

Ochsner Medical Center

Community Health Needs Assessment

October 2015



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Introduction

Ochsner Medical Center, (Jefferson Highway), a 503-bed acute care hospital located near Uptown New Orleans, is the main campus provider with off-site hospitals, Ochsner Baptist, a Campus of Ochsner Medical Center serving Eastbank communities and Ochsner Medical Center - Westbank Campus serving Westbank communities. Ochsner Medical Center, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA) between March 2015 and October 2015. The CHNA identifies the needs of residents served by Ochsner Medical Center. As a partnering hospital of a regional collaborative effort to assess community health needs, Ochsner Medical Center collaborated with 15 hospitals and other community-based organizations in the region during the CHNA process. The following is a list of organizations that participated in the CHNA process in some way:

- Louisiana Office of Public Health
- Humana Louisiana
- Director – Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Delgado Community College
- Pickering and Cotogno
- 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)
- Fifth District Savings and Loan
- Print All
- West Jefferson Civic Coalition
- Boys and Girls Club Westbank
- St. Tammany EDF
- City of Slidell
- COAST – Slidell Senior Center
- First Baptist Church
- St. Tammany Outreach for the Prevention of Suicide (STOPS)
- Youth Service Bureau – Slidell Client Services & CASA
- St. Tammany Parish Fire District 4
- NAMI
- S.A.L.T
- STPH Community Wellness Center
- The Good Samaritan Ministry
- Covington Police Department
- SMH Foundation Board

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 CHNAs every three years. The CHNA process undertaken by Ochsner Medical Center, 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 and a project oversight committee to accomplish the assessment.

Community Definition

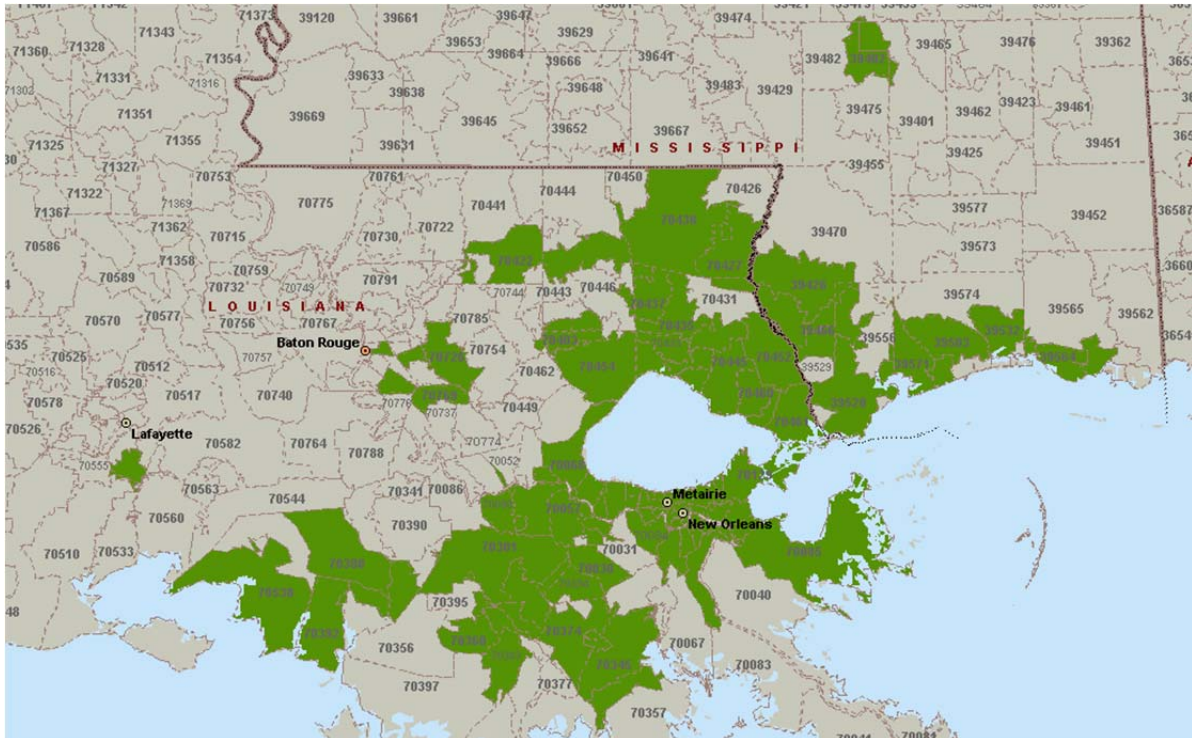
While community can be defined in many ways, for the purposes of this report, the **Ochsner Medical Center (OMC)** community includes the Ochsner Medical Center, Ochsner Medical Center – Westbank Campus, and Ochsner Baptist, a Campus of Ochsner Medical Center facilities and their community, zip-code definitions. Therefore, the Ochsner Medical Center community is defined as 96 zip codes – including 22 parishes/counties that hold a large majority (80%) of the inpatient discharges for the three hospitals (See Table 1 and Figure 1).

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

City	Zip Code	Parish/County	City	Zip Code	Parish/County
Prairieville	70769	Ascension Parish	Boutte	70039	St. Charles Parish
Baton Rouge	70806	East Baton Rouge Parish	Destrehan	70047	St. Charles Parish
Baton Rouge	70810	East Baton Rouge Parish	Hahnville	70057	St. Charles Parish
Baton Rouge	70816	East Baton Rouge Parish	Luling	70070	St. Charles Parish
Metairie	70001	Jefferson Parish	Norco	70079	St. Charles Parish
Metairie	70002	Jefferson Parish	Saint Rose	70087	St. Charles Parish
Metairie	70003	Jefferson Parish	Lutcher	70071	St. James Parish
Metairie	70005	Jefferson Parish	Vacherie	70090	St. James Parish
Metairie	70006	Jefferson Parish	Edgard	70049	St. John the Baptist Parish
Gretna	70053	Jefferson Parish	LA Place	70068	St. John the Baptist Parish
Gretna	70056	Jefferson Parish	Reserve	70084	St. John the Baptist Parish
Harvey	70058	Jefferson Parish	Morgan City	70380	St. Mary Parish
Kenner	70062	Jefferson Parish	Patterson	70392	St. Mary Parish
Kenner	70065	Jefferson Parish	Franklin	70538	St. Mary Parish
Marrero	70072	Jefferson Parish	Abita Springs	70420	St. Tammany Parish
Westwego	70094	Jefferson Parish	Covington	70433	St. Tammany Parish
New Orleans	70121	Jefferson Parish	Covington	70435	St. Tammany Parish
New Orleans	70123	Jefferson Parish	Folsom	70437	St. Tammany Parish
Youngsville	70592	Lafayette Parish	Lacombe	70445	St. Tammany Parish
Thibodaux	70301	Lafourche Parish	Madisonville	70447	St. Tammany Parish
Cut Off	70345	Lafourche Parish	Mandeville	70448	St. Tammany Parish
Galliano	70354	Lafourche Parish	Pearl River	70452	St. Tammany Parish
Larose	70373	Lafourche Parish	Slidell	70458	St. Tammany Parish
Lockport	70374	Lafourche Parish	Slidell	70460	St. Tammany Parish
Raceland	70394	Lafourche Parish	Slidell	70461	St. Tammany Parish
Denham Springs	70726	Livingston Parish	Mandeville	70471	St. Tammany Parish
New Orleans	70113	Orleans Parish	Hammond	70401	Tangipahoa Parish
New Orleans	70114	Orleans Parish	Hammond	70403	Tangipahoa Parish
New Orleans	70115	Orleans Parish	Amite	70422	Tangipahoa Parish

Table 1. Ochsner Medical Center Study Area Definition – Zip Codes					
City	Zip Code	Parish/County	City	Zip Code	Parish/County
New Orleans	70116	Orleans Parish	Ponchatoula	70454	Tangipahoa Parish
New Orleans	70117	Orleans Parish	Gray	70359	Terrebonne Parish
New Orleans	70118	Orleans Parish	Houma	70360	Terrebonne Parish
New Orleans	70119	Orleans Parish	Houma	70363	Terrebonne Parish
New Orleans	70122	Orleans Parish	Houma	70364	Terrebonne Parish
New Orleans	70124	Orleans Parish	Bogalusa	70427	Washington Parish
New Orleans	70125	Orleans Parish	Franklinton	70438	Washington Parish
New Orleans	70126	Orleans Parish			
New Orleans	70127	Orleans Parish			
New Orleans	70128	Orleans Parish	Mississippi		
New Orleans	70129	Orleans Parish	Diamondhead	39525	Hancock County
New Orleans	70130	Orleans Parish	Gulfport	39503	Harrison County
New Orleans	70131	Orleans Parish	Biloxi	39532	Harrison County
Belle Chasse	70037	Plaquemines Parish	Long Beach	39560	Harrison County
Arabi	70032	St. Bernard Parish	Pass Christian	39571	Harrison County
Chalmette	70043	St. Bernard Parish	Gautier	39553	Jackson County
Meraux	70075	St. Bernard Parish	Ocean Springs	39564	Jackson County
Saint Bernard	70085	St. Bernard Parish	Hattiesburg	39402	Lamar County
Violet	70092	St. Bernard Parish	Carriere	39426	Pearl River County
Des Allemands	70030	St. Charles Parish	Picayune	39466	Pearl River County

Figure 1. Map of Ochsner Medical Center Study Area



Consultant Qualifications

Ochsner Medical Center contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the CHNA. Tripp Umbach is a recognized national leader in completing CHNAs, having conducted more than 300 CHNAs 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 CHNA.

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 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 CHNA.

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 and 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, both 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 CHNA on behalf of Ochsner Medical Center — resulting in the identification of community health needs. The assessment process gathered 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 CHNA 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 and other participating hospitals and organizations. This process lasted from March 2015 until August 2015.
- ❑ **Secondary Data:** Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Ochsner Medical Center 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 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 total of 32 interviews were completed with key stakeholders in the Ochsner Medical Center 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 824 surveys were collected in the Ochsner Medical Center service area, which provides a +/- 3.14 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.
 - ✓ Westbank Region: the West banks of Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Charles Parish, and St. John Parish.
 - ✓ Northshore Region: St. Tammany Parish and Pearl River County, MS.
 - ✓ Southeast Louisiana (SELA) Region: all parishes included in the study area (Ascension, East Baton Rouge, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, Terrebonne, and Washington 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 3, 5, and 7, 2015. Consultants presented 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 community.
- ❑ **Public comment regarding the 2013 CHNA and implementation plan:** Ochsner Medical Center made the CHNA document publicly available on October 3, 2013. Since October 2013, Ochsner Medical Center 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 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 that resulted in the identification and prioritization of three community health priorities in the Ochsner Medical Center 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) Resource awareness and health literacy; 3) Behavioral health and substance abuse (Ochsner Medical Center – Jefferson Highway only); 4) Access to healthy options (Westbank communities only); and 5) Behaviors that impact health (Westbank communities only). 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 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:

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.

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 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 assessments completed by Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center, and Ochsner Medical Center – Westbank Campus 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 service area.

- In findings from the 2013 CHNAs, stakeholders perceived there was a lack of insurance coupled with increased poverty rates. Today, poverty remains prevalent in the area. An article from the Metropolitan Opportunity Series states, “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
- Today, the Ochsner Medical Center study area has an average annual household income of \$66,472, and there is a contrast between the socio-economic levels that can be found across the service area. St. Tammany Parish shows a much higher annual household income. The majority of the parishes served by the hospital fall below the average annual household income for the nation (\$74,165/year) with the exception of St. Tammany, St. Charles, and Plaquemines parishes (\$82,316, \$74,521, and \$73,485 per year, respectively). Orleans Parish reports the lowest income (\$59,059/year) and the highest number of households earning below \$25,000/year (39%) when compared to the state and the nation (29.5% and 23.5% 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

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>)

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).

- The CNI scores for the Ochsner Medical Center facilities are higher than the median for the scale (3.0) indicating more than average socio-economic barriers to accessing health care across the service area. 79 of the 96 zip code areas (82.3%) that are included in the Ochsner Medical Center service area are above the median score for the scale. Of those 79 zip code areas:

Ochsner Medical Center:

- ✓ The overall CNI score for the Ochsner Medical Center service area increased slightly from 3.7 in 2011 to 3.8 in 2015. The Ochsner Medical Center service area covers a large area and contains both the highest (5.0) CNI scores (Gretna – 70053, New Orleans – 70113, 70113, 70114, and 70117), and lowest (1.8) CNI scores (Mandeville – 70448 and Madisonville – 70447) in the health system, which presents a diverse set of community health needs across the entire service area. The highest CNI scored areas are where the highest rates of poverty, unemployment, uninsured, and lowest rates of educational attainment are found.

Ochsner Baptist, a Campus of Ochsner Medical Center:

- ✓ Ochsner Baptist, a Campus of Ochsner Medical Center (3.9 in 2011 to 4.1 in 2015). 22 of the 24 zip code areas (91.6%) served by Ochsner Baptist, a Campus of Ochsner Medical Center are above the median for the scale with the lowest score being 3.2 and two of those zip code areas (New Orleans – 70113 and 70117) being the highest possible for the scale at 5.0.

Ochsner Medical Center – Westbank Campus:

- ✓ Ochsner Medical Center – Westbank Campus (4.1 in 2011 to 4.3 in 2015) showed increases in overall CNI scores during the same period. All of the eight zip code areas (100%) served by Ochsner Medical Center – Westbank Campus are above the median for the scale with the lowest score being 3.2 and two of those zip code areas (New Orleans – 70114 and Gretna – 70053) being the highest possible for the scale at 5.0.
- The data suggest that there is an increase in barriers to accessing healthcare for some of the hospital service area. A closer look at the changes in scores shows there were 53 zip code areas that saw increases in barriers since 2011 and 40 remained unchanged or showed improvement (ten of which were areas with high barriers that remained unchanged at a CNI score of 4.5 or higher). 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.

- ✓ In Eastbank and Westbank communities there is a pattern of increased barriers in areas that previously showed higher CNI scores (greater barriers to accessing healthcare) and less dramatic increases in zip code areas with lower CNI scores (fewer barriers to accessing healthcare). This means that it is becoming increasingly difficult to secure healthcare in areas with lower-socioeconomic status. This is a trend, across the nation, resulting from the consolidation of healthcare resources and the sustainability challenge faced by many health service providers. None of the Ochsner Medical Center – Westbank campus saw improvements in the CNI scores since 2011. The only improvement in CNI scores (decrease in score) in the Ochsner Baptist, a Campus of Ochsner Medical Center service area took place in Orleans Parish.
- ✓ It would appear that, aside from Orleans Parish, the most rural areas in the Ochsner Medical Center service area show a greater increase in CNI scores from 2011 to 2015: St. Charles Parish, Lafourche Parish, St. Tammany Parish, Harrison County, MS, Tangipahoa Parish, Lamar County, MS, and River County, MS. Zip code areas that had lower CNI scores (lower barriers to accessing health care) in 2011 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. This pattern was also reflected in the Ochsner Medical Center service area.
- In Eastbank and Westbank communities, single parent homes are likely to be living in poverty with at least one quarter of these homes below the federal poverty rate. For example, single parent homes are likely to be living in poverty with at least one quarter of these homes below the federal poverty rate throughout the service area.

Ochsner Medical Center:

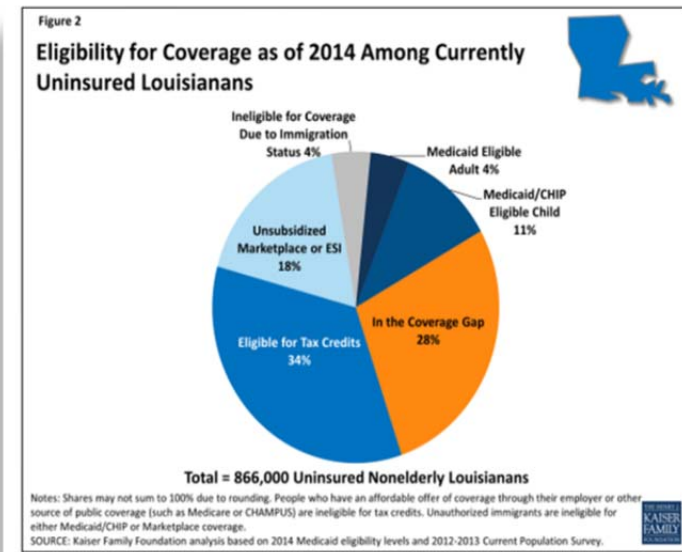
- ✓ 42 of the 97 zip code areas (89.3%) served by Ochsner Medical Center show more than one-quarter of single parent homes are in poverty. Community leaders representing the Northshore Region and stakeholders noted that poverty and homelessness appears to have increased in Slidell, LA. This increase is apparent in the increased CNI score for Slidell (70458) from 2.8 to 4.0, an increase of 1.2, indicating significant increases in barriers to accessing healthcare. Community leaders discussed a development process taking place on the outskirts of Slidell (70458), which may be drawing the younger, professional residents away from 70458 and leaving an aging population with lower-fixed incomes and residents that cannot afford to relocate.

Ochsner Baptist, a Campus of Ochsner Medical Center:

- ✓ 23 of the 24 zip code areas (95.8%) served by Ochsner Baptist, a Campus of Ochsner Medical Center show more than one-quarter of single parent homes are in poverty.

Ochsner Medical Center – Westbank Campus:

- ✓ Seven of the eight zip code areas (87.5%) served by Ochsner Medical Center – Westbank Campus show approximately one-half of single parent homes are in poverty.



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) 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 all⁴

- ✓ 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.

- ✓ Today, the uninsured rate for the hospital service area (15.0%) is less than the state (19%):

Ochsner Medical Center:

- ✓ There are nine zip code areas that have higher rates of uninsured than is average for the state and the nation. They are: New Orleans – 70129 (29.1%); Hammond

⁴ Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey

– 70401 (22.4%) and 70403 (21.7%); Amite – 70422 (24.0%); Bogalusa – 70427 (21.9%); Baton Rouge – 70806 (20.4%); Bay Saint Louis – 39520 (20.8%); Franklinton – 70438 (20.0%); and Edgard – 70049 (19.6%).

Ochsner Baptist, a Campus of Ochsner Medical Center:

- ✓ There are 11 zip code areas that have higher rates of uninsured than is average for the state and the nation. They are all in New Orleans: 70113 (42.0%), 70117 (31.9%), 70116 (24.8%), 70119 (31.1%), 70125 (25.4%), 70126 (29.5%), 70127 (30.6%), 70122 (25.2%), 70118(23.1%), 70130 (21.1%), and 70128 (23.0%).

Ochsner Medical Center Westbank Campus:

- ✓ There are two zip areas that have higher rates of uninsured than is average for the state and the nation. They are: New Orleans – 70114 (27.9%) and Gretna – 70053 (20.5%).
- ✓ Plaquemines, St. Tammany, and St. Charles Parish all show increases in uninsured adults since 2011 (21.50%, 20.60%, and 19.10% respectively) to 2012 (23.80%, 21.80%, and 20.60% respectively); while uninsured rates were decreasing in the state and the nation during the same time. Latino residents are more likely to be uninsured than their counterparts in Jefferson (39.26% to 15.30% respectively), Orleans (38.89% to 17.88% respectively), Plaquemines (15.83% to 11.41% respectively), St. Charles (32.56% to 12.95% respectively), and St. Tammany. (28.41% to 12.96% respectively). Additionally, there are racial disparities in the rates of uninsured with the highest rates being consistently among residents of “some other race” in most parishes in the study area. There are also higher rates of uninsured among: Asian residents in St. Charles Parish and Native American and Native Hawaiian/Pacific Islanders in Orleans Parish.
- ✓ 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. Community leaders and stakeholders addressed the limitations of the Medicaid Waiver, which does not cover hospitalization, 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. Additionally, 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 (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.

- ✓ The percent of insured population receiving Medicaid benefits (2009-2013) was highest in Orleans Parish (31.27%) when compared to the state (25.70%) and national (20.21%) rates. If physicians are not accepting new Medicaid patients (as secondary data suggests), it is possible that many patients in the hospital service area are not able to secure primary care using their insurance coverage.
- ✓ 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. Additionally, 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 in Eastbank and Westbank communities where more than one-third of respondents reported less than \$29,999 annual household income (61.5% and 51.8%, respectively). A higher percentage of respondents indicated that they could not see a doctor in the last 12 months because of cost (Eastbank – 30.5% and Westbank- 27.9%) when compared to the state average (18.9%). Additionally, survey respondents reported not taking medications as prescribed in the last 12 months due to cost (Eastbank – 25.3% and Westbank – 26.1%). 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 2014⁵ showed that nearly one-quarter of respondents stated they had never gone to a doctor for a check-up or care, either in New Orleans or elsewhere. The most common place to receive care was community clinics (38%); followed by the emergency room (24%). When asked what the most pressing health concerns were, respondents indicated: dental care, access to health care, insurance, and nutrition.

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., palliative care services for Medicaid beneficiaries, pediatric neurosurgery, pediatric cardiology, endocrinology,

⁵ 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.

diagnostics, care coordination, after-hours specialty care, HIV services, prescription assistance, primary care (rural areas), and community-based supportive services for seniors) There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients, and/or 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-utilization of emergency medical care for non-emergency issues. Some focus group participants believed that there was an exodus 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.
- Today, the primary care physician ratio in Orleans, Jefferson, and St. Tammany parishes are similar to or better than the state and national rates (143.26, 112.30, 86.66, 57.86 and 78.92 per 100,000 pop. respectively). St. Charles and Plaquemines parishes show almost half the primary care physician ratio (32.27 and 29.26 per 100,000 pop. respectively) than state and national rates. However, the rates of Federally Qualified Health Centers (FQHC) was highest in St. Charles, Plaquemines, and Orleans parishes (5.68, 4.34, and 3.78 per 100,000 pop.) when compared to Jefferson and St. Tammany parishes (1.39 and 0.86 per 100,000 pop. respectively).
- Community leaders and stakeholders discussed the uncertainty in the medical industry and low reimbursement rates that drive the lack of services for Medicaid recipients and uninsured residents. Community leaders felt that 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. The physician workforce is aging and many physicians are retiring, leading to a decrease in the number of physicians available.
- Stakeholders representing Eastbank and Westbank communities indicated that there are not enough primary care providers to meet the demand for health services; and those numbers are expected to continue to decline. There were additional regional variances in these discussions:

Eastbank Communities:

- ✓ Leaders discussed the uncertainty in the medical industry and low reimbursement rates that drive the lack of services for Medicaid populations. Stakeholders described disparate health resources with lower income neighborhoods containing the fewest resources. Reportedly, there is a lack of health resources for Vietnamese and African American women in the New Orleans East communities. One stakeholder indicated that the East area is the most disenfranchised area and has been for decades.

Westbank Communities:

- ✓ Community leaders representing Westbank communities indicated that there is a need for additional FQHCs and look-a-like clinics on the Westbank. Stakeholders discussed a lack of preventive care in Westbank Communities. Leaders felt that residents are often seeking primary care services in the emergency rooms at local hospitals due to a lack of resources that offer convenient, accessible health services for Medicaid eligible populations.
- Survey respondents echoed a lack of access to services with at least one in 10 survey respondents indicated they did not feel as though they have access to the following: dental services (Eastbank – 20.7% and Westbank – 17.9%); vision services (Eastbank – 19.7% and Westbank – 16.1%); cancer screening (Eastbank – 9.7% and Westbank – 17.9%); services for 60+ (Eastbank – 10% and Westbank – 12.6%); HIV services (Eastbank – 11.5%); medical specialist (Eastbank – 11.8% and Westbank – 10.9%); primary care (Eastbank – 10.2%); pediatric & adolescent health (Eastbank – 10.7% and Westbank – 14.8%); emergency medical (Eastbank – 11.1% and Westbank – 11.7%); healthy foods (Eastbank – 15.6% and Westbank – 6.9%); and employment assistance (Eastbank – 16.2% and Westbank – 15.9%).
- 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 service area there are higher rates throughout the study area when compared to the state and national rate for two of the 14 PQI measures (i.e., perforated appendix and low birth weight). The hospitalization rate for perforated appendix is the highest (402.60) when compared to state (322.43) and national (323.43) norms. The State of Louisiana has higher hospitalization rates when compared to the national trends for many of the PQI measures and the greatest difference in hospitalization rates is between the hospital service area and the national rate for congestive heart failure (364.09 and 321.38, respectively).

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.
- During this study, community leaders and stakeholders discussed the lack of care coordination provided for uninsured, underinsured, Medicaid beneficiaries, and senior residents (including seniors that are seeking care in inappropriate settings like the emergency room). Several stakeholders mentioned the benefits of home healthcare and palliative care for care coordination, though Medicaid eligible residents, reportedly, are not often approved for home health services.

Eastbank Communities:

- ✓ 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.

Limited access to healthcare as a result of transportation issues:

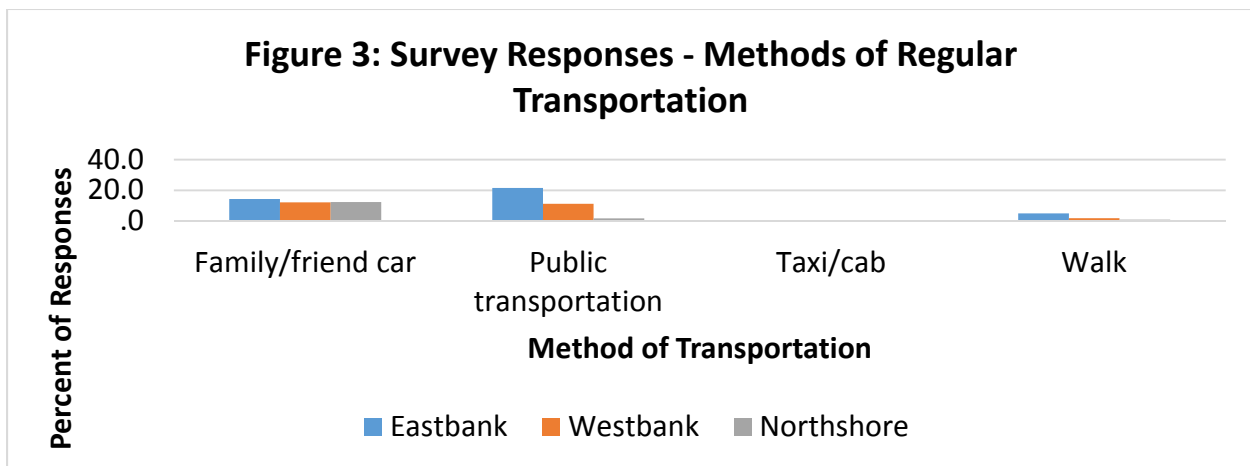
Transportation was discussed as a barrier to accessing health services for residents in local communities with the highest poverty rates.

- 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 the health of residents in a variety of ways by limiting the access residents have to

healthy options like medical providers and grocery stores with healthy foods. The limitations of transportation may restrict the access residents have to employment opportunities, which could be a barrier to insurance and financial stability.

Eastbank and Westbank Communities:

- ✓ One stakeholder identified transportation as one of several reasons expectant 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 expectant mother has other children.
- ✓ With the exception of Orleans Parish (18.46%), the general population in the hospital service area shows average or below average rates of households with no motor vehicles when compared to state (8.48%) and national (9.07%) norms. However, survey respondents indicated that their primary form of transportation is some method other than their own car (Eastbank – 40.9%, Westbank – 25.2%).



- At least one in 10 survey respondents (Eastbank – 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:

- ✓ Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease.
- ✓ 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.
- ✓ Poor health and higher rates of mortality.

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 clinics, and urgent care clinics. It will be very important to further understand the access issues for populations that may not have ready access to health care; such as, low income, Native American, Vietnamese, and 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 preventive care in Westbank communities:** Leaders representing Westbank communities discussed the need to shift the focus of healthcare away from acute episodic care to prevention, noting that preventive care is less costly and a more effective long-term solution to improving health outcomes.
- **Offer health and other necessary services in both urban and rural areas where the rate of poverty is high:** Leaders from each region Eastbank and Westbank discussed increasing access to health services in communities where the poverty rates are high and transportation may be an issue. 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. Leaders representing Eastbank communities also discussed mobile health services and public-private partnerships to support hospitals where corporate models of healthcare may not be as sustainable, as two models that may be able to increase the availability of health services in underserved areas. Leaders also discussed the provision of medication assistance or a pharmacy for low-income residents that are under/uninsured. Leaders representing Westbank communities recommended that hospitals could offer land for community gardens in the neighborhoods they serve to increase access to healthy produce.
- **Increase the collaboration between FQHCs and Hospitals:** Leaders representing both Eastbank and Westbank regions 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. Leaders believed that there is a need to increase the number of FQHCs in order to reduce the use of the emergency room in communities.
- **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.

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
 - ✓ System navigation
2. Presence of barriers related to literacy, awareness and 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 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 residents with 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 fractured and there was a lack of consistent information and human resources available to help with navigation of the system. Stakeholders perceived, there was not a system that was universally accessible or easy to navigate due to all of the different ways one could obtain healthcare and mental health care at that time.
- During the current assessment, 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

primary care to residents through a network of FQHCs and community-based clinics. One of the most discussed about barriers to accessing health services in the study area was the awareness residents had regarding 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 as referenced earlier in the “Need to Improve Access to Healthcare” section of this report. 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. The result has reportedly been an over-utilization of the emergency rooms for primary care and behavioral health concerns.

- Community leaders felt that it can be difficult to identify which physicians will accept Medicaid. Leaders discussed the difficulty this poses in referrals as well as residents’ ability to secure community-based primary care services. There were further discussions by community leaders and stakeholders about residents that may not always know how to utilize insurances once they are insured, and may continue to seek more costly care in the emergency room due to the need for health services that are more convenient.
- Stakeholders also indicated that residents are not always practicing prevention (e.g., screenings) due to a lack of awareness about healthy preventive practices. For example, stakeholders pointed to education in charter schools as an issue related to the access youth have to education about reducing the spread of STIs and HIV.

Table 2: Survey Responses – Preferences for Receiving Information about Healthcare

Preferred Method	Eastbank Respondents (%)	Westbank Respondents (%)
Newspaper	21.2%	25.2%
TV	33.4%	30.6%
Internet	29.4%	36.0%
Word of Mouth	62.4%	63.1%
Radio	13.7%	14.4%
Library	2.5%	2.7%
Clinics	21.2%	17.1%
Faith/Religious Organizations	27.1%	16.2%
Call 2-1-1	4.5%	4.5%
Other	6.2%	6.3%

- Residents are often inundated with information and may need to hear a message several times before they comprehend the message and become aware of the importance of implementing healthy behaviors or locating services. Leaders discussed that often information is disseminated too infrequently to be received by residents.

One of the greatest challenges in increasing health literacy and resource awareness will be the method many respondents prefer to use when receiving information about health services (i.e., word-of-mouth) most often, in both Eastbank (62.4%) and Westbank (63.1%) communities, limiting the effectiveness of outreach and advertisement efforts using other methods.

