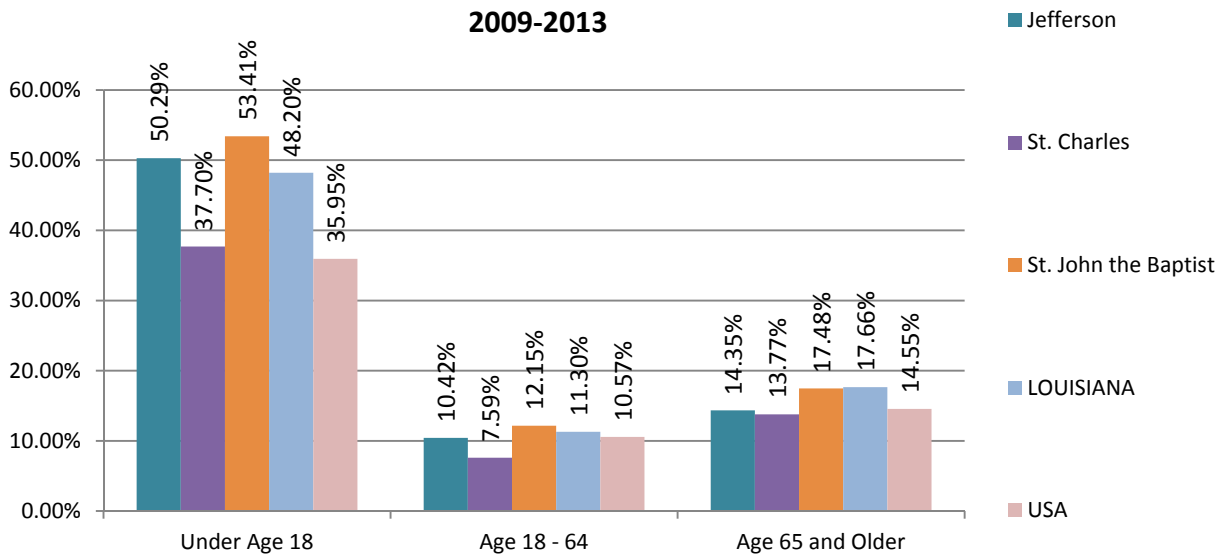
- St. John the Baptist Parish reports the highest rate of Insured Residents Receiving Medicaid at 28.27%; this rate is higher than state (25.70%) and national (20.21%) rates.

Percent of Insured Population Receiving Medicaid, 2009-2013



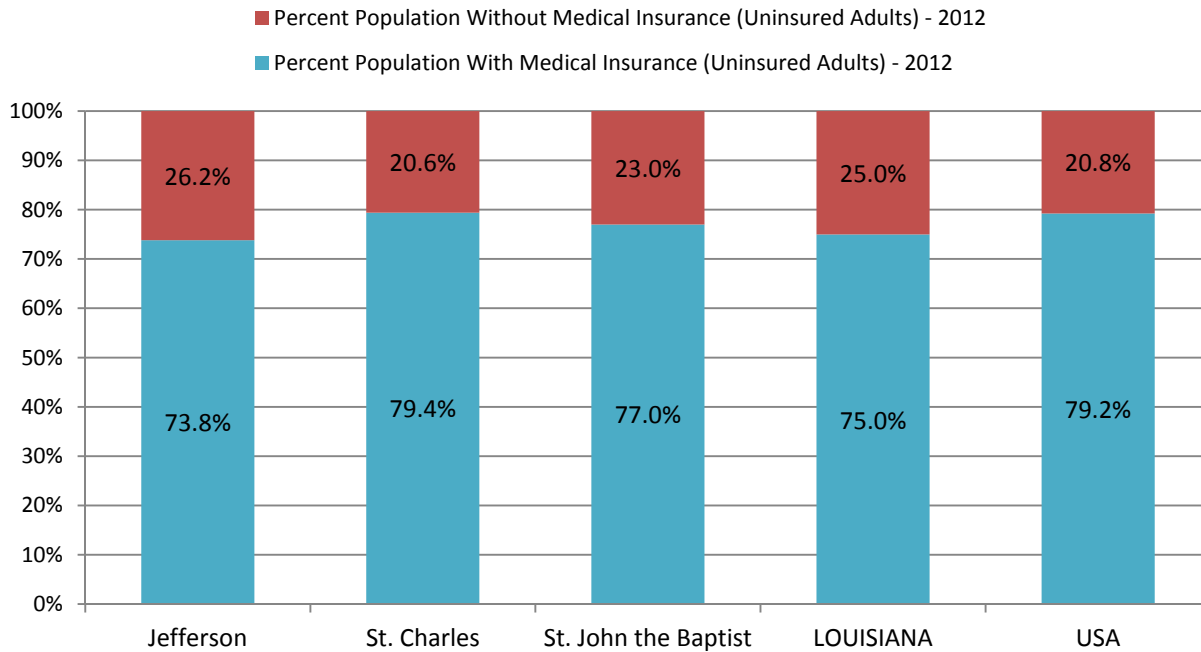
- The population under the age of 18 receives the highest rates of Medicaid assistance across all of the study area parishes.
- St. John the Baptist Parish reports the highest rate among the study area parishes of residents aged 65 and older receiving Medicaid (17.48%).

Percent of Insured Population Receiving Medicaid, by Age Group, 2009-2013



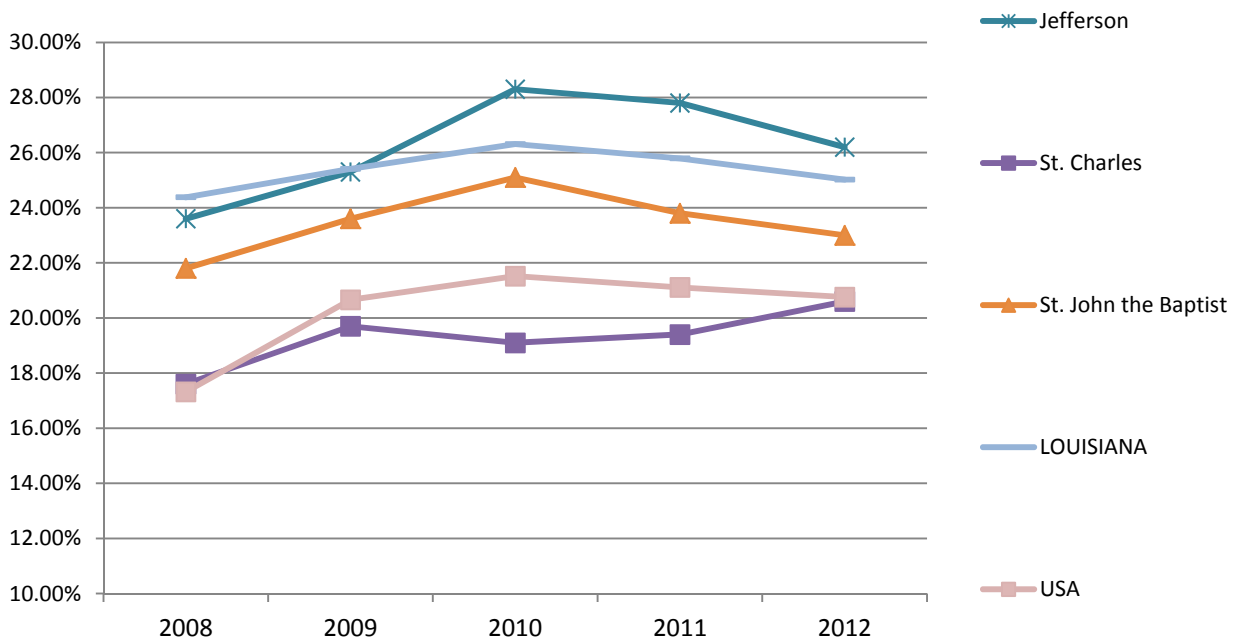
Insurance

- Jefferson Parish reports the highest rate of uninsured adults for the study area at 26.2%. This rate is higher than state (25.0%) and national (20.8%) rates.

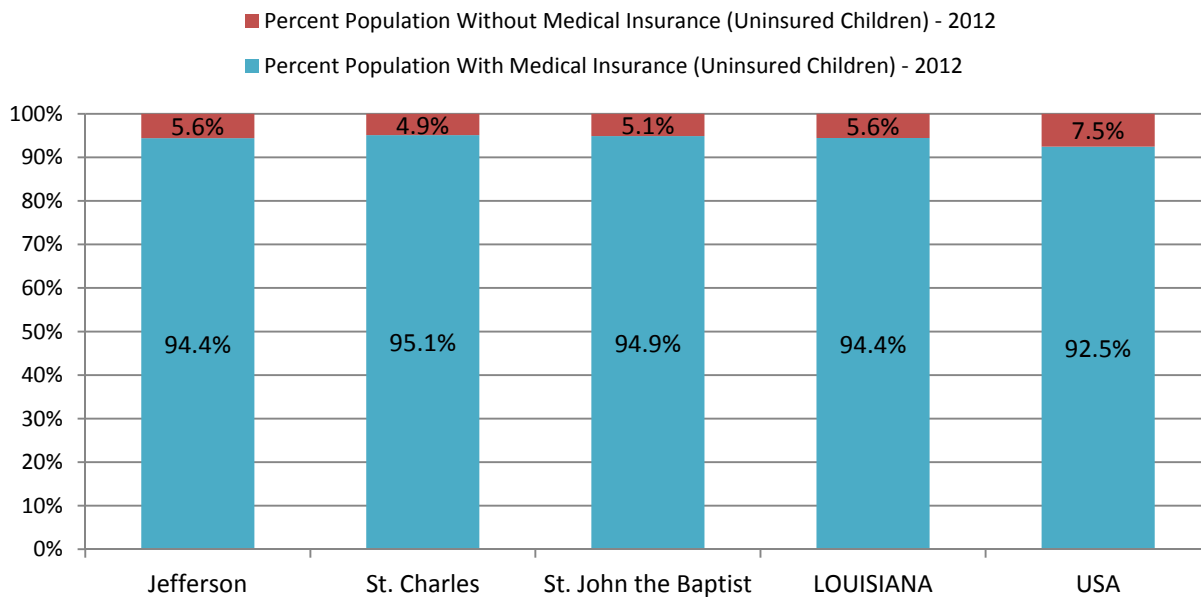


- St. Charles Parish has experienced an incline in its rates of uninsured adults going from 19.10% in 2010 to its current rate in the most recent data year of 2012 reporting 20.76%.

Percent Population without Medical Insurance (Uninsured Adults)



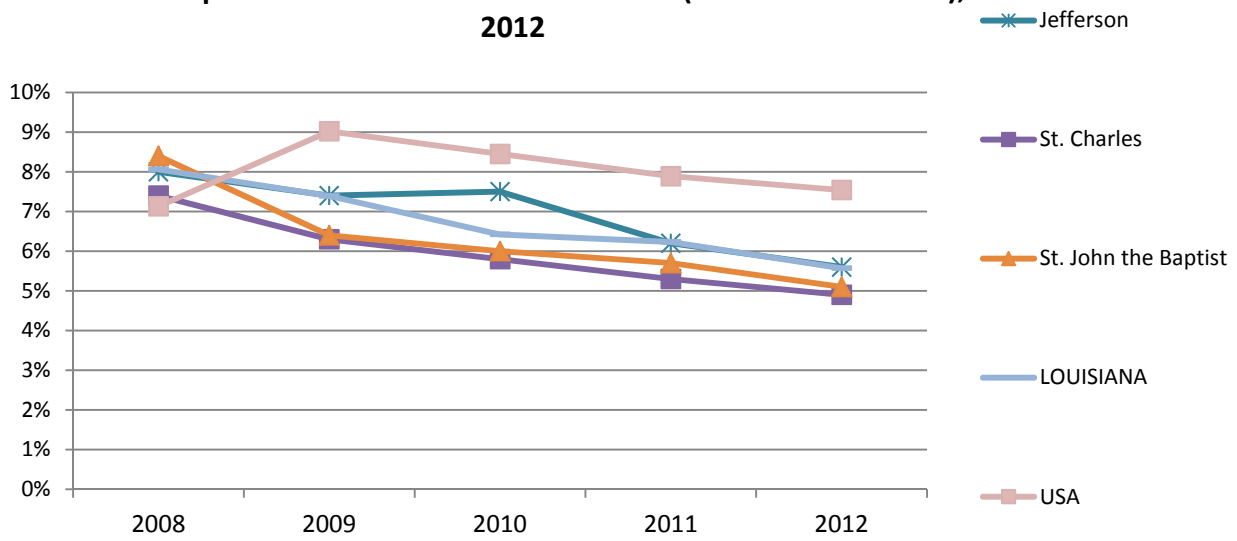
- All of the parishes report lower rates of uninsured children than the state (5.6%) or national (7.5%) rates, except Jefferson Parish which ties with the state making it the highest in the study area.
- St. Charles Parish reports the lowest rate of uninsured children across the study area parishes at 4.9%.



- From 2011 to 2012, nearly all of the study area parishes reported declines in the rates of uninsured children (14 of the 16).

- All of the study area parishes fall below the national norm.

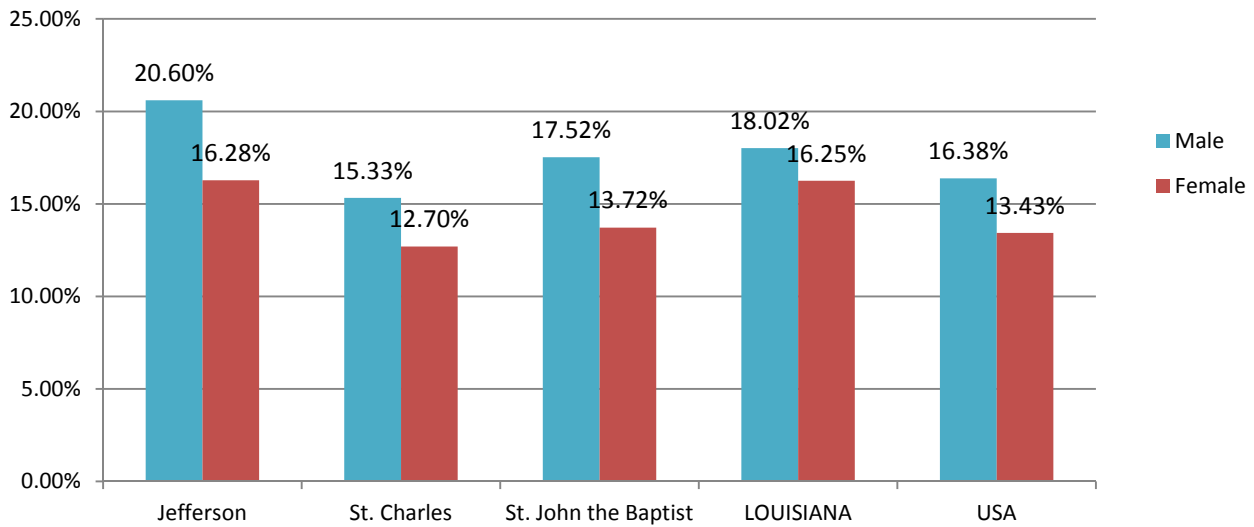
**Percent Population without Medical Insurance (Uninsured Children),
2012**



Uninsured Population

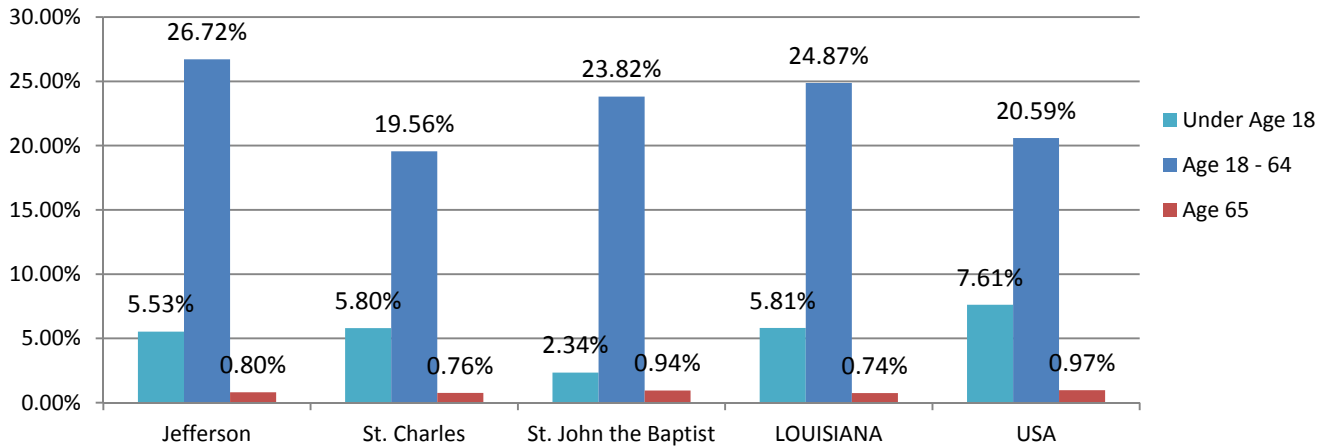
- For all of the study area parishes, men are more likely to be uninsured than women.

Uninsured - Gender, 2009-2013



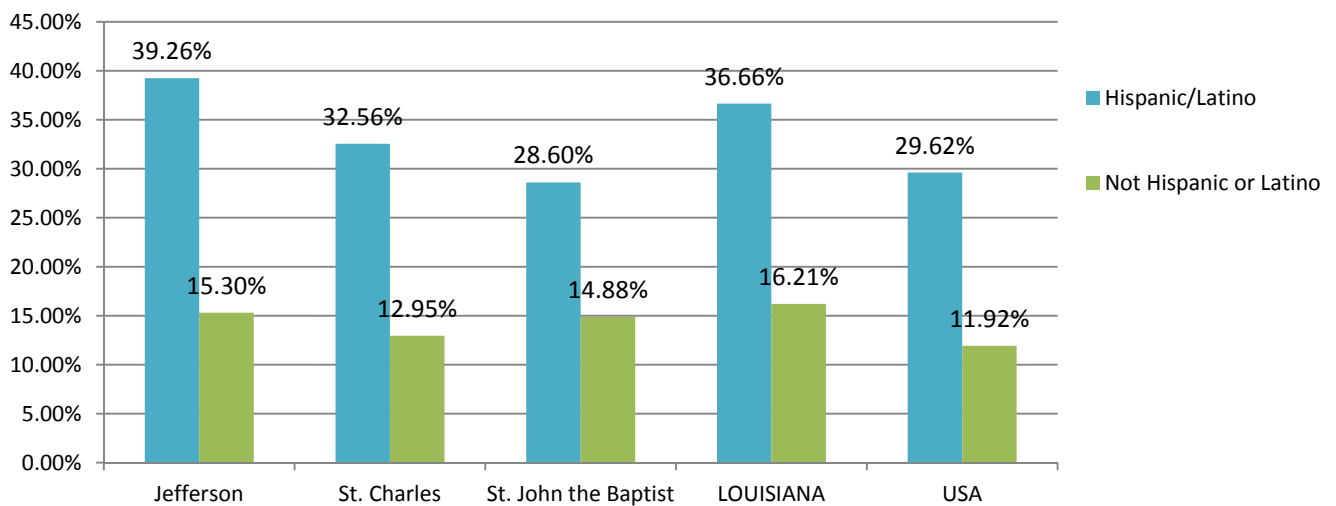
- Those aged 18 – 64 are more likely to be uninsured as compared with those under 18 or those 65 and older.

Uninsured - Age, 2009-2013



- Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts.

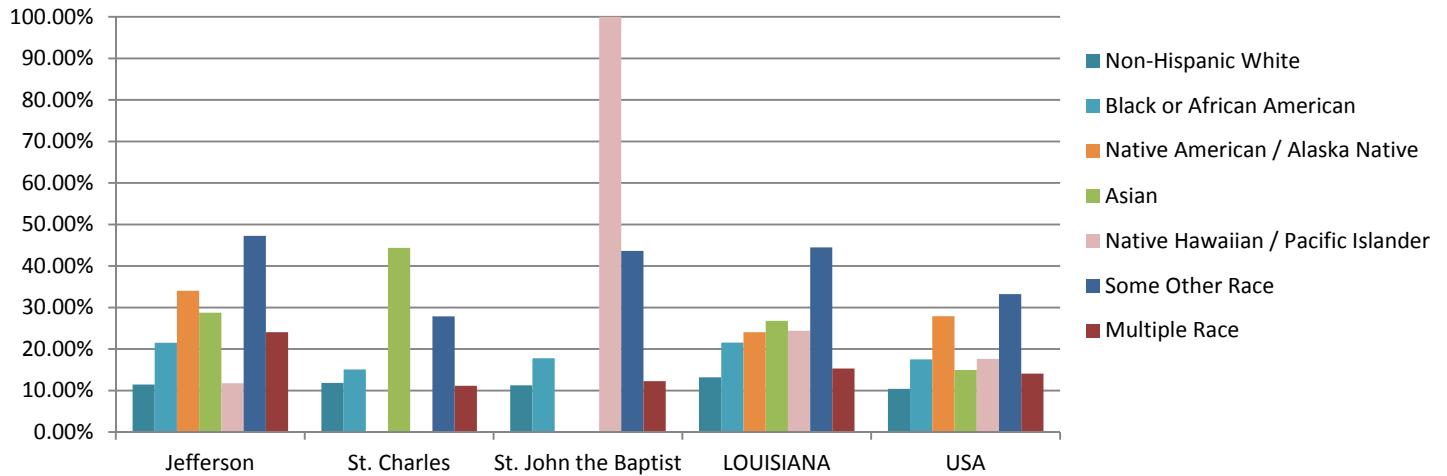
Uninsured - Ethnicity, 2009-2013



- 100% of the Native Hawaiian or Pacific Islander population in St. John the Baptist Parish is uninsured.

- Residents reporting “Some other race”, for the majority of the study area parishes, have the highest rates of being uninsured.
- More than 40% of the Asian population of St. Charles Parish report being uninsured.

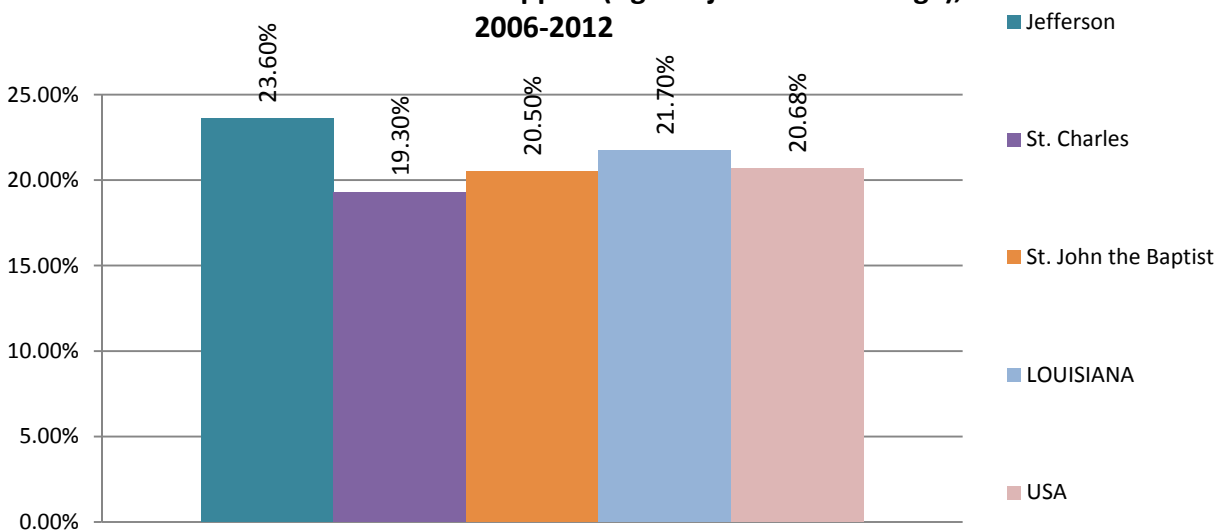
Uninsured - Race, 2009-2013



Social Support

- Jefferson Parish exhibits the highest rate of residents with a lack of social or emotional support at 23.60% of the population; this is higher than state (21.7%) and national (20.68%) norms.

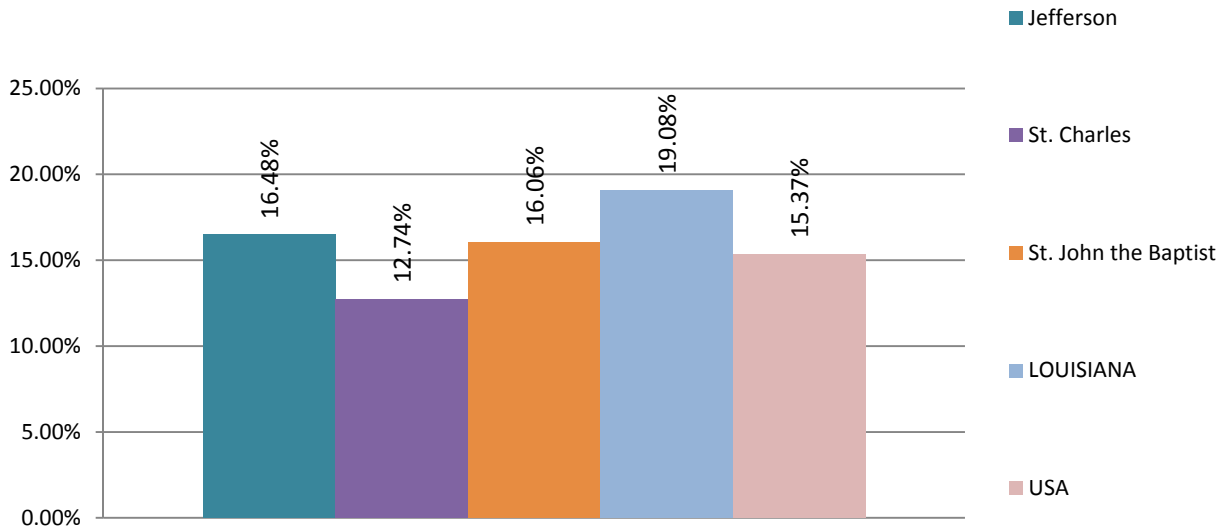
Lack of Social or Emotional Support (Age-Adjusted Percentage), 2006-2012



Poverty

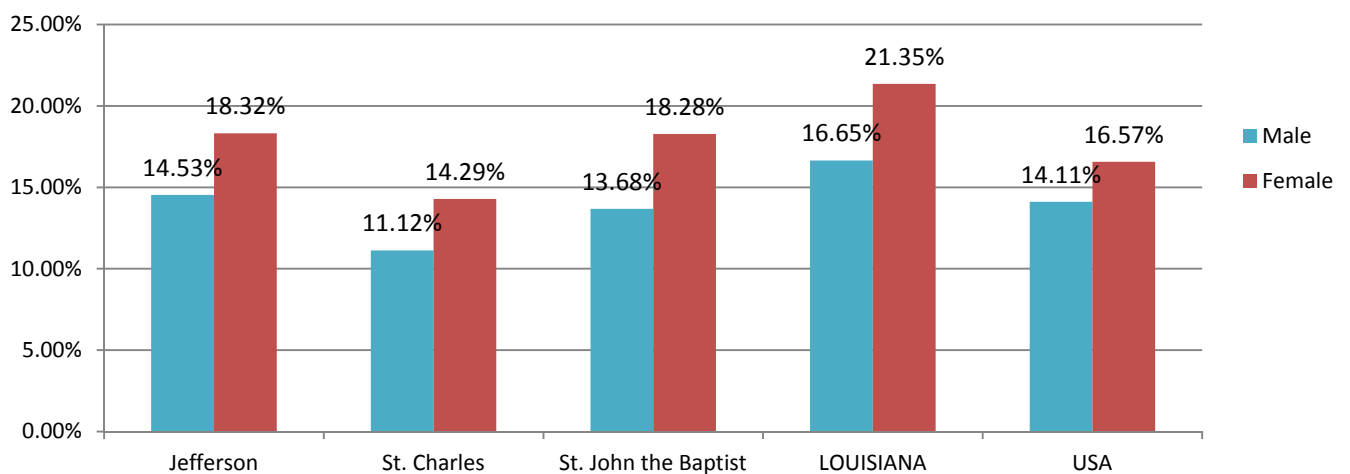
- Jefferson Parish shows the highest rate of population that is living below the federal poverty level (100% FPL) at 16.48% of the population.
- All parishes are below the state norm.

Percent Population in Poverty (Below 100% FPL), 2009-2013



- Across all of the study area regions, women are more likely than men to be living in poverty.
- The lowest rates in the study area for both men and women are seen in St. Charles Parish.

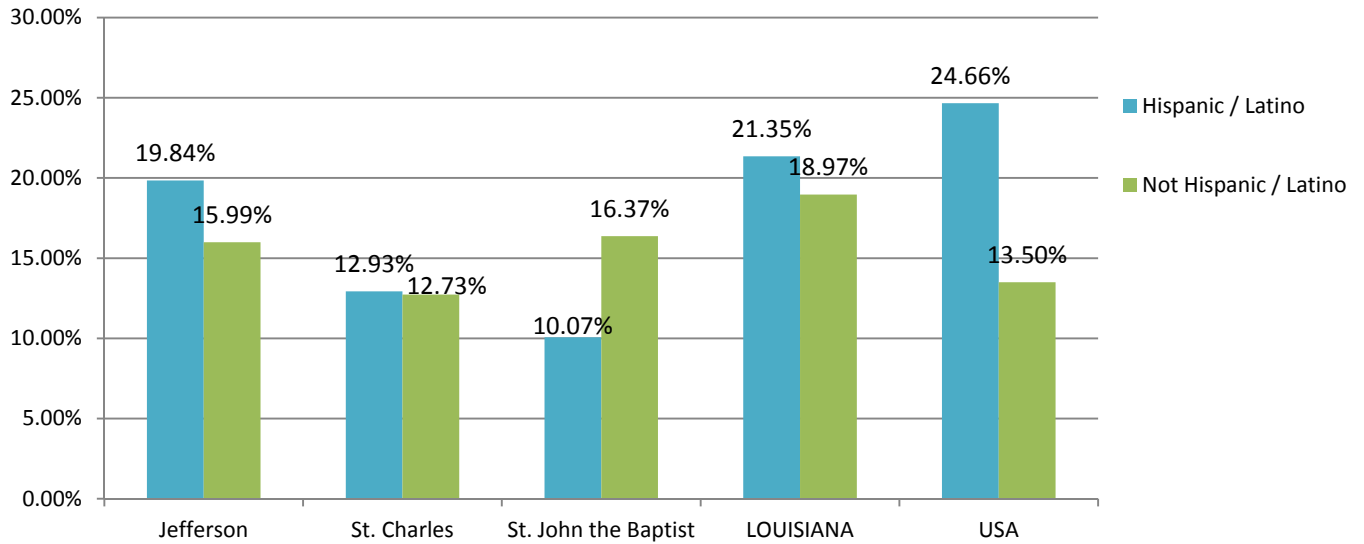
Poverty - Gender, 2009-2013



- In general, the Hispanic/Latino population of the study area is living in poverty at about the same rates than their counterparts.

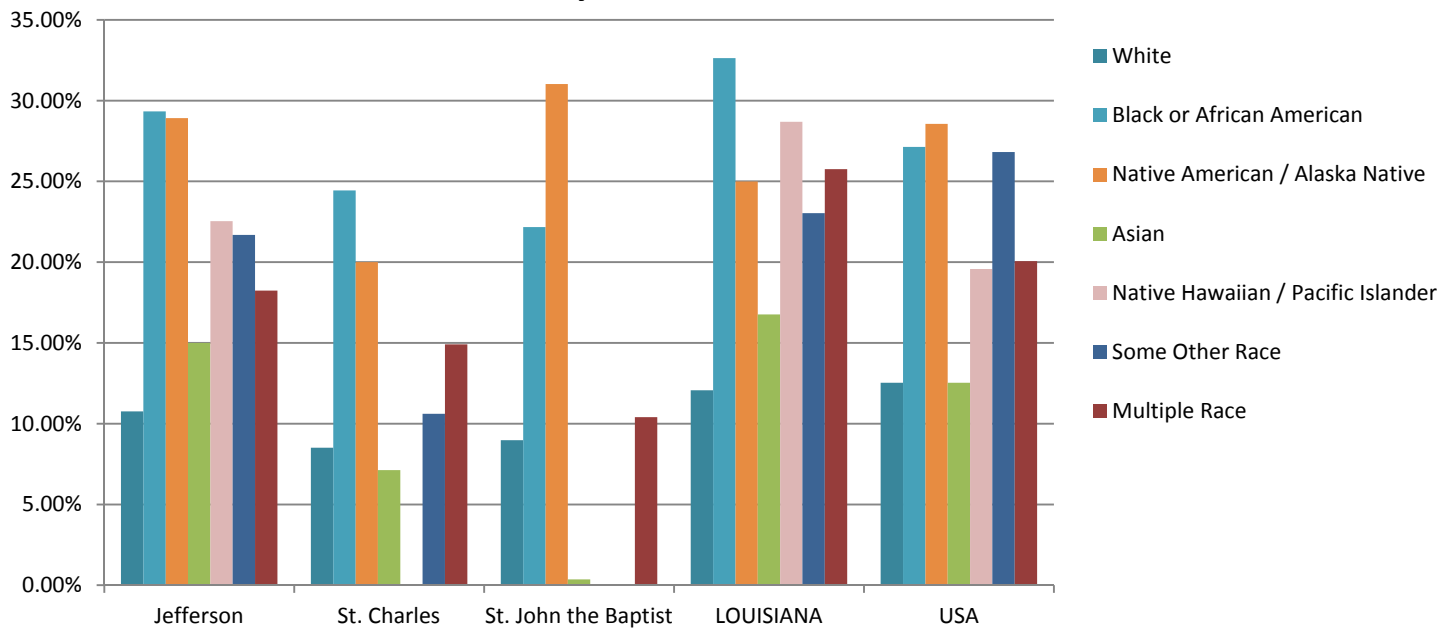
- St. John the Baptist reports the lowest rate of Hispanic/Latino living in poverty at 10.07% and Jefferson Parish reports the highest rate at 19.84%

Poverty - Ethnicity, 2009-2013



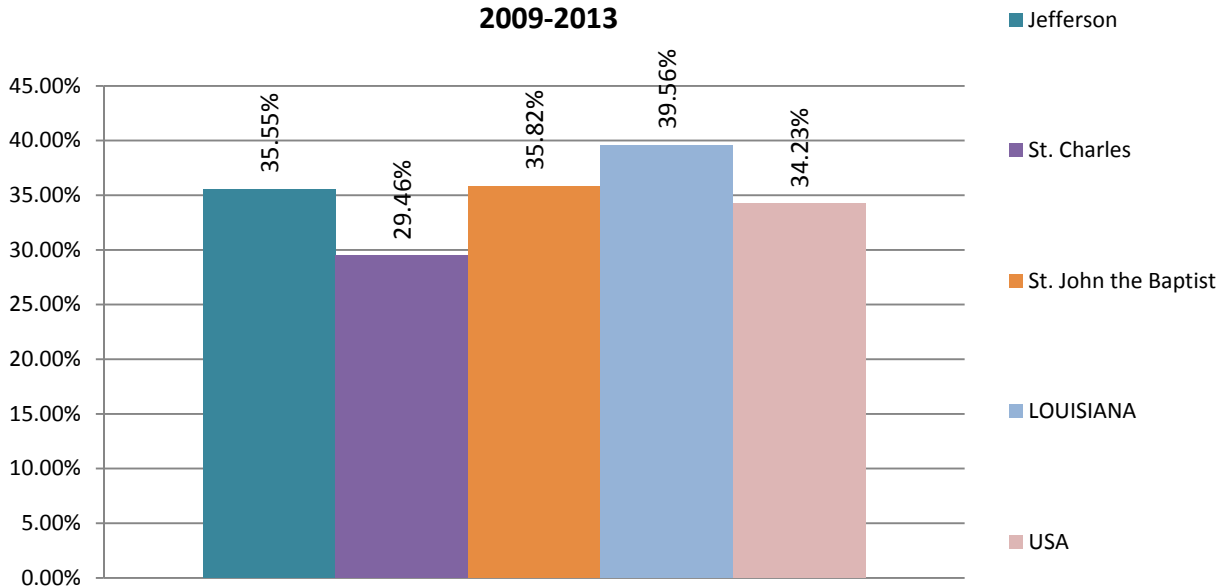
- The Native American or Alaska Native population of St. John the Baptist Parish experience some of the highest rates of living in poverty as compared with the other study area parishes (31.03%).

Poverty - Race, 2009-2013



- For populations living below 100% of the federal poverty level Jefferson and St. John the Baptist parishes reported the highest rates with 16.48% and 16.06%. For populations living below 200% of the federal poverty level St. John the Baptist Parish reports the highest rate at 38.82% with Jefferson following at 48.41%.

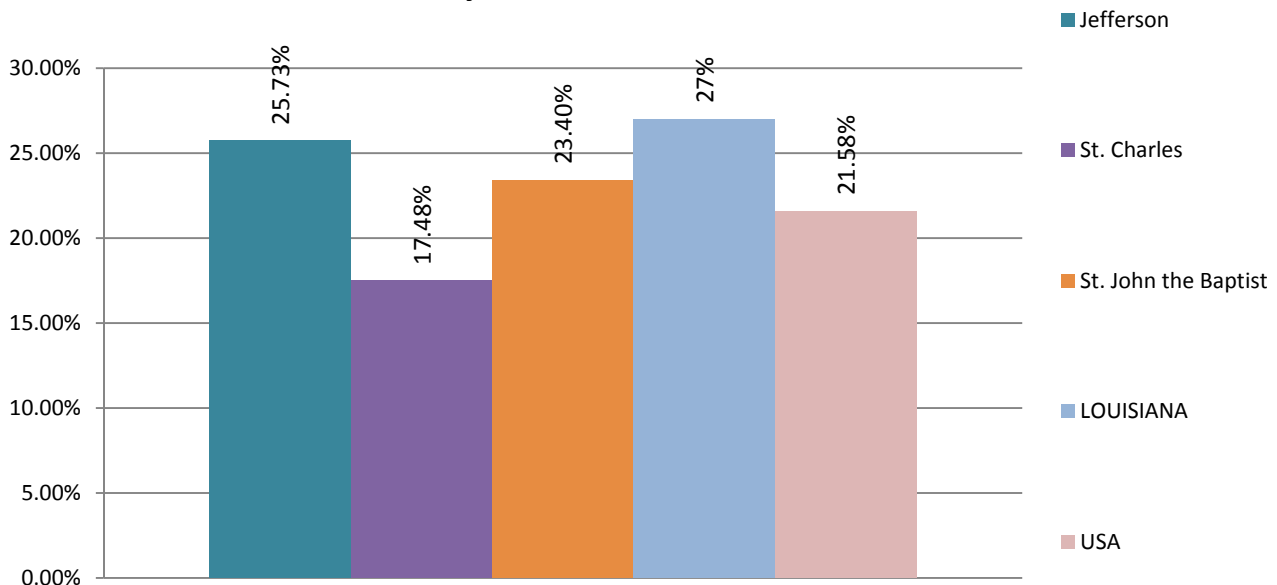
Percent Population with Income at or Below 200% FPL, 2009-2013



Children in Poverty

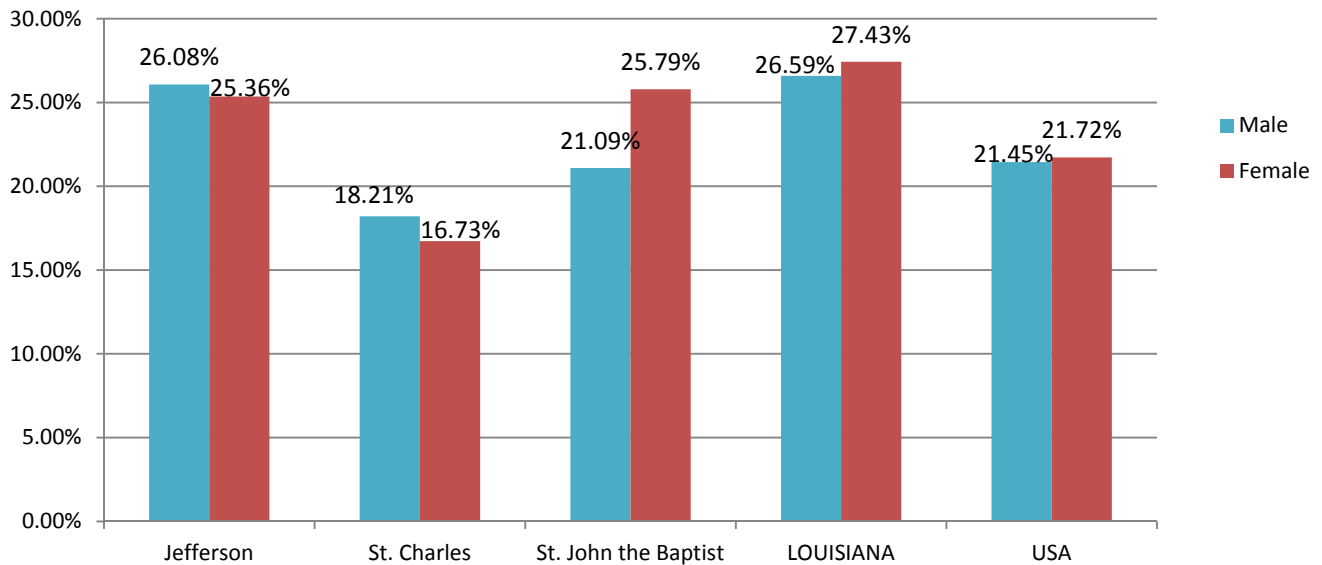
- More than 25% of the children and adolescents (under 18) in Jefferson Parish are living in poverty (below 100% FPL). This is lower than the state rate of 27%.

Children in Poverty - Below 100% FPL, 2009-2013



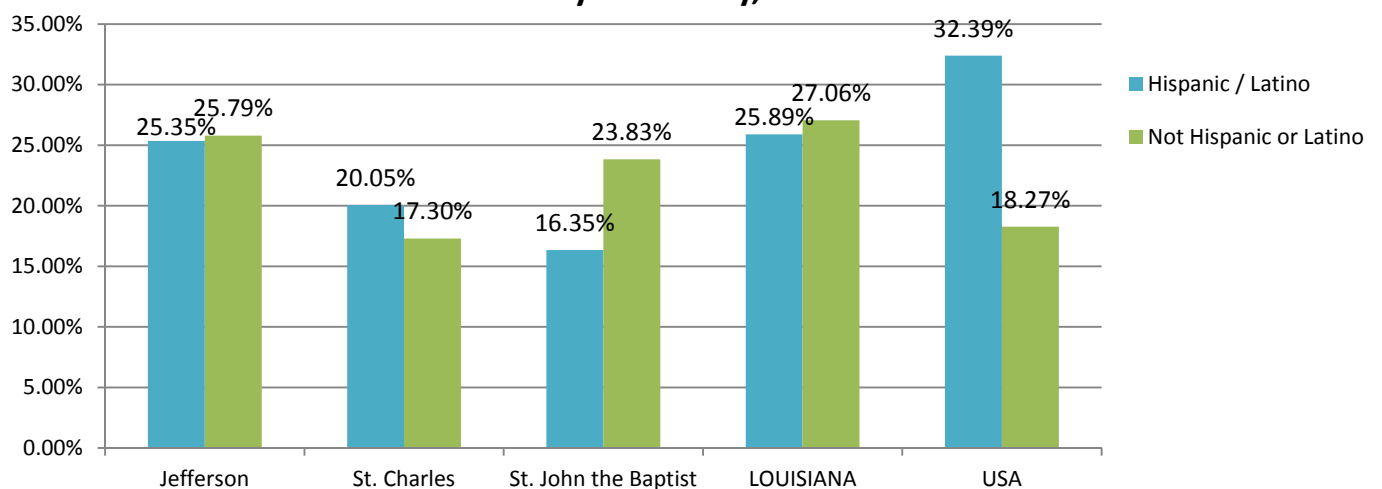
- Male and female children tend to live in poverty at similar rates in the MHCNO study area; however, St. John the Baptist Parish reports the 25.79% female children living in poverty versus 21.09% male children. This is the largest gap seen in the study area.

Children in Poverty - Gender, 2009-2013



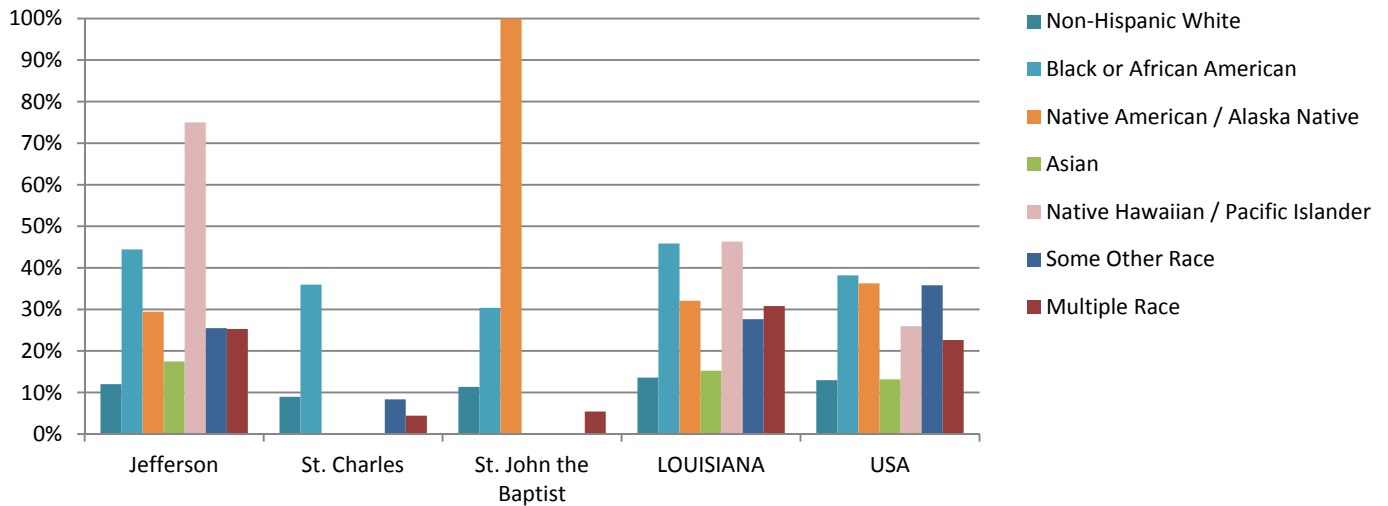
- Similar to gender, the ethnicity of a child varies in whether or not it is related to living in poverty or not. For adults, the Hispanic/Latino population is more likely to live in poverty than their counterparts; however, for children, a number of parishes in the study area report higher rates of poverty in the Non-Hispanic population (Jefferson and St. John the Baptist).

Children in Poverty - Ethnicity, 2009-2013



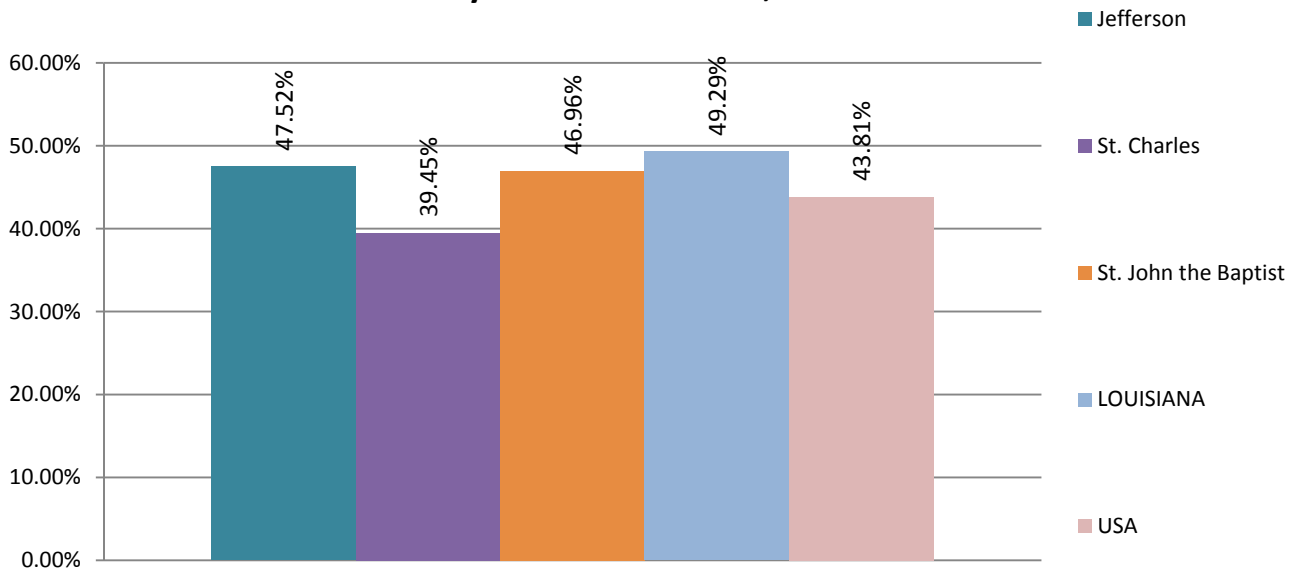
- Within the study area the Native American / Alaska Native in St. John the Baptist report 100% of which living in poverty.
- After the Native American / Alaska Native, the Native Hawaiian / Pacific Islander, and the African-American / Black population sees some of the highest rates of poverty across the study area.
 - 75% of the Native Hawaiian / Pacific Islander population of Jefferson Parish is living in poverty.

Children in Poverty - Race, 2009-2013



- Similar to children living in poverty below the 100% FPL, Jefferson and St. John the Baptist report the highest rate of children living below 200% of the federal poverty level as well (47.52% and 46.96% respectively).

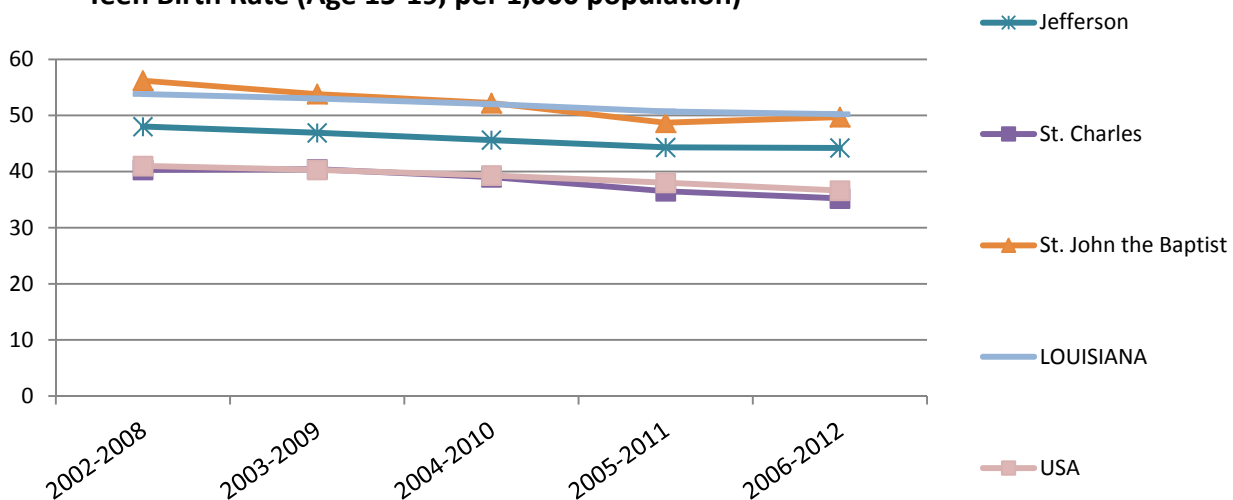
Children in Poverty - Below 200% FPL, 2009-2013



Teen Birth Rate

- In general, the study area parishes have seen slight declines in the rates of births to teen mothers (aged 15-19).
 - St. John the Baptist reported a slight rise in the teen birth rates from the 2005-2011 5-year estimate census to the 2006-2012 5-year estimate census.

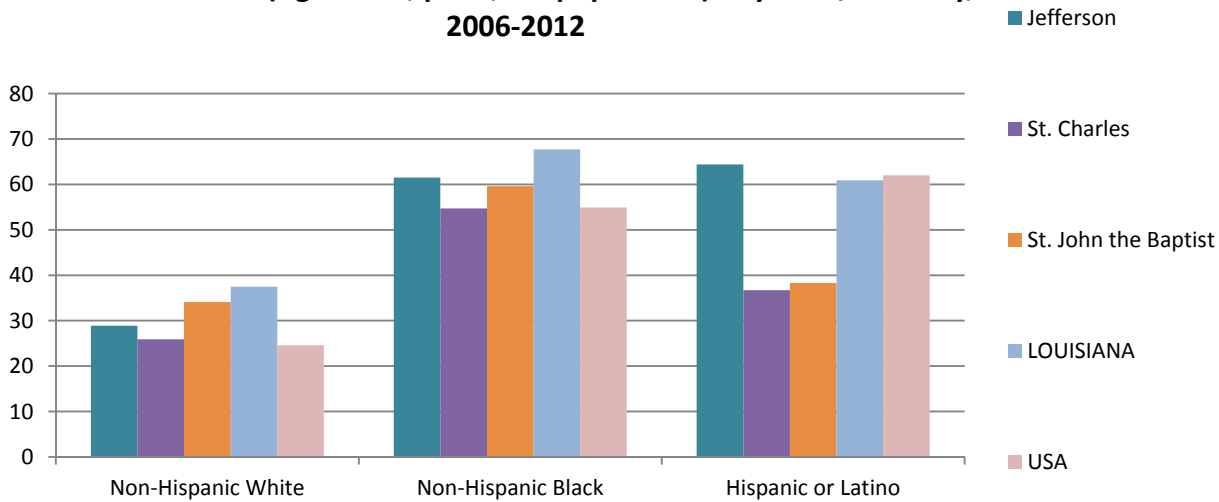
Teen Birth Rate (Age 15-19, per 1,000 population)



- St. John the Baptist Parish reports the highest teen birth rate among Non-Hispanic White girls (34.1 per 1,000 pop.).

- Jefferson Parish reports the highest teen birth rate among Non-Hispanic Black girls (61.5 per 1,000 pop.).
- Jefferson Parish reports the highest teen birth rate among Hispanic/Latino girls (64.4 per 1,000 pop.); this is higher than both state (60.9%) and national (62.0%) rates.

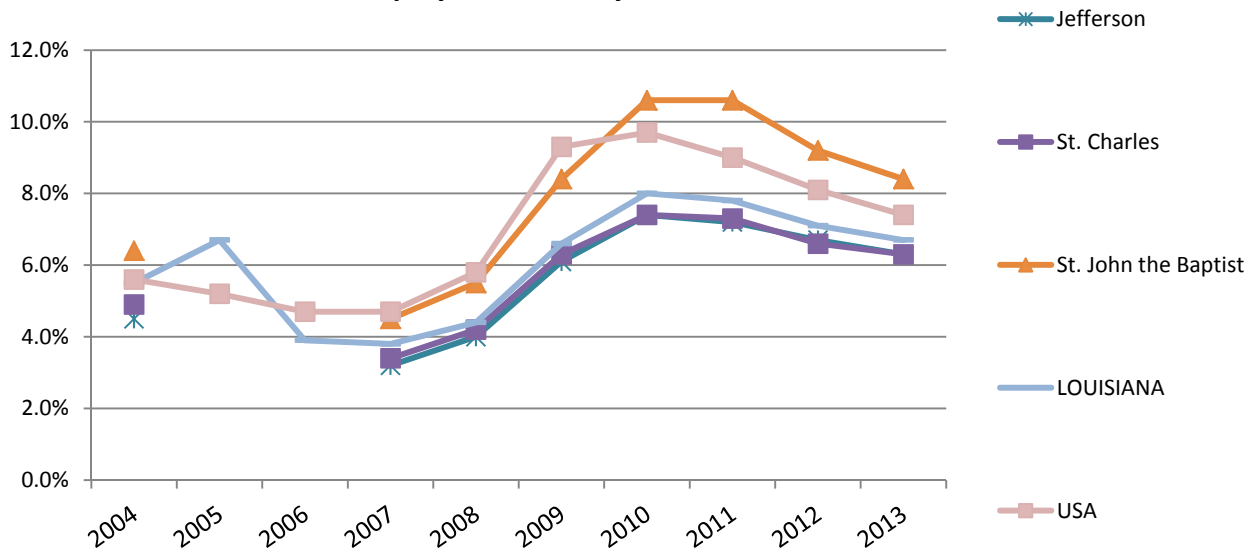
Teen Birth Rate (Age 15-19, per 1,000 population) - By Race/Ethnicity, 2006-2012



Unemployment Rate

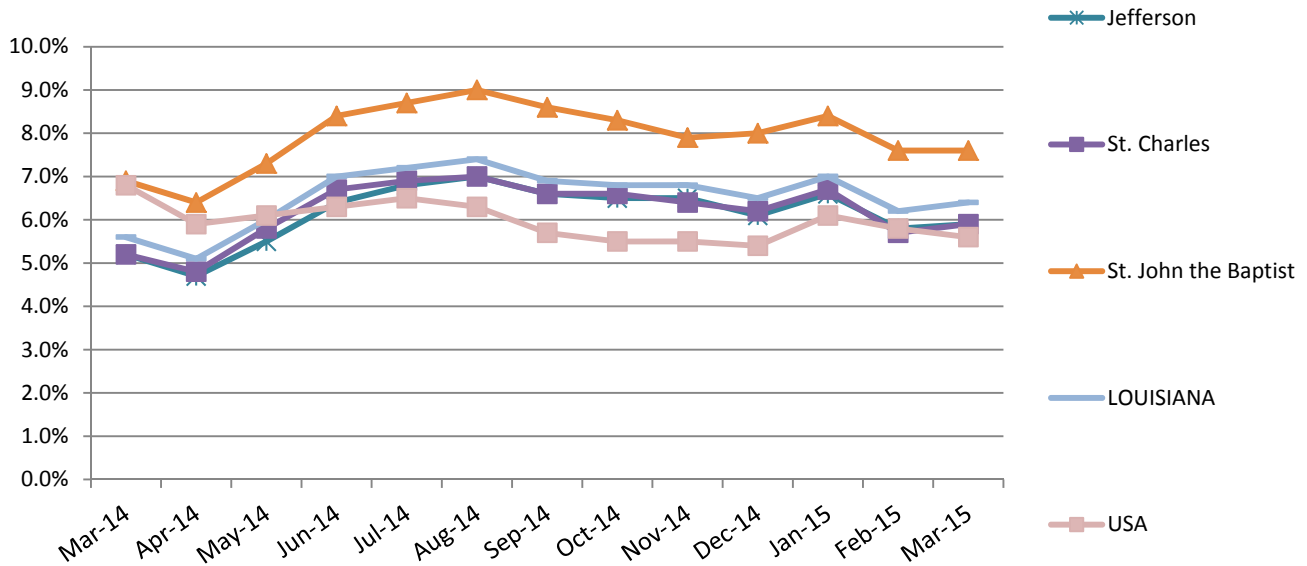
- In 2013, St. John the Baptist reported the highest unemployment rate at 8.4% (LA = 6.7%, USA = 7.4%).

Unemployment Rate by Year



- For the most current reported data, St. John the Baptist Parish reported the highest unemployment rate at 7.6% (LA = 6.4%, USA = 5.6%).

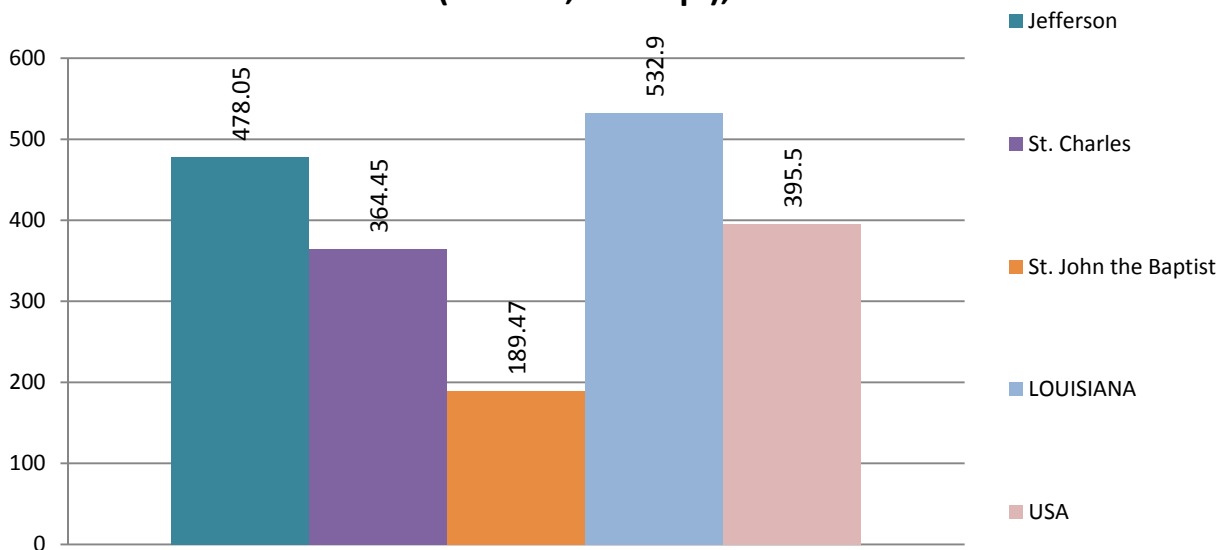
Unemployment Rate by Month



Violent Crime

- Jefferson Parish reports the highest violent crime rate across the study area parishes at 478.05 per 100,000 populations.
- St. John the Baptist Parish is the lowest at 189.47; this is lower than state (532.9) and national (395.5) rates.

Violent Crime Rate (Per 100,000 Pop.), 2010-2012

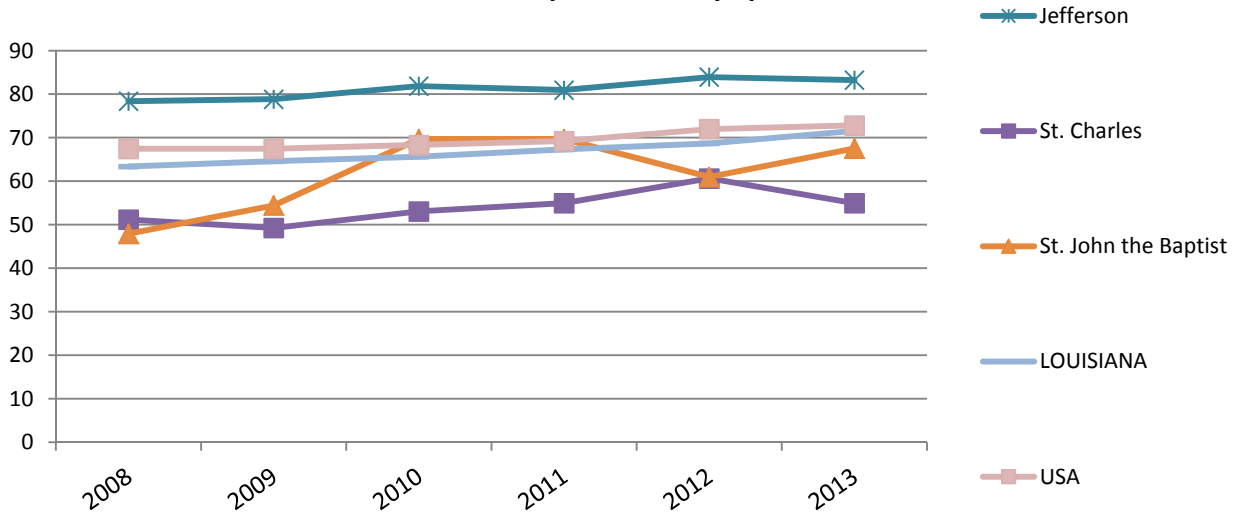


Physical Environment

Fast Food

- In 2013, Jefferson Parish reported the highest rate of fast food restaurants per population at 83.23 per 100,000 population. St. Charles Parish is the lowest at 54.95.

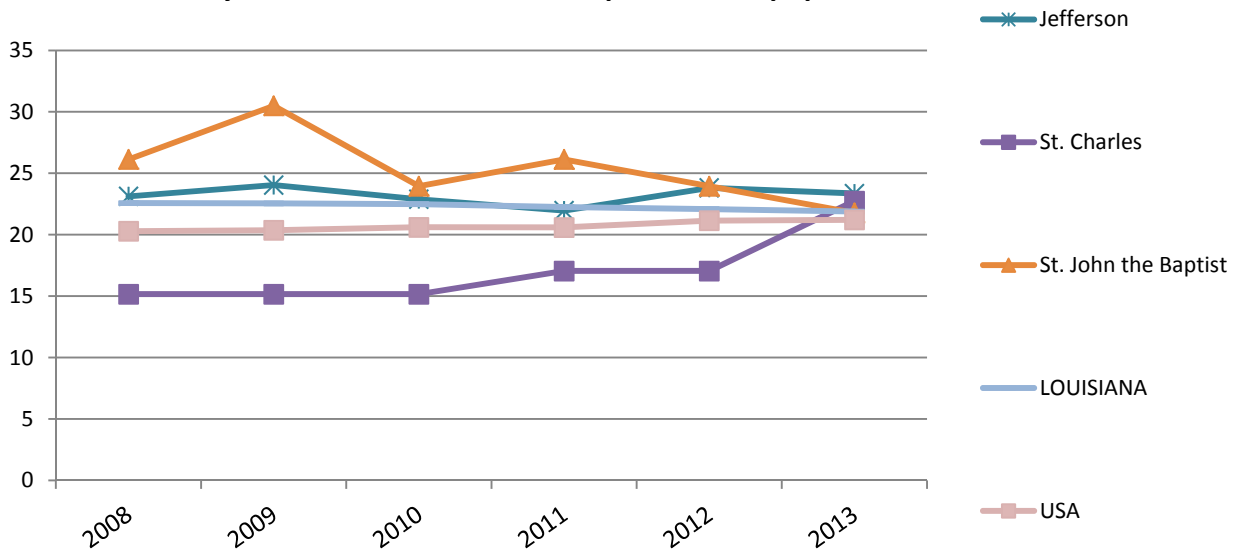
Fast Food Establishments, Rate per 100,000 population



Grocery Stores

- In 2013, St. John the Baptist Parish reported the lowest rate of grocery stores per population at 21.78 per 100,000 pop.

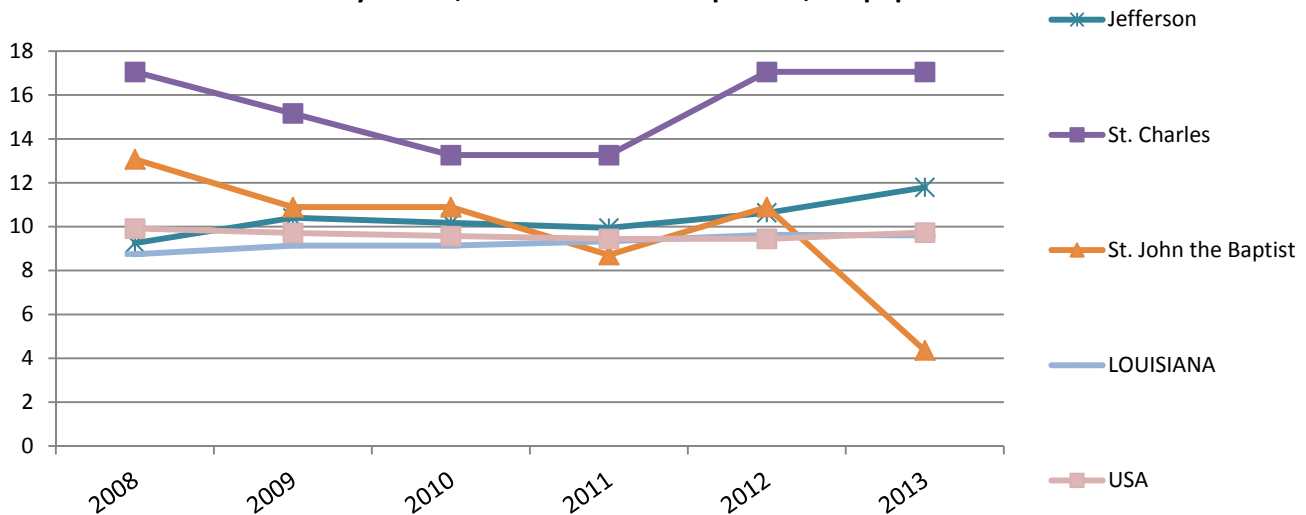
Grocery Store Establishments, Rate per 100,000 population



Recreation and Fitness Facilities

- In 2013, St. Charles Parish reported the highest rate of recreation and fitness facilities per population at 17.05 per 100,000 population. St. John the Baptist Parish is showing a large decline since 2012 at 4.36; this is lower than state (9.6) and national (9.72) norms.

Recreation and Fitness Facility Access, Establishment Rate per 100,000 population

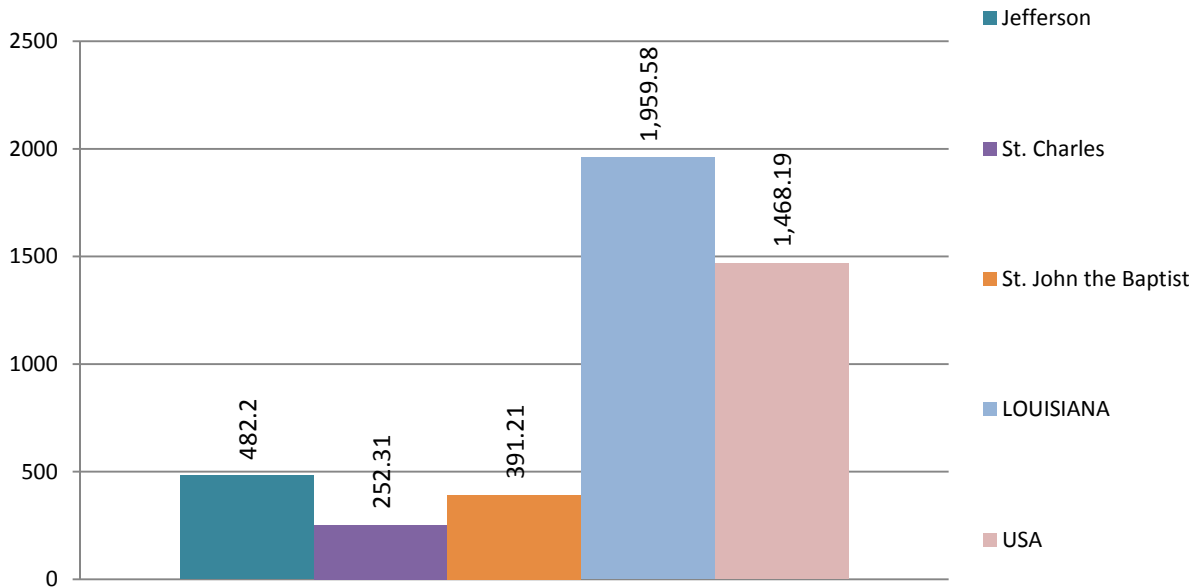


Housing

- All of the study area parishes have significantly lower rates of HUD-Assisted housing units per 10,000 units than state and national norms.

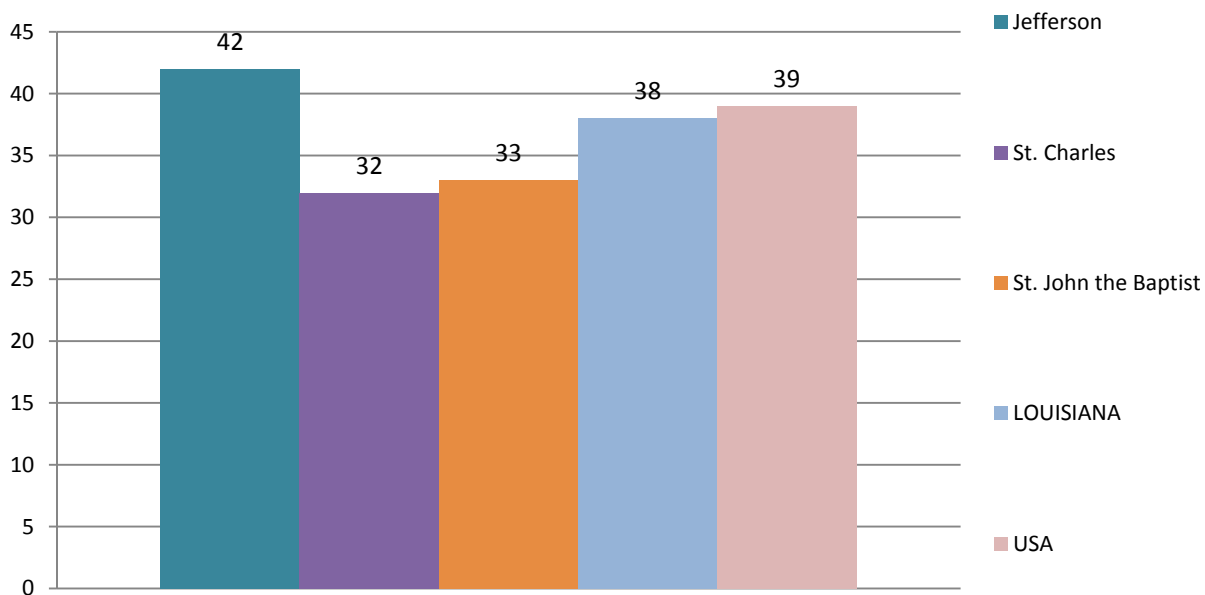
- Jefferson Parish reports the highest rate for the study area at 482.2 per 10,000 units.
- St. Charles Parish reports the lowest rate of HUD-Assisted housing units at 252.31 per 10,000 units.

HUD-Assisted Units, Rate per 10,000 Housing Units, 2013



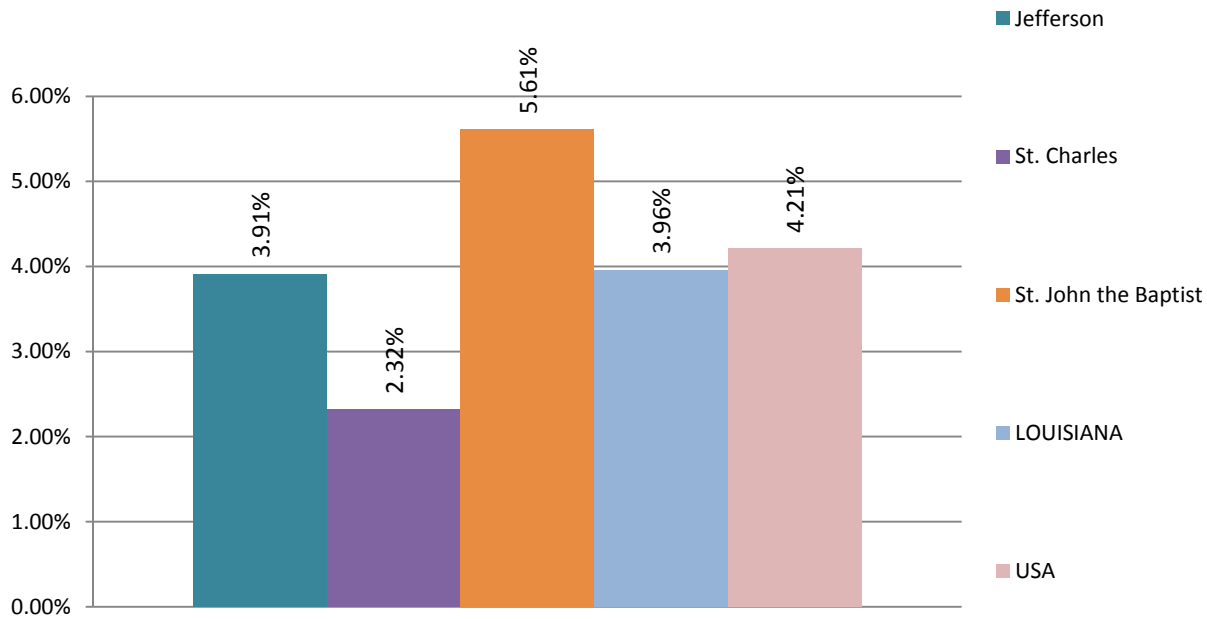
- Housing Unit Age (below) - This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed.
- Jefferson Parish has the highest median housing age at 42 years old.

Housing Unit Age - Years Old, 2013



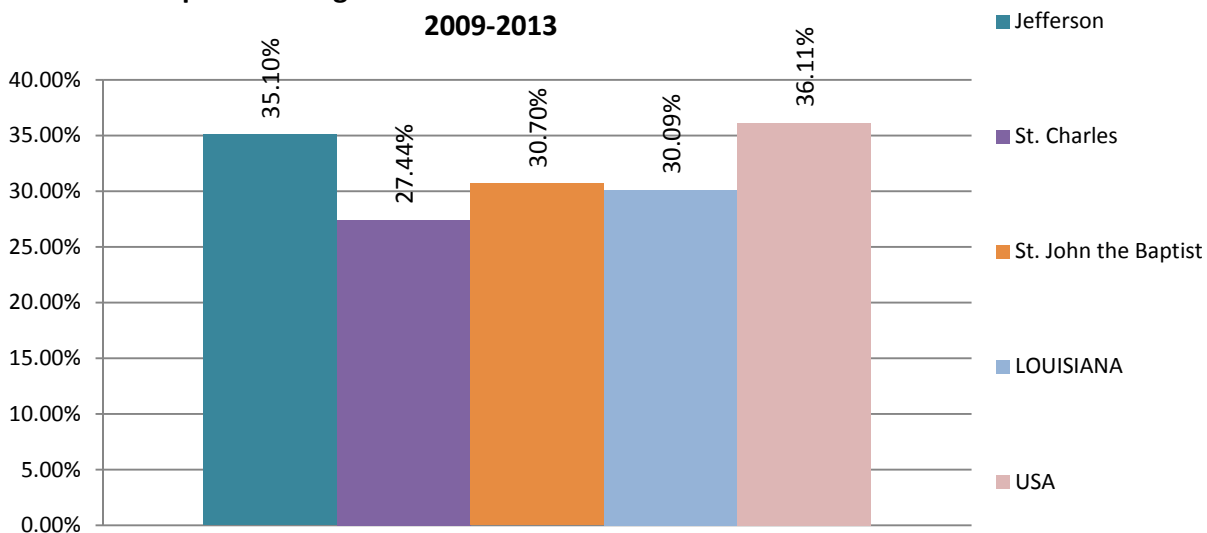
- St. John the Baptist Parish reports the highest rate of overcrowded housing at 5.61%; this is higher than state (3.96%) and national (4.21%) norms.

Percentage of Housing Units Overcrowded, 2008-2012



- Jefferson Parish reports the highest rate, for the study area, of housing units with substandard conditions (35.10%). The state rate is 30.09% and the national rate is 36.11%.

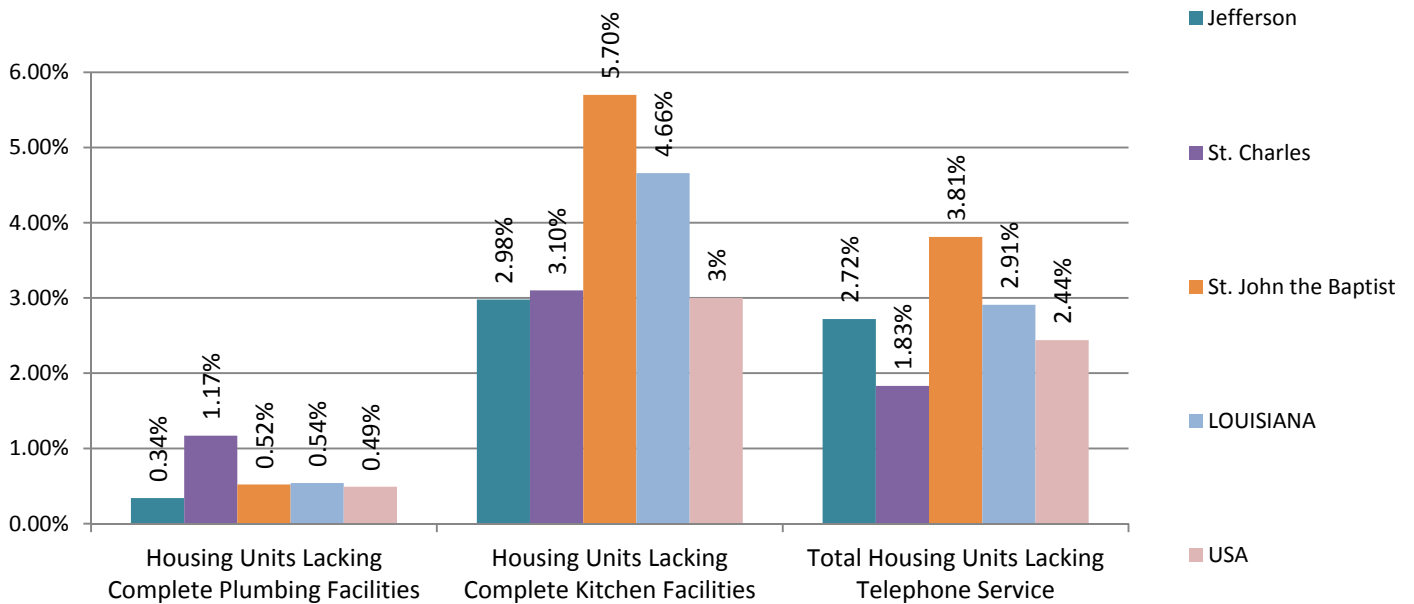
Percent Occupied Housing Units with One or More Substandard Conditions 2009-2013



- St. Charles Parish reports the highest rate of housing units lacking complete plumbing facilities at 1.17% (LA = 0.54%, USA = 0.49%).

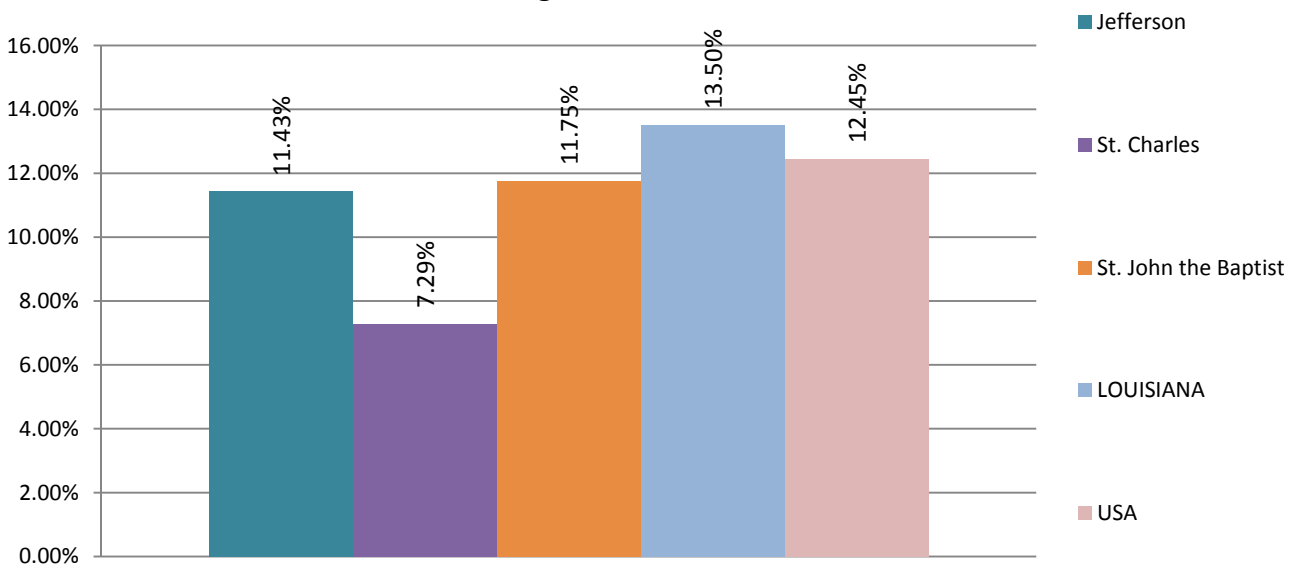
- St. John the Baptist Parish reports the highest rate of housing units lacking complete kitchen facilities at 5.70% (LA = 4.66%, USA = 3%).
- St. John the Baptist Parish reports the highest rate of housing units lacking telephone facilities at 3.81% (LA = 2.91%, USA = 2.44%).

2009-2013



- All of the study area parishes are lower than state (13.5%) and national (12.45%) norms for vacant housing units.