Presence of language barriers and literacy related accessing care and understanding care provided:

- In the 2013 CHNA, stakeholders believed the Greater New Orleans area was a diverse community and healthcare needed to be provided in a culturally sensitive way. Overall, stakeholders felt there were a lack of resources to address cultural barriers when dealing with the navigation of healthcare services at that time.
- Today, community 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. Providers do not always offer culturally competent health services in the language of preference for residents that may have limited English speaking skills, which may lead to limited understanding of individual health status and/or treatment directives. The most current zip code level data suggests there are pockets of populations in the hospital service area with limited English speaking skills. CNI data shows higher rates of residents with limited English speaking skills compared to the average rates for the hospital service area (1.9%) and the average rates in the SELA Region (1.6%):

Ochsner Medical Center service area:

- ✓ New Orleans (70129), Metairie (70006), Lockport (70374), and Galliano (70354), (16.6%, 5.0%, 4.5%, and 3.0% respectively)

Ochsner Baptist, a Campus of Ochsner Medical Center service area:

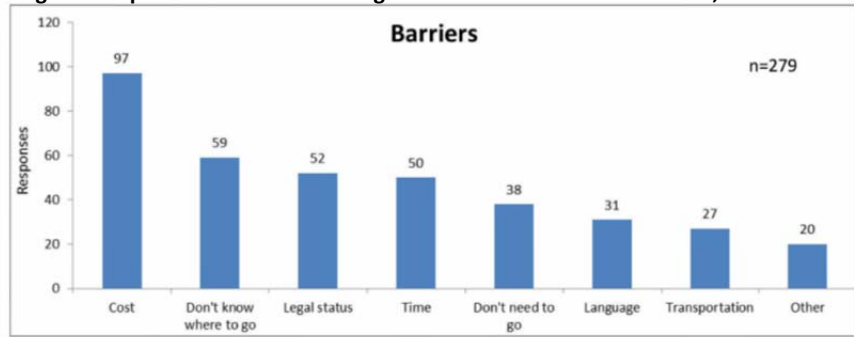
- ✓ Kenner (70062 and 70065), Metairie (70002, 70001, and 70005), (7.8%, 6.1%, 9.5%, 3.2%, and 4.1% respectively).

Ochsner Medical Center – Westbank Campus service area:

- ✓ Gretna (70056) and Harvey (70058) (4.8% and 5.9% respectively)

- The results of a survey conducted among Latino(a) residents in New Orleans from 2013 to 2014⁶ echoes the findings of the previous (2013) CHNA. When asked what

Figure 4: Top Health concerns Among Latino Residents in New Orleans, LA



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, and lack of outreach to Latino residents by healthcare providers.

- Community leaders and stakeholders discussed the limited awareness of residents with the lowest educational attainment in their communities; noting that the capacity to advocate for themselves is greatly reduced as a result. Stakeholders noted that there is a high correlation between lower educational attainment and a lower level of health literacy; indicating that residents are not always being assessed for their level of understanding. Additionally, stakeholders felt that the movement toward electronic medical records, the use of online applications, and internet based systems may leave some residents that do not have access to computers and/or whom may be unfamiliar with computers without access to relevant health information.

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 vulnerable populations with limited English skills (i.e., Vietnamese and Spanish speaking populations), limited literacy skills, and limited computer literacy.

- ✓ There are socio-economic and racial disparities apparent in secondary data related to health outcomes (i.e., HIV/AIDS, low birth weight, infant mortality, heart disease, cancer, colon cancer, prostate cancer, stroke, and homicide).

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:

⁶ Source: *I don't Know Where to Go: Latino Community Health Issues in New Orleans*

- **Increase access to accurate information about what services are available:** Leaders discussed the dissemination of accurate information about what services are available in Eastbank and Westbank 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 functionality and accessibility for residents. Leaders representing Westbank communities recommended that hospitals and health providers work with neighborhood associations to disseminate information about available services, as well as, preventive education on an ongoing basis. Leaders also recommended 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.
- **Increase the number of community health workers:** Leaders representing Eastbank and Westbank communities 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 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 health service providers, as well as residents. Leaders felt the providers could benefit from education regarding available services, the use of HIPAA regulations, behavioral health symptoms, elder abuse, and cultural sensitivity. 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, the risks of HIV, end of life decisions, and behavioral health symptoms, etc. Additionally, leaders recommended that incentives should be provided to organizations and businesses for promoting healthy activities (e.g., exercise, healthy nutrition, etc.) and healthy options (e.g., nutrition, food preparation, physical exercise, etc.).

NEED TO IMPROVE ACCESS TO HEALTHY OPTIONS (WESTBANK COMMUNITIES ONLY)

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

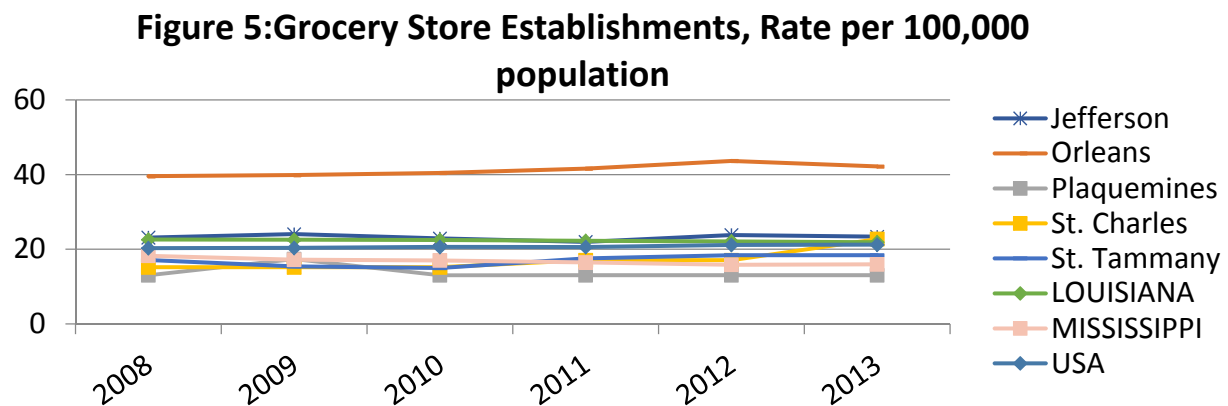
1. Limited access to healthy nutrition
2. Lack of safe exercise options

3. Limited access to prevention and education

Community leaders identified access to healthy options as a community health priority. Community leaders and stakeholders understood that health issues in the hospital service area are driven by both personal choices of residents and the amount of access individuals have to healthy options. Leaders focused discussions around the limited access residents have to healthy nutrition, safe exercise opportunities, and the need for education and outreach. There is agreement across data sources in support of increasing access to healthy options in the hospital service area.

Findings supported by study data:

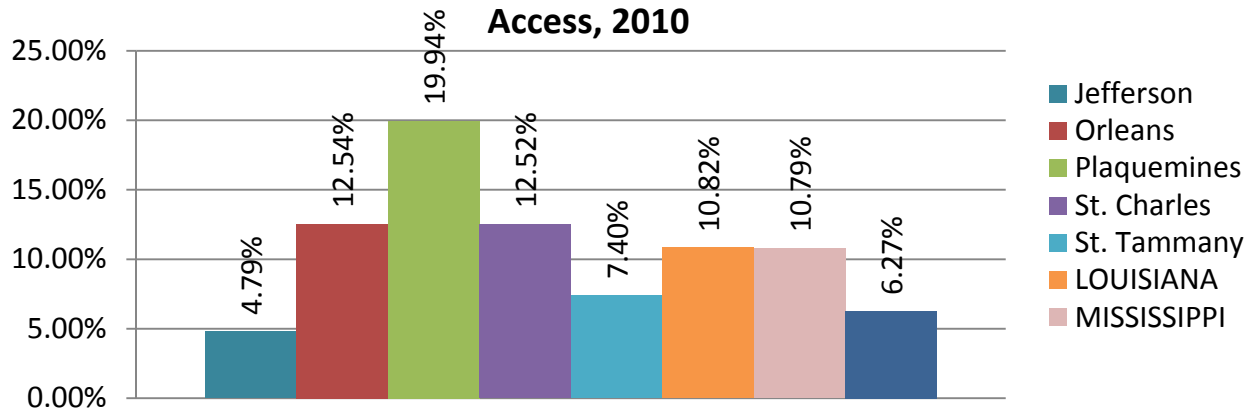
Limited access to healthy nutrition:



*Source: Community Commons. 06/08/2015

- Community leaders and stakeholders discussed food security 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 (e.g., fresh produce) due to the lack of transportation options. From 2012 to 2013, St. Charles Parish reported a spike in its rate of grocery stores per population going from 17.05 in 2012 to 22.74 in 2013; the current rate is higher than state and national norms (21.88 and 21.2 per 100,000 pop.). Orleans Parish and Jefferson Parish have higher rates of grocery stores (42.17 and 33.35 per 100,000 pop. respectively); while St. Tammany Parish and Plaquemines Parish have the lowest rates of grocery stores in the study area (18.4 and 13.02 per 100,000 pop. respectively).

Figure 6: Percent Low Income Population with Low Food Access, 2010



*Source: Community Commons. 06/08/2015

- However, community leaders indicated that there are several grocery stores in Westbank communities that have closed since the last CHNA was completed in this area. A closer look at the data shows that the low-income populations of Plaquemines Parish, St. Charles Parish, and Orleans Parish all experience the highest rates of low food access (19.94%, 12.52%, and 12.54% respectively). This rate is higher than rates seen for the state (10.82%) and nation (6.27%).
- While access is an issue related to healthy nutrition, education about healthy food preparation is also important as community leaders and stakeholders felt that residents are not always aware of how to prepare foods in healthy ways. Traditional diets are steeped in unhealthy preparation methods like fried and fatty foods.

Limited access to prevention and education:

Community leaders discussed the rural nature of the service area coupled with the disconnected nature of residents in relationship to the level of information and instruction about healthy choices that reaches residents in local communities. Leaders and stakeholders believe that many low-income, uninsured/underinsured residents are not always informed about the most effective preventive practices due to being disconnected from primary care.

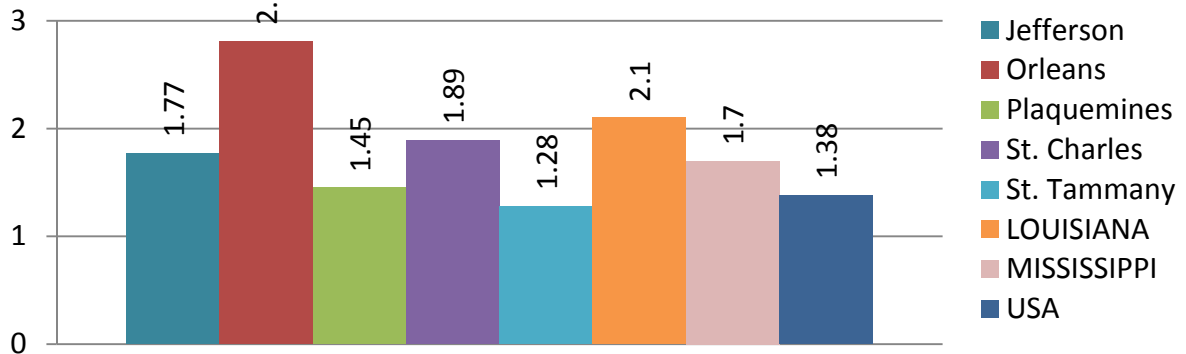
- Stakeholders felt that a lack of education coupled with low exposure to healthy resources causes residents in poverty to be unaware of healthy options. When residents are aware of healthier choices, they may perceive these options to be out of their reach (e.g., healthy produce and nutrition may not be viewed as consistently attainable) due to a lack of grocery stores, limited transportation, and cost.
- When residents are not seeing a physician on a regular basis and they live in rural areas, they may not have access to outlets of information about healthy practices. For example, community leaders indicated that there is not enough focus on preventive care; largely due to a lack of funding for these types of services. When residents are not

practicing healthy preventive practices, a community may end up with higher utilization of emergency and urgent care resources.

- Stakeholders indicated that there are restrictions on the education offered to youth regarding effective prevention of STIs, like HIV.

Lack of safe exercise options:

Figure 7: Mortality - Pedestrian Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2008-2010



*Source: Community Commons. 06/08/2015

- Traffic fatalities are highest in Orleans Parish (2.81 per 100,000 pop.) and slightly higher in St. Charles Parish (1.89 per 100,000 pop.) when compared to national norms (1.38 per 100,000 pop.). Though, community leaders believed that there are many opportunities for residents to exercise outdoors (e.g., local parks and walking trails) and indoors at a low cost (e.g., local gym memberships for ten dollars each month). However, residents are not always aware of the options available for healthy activities in Westbank communities. Furthermore, residents cannot always afford gym memberships and exercising outside during the summer months can be dangerous for some populations (e.g., seniors).

Stakeholders discussed the implications of the limited access to healthy options that residents of the hospital service area have as some of the following:

- ✓ Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease. Several of these measures are high in the hospital service area.
 - The rates of obesity in the study area and nationally have seen steady rising over the years. All parishes included in the study area show higher rates of obesity (BMI >30.0) than the national norms (27.14%). Parish populations range between 27.40% (St. Tammany Parish) and 35.40% (St. Charles Parish) obese.

- The average Body Mass Index (BMI) among survey respondents in the Westbank Region (28.79) was higher than national norms and bordered on Obese (BMI>30).
- Survey respondents for Westbank communities self-reported higher rates of diabetes diagnosis (16.2%) than the SELA Region (16.0%), state (10.3%), and national (9.7%) rates.
- ✓ Poor birth outcomes (e.g., low birth weight) and limited access to healthy options.
 - All parishes in the study area and the state 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.
 - There are more preventable hospitalizations related to low birth weight in the hospital service area (87.15) than is average for the state (86.51) and nation (62.14).

Primary data collected during this assessment from community leaders and residents offered recommendations to improve access to healthy options. Some of which included:

- **Proactively address health issues in women that are childbearing age:** Leaders representing Eastbank Communities recommended that women at risk of poor birth outcomes be identified prior to becoming pregnant and be targeted with increased access to insurance, outreach, and education regarding the impact their health status and behaviors can have on birth outcomes.
- **Increase employment opportunities:** Leaders representing Eastbank communities 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.
- **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. Leaders representing Westbank communities discussed providing shopping tours and incentives to low income residents to participate in shopping tours. Trained professionals would provide a walking tour through a local grocery store, complete with healthy recipes and food preparation tips, in order to teach residents about the importance and affordability of health nutrition.

NEED TO IMPROVE BEHAVIORS THAT IMPACT HEALTH (WESTBANK COMMUNITIES ONLY)

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

1. Residents do not always make the healthiest choices

Community leaders representing Westbank communities identified behaviors that impact health as a community health priority in Westbank communities. Community leaders and stakeholders understood that health issues in the hospital service area are driven by both personal choices of residents and the amount of access individuals have to healthy options. Leaders focused discussions around the personal choice and behaviors of residents as they relate to health outcomes. There is agreement across data sources in support of improving behaviors that impact health in the hospital service area (e.g., smoking, diet, and exercise).

Findings supported by study data:

Limited access to healthy nutrition:

- Community leaders indicated that residents may not always make the healthiest choices related to smoking, nutrition, and physical activity due to personal preferences, culture and tradition. 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 respiratory issues.
- All parishes in the study area report higher percentages of the population smoking when compared to the national rate (18.08%). Stakeholders recognized that there are social and environmental determinants of respiratory diseases like chemical run off from factories, pollution, and location along the Mississippi River – aka: cancer alley; 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. Self-reported smoking rates among survey respondents were highest in the Westbank Region (20.6%) than is average for the state (19.3%) or the nation (15.4%).
- Community leaders noted that changing behaviors can be challenging for many residents. This is, reportedly, true about weight loss due to the lag in results. It can take

several weeks of exercise before an individual begins to notice the impact of their behavior on overall health. Leaders felt that this dynamic can make it difficult for residents to remain committed to healthier behaviors. At the same time, 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. All of the parishes of the Ochsner Medical Center study area report higher rates than the national norms for population who do not partake in leisure time physical activity. St. Charles Parish reports the highest rate of population with no leisure time activity (31.90) for the study area; higher than state (29.8%) and national (22.64%) norms. Similarly, survey respondents in both the SELA and Westbank regions partake in physical activity less often than is average for the nation (no physical activity- 42.7%, 36.4%, and 25.3% respectively).

Primary data collected during this assessment from community leaders and residents offered recommendations to improve access to healthy options. Some of which included:

- **Increase the support available to residents striving to make healthy behavior changes:** Leaders representing Westbank communities discussed the difficulty that residents often experience when changing behaviors to become healthier (e.g., diet, exercise, etc.). Leaders recommended that supportive services be offered where residents are making choices (e.g., the grocery store, places of employment, etc.).
- **Provide incentives for healthy behaviors:** Leaders discussed the benefits of incentives in changing behaviors as well as the impact of negative reinforcement. Leaders recommended that raising the cost of cigarettes may be effective when combined with reducing the access residents have to cigarettes; providing incentives to smokers to quit; and support services to assist during challenging periods when it is likely residents may revert back to unhealthy behaviors.

ADDRESSING BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE (OCHSNER MEDICAL CENTER ONLY)

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, 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 in 2013, stakeholders 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.
- Today, [St. Tammany] Parish leaders say [there are] two common places for people desperately needing [behavioral health] help to end up.
 "We have people who are sent to jail who should be being treated in a facility, we have people going to emergency rooms, in there for 72 hours and then sometimes not a lot of treatment is going on. It's just a process," said Parish President Pat Brister.⁷
- The City of New Orleans Health Department publishes a dashboard of data depicting mental health utilization, which includes residents served by St. Charles Parish Hospital. 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 3: County Health Rankings –Mental Health Providers (Count/Ratio) by Parish

⁷ Source: St. Tammany creating 'one-stop shop' for mental health services (accessed 9/23/15-
<http://www.wvlv.com>)

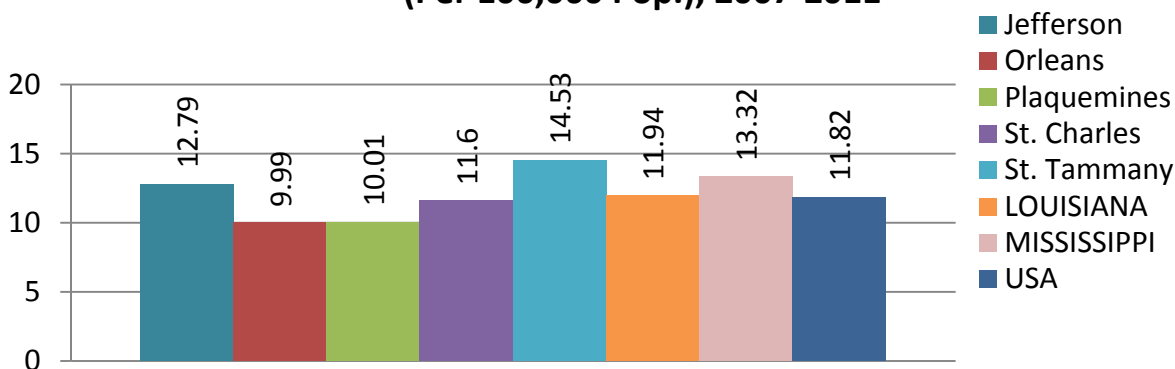
⁸ Source: New Orleans Health Department: New Orleans Mental Health Dashboard (July 2015)

Measure of Mental Health Providers*	LA	Jefferson Parish	Orleans Parish	St. Tammany Parish	St. Charles Parish	Plaquemines Parish
Mental health providers (count)	5386	618	858	339	33	15
Mental health providers (ratio pop. to provider)	859:1	704:1	441:1	715:1	1,594:1	1570:1

*County Health Ranking 2015

- The ratio of population to mental health providers in St. Charles Parish and Plaquemines Parish show a significantly larger population to provider ratio (1,594 and 1,570 per pop. for every 1 mental health provider respectively). Jefferson Parish, Orleans Parish, and St. Tammany Parish all show below state rates for behavioral health providers. However, there is no measure of the providers that are accepting under/uninsured and Medicaid eligible behavioral health patients and both primary and secondary data suggests there is a need for additional behavioral health services in the hospital service area.

Figure 8: Mortality - Suicide- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



*Source: Community Commons. 06/08/2015

- St. Tammany Parish and Jefferson Parish report some of the highest rates of age-adjusted mortality due to suicide (14.53 and 12.79 per 100,000 pop. respectively) when compared to state and national rates (11.94 and 11.82 per 100,000 pop.). The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Orleans Parish and Plaquemines Parish already show rates lower than this HP2020 Goal.
- ✓ Approximately one in five (Eastbank – 19% and Westbank – 22.7%) survey respondents indicated that they have received mental health treatment or medication at some time in their lives.

Eastbank Communities:

- ✓ However, when asked if a variety of services are available to them or their family, more than one in 10 survey respondents from Eastbank communities 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.”

- A majority of stakeholders (75%) 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.
- Both, community leaders and stakeholders, 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 (including crisis intervention), and outpatient services for adults and youth. While there are inpatient beds and outpatient counseling 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 to meet the demand for behavioral health and substance abuse services. In recent years there has been a decrease in the number of inpatient beds and crisis services have declined. Outpatient services have improved but, often have lengthy waiting lists for diagnostic services as well as ongoing treatment.

“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

- 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.

- Nearly 50 percent (Eastbank – 47.8%) of survey respondents from Eastbank and communities 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 tobacco, 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.
- Today, 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 lead 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 postpartum care 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 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. Additionally, leaders representing Eastbank communities felt that behavioral health services need to be more adequately funded in in order to increase the number of providers and amount of services available.
- ***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.
- ***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 (e.g., counselors, social workers, etc.) and other community-based clinics using funds available through Medicaid/Bayou Health. Services should be easily accessible to both seniors and youth.

Community Health Needs Identification Forum

INTRODUCTION:

The following qualitative data were gathered during a regional community planning forum held on August 3rd in Slidell, LA, August 5th in New Orleans, LA, and August 7th in Harvey, LA. The community planning forums were conducted with community leaders representing the Northshore Region (August 3rd), Eastbank Region (August 5th), and the Westbank Region (August 7th) of the Ochsner Medical Center (including the Baptist Medical Center and Westbank campuses) primary service area. Community leaders were identified by the CHNA oversight committee for Ochsner Medical Center. Ochsner Medical Center is a 473-bed acute care hospital located near Uptown New Orleans, which includes: Ochsner Baptist, a Campus of Ochsner Medical Center serving Eastbank communities and Ochsner Medical Center Westbank serving Westbank communities. The community forums were conducted by Tripp Umbach consultants and lasted approximately three hours.

At each regional planning forum, 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 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 health service providers as well as residents. Leaders felt the providers could benefit from education regarding available services, the use of HIPAA regulations, behavioral health symptoms, elder abuse, and cultural sensitivity. 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, the risks of HIV, end of life decisions, and behavioral health symptoms, etc. Additionally, leaders recommended that incentives should be provided to organizations and businesses for promoting healthy

activities (e.g., exercise, healthy nutrition, etc.) and healthy options (e.g., nutrition, food preparation, physical exercise, etc.).

- **Physician recruitment and retention:** Community leaders from Northshore communities felt that there is a need to recruit more physicians that will accept Medicaid and specialty providers to Northshore communities. Additionally, leaders felt that hospitals could facilitate additional training in specialty areas for current staff to diversify the services offered in the community.
- **Integrate behavioral health and primary care:** Leaders felt that 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. Additionally, leaders representing Eastbank communities felt that behavioral health services need to be more adequately funded in order to increase the number of providers and amount of services available.
- **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 representing Eastbank Communities recommended that women at risk of poor birth outcomes be identified prior to becoming pregnant and targeted with increased access to insurance, outreach, and education regarding the impact their health status and behaviors can have on birth outcomes.
- **Increase the support available to residents striving to make healthy behavior changes:** Leaders representing Westbank communities discussed the difficulty that residents often experience when changing behaviors to become healthier (e.g., diet, exercise, etc.). Leaders recommended that supportive services be offered where residents are making choices (e.g., the grocery store, places of employment, etc.).
- **Increase preventive care in Westbank communities:** Leaders representing Westbank communities discussed the need to shift the focus of healthcare away from acute episodic care to prevention, noting that preventive care is less costly and a more effective long-term solution to improving health outcomes.

- **Offer health and other necessary services in both urban and rural areas where the rate of poverty is high:** Leaders from each region (Eastbank, Westbank, and Northshore) discussed increasing access to health services in communities where the poverty rates are high and transportation may be an issue. 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. Leaders representing Eastbank and Northshore communities also discussed mobile health services and public-private partnerships to support hospitals where corporate models of healthcare may not be as sustainable as two models that may be able to increase the availability of health services in underserved areas. Leaders also discussed the provision of medication assistance or a pharmacy for low-income residents that are under/uninsured. Leaders representing Westbank communities recommended that hospitals could offer land for community gardens in the neighborhoods they serve to increase access to healthy produce.
- **Increase employment opportunities:** Leaders representing Eastbank communities 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.
- **Increase access to accurate information about what services are available:** Leaders discussed the dissemination of accurate information about what services are available in Eastbank, Westbank, and Northshore 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 functionality and accessibility for residents. Leaders representing Westbank communities recommended that hospitals and health providers work with neighborhood associations to disseminate information about available services, as well as, preventive education on an ongoing basis. Leaders also recommended 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.
- **Increase the collaboration between FQHCs and Hospitals:** Leaders representing both Eastbank and Westbank regions 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. Leaders believed that there is a need to increase the number of FQHCs in order to reduce the over-utilization of the emergency room in communities.

- **Increase the number of community health workers:** Leaders representing Eastbank and Westbank communities 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. Leaders representing Westbank communities discussed providing shopping tours and incentives to low income residents to participate in shopping tours. Trained professionals would provide a walking tour through a local grocery store, complete with healthy recipes and food preparation tips, in order to teach residents about the importance and affordability of health nutrition.
- **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 (e.g., counselors, social workers, etc.) and other community-based clinics using funds available through Medicaid/Bayou Health. Services should be easily accessible to seniors and youth.
- **Increase the access medically vulnerable individuals have to services:** Leaders discussed the restrictions and barriers that medically vulnerable individuals (e.g., homeless, low-income, and 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.
- **Provide incentives for healthy behaviors:** Leaders discussed the benefits of incentives in changing behaviors, as well as the impact of negative reinforcement. Leaders recommended that raising the cost of cigarettes may be effective when combined with reducing the access residents have to cigarettes; providing incentives to smokers to quit; and support services to assist during challenging periods when it is likely residents may revert back to unhealthy behaviors.

PROBLEM IDENTIFICATION:

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

1. **Access to Health Services**
2. **Resource Awareness and Health Literacy**
3. **Behavioral Health and Substance Abuse (Eastbank & Northshore only)**
4. **Access to Healthy Options (Westbank only)**
5. **Behaviors that Impact Health (Westbank only)**

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 from each region focused discussions around Medicaid access issues, physician workforce issues, and care coordination. Leaders representing Eastbank and Northshore communities focused more on the social determinants of health (e.g., poverty, employment, etc.) and maternal health for women that are childbearing age; whereas leaders representing Westbank communities focused more on cultural competence.

Contributing Factors:

Eastbank Communities

- Leaders discussed the uncertainty in the medical industry and low reimbursement rates that drive the lack of services for Medicaid populations.
- 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 prior to pregnancy as a barrier to maternal health. Women of childbearing age become eligible for Medicaid after they are

pregnant, which is too late to improve overall health outcomes for the expectant mother and her unborn baby. Leaders indicated that high rates of low-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.

- Specialty care is not always available (i.e., pediatric neurosurgery, pediatric cardiology, endocrinology, trauma unit, and 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 Eastbank 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.

Westbank Communities

- Behavioral health services are not always accessible and/or affordable for youth and seniors due to restricted mobility and limited access to reliable methods of transportation.
- There is not enough focus on preventive care; largely due to a lack of funding for these types of services. When residents are not practicing healthy preventive practices a community may end up with higher utilization of emergency and urgent care resources.
- There is a need to increase the number of FQHC clinics serving Westbank communities.
- Leaders felt that residents are often seeking primary care services in the emergency rooms at local hospitals due to a lack of resources that offer convenient, accessible health services to Medicaid recipients and uninsured residents.
- There is a need for cultural competence in health and other services being offered to residents in Westbank communities. Residents that are Latino and Vietnamese may not have access to services that they feel comfortable utilizing due to the services being offered (i.e., cultural sensitivity, multi-lingual interactions, etc.). Residents may not seek health services due to discomfort or a belief that the services will not be relevant to their individual needs.

Northshore

- There are not enough primary care providers in Northshore communities accepting new patients with Medicaid. Leaders discussed the retirement of one physician that served a large Medicaid population in Northshore communities leaving many families and individuals without a local medical provider that 1) Accepts Medicaid and 2) Is accepting new patients.
- Leaders discussed an almost universal lack of awareness regarding behavioral health and substance abuse symptoms among residents, which leads to the lack of diagnosis and treatment of behavioral health issues.
- Youth that become ineligible for Medicaid due to age do not have resources to cover their medical needs as young adults. Many of these youth do not have other options to cover the cost of health services.
- Palliative care services are not always available to residents due to a lack of reimbursement for end-of-life care. Additionally, residents are not always aware of where to secure palliative services.
- The physician workforce is aging and many physicians are retiring, leading to a decrease in the number of physicians available, further restricting access to health services.
- HIPAA regulations have created barriers for medical staff regarding care coordination and information sharing. Leaders discussed that many times staff are not familiar with HIPAA regulations and fear penalty for doing the wrong thing regarding the management of a patient's health information which causes a resistance to share any information.
- Specialty care is not always available (i.e., pediatric neurosurgery, pediatric cardiology, endocrinology, trauma unit, and diagnostics and treatment). There are additional challenges to accessing specialty care for residents that live in the most rural Northshore communities and for residents that are uninsured or Medicaid recipients.
- Transportation was discussed as a barrier to accessing health services for the most rural residents in Northshore communities.

All three regions

- There are residents who are not able to afford health insurance due to a lack of employment opportunities.

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 exists among providers and residents, system navigation issues, language/cultural barriers, and the education of vulnerable populations.

Contributing Factors:

Eastbank Communities:

- 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 Eastbank 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.

Westbank Communities:

- Leaders discussed the limited awareness of residents with the lowest educational attainment in their communities; noting that the capacity to advocate for themselves is greatly reduced as a result.
- Residents are not always aware of where health services are located and what services are available at each location.
- Residents are often inundated with information and may need to hear a message several times before they comprehend the message and become aware of the importance of implementing healthy behaviors or locating services. Leaders discussed that often information is disseminated too infrequently to be received by residents.
- Providers do not always offer culturally competent health services in the language of preference for residents that may have limited English speaking skills, which may lead to limited understanding of individual health status and/or treatment directives.

- Residents do not always know how to utilize insurances once they are insured, and may be seeking more costly care in the emergency room due to the need for health services that are more convenient.

Northshore Communities:

- Leaders discussed the limited awareness of residents with the lowest educational attainment in their communities; noting that the capacity to advocate for themselves is greatly reduced as a result.
- Residents do not always know how to utilize insurances once they are insured, and may be seeking more costly care in the emergency room due to the need for health services that are more convenient.
- Residents that are medically fragile do not always have a person that can advocate for their health and wellness in medical settings.
- 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.
- Leaders discussed the stigma associated with diagnoses like behavioral health issues and STIs like HIV; leading residents to avoid screening activities when they are offered.
- Leaders noted the limited collaboration among organizations meeting the health needs of medically vulnerable populations due to the silos that exist in funding and program development.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE: (Eastbank and Northshore only)

Leaders discussed health needs related to behavioral health and substance abuse at the Eastbank and Northshore community forums. 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:

Eastbank Communities:

- 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 Eastbank 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 Eastbank communities (i.e., Spanish and Vietnamese dialects).

Northshore Communities:

- Leaders representing Northshore communities noted that the resources that do exist are good and explained that the level of services is not adequate to meet the demand.
- Services that were noted as being inadequate in Northshore communities were inpatient crisis intervention and outpatient counseling services.
- Leaders discussed the impact of inadequate services on the higher than average suicide rates in Northshore communities.

Both Eastbank and Northshore Communities:

- There is a stigma associated with behavioral health diagnoses, which causes residents to resist seeking diagnosis and treatment.
- 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.

ACCESS TO HEALTHY OPTIONS: (Westbank only)

Community leaders identified access to healthy options as a community health priority. Leaders focused discussions around the need to increase awareness; the limited access residents have to healthy nutrition; safe exercise opportunities; and need for education and outreach.