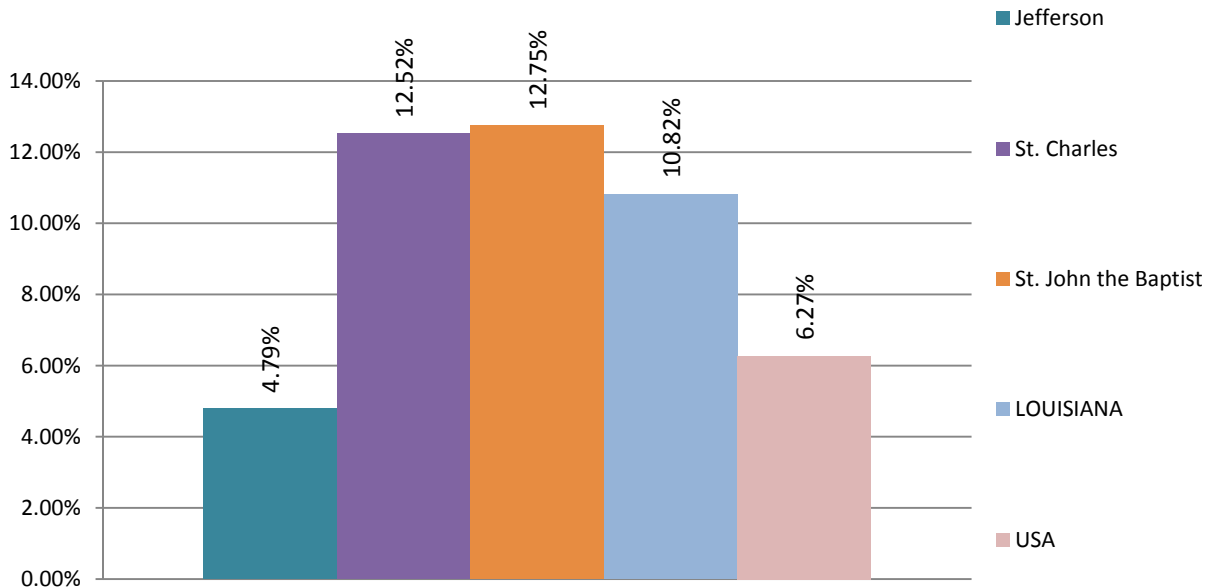
Vacant Housing Units, Percent, 2009-2013



Low Food Access

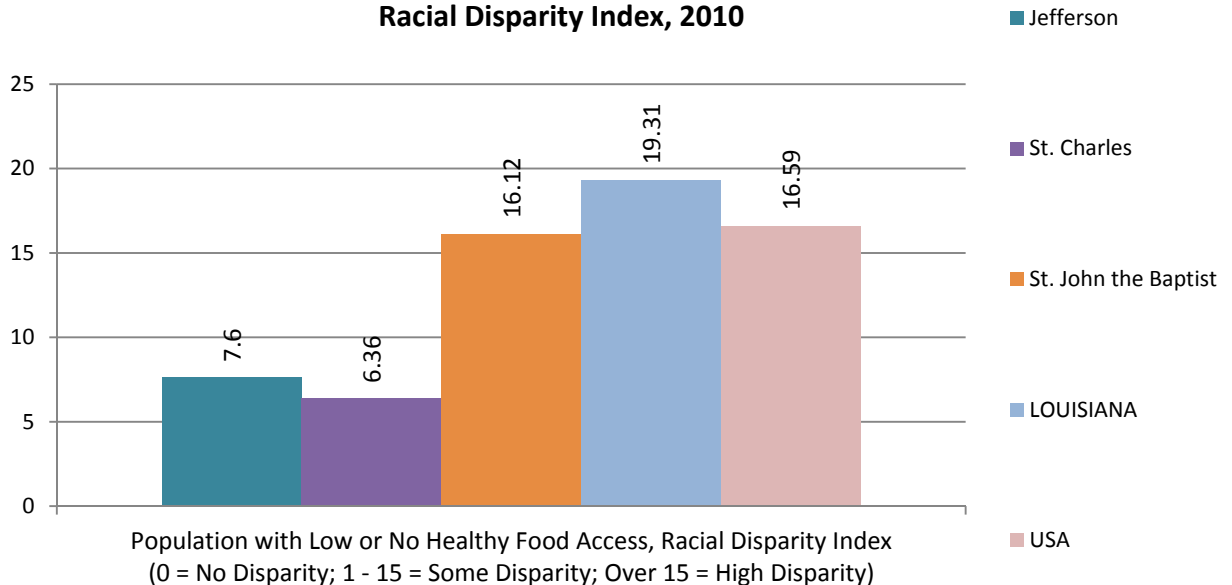
- The low-income populations of St. John the Baptist and St. Charles parishes experience the highest rates of low food access (12.75% and 12.52% respectively). These rates are higher than the rates seen for the state (10.82%) and nation (6.27%).

Percent Low Income Population with Low Food Access, 2010



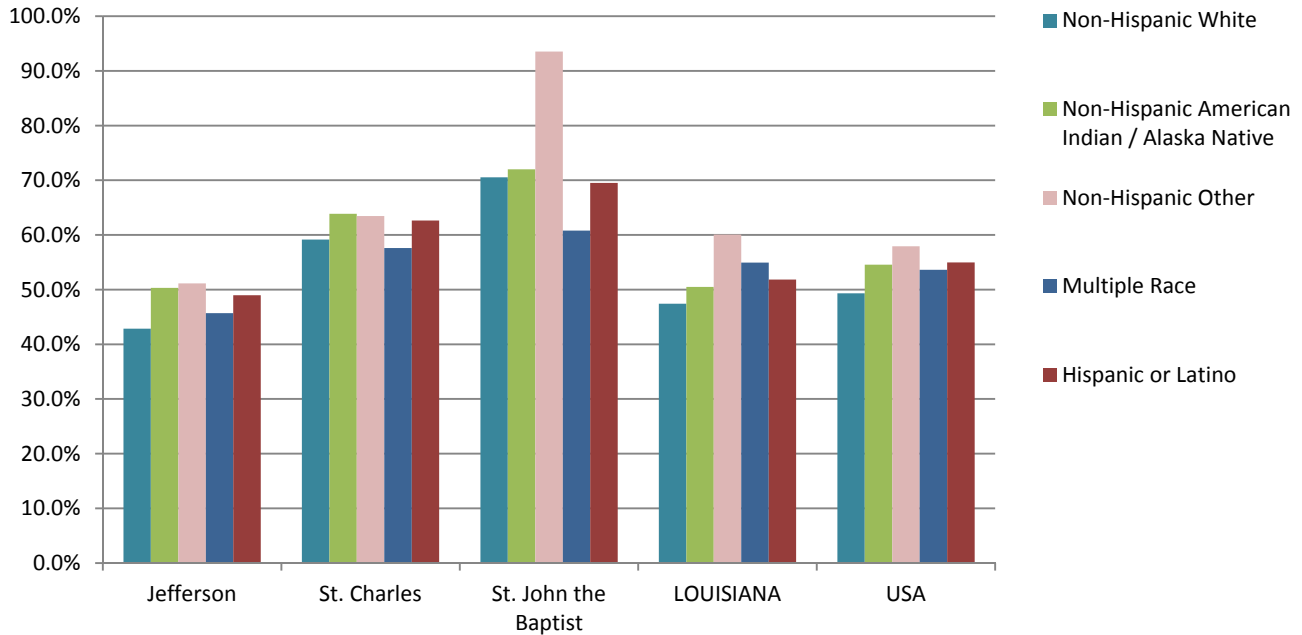
- St. John the Baptist Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 16.12.

Population with Low or No Healthy Food Access, Racial Disparity Index, 2010



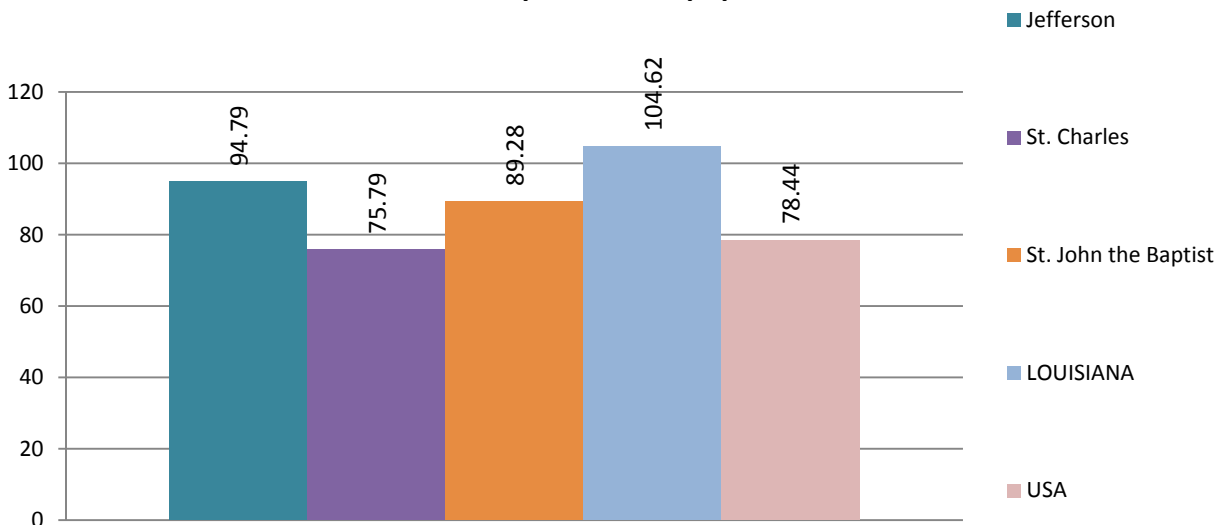
- Within the parish of St. John the Baptist, the Non-Hispanic Other population experiences the highest rate of low food access (93.6%) followed by the Non-Hispanic American Indian population (72.0%), the Non-Hispanic White population (70.6%), and the Hispanic or Latino population (69.5%).

Low Food Access - Race, 2010



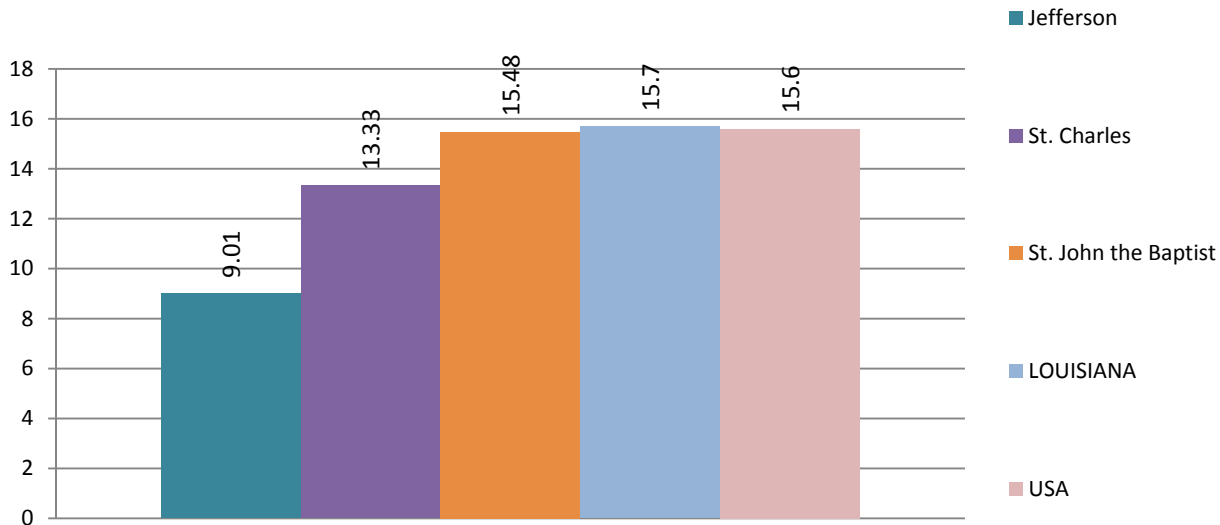
- Jefferson Parish has the highest rate of SNAP-Authorized retailers for the study area at 94.79 per 100,000 population.
- St. Charles Parish reports the fewest SNAP-Authorized retailers for the study area at only 75.79 per 100,000 population.

SNAP-Authorized Retailers, Rate per 100,000 population, 2014



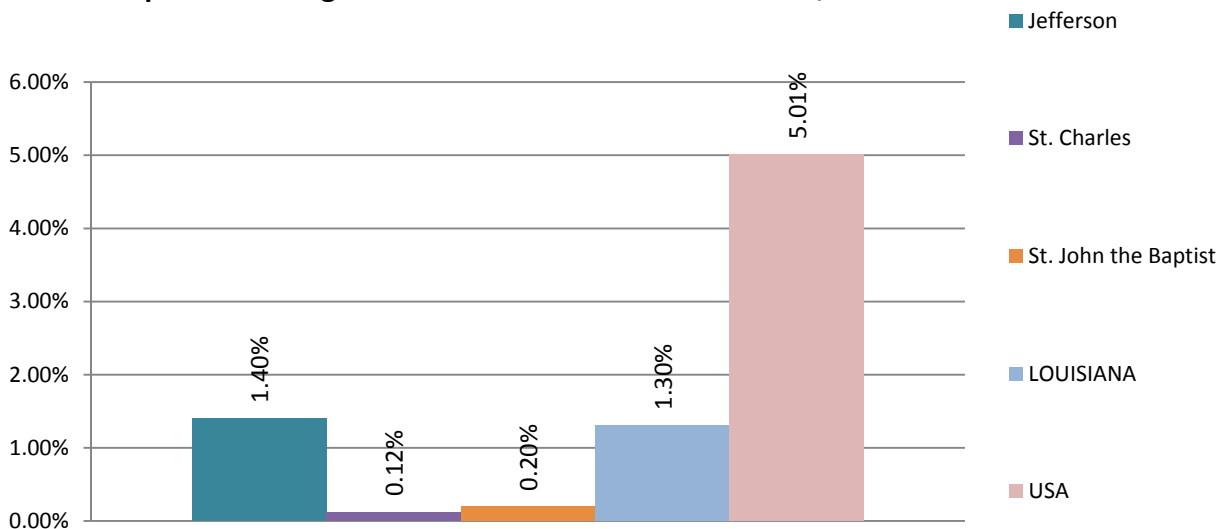
- St. John the Baptist Parish has the highest rate of WIC-Authorized retailers for the study area at 15.48 per 100,000 population.
- Jefferson Parish reports the lowest rate of WIC-Authorized retailers for the Louisiana parishes of the study area at 9.01 per 100,000 population.

WIC-Authorized Food Store Rate (Per 100,000 Population), 2011



- Jefferson Parish reports the highest rate of residents using public transportation to commute to work (1.40%).

Percent Population Using Public Transit for Commute to Work, 2009-2013

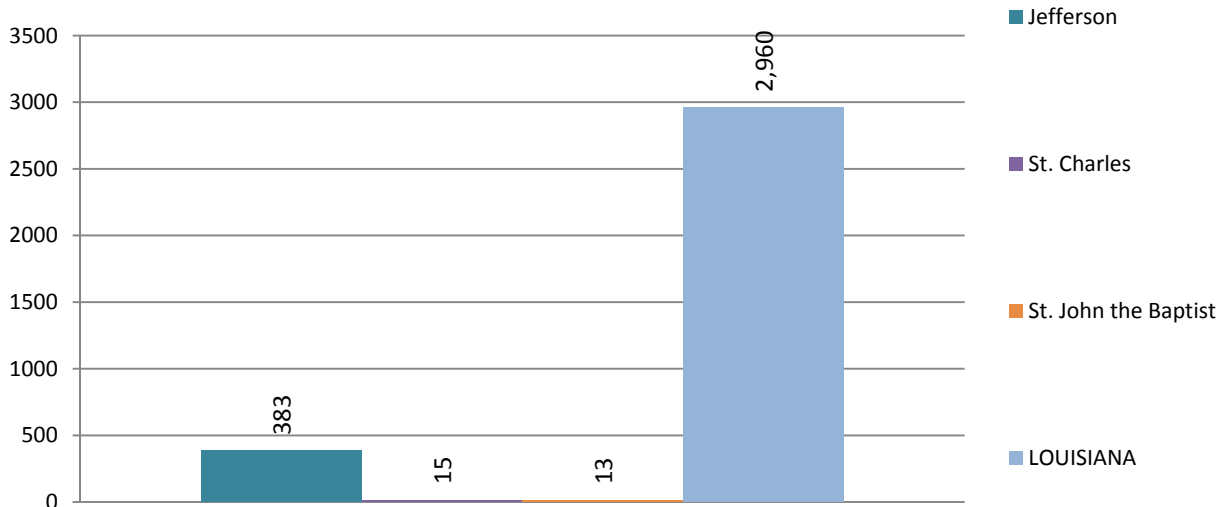


Clinical Care

Primary Care Physicians

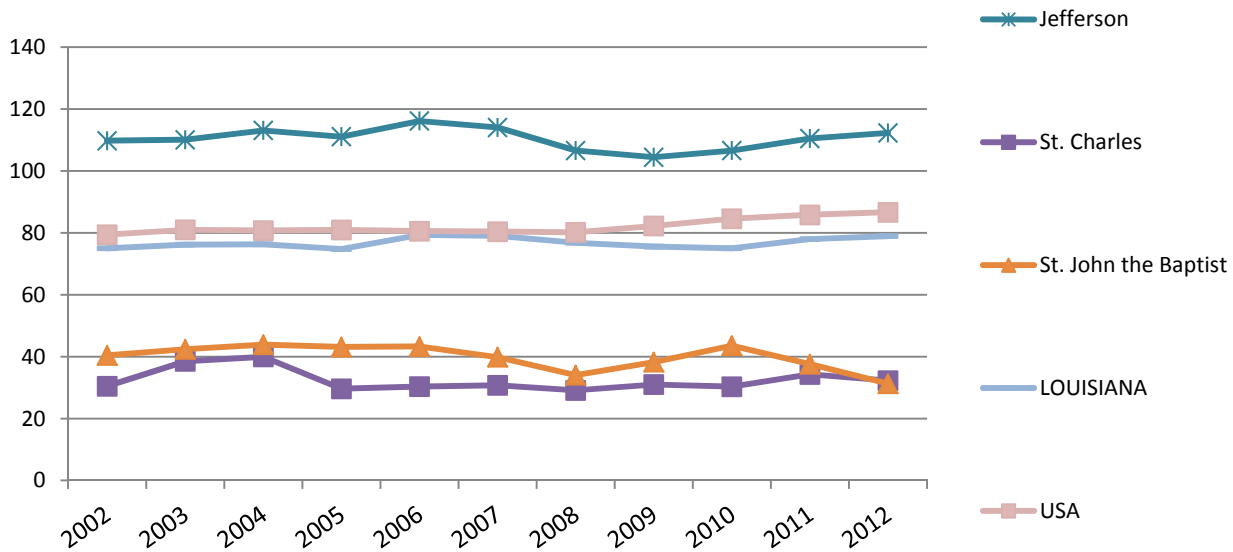
- Jefferson Parish reports the highest number of physicians across the study area parishes at 383.
- St. John the Baptist and St. Charles parishes report the fewest physicians with only 13 and 15 respectively.

Primary Care Physicians, 2012



- Jefferson Parish has the highest primary care physician (PCP) rate per 100,000 population at 112.3 in 2012.
- St. John the Baptist Parish reports the lowest rate of PCPs per 100,000 population at only 31.28 in 2012.

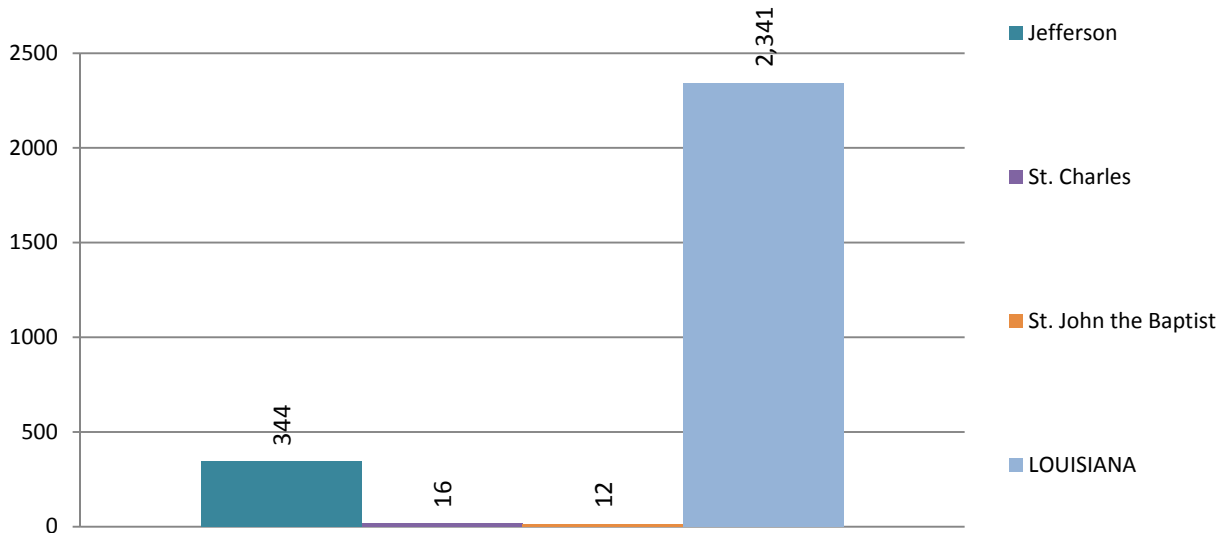
Primary Care Physicians, Rate per 100,000 population



Dentists

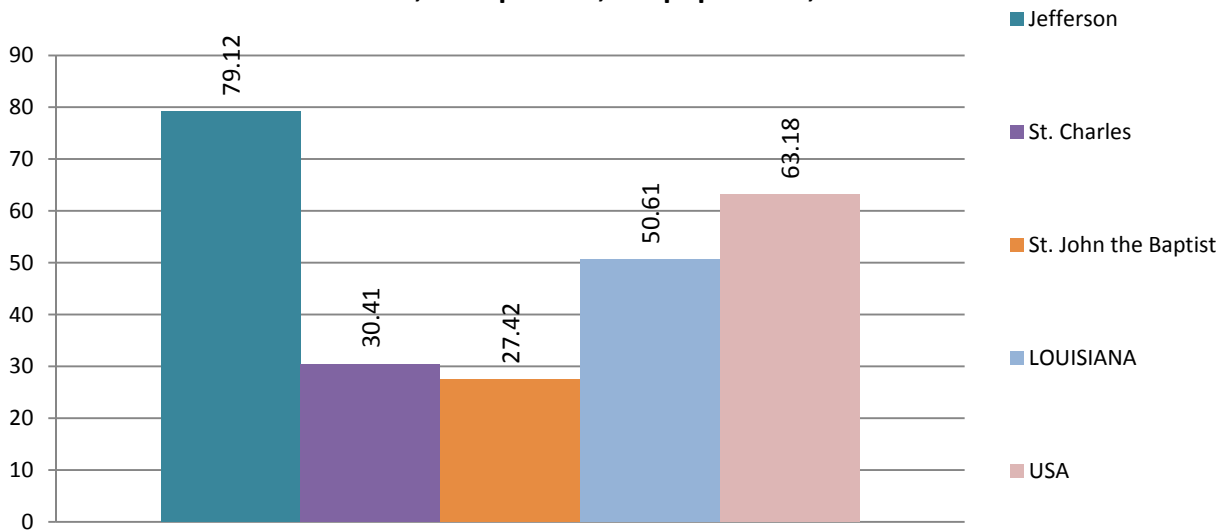
- Jefferson Parish reports the highest number of dentists across the study area parishes at 344.
- St. John the Baptist Parish reports the fewest dentists with only 12.

Dentists, 2013



- Jefferson Parish has the highest dentist rate per 100,000 population at 79.12 in 2013.
- St. John the Baptist Parish reports the lowest rate of dentists per 100,000 population for the study area at only 27.42 in 2013.

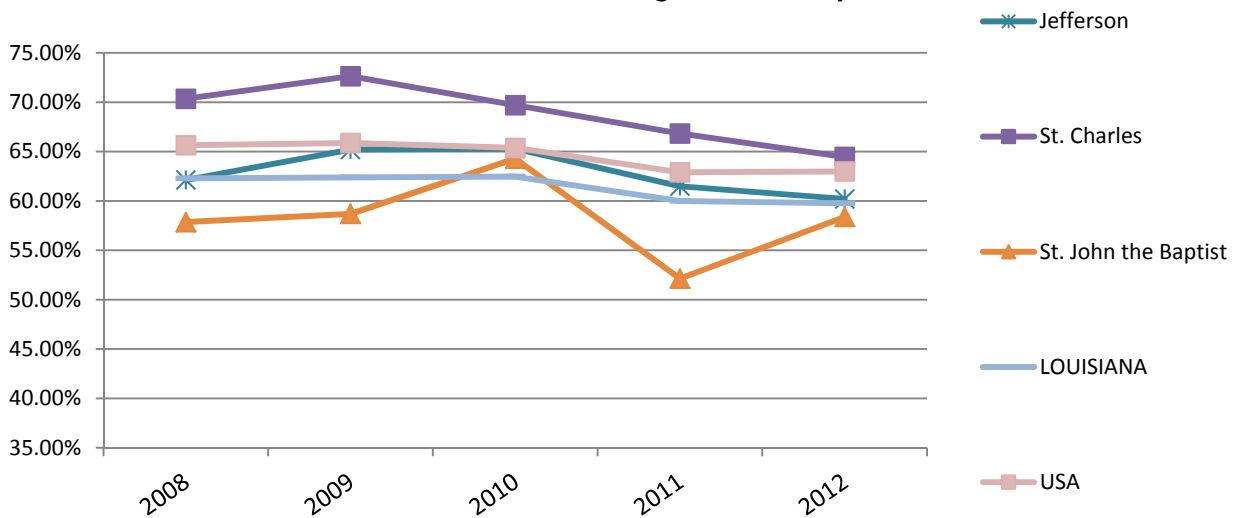
Dentists, Rate per 100,000 population, 2013



Mammogram – Medicare Enrollees

- Both St. Charles and Jefferson parishes in the study area have seen a decline in the rates of women with Medicare receiving a mammogram.
- St. John the Baptist has seen an incline since 2011, but still remains the lowest rate in the study area at 58.38% in 2012; this below state (59.76%) and national (62.98%) rates.

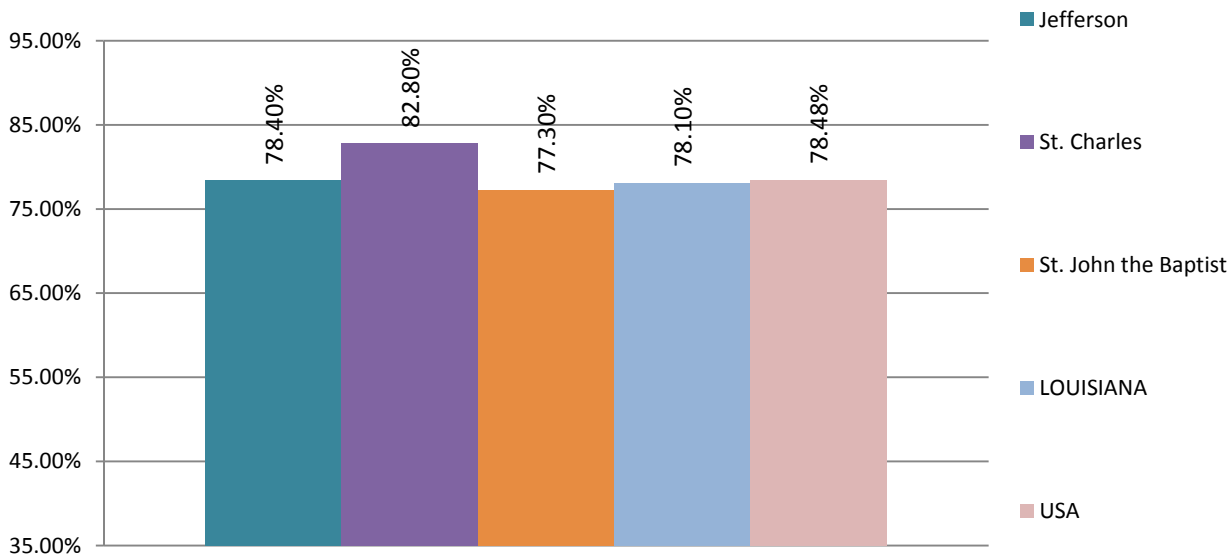
Female Medicare Enrollees with Mammogram in Past 2 years



Cancer Screening – Pap Test

- Louisiana reports 78.1% of their populations as having received a Pap Test; this rate is slightly lower than the national rate of 78.48%.
- St. Charles Parish reports the highest rate of female residents aged 18 and older receiving a Pap Test at 82.80%.

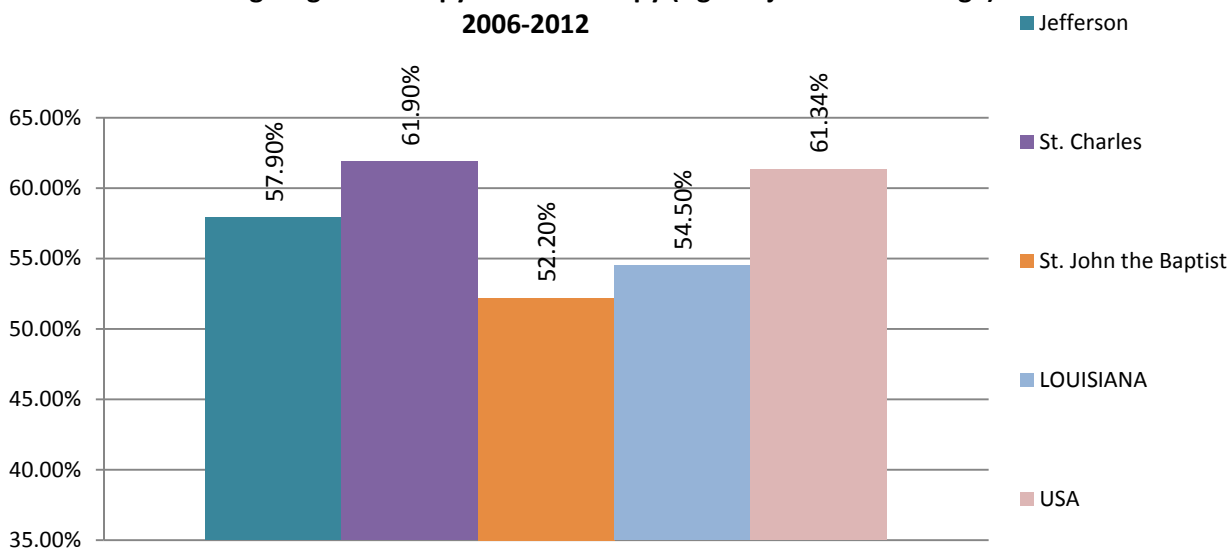
Cancer Screening - Pap Test (Age-Adjusted Percentage), 2006-2012



Cancer Screening – Sigmoidoscopy or Colonoscopy

- 61.34% of the national age-appropriate population (aged 50 and older) receives a sigmoidoscopy or colonoscopy; across the State of Louisiana only 54.5% receive this screening.
- St. John the Baptist Parish reports the lowest rate of residents receiving a sigmoidoscopy or colonoscopy at only 52.20%.

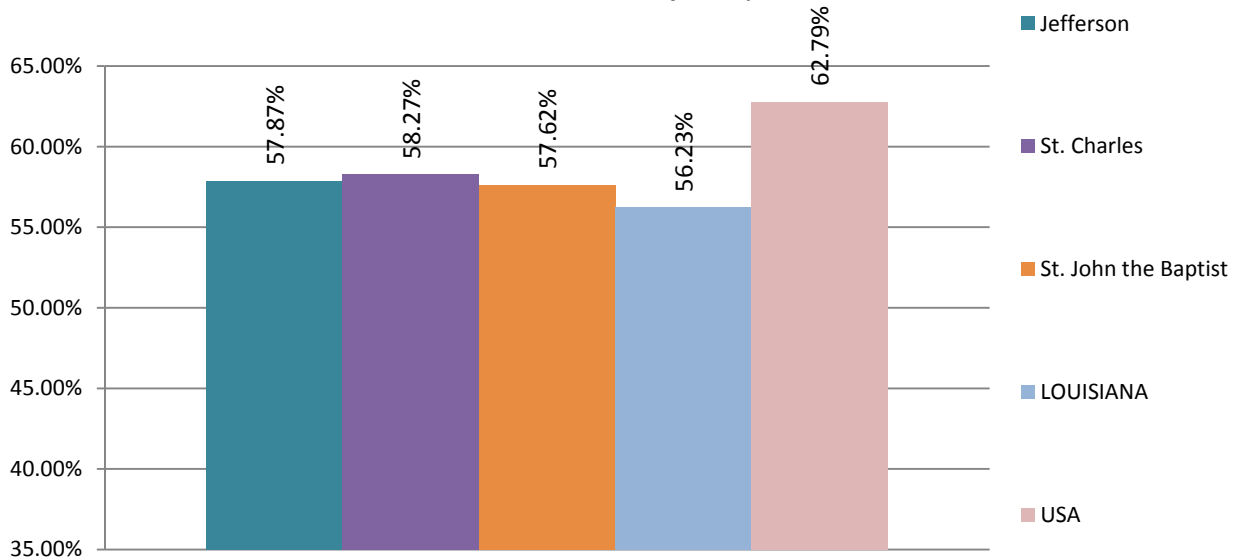
Cancer Screening - Sigmoidoscopy or Colonoscopy (Age-Adjusted Percentage) 2006-2012



HIV/AIDS

- The national rate of the population having never been tested for HIV/AIDS is 62.79%; in Louisiana 56.23% have never been tested.
- All the parishes in the study fall below the national rate.

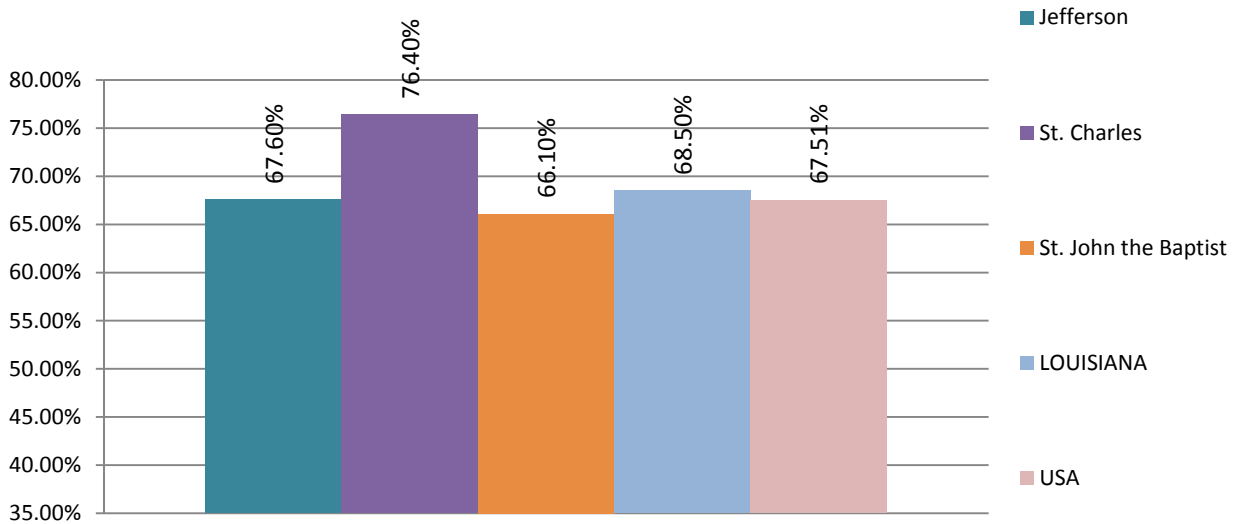
Percent Adults Never Screened for HIV/AIDS, 2011-2012



Pneumonia Vaccine

- St. Charles Parish reports the highest rate of residents receiving the pneumonia vaccination at 76.40%.
- St. John the Baptist Parish reports the lowest rate of residents receiving the pneumonia vaccination at 66.10%.

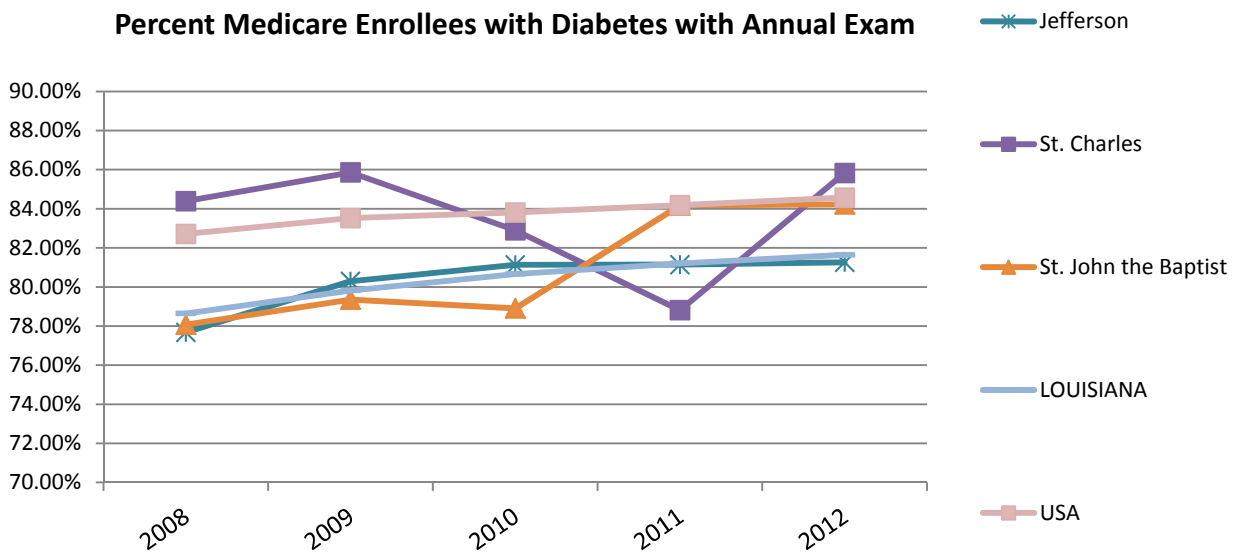
Pneumonia Vaccination (Age-Adjusted Percentage), 2006-2012



Diabetes Screening

- The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. Of the study area parishes, only St. Charles Parish (85.83%) was higher than the national rate.

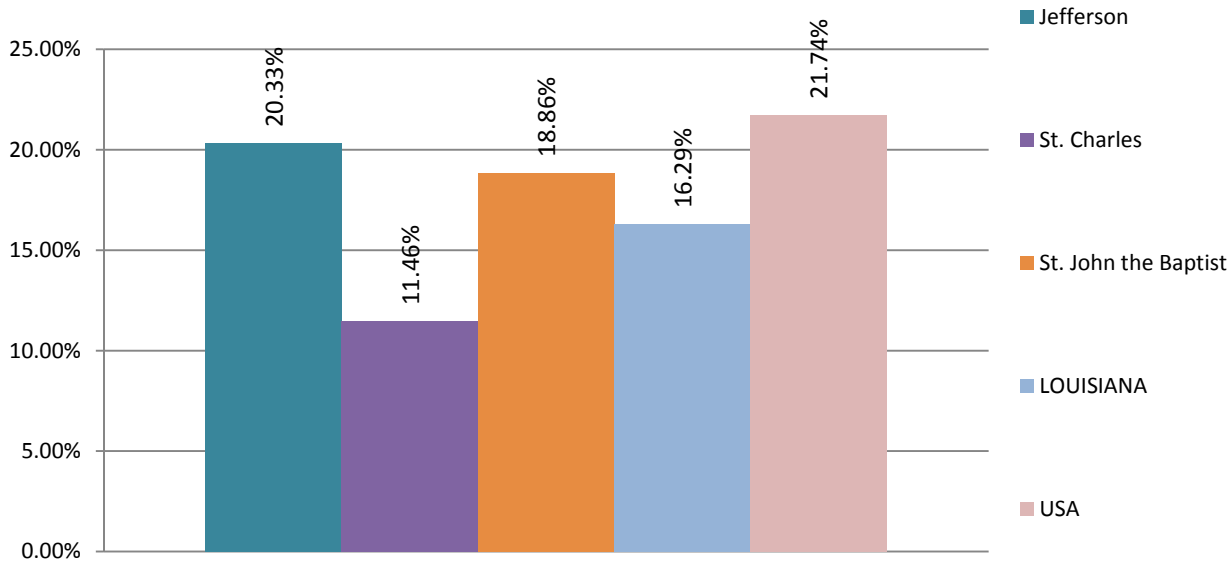
Diabetes Management - Hemoglobin A1c Test, Percent Medicare Enrollees with Diabetes with Annual Exam



High Blood Pressure

- All of the parishes in the study area report lower rates of adult residents with high blood pressure who are not taking their medication than the national average; the national rate being 21.74%.
- Jefferson Parish reports the highest rate of adult residents with high blood pressure not taking their medication for the study area at 20.33%.

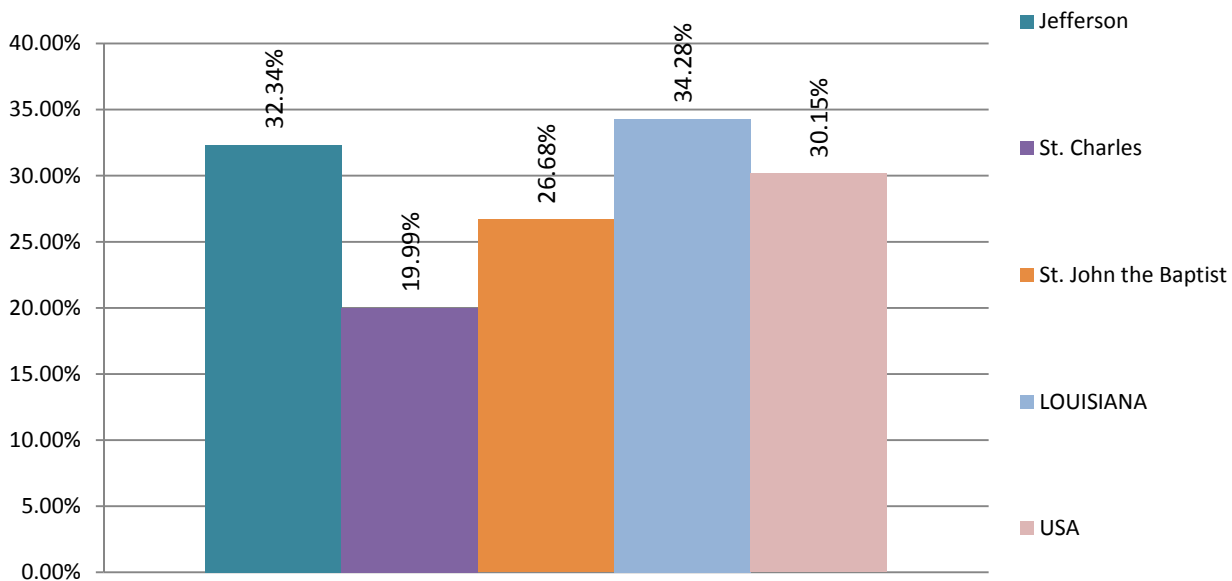
High Blood Pressure, Percent Adults Not Taking Medication, 2006-2010



Dental Exam

- Jefferson Parish reports the highest rate for the study area for adults with no dental exam at 32.34%; the national rate is 30.15%.

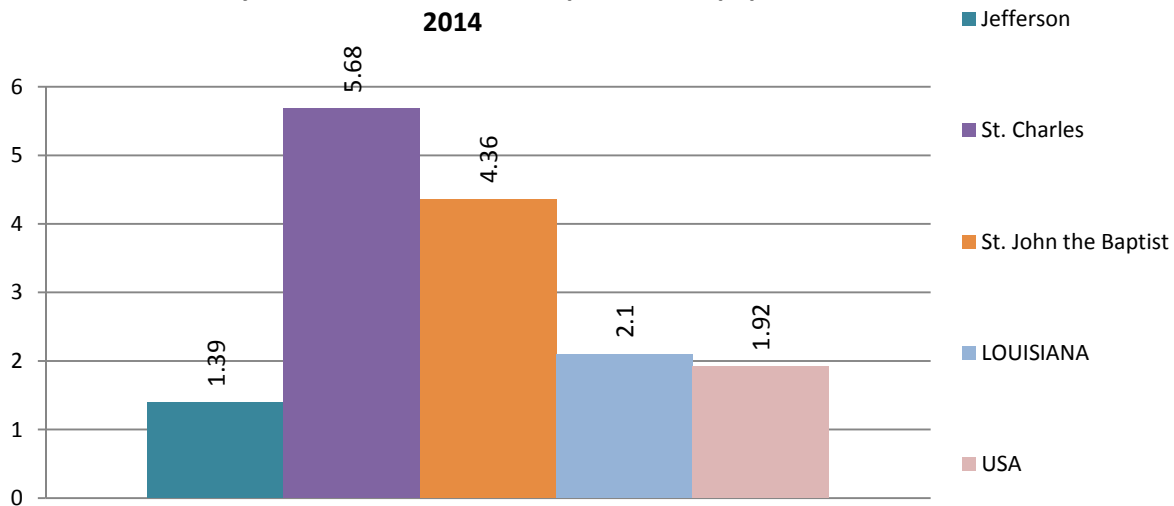
Percent Adults with No Dental Exam, 2006-2010



Federally Qualified Health Centers (FQHCs)

- Both St. Charles and St. John the Baptist parishes report the highest for the study area at 5.68 and 4.36 respectively; this is significantly above the state (2.1) and national (1.92) rates.
- Jefferson Parish reports the lowest for the study area at 1.39 FQHCs per 100,000 population; this is below the state and national rates.

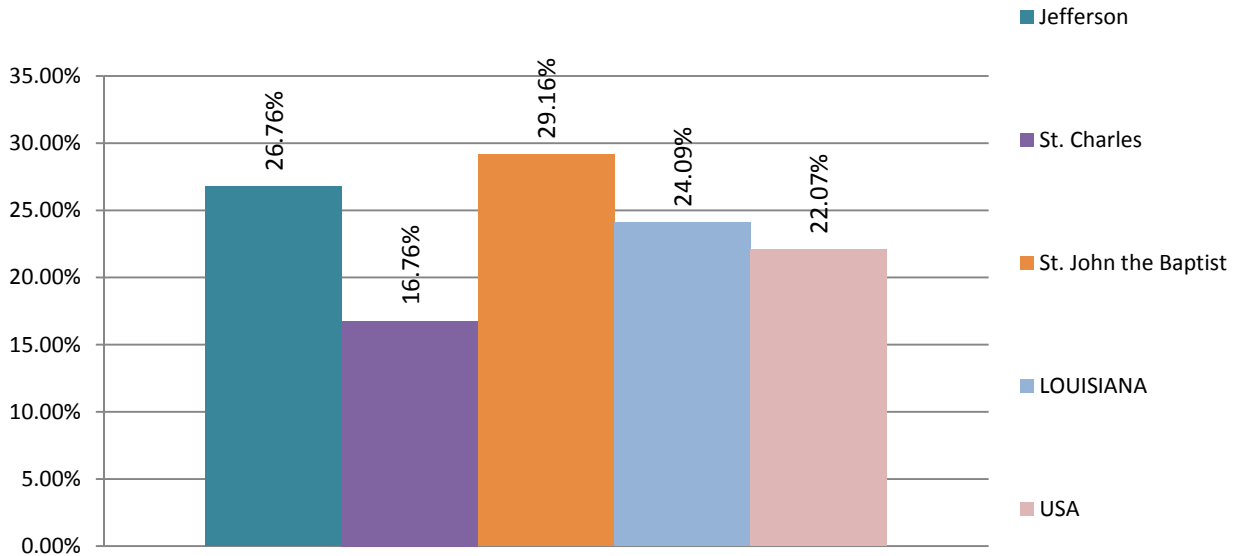
**Rate of Federally Qualified Health Centers per 100,000 population,
2014**



Regular Doctor

- Across the country, 22.07% of residents report not having a regular doctor (77.93% have a regular doctor); in Louisiana the rate is 24.09.
- St. John the Baptist Parish reports the highest rate of residents who do not have a regular doctor at 29.16%.

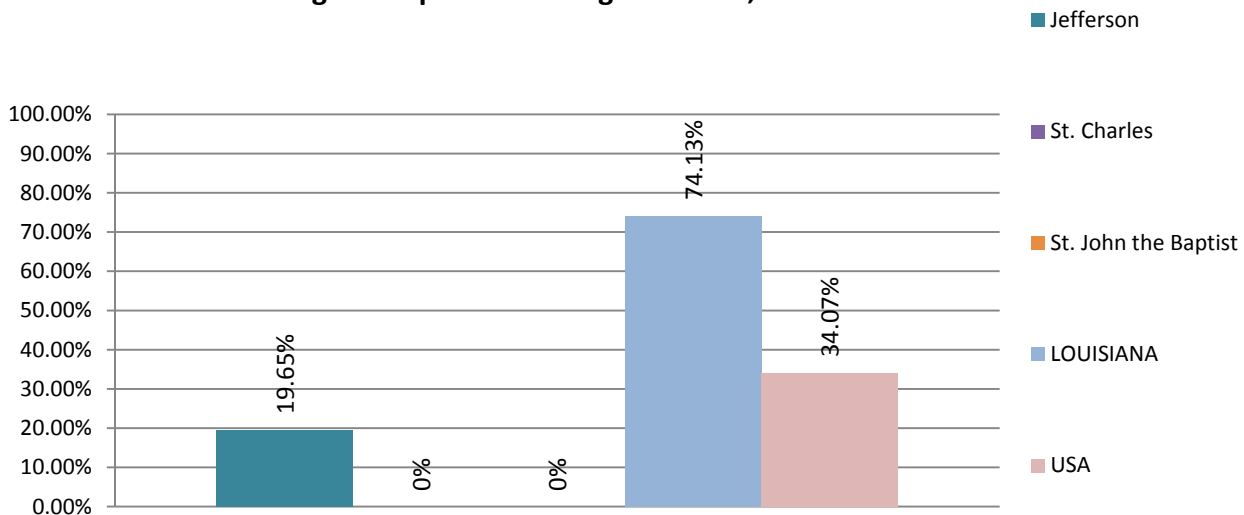
Percent Adults Without Any Regular Doctor, 2011-2012



Population Living in an HPSA (Health Professional Shortage Area)

- Only Jefferson Parish reports a percentage of population living in a HPSA at 19.65%.
- St. Charles and St. John the Baptist parishes reported at 0%.

Percentage of Population Living in a HPSA, March 2015

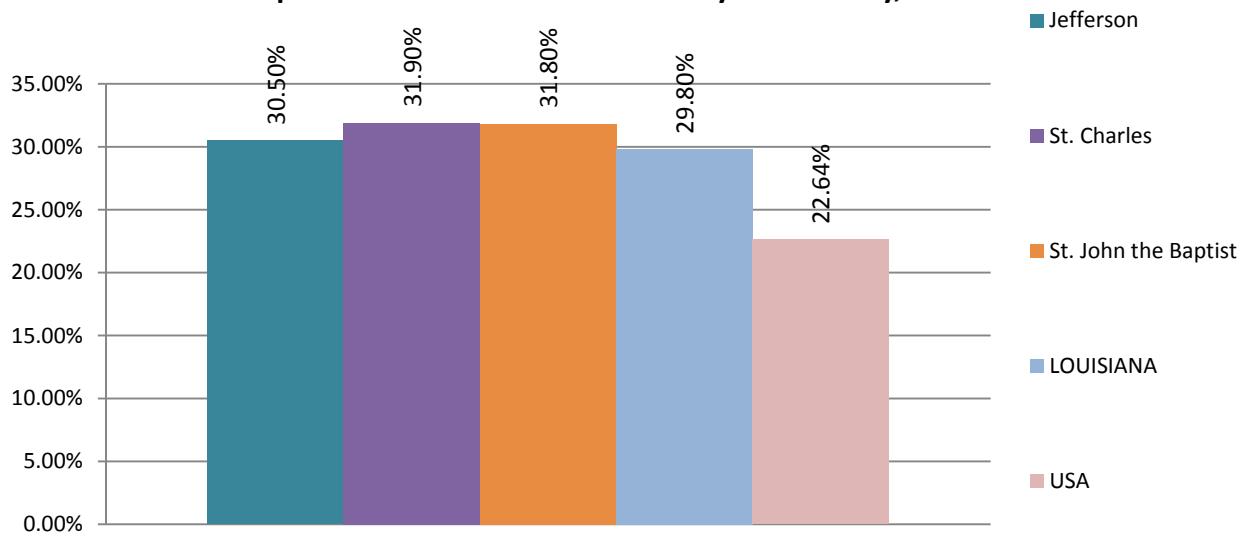


Health Behaviors

Leisure Time Physical Activity

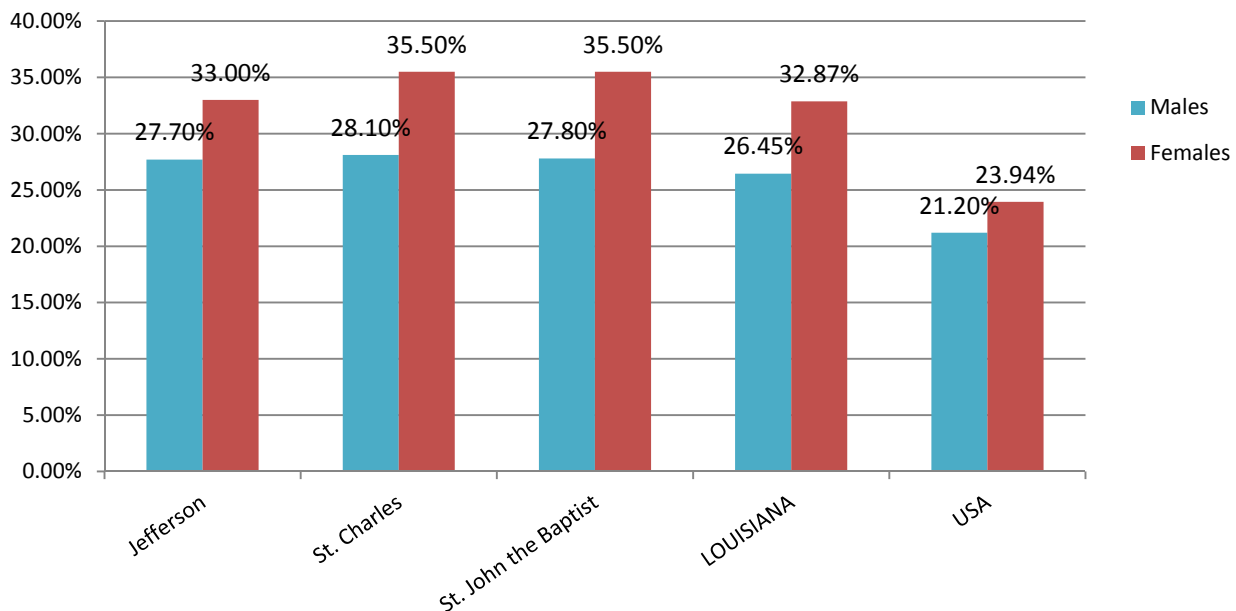
- All of the parishes/counties of the study area report higher rates than the national norms for population who do not partake in leisure time physical activity.

Percent Population with No Leisure Time Physical Activity, 2012



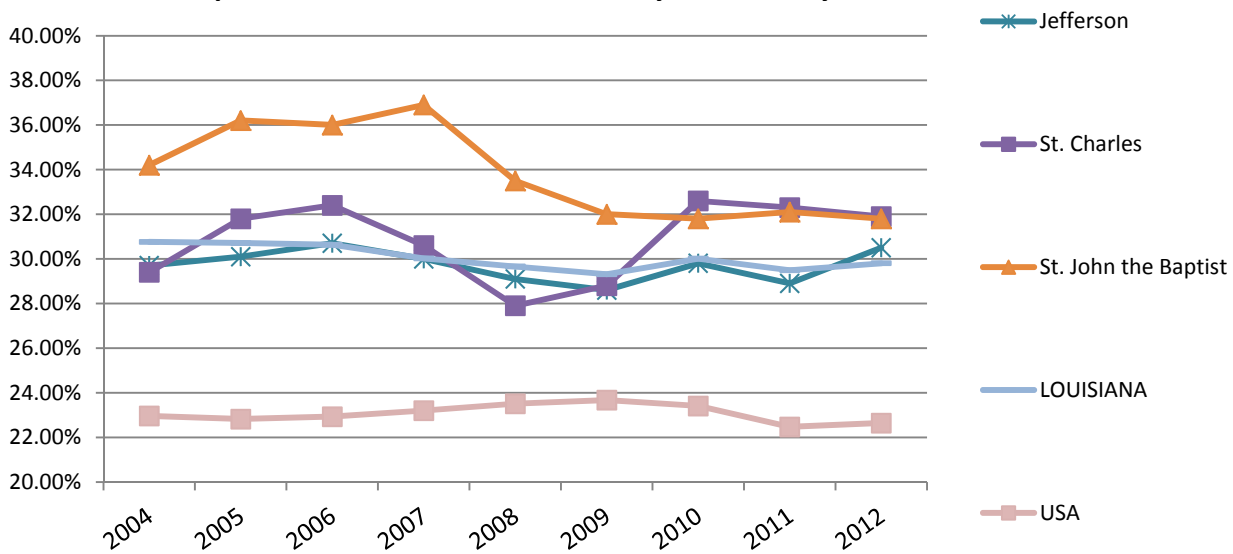
- Men consistently report lower rates of not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.

Percent Population with No Leisure Time Physical Activity - Gender, 2012



- St. Charles and St. John the Baptist parishes hold the highest rates of population not partaking in leisure time physical activity for the study area. All the parishes are above the state and national rates for 2012.

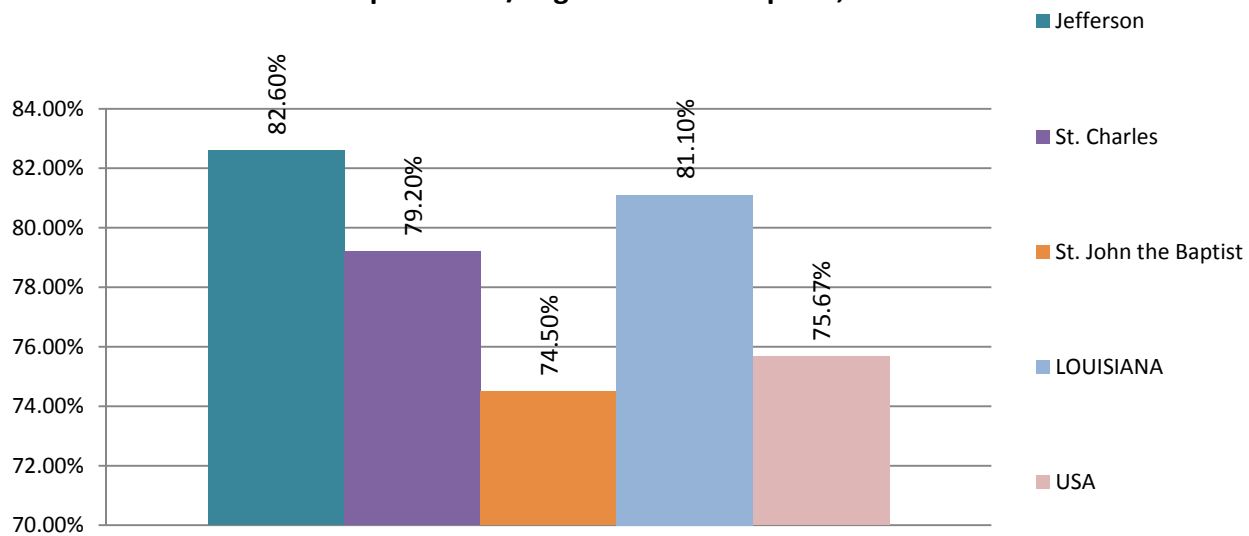
Percent Population with No Leisure Time Physical Activity - Time



Fruit/Vegetable Consumption

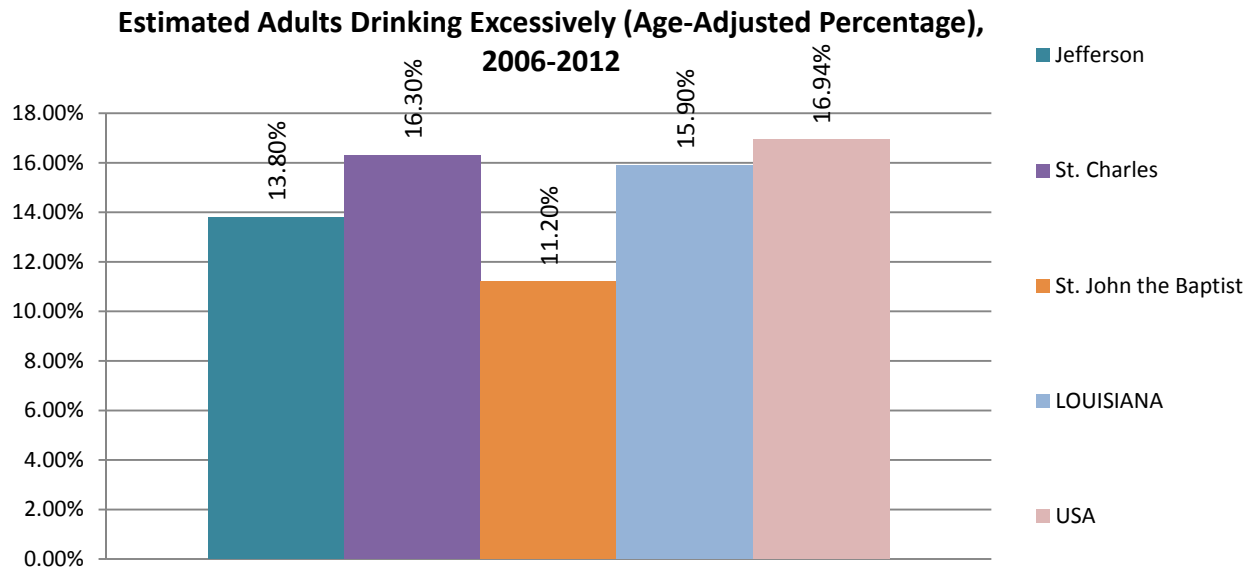
- All but one (St. John the Baptist) of the parishes in the study area report higher rates than the national rate (75.6%) for adults not eating enough fruits and vegetables.

Percent Adults with Inadequate Fruit/Vegetable Consumption, 2005-2009



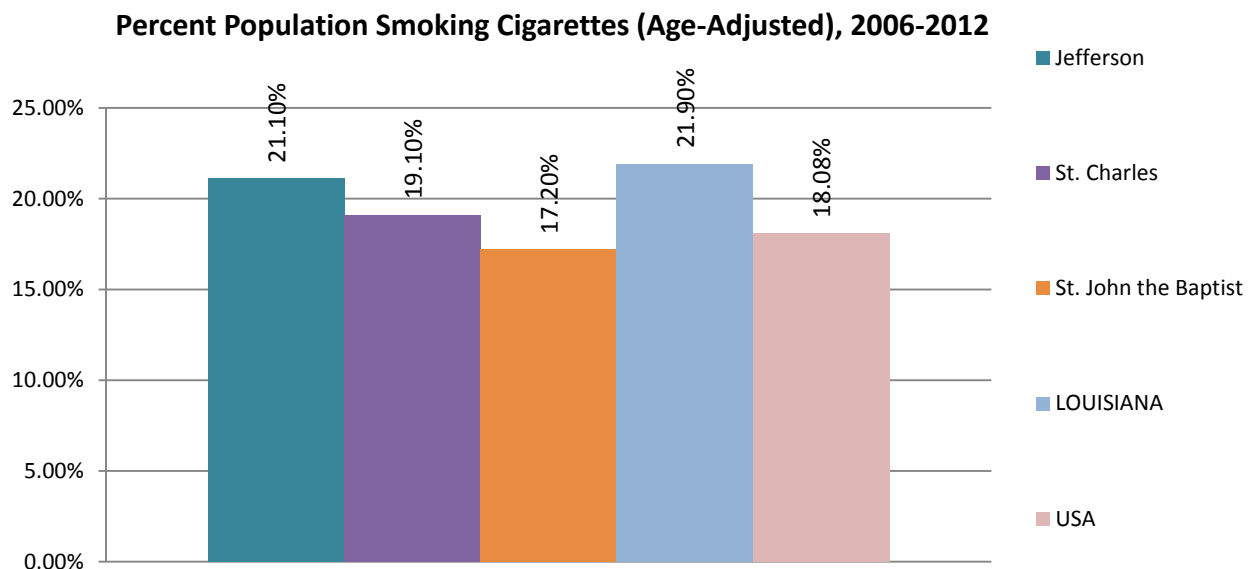
Excessive Drinking

- The national rate of adults drinking excessively is 16.94%; two of the 3 parishes in the study area report higher rates of adults drinking excessively.
- St. Charles Parish reports the highest rate, for the study area, of adults drinking excessively at 16.30%.



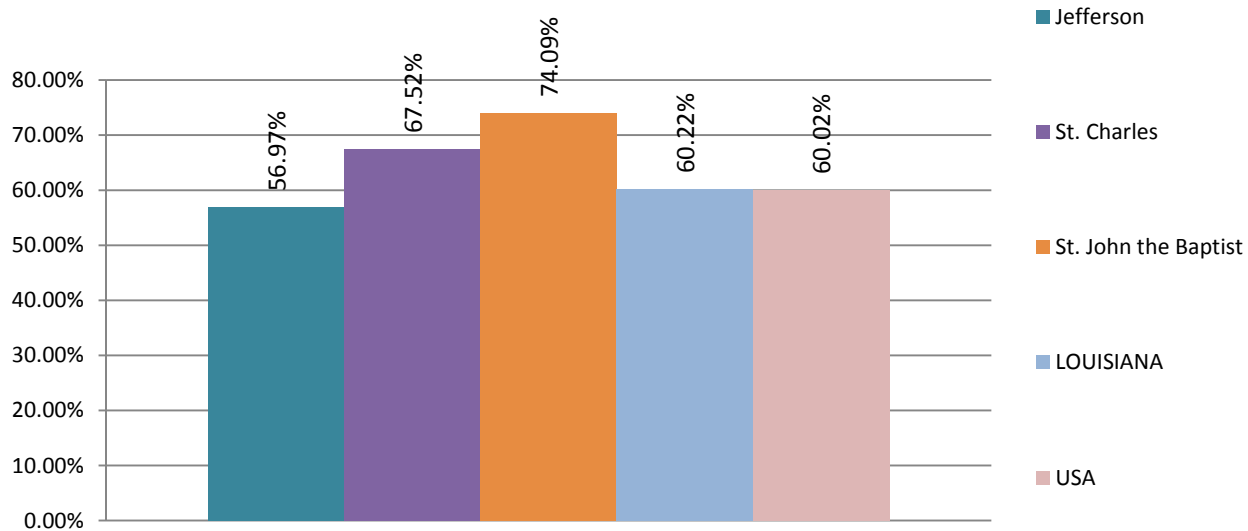
Smoking

- Jefferson Parish reports the highest rate of adults smoking cigarettes across the study area with 21.10% of the population smoking. The State of Louisiana reports a higher rate of smoking (21.9%) than the nation (18.08%).



- St. John the Baptist Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 74.09%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.

Percent Smokers with Quit Attempts in Past 12 Months, 2011-2012

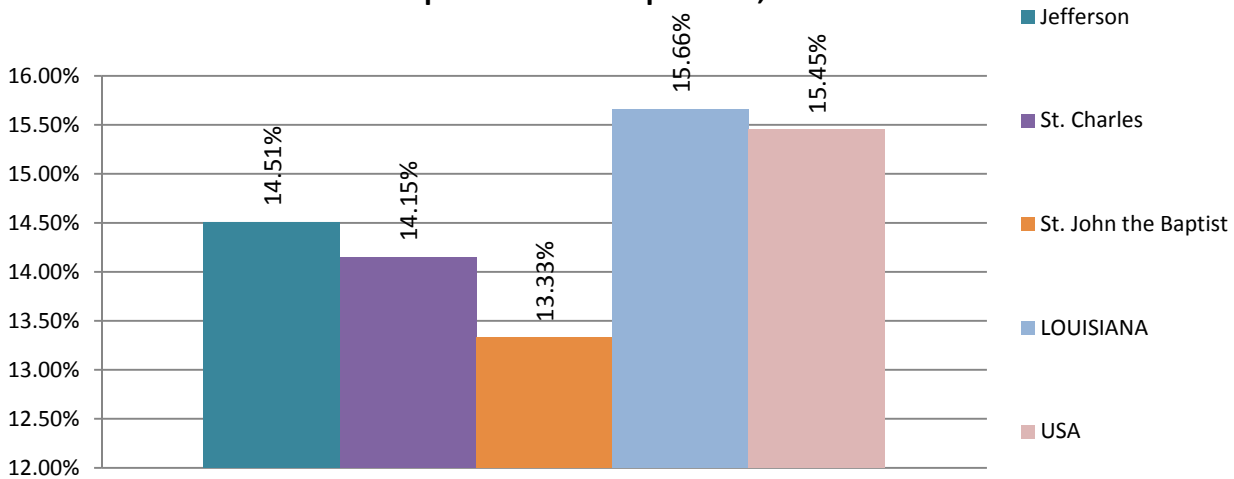


Health Outcomes

Depression

- The State of Louisiana reports a higher rate of residents with depression (15.66%) than the country (15.45%).
- All of the parishes in the study area report a lower rate of depression than the state and national rate.
- St. John the Baptist Parish reports the lowest rate of residents with depression within the study area at 13.33%.

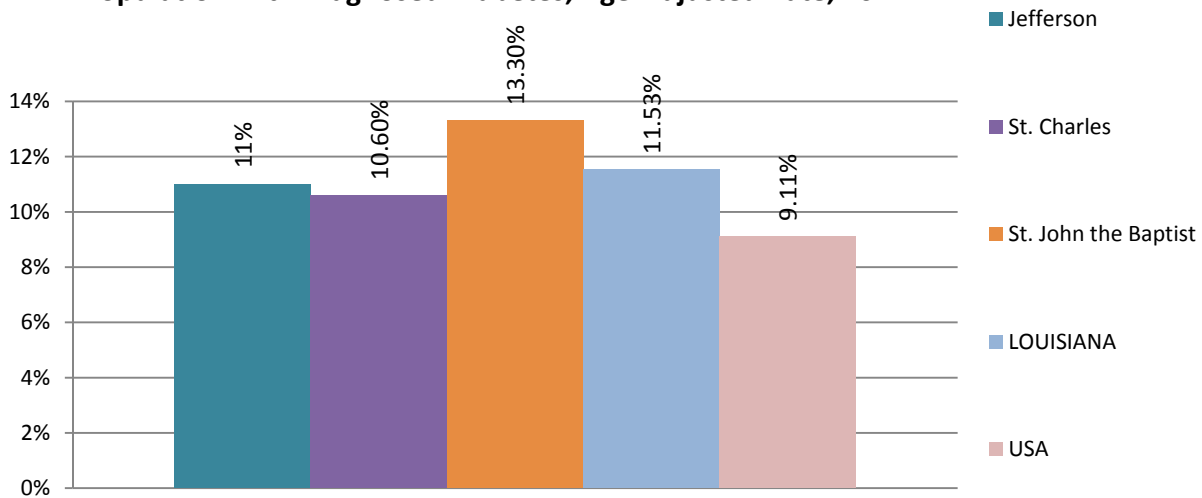
Percent Population with Depression, 2012



Diagnosed Diabetes

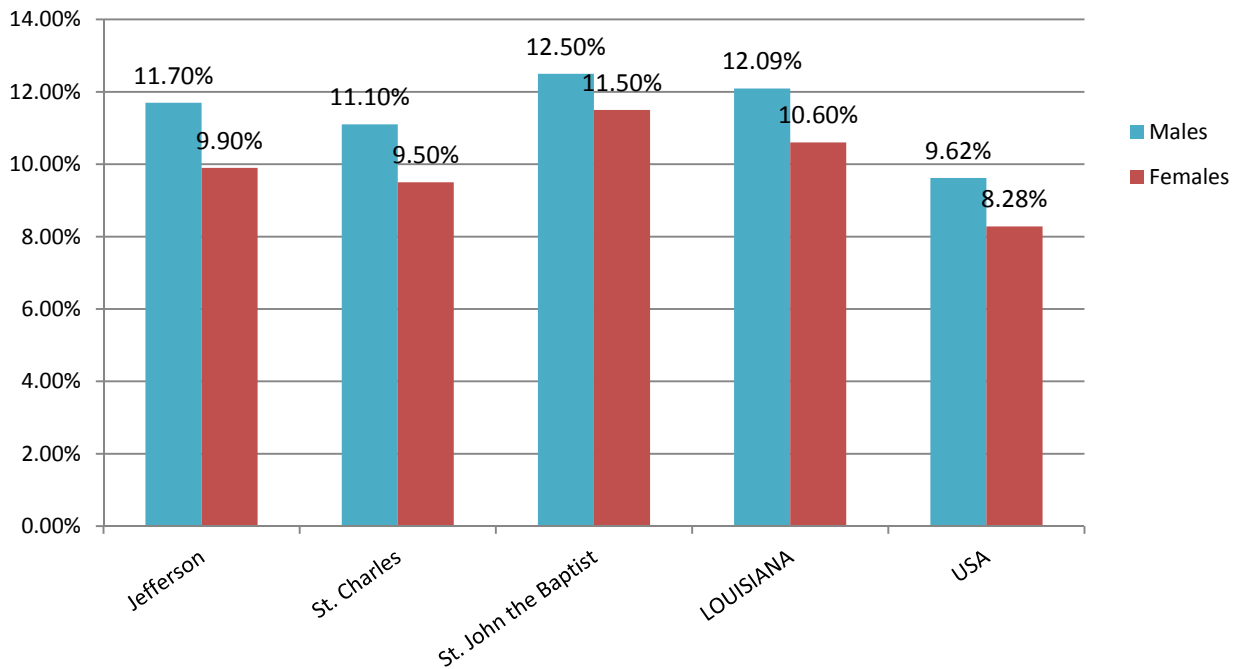
- St. John the Baptist Parish reports the highest rate of residents with diagnosed diabetes (13.30%).
- All of the study area parishes as well as the overall state rates for Louisiana are higher than national rates for population being diagnosed with diabetes.

Population with Diagnosed Diabetes, Age-Adjusted Rate, 2012



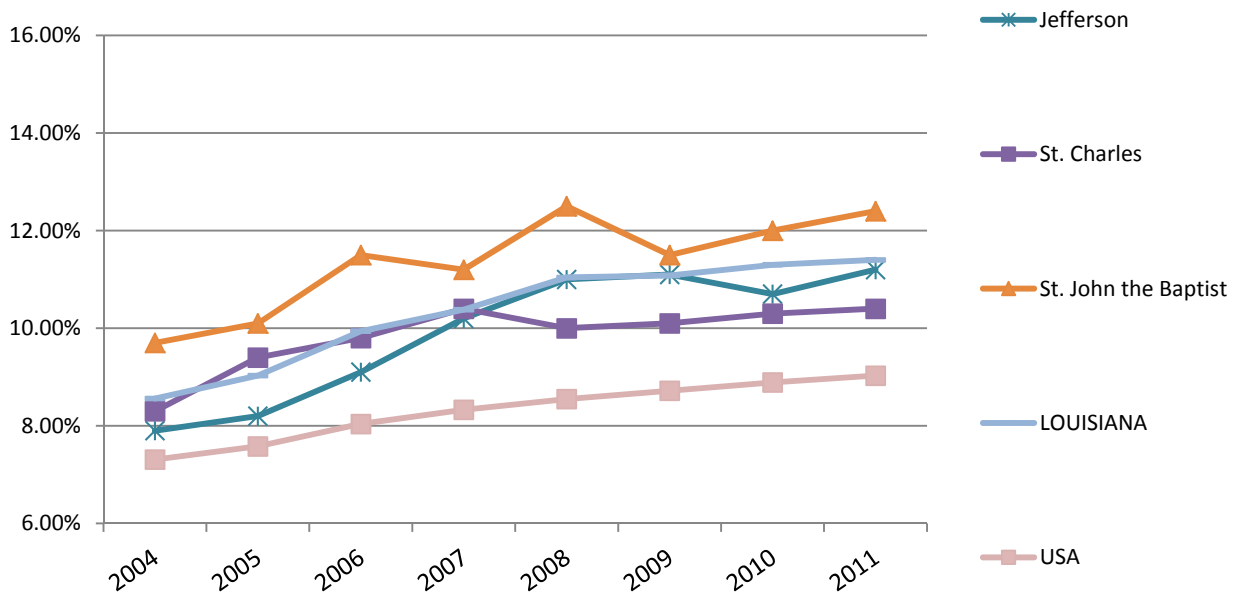
- Men have higher rates of being diagnosed with diabetes than women for the study area
- 12.50% of the St. John the Baptist Parish male population reports being diagnosed with diabetes.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Gender, 2012



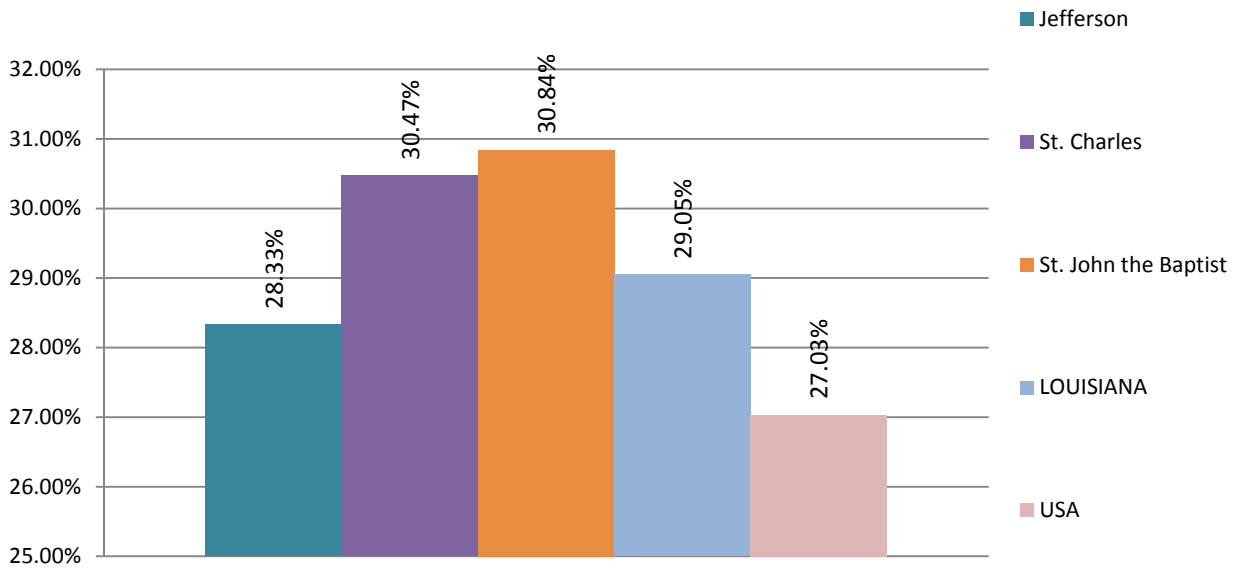
- The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for the study area parishes.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Time



- Looking specifically at the Medicare population, St. John the Baptist Parish reports the highest rate of diagnosed diabetes at 30.84%; the national rate being 27.03%.

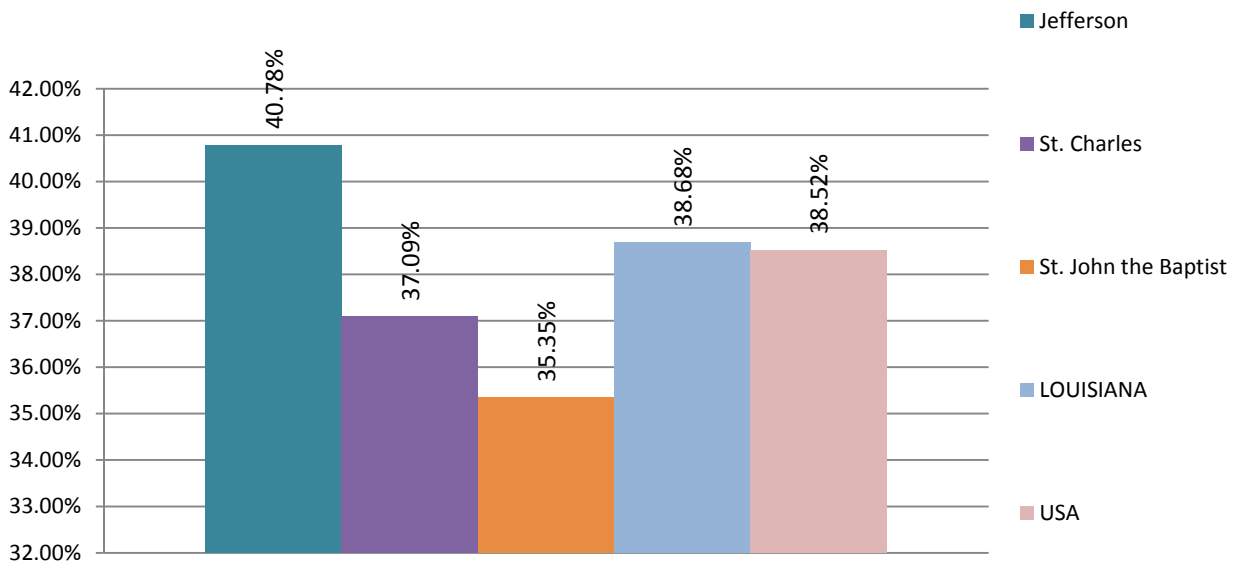
Percent Adults with Diabetes (Medicare Population), 2012



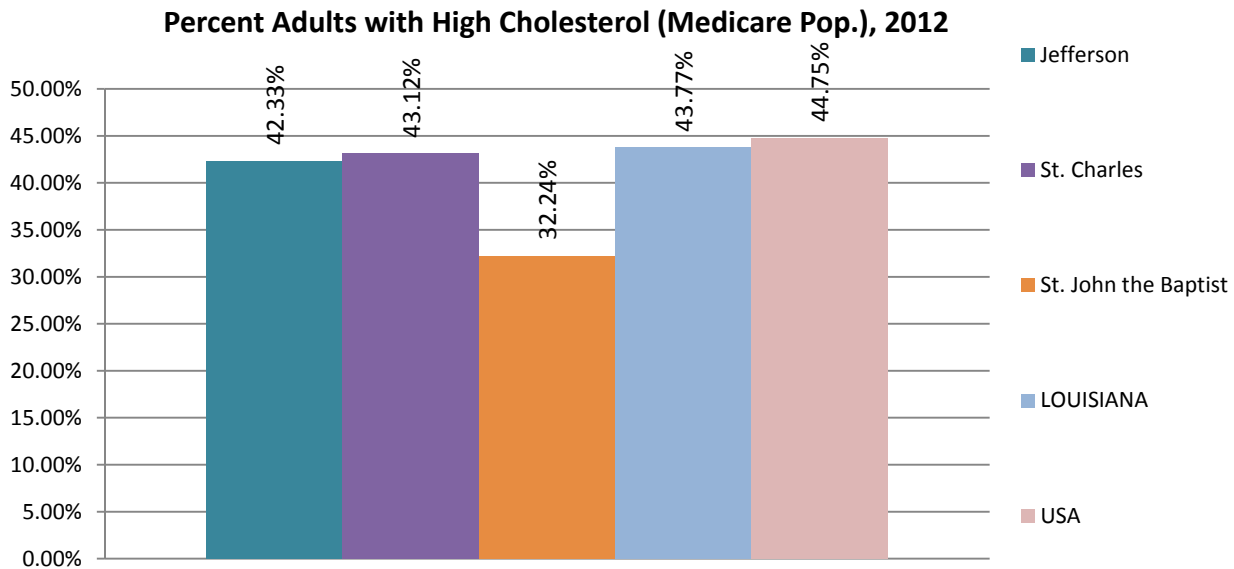
High Cholesterol

- Jefferson Parish reports the highest rate for the study area of residents with high cholesterol at 54.39%; this is higher than both state and national norms.
- St. John the Baptist reports the lowest at 35.35%.

Percent Adults with High Cholesterol, 2011-2012

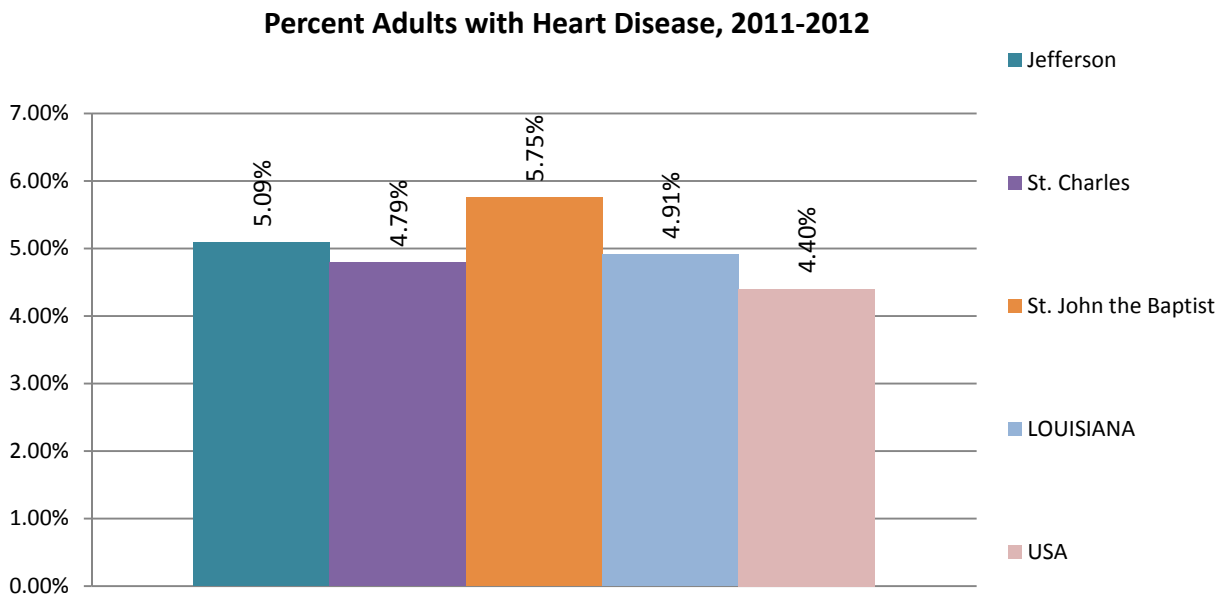


- Looking specifically at the Medicare population, St. John the Baptist Parish reports the lowest rate of residents with high cholesterol at 32.24%; the national rate being 44.75%.