- Residents in Westbank communities do not always have access to grocery stores with healthy food options (e.g., fresh produce) due to grocery stores shutting down in areas where poverty rates are the highest; thus, creating “food deserts”.
- Residents are not always aware of how to prepare foods in healthy ways. Traditional diets are steeped in unhealthy preparation methods like fried and fatty foods.
- There are a limited number of farmers markets and community gardens in Westbank communities.
- Leaders felt that there are many opportunities for residents to exercise outdoors (e.g., local parks and walking trails) and indoors at a low cost (e.g., local gym memberships for ten dollars each month). However, residents are not always aware of the options available for healthy activities in Westbank communities.

- Residents cannot always afford gym memberships and exercising outside during the summer months can be dangerous for some populations (e.g., seniors).

BEHAVIORS THAT IMPACT HEALTH: (Westbank only)

The behaviors that impact health were discussed at the Westbank community forum as a top health priority. Community leaders representing Westbank Communities focused their discussions primarily on the personal choice and behaviors of residents as they relate to health outcomes.

Contributing Factors:

- Residents may not always make the healthiest choices related to smoking, nutrition, and physical activity due to personal preferences, culture, and tradition.
- Residents are not always aware of what is healthy and what is not due to a lack of information.
- Many residents began smoking prior to the availability of knowledge that it is bad for your health. Leaders recognized that it is difficult to quit smoking even when it is negatively impacting the health of residents that smoke.
- Changing behaviors can be challenging for many residents. This is reportedly true about weight loss, diet, and exercise due to the lag in results. It can take several weeks of exercise before an individual begins to notice the impact of their behavior on overall health. Leaders felt that this dynamic can make it difficult for residents to remain committed to healthier behaviors.

Secondary Data

Tripp Umbach worked collaboratively with the Ochsner Medical Center CHNA 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. 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 (OMC)** 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 Ochsner Medical Center Study area encompasses more than 2.4 million residents.
- ✓ In 2015, the largest parish in the study area is Jefferson Parish with 435,154 residents.
- ✓ From 2015 to 2020, Orleans Parish is projected to experience the largest percentage change in population with a 9.2% increase (36,307 people).
- ✓ Orleans Parish is also projected to experience the largest rise in number of residents, going from 392,762 residents in 2015 to 429,069 residents in 2020 (an increase of 36,307 residents, 9.2%).
- ✓ All five parishes in the Ochsner Medical Center study area are projected to have population growth between 2015 and 2020; adding close to 100,000 people to the study area.
- ✓ The gender breakdown for the Ochsner Medical Center study area is generally consistent across the parishes and similar to state and national norms.
- ✓ Jefferson Parish (15.4%) reports the largest population of residents aged 65 and older in the Ochsner Medical Center study area followed by St. Tammany Parish (15.0%).

- ✓ Orleans Parish reports the highest Black, Non-Hispanic population across the study area counties at 58.7%.
- ✓ St. Tammany Parish reports the highest White, Non-Hispanic population percentage at 79%, this is much higher than state (59.1%) and national norms (61.8%).
- ✓ All of the study area parishes/counties report lower rates of Hispanic residents as compared with the country (17.6%). Jefferson Parish reports closest to the national rate and highest of the study area at 14%. Jefferson Parish also reports the highest percentage of Asian or Pacific Islander residents (4.1%) as compared with the other parishes in the study area.
- ✓ Plaquemines Parish reports the highest rate of residents with ‘Less than a high school’ degree (7.4%); this is higher than the state (6.1%) and national (5.9%) rates.
- ✓ Orleans Parish reports the highest rate of residents with a Bachelor’s degree or higher with 33.3%; this is higher than state (21.7%) and national (28.9%) norms.
- ✓ Orleans Parish reports the lowest average annual household income for the Ochsner Medical Center study area at \$59,059.
- ✓ St. Tammany Parish reports the highest average annual household income compared to the other parishes in the study area at \$82,316.
- ✓ Orleans Parish reports the highest rates of households that earn less than \$15,000 per year (25.8%); in other words, more than one in four residents has a household income less than \$15,000 per year.

Community Needs Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation’s first standardized Community Need Index (CNI).⁹ 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

⁹ Truven Health Analytics, Inc. 2015 Community Need Index.

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 79 of the 96 zip code areas (82.3%) for the Ochsner Medical Center study area fall above the median score for the scale (3.0), four fall at the median, and 13 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 9. Ochsner Medical Center Study Area 2015 CNI Map

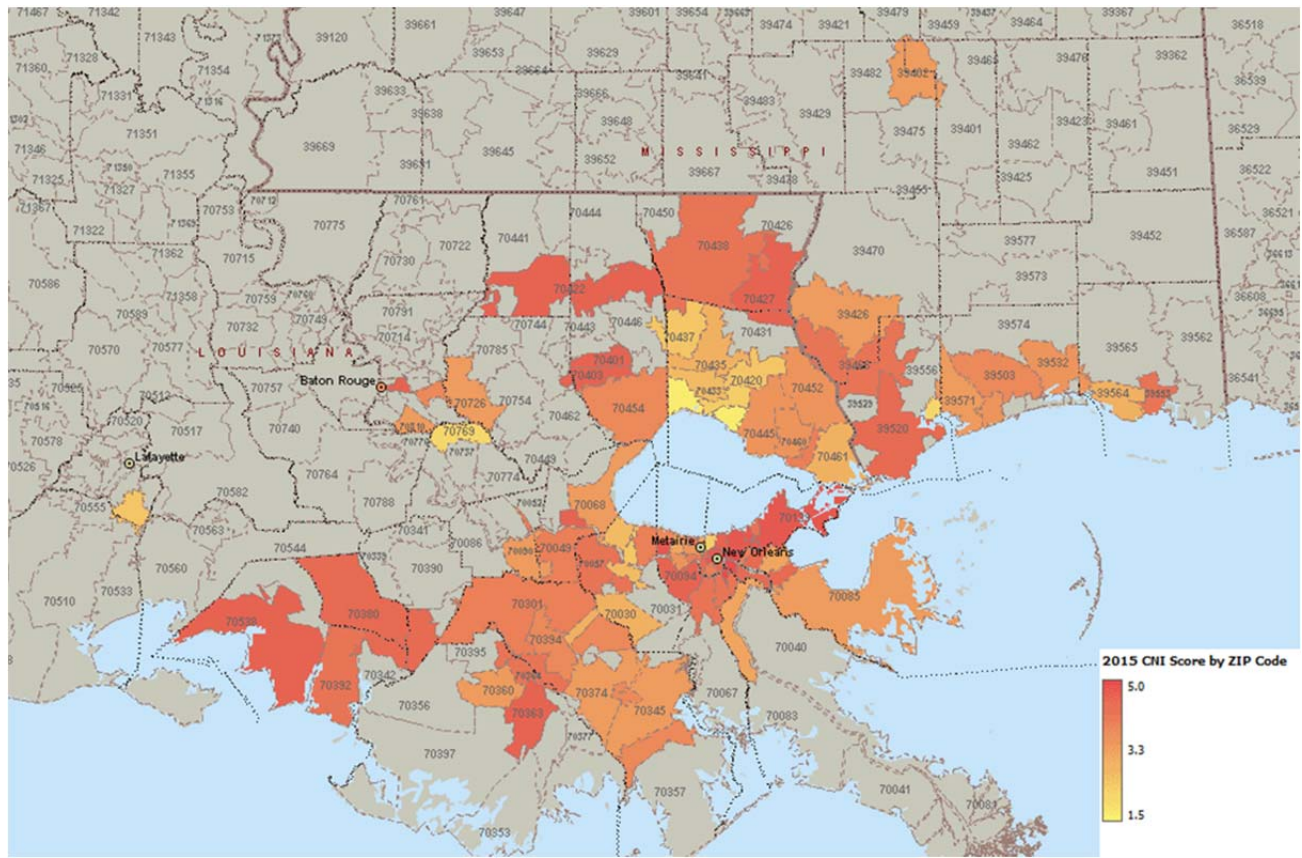


Table 4: Ochsner Medical Center - 2015 CNI Detailed Data

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Rent
Ochsner Medical Center Service Area											
70129	New Orleans	4.8	34.1%	40.7%	67.7%	16.6%	90.0%	32.6%	13.1%	29.1%	34.1%
70084	Reserve	4.6	3.8%	33.7%	73.1%	0.6%	57.7%	21.3%	15.0%	13.7%	24.2%
70363	Houma	4.6	7.0%	29.2%	48.8%	0.8%	47.1%	32.6%	9.0%	16.3%	28.7%
70401	Hammond	4.6	11.7%	27.7%	48.5%	2.0%	46.0%	15.5%	11.0%	22.4%	47.6%
70403	Hammond	4.6	17.1%	29.9%	55.1%	0.7%	40.3%	20.1%	11.1%	21.7%	34.7%
70422	Amite	4.6	20.9%	34.8%	67.1%	0.5%	49.6%	23.2%	18.7%	24.0%	24.4%
70427	Bogalusa	4.6	17.2%	33.9%	62.1%	0.3%	38.4%	22.9%	20.5%	21.9%	31.7%
70538	Franklin	4.6	15.9%	34.6%	53.1%	1.2%	53.5%	24.6%	18.6%	18.4%	27.0%
70806	Baton Rouge	4.6	15.2%	29.0%	49.9%	2.0%	56.7%	16.5%	13.1%	20.4%	56.6%
39520	Bay Saint Louis	4.4	9.0%	35.3%	60.6%	1.5%	21.2%	16.8%	15.6%	20.8%	33.9%
70092	Violet	4.4	11.3%	25.2%	53.5%	0.3%	58.2%	21.5%	16.1%	15.3%	20.9%
70380	Morgan City	4.4	17.3%	24.5%	49.2%	2.6%	33.1%	29.2%	10.3%	14.7%	32.1%
39466	Picayune	4.2	15.1%	29.1%	56.0%	0.2%	24.3%	18.1%	11.2%	15.6%	27.1%
39553	Gautier	4.2	13.0%	29.5%	53.2%	1.8%	43.8%	10.7%	9.4%	15.2%	30.0%
70039	Boutte	4.2	7.0%	20.8%	52.7%	0.8%	63.0%	15.6%	5.1%	10.9%	31.3%

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	Rent
70057	Hahnville	4.2	12.1%	35.6%	61.3%	0.4%	56.0%	19.8%	14.5%	13.4%	18.4%
70359	Gray	4.2	11.1%	24.6%	51.4%	1.7%	36.2%	25.2%	10.2%	17.9%	20.3%
70364	Houma	4.2	10.6%	23.9%	53.5%	1.3%	27.2%	22.0%	6.3%	14.4%	33.0%
70392	Patterson	4.2	14.4%	19.1%	38.7%	0.5%	42.6%	24.2%	10.7%	11.6%	30.3%
70438	Franklinton	4.2	25.6%	25.8%	48.1%	0.3%	28.6%	20.4%	11.7%	20.0%	20.8%
70032	Arabi	4.0	10.6%	27.8%	36.5%	1.9%	34.7%	18.5%	10.3%	17.2%	32.6%
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%
70301	Thibodaux	4.0	13.4%	17.1%	37.9%	0.7%	27.5%	22.1%	6.5%	10.7%	29.9%
70458	Slidell	4.0	12.9%	22.5%	45.2%	0.7%	25.6%	14.3%	9.2%	10.4%	26.4%
39503	Gulfport	3.8	7.8%	24.6%	53.8%	0.6%	38.0%	12.6%	10.6%	14.0%	29.3%
70354	Galliano	3.8	22.5%	20.3%	34.5%	3.0%	19.6%	35.7%	12.7%	13.0%	21.8%
70373	Larose	3.8	14.4%	18.4%	47.7%	1.9%	21.7%	28.8%	7.9%	12.2%	18.0%
70394	Raceland	3.8	11.7%	18.8%	34.5%	0.9%	27.3%	24.9%	7.2%	10.9%	20.2%
70454	Ponchatoula	3.8	20.6%	13.9%	37.7%	0.3%	20.7%	15.0%	8.9%	16.8%	22.1%
70816	Baton Rouge	3.8	7.4%	17.9%	32.6%	1.9%	54.4%	9.2%	5.2%	11.6%	49.5%
39532	Biloxi	3.6	9.9%	14.0%	30.8%	2.0%	26.6%	11.4%	9.9%	11.3%	34.4%
39560	Long Beach	3.6	11.3%	21.8%	39.7%	1.2%	19.0%	11.7%	10.4%	12.6%	31.7%
70006	Metairie	3.6	5.4%	17.0%	37.6%	5.0%	34.9%	13.7%	8.2%	10.4%	34.0%
70445	Lacombe	3.6	17.4%	21.7%	46.2%	1.2%	31.2%	20.1%	13.2%	13.8%	14.1%
70452	Pearl River	3.6	14.7%	26.2%	46.1%	0.2%	12.5%	22.2%	8.6%	14.7%	19.9%
70460	Slidell	3.6	11.0%	21.5%	42.1%	1.3%	39.3%	16.0%	9.7%	11.4%	21.4%
39402	Hattiesburg	3.4	13.5%	16.3%	34.4%	0.7%	33.1%	6.7%	7.4%	14.1%	37.9%
39426	Carriere	3.4	15.1%	29.2%	73.2%	0.1%	9.5%	16.0%	9.5%	13.4%	14.5%
39571	Pass Christian	3.4	14.1%	18.5%	45.8%	0.8%	22.3%	11.6%	9.5%	12.5%	17.8%
70052	Gramercy	3.4	10.1%	22.1%	55.4%	0.4%	50.3%	12.5%	17.2%	11.4%	14.0%
70085	Saint Bernard	3.4	10.6%	19.0%	30.2%	0.2%	25.1%	23.8%	17.3%	18.2%	13.2%
70090	Vacherie	3.4	13.0%	12.1%	27.2%	0.9%	57.1%	20.9%	11.3%	8.4%	15.2%
70345	Cut Off	3.4	11.4%	9.9%	25.5%	2.8%	19.7%	29.3%	10.7%	10.4%	19.6%
70360	Houma	3.4	7.7%	14.1%	40.2%	0.6%	24.9%	14.0%	5.7%	10.0%	29.6%
70374	Lockport	3.4	17.8%	15.6%	31.3%	4.5%	13.7%	25.1%	4.7%	11.2%	24.6%
70726	Denham Springs	3.4	11.0%	16.7%	41.6%	1.1%	15.3%	16.1%	6.8%	10.3%	24.4%
70810	Baton Rouge	3.4	7.8%	15.4%	40.8%	1.1%	43.5%	5.2%	5.6%	10.3%	31.4%
70075	Meraux	3.2	8.1%	12.7%	28.4%	1.6%	26.9%	17.3%	10.7%	9.7%	17.2%
39564	Ocean Springs	3.0	10.6%	9.3%	21.9%	0.9%	21.6%	8.2%	7.9%	9.0%	27.2%
70030	Des Allemands	3.0	7.7%	15.5%	33.7%	0.5%	14.1%	15.6%	5.6%	12.0%	13.9%
70435	Covington	3.0	9.7%	18.5%	34.5%	0.5%	14.4%	14.9%	8.2%	10.3%	12.4%
70461	Slidell	3.0	9.4%	13.9%	26.8%	0.8%	32.4%	9.5%	10.7%	9.4%	24.0%
70079	Norco	2.8	12.2%	16.2%	57.0%	0.1%	14.3%	7.9%	4.6%	8.6%	19.4%
70433	Covington	2.8	8.2%	17.6%	42.6%	0.7%	18.0%	8.5%	7.1%	9.5%	22.4%
70047	Destrehan	2.6	19.1%	9.8%	25.4%	0.9%	31.7%	9.8%	7.9%	7.8%	18.3%

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	Rent
70420	Abita Springs	2.6	7.1%	18.5%	29.3%	0.7%	14.5%	13.4%	9.6%	10.1%	15.7%
70437	Folsom	2.6	14.3%	13.6%	30.9%	0.5%	16.0%	13.4%	9.6%	11.7%	12.9%
70592	Youngsville	2.6	8.6%	10.9%	40.9%	1.0%	14.5%	11.3%	7.6%	8.5%	14.5%
70471	Mandeville	2.4	12.2%	5.4%	8.4%	0.9%	11.2%	5.7%	7.1%	7.7%	25.4%
39525	Diamondhead	2.2	3.4%	21.2%	53.2%	0.3%	9.6%	3.5%	2.0%	7.0%	12.1%
70769	Prairieville	2.2	14.9%	7.8%	22.6%	0.8%	20.8%	7.2%	4.6%	6.9%	12.1%
70447	Madisonville	1.8	8.1%	5.9%	23.0%	0.4%	10.8%	4.6%	5.8%	6.6%	10.6%
70448	Mandeville	1.8	7.2%	4.3%	17.1%	0.6%	13.2%	6.3%	6.8%	5.7%	19.0%
Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center, and Ochsner Medical Center – Westbank Campus Shared Service Area											
70114	New Orleans	5.0	24.4%	39.6%	60.3%	2.2%	82.0%	20.6%	15.3%	27.9%	56.7%
70094	Westwego	4.6	16.8%	26.5%	44.9%	2.2%	57.5%	25.7%	15.2%	16.3%	31.0%
70131	New Orleans	4.4	11.9%	24.3%	51.3%	1.9%	74.4%	12.9%	10.2%	17.5%	42.1%
70056	Gretna	4.2	12.6%	21.6%	45.3%	4.8%	62.1%	13.4%	7.1%	12.4%	39.9%
70058	Harvey	4.2	16.6%	26.4%	45.4%	5.9%	75.1%	18.8%	7.0%	14.3%	30.6%
70072	Marrero	4.2	18.5%	24.8%	53.3%	2.3%	54.3%	21.5%	6.8%	13.9%	24.4%
70037	Belle Chasse	3.2	9.1%	6.2%	15.4%	1.3%	24.5%	15.8%	4.7%	7.7%	32.5%
Ochsner Medical Center and Ochsner Baptist, a Campus of Ochsner Medical Center Shared Service Area											
70113	New Orleans	5.0	36.0%	56.3%	60.9%	1.0%	85.5%	28.8%	23.8%	42.0%	78.3%
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%
70116	New Orleans	4.8	19.7%	54.7%	65.9%	1.2%	56.3%	16.5%	14.2%	24.8%	67.3%
70119	New Orleans	4.8	25.4%	48.3%	66.8%	3.4%	70.7%	19.2%	15.4%	31.1%	67.0%
70125	New Orleans	4.8	22.3%	40.4%	54.1%	0.8%	67.2%	14.8%	14.4%	25.4%	55.0%
70126	New Orleans	4.8	11.8%	46.4%	55.3%	1.0%	95.3%	18.4%	16.2%	29.5%	45.5%
70127	New Orleans	4.8	21.7%	44.5%	65.2%	1.2%	97.7%	15.1%	14.5%	30.6%	49.3%
70122	New Orleans	4.6	15.8%	27.9%	42.4%	0.8%	86.8%	14.1%	14.1%	25.2%	38.3%
70118	New Orleans	4.4	18.6%	25.3%	42.2%	0.9%	45.5%	11.7%	10.5%	23.1%	54.6%
70043	Chalmette	4.4	7.4%	22.9%	48.0%	2.4%	36.4%	17.0%	10.8%	17.1%	42.3%
70130	New Orleans	4.4	24.5%	30.6%	71.3%	0.9%	39.2%	11.1%	8.3%	21.1%	68.2%
70115	New Orleans	4.0	14.9%	22.7%	43.7%	1.3%	37.0%	9.6%	10.6%	18.8%	56.3%
70121	New Orleans	4.0	13.7%	24.3%	36.6%	2.8%	37.4%	14.6%	7.7%	12.9%	46.0%
70128	New Orleans	4.2	16.3%	30.0%	52.2%	1.8%	97.9%	12.6%	11.9%	23.0%	31.2%
70002	Metairie	4.2	10.8%	19.9%	46.0%	9.5%	40.5%	13.0%	7.6%	12.5%	46.2%
70065	Kenner	3.8	7.2%	14.4%	39.2%	6.1%	50.1%	13.3%	7.2%	9.3%	36.3%
70068	LA Place	3.4	13.7%	15.8%	27.5%	1.4%	58.1%	16.1%	9.1%	10.2%	19.3%
70001	Metairie	3.6	14.4%	15.3%	30.0%	3.2%	32.2%	12.4%	5.5%	11.8%	50.1%
70123	New Orleans	3.6	8.7%	14.2%	35.9%	1.0%	20.3%	10.5%	4.4%	10.1%	39.4%
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%
70124	New Orleans	2.4	11.2%	4.5%	13.2%	1.4%	16.3%	3.7%	4.0%	10.1%	31.9%

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Rent
Ochsner Medical Center and Ochsner Medical Center – Westbank Campus Shared Service Area											
70053	Gretna	5.0	20.7%	39.2%	52.3%	8.2%	55.7%	25.7%	10.9%	20.5%	52.3%

For the Ochsner Medical Center study area there are four zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70053 – Gretna and 70113, 70114, and 70117 – New Orleans.

- Zip code area 39426 in Carriere reports the highest rate for the study area for single parents with children living in poverty (73.2%).
- In the Ochsner Medical Center study area, zip code area 70113 in New Orleans reports the highest rates of residents aged 65 and older living in poverty (36.0%); married parents with children living in poverty (56.3%); residents who are uninsured (42.0%); and residents that rent (78.3%).
- Zip code area 70129, also, in New Orleans, reports the highest rate of residents with limited English proficiency (16.6%).
- Zip code area 70049 – Edgard reports the highest rate of unemployed residents at 24.1%; this is much higher than state (6.6%) and national (5.5%) rates.¹⁰
- Zip code area 70354 – Galliano reports the highest rate for the study area for residents without a high school diploma (35.7%).
- 97.9% of zip code area 70128 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 1.8 in 70447 – Madisonville and 70448 – Mandeville.

- Zip code area 39525 – Diamondhead reports the lowest rates of residents aged 65 and older living in poverty (3.4%); residents with no high school diploma (3.5%); and unemployed residents (2.0%).
- 70448 – Mandeville reports the lowest rates for married parents living with children in poverty (4.3%) and uninsured residents (5.7%).
- 70471, also in Mandeville, reports the lowest rate of single parents living with children in poverty at 8.4%
- Only 10.6% of the residents in Madisonville (70447) rent; lowest for the Ochsner Medical Center study area.
- Zip code area 39426 – Carriere reports the lowest minority rate for the study area at 9.5%.

¹⁰ March 2015 state and national statistics. U.S. Bureau of Labor Statistics.

- Even though it has an overall 2015 CNI score of 4.0, zip code area 70049 – Edgard reports the lowest rate of residents with limited English proficiency at 0.0%.

Figure 10. Overall CNI Values - OMC Kenner and Parishes

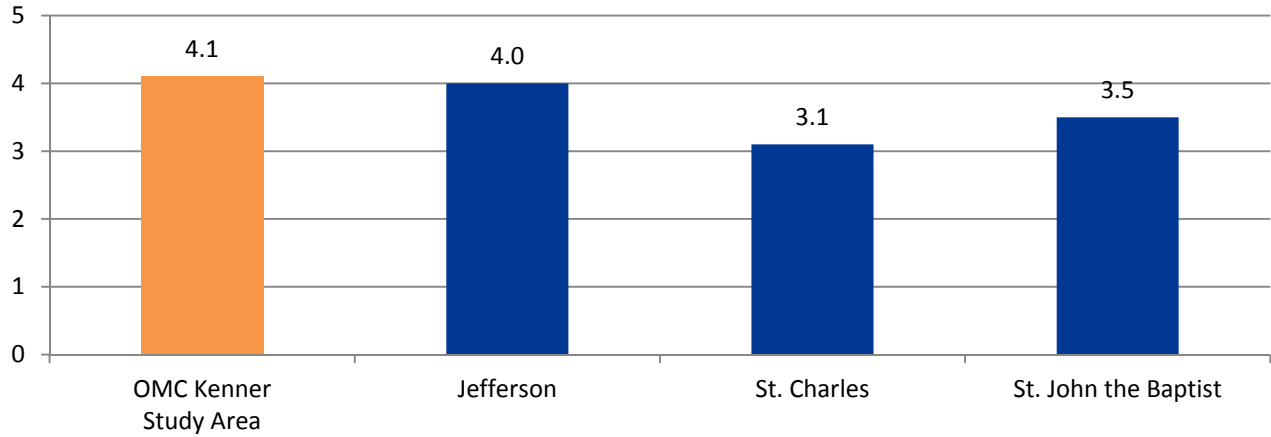


Figure 11. CNI Trending - Ochsner Medical Center Study Area 2011 - 2015 CNI Difference Map

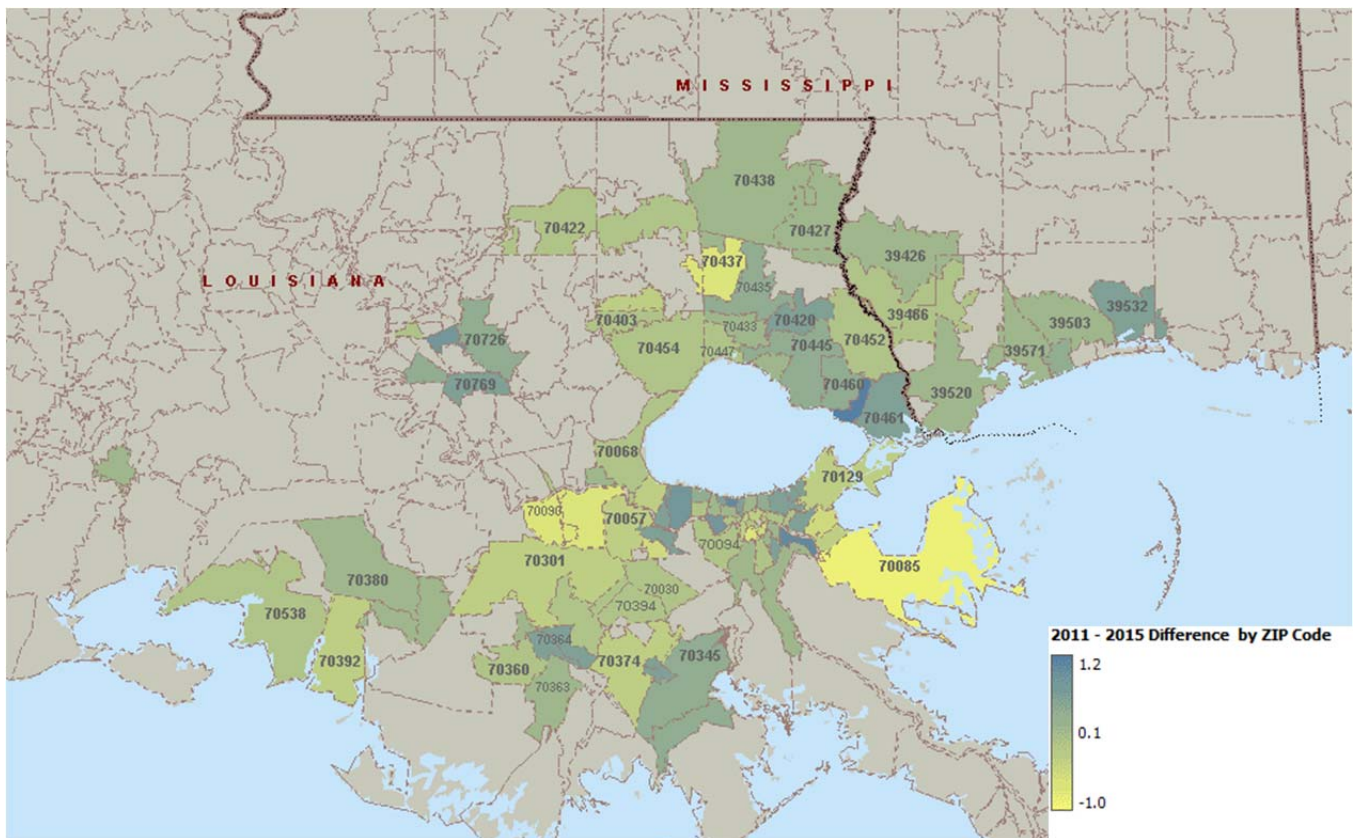


Table 5. CNI Trending - Ochsner Medical Center – 2011 to 2015 CNI Comparison

Zip	Community Name	County	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. 2011 - 2015
Ochsner Medical Center Service Area										
70129	New Orleans	Orleans Parish	5	5	5	5	4	4.8	5.0	-0.2
70084	Reserve	St. John the Baptist Parish	5	5	5	5	3	4.6	4.4	+0.2
70363	Houma	Terrebonne Parish	4	5	5	5	4	4.6	4.4	+0.2
70401	Hammond	Tangipahoa Parish	4	5	4	5	5	4.6	4.8	-0.2
70403	Hammond	Tangipahoa Parish	4	5	4	5	5	4.6	4.6	0.0
70422	Amite	Tangipahoa Parish	5	5	5	5	3	4.6	4.6	0.0
70427	Bogalusa	Washington Parish	5	4	5	5	4	4.6	4.4	+0.2
70538	Franklin	St. Mary Parish	4	5	5	5	4	4.6	4.6	0.0
70806	Baton Rouge	East Baton Rouge Parish	4	5	4	5	5	4.6	4.6	0.0
39520	Bay Saint Louis	Hancock County	5	4	4	5	4	4.4	4.2	+0.2
70092	Violet	St. Bernard Parish	4	5	5	5	3	4.4	4.6	-0.2
70380	Morgan City	St. Mary Parish	4	4	5	5	4	4.4	4.2	+0.2
39466	Picayune	Pearl River County	4	4	4	5	4	4.2	4.2	0.0
39553	Gautier	Jackson County	4	5	3	5	4	4.2	n/a	---
70039	Boutte	St. Charles Parish	4	5	4	4	4	4.2	4.6	-0.4
70057	Hahnville	St. Charles Parish	5	5	4	5	2	4.2	4.4	-0.2
70359	Gray	Terrebonne Parish	4	4	5	5	3	4.2	4.0	+0.2
70364	Houma	Terrebonne Parish	4	4	5	4	4	4.2	3.6	+0.6
70392	Patterson	St. Mary Parish	3	5	5	4	4	4.2	4.4	-0.2
70438	Franklinton	Washington Parish	4	4	5	5	3	4.2	4.0	+0.2
70032	Arabi	St. Bernard Parish	3	4	4	5	4	4.0	4.0	0.0
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
70301	Thibodaux	Lafourche Parish	3	4	5	4	4	4.0	4.2	-0.2
70458	Slidell	St. Tammany Parish	4	4	4	4	4	4.0	2.8	+1.2
39503	Gulfport	Harrison County	4	4	3	4	4	3.8	3.6	+0.2
70354	Galliano	Lafourche Parish	3	4	5	4	3	3.8	3.4	+0.4
70373	Larose	Lafourche Parish	4	4	5	4	2	3.8	3.2	+0.6
70394	Raceland	Lafourche Parish	3	4	5	4	3	3.8	3.8	0.0
70454	Ponchatoula	Tangipahoa Parish	3	4	4	5	3	3.8	3.8	0.0
70816	Baton Rouge	East Baton Rouge Parish	3	5	2	4	5	3.8	3.0	+0.8
39532	Biloxi	Harrison County	2	4	3	4	5	3.6	3.0	+0.6
39560	Long Beach	Harrison County	3	4	3	4	4	3.6	3.2	+0.4
70006	Metairie	Jefferson Parish	3	4	3	4	4	3.6	3.0	+0.6
70445	Lacombe	St. Tammany Parish	4	4	4	5	1	3.6	3.2	+0.4
70452	Pearl River	St. Tammany Parish	4	3	5	4	2	3.6	3.6	0.0
70460	Slidell	St. Tammany Parish	3	4	4	4	3	3.6	3.2	+0.4