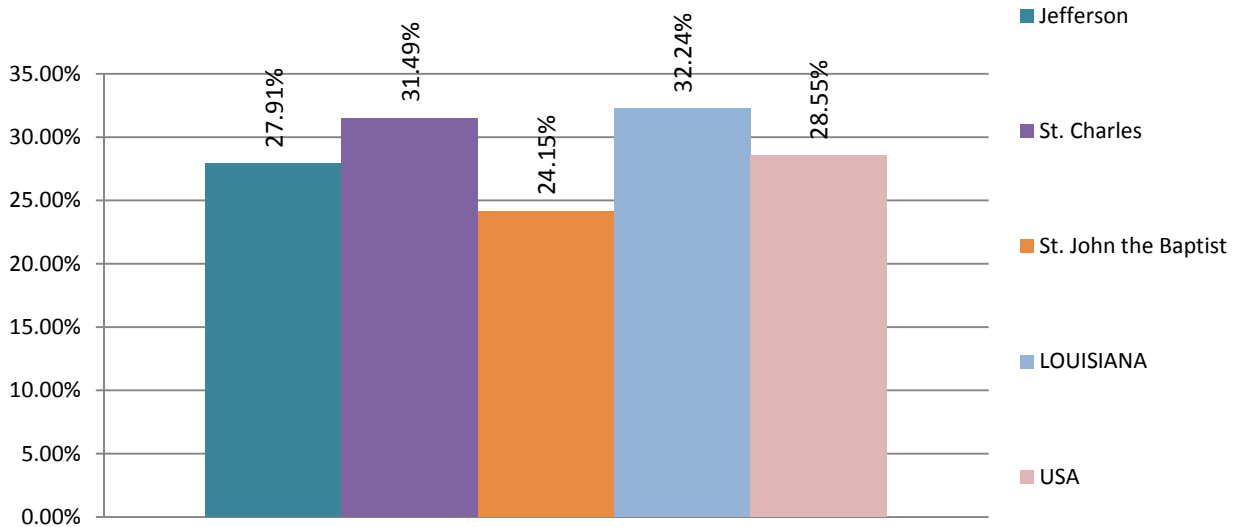
Heart Disease

- St. John the Baptist Parish reports the highest rate of residents who have heart disease (5.75%); this rate is higher than the national rate of 4.40%.



- Looking specifically at the Medicare population, St. John the Baptist Parish also reports the lowest rate of residents with heart disease at 24.15% (differing from being the highest parish for the total population); the national rate being 28.55%.

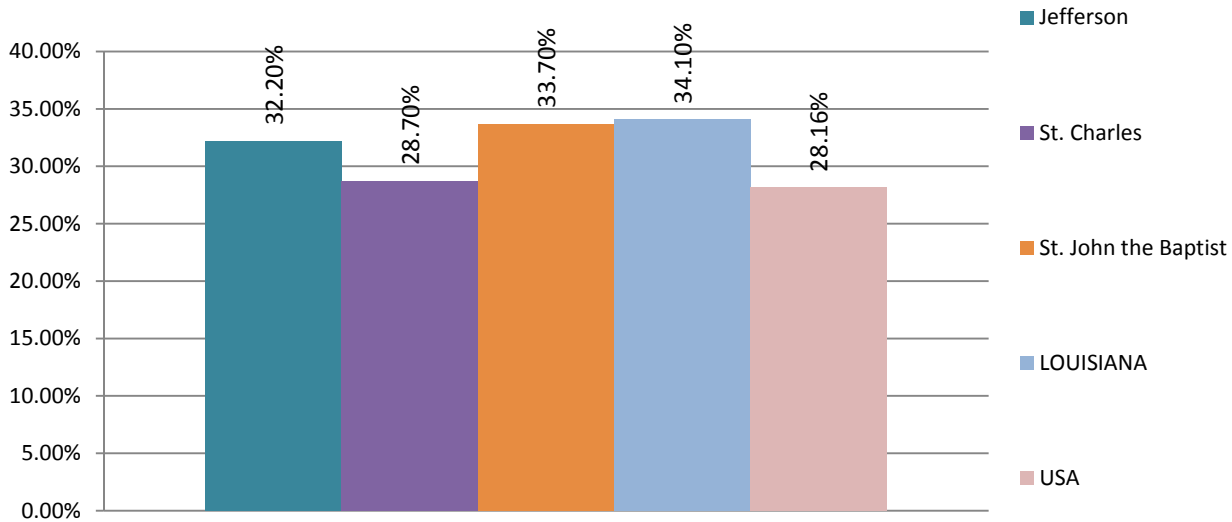
Percent Adults with Heart Disease (Medicare Pop.), 2012



High Blood Pressure

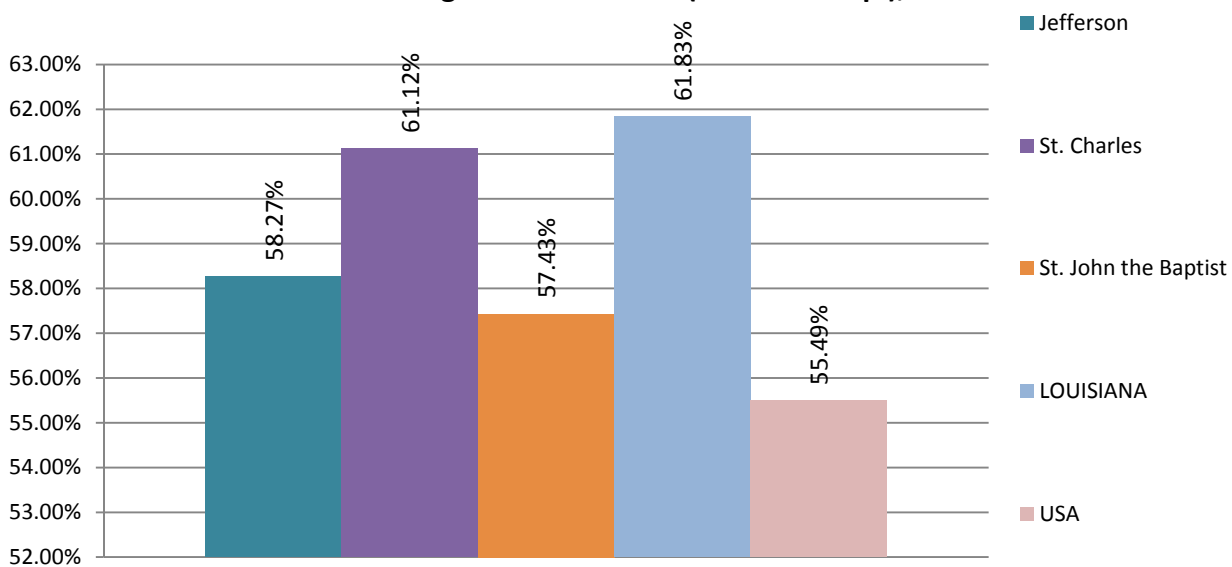
- All of the study area parishes report above the national rate of 28.16% for adults with high blood pressure
- St. Charles Parish is the lowest for the study area at 28.70%.

Percent Adults with High Blood Pressure, 2006-2012



- Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with high blood pressure at 61.12%; the national rate being 55.49%.

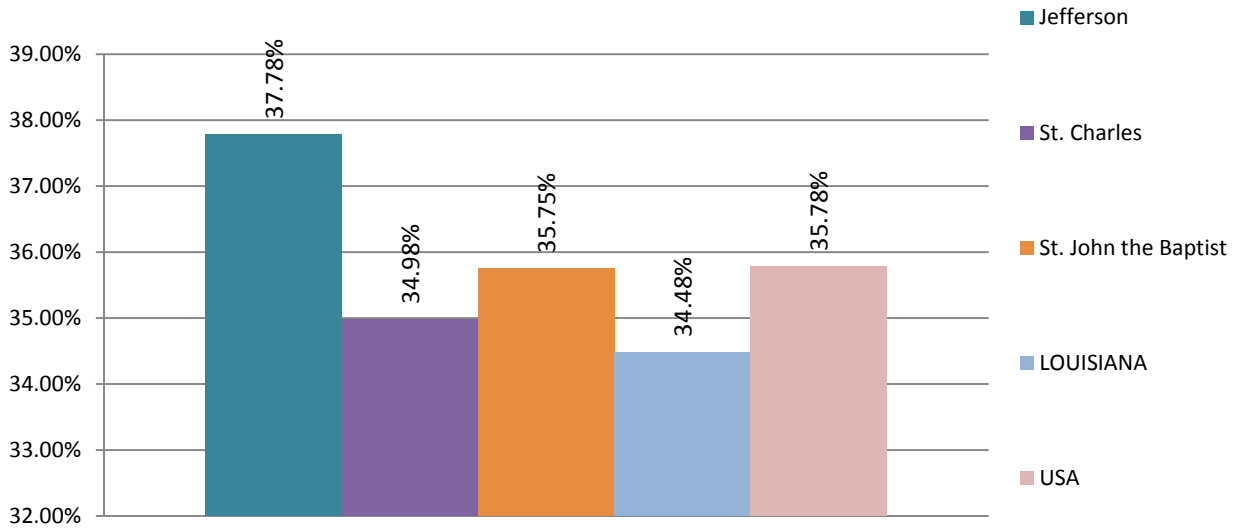
Percent Adults with High Blood Pressure (Medicare Pop.), 2012



Overweight and Obese

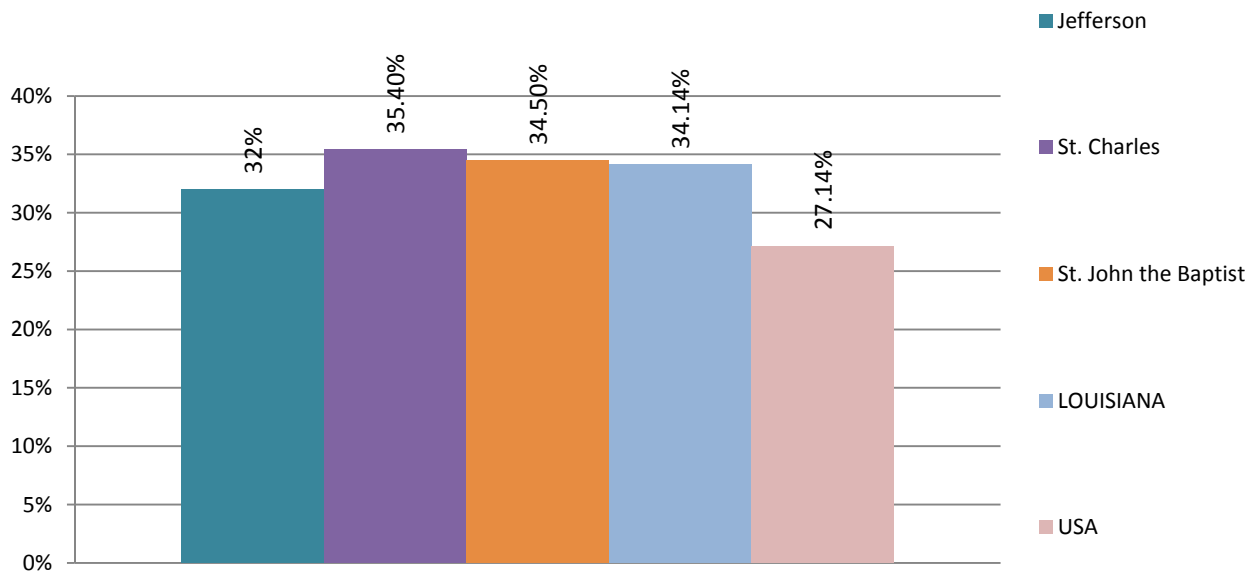
- Jefferson Parish reports the highest rate of residents who are overweight (37.78%); this rate is higher than the national rate of 35.78%.

Percent Adults Overweight, 2011-2012



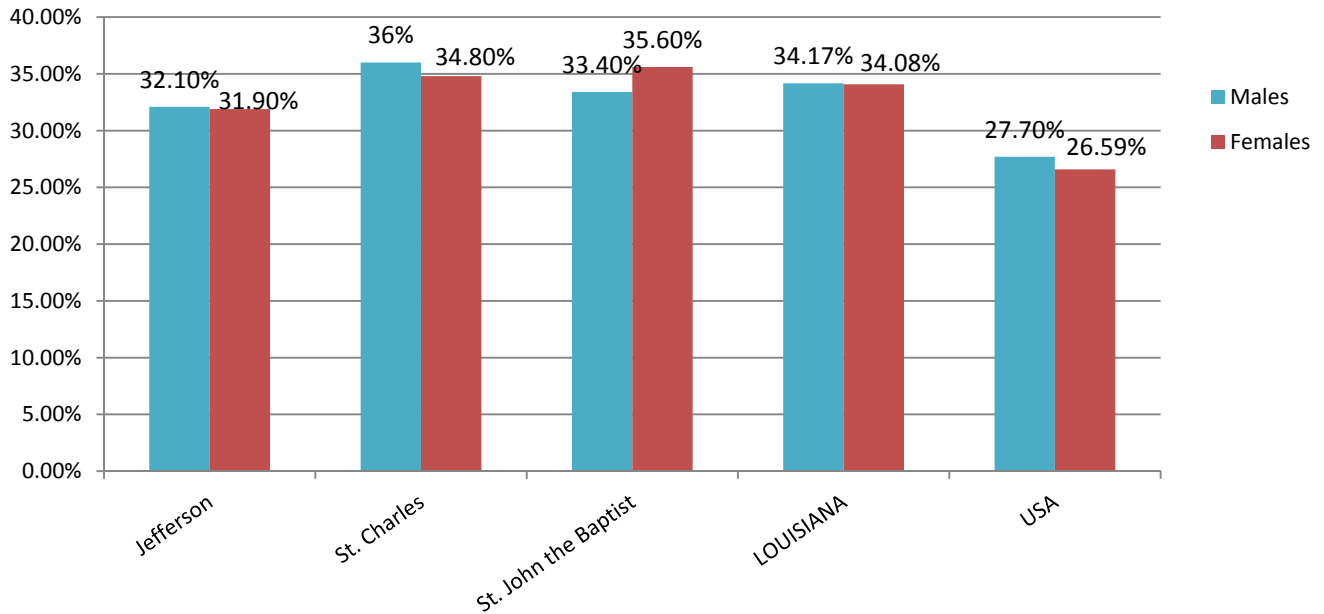
- All of the study area parishes, as well as the State of Louisiana, report higher obesity than the nation; the national rate is 27.14%.

Percent Adults with BMI > 30.0 (Obese), 2012



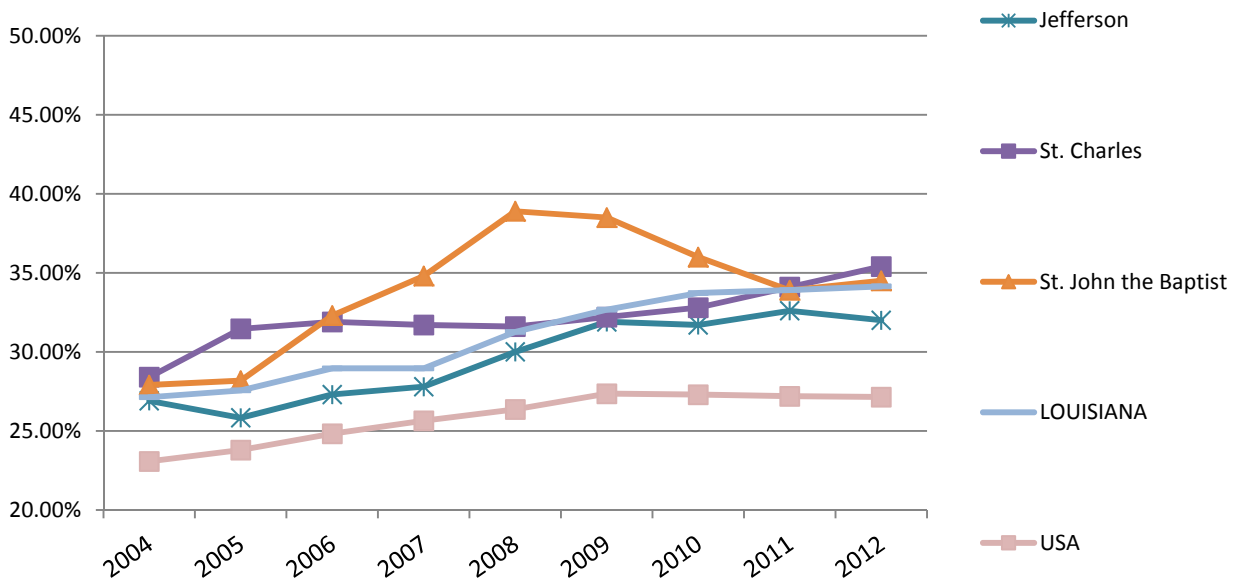
- There are not significant differences in males and females in terms of obesity; for the study area, some parishes see women having higher rates of obesity, for other parishes, men are more likely to be obese.
- On a national level, men are more likely to be obese than women (27.7% vs. 26.59%).

Percent Adults with BMI > 30.0 (Obese) - Gender, 2012



- The rates of obesity in the study area and nationally have seen steady rises over the years. Jefferson Parish is the lowest in the study area and closest to the U.S. rates for obesity and has seen a slight decline in the rates of obese residents from 2011 to 2012.

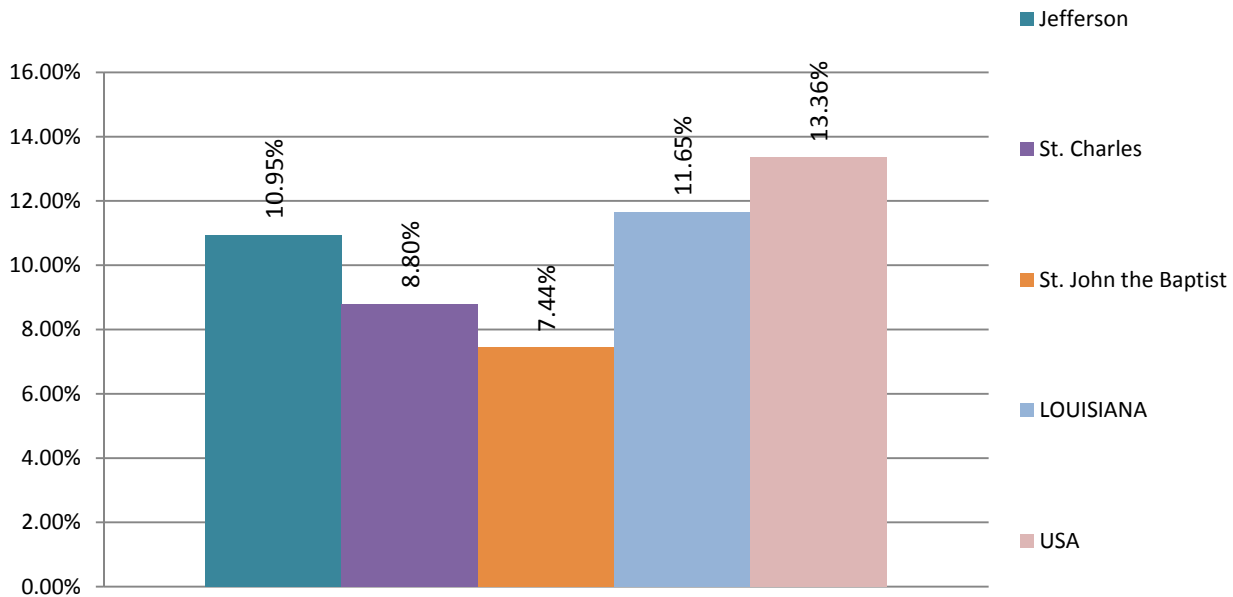
Percent Adults with BMI > 30.0 (Obese) - Time



Asthma

- Jefferson Parish reports the highest rate of adults with asthma for the study area at 10.95%; this is lower than the national rate of 13.36%.

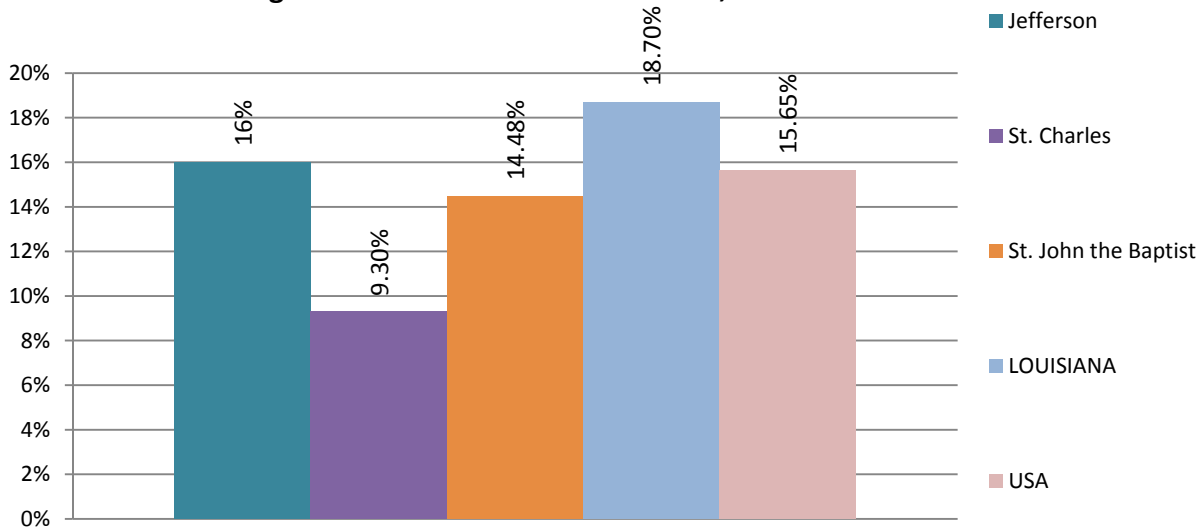
Percent Adults with Asthma, 2011-2012



Dental Health

- Jefferson Parish reports the highest rate of adults with poor dental health for the study area at 16%; this is higher than the national rate of 15.65%.
- St. Charles reports the lowest rate of residents with poor dental health at 9.30%.

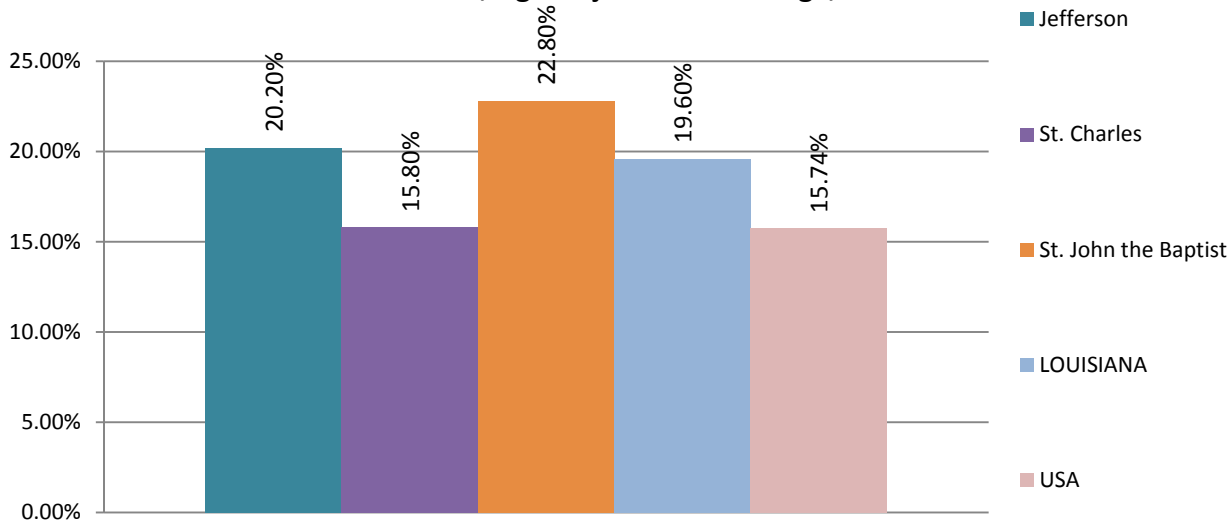
Percentage Adults with Poor Dental Health, 2006-2010



Poor Health

- All three of the study area parishes report higher rates of poor general health than the national rate of 15.74%.
- St. Charles Parish reports the lowest rates of poor general health at 15.80%.

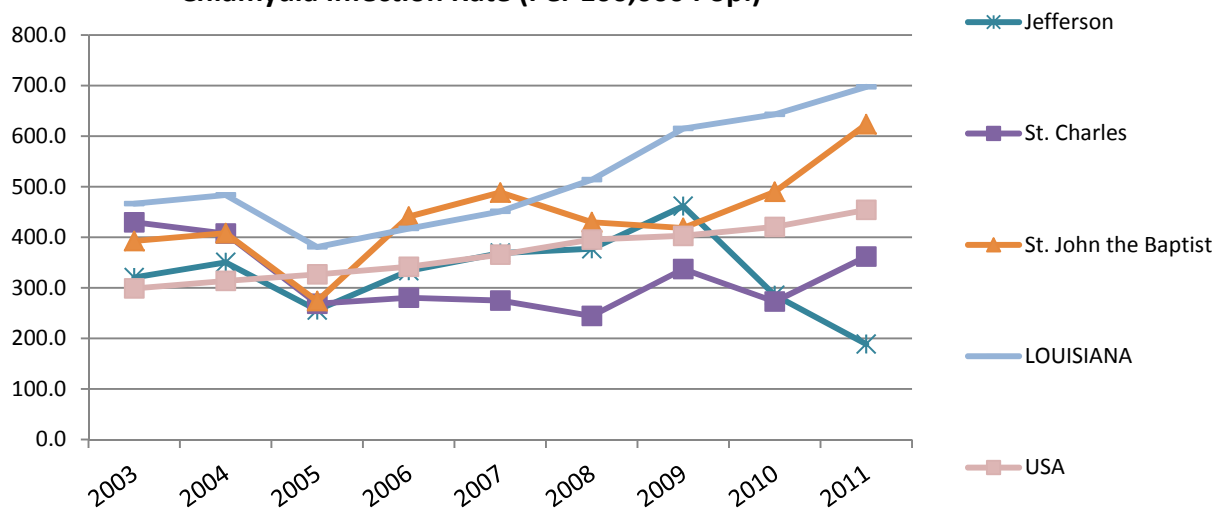
Poor General Health, Age-Adjusted Percentage, 2006-2012



Chlamydia Infection

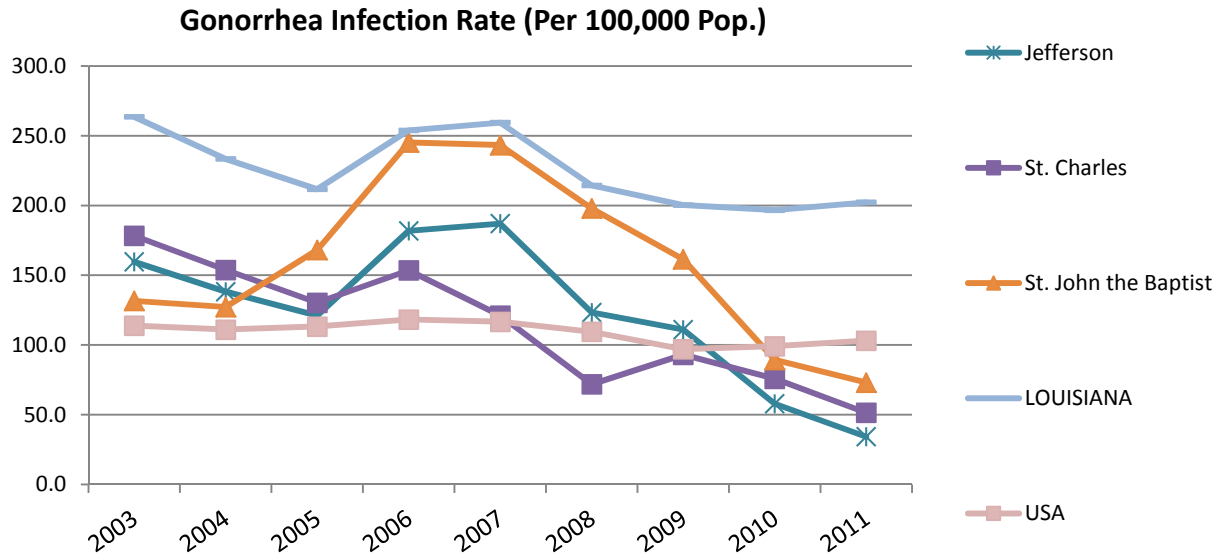
- Jefferson Parish reports the lowest rate of chlamydia infection than all of the other study area parishes, the state, and country at 188.6 per 100,000 population in 2011. The parish has seen a steady decline since 2009. The national chlamydia rate is 454.1 per 100,000 population.
- St. John the Baptist reports the highest for the study area at 623.6 per 100,000 population in 2011. In contrast to Jefferson Parish, St. John the Baptist Parish has been experiencing a slight rate increase since 2009.

Chlamydia Infection Rate (Per 100,000 Pop.)



Gonorrhea Infection

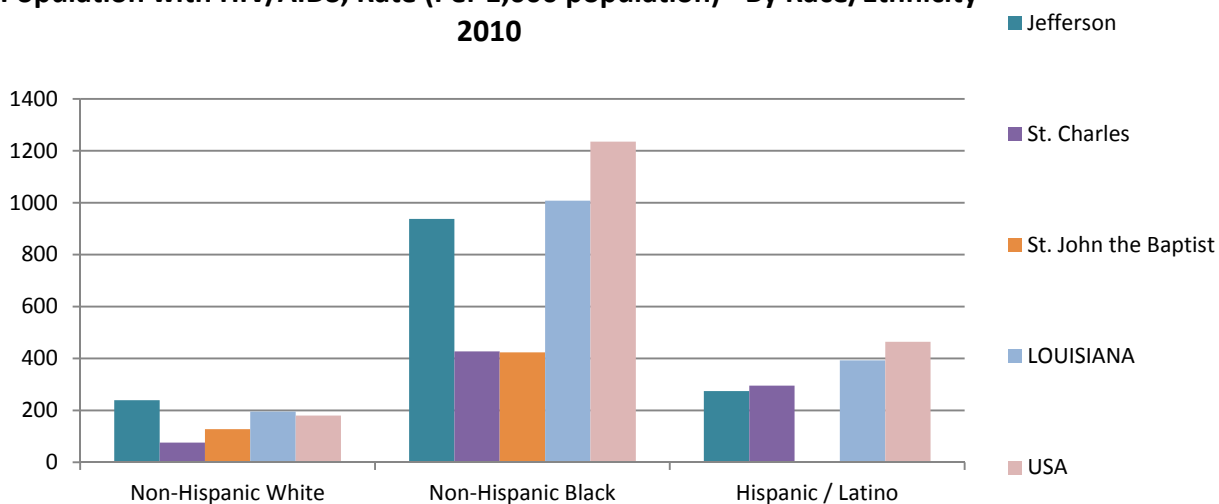
- Similar to chlamydia infection, St. John the Baptist Parish reports a higher rate (73.0) of gonorrhea infection than all of the other study area parishes, but falls lower than the state and national rates. The national chlamydia rate is 103.09 per 100,000 population.



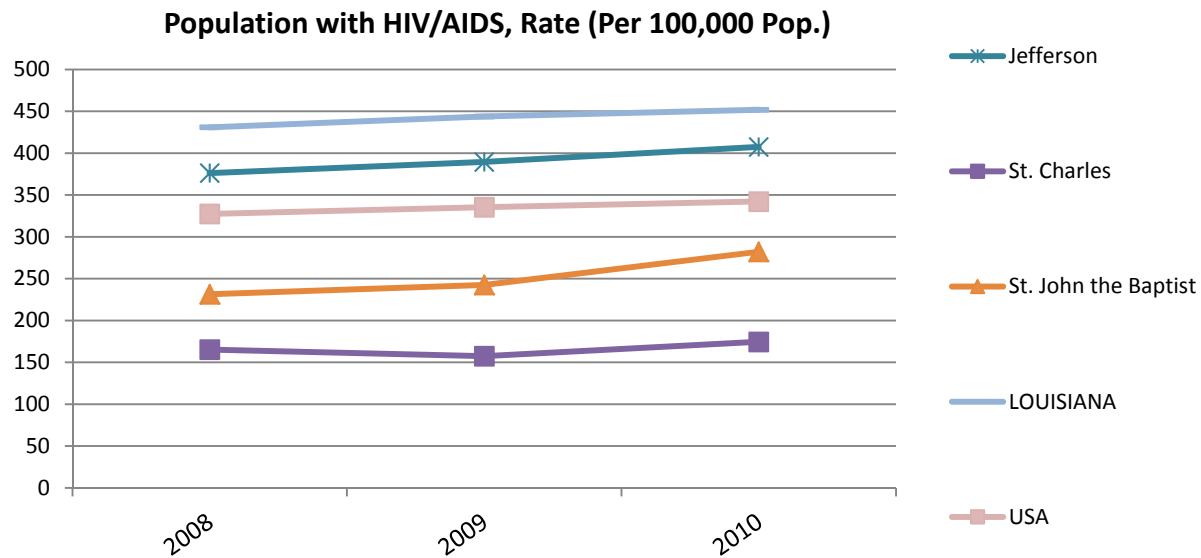
HIV/AIDS

- The Non-Hispanic Black population is the population that sees the highest rates of HIV/AIDS.
- Jefferson Parish specifically sees the highest rates of HIV/AIDS for the study area; 937.35 per 100,000 Non-Hispanic Black population has HIV/AIDS, 239.45 per 100,000 Non-Hispanic White, and 274.48 per 100,000 Hispanic/Latino population.

Population with HIV/AIDS, Rate (Per 1,000 population) - By Race/Ethnicity 2010

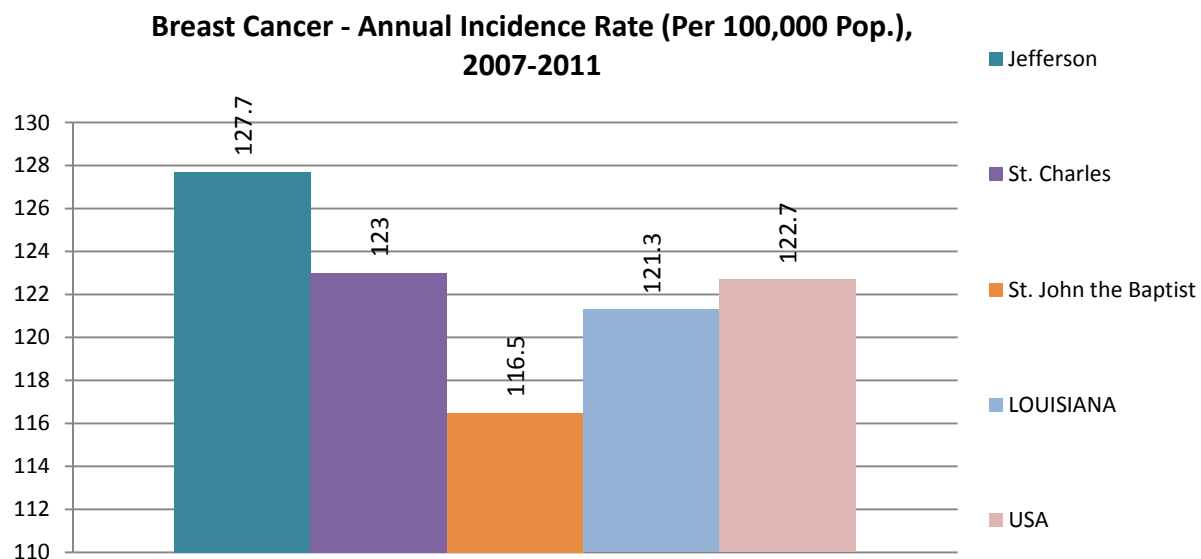


- From 2008 to 2010, many of the study area parishes experienced rises or slight declines then larger rises in the HIV/AIDS rates for their parish. Therefore 2010 rates of HIV/AIDS in the study area are higher than 2008 rates.



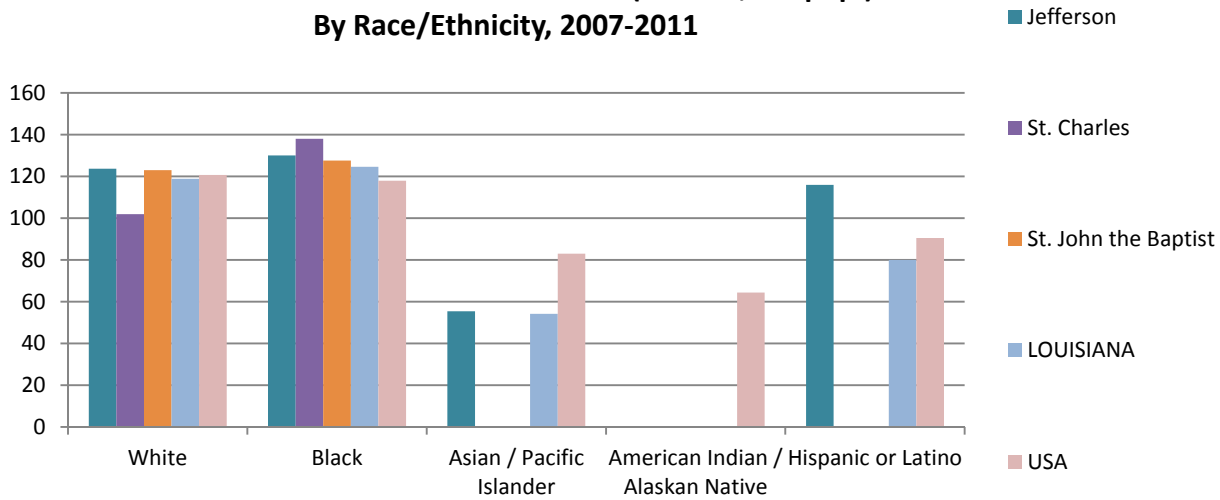
Breast Cancer

- Jefferson Parish reports the highest incidence rate of breast cancer for the study area at 127.7 per 100,000 population; this is higher than the national rate of 122.7 per 100,000 pop.
- The Healthy People 2020 goal is for breast cancer incidence to be less than or equal to 40.9 per 100,000 population; all of the study area parishes and state report rates more than double this goal.



- The African-American / Black population of St. Charles Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (138 per 100,000 pop.).

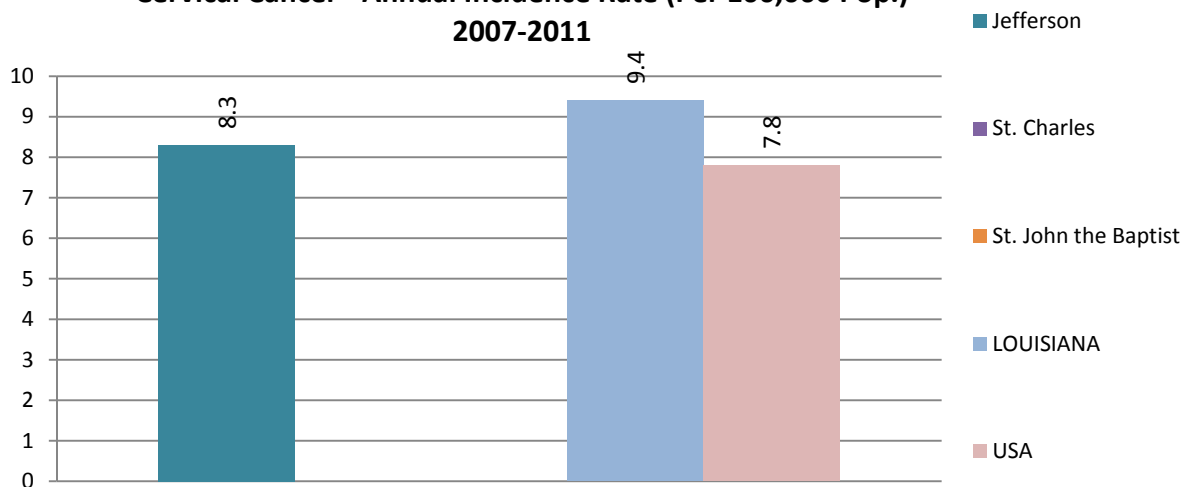
**Breast Cancer - Annual Incidence Rate (Per 100,000 pop.) -
 By Race/Ethnicity, 2007-2011**



Cervical Cancer

- Jefferson Parish reports the highest incidence rate of cervical cancer for the study area at 8.3 per 100,000 population; this is higher than the national rate of 7.8 per 100,000 pop.
- The Healthy People 2020 goal is for cervical cancer incidence to be less than or equal to 7.1 per 100,000 population; all of the study area parishes and state report rates higher than this goal.