Zip	Community Name	County	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. 2011 – 2015
39402	Hattiesburg	Lamar County	3	4	1	4	5	3.4	n/a	---
39426	Carriere	Pearl River County	5	3	4	4	1	3.4	3.2	+0.2
39571	Pass Christian	Harrison County	4	4	3	4	2	3.4	3.2	+0.2
70085	Saint Bernard	St. Bernard Parish	2	4	5	5	1	3.4	4.2	-0.8
70090	Vacherie	St. James Parish	2	5	5	4	1	3.4	4.0	-0.6
70345	Cut Off	Lafourche Parish	2	4	5	4	2	3.4	3.0	+0.4
70360	Houma	Terrebonne Parish	3	4	3	3	4	3.4	3.4	0.0
70374	Lockport	Lafourche Parish	2	3	5	4	3	3.4	3.6	-0.2
70726	Denham Springs	Livingston Parish	3	3	4	4	3	3.4	3.0	+0.4
70810	Baton Rouge	East Baton Rouge Parish	3	5	1	4	4	3.4	3.0	+0.4
70075	Meraux	St. Bernard Parish	2	4	4	4	2	3.2	3.6	-0.4
39564	Ocean Springs	Jackson County	2	4	2	3	4	3.0	n/a	---
70030	Des Allemands	St. Charles Parish	3	3	4	4	1	3.0	3.0	0.0
70435	Covington	St. Tammany Parish	3	3	4	4	1	3.0	2.6	+0.4
70461	Slidell	St. Tammany Parish	2	4	2	4	3	3.0	2.4	+0.6
70079	Norco	St. Charles Parish	4	3	2	3	2	2.8	3.0	-0.2
70433	Covington	St. Tammany Parish	3	3	2	3	3	2.8	2.6	+0.2
70047	Destrehan	St. Charles Parish	2	4	2	3	2	2.6	2.0	+0.6
70420	Abita Springs	St. Tammany Parish	2	3	3	4	1	2.6	2.0	+0.6
70437	Folsom	St. Tammany Parish	2	3	3	4	1	2.6	3.2	-0.6
70592	Youngsville	Lafayette Parish	3	3	3	3	1	2.6	2.4	+0.2
70471	Mandeville	St. Tammany Parish	1	3	1	3	4	2.4	2.0	+0.4
39525	Diamondhead	Hancock County	4	3	1	2	1	2.2	2.0	+0.2
70769	Prairieville	Ascension Parish	2	4	2	2	1	2.2	1.6	+0.6
70447	Madisonville	St. Tammany Parish	2	3	1	2	1	1.8	1.8	0.0
70448	Mandeville	St. Tammany Parish	1	3	1	2	2	1.8	1.6	+0.2
Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center, and Ochsner Medical Center – Westbank Campus Shared Service Area										
70114	New Orleans	Orleans Parish	5	5	5	5	5	5.0	4.8	+0.2
70094	Westwego	Jefferson Parish	4	5	5	5	4	4.6	4.6	0.0
70131	New Orleans	Orleans Parish	4	5	3	5	5	4.4	3.4	+1.0
70056	Gretna	Jefferson Parish	4	5	3	4	5	4.2	3.6	+0.6
70058	Harvey	Jefferson Parish	4	5	4	4	4	4.2	4.2	0.0
70072	Marrero	Jefferson Parish	4	5	5	4	3	4.2	4.0	+0.2
70037	Belle Chasse	Plaquemines Parish	1	4	4	3	4	3.2	3.0	+0.2
Ochsner Medical Center and Ochsner Baptist, a Campus of Ochsner Medical Center Shared Service Area										
70113	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0

Zip	Community Name	County	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. – 2015
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
70116	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70119	New Orleans	Orleans Parish	5	5	4	5	5	4.8	5.0	-0.2
70125	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70126	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+0.6
70127	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+0.6
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
70130	New Orleans	Orleans Parish	5	4	3	5	5	4.4	4.8	-0.4
70002	Metairie	Jefferson Parish	4	5	3	4	5	4.2	3.2	+1.0
70128	New Orleans	Orleans Parish	4	5	3	5	4	4.2	3.6	+0.6
70115	New Orleans	Orleans Parish	4	4	2	5	5	4.0	4.6	-0.6
70121	New Orleans	Jefferson Parish	3	4	4	4	5	4.0	4.0	0.0
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
70123	New Orleans	Jefferson Parish	3	4	3	3	5	3.6	2.8	+0.8
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
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
70124	New Orleans	Orleans Parish	1	3	1	3	4	2.4	2.2	+0.2
Ochsner Medical Center and Ochsner Medical Center – Westbank Campus Shared Service Area										
70053	Gretna	Jefferson Parish	5	5	5	5	5	5.0	4.8	+0.2

Across the 96 Ochsner Medical Center study area zip codes:

- ✓ 18 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)
- ✓ 22 remained the same from 2011 to 2015
- ✓ 53 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)
- ✓ 3 did not have comparable 2011 data (n/a values)

Zip code area 70458 – Slidell experienced the largest rise in CNI score (going from 2.8 to 4.0); while 70085 – Saint Bernard experienced the largest decline in CNI score (going from 4.2 to 3.4).

Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)¹¹

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). 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 Rate¹²
- ✓ PQI 15 Asthma in Younger Adults Admission Rate¹³

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

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 Rate¹⁴

¹¹ 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.

¹² 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

¹³ 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”).

- ✓ PQI 9 Low Birth Weight Rate¹⁵
- ✓ PQI 10 Dehydration Admission Rate
- ✓ PQI 11 Bacterial Pneumonia Admission Rate
- ✓ PQI 12 Urinary Tract Infection Admission Rate

Table 6. Prevention Quality Indicators (PQI) Ochsner Medical Center/ LA / U.S.A. 2015

Prevention Quality Indicators (PQI)	Ochsner Medical Center Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Ochsner Medical Center Study Area – LA Diff.	Ochsner Medical Center Study Area – U.S.A. Diff.
Chronic Lung Conditions					
COPD or Adult Asthma (PQI5)	448.16	531.03	495.71	- 82.87	- 47.55
Asthma in Younger Adults (PQI15)	35.51	42.83	46.02	- 7.32	- 10.51
Diabetes					
Diabetes Short-Term Complications (PQI1)	93.89	98.10	63.86	- 4.21	+ 30.03
Diabetes Long-Term Complications (PQI3)	119.30	126.06	105.72	- 6.76	+ 13.58
Uncontrolled Diabetes (PQI14)	9.57	15.57	15.72	- 6.00	- 6.15
Lower Extremity Amputation Among Diabetics (PQI16)	12.41	12.74	16.50	- 0.33	- 4.09
Heart Conditions					
Hypertension (PQI7)	37.14	46.06	54.27	- 8.92	- 17.13
Congestive Heart Failure (PQI8)	364.09	404.11	321.38	- 40.02	+ 42.71
Angina Without Procedure (PQI13)	9.05	13.74	13.34	- 4.69	- 4.29
Other Conditions					
Perforated Appendix (PQI2)	402.60	322.43	323.43	+ 80.17	+ 79.17
Low Birth Weight (PQI9)	87.15	86.51	62.14	+ 0.64	+ 25.01
Dehydration (PQI10)	96.15	124.53	135.70	- 28.38	- 39.55
Bacterial Pneumonia (PQI11)	217.16	305.80	248.19	- 88.64	- 31.03
Urinary Tract Infection (PQI12)	180.53	209.39	167.01	- 28.86	+ 13.52

Key Findings from 2015 PQI Data:

- The Ochsner Medical Center study area reports higher preventable admission rates than the State of Louisiana is for two PQI measures:

¹⁴ 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.

¹⁵ 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.

- ✓ Perforated Appendix (402.60 preventable admissions per 1,000 admissions for any listed diagnosis of perforation or abscesses of the appendix for Ochsner Medical Center, 322.43 for LA); and
- ✓ Low Birth Rate (87.15 for Ochsner Medical Center; 86.51 for LA).
- When comparing the Ochsner Medical Center PQI data to the national rates, the Ochsner Medical Center study area reports higher preventable hospital admissions for:
 - ✓ Diabetes, Short-Term Complications
 - ✓ Diabetes, Long-Term Complications
 - ✓ Congestive Heart Failure
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
 - ✓ Urinary Tract Infection
- There are also a number of PQI measures in which the Ochsner Medical Center 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:
 - ✓ Chronic Lung Conditions (both of the areas are below the national rate)
 - ✓ Uncontrolled Diabetes
 - ✓ Lower Extremity Amputation among Diabetics
 - ✓ Hypertension
 - ✓ Angina Without Procedure
 - ✓ 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.

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:

- Orleans Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 223.44 per 100,000 population; almost double the national rate of 117.37.
- Orleans Parish also reports the highest rate of diabetes, short-term complications for those aged 6 to 17 years old for the Ochsner Medical Center study area (42.41); nearly double the national rate of 23.89.
- Plaquemines Parish reports the highest rate of gastroenteritis for the Ochsner Medical Center study area at 60.99 per 100,000 population aged 3 months to 17 years; Plaquemines Parish is the only parish to report a value above the national rate, all others fall below it.
- St. Charles Parish reports 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 (OMC) CHNA.¹⁶ The data is presented in the aforementioned categories below.

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.
- Orleans Parish is the only parish in the Ochsner Medical Center study area to report a higher food insecurity rate than the State of Louisiana at 22.33% of the population.

Households with No Motor Vehicle

- Orleans Parish reports the highest rate of households with no motor vehicle (18.48%). Orleans Parish includes the City of New Orleans which has more public transportation options for residents.

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.
- Orleans Parish reports a higher percentage of cost-burdened households as compared with the country at 45.07% and the highest rate for the study area. Almost all of the other parishes in the Ochsner Medical Center study area report lower rates of cost-burdened households than the national average (35.47%); Jefferson Parish being the exception at 34.52%.

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

¹⁶ Community Commons. <http://www.communitycommons.org/> Accessed 06/08/2015.

(vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

- All of the study area parishes report lower rates of households receiving public assistance income than the rates seen for the country and for the State of Mississippi.
- Orleans Parish reports the highest rate of households receiving public assistance at 1.93%. St. Tammany Parish reports the lowest rate of households receiving public assistance at only 0.74%.
- St. Tammany Parish reports the highest average amount of public assistance received by households at \$3,407. All of the parishes and states in the Ochsner Medical Center study area report higher than the national average of \$3,807.

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".
- All of the study area parishes report "High Disparity" when it comes to SNAP benefits.
- Plaquemines Parish reports the highest SNAP Benefits Disparity Index score for the study area at 72.8; St. Tammany Parish reports next highest at 64.78.

Medicaid

- Orleans Parish reports the highest rate of Insured Residents Receiving Medicaid at 31.27%; this rate is higher than Louisiana (25.70%), Mississippi (28.22%), and national (20.21%) rates.
- The population under the age of 18 receives the highest rates of Medicaid assistance across all of the study area parishes.
- Orleans Parish reports the highest rate among the study area parishes of residents aged 65 and older receiving Medicaid (24.01%) and the highest rate of residents aged 18-64 (15.31%).

Insurance

- Orleans Parish reports the highest rate of uninsured adults for the Ochsner Medical Center study area at 26.3%; Jefferson Parish is a close second at 26.2%. These rates are higher than state (25.0% for both LA and MS) and national (20.8%) norms.
- St. Charles Parish reports the lowest rate at 20.6% and is the only parish in the Ochsner Medical Center study area to report a rate lower than the nation.

- Although still highest in the Ochsner Medical Center study area, Orleans Parish has experienced drastic declines in its rates of uninsured adults going from a high of 32.20% in 2009 to its lowest rate in the most recent data year of 2012 reporting 26.30%.
- Plaquemines Parish and St. Tammany Parish both report the highest rate of uninsured children across the study area parishes at 5.7%.
- St. Charles Parish reports the lowest rate of uninsured children at 4.9%.
- The State of Louisiana reports lower rates of uninsured children as compared with the State of Mississippi. Both states report lower rate of uninsured children as compared with the country (7.5%)
- From 2011 to 2012, From 2011 to 2012, nearly all of the study area parishes reported declines in the rates of uninsured children (four of the five).
- St. Tammany Parish did see a slight rise in the rate of uninsured children; going from 5.4% in 2011 to 5.7 in 2012%. nearly all of the study area parishes reported declines in the rates of uninsured children (four of the five).
- St. Tammany Parish did see a slight rise in the rate of uninsured children; going from 5.4% in 2011 to 5.7 in 2012%.

Uninsured Population

- For all of the study area parishes, men are more likely to be uninsured than women; consistent with state and national norms.
- Those aged 18 – 64 are more likely to be uninsured as compared with those under 18 or those 65 and older.
- Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts.
- 70.33% of the Native Hawaiian/Pacific Islander population in Orleans Parish is uninsured; the highest rate reported across all populations and the entire study area.
- Residents reporting “Some other race”, for the majority of the study area parishes have the highest rates of being uninsured.
- More than 44.37% of the Asian population of St. Charles Parish report being uninsured.

Poverty

- Orleans Parish shows the highest rate of population that is living below the federal poverty level (100% FPL) at 27.34% of the population; the only parish higher than both states (LA = 19.08%, MS = 22.68%) and the nation (15.37%).
- Jefferson Parish (16.48%) is the only other parish in the Ochsner Medical Center study area that reports a rate above the national rate.

- St. Tammany Parish is the lowest with only 10.58% of its population living below the federal poverty level (100% FPL).
- Across all study area regions, women are more likely than men to be living in poverty.
- 29.53% of female residents of Orleans Parish are living in poverty (the highest rate across the study area).
- In three of the five study area parishes, the Hispanic/Latino population is living in poverty at higher rates than their counterparts.
- In Orleans Parish, more than one quarter (26.01%) of the Hispanic/Latino population is living below the federal poverty level (the highest for the study area).
- 80.89% of the Native Hawaiian/Pacific Islander population of Orleans Parish report living in poverty.
- Close to 50% of the Native American/Alaska Native residents of both Orleans Parish and St. Tammany Parish live in poverty.
- Like populations living below 100% of the federal poverty level, Orleans also reports the highest rate of people living below 200% of the federal poverty level at 48.41%.
- Plaquemines Parish, St. Charles Parish, and St. Tammany Parish all report rates below Louisiana (39.56%) and the nation (34.23%).

Teen Birth Rate

- In general, the Ochsner Medical Center study area parishes have seen steady declines in the rates of births to teen mothers (aged 15-19).
 - ✓ Orleans and Plaquemines parishes reported slight rises in the teen birth rates from the 2005-2011 5-year estimate census to the 2006-2012 5-year estimate census.
- Plaquemines Parish reports the highest teen birth rate among Non-Hispanic White girls (34.2 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 also reports the highest teen birth rate among Hispanic/Latino girls (64.4 per 1,000 pop.); the next highest being 59.7 per 1,000 pop. for Orleans Parish.

Fast Food

- In 2013, three of the five parishes in the study area reported higher rates of fast food restaurants per 100,000 population than both Louisiana (71.56) and the nation (72.8); Orleans Parish, highest in the study area, reported 91.91 per 100,000 pop.; Jefferson Parish is next highest at 83.23 per pop.; St. Tammany Parish follows at 76.58 per pop.

Grocery Stores

- In 2013, Plaquemines Parish reported the lowest rate of grocery stores per population at 13.02 per 100,000 pop.; St. Tammany Parish follows at 18.4 per 100,000 pop.; both are lower than Louisiana (21.88) and national (21.2) norms.

Recreation and Fitness Facilities

- In 2013, Orleans Parish reported the lowest rate of recreation and fitness facilities per population at 10.76 per 100,000 pop.; Jefferson Parish follows at 11.79 per 100,000 pop.; both are higher than Louisiana (9.6) and national (9.72) norms.

Low Food Access

- The low-income population of Plaquemines Parish experiences the highest rate of low food access (19.94%); double and triple the rates seen for the Louisiana (10.82%) and nation (6.27%).
- St. Tammany Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 29.72 compared to 19.31 for the State of Louisiana and a national rate of 16.59.
- Plaquemines Parish reports the highest rate of low food access for each population as compared with the Ochsner Medical Center study area parishes, Louisiana and the nation.
 - ✓ Non-Hispanic Black (95.6%); Non-Hispanic Asian (93.7%); Non-Hispanic Other (92.3%); Non-Hispanic American Indian/Alaska Native (91.8%); Multiple Race (81.5%); Non-Hispanic White (65.3%); and Hispanic or Latino (61.5%).
- Plaquemines Parish has the highest rate of SNAP-Authorized retailers for the Ochsner Medical Center study area at 108.5 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.
- Orleans Parish has the highest rate of WIC-Authorized retailers for the Ochsner Medical Center study area at 18.3 per 100,000 population.
- Plaquemines Parish reports the fewest WIC-Authorized retailers for the study area with 8.46 per 100,000 population.
- The State of Mississippi has an overall rate of WIC-Authorized retailers of only 0.2 per 100,000 population; the national rate being 15.6 per 100,000 pop.
- Orleans Parish reports the highest rate of residents using public transportation to commute to work (7.06%); higher than state (1.30%) and national (5.01%) norms. This can be attributed to the urban nature of Orleans Parish including the City of New Orleans.

Primary Care Physicians

- Jefferson Parish reports the highest number of physicians across the study area parishes at 383.
- Plaquemines Parish reports the fewest physicians with only 7.
- Orleans Parish has the highest primary care physician (PCP) rate per 100,000 population at 143.26 in 2012.
- Plaquemines Parish reports the lowest rate of PCPs per 100,000 population at only 29.6 in 2012.

Federally Qualified Health Centers (FQHCs)

- Mississippi has a very high rate of federally qualified health centers per 100,000 population at 6.2 (more than three times the national rate of 1.92).
- St. Charles Parish reports the highest rate of FQHCs per population in LA at 5.68 per 100,000.
- St. Tammany Parish reports the least FQHCs at 0.86 per 100,000 population; Jefferson Parish follows with 1.39 FQHCs per 100,000 population.

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% and in Mississippi it is 25.58%.
- Plaquemines Parish reports the highest rate of residents who do not have a regular doctor at 36.35%.

Population Living in an HPSA (Health Professional Shortage Area)

- The parishes of Orleans and Plaquemines are all health care professional shortage areas (HPSA) designated parishes; therefore 100% of their populations live in an HPSA designated area.

Dentists

- Jefferson Parish reports the highest number of dentists across the study area parishes/counties at 344.
- Plaquemines Parish reports the fewest dentists with only 6.
- Jefferson Parish has the highest dentist rate per 100,000 population at 79.12 in 2013.
- Plaquemines Parish reports the lowest rate of dentists per 100,000 population for the Ochsner Medical Center study area at only 25.48 in 2013.

Dental Exam

- The State of Mississippi reports some of the highest rates of adults who have not had a dental exam for the Ochsner Medical Center study area at 40.98%; the national rate is 30.15%.
- Orleans Parish reports 38.46% of its adult population has not had a dental exam; the highest of the study area parishes. Jefferson Parish, at 32.34%, is next highest and still above the national rate.

Dental Health

- Orleans Parish reports the highest rate of adults with poor dental health for the Ochsner Medical Center study area at 17.93%; this is higher than the national rate of 15.65%.
- 25% of the adult population in the State of Mississippi has poor dental health.

Leisure Time Physical Activity

- St. Charles Parish reports the highest rate of population with no leisure time activity (31.9%) for the Ochsner Medical Center study area; higher than Louisiana (29.8%) and national (22.64%) norms.
- All of the parishes of the Ochsner Medical Center study area report higher rates than the national norms for population who do not partake in leisure time physical activity.
- 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.
- St. Charles Parish shows the highest rate of population not partaking in leisure time physical activity at 31.90% for the Ochsner Medical Center study area; rising from an all time low of 27.9% in 2008.

Smoking

- Plaquemines Parish reports the highest rate of adults smoking cigarettes across the Ochsner Medical Center study area with 23.7% of the population smoking. The State of Mississippi reports a higher rate of smoking (23.4%) than Louisiana (21.9%).
- Plaquemines Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 78.57%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.

Depression

- The State of Louisiana reports a higher rate of residents with depression (15.66%) than Mississippi (14.41%) and the country (15.45%).

- St. Tammany Parish, at 16.03%, is the only parish in the Ochsner Medical Center study area to report a higher rate of depression than the national rate.
- Plaquemines Parish reports the lowest rate of residents with depression within the Ochsner Medical Center study area at 11.99%.

Mortality – Suicide

- St. Tammany Parish reports the highest rate of age-adjusted mortality due to suicide for the Ochsner Medical Center study area parishes at 14.53 per 100,000 population; higher than the national rate (11.82).
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Orleans and Plaquemines parishes report rates already lower than this HP2020 Goal.
- Men are four times as likely to die as a result of a suicide than women as compared with the nation and all of the Ochsner Medical Center study area parishes and states.
- The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
- For the Ochsner Medical Center study area parishes, the Non-Hispanic White population of Orleans Parish reports the highest rate of suicide at 18.22 per 100,000 population; closely followed by the same population in Jefferson Parish with 18 per 100,000 population.

Diagnosed Diabetes

- Orleans Parish reports the highest rate of residents with diagnosed diabetes (11.9%).
- All of the study area parishes, as well as the overall state rates for Louisiana and Mississippi, are higher than national rates for population being diagnosed with diabetes.
- Men have higher rates of being diagnosed with diabetes than women for the Ochsner Medical Center study area.
- 12.4% of the Orleans Parish male population reports being diagnosed with diabetes.
- The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for most of the Ochsner Medical Center study area parishes.
- Despite a few instances of marked declines over the course of the data collection period, all of the parishes in the Ochsner Medical Center study area have higher rates of diagnosed diabetes in 2011 than in 2004.
- Orleans Parish reports the highest rate of diagnosed diabetes, in the Ochsner Medical Center study area, at 12%.
- Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of diagnosed diabetes at 30.47%; the national rate being 27.03%.

High Cholesterol

- The State of Mississippi reports the highest rate of adults with high cholesterol as compared with Louisiana and the nation (MS = 42.17%, LA = 38.68%, USA = 38.52%).
- Of the five parishes in the study area, Jefferson reports the highest rate at 40.78%; Plaquemines Parish follows closely at 40.68%.
- Looking specifically at the Medicare population, St. Tammany Parish reports the highest rate of residents with high cholesterol at 45.8% (differing from Jefferson Parish for the total population); the national rate being 44.75%.

Heart Disease

- Plaquemines Parish reports the highest rate of residents who have heart disease (5.76%); higher than the national rate of 4.40%.
- Looking specifically at the Medicare population, St. Tammany Parish reports the highest rate of residents with heart disease at 37.49% (differing from Plaquemines Parish for the total population); the national rate being 28.55%.

Overweight and Obese

- The overall rates of residents who are overweight for the States of Louisiana and Mississippi are lower than then the nation (LA = 34.48%, MS = 34.15%, USA = 35.78%).
- Only two of the five study area parishes report higher rates of residents who are overweight (40.36% and 37.78%, respectively) than the nation.
- St. Charles Parish reports the highest rate of residents who are obese (35.4%), Plaquemines Parish is next highest with 34.7% of their population being obese, then Jefferson and Orleans parishes ranked third highest at 32%; the national rate is 27.14%.
- St. Tammany Parish reports the lowest rate of obese adults of the study area parishes (and closest to the national rate) at 27.4%.
- The male populations of Plaquemines Parish, St. Charles Parish, and St. Tammany Parish are more likely to be obese.
- The female population of Orleans Parish shows higher rates of obesity and the most significant difference between males and females in terms of obesity.
- There are not significant differences in males and females in terms of obesity for Jefferson Parish.
- On a national level, men are more likely to be obese than women (27.7% vs. 26.59%).
- The rates of obesity in the Ochsner Medical Center study area and nationally have seen steady rises over the years. St. Tammany Parish is the lowest in the study area and closest to the U.S. rates for obesity and has seen slight declines in the rates of obese residents from 2010 to 2012.

Poor Health

- The States of Louisiana and Mississippi report higher rates of poor general health than the nation (LA = 19.6%, MS = 21.5%, USA = 15.74%).
- Most of the parishes in the Ochsner Medical Center study area report higher rates of poor general health than the nation (St. Tammany Parish being the exception at 15.3%).

Chlamydia Infection

- Orleans Parish reports a markedly higher rate of chlamydia infection than all of the other study area parishes, states, and country at 1,654.9 per 100,000 population in 2011; which, has doubled since 2008 (the next highest rate being 361.8 for St. Charles Parish – less than one quarter of the rate seen for Orleans Parish). The national chlamydia rate is 454.1 per 100,000 population.

Gonorrhea Infection

- Although down from an all time high of 639.4 in 2007, Orleans Parish reports a substantially higher rate of gonorrhea infection than all of the other study area parishes, states, and country at 476.2 per 100,000 population in 2011.
- The next highest rate being 229.9 for St. Charles Parish – half the rate seen for Orleans Parish. 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.
- Orleans Parish specifically sees the highest rates of HIV/AIDS for the study area; 2,141.97 per 100,000 Non-Hispanic Black population has HIV/AIDS, 1,548.29 per 100,000 Non-Hispanic White, and 1,305.15 per 100,000 Hispanic/Latino population.
- From 2008 to 2010, the country, states, and a majority of the study area parishes experienced rises or slight declines then larger rises in the HIV/AIDS rates. Therefore, most of the 2010 rates of HIV/AIDS are higher than 2008 rates.
 - ✓ Orleans Parish and Plaquemines Parish are the only areas where HIV/AIDS rates are lower in 2010 than they were in 2008.

Breast Cancer

- St. Tammany Parish reports the highest incidence rate of breast cancer for the Ochsner Medical Center study area at 133.8 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 states report rates more than double and in some cases, triple this goal.
- The African-American/Black population of Plaquemines Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (167.5 per 100,000 pop.).

Colon and Rectum Cancer

- Orleans Parish reports the highest incidence rate of colon and rectum cancer for the Ochsner Medical Center study area at 48.6 per 100,000 population; Jefferson Parish follows closely at 48. Both parishes are 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 states report rates higher than this goal.
- The African-American/Black population reports higher rates of colon and rectum cancer incidence as compared with other racial groups for the Ochsner Medical Center study area, the states, and nationally.

Lung Cancer

- St. Charles Parish reports the highest incidence rate of lung cancer for the Ochsner Medical Center study area at 73.9 per 100,000 population; higher than the national rate of 64.9 per 100,000 pop.
- Only Plaquemines Parish, at 59.2 per 100,000 pop., reports a rate lower than the nation.
- The African-American/Black population in Plaquemines Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (88 per 100,000 pop.).

Prostate Cancer

- Orleans Parish reports the highest incidence rate of prostate cancer for the Ochsner Medical Center study area at 166.3 per 100,000 population followed closely by St. Charles Parish at 164.2; these values are 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 Ochsner Medical Center study area, the states, and nationally.

Mortality - Cancer

- Orleans Parish reports the highest rate of age-adjusted mortality due to cancer for the Ochsner Medical Center study area at 201.24 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 states report rates higher than this goal.
- Across the Ochsner Medical Center study area, all of the parishes, states, and nationally, men have higher mortality rates due to cancer than women.
- The Non-Hispanic Black population sees the highest rates across the Ochsner Medical Center study area parishes, states and the country for mortality due to cancer.
 - ✓ The Non-Hispanic Black population of Plaquemines Parish reports the highest rate of mortality due to cancer with 271.4 per 100,000 population.

Low Birth Weight

- Orleans Parish reports the highest rate of low-weight births for the Ochsner Medical Center study area at 12.4%.
- 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 states report rates higher than this goal.
- The Non-Hispanic African-American/Black population sees higher rates of low-weight births as compared with other racial groups for the Ochsner Medical Center study area, the states, and nationally.
- Orleans Parish reports the highest rate of low-weight births in 2006-2012 (12.4%), but this rate has been steadily declining since 2002-2008.

Infant Mortality Rate

- Orleans Parish reports the highest rate of infant mortality due for the Ochsner Medical Center study area at 8.8 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; none of study area parishes or states report rates lower than this HP2020 Goal.
- The State of Mississippi reports the highest rates infant mortality across all races/ethnicities as compared with the nation and the Ochsner Medical Center study area.

- ✓ The Non-Hispanic American Indian/Alaskan Native population reports the highest rate of infant mortality at 15.9 per 1,000 births.
- Among the five study area parishes, the Non-Hispanic Black populations of Jefferson and Orleans parishes report the highest rate of infant mortality at 10 per 100,000 population; lower than rates for this population in Louisiana (13) and the nation (12.7).

Mortality – Pedestrian Accident

- Orleans Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the Ochsner Medical Center study area at 2.81 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; St. Tammany Parish reports a rate already lower than this HP2020 Goal.

Mortality – Homicide

- Orleans Parish reports the highest rate of age-adjusted mortality due to homicide for the Ochsner Medical Center study area at 47.88 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; only St. Tammany Parish reports a rate already lower than this HP2020 Goal.
- On a national level and across the Ochsner Medical Center study area parishes and states, men are more likely to die as a result of homicide than women.
- Orleans Parish reports the highest rates of death as a result of homicide as compared with the nation and the Ochsner Medical Center study area parishes and states.
 - ✓ The Non-Hispanic Black population reports the highest rate of death as a result of homicide at 73.18 per 100,000 population; almost double the next highest rate for the same population in Jefferson Parish (43.06 per 100,000 population) and nearly four times higher than the nation (19.67 per 100,000 population).