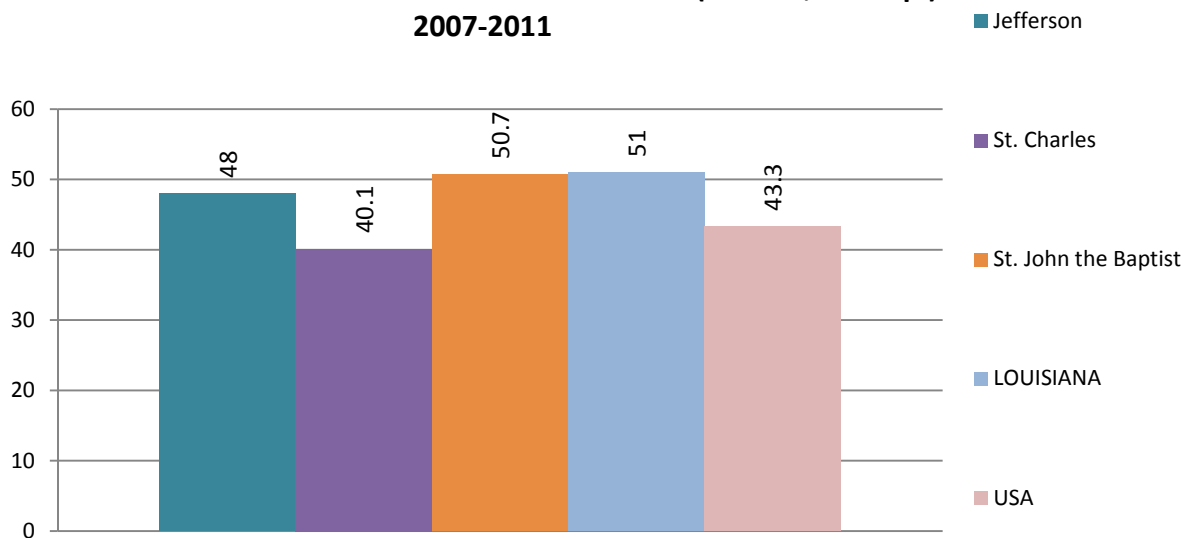
**Cervical Cancer - Annual Incidence Rate (Per 100,000 Pop.)
 2007-2011**



Colon and Rectum Cancer

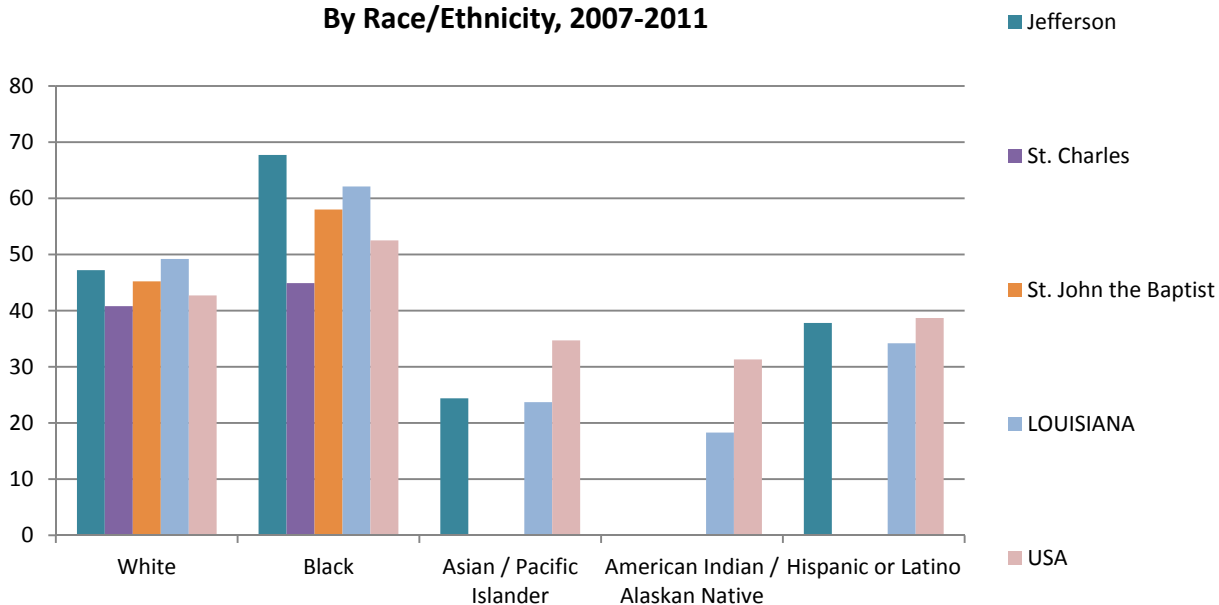
- St. John the Baptist Parish reports the highest incidence rate of colon and rectum cancer for the study area at 50.7 per 100,000 population; this is higher than the national rate of 43.3 per 100,000 pop.
- The Healthy People 2020 goal is for colon and rectum cancer incidence to be less than or equal to 38.7 per 100,000 population; all of the study area parishes and state report rates higher than this goal.

**Colon and Rectum Cancer - Annual Incidence Rate (Per 100,000 Pop.)
 2007-2011**



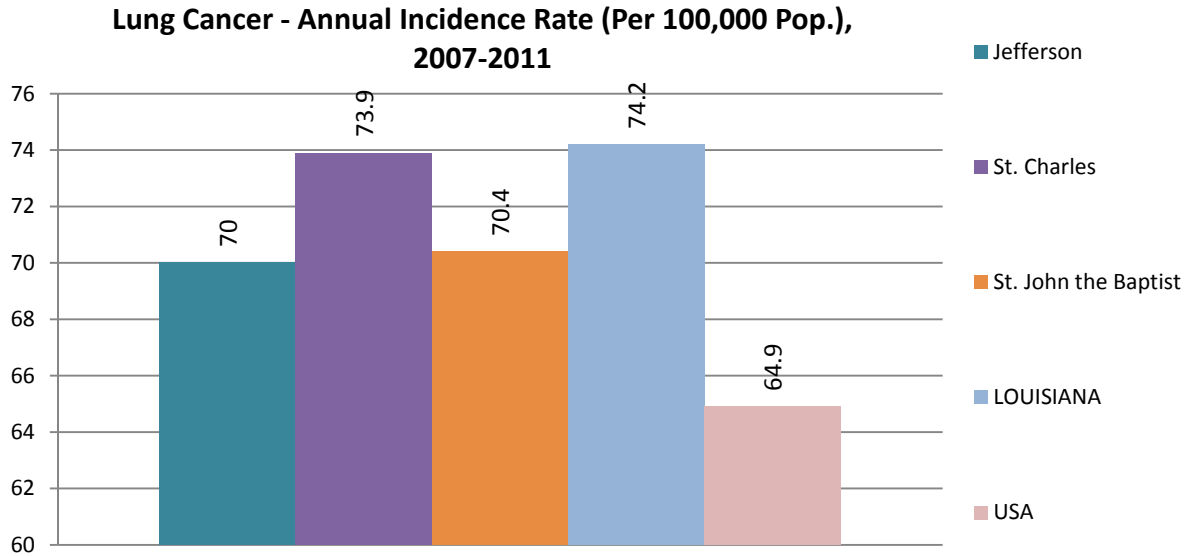
- The African-American / Black population reports higher rates of colon and rectum cancer incidence as compared with other racial groups for the study area, the state, and nationally.

**Colon and Rectum Cancer - Annual Incidence Rate (Per 100,000 pop.) -
 By Race/Ethnicity, 2007-2011**

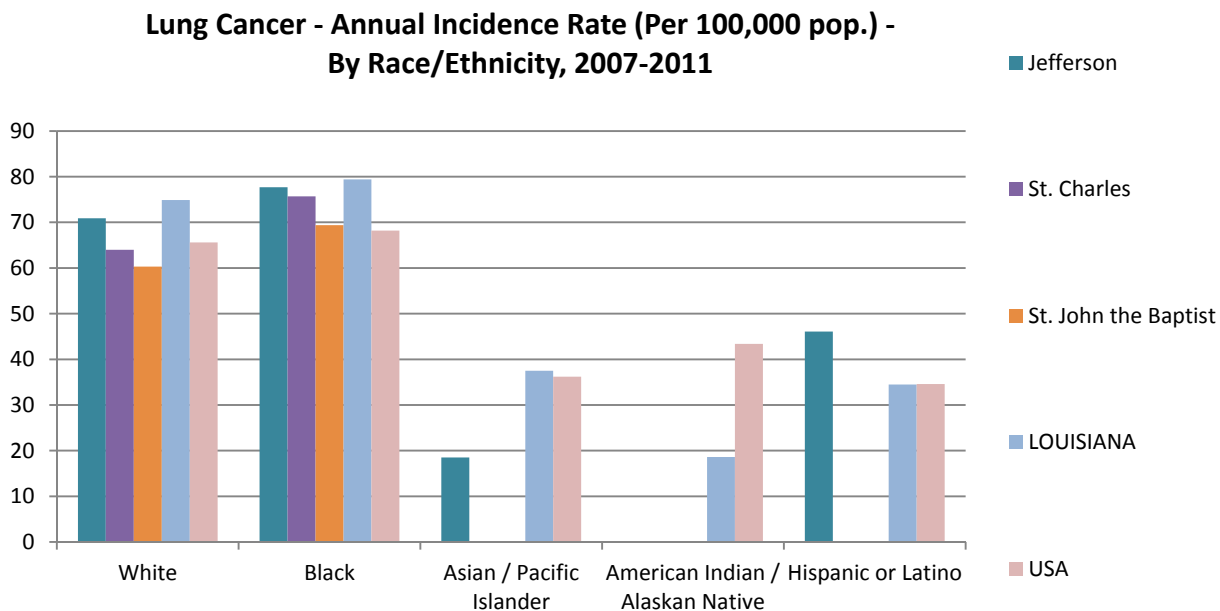


Lung Cancer

- St. Charles Parish reports the highest incidence rate of lung cancer for the study area at 73.9 per 100,000 population; this value is higher than the national rate of 64.9 per 100,000 pop.

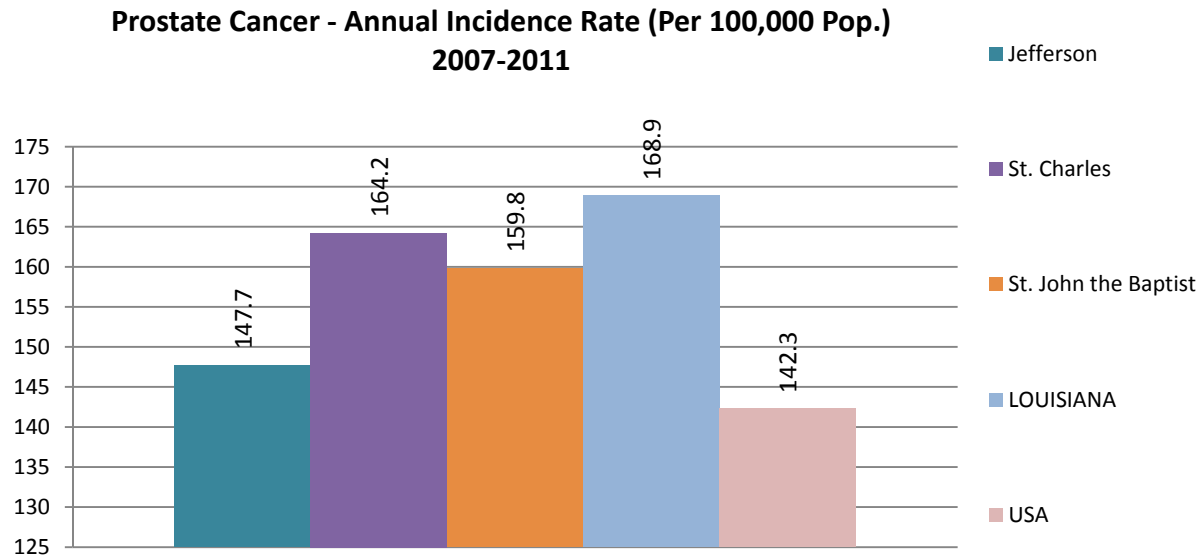


- The African-American / Black population in Jefferson Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (77.7 per 100,000 pop.).

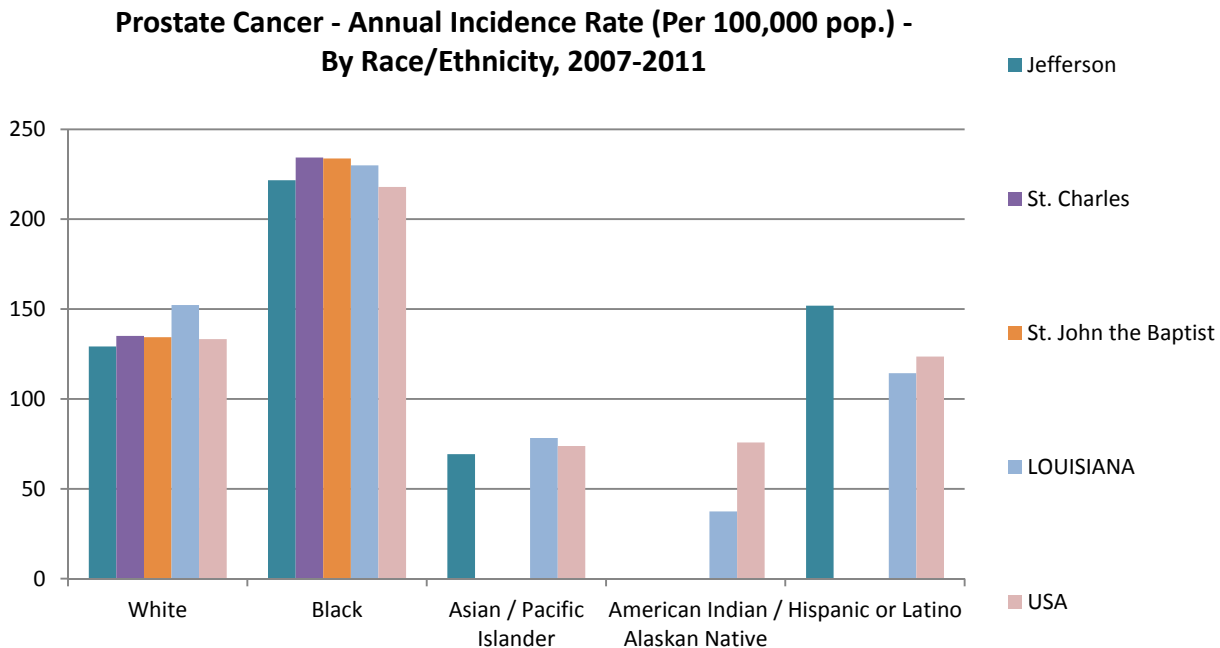


Prostate Cancer

- St. Charles Parish reports the highest incidence rate of prostate cancer for the study area at 164.2 per 100,000 population; this value is higher than the national rate of 142.3 per 100,000 pop.



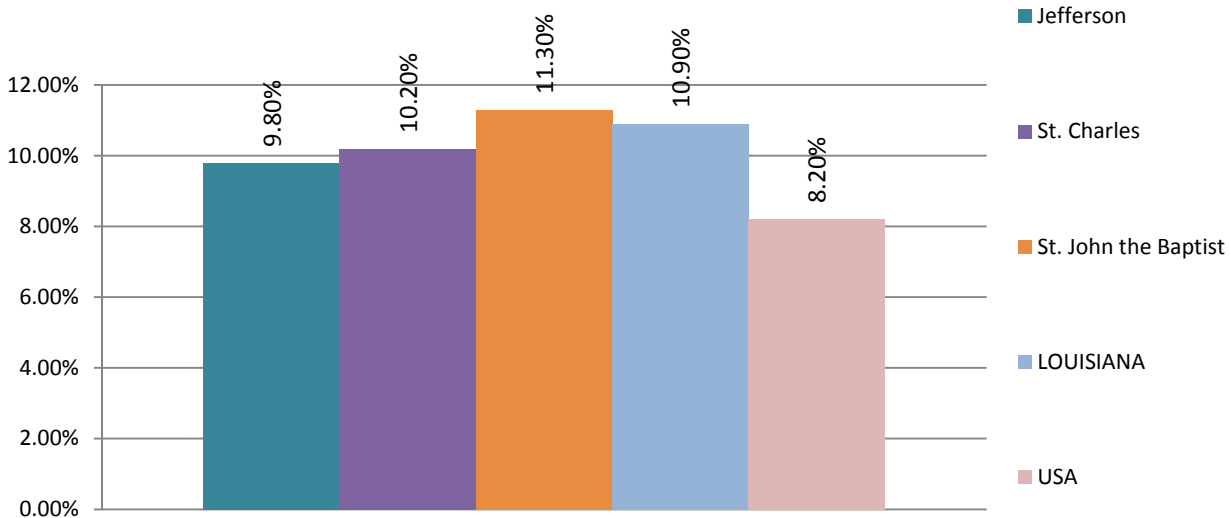
- The African-American / Black population reports higher rates of prostate cancer incidence as compared with other racial groups for the study area, the state, and nationally.



Low Birth Weight

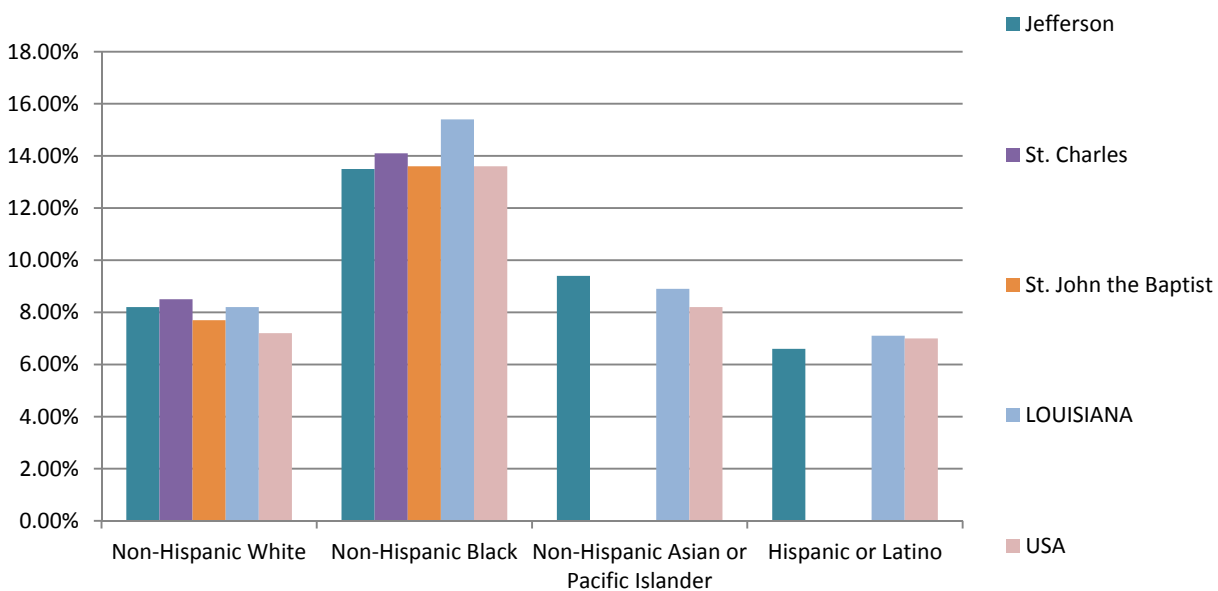
- St. John the Baptist Parish reports the highest rate of low-weight births for the study area at 11.30% followed closely by St. Charles Parish at 10.20%.
- All of the study area parishes report higher rates of low-weight births than the national rate of 8.2%.
- The Healthy People 2020 goal is for low –weight births to be less than or equal to 7.8%; all of the study area parishes and state report rates higher than this goal.

Low Birth Weight, Percent of Total, 2006-2012

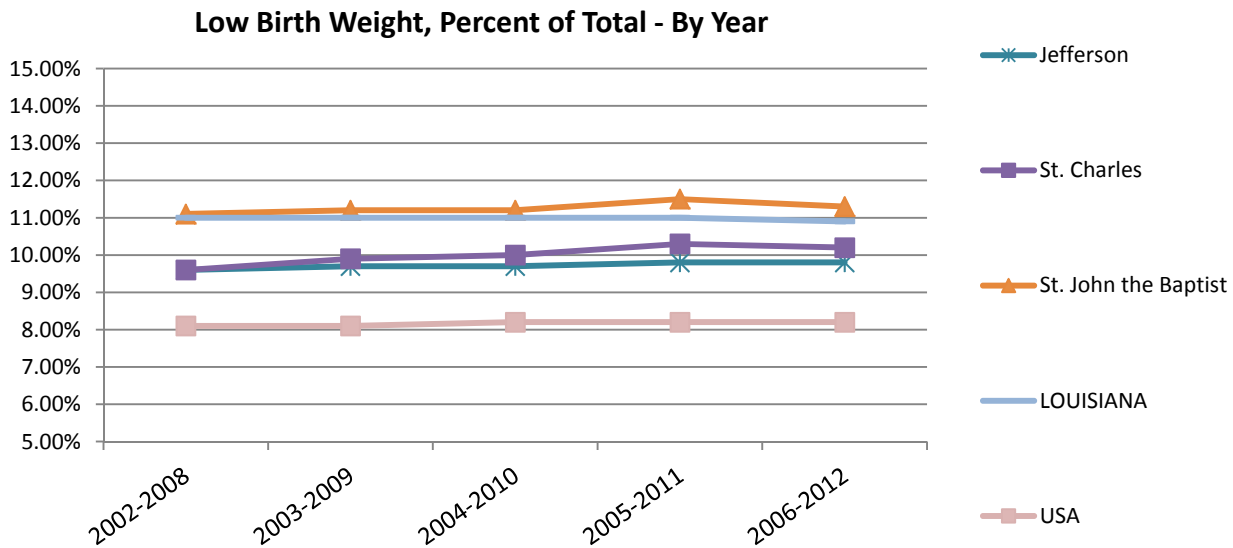


- The Non-Hispanic African-American / Black population sees higher rates of low-weight births as compared with other racial groups for the study area, the state, and nationally.

Low Birth Weight, Percent of Total - By Race/Ethnicity, 2006-2012

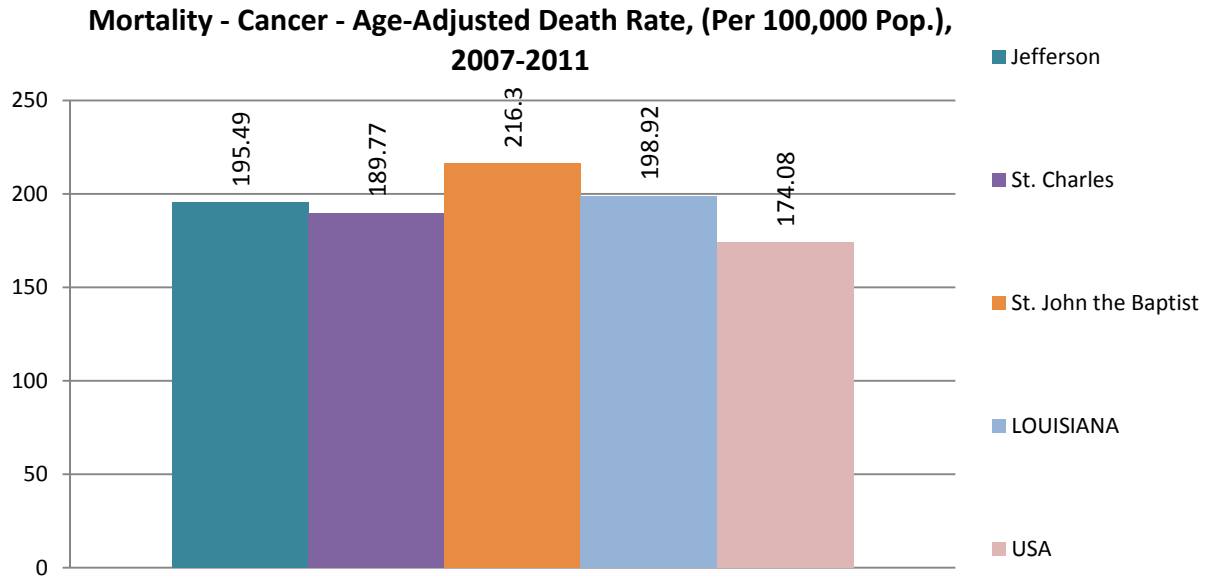


- St. John the Baptist Parish reports the highest rate of low-weight births in 2006-2012 (11.30%), but this rate is slightly less than 2005-2011.

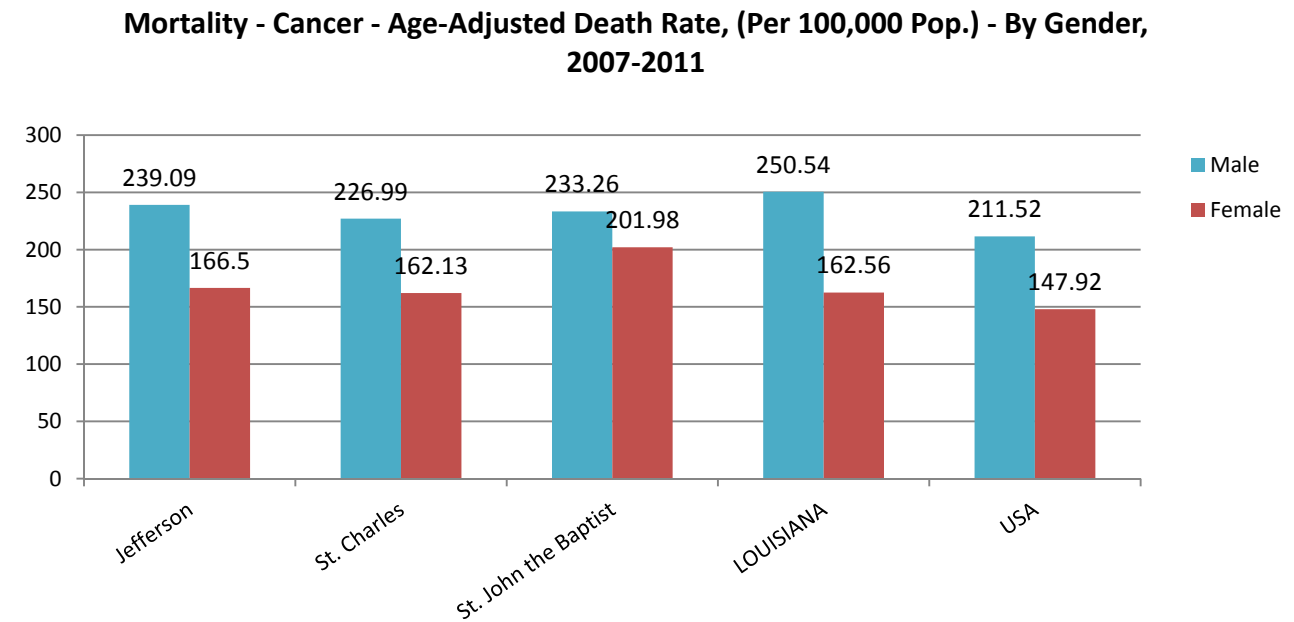


Mortality - Cancer

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to cancer for the study area at 216.30 per 100,000 population.
- All of the study area parishes report higher rates of mortality due to cancer than the national rate of 174.08 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to cancer to be less than or equal to 160.6 per 100,000 population; all of the study area parishes and state report rates higher than this goal.

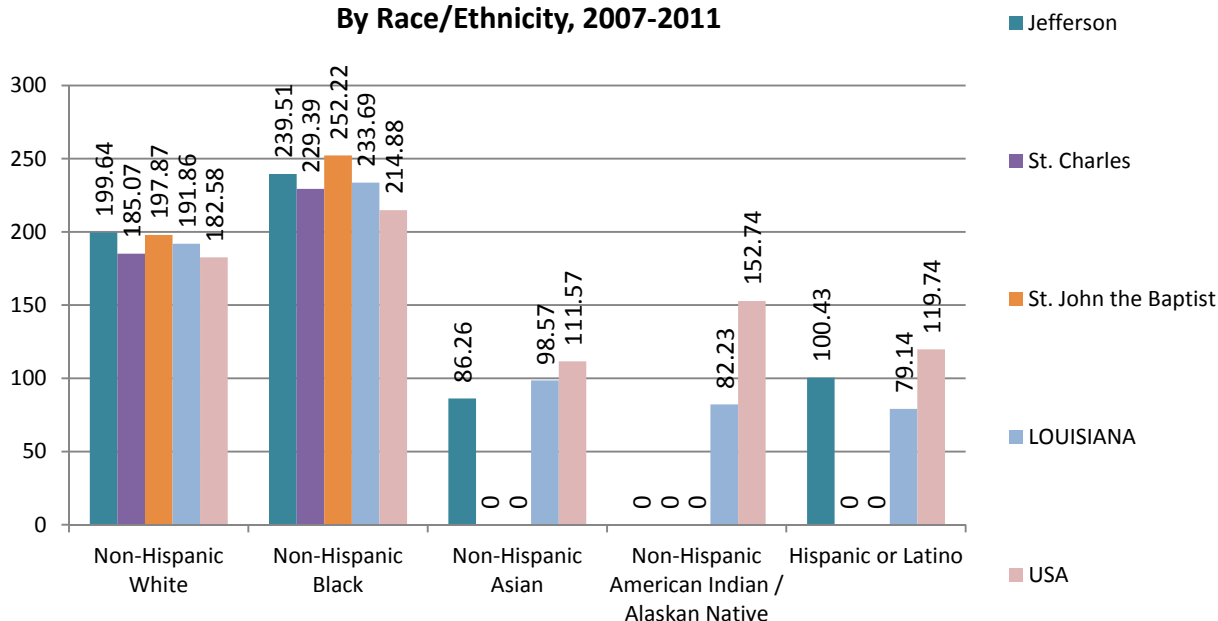


- Across the study area, all of the parishes, state, and nationally; men have higher mortality rates due to cancer than women.



- The Non-Hispanic Black population of St. John the Baptist Parish reports the highest rate of mortality due to cancer for the study area with 252.22 per 100,000 population.

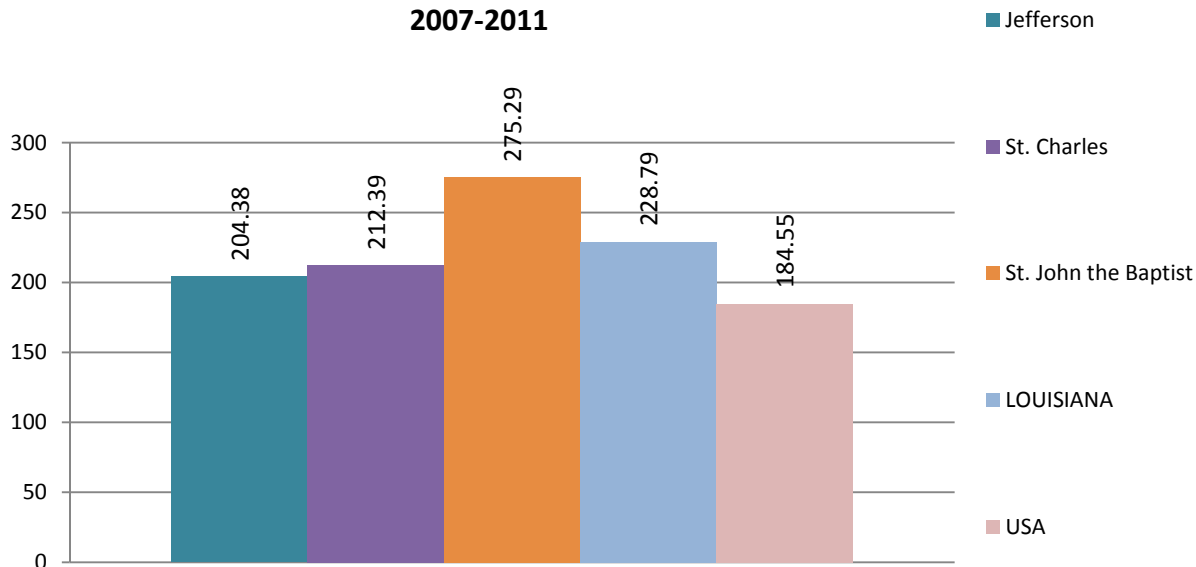
**Mortality - Cancer - Age-Adjusted Death Rate, (Per 100,000 Pop.) -
By Race/Ethnicity, 2007-2011**



Mortality – Heart Disease

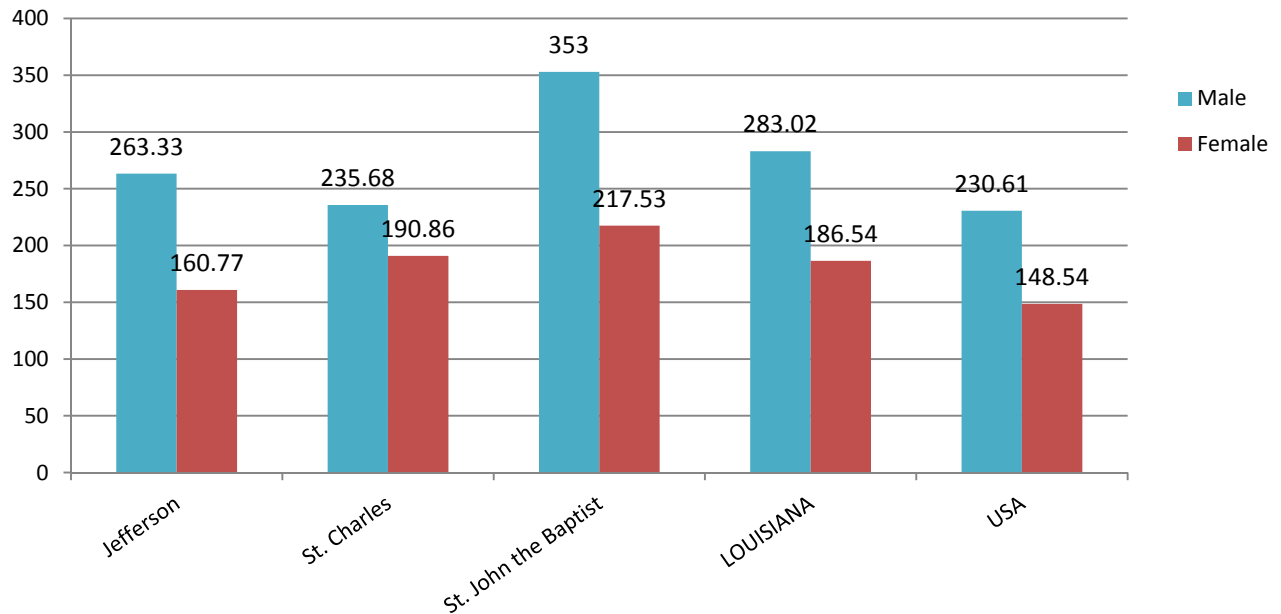
- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to heart disease for the study area at 275.29 per 100,000 population.

**Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.)
2007-2011**



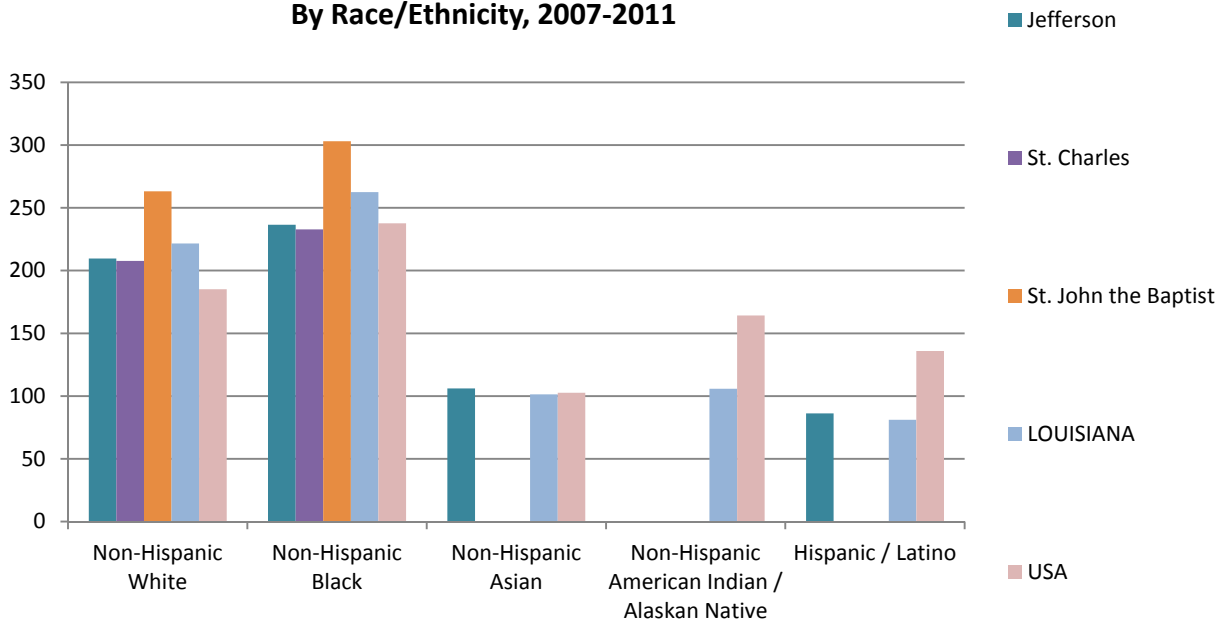
- On a national level and for all of the study area parishes, men are more likely to die as a result of heart disease than women.

Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



- The Non-Hispanic Black population of St. John the Baptist reports the highest rate of death due to heart disease across the study area at 303.01 per 100,000 population.

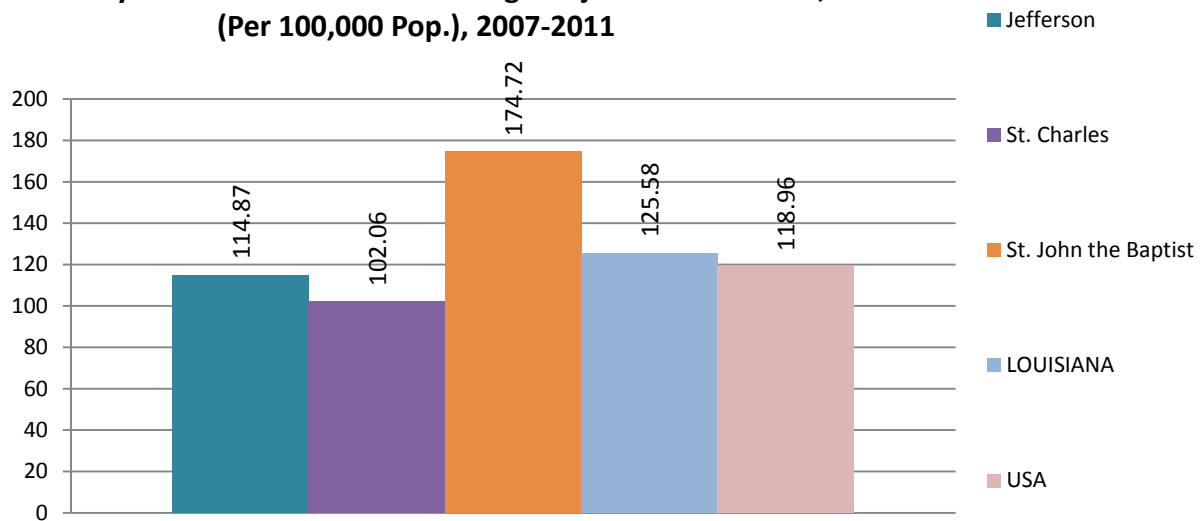
Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Ischemic Heart Disease

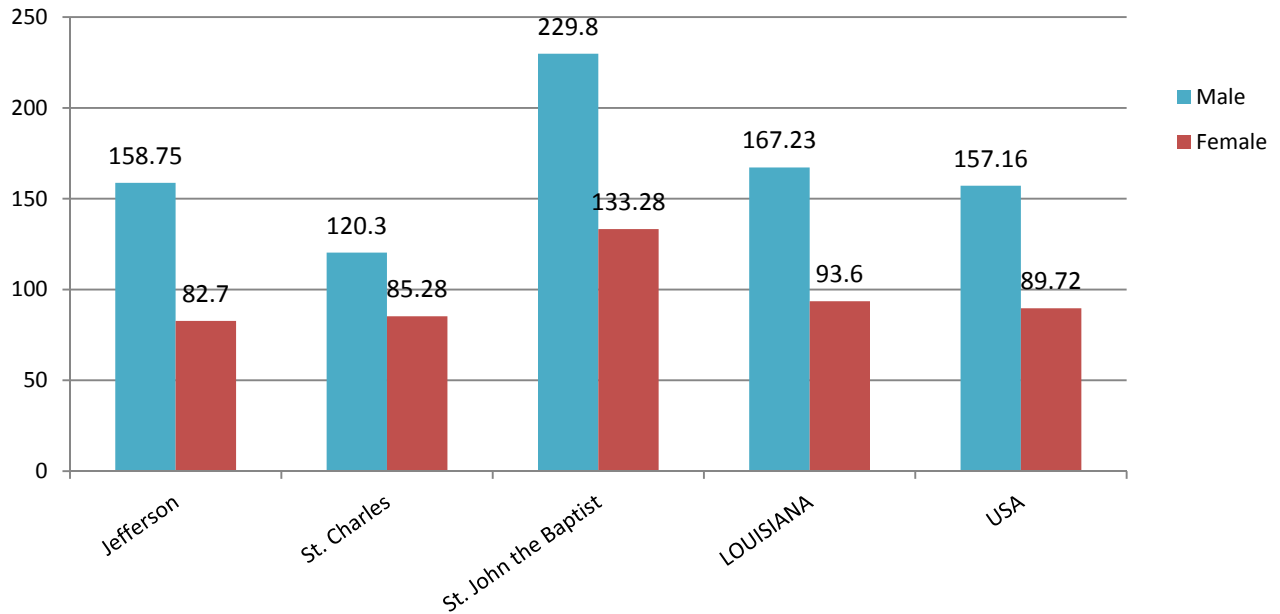
- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the study area at 174.72 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to ischemic heart disease to be less than or equal to 103.4 per 100,000 population; St. Charles Parish reports rates already lower than this HP2020 Goal.

**Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.), 2007-2011**



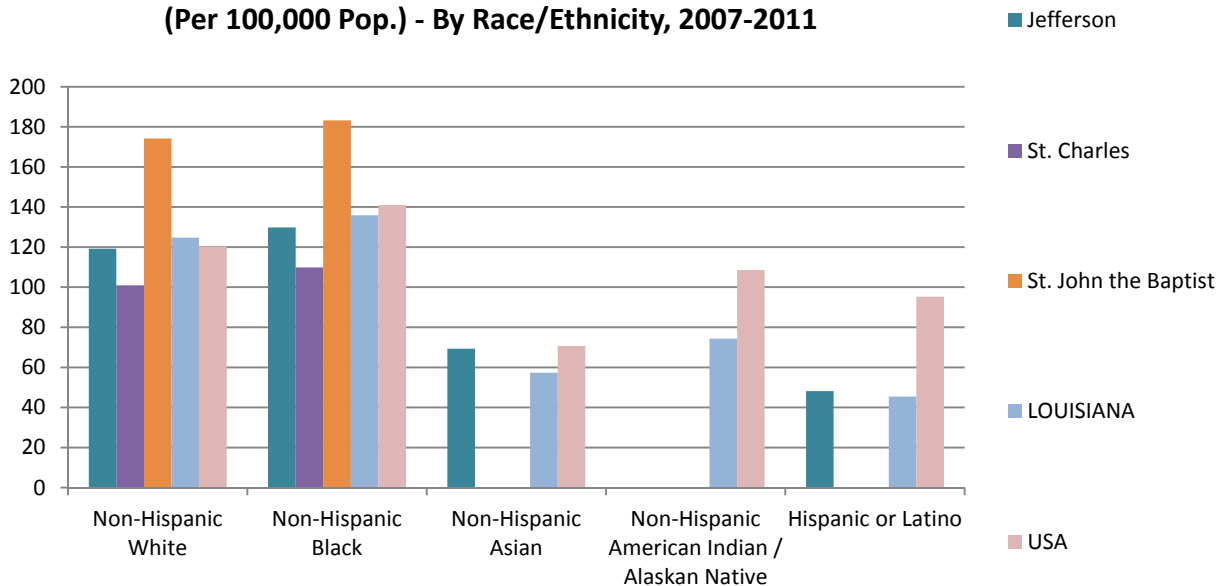
- On a national level and for all of the study area parishes, men are more likely to die as a result of ischemic heart disease than women.

**Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Gender, 2007-2011**



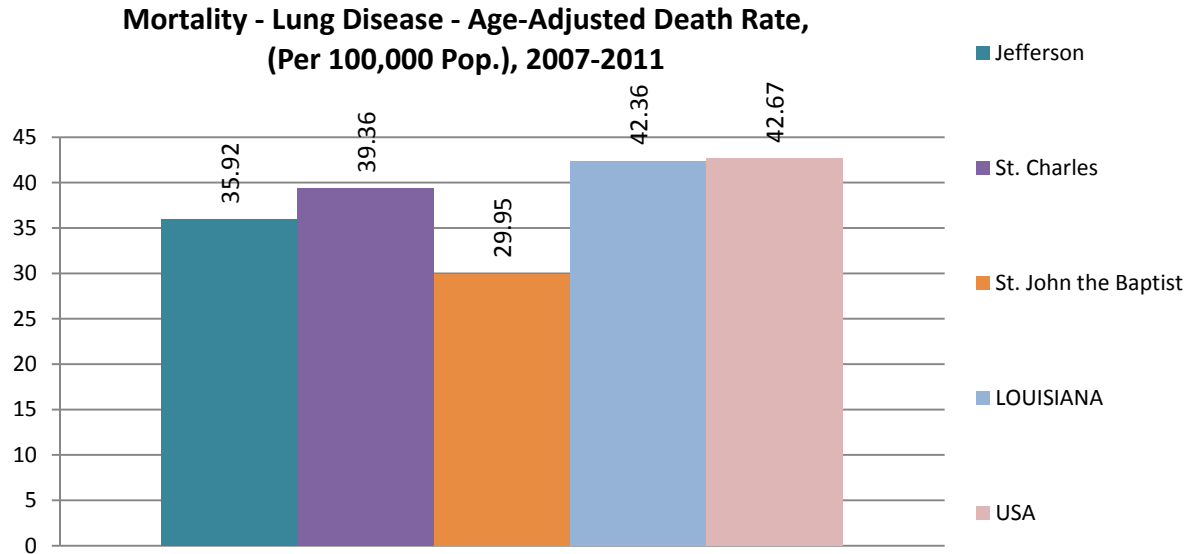
- Non-Hispanic Black and Non-Hispanic White residents of St. John the Baptist Parish report the highest rate of death due to ischemic heart disease for the study area at 183.19 and 174.18 per 100,000 population.

**Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**

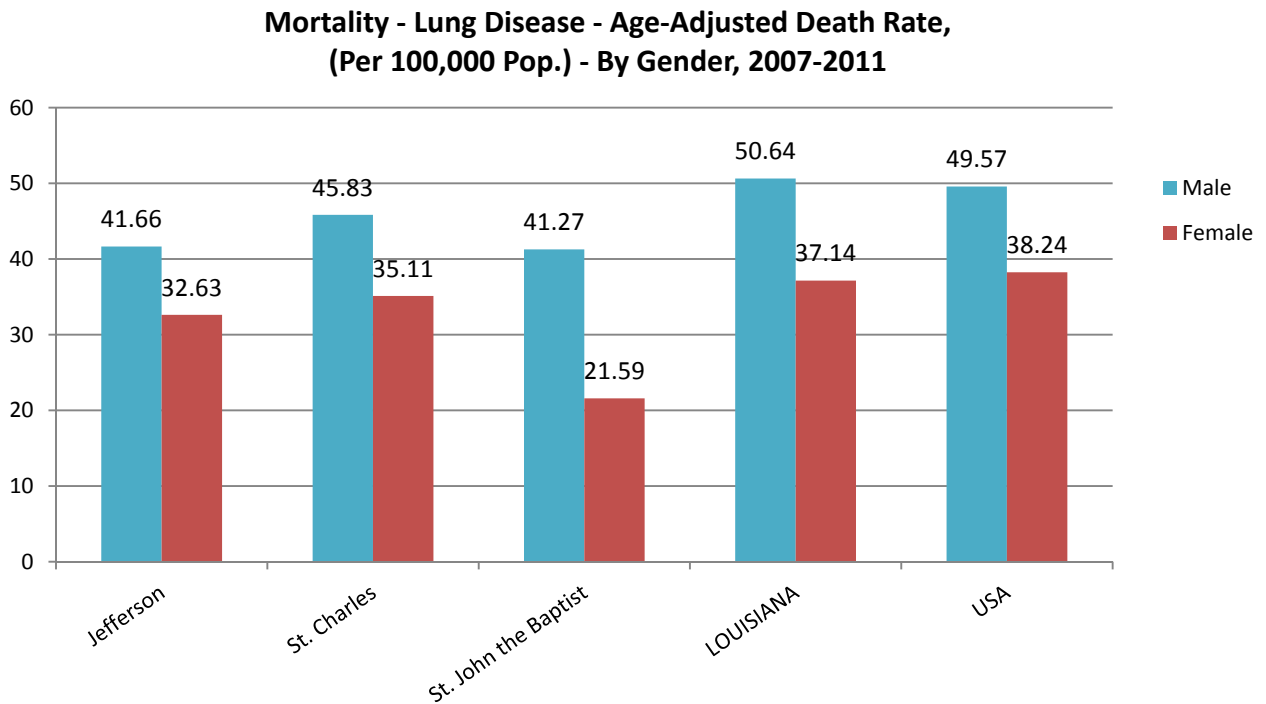


Mortality – Lung Disease

- St. Charles Parish reports the highest rate of mortality due to lung disease for the study area at 39.36 per 100,000 population.
- All three parishes in the study area are below the state and national rates of mortality due to lung disease.

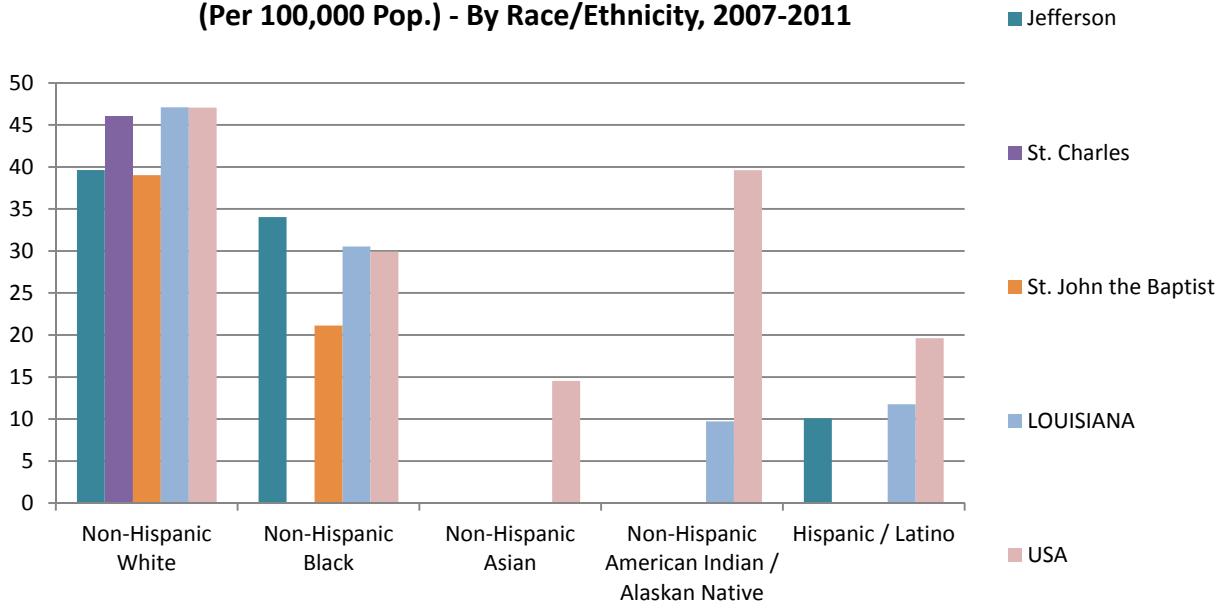


- On a national level and for all of the study area parishes, men are more likely to die as a result of lung disease than women.



- The Non-Hispanic White population of all the parishes reports the highest rates of death as a result of lung disease for the study area, state, and nation.

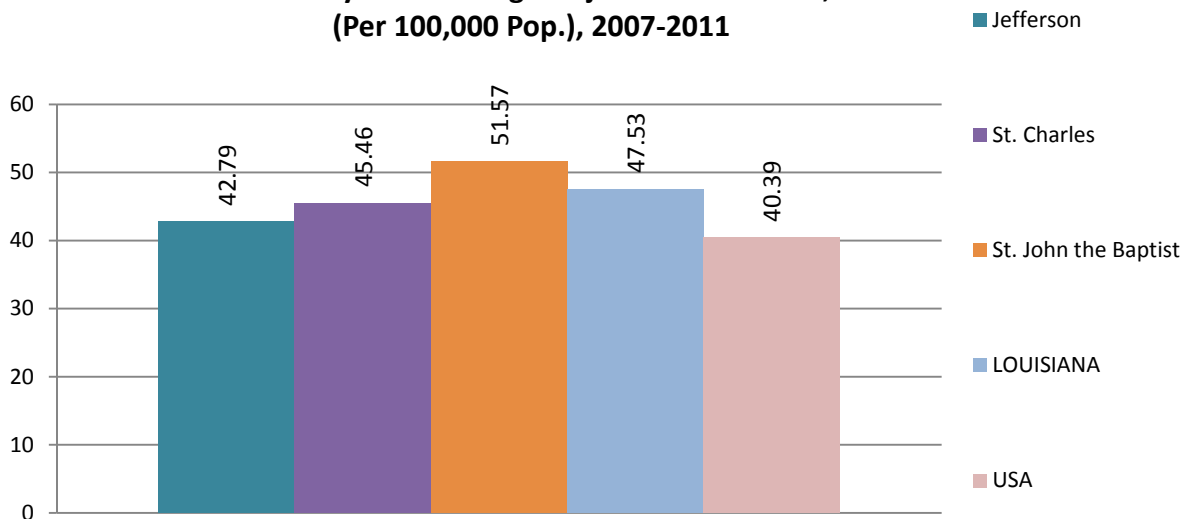
**Mortality - Lung Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Stroke

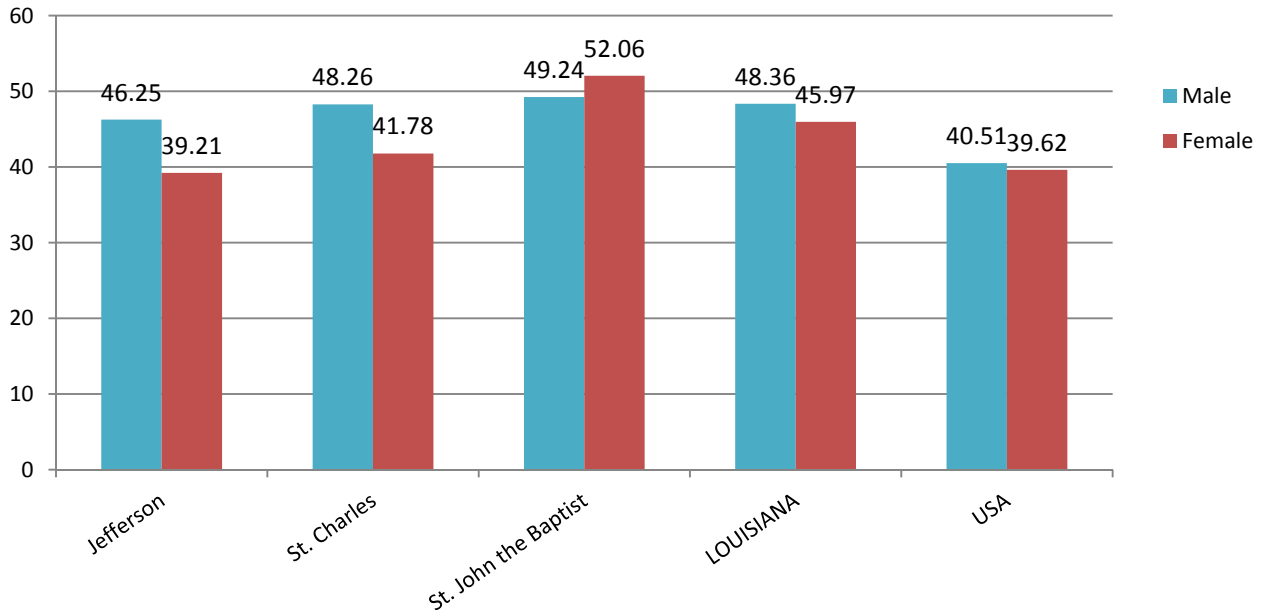
- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to stroke for the study area at 51.57 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to stroke to be less than or equal to 33.8 per 100,000 population; all of the study area parishes report rates higher than this goal.

**Mortality - Stroke - Age-Adjusted Death Rate,
(Per 100,000 Pop.), 2007-2011**



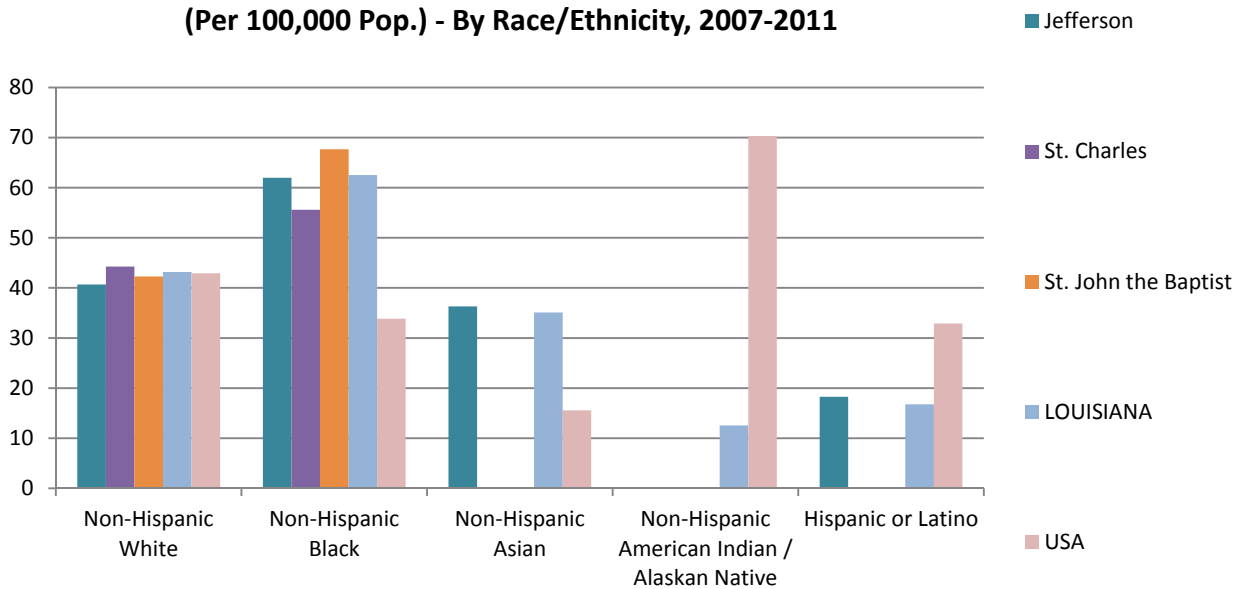
- On a national level, men are more likely to die as a result of stroke than women (40.51 per 100,000 pop. vs. 39.62); for the study area it is mixed.

**Mortality - Stroke - Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Gender, 2007-2011**



- The Non-Hispanic Black population of St. John the Baptist Parish reports the highest rate of death as a result of stroke for the study area at 67.68 per 100,000 population.

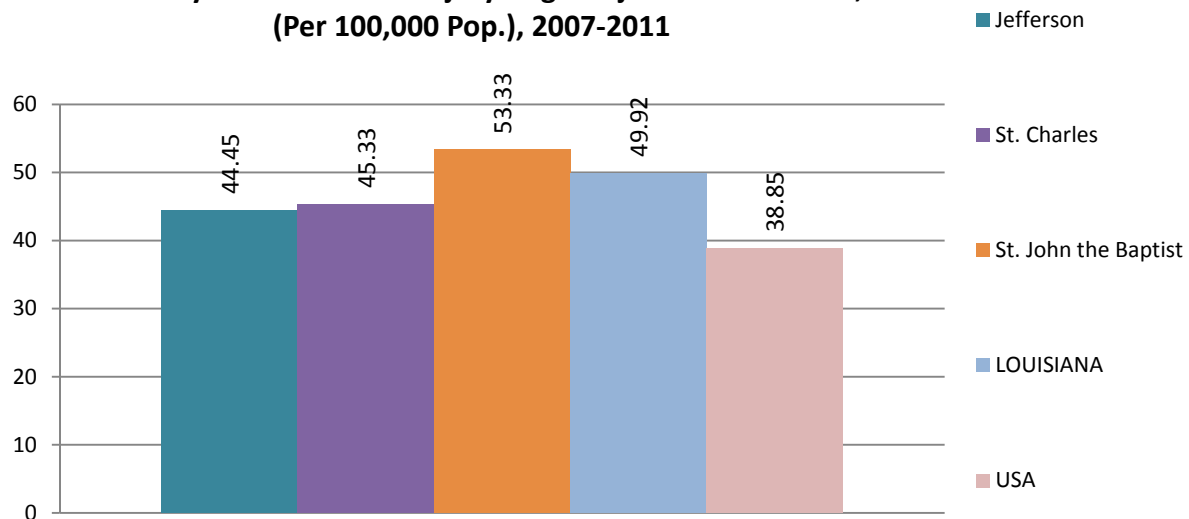
**Mortality - Stroke - Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Unintentional Injury

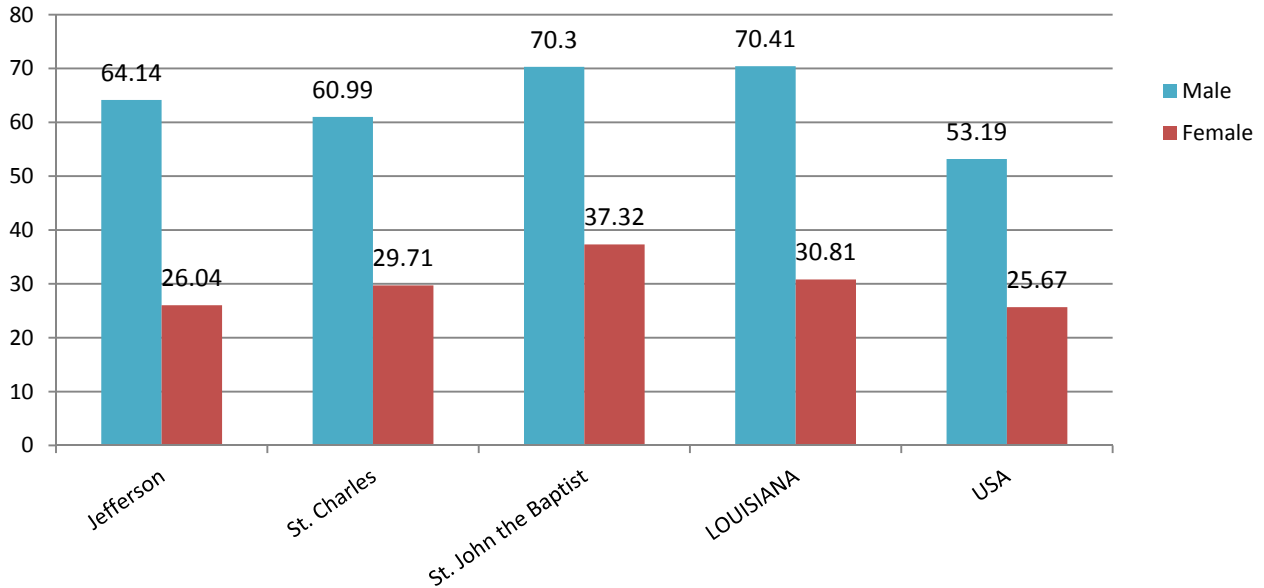
- St. John the Baptist reports the highest rate of age-adjusted mortality due to unintentional injury for the study area at 53.33 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to unintentional injury to be less than or equal to 36.0 per 100,000 population; all of the study area parishes report rates higher than this goal.

**Mortality - Unintentional Injury - Age-Adjusted Death Rate,
(Per 100,000 Pop.), 2007-2011**



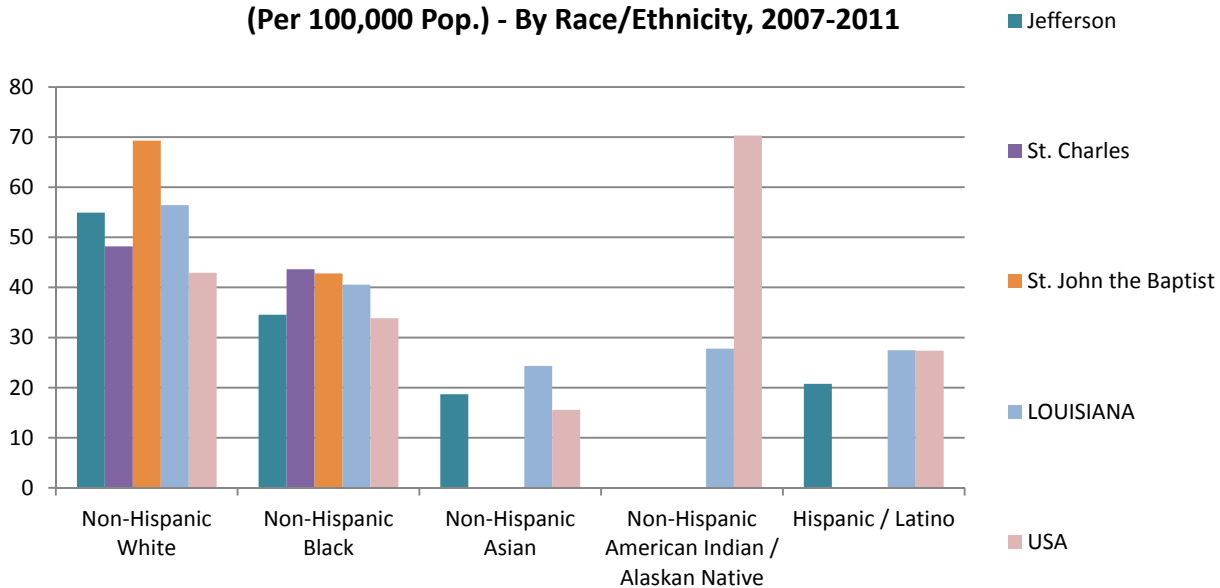
- On a national level and across all of the study area parishes, men are more likely to die as a result of unintentional injury than women.

**Mortality - Unintentional Injury - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Gender, 2007-2011**



- The Non-Hispanic White population of St. John the Baptist reports the highest rate of mortality due to unintentional injury for the study area at 69.3 per 100,000 population.

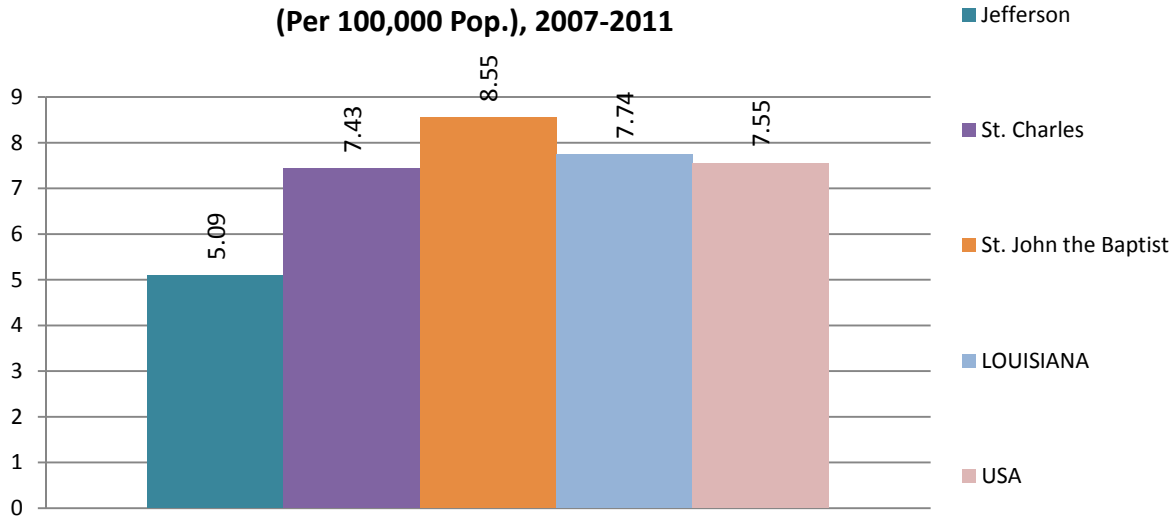
**Mortality - Unintentional Injury - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Motor Vehicle Accident

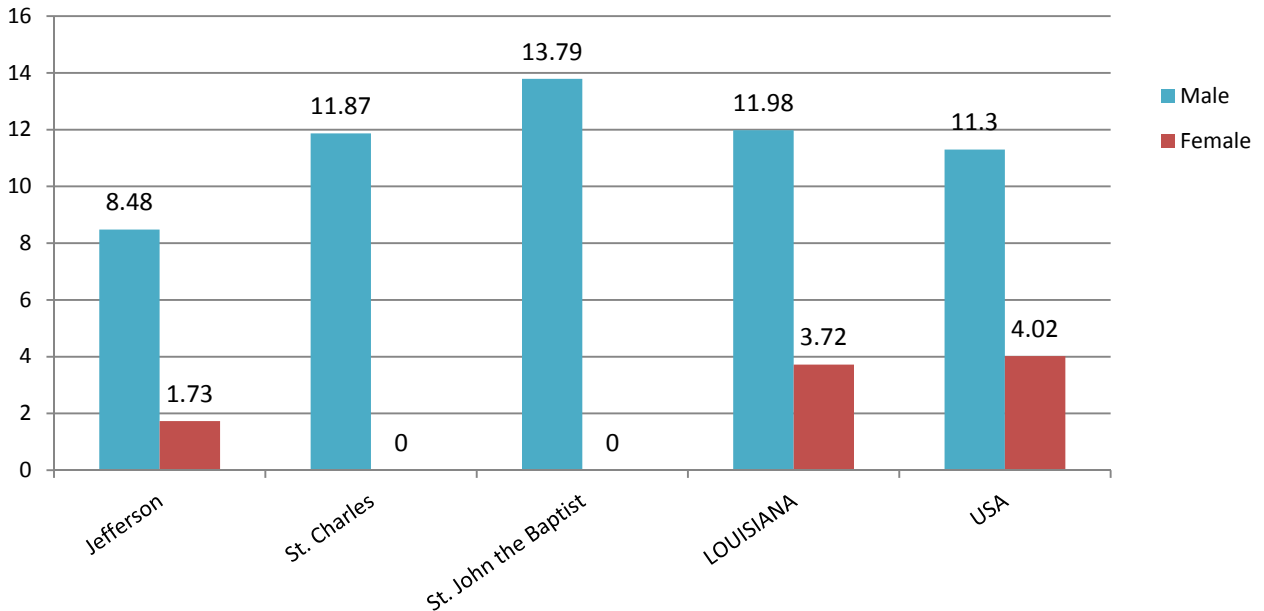
- St. John the Baptist reports the highest rate of deaths due to motor vehicle accidents for the study area at 8.55 per 100,000 population; this is higher than the national rate of 7.55 per 100,000 population. This rate is also higher than the other study area parishes.

**Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate,
 (Per 100,000 Pop.), 2007-2011**



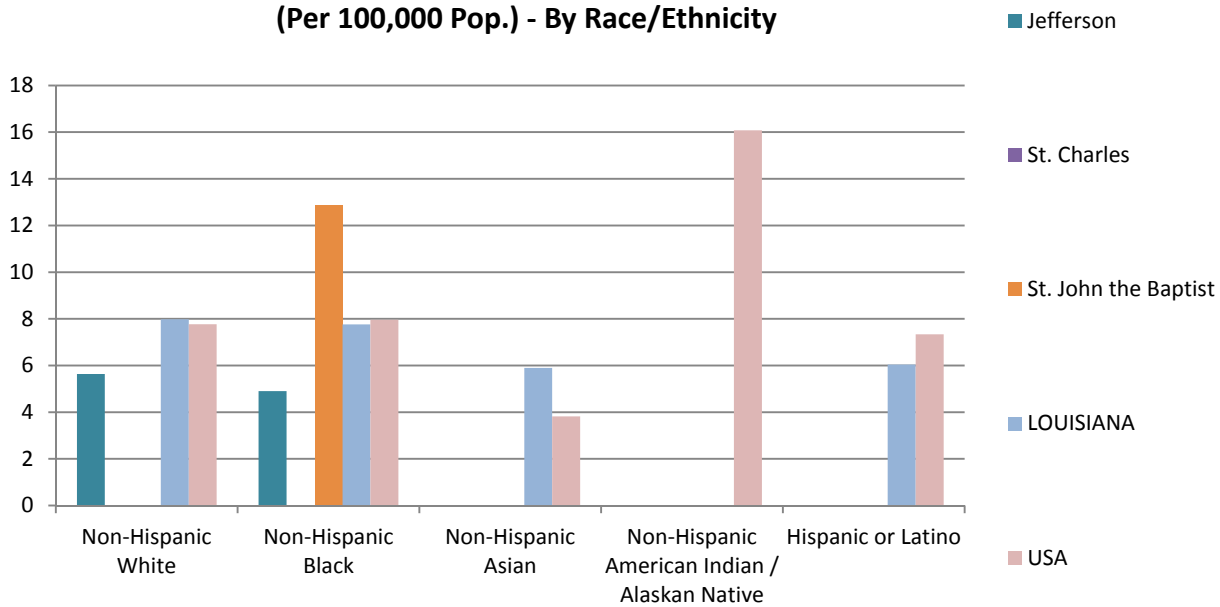
- Men are more likely to die as a result of a motor vehicle accident than women.

**Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Gender, 2007-2011**



- The Non-Hispanic Black population of St. John the Baptist Parish reports the highest rate of death due to motor vehicle accident at 12.9 per 100,000 population.

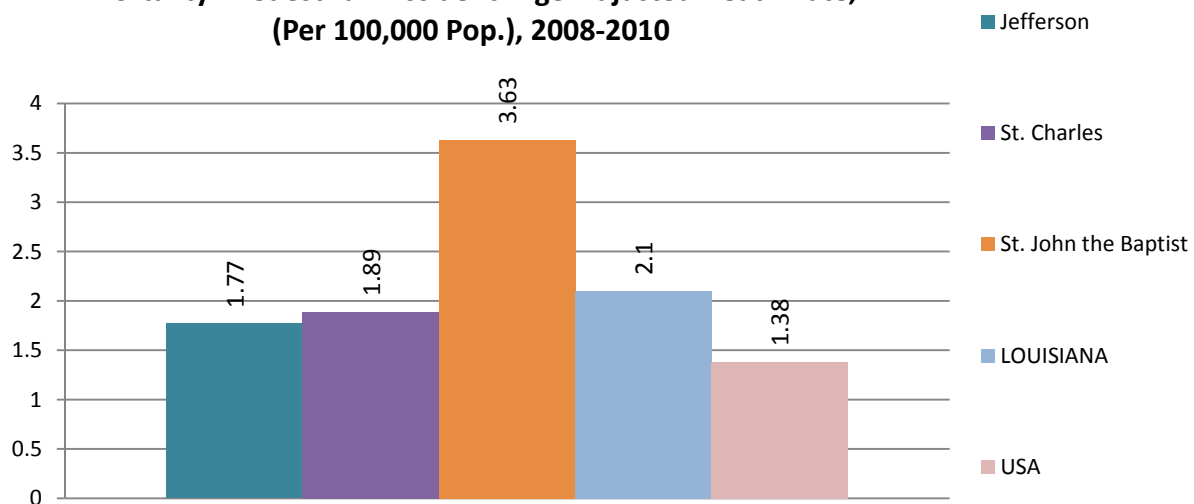
**Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Race/Ethnicity**



Mortality – Pedestrian Accident

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the study area at 3.63 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to pedestrian accident to be less than or equal to 1.3 per 100,000 population; all of the study area parishes are higher than this HP2020 Goal.

**Mortality - Pedestrian Accident- Age-Adjusted Death Rate,
 (Per 100,000 Pop.), 2008-2010**

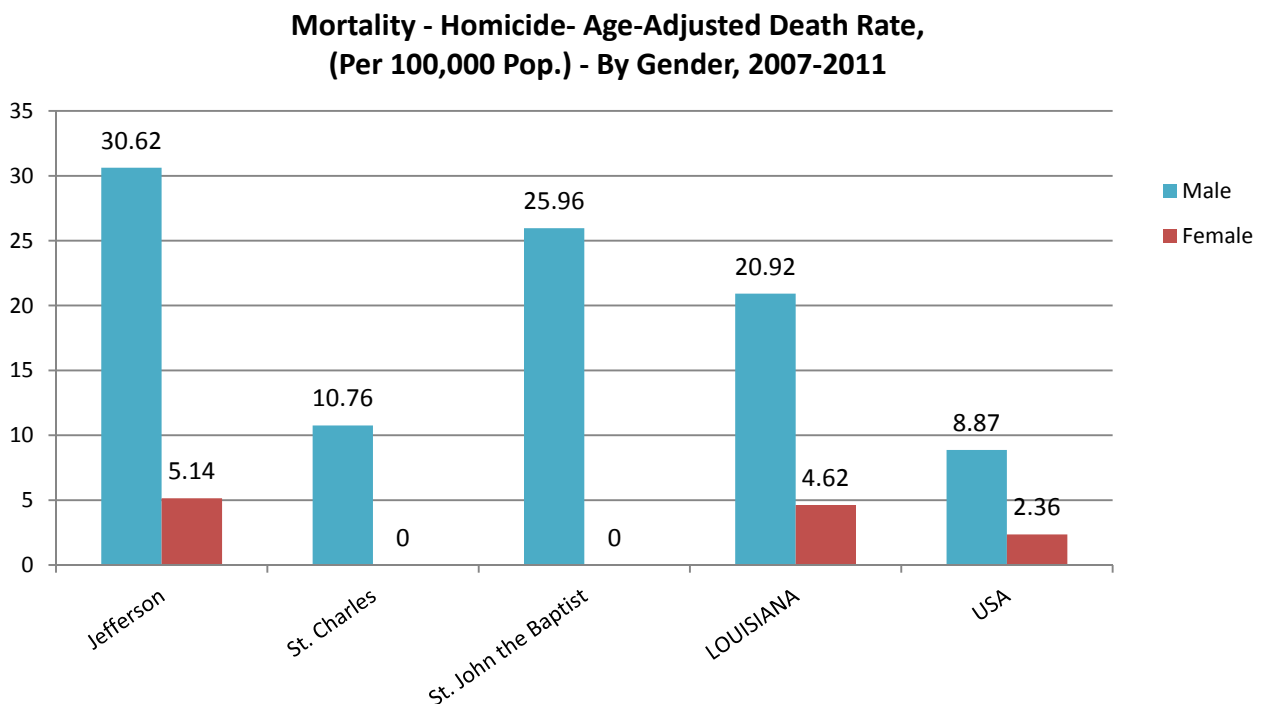


Mortality – Homicide

- Jefferson Parish reports the highest rate of age-adjusted mortality due to homicide for the study area at 17.82 per 100,000 population; this rate is much higher than the national rate (5.63) and all of the other study area parishes.
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; all of the study area parishes are higher than this HP2020 Goal.

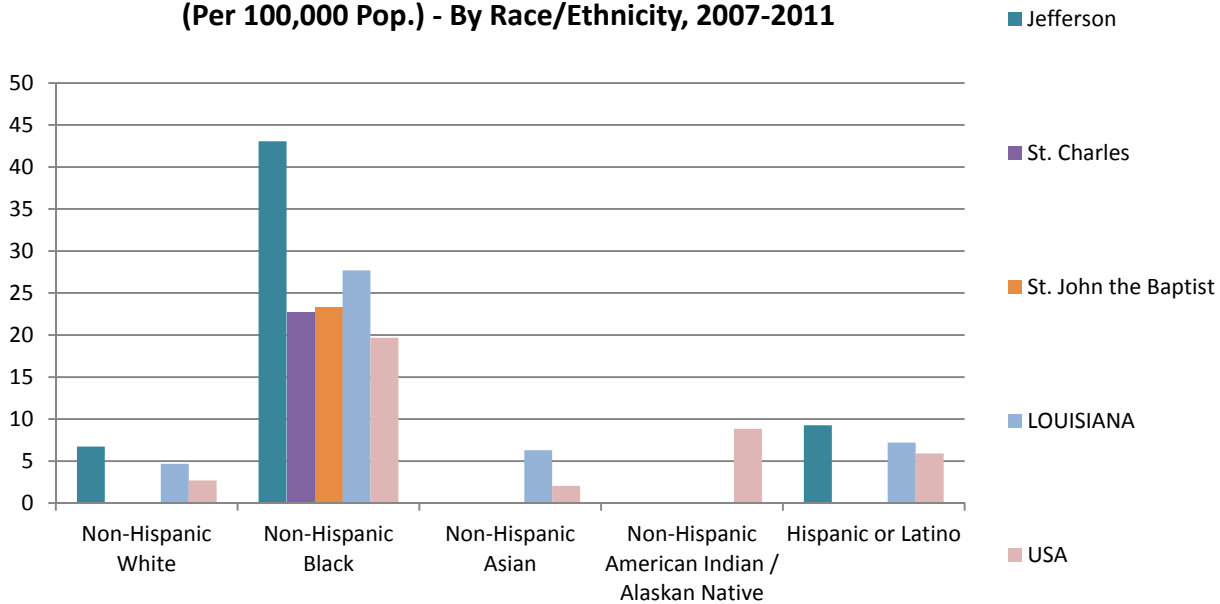


- Men are more likely to die as a result of homicide than women.



- The Non-Hispanic Black population of Jefferson Parish reports the highest rate of death as a result of homicide across the study area at 43.06 per 100,000 population.

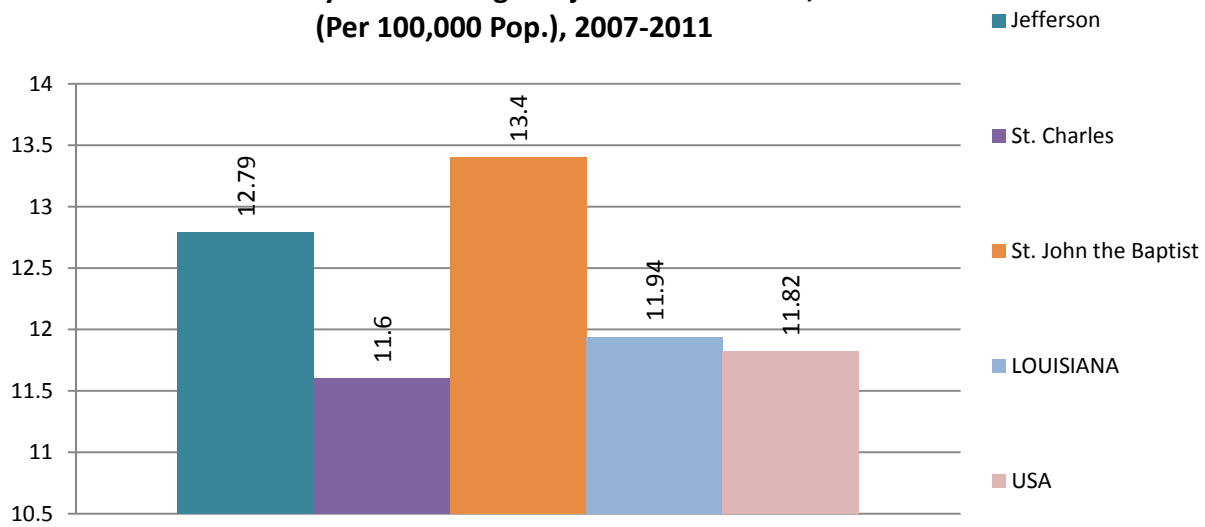
**Mortality - Homicide- Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Suicide

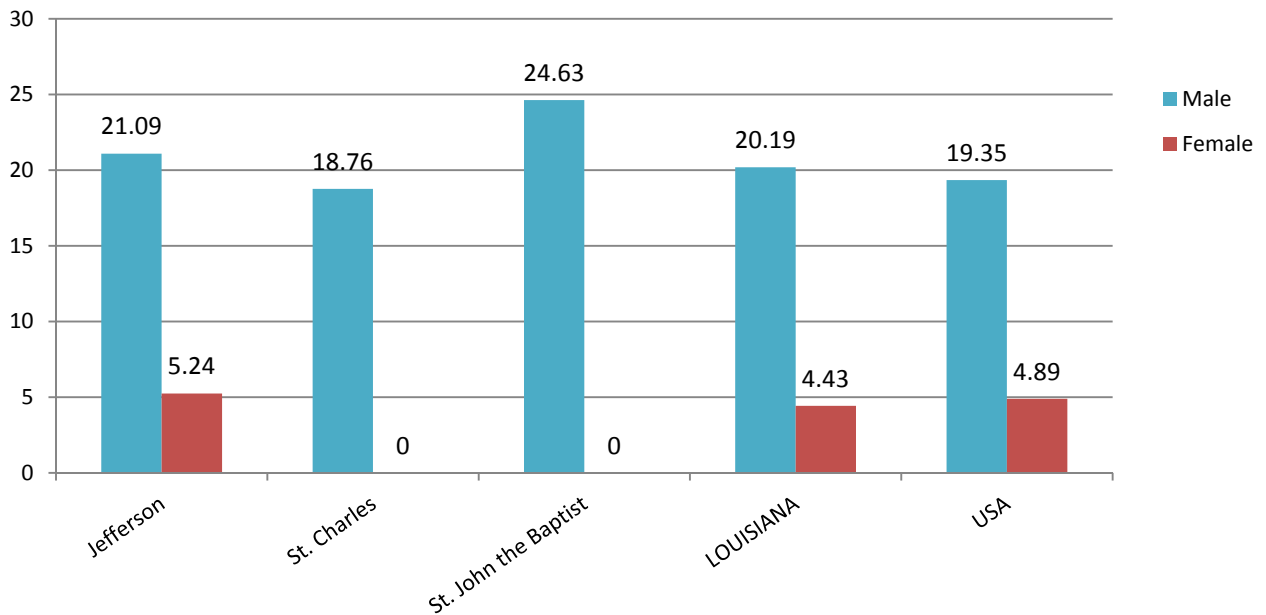
- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to suicide for the study area at 13.40 per 100,000 population; this rate is higher than the national rate (11.82) and all of the other study area parishes.
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; all of the study area parishes are higher than this HP2020 Goal.

**Mortality - Suicide- Age-Adjusted Death Rate,
 (Per 100,000 Pop.), 2007-2011**



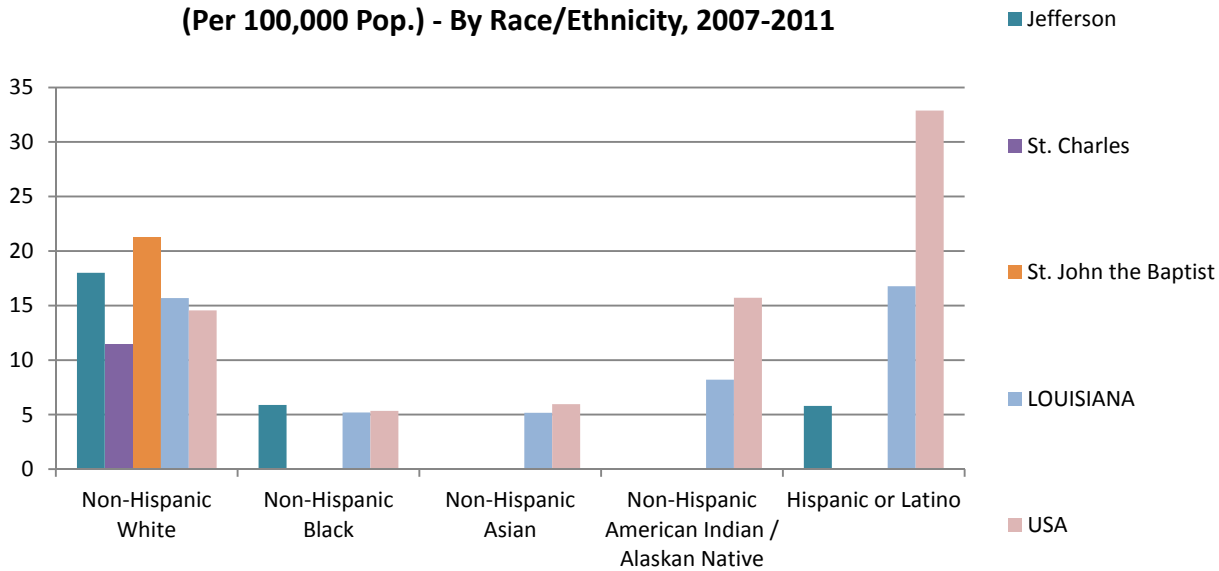
- Men are more likely than women to die as a result of a suicide.