County Health Rankings

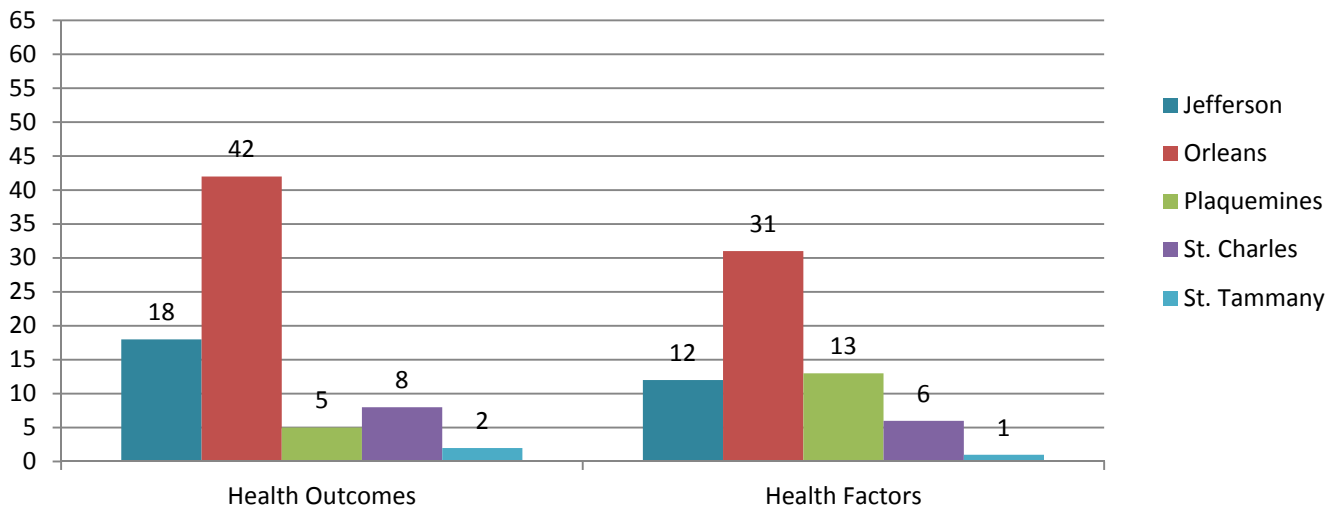
The County Health Rankings were completed as collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.¹⁷

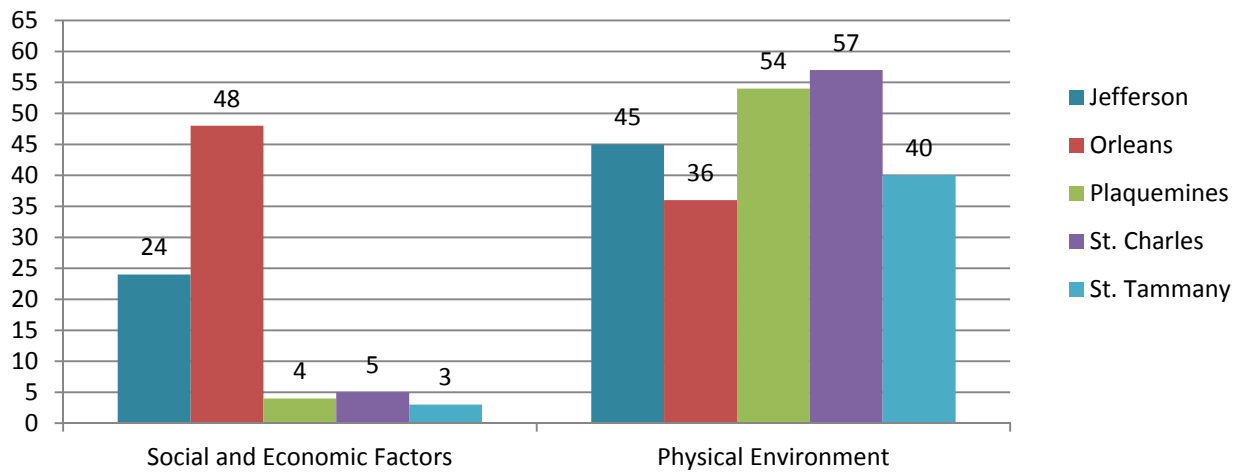
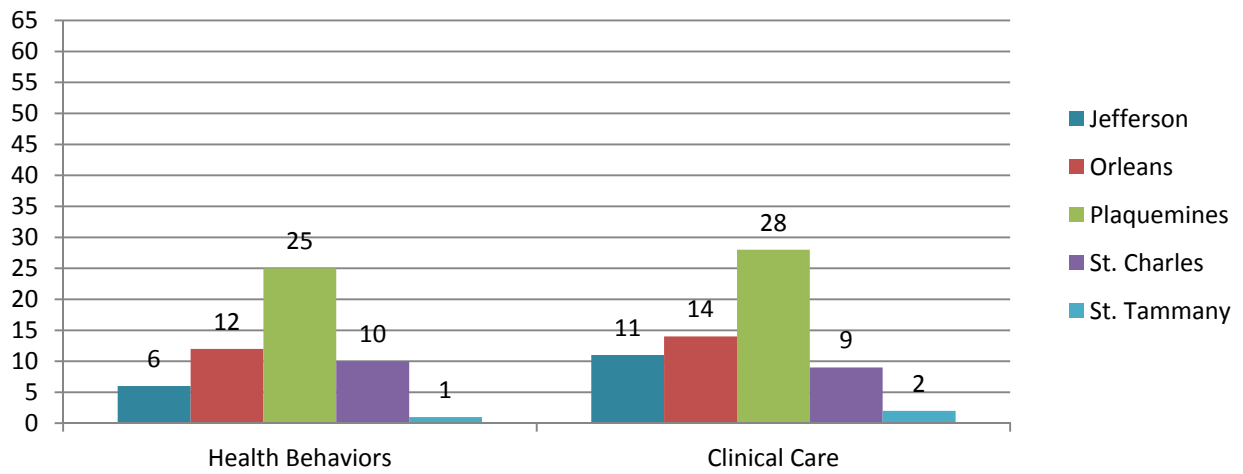
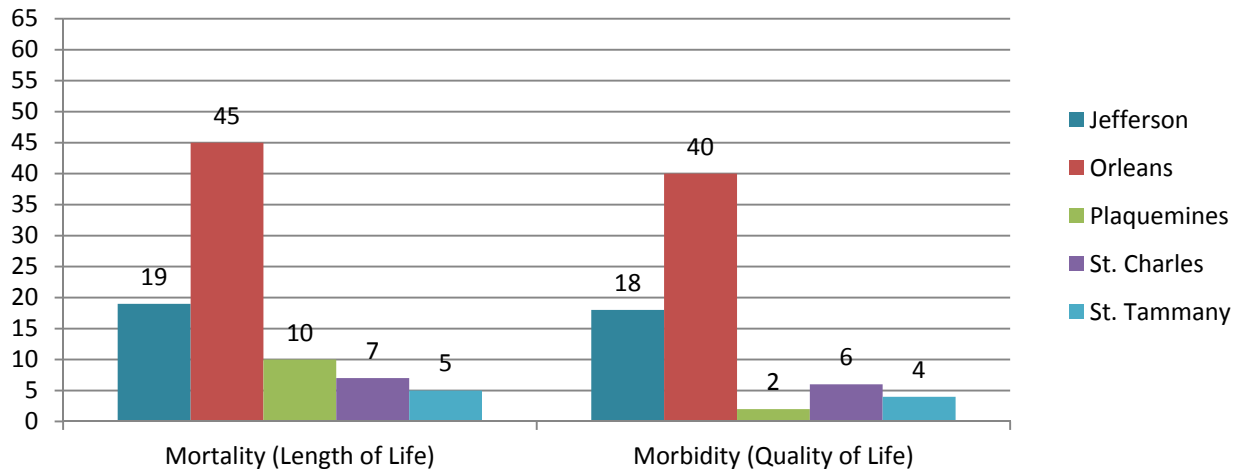
Each parish receives a summary rank for its health outcomes, health factors, and also for the four different types of health factors: health behaviors, clinical care, social and economic

¹⁷ 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

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.





Key Findings from County Health Rankings:

- ✓ Orleans Parish reports the highest ranks (unhealthiest parish of the Ochsner Medical Center study area) for the majority of the County Health Rankings:
 - A rank of 42 out of the worst possible 64 (23rd “unhealthiest” parish in the state) for Health Outcomes;
 - A rank of 31 out of the worst possible 64 (34th “unhealthiest” parish in the state) for Health Factors;
 - A rank of 45 out of the worst possible 64 (20th “unhealthiest” parish in the state) for Mortality (Length of Life);
 - A rank of 40 out of the worst possible 64 (25th “unhealthiest” parish in the state) for Morbidity (Quality of Life); and
 - A rank of 48 out of the worst possible 64 (17th “unhealthiest” parish in the state) for Social and Economic Factors.
- ✓ Plaquemines Parish holds the highest rank for Health Behaviors at 25 out of the worst possible of 64 (40th “unhealthiest” parish in the state) and Clinical Care at 28 (37th “unhealthiest” parish in the state).
- ✓ St. Charles ranks 57th (8th “unhealthiest” parish in the state) for Physical Environment.

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

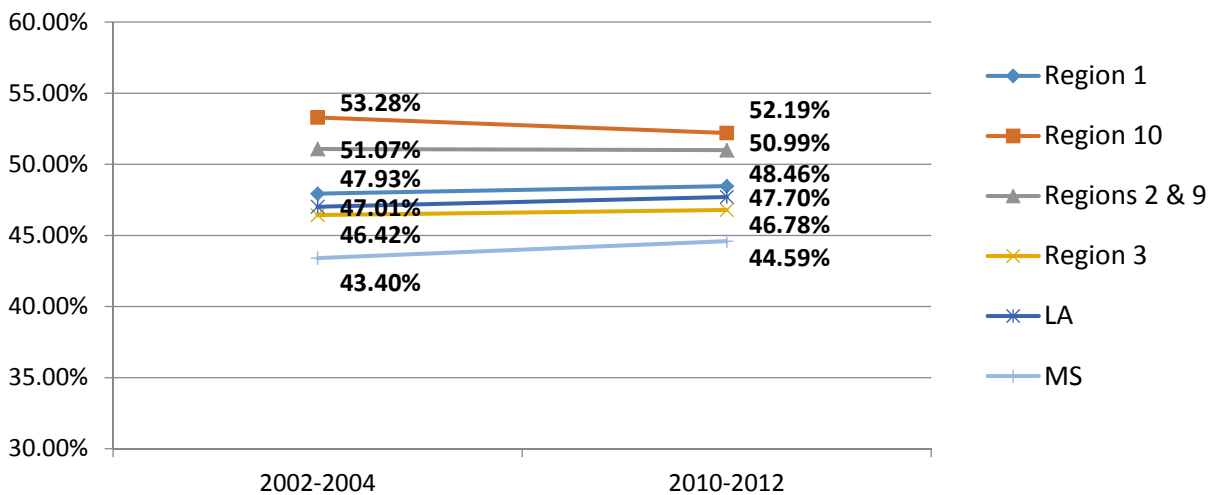
- Region 9 – Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
- Region 3
 - Region 3 – Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
- Regions 4, 5, and 6
 - Region 4 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
 - Region 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.

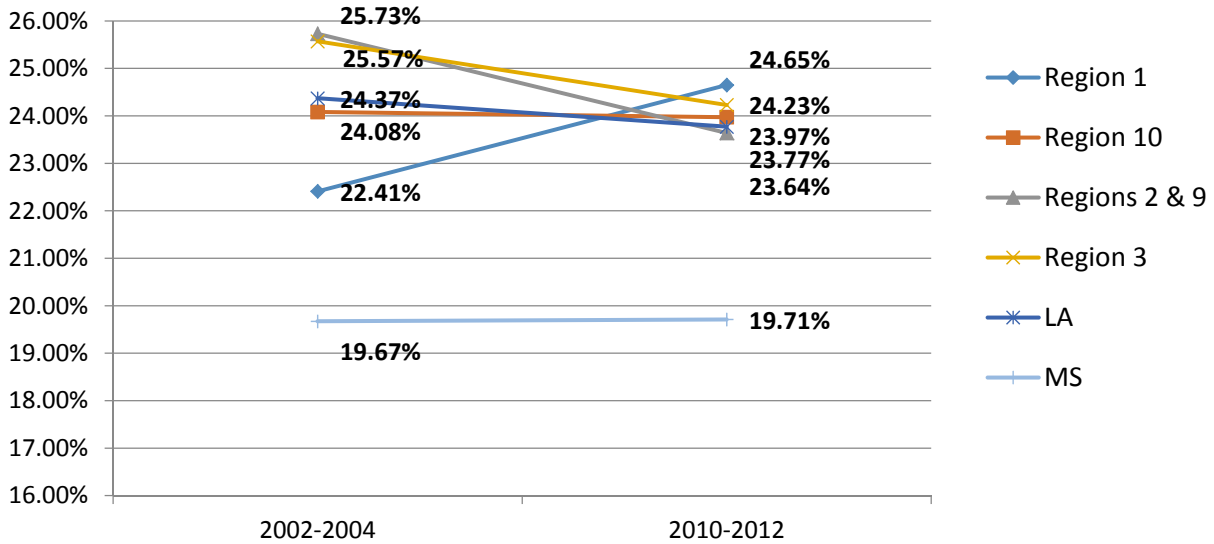
Figure 16: Alcohol Use in the Past Month



Binge Alcohol Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate for the study area as well as a rise in binge alcohol use from 2002-2004 to 2010-2012.

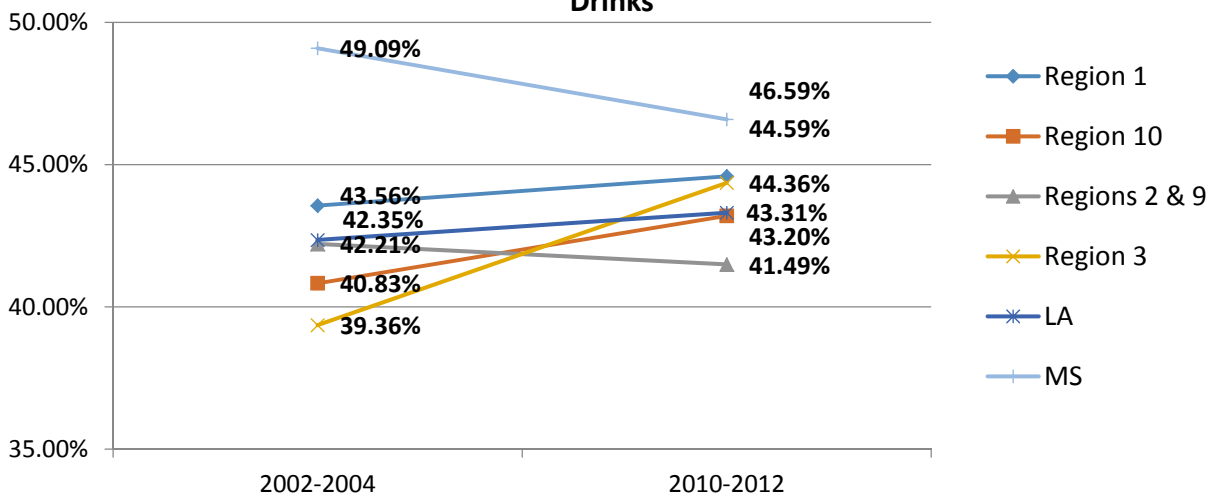
Figure 17: Binge Alcohol Use in the Past Month



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

- Many 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.
- The State of Mississippi rates of perceptions of risk of having five or more drinks once or twice a week have declined from 2002-2004 to 2010-2012.

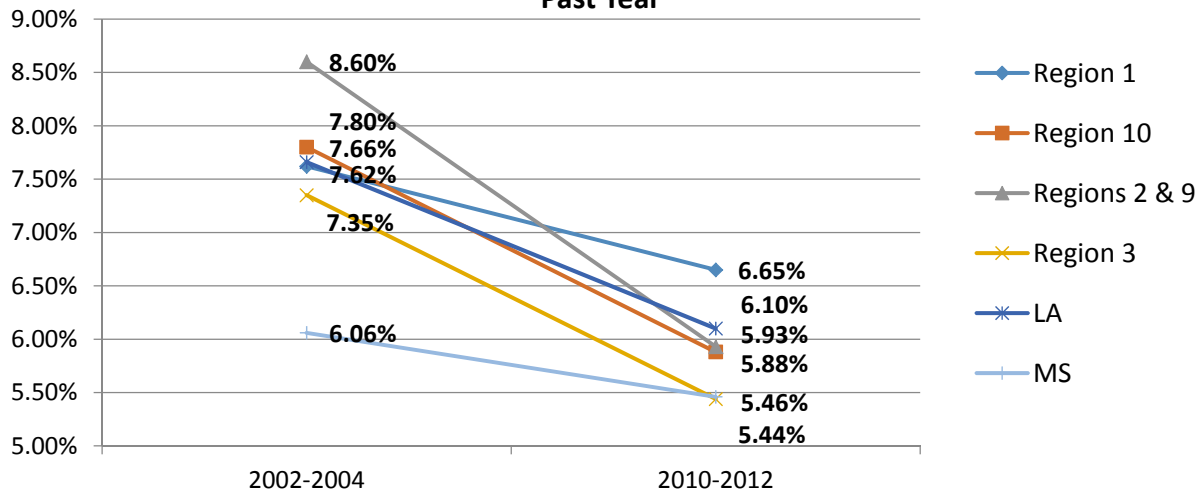
Figure 18: Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks



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 1 (Orleans, Plaquemines, St. Bernard parishes) 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 6.65%.

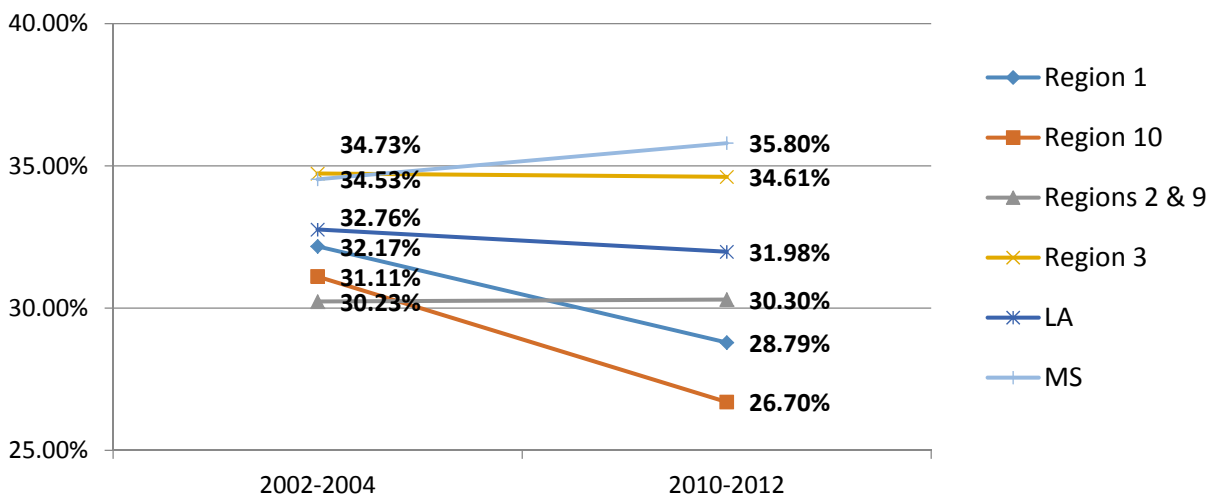
Figure 19: Needing but Not Receiving Treatment for Alcohol Use in the Past Year



Tobacco Use in the Past Month

- Region 3 (Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne parishes) reports the highest current rate of tobacco use in the past month for the study area at 36.63%; and this region has seen this rate rise from 34.55% in 2002-2004.

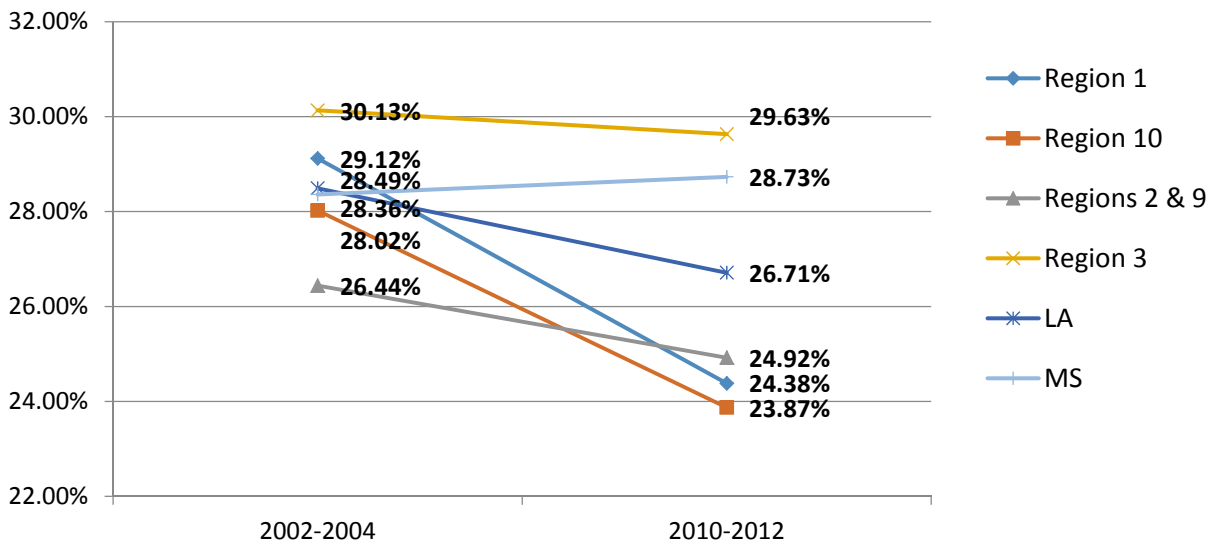
Figure 20: Tobacco Use in the Past Month



Cigarette Use in the Past Month

- Cigarette use in the past month is highest for Region 3 in the 2010-2012 analysis; it has seen a slight decline in rate over the years going from 30.13% to 29.63%.
- Region 3 also reports the highest rate of cigarette use in the past month for the study area at 29.63% in 2010-2012.

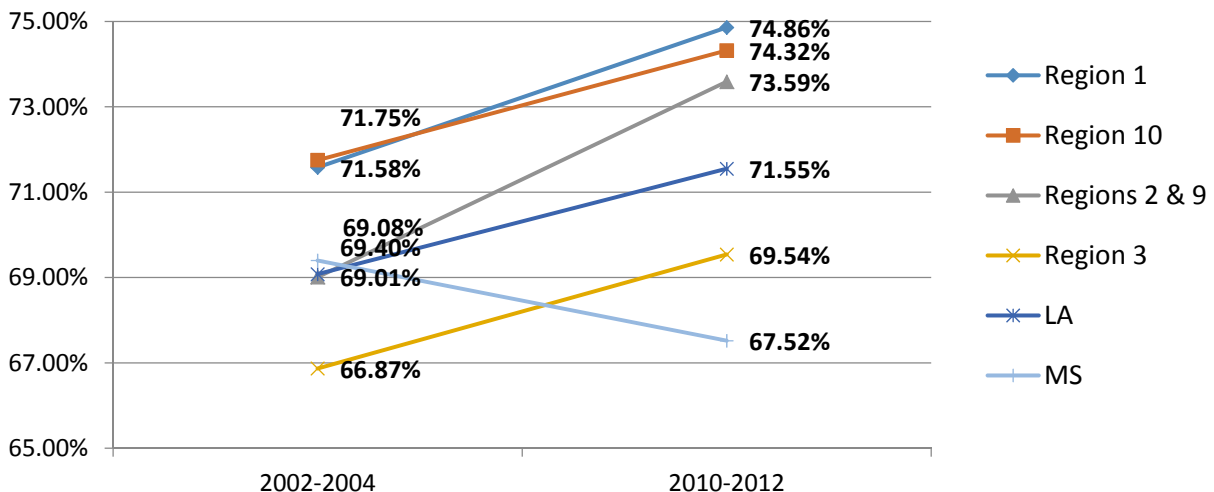
Figure 21: Cigarette Use in the Past Month



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

- All of the study area regions, except for the State of Mississippi, report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day.

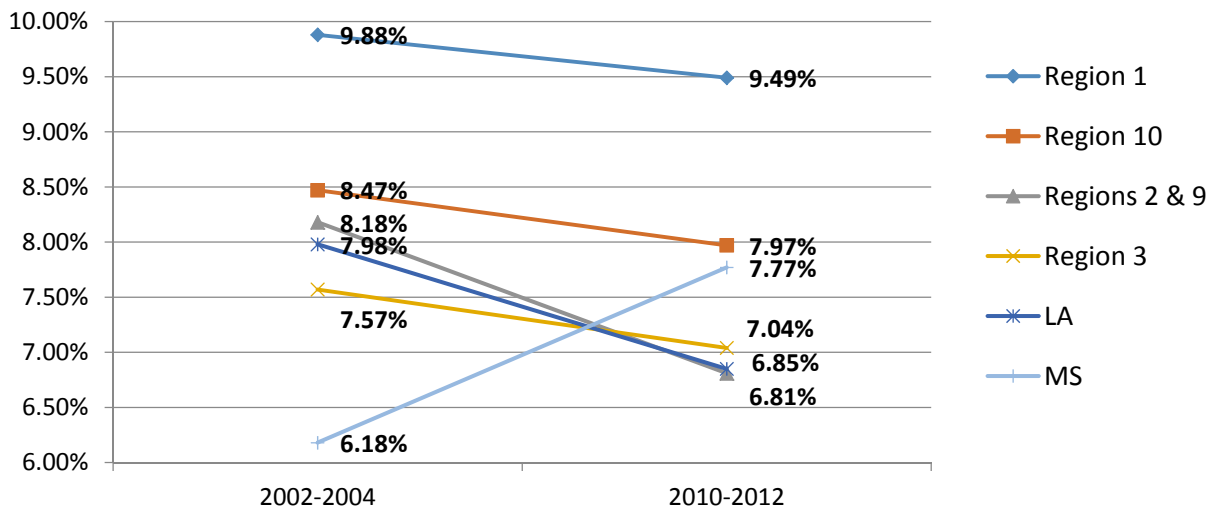
Figure 22: Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day



Illicit Drug Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of illicit drug use in the past month with 9.49% of the population aged 12 and older participating in drug use.
- The Louisiana regions of SAMHSA report declines in rates of illicit drug use while the State of Mississippi reports a rise in illicit drug use.

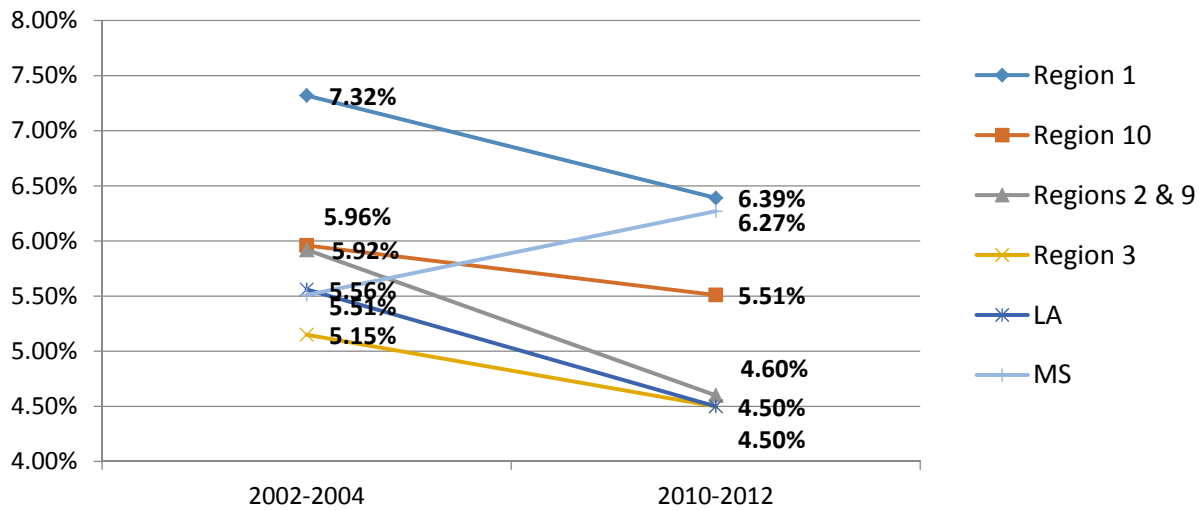
Figure 23: Illicit Drug Use in the Past Month



Marijuana Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of marijuana use in the past month with 6.39% of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 7.32%.
- The Louisiana regions of SAMHSA report declines in rates of marijuana use while the State of Mississippi reports a rise in marijuana use.

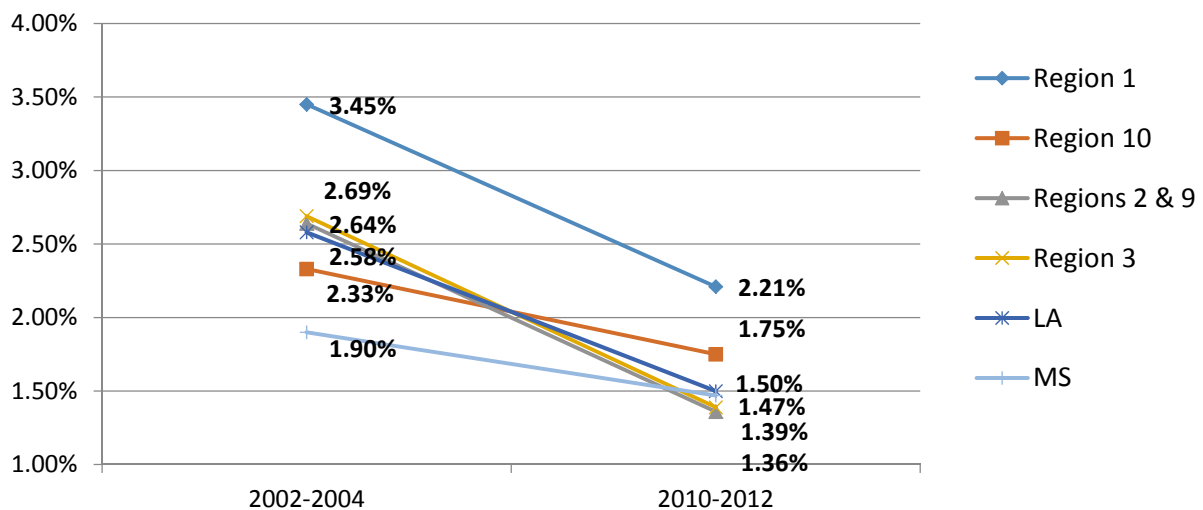
Figure 24: Marijuana Use in the Past Month



Cocaine Use in the Past Year

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of cocaine use in the past month with 2.21 % of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 3.45%.
- All of the study area regions have seen declines in the rates of cocaine use from 2002-2004 to 2010-2012.

Figure 25: Cocaine Use in the Past Year

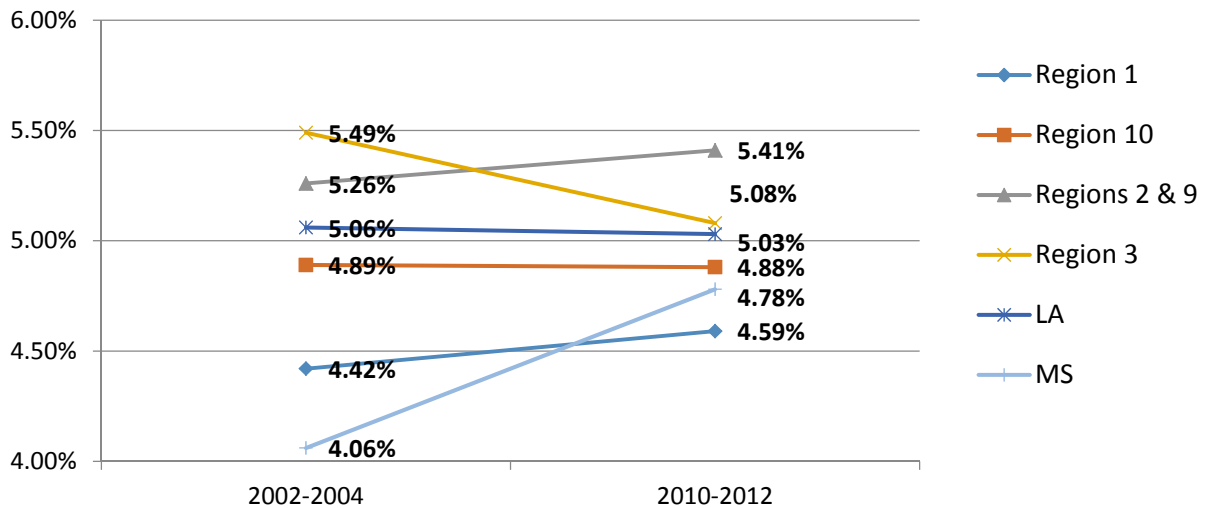


Nonmedical Use of Pain Relievers in the Past Year

- Regions 2 and 9 report the highest current rate of nonmedical use of pain relievers in the past year at 5.41% of the population aged 12 and over and have seen this rate rise

since 2002-2004 when it was 5.26% (all of the other study area regions have report declines in this rate).

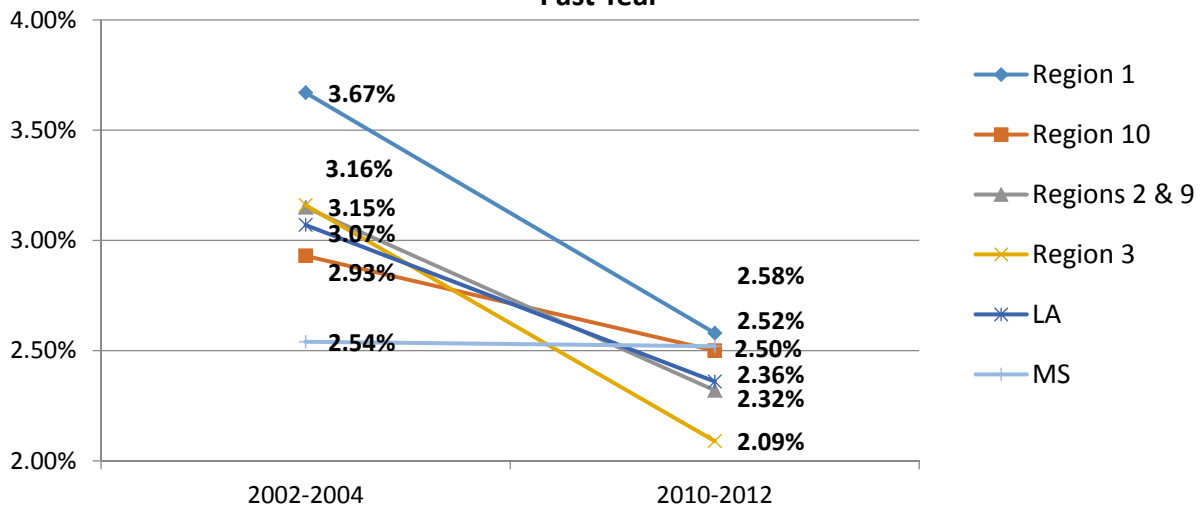
Figure 26: Nonmedical Use of Pain Relievers in the Past Year



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 1 still reports the highest rate for the study area at 2.58% needing but not receiving treatment.

Figure 27: 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:
 - o 48th overall in terms of health rankings
 - o 44th for smoking
 - o 45th for diabetes
 - o 45th in obesity
- Louisiana Strengths:
 - o Low incidence of pertussis
 - o High immunization coverage among teens
 - o Small disparity in health status by educational attainment
- Louisiana Challenges:
 - o High incidence of infectious disease
 - o High prevalence of low birthweight
 - o High rate of preventable hospitalizations
- Louisiana Highlights:
 - o In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
 - o In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
 - o 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.
 - o In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
 - o 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

Key Stakeholder Interviews

INTRODUCTION:

Tripp Umbach conducted interviews with community leaders on behalf of the Ochsner Medical Center. 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. 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 CHNA project completed by Tripp Umbach.

DATA COLLECTION:

The following qualitative data were gathered during individual interviews with 49 stakeholders in communities served by Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center, and Ochsner Medical Center – Westbank campus. Ochsner Medical Center is a 473-bed hospital located near Uptown New Orleans. Ochsner Baptist, a Campus of Ochsner Medical Center is a campus of Ochsner Medical Center located in the heart of New Orleans, LA. Ochsner Medical Center – Westbank Campus is a campus of Ochsner Medical Center located in Gretna, 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 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 and its Baptist and Westbank campuses, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 49 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
- Pickering and Cotogno
- 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)
- Fifth District Savings and Loan
- Print All
- West Jefferson Civic Coalition
- Boys and Girls Club Westbank
- St. Tammany EDF
- City of Slidell
- COAST - Slidell Senior Center
- First Baptist Church
- St. Tammany Outreach for the Prevention of Suicide (STOPS)
- Youth Service Bureau - Slidell Client Services & CASA
- St. Tammany Parish Fire Dist 4
- NAMI
- S.A.L.T
- STPH Community Wellness Center
- The Good Samaritan Ministry, 910 Crossgates Blvd, Slidell, LA 70461
- Covington Police Department
- SMH Foundation Board

STAKEHOLDER RECOMMENDATIONS:

The stakeholders provided many recommendations to address health issues and concerns for residents living in the communities served by Ochsner Medical Center and its Baptist and Westbank campuses. Below is a brief summary of the recommendations:

- 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.
- Payers and providers could develop creative financial models that encourage and promote population health (e.g., gain sharing/risk sharing models). Insurance companies and hospitals could begin to incentivize programs to address population health and keep residents healthy.
- 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.

- 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.
- Health and wellness groups could collaborate to provide food trucks with fresh produce and healthy foods at a fair price to neighborhoods that do not have grocery stores. These healthy food trucks could be available once or twice a week to increase access to healthy food.
- 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 information dissemination and education of residents regarding healthy options like food preparation, preventive practices, prevention of STIs, etc. To do this hospitals could partner with local schools.
- 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.

- Transportation issues cannot be addressed by hospitals. Instead, transportation could be addressed through collaborations among insurance providers, government entities and entities that specialize in transportation.

PROBLEM IDENTIFICATION:

During the interview process, stakeholders discussed six 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. Social and environmental determinants of health
3. Common health concerns
4. Behavioral health, including substance abuse
5. Personal behaviors that impact health

ACCESSIBILITY OF HEALTH SERVICES:

Every stakeholder interviewed articulated a need to improve the accessibility of health services (medical, dental, behavioral) in all regions. 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 Local communities. One of the most discussed about barriers to accessing health services in the study area 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.

The low reimbursement rates for health service providers like hospitals and community-based clinics was often the topic of discussion with stakeholders. Stakeholders felt that hospitals are struggling to provide quality health services at the poor reimbursement rates paid by CMS. Low reimbursement rates were often cited as the reason hospitals are struggling to remain viable and continue to offer services to residents. This was particularly the case in areas with higher rates of poverty and rural areas.

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 on the local 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.

Stakeholders discussed the improvements in accessibility as well as the need to continue to increase access to health services in all regions. Many stakeholders are hopeful that the University Medical Center will increase access to care. While stakeholders recognize that access has improved through the development of urgent care clinics and community-based clinics; they also discussed the fragmentation of health services and the gaps in services that are available. According to stakeholders there were several health services that are not readily available in their region, specifically: outpatient Medicaid providers (dental, pediatricians, psychiatrist, etc.), pediatric neurosurgery, Pediatric cardiology, inpatient behavioral health and substance abuse services, outpatient behavioral health and substance abuse services, care coordination, after-hours specialty care (e.g., HIV Clinics), prescription assistance, Primary care (rural areas), gerontology, trauma unit (St. Tammany Parish) community-based supportive services for seniors. 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 discussed the limited access to a full spectrum of health services in rural areas (i.e., specialty care, outpatient Medicaid services, etc.). Stakeholders discussed the importance

of critical access hospitals to residents in the most rural areas. While critical access hospitals may not always have a comprehensive list of specialty providers, they offer access to medical care that rural residents would not otherwise have.

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 lead 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.

SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH:

More than ninety percent of stakeholders discussed the social and environmental determinants of health in local 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 local 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. 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. Residents are not able to attend appointment consistently due to a lack of dependable transportation. Often residents in rural areas are not able to get to and from the health services they need. For this reason, stakeholders indicated that rural residents often delay seeking health services until the issue becomes an emergency and potential outcomes are often poor. 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. The topic of transportation was most often discussed in relationship to residents seeking health care and healthy nutrition in rural areas.

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 level of health literacy among residents. Health literacy is influenced by literacy levels, language barriers and access to and understanding of technology (e.g., computers). Stakeholders noted that there is a high correlation between lower educational attainment and lower level of health literacy. Stakeholders discussed the various languages spoken in regions around Southeast Louisiana and the need to ensure health services are culturally competent and accessible for residents who have limited English speaking skills. The languages most referenced were Asian languages and Latin languages. Additionally, stakeholders felt that the movement toward electronic medical records, the use of online applications, and internet based systems may leave some residents that do not have access to computers and/or whom may be unfamiliar with computers without access to relevant health information.

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 (e.g., low birth weight) and limited access to healthy options.

COMMON HEALTH CONCERNS:

More than eighty 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 local 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 (i.e., breast cancer, pancreatic cancer, lung and skin 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.

NEED FOR BEHAVIORAL HEALTH INCLUDING SUBSTANCE ABUSE SERVICES:

Behavioral health services and issues were discussed separate from medical or dental health services, with approximately seventy-five percent 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 suicide rates are high, particularly among residents with mental illness. Stakeholders stated that suicide rates have increased after Katrina, with many communities seeing record high deaths due to suicide and suicide attempts.

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, stakeholders indicated that they are not adequate enough to meet the demand for behavioral health and substance abuse services on the local. 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.

PERSONAL BEHAVIORS THAT IMPACT HEALTH:

More than two-thirds 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.

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 824 surveys were collected in the Ochsner Medical Center service area which provides a +/- 3.41 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 targeted medically vulnerable and at-risk populations in survey collection. 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.

Table 8: Survey Responses – Self-Reported Age of Respondent

Age	Eastbank Respondents (%)	Westbank Respondents (%)	Northshore Respondents (%)
18-24	4.3%	7.4%	21.7%
25-34	15.3%	20.4%	35.7%
35-44	19.9%	25.9%	15.7%
45-54	17.0%	19.4%	9.6%
55-64	23.5%	15.7%	12.2%
65-74	12.0%	8.3%	2.6%
75-84	6.0%	1.9%	2.6%
85+	2.1%	7.4%	21.7%

Eastbank

- ✓ 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%).

Westbank

- ✓ Of the surveys gathered: 67.6% were female, 32.4% were male
- ✓ The majority of the survey respondents reported their race as Black or African American (59.1%), the next largest racial group was White or Caucasian (26.4%), and third largest Asian (5.5%).

Northshore

- ✓ Of the surveys gathered: 90.4% were female, 9.6% were male
- ✓ The majority of the survey respondents reported their race as White or Caucasian (63.6%), the next largest racial group was Black or African American (23.4%), and third largest was More than One Race (4.7%).

Table 9: Survey Responses – Self-Reported Annual Income of Respondents

Income	Eastbank Respondents (%)	Westbank Respondents (%)	Northshore Respondents (%)
< \$10k	28.3%	22.7%	21.5%
\$10-19,999	18.9%	15.5%	13.1%
\$20-29,999	14.3%	13.6%	14.0%
\$30-39,999	7.7%	8.2%	12.1%
\$40-49,999	6.4%	3.6%	3.7%
\$50-59,999	3.1%	6.4%	5.6%
\$60-69,999	1.3%	9.1%	2.8%
\$70-79,999	1.3%	2.7%	.9%
\$80-99,999	2.9%	1.8%	2.8%
\$100-149,999	1.7%	4.5%	1.9%

Eastbank:

- ✓ 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.

Westbank:

- ✓ The household income level with the most responses was < \$10,000 (22.7%) and \$10,000 - \$19,999 (15.5%)
- ✓ 51.8% of respondents reported less than \$29,999 annual household income.

Northshore:

- ✓ The household income level with the most responses was < \$10,000 (21.5%) and \$20,000 - \$29,999 (14.0%)
- ✓ 38.6% of respondents reported less than \$29,999 annual household income.

Healthcare Eastbank:

- ✓ 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 months because of cost; compared to the state (18.9%).

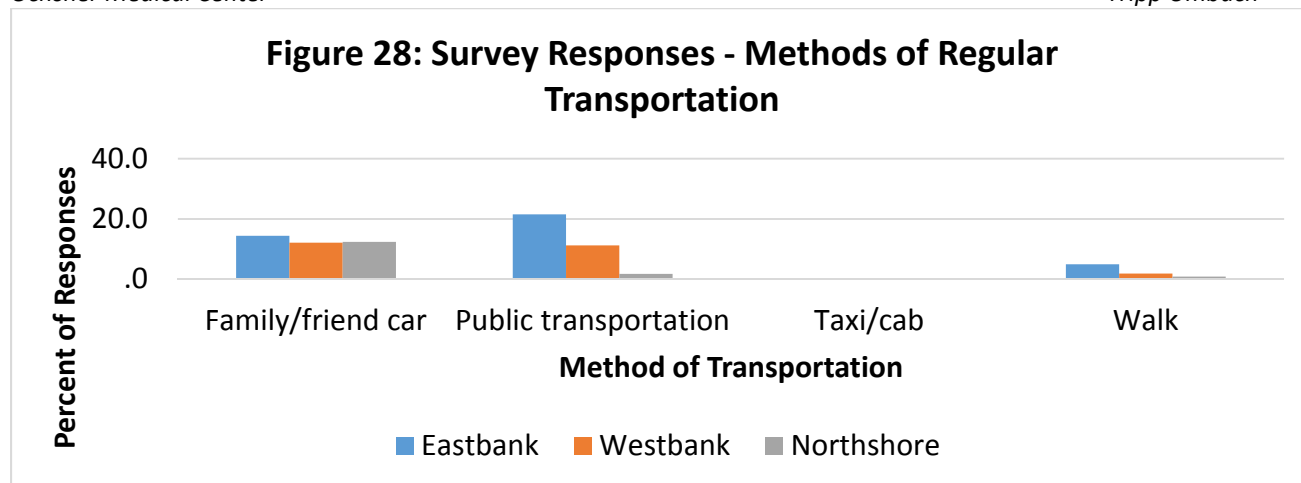
- ✓ Most respondents had been examined by a physician within the last 12 months at least once (70.8%).
- ✓ 25.3% respondents reported not taking medications as prescribed in the last 12 months due to cost.

Healthcare Westbank:

- ✓ The most popular place for residents to seek care is a doctor's office (61.8%), with the free or reduced cost clinics being the second most popular (10.9%), ER (10.0%), and urgent care (8.2%).
- ✓ The most common forms of health insurance carried by respondents was Private/commercial (38.2%), Medicaid only (26.4%), and no insurance (19.1%).
- ✓ The most common reason why individuals indicated that they do not have health insurance is because they can't afford it (73.7%).
- ✓ 27.9% could not see a doctor in the last 12 months 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 (71.2%).
- ✓ 26.1% respondents reported not taking medications as prescribed in the last 12 months due to cost.

Healthcare Northshore:

- ✓ The most popular place for residents to seek care is a doctor's office (68.8%), with the urgent care being the second most popular (8.9%), ER third (8.0%), and free/reduced fourth (7.1%).
- ✓ The most common forms of health insurance carried by respondents was Medicaid only (38.6%), private/commercial (29.8%), and No Insurance (15.8%).
- ✓ The most common reason why individuals indicated that they do not have health insurance is because they can't afford it (73.3%).
- ✓ 1/5 of respondents (20%) could not see a doctor in the last 12 months 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 (66.1%).
- ✓ 16.5% respondents reported not taking medications as prescribed in the last 12 months due to cost.



- ✓ Many survey respondents indicated that they use some method of transportation other than a personal vehicle (Eastbank- 40.9%, Westbank – 25.2%, Northshore- 15.1%).

Table 10: Survey Responses Related to HIV/AIDS Testing

Ever Been Tested for HIV		Eastbank	Westbank	Northshore	LA	U.S.
Yes		59.9%	65.1%	55.9%	43.5%	35.2%
No		40.1%	34.9%	44.1%	56.5%	64.8%

- ✓ **Each region** reports a higher rate of HIV testing than the state (43.5%) or the U.S. (35.2%):
 - ✓ The Eastbank region (59.9%)
 - ✓ The Westbank region (65.1%)
 - ✓ The Northshore Region (55.9%)

Health Services:

Table 11: Survey Responses – Health Services Received During the Previous 12 Month Period

Test Received	SELA Region	Eastbank Region	Westbank Region	Northshore Region
Blood test	52.3%	55.4%	60.4%	42.6%
Check up	45.8%	45.7%	50.5%	47%
Cholesterol test	31.5%	35.1%	34.2%	17.4%
Flu shot	31.1%	34.1%	33.3%	29.6%
Urinalysis	23%	22.6%	23.4%	27%

- ✓ Respondents from the Eastbank, Westbank, and Northshore Region report similar testing rates as those across the SELA Region. Survey respondent from the Northshore

Region report slightly lower testing rates over all when compared to SELA, Eastbank and Westbank.

- ✓ Most respondents did not prefer to receive health services in a language other than English.

Table 12: Survey Responses – Availability of Health Services

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

Westbank		Available to me	Available to others	Not available	NA*
	Dental services	74.5%	7.5%	10.4%	7.5%
	Vision services	74.5%	5.7%	10.4%	9.4%
	Affordable, safe, and healthy housing	59.4%	5.0%	9.9%	25.7%
	Healthy foods	18.6%	2.0%	4.9%	74.5%
	Cancer screening	74.5%	7.5%	10.4%	7.5%

Northshore		Available to me	Available to others	Not available	NA*
	Dental services	80.4%	8.8%	6.9%	3.9%
	Vision services	77.2%	10.9%	7.9%	4.0%
	Affordable, safe, and healthy housing	68.3%	8.9%	6.9%	15.8%
	Healthy foods	26.8%	6.2%	4.1%	62.9%
	Cancer screening	80.4%	8.8%	6.9%	3.9%

Eastbank

- ✓ At least one in 10 respondents indicated they did not have access to the following at all or the services is available to others but not them: 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%), Emergency Medical (11.1%).
- ✓ Most respondents indicated that they have access to the following services: safe exercise, women's health, and surgical.

Westbank

- ✓ At least one in 10 respondents indicated they did not have access to the following at all or the services is available to others but not them: Services for 60+ (12.6%), Mental health services (11.6%), Medical specialist (10.9%), Pediatric & adolescent health (14.8%), Employment assistance (15.9%), Primary care (11.7%).
- ✓ Most respondents indicated that they have access to the following services: healthy foods, HIV services, substance abuse treatment, safe exercise, surgical, transportation, women's health, and emergency medical.

Northshore

- ✓ At least one in 10 respondents indicated they did not have access to the following at all or the services is available to others but not them: Primary care (12.3%), Medical specialist (13%), Pediatric & adolescent health (10.8%).
- ✓ Most respondents indicated that they have access to the following services: Services for 60+, substance abuse services, women's health, mental health service, HIV services, safe exercise, healthy foods, transportation, surgical, emergency medical, employment assistance, cancer screening, cancer treatment.

Table 13: Survey Responses – Preferences for Receiving Information about Healthcare

Preferred Method	Eastbank Respondents (%)	Westbank Respondents (%)	Northshore Respondents (%)
Newspaper	21.2%	25.2%	26.4%
TV	33.4%	30.6%	33.0%
Internet	29.4%	36.0%	33.1%
Word of Mouth	62.4%	63.1%	61.0%
Radio	13.7%	14.4%	12.4%
Library	2.5%	2.7%	3.7%
Clinics	21.2%	17.1%	18.8%
Faith/Religious Organizations	27.1%	16.2%	20.3%
Call 2-1-1	4.5%	4.5%	3.9%
Other	6.2%	6.3%	5.4%

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

Common Health Issues:

Table 14: Survey Responses – Health Issues Respondents Reported Ever Diagnosed with

Ever Diagnosed with	SELA Region	Eastbank Region	Westbank Region	Northshore Region	LA*	U.S.*
High blood pressure	44.8%	49.6%	34.9%	28.8%	39.9%	31.4%
High blood cholesterol	30%	32.4%	26.9%	15.3%	--	--
Heart attack	6.2%	5.6%	8.3%	.9%	5.3%	4.3%

Ever Diagnosed with	SELA Region	Eastbank Region	Westbank Region	Northshore Region	LA*	U.S.*
Asthma	13.2%	11.3%	20.2%	18.3%	5.3%	4.3%
Still have asthma	8.8%	8.4%	12.6%	8.4%	--	--
COPD, emphysema or chronic bronchitis	4.2%	3.1%	4.6%	4.6%	7.5%	6.5%
Arthritis/rheumatoid, gout, lupus, or fibromyalgia	27.8%	30.5%	26.2%	18.9%	26.4%	25.3%
Depressive disorder	21.5%	18.4%	30.5%	25.5%	18.7%	18.7%
Pre-diabetes or borderline diabetes	18.6%	20.4%	18.5%	12.8%	11.6%	9.7%
Diabetes	16%	18.1%	16.2%	8.6%	10.3%	9.7%
Skin cancer	2.8%	2.8%	2.9%	1.9%	5%	6%
Other types of cancer (Breast-20.5%)	4.4%	3.5%	5.8%	6.7%	6.6%	6.7%
Receiving mental health treatment/medication	21.4%	19%	22.7%	21.4%	--	--

* Source: CDC

- Survey respondents from the Northshore Region self-reported lower diagnosis rates for many of the measures than the SELA region, the state and the nation with few exceptions (i.e., asthma, mental health, and cancer).
- When asked to report health conditions that they had ever been diagnosed with by a health professional, survey respondent from the Eastbank, Northshore, and Westbank regions reported:
 - ✓ Higher diagnosis rates than the SELA region, the state and the nation for high blood pressure (Eastbank- 49.6%, Northshore - 28.8%, Westbank – 34.9% vs. SELA- 44.8%, LA- 39.9%, and U.S.- 31.4%); high blood cholesterol (Eastbank- 32.4%, Northshore - 15.3%, Westbank – 26.9% vs. SELA- 30%); heart attack (Eastbank- 5.6%, Northshore - .9%, Westbank – 8.3% vs. SELA- 6.2%, LA- 5.3%, and U.S.- 4.3%) arthritis/rheumatoid, gout, lupus, or fibromyalgia (Eastbank- 30.5%, Northshore - 18.9%, Westbank – 26.2% vs. SELA- 27.8%, LA- 26.4%, and U.S.- 25.3%); depressive disorder (Eastbank- 18.4%, Northshore - 25.5%, Westbank – 30.5% vs. SELA- 21.5%, LA- 18.7%, and U.S.- 18.7%); pre-diabetes/borderline diabetes (Eastbank- 20.4%, Northshore - 12.8%, Westbank – 18.5% vs. SELA- 18.6%, LA- 11.6%, and U.S.- 9.7%); diabetes (Eastbank- 18.1%, Northshore - 8.6%, Westbank – 16.2% vs. SELA- 16%, LA- 10.3%, and U.S.- 9.7%).
- Approximately one in five (Eastbank- 19%, Northshore - 21.4%, and Westbank – 22.7%) survey respondents indicated they have received mental health treatment or medication at some point in their lives.

Table 15: Survey Responses – Top Health Concerns Reported

Health Concern	SELA Region	Eastbank Region	Westbank Region	Northshore Region
Diabetes	50.8%	58.9%	44.4%	37.7%
High Blood Pressure	49.9%	57.9%	36.1%	34.9%
Drugs and Alcohol	47.7%	47.8%	42.6%	51.9%
Cancer	42.1%	40.8%	35.2%	38.7%
Heart disease	38.5%	40.6%	38%	23.6%

- ✓ 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 16: Survey Responses – Average Body Mass Index of Survey Respondents

Weight & BMI	SELA Region	Eastbank Region	Westbank Region	Northshore Region	Avg. Female (5'4")*	Avg. Male (5'9")*
BMI**	29.3	29.27	28.79	29.21	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 all regions show higher weight and BMI than national and state averages regardless of gender.

Table 17: Survey Responses – Self-Reported Smoking Rates

Smoking	SELA Region	Eastbank Region	Westbank Region	Northshore Region	LA*	U.S.*
Everyday	15.5%	11.4%	20.6%	8.8%	19.3%	15.4%
Some days	8.1%	7.6%	10.3%	6.1%	6.4%	5.7%
Not at all	74.7%	79.3%	67.3%	82.5%	--	--

*Behavioral Risk Factor Surveillance System

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

Table 18: Survey Responses – Self-Reported Physical Activity Rates

Physical Activities	SELA Region	Eastbank Region	Westbank Region	Northshore Region	U.S.*
Yes	57.3%	55.6%	63.6%	72.6%	74.7%
No	42.7%	44.4%	36.4%	27.4%	25.3%

**Behavioral Risk Factor Surveillance System*

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

Conclusions and Recommended Next Steps

This CHNA incorporates a large geographic region that is served by three individual Ochsner facilities (i.e., Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center, and Ochsner Medical Center – Westbank Campus). The population served by each of these facilities varies based on the geographic location. The study area includes rural and urban areas, some of the most affluent populations and some of the most economically challenged; undocumented residents and residents that have limited English speaking skills (e.g., Vietnamese and Latino(a) residents). It will be necessary for leadership from each facility to review this CHNA with their patient population in mind for planning purposes.

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, and higher consumption of other human service resources (e.g., the penal system).

Ochsner Medical Center 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 affluent populations and populations with higher socio-economic needs (e.g., low-income, residents with a behavioral health history, unemployed, uninsured, homeless, seniors, etc.); which presents a unique challenge for hospital leadership when planning to meet the needs of all residents. While St. Tammany Parish is one of the most affluent parishes in the state of Louisiana; there is evidence of health needs, particularly related to behavioral health and low income populations. With one of the lowest FQHC ratios and an increase in uninsured residents, it will be important to continue to strive to address the primary care needs of the under/uninsured residents in St. Tammany Parish in a way that take into consideration the size of the parish, the rural nature of the region, and the lack of transportation. Orleans Parish shows the poorest outcomes across many of the indicators included in this study. Ensuring access to health services by increasing care coordination across the service area to the most vulnerable populations in areas of concentrated poverty will have the greatest impact on outcomes. Hospital leadership will need to consider the health disparities that exist among Native American residents in Plaquemines Parish; Asian residents in St. Charles Parish; and African American populations throughout the service area. 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 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, Ochsner Baptist, a Campus of Ochsner Medical Center, and Ochsner Medical Center – Westbank Campus 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

September, 2015

Tripp Umbach completed an inventory of community resources available in the Ochsner Medical Center, Ochsner Baptist Medical Center, and Ochsner Medical Center - Westbank Campus service area using resources identified by hospital leadership, internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the hospital community (39402, 39426, 39466, 39503, 39520, 39525, 39532, 39553, 39560, 39564, 39571, 70001, 70002, 70003, 70005, 70006, 70030, 70032, 70037, 70039, 70043, 70047, 70049, 70053, 70056, 70057, 70058, 70062, 70065, 70068, 70070, 70071, 70072, 70075, 70079, 70084, 70085, 70087, 70090, 70092, 70094, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70121, 70122, 70123, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70301, 70345, 70354, 70359, 70360, 70363, 70364, 70373, 70374, 70380, 70392, 70394, 70401, 70403, 70420, 70422, 70427, 70433, 70435, 70437, 70438, 70445, 70447, 70448, 70452, 70454, 70458, 70460, 70461, 70471, 70538, 70592, 70726, 70769, 70806, 70810, and 70816) more than 369 community resources were identified with the capacity to meet the five community health needs identified in the Ochsner Medical Center 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 medical professionals in 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	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				*	
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 COMMUNITY APPROACH TO CARE	No restrictions	4480 General DeGaulle Drive Suite 202 New Orleans, LA 70131 Phone: (504) 393-6511 (877) 393-6510	70131	Orleans	More information	No restrictions	Provides home healthcare. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X						*	X			X		X				*	
A HOME CARE ALTERNATIVE OF GREATER NEW ORLEANS	No restrictions	137 N. Clark Street Suite U-6 New Orleans, LA 70119 Phone: (504) 373-6527 (866) 821-5429	70119	Orleans	More information	No restrictions	Provides home healthcare. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X						*	X			X		X				*	
A PIECE OF MIND CARE PROVIDER, INC	No restrictions	116 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									*											*
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 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								*											*
A-1 In Home Companion Care, LLC	No restrictions	2239 First Street Slidell, LA 70458 985.649.4357 1.877.464.4627	70458	St. Tammany	More information	No restrictions	Provides Children's Choice (03), Personal Care Attendant, (MR/OD) (82), Supervised Independent Living (89), and Supported Employment (98).	*		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					*
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					*
ACCESS HEALTH LOUISIANA	No restrictions	Cohen College Prep 3520 Dryades Street New Orleans, LA 70115 (504) 301-9023	70115	Orleans	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					*
ACCESS HEALTH LOUISIANA	No restrictions	Internists - Cardiology and Nephrology Drive Raj and Drive Jay 1057 Paul Maillard 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 Patriot 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					*
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					*
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					*
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					*
ACCESS HEALTH LOUISIANA	No restrictions	South Broad Community Health Center 3300 South Broad St New Orleans, LA 70125 (504) 309-5061	70125	Orleans	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	Warren Easton Wellness Center 3036 Iberville Street New Orleans, LA 70119 (504) 324-7880	70119	Orleans	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					*
ACCESS HEALTH LOUISIANA	No restrictions	Belle Chasse Community Health Center 8200 Highway 23 Belle Chasse, LA 70037 (504) 398-1100	70037	Plaquemines	http://www.bchasse.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					*

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	
ACCESS HEALTH LOUISIANA	No restrictions	Ruth U. Fertel/Tulane Community Health Center 711 N. Broad Street New Orleans, LA 70119 (504) 609-3500	70119	Orleans	http://www.rftchc.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 16004 River Road Norco, LA 70079 (985) 725-9330	70079	St. Charles	http://www.stchchs.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.stchchs.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.stchchs.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.stchchs.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. Tammany Community Health Center 1301 N. Florida Street Covington LA 70433 (985) 400-5340	70433	St. Tammany	http://www.sttchc.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. Tammany Community Health Center 501 Robert Blvd Slidell, LA 70458 (985) 607-0400	70458	St. Tammany	http://www.sttchc.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				*	
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/5349	No restrictions	Provides services and access to resources for people with disabilities.	*	X	X	X	X		X		*	X			*	X	X	X	X			X			*	
ACTION RESOURCES TOTAL CARE	Orleans, Jefferson, Plaquemines, St. Bernard	8000 Crowder Blvd., Suite A New Orleans, LA 70128 Phone: (504) 244-6688 (866) 746-4584	70128	Orleans	http://actionrcti.net/	No restrictions	Provides personal care services and applications for Medicaid.	*	X	X	X	X	X			*	X			*	X	X	X	X		X	X			*	
ADDITION COUNSELING & EDUCATIONAL RESOURCES (ACER)	No restrictions	2238 First Street Slidell, LA 70458 Phone: (985)690-6622	70458	St. Tammany	http://acercanhelp.com/services-2/	No restrictions	Provides treatment of addictive disorders.									*	X	X		*	X	X	X	X						*	
ADDITION COUNSELING & EDUCATIONAL RESOURCES (ACER)	No restrictions	2321 North Hullen Street Suite B Metairie, LA 70001 504-941-7580	70001	Jefferson	http://acercanhelp.com/services-2/	No restrictions	Provides treatment of addictive disorders.									*	X	X		*	X	X	X	X						*	
ADDITION RECOVERY RESOURCES	No restrictions	1615 Canal Street, Ste. A-1 New Orleans, LA 70112 1.866.399.HOPE (4673)	70112	Orleans	http://www.arnno.com/	No restrictions	Provides alcohol and substance abuse treatment.									*	X	X		*	X									*	
ADDITION RECOVERY RESOURCES	No restrictions	4933 Wabash Street Metairie, LA 70001 1.866.399.HOPE (4673)	70001	Jefferson	http://www.arnno.com/	No restrictions	Provides alcohol and substance abuse treatment.									*	X	X		*	X									*	
ADOLESCENT SCHOOL HEALTH PROGRAM	No restrictions	1450 Poydras, Room 2060 New Orleans, LA 70112 Phone: (504) 568-8164	70112	Orleans	http://www.dth.state.la.us/index.cfm?directory/detail/4938	Students	Provides school based health services.	*	X	X	X	X			X					*	X	X	X	X		X	X			*	
ADVOCACY CENTER	No restrictions	8325 Oak Street New Orleans, LA 70118 Telephone: (504) 522-2337	70118	Orleans	More information	LA residents with disabilities	Provides information about resources and referrals for legal, social, health, education, employment, and other related services; assists disabled persons with obtaining benefits.									*				*	X	X	X	X						*	
Advocates for Juvenile & Adults Rights, Inc. (A.J.A.R)	No restrictions	3909 Fourth Street New Orleans, LA 70125 Phone: (504) 309-8613 (888) 309-2527	70125	Orleans	http://www.dth.state.la.us/index.cfm?directory/detail/3125	No restrictions	Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities									*	X										X			*	
AGENDA FOR CHILDREN	No restrictions	1011 North Causeway Blvd, Suite 39 Mandeville, LA 70471 P: (985) 624-2950	70471	St. Tammany	www.agendaforchildren.org	Children and families	Supports community programs that promote and support children. Raises awareness for children's issues.									*	X	X	X	*	X	X	X	X		X				*	
AGENDA FOR CHILDREN	No restrictions	8300 Earhart Blvd, Suite 201 New Orleans, LA 70118 P: (504) 586-8509	70118	Orleans	www.agendaforchildren.org	Children and families	Supports community programs that promote and support children. Raises awareness for children's issues.									*	X	X	X	*	X	X	X	X		X				*	
All America Personal Care, Inc.	No restrictions	4232 Williams Blvd, Suite 109 Kenner, LA 70065 Phone: (504) 214-3940 (866) 364-1822	70065	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: 504-211-3100	70003	Jefferson	http://alphacaresupport.com/5339.html	Individuals with developmental disabilities	Provides community support services for individuals with developmental delays/disabilities and/or IPI.	*	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						*	