**Mortality - Suicide- Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Gender, 2007-2011**



- The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
- For the study area, the Non-Hispanic White population of St. John the Baptist reports the highest rate of suicide at 21.27 per 100,000 population.

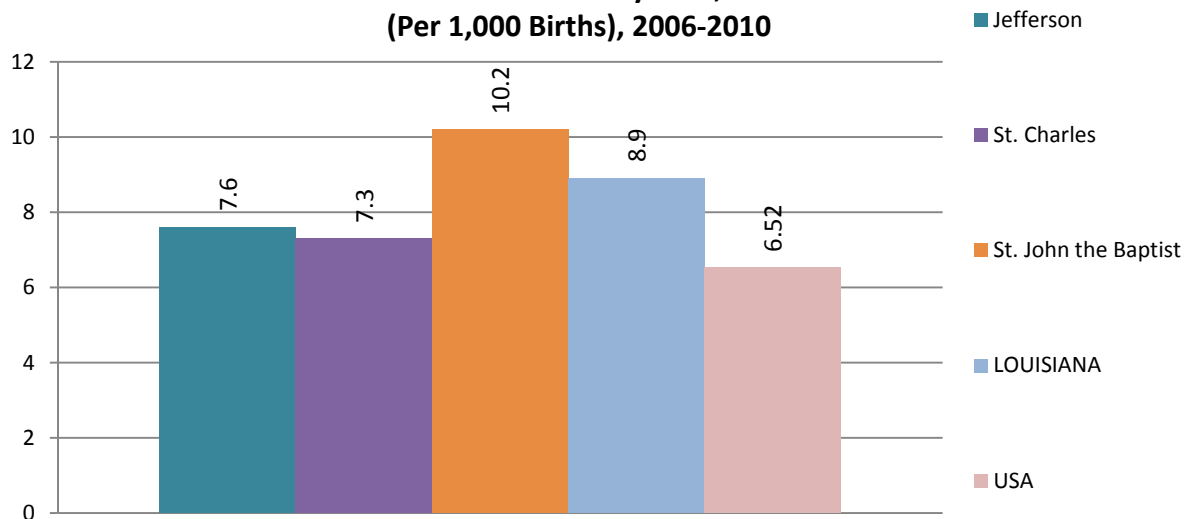
**Mortality - Suicide- Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Infant Mortality Rate

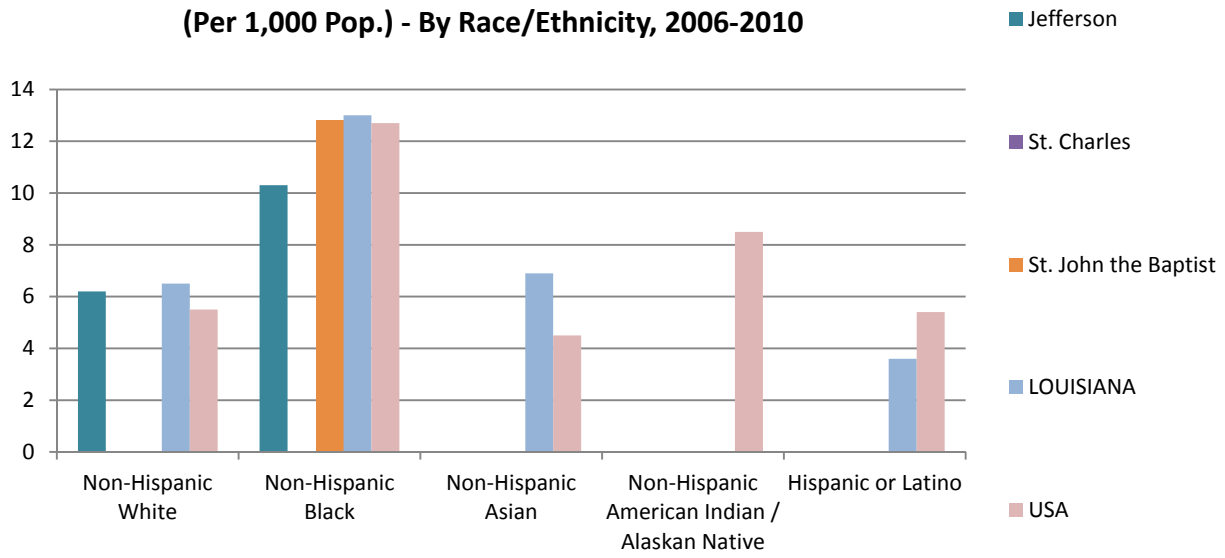
- St. John the Baptist Parish reports the highest rate of infant mortality due for the study area at 10.2 per 1,000 births; this rate is higher than the national rate of 6.52 per 1,000 births.
- The Healthy People 2020 goal is for infant mortality to be less than or equal to 6.0 per 1,000 births; all of the study area parishes are higher than this HP2020 Goal.

**Infant Mortality Rate,
(Per 1,000 Births), 2006-2010**



- The Non-Hispanic Black population of St. John the Baptist Parish reports the highest rate of infant mortality for the study area parishes at 12.8 per 1,000 births.

**Infant Mortality Rate,
 (Per 1,000 Pop.) - By Race/Ethnicity, 2006-2010**

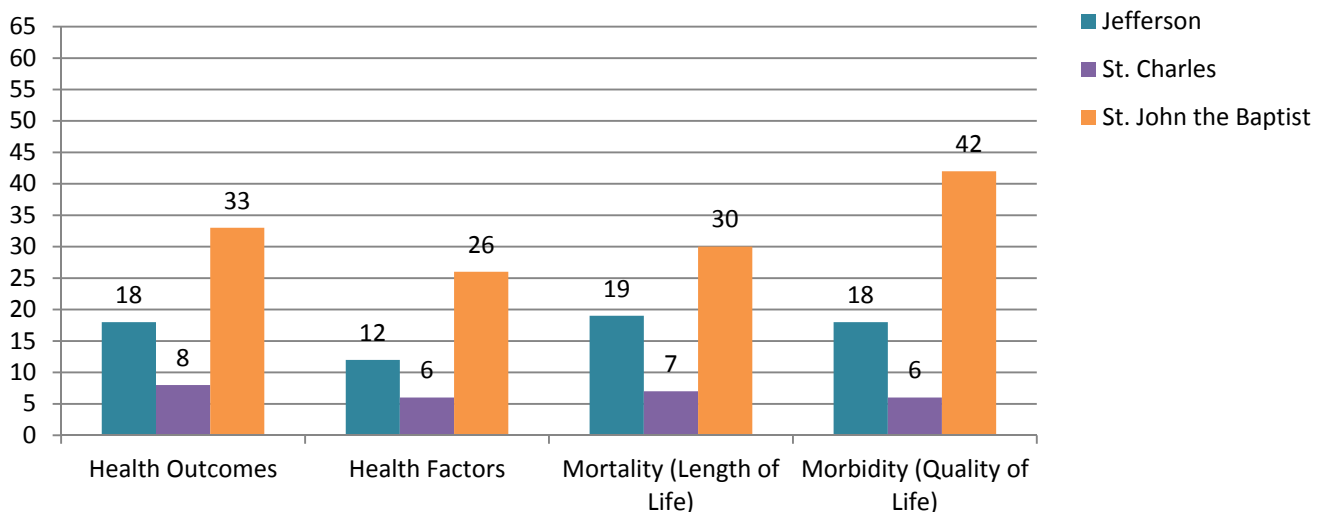


County Health Rankings

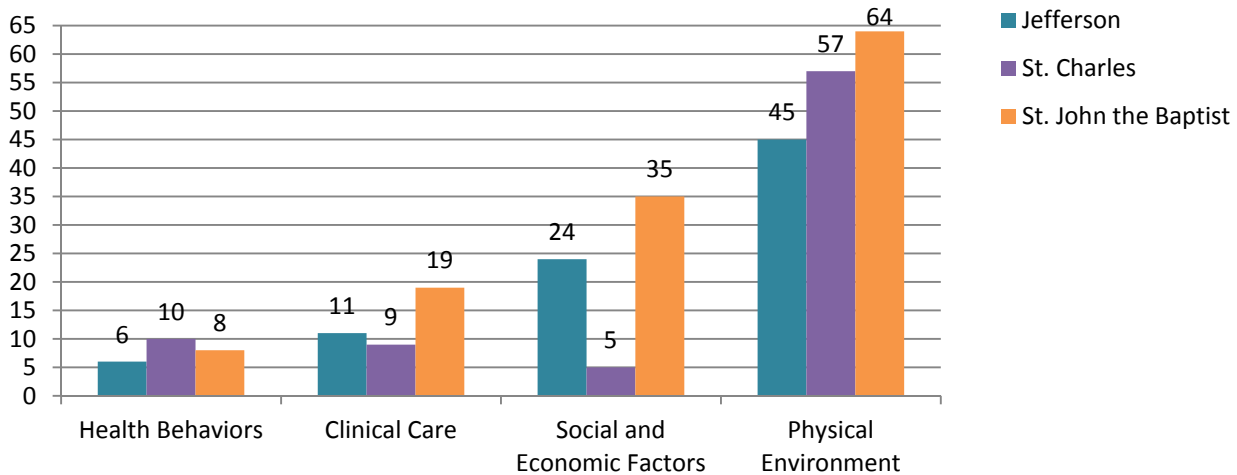
The County Health Rankings were completed as collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.²⁷

Each parish receives a summary rank for its health outcomes, health factors, and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific parish-level data (as well as state benchmarks) for the measures upon which the rankings are based. Parishes in each of the 50 states are ranked according to summaries of more than 30 health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Parishes are ranked relative to the health of other parishes in the same state on the following summary measures:

- Health Outcomes – Rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – Rankings are based on weighted scores of four types of factors:
 - ✓ Health behaviors
 - ✓ Clinical care
 - ✓ Social and economic
 - ✓ Physical environment
- Louisiana has 64 parishes. A score of 1 indicates the “healthiest” parish for the state in a specific measure. A score of 64 for LA indicates the “unhealthiest” parish for the state in a specific measure.



²⁷ 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute



Key Findings from County Health Rankings:

- St. John the Baptist Parish reports the highest ranks (unhealthiest parish of the study area) for the majority of the County Health Rankings:
 - ✓ A rank of 33 for health outcomes.
 - ✓ A rank of 26 for health factors.
 - ✓ A rank of 30 for mortality.
 - ✓ A rank of 42 for morbidity.
 - ✓ A rank of 19 for clinical care
 - ✓ A rank of 35 for social and economic factors.
 - ✓ A rank of 64 (the worst parish in the state) for physical environment.
- St. Charles Parish reports the highest rating for health behaviors with a score of 10.

Substance Abuse and Mental Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region specific data from the entire United States in relation to substance use (alcohol and illicit drugs) and mental health.

Every state is parceled into regions defined by SAMHSA. The regions are defined in the ‘*Substate Estimates from the 2010-2012 National Surveys on Drug Use and Health*’. Data is provided at the first defined region (i.e., those that are grouped).

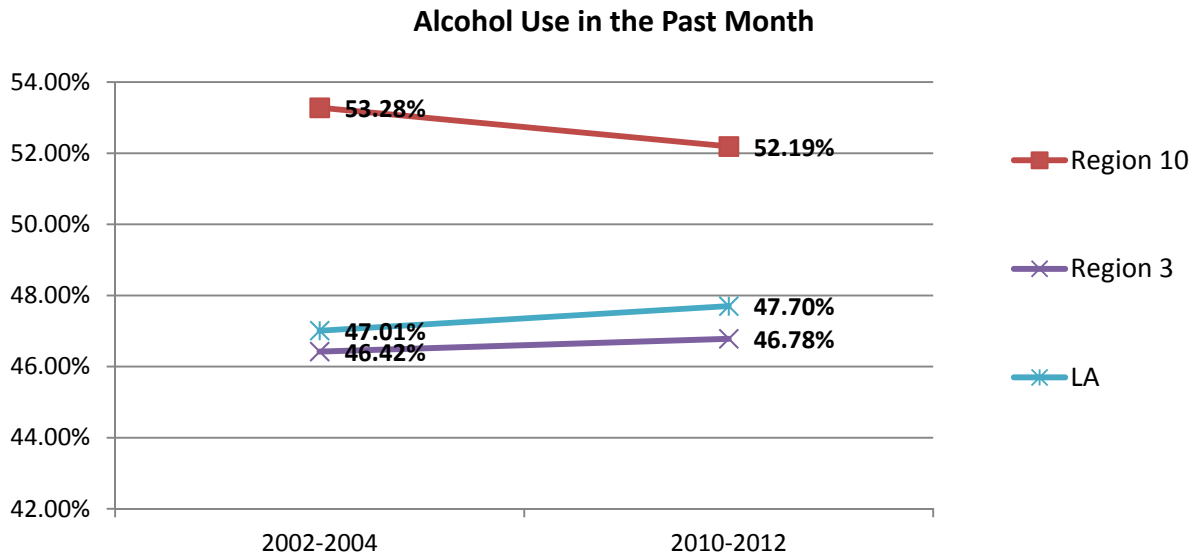
The Substate Regions for Louisiana are defined as such:

- Regions 1 and 10 (Data for Regions 1 and 10 provided separately for this grouping only)
 - ✓ Region 1 – Orleans, Plaquemines, St. Bernard
 - ✓ Region 10 – Jefferson
- Regions 2 and 9
 - ✓ Region 2 – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
 - ✓ Region 9 – Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
- Region 3
 - ✓ Region 3 – Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
- Regions 4, 5, and 6
 - ✓ Region 4 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
 - ✓ Region 5 – Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
 - ✓ Region 6 – Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
- Regions 7 and 8
 - ✓ Region 7 – Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
 - ✓ Region 8 – Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll

Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.

Alcohol Use in the Past Month

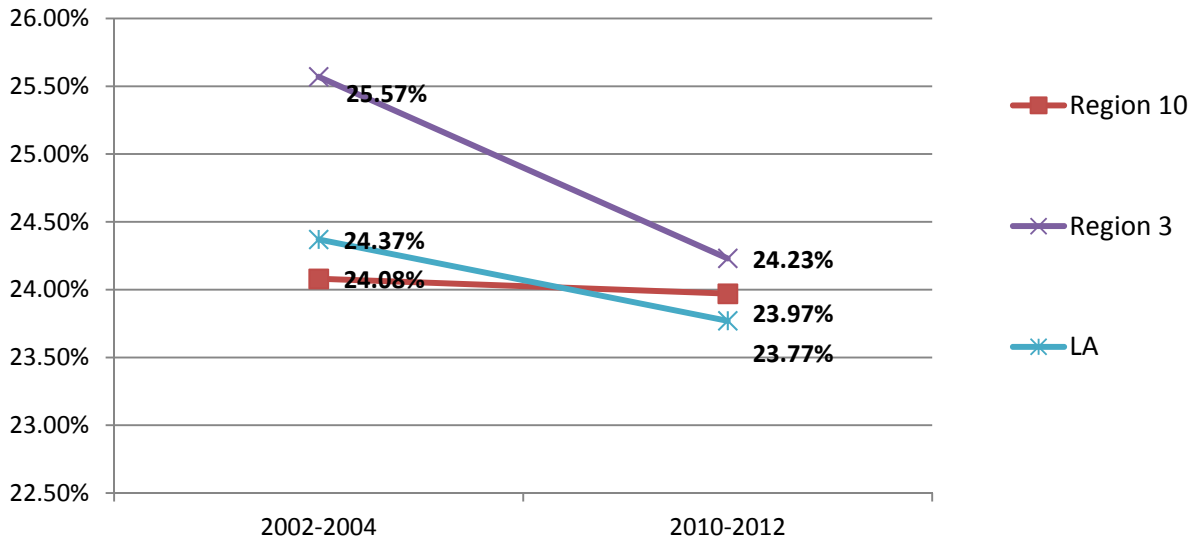
- For the study area, Region 10 (Jefferson Parish) reports the highest current rate of alcohol use in the past month at 52.19% of the population aged 12 and older. However, this region/parish has seen the largest decline in alcohol use rate from 2002-2004 to 2010-2012.



Binge Alcohol Use in the Past Month

- Region 3 (Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne parishes) reports the highest rate in binge alcohol use for the study area from 2002-2004 to 2010-2012. However, this region/parish has also seen the largest decline from 2002-2004 to 2010-2012.

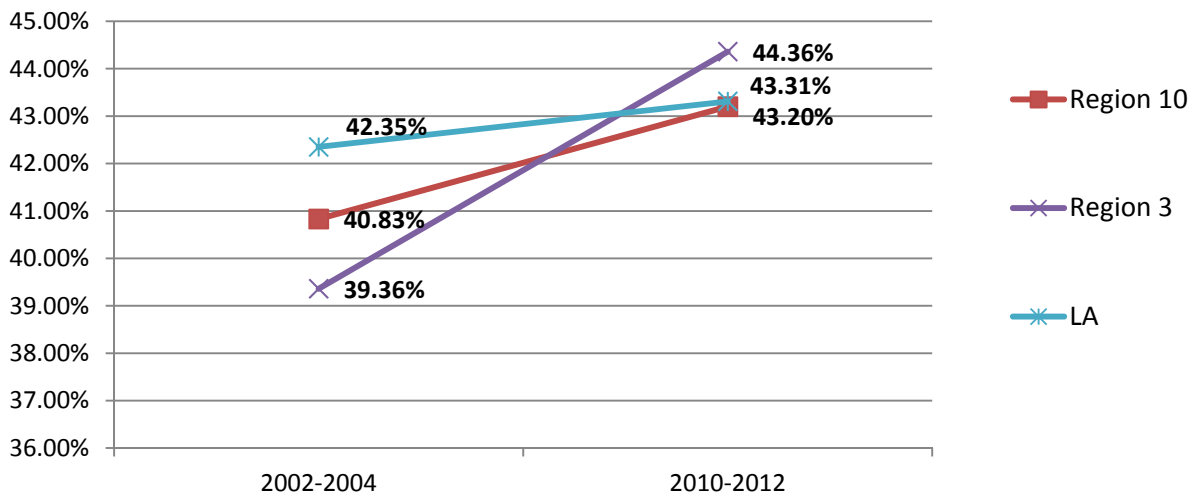
Binge Alcohol Use in the Past Month



Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week

- All of the study area regions have shown rises in the perceptions of risk of having five or more drinks once or twice a week from 2002-2004 to 2010-2012.

Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks

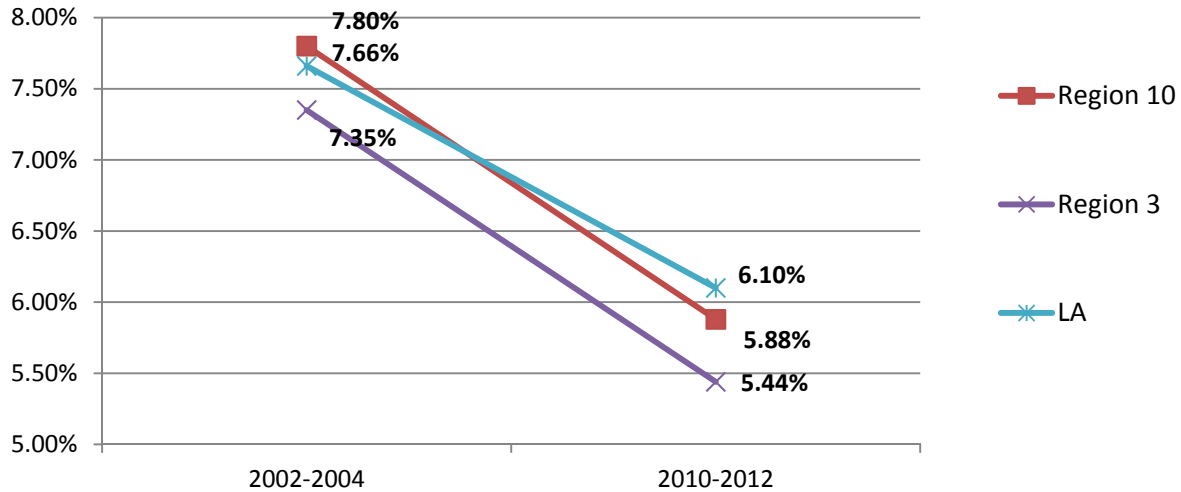


Needing but Not Receiving Treatment for Alcohol Use in the Past Year

- All of the study area regions have seen declines in the rates of residents needing but not receiving treatment for alcohol use from 2002-2004 to 2010-2012.

- Region 10 (Jefferson Parish) reports the highest rate for the study area of residents who needed but did not receive treatment for alcohol use in the past year at 5.88%.

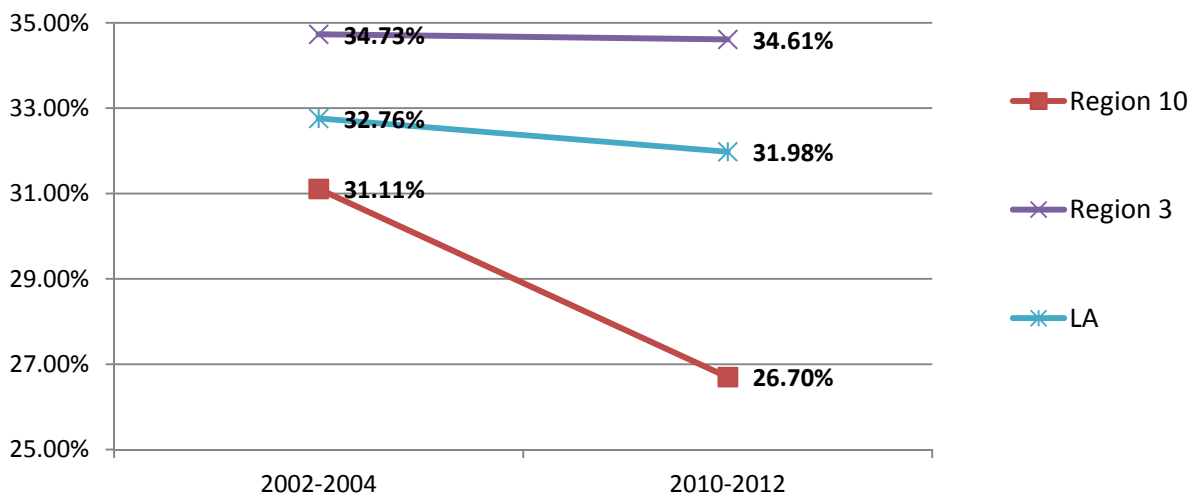
Needing but Not Receiving Treatment for Alcohol Use in the Past Year



Tobacco Use in the Past Month

- Region 3 reports the highest currently and in the past (with little difference from 2002-2004 to 2010-2012) of tobacco use in the past month at 34.61%.

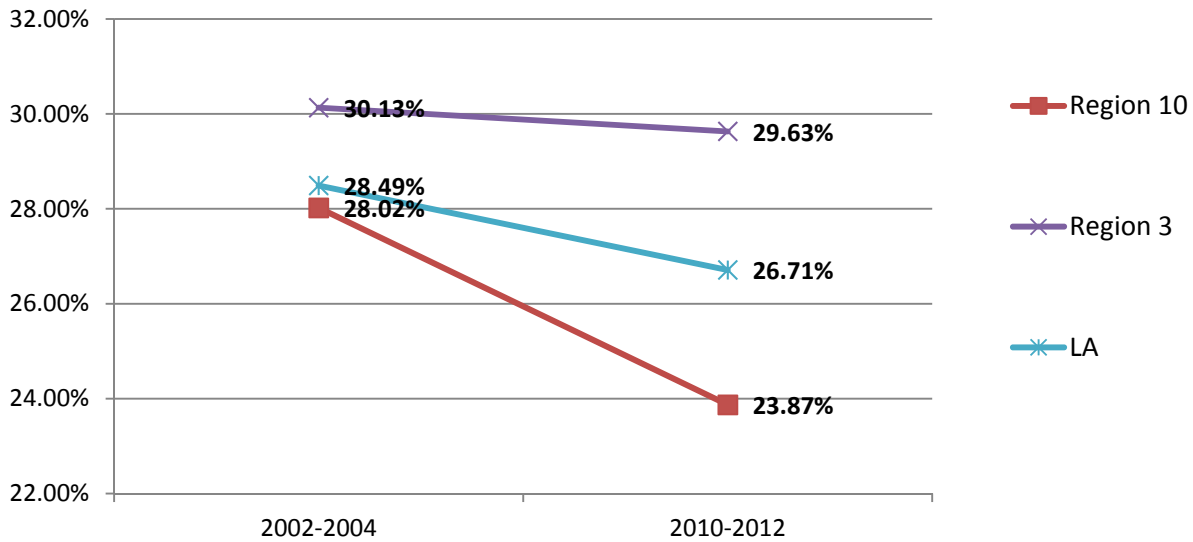
Tobacco Use in the Past Month



Cigarette Use in the Past Month

- Cigarette use in the past month is highest for Region 3 and was for the 2002-2004 analysis as well; it has seen a slight decline in rate over the years going from 30.13% to 29.63%.

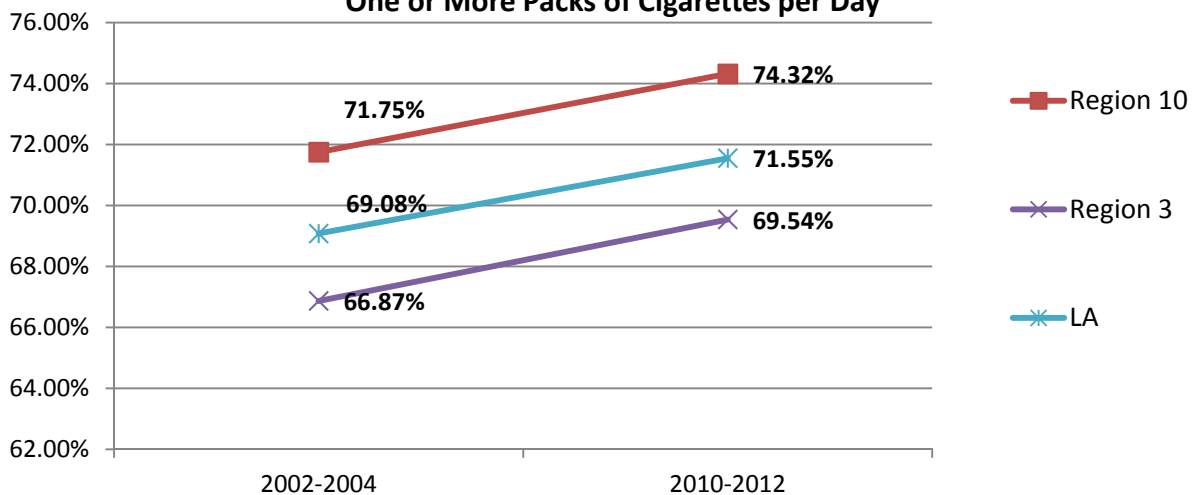
Cigarette Use in the Past Month



Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day

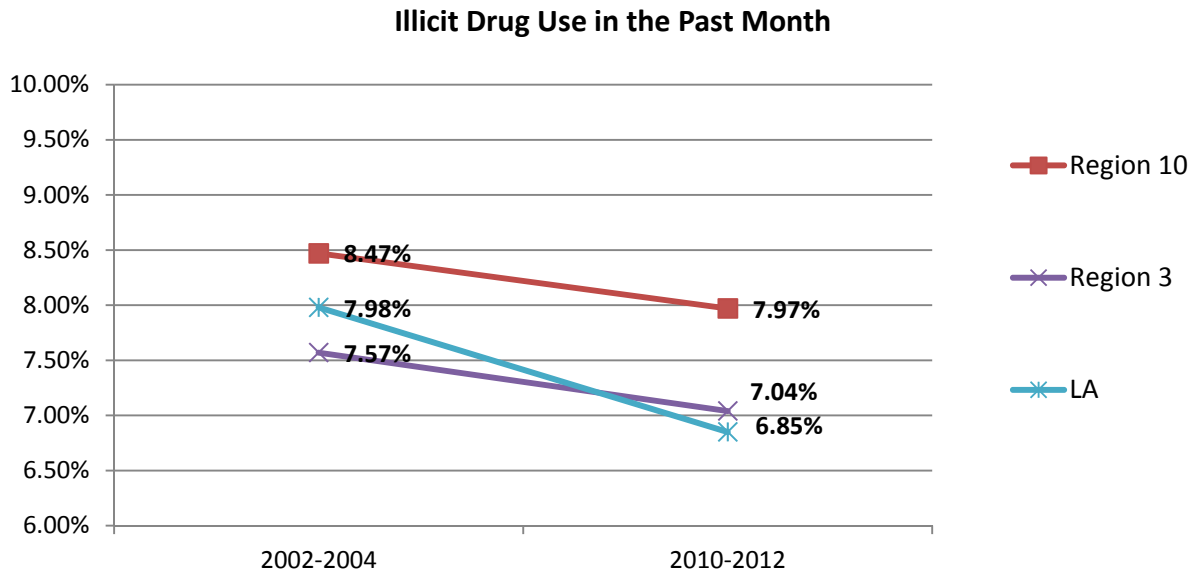
- All of the study area regions report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day; Region 3 reports the lowest rate (correlating to the higher usage).

Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day



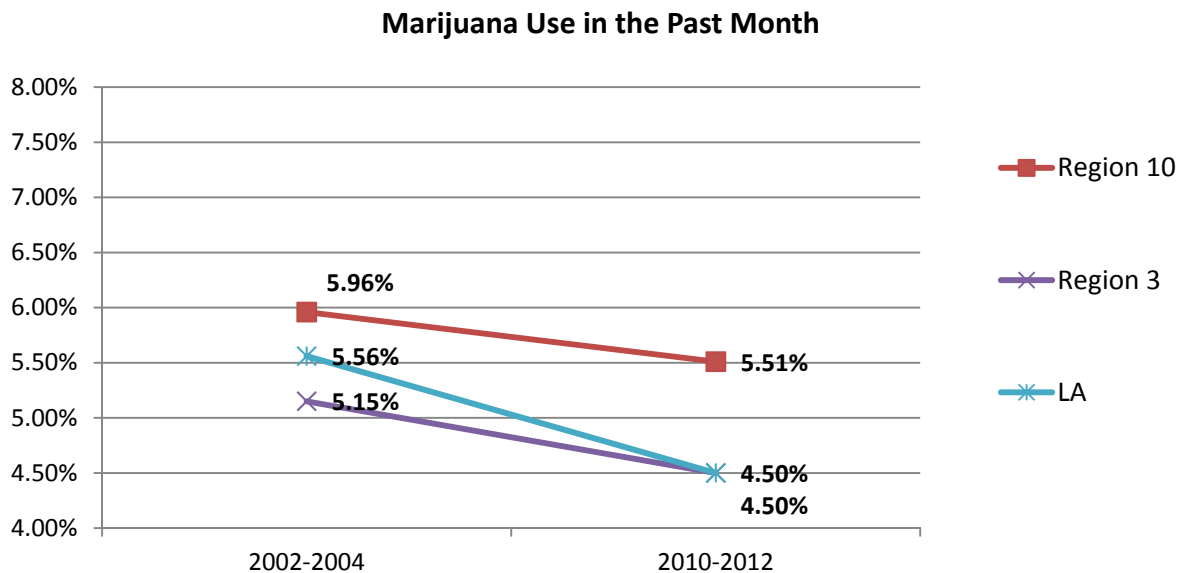
Illicit Drug Use in the Past Month

- Region 10 (Jefferson Parish) reports the highest rate of illicit drug use in the past month with 7.97% of the population aged 12 and older participating in drug use.



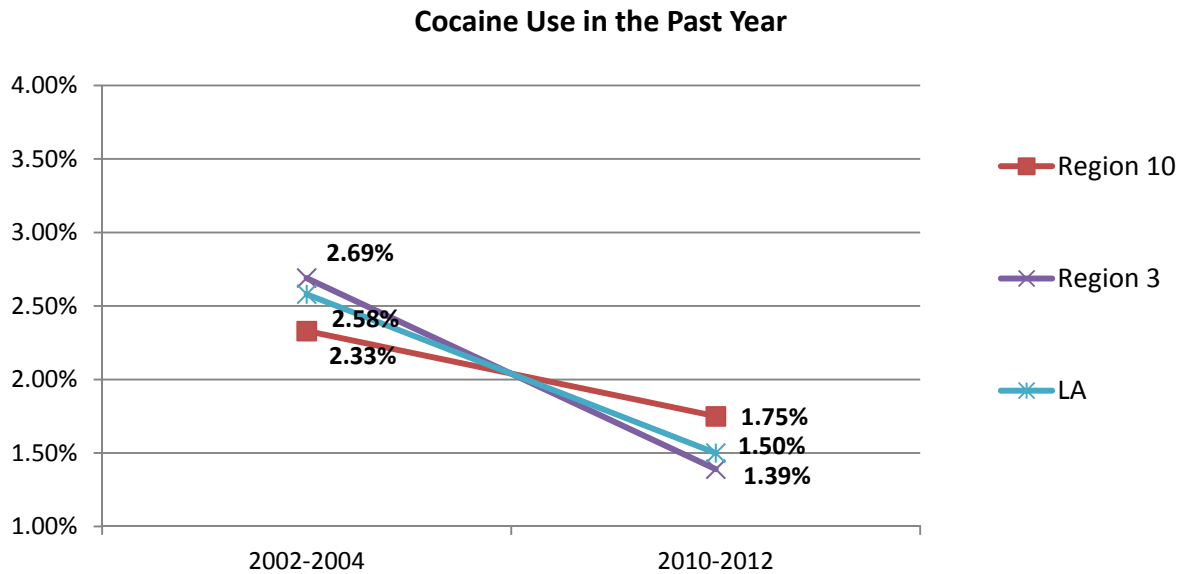
Marijuana Use in the Past Month

- Region 10 (Jefferson Parish) reports the highest rate of marijuana use in the past month with 5.51% of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 5.96%.



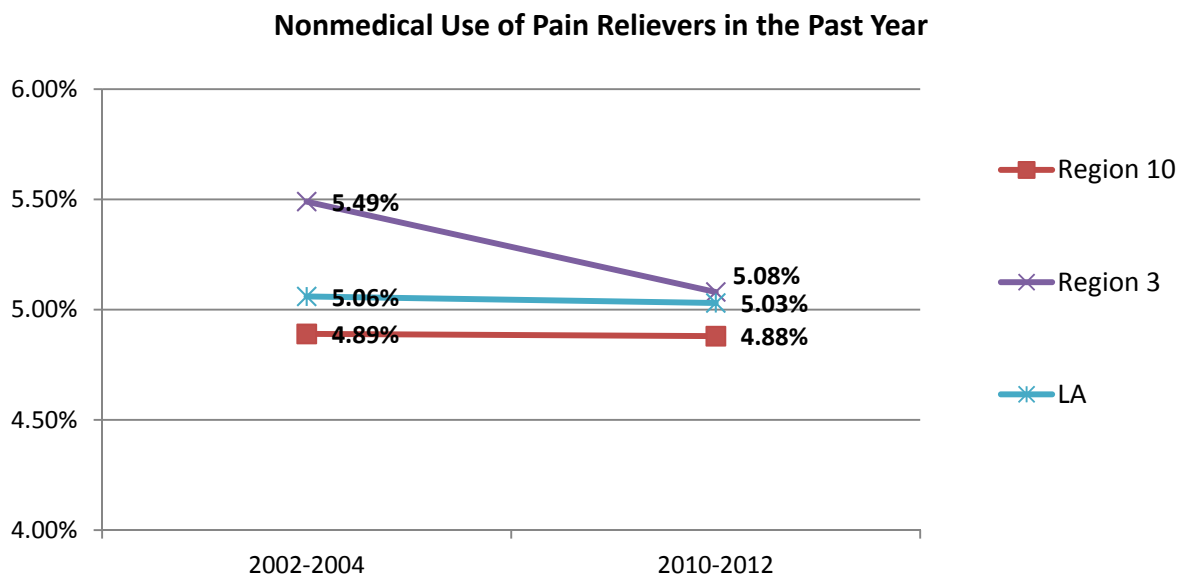
Cocaine Use in the Past Year

- Region 10 (Jefferson Parish) reports the highest rate of cocaine use in the past month with 1.75 % of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 2.33%.



Nonmedical Use of Pain Relievers in the Past Year

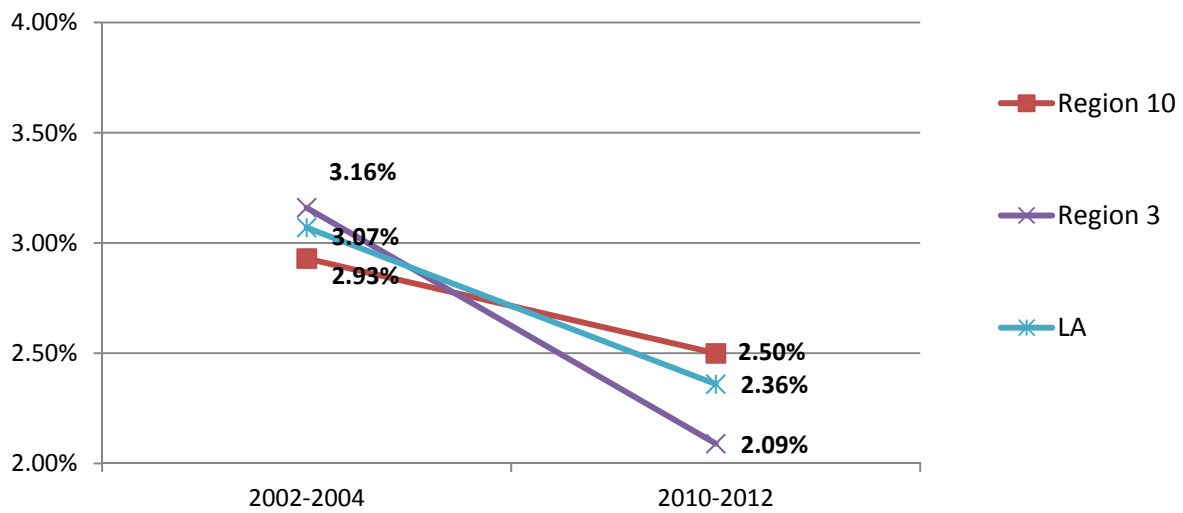
- All of the study area regions have report declines in nonmedical use of pain relievers in the past year. Region 3 reporting the highest rate of 5.08%.



Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year

- All of the study area regions report declines in the rates of residents reporting needing but not receiving treatment for illicit drug use in the past year. Region 10 reports the highest rate for the study area at 2.50% needing but not receiving treatment.

Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year



America's Health Rankings

America's Health Rankings® is the longest-running annual assessment of the nation's health on a state-by-state basis. For the past 25 years, America's Health Rankings® has provided a holistic view of the health of the nation. America's Health Rankings® is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.

For this study, the Louisiana State report was reviewed. The following were the key findings/rankings for Louisiana:

- Louisiana Ranks:
 - ✓ 48th overall in terms of health rankings
 - ✓ 44th for smoking
 - ✓ 45th for diabetes
 - ✓ 45th in obesity
- Louisiana Strengths:
 - ✓ Low incidence of pertussis
 - ✓ High immunization coverage among teens
 - ✓ Small disparity in health status by educational attainment
- Louisiana Challenges:
 - ✓ High incidence of infectious disease
 - ✓ High prevalence of low birthweight
 - ✓ High rate of preventable hospitalizations
- Louisiana Highlights:
 - ✓ In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
 - ✓ In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
 - ✓ In the past 20 years, low birthweight increased by 15 percent from 9.4 percent to 10.8 percent of births. Louisiana ranks 49th for low birthweight infants.
 - ✓ In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
 - ✓ Since 1990, infant mortality decreased by 32 percent from 11.8 to 8.2 deaths per 1,000 live births. Louisiana now ranks 47th in infant mortality among states.

Table 7. America's Health Rankings - Louisiana

Measure	Rank	Value	Measure	Rank	Value
Air Pollution	26	9.2	Infectious Disease	48	
All Determinants	48	-0.53	Insufficient Sleep	34	37
All Outcomes	44	-0.273	Lack of Health Insurance	39	16.7
Binge Drinking	21	16.3	Low Birthweight	49	10.8
Cancer Deaths	47	217.4	Median Household Income	50	39,622
Cardiovascular Deaths	46	307.5	Obesity	45	33.1
Children in Poverty	44	26.5	Obesity – Youth		13.5
Chlamydia	47	597.9	Occupational Fatalities	47	8.2
Cholesterol Check	26	76.2	Overall	48	-0.803
Colorectal Cancer Screening	39	61.5	Personal Income, Per Capita	29	41,204
Dental Visit, Annual	48	56.1	Pertussis	1	1.6
Dentists	39	49.6	Physical Activity	46	67.8
Diabetes	45	11.6	Physical Inactivity	46	32.2
Disparity in Health Status	16	26.5	Poor Mental Health Days	43	4.2
Drug Deaths	27	12.9	Poor Physical Health Days	38	4.2
Excessive Drinking	22	17.7	Premature Death	45	9625
Fruits	44	1.18	Preterm Birth	49	15.3
Heart Attack	41	5.3	Preventable Hospitalizations	48	80.3
Heart Disease	40	5	Primary Care Physicians	20	123.7
High Blood Pressure	47	39.8	Public Health Funding	27	69.01
High Cholesterol	41	40.7	Salmonella	47	33.7
High Health Status	47	44.4	Smoking	44	23.5
High School Graduation	46	72	Stroke	45	4
Immunization - Adolescents	11	72.6	Suicide	12	12.5
Immunization – Children	31	69.1	Teen Birth Rate	44	43.1
Immunization Dtap	16	87.9	Teeth Extractions	48	9.6
Immunization HPV female	12	42.1	Underemployment Rate	23	12.7
Immunization MCV4	9	87.7	Unemployment Rate, Annual	15	6.2
Income Disparity	48	0.491	Vegetables	49	1.64
Income Disparity Ratio	1	5.68	Violent Crime	44	496.9
Infant Mortality	47	8.2	Youth Smoking		12.1

Figure 4. Louisiana Health Rankings Bubble Chart