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 (copy fees 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	
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	*
ARC OF GREATER NEW ORLEANS	Jefferson, Orleans, St. Bernard, Plaquemines and St. Tammany	925 S. Labarre Road Metairie, LA 70001 Phone: 504-837-5140	70001	Jefferson	www.arcgno.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	*	
ARC OF GREATER NEW ORLEANS	Jefferson, Orleans, St. Bernard, Plaquemines and St. Tammany	Individual Options 133 Sala Avenue Westwego, LA 70094 504-341-4414	70094	Jefferson	www.arcgno.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.arcgno.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 5700 Loyola Ave. New Orleans, LA 70115 504-897-0134	70115	Orleans	www.arcgno.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	Northshore Community Center 1406 E. 25th Avenue Covington, LA 70433	70433	St. Tammany	www.arcgno.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	*	
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://dhh.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	*	
AUTISM SOCIETY - GREATER NEW ORLEANS CHAPTER	No restrictions	P.O. Box 26057 New Orleans, LA 70186 Phone: 504-464-5733	70186	Orleans	http://www.asgno.org/	No restrictions	Provides information and referrals, advocacy and support for individuals with Autism Spectrum Disorder (ASD) and their families.	*						X	*	X		X	*	X	X	X	X							*
BAPTIST COMMUNITY MINISTRIES	No restrictions	400 Poydras Street, Suite 2950, New Orleans, LA info@bcm.org 504-593-2323	70130	Orleans	www.bcm.org	No restrictions	Provides financial support to non profit organizations located in the greater New Orleans area. Is committed to the development of a healthy community offering a wholesome quality of life to its residents and to improving the physical, mental, and spiritual health of the individuals we serve.												*	X		X	X							
BEACON BEHAVIORAL HOSPITAL	No restrictions	14500 Hayne Blvd Suite 200 New Orleans, LA (504) 210-0460	70128	Orleans	http://beaconbh.com/kntr2.com/about-us	No restrictions	Provides behavioral and mental health care.	*	X	X	X		X		*	X			*	X	X	X	X							*
BEACON BEHAVIORAL HOSPITAL	No restrictions	2130 1st Street Slidell, LA 70458 985-607-0290	70458	St. Tammany	http://beaconbh.com/kntr2.com/about-us	No restrictions	Provides behavioral and mental health care.	*	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							*
BEST CARE PROVIDERS, INC	No restrictions	4443 Copernicus Street New Orleans, LA 70131 Phone: (504) 392-7157	70131	Orleans	http://dhh.louisiana.gov/index.cfm?directory/detail/5379	No restrictions	Provides support services to individuals with developmental disabilities.	*		X	X	X							*	X		X	X		X	X		X	*	
BHG NEW ORLEANS DOWNTOWN TREATMENT CENTER	No restrictions	417 South Johnson Street New Orleans, LA 70112 Phone: (504) 524-7205	70112	Orleans	https://new-orleans-downtown.bhgrecovey.com/	No restrictions	Provides substance abuse services.								*		X													
BHG NEW ORLEANS WESTBANK TREATMENT CENTER	No restrictions	1141 Whitney Avenue Building 4 Gretna, LA 70056 P: 504-347-1120	70056	Jefferson	https://new-orleans-westbank.bhgrecovey.com/	No restrictions	Provides substance abuse services.								*		X													
BIRDS TRANSPORTATION LLC	Jefferson, Orleans, Plaquemines, St. Bernard	7530 Malvern Drive New Orleans, LA 70126 Phone: (504) 458-8614	70126	Orleans		No restrictions	Provides non-emergency medical transportation.	*				X																		
BOAT PEOPLE SOS	No restrictions	925 Behrman Highway, Suite 14 Gretna, LA 70056 Phone: 504-433-8668	70056	Jefferson		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 70089-0388	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	Covington Boys & Girls Club 919 N. Columbia Street Covington, LA 70433 985-327-7634	70433	St. Tammany	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	*	
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	NFL-ET New Orleans 1140 S. Broad Street New Orleans, LA 70125 504-309-7952	70125	Orleans	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	*	

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., nurses that may be unavailable 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	
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	Sidell Boys & Girls Club 705 Dewey Drive Sidell, LA 70458 985-643-3464	70458	St. Tammany	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	*	
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	Westbank Boys & Girls Club 900 Teeth 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	*	
Bridge House Corporation	No restrictions	4150 Earhart Blvd New Orleans, LA 70125 Phone: (504) 522-4475	70125	Orleans	More Information	No restrictions	Provides substance abuse services.								*		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 (beepads, 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				*
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	No restrictions	1000 Howard Avenue, Suite 200, New Orleans, LA 70113 Phone: 504-523-3755	70113	Orleans	www.ccano.org	No restrictions	Operates programs addressing hunger, poverty, immigration, unemployment, domestic violence, education and the needs of the mentally ill, low-income seniors and at-risk children.	*		X	X		X	X	*	X	X	X	*	X	X	X	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/cb/?page_id=19	No restrictions	Provides substance abuse services.								*		X													
CENTER FOR HOPE CHILDREN AND FAMILY SERVICES	No restrictions	106 Smart Place Unit B Sidell, LA 70458 Phone: (504) 241-6006	70458	St. Tammany	http://centerforhopeservices.com/	No restrictions	Provides substance abuse and mental health services.								*	X	X	X	*	X		X	X							
CENTER FOR HOPE CHILDREN AND FAMILY SERVICES	No restrictions	5630 Crowder Blvd., Suite 208 New Orleans, LA 70127 Phone: (504) 241-6006	70127	Orleans	http://centerforhopeservices.com/	No restrictions	Provides substance abuse and mental health services.								*	X	X	X	*	X		X	X							
CHEATAM MEDICAL TRANSIT	Jefferson, Orleans, Plaquemines, St. Bernard	2112 Sautel Place Harvey, LA 70058 (504) 415-7948	70058	Jefferson		No restrictions	Provides non-emergency medical transportation.	*				X																		
CHILDREN'S HOSPITAL	No restrictions	Main Campus 200 Henry Clay Avenue New Orleans, LA 70118 (504) 899-9511	70118	Orleans	http://www.chnola.org/	Children	Provides pediatric health care.	*	X	X	X		X	X					*	X	X	X	X		X					*
CHILDREN'S HOSPITAL	No restrictions	4052 Ulloa Street New Orleans, LA 70119 (504) 488-7505	70119	Orleans	More Information	Children	Provides pediatric health care.	*	X	X	X		X	X					*	X	X	X	X		X					*
CHILDREN'S HOSPITAL	No restrictions	Autism Center, Rapid Treatment Program, Behavioral Health 935 Calhoun Street New Orleans, LA 70118 Phone: 504-896-2272	70118	Orleans	More Information	Children	Provides pediatric behavioral health care.	*		X	X		X	X	*	X		X	*	X	X	X	X		X					*
CHILDREN'S HOSPITAL	No restrictions	Calhoun Campus 1040 Calhoun Street New Orleans, LA 70118 (504) 896-7200	70118	Orleans	More Information	Children	Provides pediatric health care.	*	X	X	X		X	X					*	X	X	X	X		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) 837-2760	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					*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Kids First New Orleans East 14401 Chef Menteur Highway New Orleans, LA 70129 (504) 662-0644	70129	Orleans	More Information	Children	Provides pediatric health care.	*		X	X	X							*											*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Kids First TigerCare Pediatrics (New Orleans) 1661 Canal Street, Suite 1200 New Orleans, LA 70112 (504) 299-9980	70112	Orleans	More Information	Children	Provides primary and preventive pediatric health care.	*	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) 833-2374	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) 219-0880	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	Napoleon Pediatrics - Uptown 2633 Napoleon Avenue Suite 707 New Orleans, LA 70115 (504) 897-4242	70115	Orleans	More Information	Children	Provides primary and preventive pediatric health care.	*	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 (many services may be unavailable 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, nonprofits 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	
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Northlake Pediatrics 728 W 11th Avenue Covington, LA 70433 (985) 895-3395	70433	St. Tammany	More Information	Children	Provides primary and preventive pediatric health care.	*	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) 764-7337	70047	St. Charles	More Information	Children	Provides primary and preventive pediatric health care.	*	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) 887-6355	70006	Jefferson	More Information	Children	Provides primary and preventive pediatric health care.	*	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) 738-1604	70123	Jefferson	More Information	Children	Provides primary and preventive pediatric health care.	*	X	X	X		X	X					*	X			X						*	
CITY OF NEW ORLEANS	Orleans	Health Care for the Homeless 1300 Perdido Street Room 8E18 New Orleans, LA 70112 Phone: 504-941-3026	70112	Orleans	http://www.nola.gov/health/programs/homeless/	Serves homeless individuals	Provides primary health care. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X								*	X	X	X	X						*	
CITY OF NEW ORLEANS	Orleans	Health Care for the Homeless 2222 Simon Bolivar Avenue 2nd Floor New Orleans, LA 70112 (504) 658-2785	70112	Orleans	http://www.nola.gov/health/programs/homeless/	Serves homeless individuals	Adult Primary Care, OB, Dental, GNOCHC Provider	*	X	X	X								*		X	X		X					*	
CITY OF NEW ORLEANS	Orleans	Healthcare for the Homeless at the VA CRC clinic 1530 Gravier Street New Orleans, LA 70112 Phone: (504)658-2785	70112	Orleans	http://www.nola.gov/health/programs/homeless/	Serves homeless individuals	Provides primary health care.	*	X	X	X								*		X	X		X					*	
CITY OF NEW ORLEANS	Orleans	Healthcare for the Homeless Mobile Unit New Orleans, LA 70114	70114	Orleans	http://www.nola.gov/health/programs/homeless/	Serves schools only	Pediatric Primary Care, Dental	*	X	X	X			X					*		X	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				*	
COMMON GROUND	No restrictions	Latino Health Outreach Mobile Unit, New Orleans, LA 504-377-2783	70114	Orleans	More Information	Adults	Adult Primary Care	*	X	X	X		X						*	X	X	X	X						*	
COMMON GROUND HEALTH CLINIC	No restrictions	1400 Teche Street, New Orleans, LA 504-361-9800	70114	Orleans	More Information	No restrictions	Provides adult and pediatric primary and preventive health care, mental health services, and counseling. Also, provides a Latino Clinic. Greater New Orleans Area Application Center for Medicaid.	*		X	X		X	X	*	X	X	X	*	X	X	X	X		X				*	
COMMUNITY CARE HOSPITAL	No restrictions	1421 General Taylor St New Orleans, LA (504) 899-2500	70115	Orleans	http://www.communitycarehospital.com/	Adults	Provides mental and behavioral health care.								*	X														*
COMMUNITY CHRISTIAN CONCERN	No restrictions	2155 Carey St Slidell, LA 70458 Phone: (985) 646-0357	70458	St. Tammany	http://www.cccslidell.org/contact.html	No restrictions	Provides food pantry, clothing, access to social services, and housing.												*	X		X	X		X				*	
COMMUNITY MENTAL HEALTH CLINIC	Orleans, Plaquemines and St. Bernard	Chartres-Ponchartrain Mental Health Clinic 719 Elysian Fields New Orleans, LA 70117 504-942-8123/Adolescent Services 504-942-8101/Adult Services	70117	Orleans	http://www.prd.louisiana.gov/la-services/publicpages/ServiceDetail.cfm?service_id=2466	Adults and children living below Canal Street except for Desire/Florida area	Provides out-patient services to adults and children. Services are provided to individuals who are homicidal, suicidal or gravely disabled and/or have a diagnosis of serious mental illness. The Hispanic Clinic provides culturally sensitive mental health care to eligible Hispanic adults who reside in Orleans, Plaquemines and St. Bernard parishes. Greater New Orleans Area Application Center for Medicaid.								*	X		X	*	X	X								*	
COMMUNITY MENTAL HEALTH CLINIC	Orleans	Central City Mental Health Clinic 2221 Philip Street New Orleans, LA 70113 (504) 568-6650	70113	Orleans	More Information	No restrictions	Central City Mental Health Clinic provides a wide range of services to address the needs of its patients.								*	X	X													*
COMMUNITY MENTAL HEALTH CLINIC	West St. Tammany	Lurline Smith Mental Health Clinic 900 Wilkerson Street Mandeville, LA 70448 (985) 624-4450	70448	St. Tammany	More Information	Adults and children residing in West St. Tammany Parish	Provides a range of out-patient mental health services to chronically mentally ill adults and severely emotionally disturbed children. Services include individual therapy, group therapy, psychosocial evaluation, psychiatric evaluation, psychological evaluation, and after-care. Also emergency services are provided on a 24 hour basis.								*	X		X	*	X									*	
Community Support Specialists, Inc.	No restrictions	7921 Bullard Road, Unit 2B New Orleans, LA 70128 Phone: (504) 245-5757 (877) 245-5620	70128	Orleans	http://dhh.louisiana.gov/index.cfm?directory/detail/5401	No restrictions	Provides home healthcare.	*		X																				*
COVENANT HOUSE	No restrictions	611 N. Rampart Street, New Orleans, LA 70116 Phone: 504-988-4732	70116	Orleans	http://www.covenanthouseno.org/	Children	Services include case management, health services, counseling, educational services, employment services, and bus tickets. 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	*	
CRAWFORD TRANSIT SERVICES	Jefferson, Orleans, Plaquemines, St. Bernard	P. O. Box 8040 New Orleans, LA 70182 Phone: (504) 874-7002	70122	Orleans		No restrictions	Provides non-emergency medical transportation.	*				X																		*
Crossroads Louisiana Inc.	No restrictions	3727 General DeGaulle New Orleans, LA 70114 Phone: (504) 366-1828 (866) 663-9448	70114	Orleans	http://www.crossroadsla.com/	No restrictions	Provides independent living support, social and physical fitness opportunities, access to social services, transportation, and residential programs.	*				X			*	X			*	X	X	X	X		X	X		X	*	
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	100 Warrington Drive New Orleans, LA 70117 (504) 207-3060 Phone	70117	Orleans	More Information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care.	*	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	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	
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	1030 Lesseps St New Orleans, LA 70117 (504) 941-6041	70117	Orleans	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									*	
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									*	
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	3201 S Carrollton Avenue New Orleans, LA 70118 (504) 207-3060	70118	Orleans	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									*	
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	5630 Read Blvd. New Orleans, LA 70127 (504) 248-5357 Phone	70127	Orleans	More information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care.	*	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) 327-5753	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				*	
EASTER SEALS LOUISIANA	No restrictions	1010 Common Street, Suite 2000 New Orleans, LA Phone: 504-595-3408	70112	Orleans	http://www.louisiana.easterseals.com	Individuals with physical and mental disabilities and their caregivers/families	Provides access to services and resources need by those that are physically or mentally disabled. Also provides recreational activities.	*			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				
EXCELTH, INC.	No restrictions	Family Dental Center - Algiers Arthur Mondy Multi-Purpose Center 1111 Newton Street Suite 207 New Orleans, LA 70114 (504) 302-9236	70114	Orleans	More Information	No restrictions	Federally qualified health center providing: General Dentistry, exams, x-rays(check ups), cleanings, fluoride treatment, fillings, extractions (tooth removal), crowns, complete and partial dentures and denture repair, relines.	*	X	X	X	X		X	X					*	X			X							*
EXCELTH, INC.	No restrictions	Family Dental Center-New Orleans East 9900 Lake Forest Boulevard, Suite F New Orleans, LA 70127 (504) 302-9236	70127	Orleans	More information	No restrictions	Federally qualified health center providing general dentistry care.	*	X	X	X	X		X	X					*	X			X							*
EXCELTH, INC.	No restrictions	Family Health Center - Algiers 4422 General Meyer Avenue, Suite 103 New Orleans, LA 70114 (504) 526-1179	70114	Orleans	More information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and mental health, and some specialty care for adults and children; care coordination; nutrition counseling; family planning; chronic disease management; medication assistance; social services; and transportation assistance regardless of ability to pay. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X	X	X	X		X						X			X					*
EXCELTH, INC.	No restrictions	Family Health Center - Gentilly 2050 Caton Street New Orleans, LA 70122 (504) 620-9868	70122	Orleans	More Information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and mental health, and some specialty care for adults and children; care coordination; nutrition counseling; family planning; chronic disease management; medication assistance; social services; and transportation assistance regardless of ability to pay. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X	X	X	X		X						X			X					*
EXCELTH, INC.	No restrictions	Family Health Center- New Orleans East 9900 Lake Forest Boulevard, Suite F New Orleans, LA 70127 (504) 620-0500	70127	Orleans	More Information	No restrictions	Federally qualified health center providing: General Dentistry, exams, x-rays(check ups), cleanings, fluoride treatment, fillings, extractions (tooth removal), crowns, complete and partial dentures and denture repair, relines.	*	X	X	X	X		X	X					*	X			X							*
EXCELTH, INC.	No restrictions	Mobile Unit New Orleans, LA 70112 Phone: (504) 444-7071	70112	Orleans	More information	No restrictions	Immunizations, Medication Assistance, Primary & Preventive Care. Accept Medicaid. Minimum fee of \$25.00. Sliding fee scale used for persons whose household income is between 100% and 200% of Federal Poverty Guidelines. Fees for laboratory tests and other procedures are at additional cost.	*		X	X	X																			*
FAMILIES HELPING FAMILIES NORTHSHORE	St. Tammany, Washington, Tangipahoa	204 West 21st Avenue Covington, LA 985-875-0511	70433	St. Tammany	www.fhfnorthshore.org	Residents of St. Tammany, Washington, Tangipahoa 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							
FAMILIES HELPING FAMILIES OF JEFFERSON INC.	Jefferson	201 Evans Road Building 1, Suite 100 Harahan, LA 70123 504-888-9111	70123	Jefferson	www.fhijefferson.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							
FAMILIES HELPING FAMILIES OF SOUTHEAST LOUISIANA, INC.	Orleans, Plaquemines, St. Bernard	7240 Crowder Boulevard, Suite 202 New Orleans, LA 504-943-0343	70127	Orleans	www.fhifsla.org	Residents of Orleans, Plaquemines and St. Bernard Parishes 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										
FAMILY HELPERS OF GREATER NEW ORLEANS	No restrictions	3525 N. Causeway #700, Metairie, LA 70002 Phone: (504) 828-6070 (800) 770-0143 Email: familyhelpers@fhogoo.com	70002	Jefferson	http://dhh.louisiana.gov/index.cfm?directory/detail/5425	No restrictions	Provides home healthcare. Medicaid application site.	*	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 Some fees 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	
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						*	
FAMILY SERVICE OF GREATER NEW ORLEANS	No restrictions	2515 Canal Street, Suite 201 New Orleans, LA 70119 Phone: (504) 822-0800	70119	Orleans	More information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.								*	X	X	X	*			X	X						*	
FLORIDA PARISHES HUMAN SERVICES AUTHORITY	St. Tammany, Washington	Alcohol & Drug Unit (ADU) 23515 Highway 190 Mandeville, LA 70448 Phone: (985) 624-4121	70448	St. Tammany	http://fpha.org.squarespace.com/fad_s_mandeville	No restrictions	Provides substance abuse services.								*		X													
FLORIDA PARISHES HUMAN SERVICES AUTHORITY	St. Tammany, Washington	Fontainebleau Treatment Center (FTC) 23515 HWY 190 MANDEVILLE, LA 70448 Phone: (985) 624-4100	70448	St. Tammany	http://fpha.org.squarespace.com/fad_s_mandeville	No restrictions	Provides substance abuse services.								*		X													
FLORIDA PARISHES HUMAN SERVICES AUTHORITY	St. Tammany, Washington	Northlake Addictive Disorders Clinic 900 Wilkinson Street Mandeville, LA 70448 Phone: (985) 624.4450	70448	St. Tammany	http://fpha.org.squarespace.com/fad_s_mandeville	No restrictions	Provides substance abuse services.								*		X													
FLORIDA PARISHES HUMAN SERVICES AUTHORITY	St. Tammany, Washington	Slidell Addictive Disorders Clinic 2331 Carey Street Slidell, LA 70458 Phone: (985) 646-6406	70458	St. Tammany	http://fpha.org.squarespace.com/fad_s_mandeville	No restrictions	Provides substance abuse services.								*		X													
GALVEZ DOCTOR'S CLINIC	No restrictions	1407 Piety Street , New Orleans, LA 70117 Phone: 5049400820	70117	Orleans	http://dhh.louisiana.gov/index.cfm/director/detail/4207	No restrictions	Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X																		
Gateway Recovery Systems	No restrictions	4103 LAC Couture Drive Harvey, LA 70058 Phone: (504) 368-9935	70058	Jefferson	http://www.gatewayrecovery.com/	Adult males	Provides substance abuse services.								*	X	X													
GREAT EXPECTATIONS FOUNDATION, INC	No restrictions	4298 Elysian Fields Avenue, Suite B , New Orleans, LA 70122 Phone: 5042887818	70122	Orleans	http://dhh.louisiana.gov/index.cfm/director/detail/4209	No restrictions	Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X																		
GREATER NEW ORLEANS RESOURCE CENTER ON DEVELOPMENTAL DISABILITIES	No restrictions	4460 General Meyer Avenue New Orleans, LA 70131 504.364.6600	70131	Orleans	More information	Persons with disabilities	Provides information on and access to programs for developmentally disabled individuals.								*	X	X	X	*	X										
Greenpath International Inc.	No restrictions	411 South Broad Avenue New Orleans, LA 70119 Phone: (504) 827-2928	70119	Orleans	More information	No restrictions	Provides substance abuse services.								*		X													
GULF COAST SOCIAL SERVICES	Orleans, Plaquemines, St. Bernard, Jefferson	401 Whitney Avenue Suite 104 , Gretna, LA 70056 504-361-9950 info@jctfs.org	70056	Jefferson	http://www.jctfs.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	*
Gulf South Addiction & Wellness, LLC	No restrictions	1539 Jackson Avenue, Suite 220 New Orleans, LA 70130 Phone: (504)-529-9500	70130	Orleans	http://gsawllc.com/	No restrictions	Provides substance abuse services.								*		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													
HOPE HOUSE	No restrictions	916 St. Andrew Street New Orleans, LA 504-525-2561	70130	Orleans	www.hopehouseneworleans.org	Eligible residents	Emergency Assistance with food, rent, utilities, shelter, bus tokens, clothes. After school youth programs.												*			X			X	X	X	X	*	
Jefferson Addictive Disorders Clinic	Jefferson	3616-10 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=116	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=116	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=116	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			*	

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 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	*
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		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Clay Street Head Start (Washington Elementary School) Linda Morris, Center Supervisor 606 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		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		X	*
JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)	Jefferson	Jutland Head Start Chanel Davis, Center Supervisor 1821 Jutland 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		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		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		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 (nurses, therapists, etc.) 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/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			
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	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						*	
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	1855 Ames Boulevard Marrero, LA 70072 (504) 371-8958	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						*	
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						*	
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						*	
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	X	X	X	X	*	
JEFFERSON PARISH HUMAN SERVICES AUTHORITY	Jefferson	3616 S. I-10 Service Road Metairie, LA 70001 504-838-4257 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							*
JEFFERSON PARISH HUMAN SERVICES AUTHORITY	Jefferson	5001 West Bank Expway, Marrero, LA 70072 504-349-8708 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							*
JEFFERSON PARISH LIBRARY	Jefferson	1000 West Esplanade Ave. Metairie, LA 70005 (504) 838-4375	70005	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	1102 Willow Dr. Gretna, LA 70053 (504) 364-2716	70053	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	125 Acadia Dr. Waggaman, LA 70094 (504) 736-8475	70094	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	143 Ludwig Lane Grand Isle, LA 70358 (985) 787-3450	70358	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	219 Soniat Ave. Harahan, LA 70123 (504) 736-8745	70123	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	2350 Metairie Rd. Metairie, LA 70001 (504) 838-4353	70001	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	2751 Manhattan Blvd. Harvey, LA 70058 (504) 364-2660	70058	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	4036 Jefferson Hwy. Jefferson, LA 70121 (504) 838-4350	70121	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	4747 West Napoleon Ave. Metairie, LA 70001 (504) 838-1190	70001	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	4917 City Park Drive Lafitte, LA 70067 (504) 689-5097	70067	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	5150 Bella Terre Rd. Marrero, LA 70072 (504) 349-5910	70072	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	630 West Esplanade Ave. Kenner, LA 70055 (504) 736-8730	70065	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	635 Fourth St. Westwego, LA 70094 (504) 349-5912	70094	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	6546 Riverside Drive Metairie, LA 70003 (504) 838-1193	70003	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	680 Heritage Ave. Terrytown, LA 70056 (504) 364-2717	70056	Jefferson	http://www.jplibrary.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	X	X	X	X	*	
JEFFERSON PARISH LIBRARY	Jefferson	E-branch 128 Sauve Road, River Ridge, LA 70123 736-6455	70123	Jefferson	http://www.jplibrary.net/	Residents of Jefferson Parish	Provides virtual access to information, health research, online news and events, and free internet access.	*	X	X	X				*	X	X	X	X	*	X	X	X	X	X	X	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	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.php	Jefferson Parish	Provides public transportation and special paratransit services.	*				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 (many services may be unavailable for some population)	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, nonprofits 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	
Kindred Hospital New Orleans	No restrictions	3601 Coliseum St New Orleans, LA 70115 Phone: (504) 899-1555	70115	Orleans	http://www.kindredhospitalnola.com/our-services/	No restrictions	Provides specialty health care.	*	X	X			X						*	X	X	X	X	X	X	X	X	X	*	
KINGSLEY HOUSE, INC.	Orleans	1600 Constance St. New Orleans LA 70130 Phone: (504) 523-6221	70130	Orleans	http://www.kingsleyhouse.org/	Seniors and disabled in Orleans Parish	Provides day care for senior citizens and medically fragile adults 18 and over; daily after school educational enrichment, psychosocial skills building, creative arts and recreational activities for youth between the ages of 5 to 17; education programs for children; counseling; transportation; social opportunities; and access to social services.	*							*	X		X	*	X	X	X	X	X	X	X	X	X	X	*
LAKEVIEW REGIONAL MEDICAL CENTER	No restrictions	95 Judge Tanner Blvd Covington, LA 70433 (985) 867-3800	70433	St. Tammany	http://lakeviewregional.com/services/index.doi	No restrictions	Provides acute, emergency, behavioral, women's, pediatric, and specialty health care and health education. North Shore Area Application Center for Medicaid.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	X	X	X	X	X	X	*
LEONA TATE FOUNDATION FOR CHANGE, INC	No restrictions	P.O. Box: 872337 New Orleans, LA 70187 Phone: 504-681-7763	70187	Orleans	http://www.ltcinc.org/	Targets inner city students of New Orleans	Provides opportunities and resources for students of New Orleans inner city schools and access to social services. Greater New Orleans Area Application Center for Medicaid.	*							*				*	X	X	X	X	X	X	X	X	X	X	*
MAGNOLIA COMMUNITY SERVICES	No restrictions	100 Central Avenue Jefferson, LA 70121 Phone: (504) 731-1371 (866) 266-1612	70121	Jefferson	http://www.mcs-nola.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	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	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										*
MERCY FAMILY CENTER	No restrictions	1437 W. Causeway Approach Mandeville, LA 70471	70471	St. Tammany	More information	Children and adolescents	Provides academic support to children and adolescents.	*							*	X		X	*	X			X		X		X	X	X	*
MERCY FAMILY CENTER	No restrictions	1445 W. Causeway Approach Mandeville, LA 70471	70471	St. Tammany	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										*
MERCY FAMILY CENTER	No restrictions	3221 Behrman Place Suite 105 New Orleans, LA 70114	70114	Orleans	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										*
METROPOLITAN HUMAN SERVICES DISTRICT	Orleans, Plaquemines and St. Bernard	1010 Common Street, Fifth Floor New Orleans, LA 70112 Phone: 504.599.0245	70112	Orleans	More information	Residents of Orleans, Plaquemines and St. Bernard 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		X	X	X	*
MMO BEHAVIORAL HEALTH SYSTEM	No restrictions	201 Greenbriar Boulevard Covington, LA 70433 Ph: 985.852.2970	70433	St. Tammany	http://www.mmoinc.com/services	Adults	Provides behavioral and mental health care.	*							*	X			*	X	X	X	X	X	X	X	X	X	X	*
MMO BEHAVIORAL HEALTH SYSTEM	No restrictions	201 Greenbriar Boulevard Covington, LA 70433 Ph: 985.249.7780	70433	St. Tammany	http://www.mmoinc.com/services	Adults	Provides behavioral and mental health care.	*							*	X			*	X	X	X	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	X	X	X	X	X	*
NEIGHBORHOODS PARTNERSHIP NETWORK	No restrictions	4902 Canal Street, Rm. 301, New Orleans, LA info@npgnola.com 504-940-1207	70119	Orleans	www.npgnola.com	No restrictions	Facilitate neighborhood collaboration, increase access to government and information, and strengthen the voices of individuals and communities across New Orleans	*							*				*	X		X								*
NEW ORLEANS AIDS TASK FORCE	No restrictions	2601 Tulane Avenue, Suite 500 New Orleans, LA 70119 Phone: 5048212601	70119	Orleans	http://noidtaskforce.org/	Individuals with HIV	Provides case management, mental and behavioral health, advocacy, medication assistance, housing assistance and coordination, HIV medical clinic, meal delivery, food pantry, and applications for Medicaid.	*	X	X	X	X	X	X	*	X			*	X	X	X	X	X	X	X	X	X	X	*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	Esperanza Charter School 4701 South Carrollton Ave. New Orleans, LA 70119	70119	Orleans	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	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	X	X	X	X	X	*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	Sarah T Reed High School 5316 Michoud Blvd. New Orleans, LA 70129	70129	Orleans	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	X	X	X	X	X	*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	St. Luke's Medical Center 4301 Woodland Dr. Suite 200 Algiers, LA 70131	70131	Orleans	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	X	X	X	X	X	*
NEW ORLEANS COUNCIL ON AGING	Orleans	2475 Canal St # 400 New Orleans, LA 70119 (504) 821-4121	70119	Orleans	http://nocoag.org/main/index.php	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	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 (providers) 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/Latinese 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	
NEW ORLEANS EAST LOUISIANA (NOELA) COMMUNITY HEALTH CENTER	No restrictions	13085 Chef Menteur Hwy, New Orleans, LA 70129 Phone: (504) 255-8665 Adults Phone: (504) 309-8390 Pediatrics	70129	Orleans	https://sites.google.com/site/noelacommunityhlthctr/	No restrictions	Provides adult and pediatric primary and preventive health care, mental health services, and counseling.	*	X	X	X				*	X		X	*	X	X	X	X						*	
NEW ORLEANS PUBLIC LIBRARY	Orleans	1401 S. Carrollton Avenue New Orleans, LA 70118 (504) 596-2630	70118	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	1611 Caffin Avenue New Orleans, LA 70117 (504) 596-2995	70117	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	219 Loyola Ave New Orleans, LA 70112 504-596-2560	70112	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	2405 Jackson Ave. New Orleans, LA 70113 (504) 596-3110	70113	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	3001 Gentry Blvd. New Orleans, LA 70122 (504) 596-3100	70122	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	3014 Holiday Drive New Orleans, LA 70131 (504) 596-2841	70131	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	1700 Orleans Ave. New Orleans, LA 70119 (504) 596-2654	70119	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	4300 S Broad St New Orleans, LA 70125 (504) 596-2660	70125	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	5120 St. Charles Avenue New Orleans, LA 70115 (504) 596-2625	70115	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	5441 Beaudry Blvd. New Orleans, LA 70127 (504) 596-0200	70127	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	6301 Canal Blvd New Orleans, LA 70124 (504) 596-2638	70124	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	725 Pelican Avenue New Orleans, LA 70114 (504) 596-3113	70114	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	913 Avoye Street New Orleans, LA 70117 (504) 596-2667	70117	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NEW ORLEANS PUBLIC LIBRARY	Orleans	913 Napoleon Avenue New Orleans, LA 70115 (504) 596-2638	70115	Orleans	http://www.neworleanspubliclibrary.org/	Residents of Orleans Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X				X	*		
NORTHLAKE BEHAVIORAL HEALTH SYSTEM	No restrictions	23515 Highway 190 Mandeville, LA 70448 Phone: (985) 626-6300	70448	St. Tammany	http://www.northlakebehavioralhealth.com/services.htm	Adults and adolescents	Provides mental and behavioral health care and substance abuse services. North Shore Area Application Center for Medicaid.								*	X	X	X	*	X	X	X	X						*	
OCHSNER HEALTH SYSTEM	No restrictions	Liesdottir Tansey Breast Center at Ochsner 1319 Jefferson Highway New Orleans, LA 70121 Phone: 504-842-6406	70121	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 Baptist - A Campus of Ochsner Medical Center 2700 Napoleon Avenue New Orleans, LA 70115 Phone: 504-899-9311	70115	Orleans	More Information	Women	Provides women's 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 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	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Algiers 3401 Behrman Pl. Algiers, LA 70114 Phone: 504-371-9323	70114	Orleans	More Information	No restrictions	Provides primary, preventive and 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 - Baptist McFarland Medical Plaza 4429 Clara Street New Orleans, LA 70115	70115	Orleans	More Information	No restrictions	Provides Neurology, Pain Management and OB/GYN 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 - Baptist Napoleon Medical Plaza 2820 Napoleon Avenue New Orleans, LA 70115	70115	Orleans	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 - Belle Chasse 7772 Highway 23 Belle Chasse, LA 70037 Phone: 504-371-9370	70037	Plaquemines	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 - Covington 1000 Ochsner Blvd. Covington, LA 70433 Phone: 985-875-2828	70433	St. Tammany	More Information	No restrictions	Provides 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 - Destrehan Family Health 158 Langview 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	*

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/Hispanic 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 - 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: 504-373-6550	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	*
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	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Lakeview 101 W. Robert E Lee Blvd., Suite 201 New Orleans, LA 70124 Phone: 504-846-9646	70124	Orleans	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	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	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	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	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Mid-City 411 N Carrollton Avenue, Suite 4 New Orleans, LA 70119 Phone: 504-842-7400	70119	Orleans	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 - Pearl River 64629 LA 41 Pearl River, LA 70452 Phone: 985-639-3777	70452	St. Tammany	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 - Slidell 2750 E. Gause Blvd. Slidell, LA 70461 Phone: 985-639-3777	70461	St. Tammany	More information	No restrictions	Provides primary, preventive, pediatric, pediatric specialty, specialty, and urgent 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 - Uptown 3423 St. Charles Avenue New Orleans, LA 70115 Phone: 504-842-7400	70115	Orleans	More information	Women	Provides women's 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 - 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	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - Covington 101 E. Judge Tanner Blvd., Suite 302 Covington, LA 70433 Phone: 985-809-5800	70433	St. Tammany	More information	Children	Provides pediatric 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 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	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - Metairie 4801 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	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	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - Slidell 2370 E. Gause Blvd. Slidell, LA 70461 Phone: 985-639-3755	70461	St. Tammany	More information	Children	Provides pediatric 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 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	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	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	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Center - North Shore 100 Medical Center Drive Slidell, LA 70461 Phone: 985-649-7070	70461	St. Tammany	More information	No restrictions	Provides primary, preventive, pediatric, pediatric specialty, specialty, and emergency health care services.	*	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 professionals (any fees 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
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 Orthopedic Health Center - Slidell 104 Medical Center Drive Slidell, LA 70461 Phone: 985-646-5550	70461	St. Tammany	More Information	No restrictions	Provides adult and pediatric orthopedic health care.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Specialty Health Center One - Slidell 1850 Gause Blvd. East Slidell, LA 70461 Phone: 985-639-3777	70461	St. Tammany	More Information	No restrictions	Provides specialty health care and psychiatric and mental health services.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Specialty Health Center Two - Slidell 105 Medical Center Drive, Northshore Two Bldg., Suite 202 & 205 Slidell, LA 70461 Phone: 985-639-3777	70461	St. Tammany	More Information	No restrictions	Provides specialty health care.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Women's Health Center - Slidell 105 Medical Center Drive, Northshore Two Bldg., Suite 303 Slidell, LA 70461 Phone: 985-639-3777	70461	St. Tammany	More Information	Women	Provides women's health care.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Women's Health Center - Covington 101 E. Judge Tanner Blvd., Suite 301 Covington, LA 70433 Phone: 985-809-5850	70433	St. Tammany	More Information	Women	Provides women's health care.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Optical Shop - Ochsner Health Center - Covington 1000 Ochsner Blvd. Covington, LA 70433 Phone: 985-875-2740	70433	St. Tammany	More Information	No restrictions	Provides ophthalmic and optometric care to adults and children.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Pediatric Subspecialty Clinic 71211 Highway 21 Covington, LA 70433 Phone: 985-898-7400	70433	St. Tammany	More Information	Children	Provides specialty pediatric care.	*	X	X	X		X	X	*	X		X	*	X	X	X	X		X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Pharmacy & Wellness - Covington 1000 Ochsner Blvd. Covington, LA 70433	70433	St. Tammany	More Information	No restrictions	Provides prescription medication services and health education.	*	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 Maillard 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	*
OCHSNER HEALTH SYSTEM	No restrictions	St. Tammany Parish Hospital 1202 S. Tyler Street Covington, LA 70433 Phone: 985-898-4000	70433	St. Tammany	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	*
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	*
ODDYSEY HOUSE LOUISIANA (OH)	No restrictions	1125 North Tonti New Orleans, LA 70119 Ph: (504) 823-9211	70119	Orleans	http://www.ohinc.org/reach-us.html	No restrictions	Provides behavioral health care and substance abuse services for adults and adolescents. Also operates a community medical clinic that provides primary and preventive health care and nutrition education. Also, a Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X	X	*	X		X	*	X		X	X		X		X	X	*
PACE OF GREATER NEW ORLEANS	Orleans	4201 N. Rampart St. New Orleans LA 70117 Phone: 5049416056	70117	Orleans	http://www.pacegro.org/	Seniors and disabled of Greater New Orleans	Provides quality of life services for seniors including: transportation, nutrition, and independent living assistance.	*					X		*				*	X	X	X	X		X	X			*
PLAQUEMINES MEDICAL CENTER	No restrictions	27136 Highway 23 Port Sulphur, LA 70083 504-564-3344	70083	Plaquemines	www.plaqueminesmedicalcenter.com	No restrictions	Provides primary, specialty, acute, and specialty health care. Operates mobile medical clinic. South Central Application Center for Medicaid.	*	X	X	X		X		*				*	X		X	X		X				*
PLAQUEMINES PARISH GOVERNMENT COMMUNITY ACTION AGENCY	Plaquemines	479 F Edward Hebert Blvd Belle Chasse LA 70037 Phone: (504) 392-9567	70037	Plaquemines	http://plaqueminesparish.com/community-action-agency/	Residents of Plaquemines Parish	Provider of services to the low income, economically disadvantaged elderly and disabled residents such as: USDA Commodities, Energy Assistance, Emergency Food & Shelter Programs, and Emergency Assistance to Fire Victims, Public Transportation, and Emergency Food Boxes.	*	X		X		X		*				*	X	X	X	X		X	X	X		*
PLAQUEMINES PARISH PUBLIC LIBRARY	Plaquemines	139 Delta Street Port Sulphur, LA 70083 504-564-3681	70083	Plaquemines	http://plaqueminesppl.booksys.net/gpac/plaqueminesppl/index.html?mode=start&force=true#menuHome	Residents of Plaquemines Parish	Provides educational programming for all ages, community activities, internet access, and health awareness.	*							*				*	X	X	X	X				X		*
PLAQUEMINES PARISH PUBLIC LIBRARY	Plaquemines	35572 Hwy 11 Buras, LA 70041 504-564-0944	70041	Plaquemines	http://plaqueminesppl.booksys.net/gpac/plaqueminesppl/index.html?mode=start&force=true#menuHome	Residents of Plaquemines Parish	Provides educational programming for all ages, community activities, internet access, and health awareness.	*							*				*	X	X	X	X				X		*
PLAQUEMINES PARISH PUBLIC LIBRARY	Plaquemines	8442 Hwy 23 Belle Chasse, LA 70037 504-394-3570	70037	Plaquemines	http://plaqueminesppl.booksys.net/gpac/plaqueminesppl/index.html?mode=start&force=true#menuHome	Residents of Plaquemines Parish	Provides educational programming for all ages, community activities, internet access, and health awareness.	*							*				*	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., nurses that may be unavailable 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
POSITIVE LIVING TREATMENT CENTER	No restrictions	3330 Canal St New Orleans, LA 70119-6246 Phone: (504) 827-2701	70119	Orleans	http://positivelivingtreatment.org/	No restrictions	Provides mental healthcare. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X				*	X													*
REGINA COELI CHILD DEVELOPMENT CENTER	St. Tammany	Covington Head Start 73060 East Stadium Dr Covington, LA 70433 Phone: 985-892-8638	70433	St. Tammany	http://www.rccdc.org/cehs.html	Children and families	Access point for health and social services; medical transportation; mental health counseling and referrals; healthy food and nutrition counseling; education programs for children.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X		X	X		X	*
REGINA COELI CHILD DEVELOPMENT CENTER	St. Tammany	Early Head Start 73134 East Stadium Dr Covington, LA 70433 Phone: 985-893-0053	70433	St. Tammany	http://www.rccdc.org/cehs.html	Children and families	Access point for health and social services; medical transportation; mental health counseling and referrals; healthy food and nutrition counseling; education programs for children.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X		X	X		X	*
REGINA COELI CHILD DEVELOPMENT CENTER	St. Tammany	Lacombe/Mandeville Head Start 60366 S. 24th Street Lacombe, LA 70445 Phone: 985-882-5610	70445	St. Tammany	http://www.rccdc.org/lacombe.html	Children and families	Access point for health and social services; medical transportation; mental health counseling and referrals; healthy food and nutrition counseling; education programs for children.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X		X	X		X	*
REGINA COELI CHILD DEVELOPMENT CENTER	St. Tammany	Slidell Head Start 61260 Airport Rd Slidell, LA 70460 Phone: 985-641-1451	70460	St. Tammany	http://www.rccdc.org/slidell.html	Children and families	Access point for health and social services; medical transportation; mental health counseling and referrals; healthy food and nutrition counseling; education programs for children.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X		X	X		X	*
REGIONAL TRANSIT AUTHORITY OF ORLEANS & JEFFERSON	Orleans	2817 Canal Street New Orleans LA 70119-6301 Phone: 504-827-8302	70119	Orleans	http://www.norta.com/	Orleans Parish, Kenner (Jefferson Parish)	Provides public transportation and special paratransit services.	*					X														X		
RELIABLE COMMUNITY ALTERNATIVES, INC.	No restrictions	151 Alameda 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		*
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	Metropolitan Crisis Response Team (MCRT) 3303 Tulane Avenue Suite 6 & 7 New Orleans, LA 70119 Phone: 504-826-2675	70119	Orleans	http://www.rhd.org/Program.aspx?pid=16	No restrictions	Telephone and face-to-face triage, assessment, and intervention for persons experiencing mental health or substance abuse crises. 24/7 clinical staff used to prevent unnecessary mental health hospitalizations and instead link consumers to community based services that better address their needs.	*					X		*	X	X		*	X	X	X	X						
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	New Hope NOLA 3303 Tulane Avenue, Suites 6 & 7 New Orleans, LA 70119 Phone: 504-826-5206	70119	Orleans	http://www.rhd.org/Program.aspx?pid=103	No restrictions	Provides a short-term crisis stabilization program that operates in a home-like environment where clients are offered a safe, supportive place to regain skills and reduce symptoms of their psychiatric illness. 24/7 clinical staff with on-call psychiatrist and nurse.								*	X			*	X	X	X	X						
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	Metropolitan ACT P.O. Box 850082 New Orleans, LA 70185 Phone: 504-821-7085	70185	Orleans	http://www.rhd.org/Program.aspx?pid=224	No restrictions	A multidisciplinary, recovery oriented team, which provides in home treatment to individuals diagnosed with a serious mental illness. ACT is designed for individuals who are not able to have their needs met in traditional outpatient settings. The ACT Team includes Psychiatrists, Nurses, Mental Health Professionals, Addiction Counselors, Vocational Specialists and Peer Specialists.	*	X	X	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=253	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						

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of medical professionals	Limited availability of affordable preventive care services 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/Hispanic 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 I 1301 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. 8, Apt. 1 Terrytown, LA 70056 Phone: (504) 367-7600	70056	Jefferson	http://www.rhd.org/Program.aspx?pid=8	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	Jefferson	JPHSA Mobile Crisis Services P.O. Box 850082 New Orleans, LA 70185 Phone: 504-832-5123	70185	Orleans	http://www.rhd.org/Program.aspx?pid=8	No restrictions	Mobile Crisis Service provides 24-hour crisis intervention for Jefferson Parish, Louisiana. The interventions are made over the phone or in person and are provided by crisis workers and psychiatrists. RHD administers Mobile Crisis Services on behalf of the Jefferson Parish Human Services Authority.									*	x	x	x	*	x	x	x	x						
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	Womanspace Louisiana 2407 Baronne Street New Orleans, LA 70113 Phone: 504-895-6600	70113	Orleans	http://www.rhd.org/Program.aspx?pid=9	Women	A safe haven for women who are experiencing homelessness, mental illness, and/or substance abuse. The 15-bed emergency shelter provides a nurturing environment for these women as they stabilize before moving to treatment or transitional housing.	*					x		*	x	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) 367-4425	70056	Jefferson	http://www.responsibilityhouse.org/contact_us0.aspx	No restrictions	Provides substance abuse services.									*		x												
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 the Baptist	149 Woodland Dr. LaPlace, LA 70068 Phone: (504) 304-2000	70068		http://rparolls.org/	Residents of St. Charles and St. John the Baptist Parishes	Provides public transportation services.	*				x																		x
SEASIDE HEALTH CARE	No restrictions	229 Bellemeade Blvd. Gretna, LA 70056 (504) 393-2440	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	350 North Causeway Blvd. Mandeville, LA 70448 (985) 674-7694	70448	St. Tammany	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												
SEASIDE HEALTH CARE	No restrictions	4201 Woodland Drive New Orleans, LA 70131 (504) 393-4223	70131	Orleans	http://www.seasidehc.com/seaside-behavioral-center-locations/	Adults	Inpatient program offering adult and geriatric psychiatric services for patients 30 and older.									*	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 (specialties 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
ST. THOMAS COMMUNITY HEALTH CENTER	No restrictions	St. Thomas at Mahalia Jackson 2405 Jackson Avenue Building B, Suite 222 New Orleans, LA 70130 504-359-8807	70130	Orleans	www.stthomaschc.org	No restrictions	Provides primary, preventive, behavioral, pediatric and women's health care.	*	X	X	X		X	X	*	X		X	*	X	X	X			X				*
STARC	St. Tammany, Washington	Administration and Resource Departments 700 Gause Blvd Ste 104 & 209 Slidell, LA 70461 985-641-0197	70461	St. Tammany	http://www.starca.org/programs-training/	Individuals with developmental disabilities and their families	Provides programs and access to health, social and community services.	*	X	X	X			X	*	X		X	*	X	X	X	X		X	X	X	X	*
STARC	St. Tammany, Washington	Better Way Services East and Jacob's Ladder East 1541 St. Ann Slidell, LA 70460 985-641-0197	70460	St. Tammany	http://www.starca.org/programs-training/	Individuals with developmental disabilities and their families	Provides programs, transportation, and access to health, social and community services.	*	X	X	X	X		X	*	X		X	*	X	X	X	X		X	X	X	X	*
STARC	St. Tammany, Washington	Better Way Services West, Supported Employment and Jacob's Ladder West 1705 Viola Street Mandeville, LA 70448 985-641-0197	70448	St. Tammany	http://www.starca.org/programs-training/	Individuals with developmental disabilities and their families	Provides programs and access to health, social and community services.	*	X	X	X			X	*	X		X	*	X	X	X	X		X	X	X	X	*
STARC	St. Tammany, Washington	Noah's ARC Child Development Center 1689 Viola Street Mandeville, LA 70448 985-674-1998	70448	St. Tammany	http://www.starca.org/programs-training/	Individuals with developmental disabilities and their families	Provides programs and access to health, social and community services.	*	X	X	X			X	*	X		X	*	X	X	X	X		X	X	X	X	*
STARC	St. Tammany, Washington	Waiver Services, Residential Services, Elderly Services, STARC Commercial Linen and the Technology Department 40016 Hwy 190 Slidell, LA 70461 985-641-0197	70461	St. Tammany	http://www.starca.org/programs-training/	Individuals with developmental disabilities and their families	Provides programs and access to health, social and community services.	*	X	X	X			X	*	X		X	*	X	X	X	X		X	X	X	X	*
STRIVE INCORPORATED	No restrictions	1139 Napoleon Avenue New Orleans, LA 70115 Phone: (504) 895-2557	70115	Orleans	More Information	Individuals with mental retardation and/or developmental disabilities	Provides adult day care, employment opportunities, residential facilities, supervised independent living, assessment, and recreation services.	*		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	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.temsela.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	JMSA Clinic 5001 Westbank Expressway Marrero, LA 70072 Phone: 504.349.8748	70072	Jefferson	http://www.temsela.org/contact-us.html	No restrictions	Provides access to community, social, and assistance services to disadvantaged individuals.								*				*	X	X	X	X						
THE SAMARITAN CENTER, INC.	No restrictions	442 Girod St. Mandeville, Louisiana 70448 tel:9856264457	70448	St. Tammany	http://samcen.org/index.html	No restrictions	Provides food pantry, clothing, emergency financial assistance, transportation assistance, and information on social services.								*				*	X		X	X		X				
TOWN OF GRAND ISLE	Jefferson, Lafourche, Terrebonne	P. O. Box 200 170 Ludwig Lane Grand Isle LA 70358 Phone: (985) 787-2156	70358	Jefferson	http://www.townofgrandisle.com/community/	Elderly, disabled, needy	Provides transportation, information on community services, and recreation and social opportunities.	*				X			*				*						X	X			
TOWNSEND	No restrictions	19411 Helenberg Road Suite 101 Covington, LA 70433 Phone: (985)893-2522	70433	St. Tammany	http://townsendla.com/	No restrictions	Provides substance abuse services.								*		X		*										
TRIUMPH OF SPECIAL PEOPLE	No restrictions	650 Poydras Street, Suite 2708 New Orleans, LA 70110 Phone: (504) 568-0026 (866) 208-7780	70130	Orleans	More Information	Individuals with developmental disabilities	Provides personal care attendant, supported independent living, housing location, and financial assistance with social activities and transportation.	*		X					*	X			*	X		X			X	X			*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Behavioral Health Clinic - Metairie 4441 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		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 Hospital for Children 1415 Tulane Avenue New Orleans, LA 70112 504-988-5800	70112	Orleans	http://tulane.edu/som/patients/index.cfm	Children	Provides primary, preventive, specialty, and emergency pediatric health care. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X	X	X	X	*				*	X	X	X	X		X				*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Tulane Medical Center 1415 Tulane Avenue New Orleans, LA (504) 988-5263	70112	Orleans	http://tulane.edu/som/patients/index.cfm	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				*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Tulane Multispecialty Clinic at University Square 200 Broadway, Suite 230 New Orleans, LA 70118 504-988-9000	70118	Orleans	http://tulane.edu/som/patients/index.cfm	No restrictions	Provides family and community medicine and pediatrics. Greater New Orleans Area Application Center for Medicaid.	*	X	X	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	X		X				*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Center for Autism and Related Disorders 131 S. Robertson St. New Orleans, LA 70112 Phone: (504) 988-3533	70112	Orleans	http://tulane.edu/som/TCARD/contact-us.cfm	No restrictions	Provides diagnostic services, therapies, parent education and support.								*	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 Languages 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
TULANE UNIVERSITY SCHOOL OF MEDICINE	Orleans	Drop-In Center @ Covenant House 611 N. Rampart Street New Orleans, LA 70116	70116	Orleans	www.tulane.edu/~drogin	Homeless youth	Provides primary healthcare and substance abuse, mental health, case management and outreach services. Greater New Orleans Area Application Center for Medicaid.	*	X	X	X		X	X	*	X	X	X	*	X	X	X	X		X				*
UNITED CEREBRAL PALSEY OF GREATER NEW ORLEANS	Orleans, Jefferson, Avondale, St. Bernard	1000 Leonidas Street New Orleans LA 70118 Phone: (504) 865-0003	70118	Orleans	http://ucpkno.org/	Persons with disabilities	Provides a dental clinic and non-emergency transportation.	*	X	X	X	X		X					*	X	X	X	X		X	X	X		*
UNIVERSITY MEDICAL CENTER NEW ORLEANS	No restrictions	2000 Canal Street New Orleans, LA 70112 Phone: 504-702-3000	70112	Orleans	http://www.umcno.org/	No restrictions	Provides primary, preventive, specialty, pediatric, women's, and emergency health care.	*	X	X	X	X	X	X					*	X	X	X	X		X				*
Volunteers of America of GNO	No restrictions	4152 Canal Street New Orleans, LA 70119 (504)882-2130	70119	Orleans	www.voanet.org	No restrictions	Provides programs for disadvantaged individuals and access to social services and other community based organizations.	*	X	X	X	X		X	*	X	X	X	*	X	X	X	X		X				*
WADES TRANSPORTATION SERVICES	St. Tammany, Tangipahoa, Washington	PO Box 460/2336 Foucher Street Mandeville, LA 70470 Phone: (985) 624-9854	70470	St. Tammany		No restrictions	Provides non-emergency medical transportation.	*				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 1101 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 504.349.6930	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	1557 Highway 15 Davant, LA 70040 504-279-5270	70040	Plaquemines	More information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.												*	X		X	X		X	X		X	*
YMCA	No restrictions	278 Civic Dr Port Sulphur, LA 70083 504-564-0911	70083	Plaquemines	More information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.												*	X		X	X		X	X		X	*
YMCA	No restrictions	36342 Highway 11 Buras, LA 70041 504-564-0591	70041	Plaquemines	More information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.												*	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	*
YMCA	No restrictions	71256 Francis Road Covington, LA 70433 985-893-9622	70433	St. Tammany	More information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.												*	X		X	X		X	X		X	*
YMCA	No restrictions	8101 Belle Chasse Highway Belle Chasse, LA 70037 Phone: 504-392-9622	70037	Plaquemines	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	314 & 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	430 North New Hampshire Covington, LA 70433 Phone: (985)893-2570	70433	St. Tammany	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
August, 2015

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Ochsner Medical Center Study Area Definition

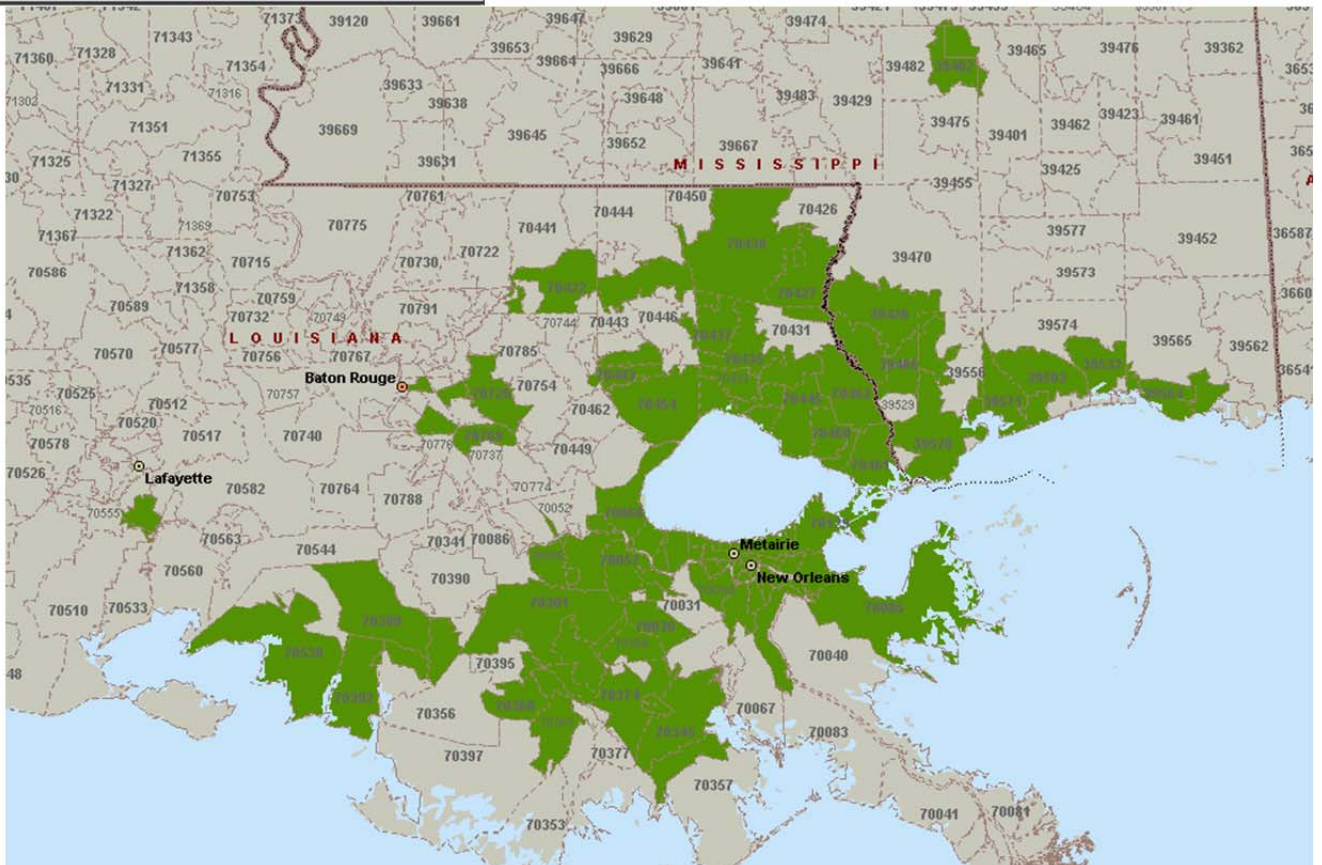
While community can be defined in many ways, for the purposes of this report, the **Ochsner Medical Center** (Ochsner Medical Ctr.) community includes the Ochsner New Orleans, Ochsner West Bank, and Ochsner Baptist facilities and their community, zip-code definitions. Therefore, the Ochsner Medical Center community is defined as 96 zip codes – including 22 parishes/counties that hold a large majority (80%) of the inpatient discharges for the three hospitals (See Table 1 and Figure 1).

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

City	Zip Code	Parish/County	City	Zip Code	Parish/County
Prairieville	70769	Ascension Parish	Boutte	70039	St. Charles Parish
Baton Rouge	70806	East Baton Rouge Parish	Destrehan	70047	St. Charles Parish
Baton Rouge	70810	East Baton Rouge Parish	Hahnville	70057	St. Charles Parish
Baton Rouge	70816	East Baton Rouge Parish	Luling	70070	St. Charles Parish
Metairie	70001	Jefferson Parish	Norco	70079	St. Charles Parish
Metairie	70002	Jefferson Parish	Saint Rose	70087	St. Charles Parish
Metairie	70003	Jefferson Parish	Lutcher	70071	St. James Parish
Metairie	70005	Jefferson Parish	Vacherie	70090	St. James Parish
Metairie	70006	Jefferson Parish	Edgard	70049	St. John the Baptist Parish
Gretna	70053	Jefferson Parish	LA Place	70068	St. John the Baptist Parish
Gretna	70056	Jefferson Parish	Reserve	70084	St. John the Baptist Parish
Harvey	70058	Jefferson Parish	Morgan City	70380	St. Mary Parish
Kenner	70062	Jefferson Parish	Patterson	70392	St. Mary Parish
Kenner	70065	Jefferson Parish	Franklin	70538	St. Mary Parish
Marrero	70072	Jefferson Parish	Abita Springs	70420	St. Tammany Parish
Westwego	70094	Jefferson Parish	Covington	70433	St. Tammany Parish
New Orleans	70121	Jefferson Parish	Covington	70435	St. Tammany Parish
New Orleans	70123	Jefferson Parish	Folsom	70437	St. Tammany Parish
Youngsville	70592	Lafayette Parish	Lacombe	70445	St. Tammany Parish
Thibodaux	70301	Lafourche Parish	Madisonville	70447	St. Tammany Parish
Cut Off	70345	Lafourche Parish	Mandeville	70448	St. Tammany Parish
Galliano	70354	Lafourche Parish	Pearl River	70452	St. Tammany Parish
Larose	70373	Lafourche Parish	Slidell	70458	St. Tammany Parish
Lockport	70374	Lafourche Parish	Slidell	70460	St. Tammany Parish
Raceland	70394	Lafourche Parish	Slidell	70461	St. Tammany Parish
Denham Springs	70726	Livingston Parish	Mandeville	70471	St. Tammany Parish
New Orleans	70113	Orleans Parish	Hammond	70401	Tangipahoa Parish
New Orleans	70114	Orleans Parish	Hammond	70403	Tangipahoa Parish
New Orleans	70115	Orleans Parish	Amite	70422	Tangipahoa Parish
New Orleans	70116	Orleans Parish	Ponchatoula	70454	Tangipahoa Parish
New Orleans	70117	Orleans Parish	Gray	70359	Terrebonne Parish
New Orleans	70118	Orleans Parish	Houma	70360	Terrebonne Parish
New Orleans	70119	Orleans Parish	Houma	70363	Terrebonne Parish
New Orleans	70122	Orleans Parish	Houma	70364	Terrebonne Parish
New Orleans	70124	Orleans Parish	Bogalusa	70427	Washington Parish
New Orleans	70125	Orleans Parish	Franklinton	70438	Washington Parish
New Orleans	70126	Orleans Parish			

New Orleans	70127	Orleans Parish			
New Orleans	70128	Orleans Parish			Mississippi
New Orleans	70129	Orleans Parish	Diamondhead	39525	Hancock County
New Orleans	70130	Orleans Parish	Gulfport	39503	Harrison County
New Orleans	70131	Orleans Parish	Biloxi	39532	Harrison County
Belle Chasse	70037	Plaquemines Parish	Long Beach	39560	Harrison County
Arabi	70032	St. Bernard Parish	Pass Christian	39571	Harrison County
Chalmette	70043	St. Bernard Parish	Gautier	39553	Jackson County
Meraux	70075	St. Bernard Parish	Ocean Springs	39564	Jackson County
Saint Bernard	70085	St. Bernard Parish	Hattiesburg	39402	Lamar County
Violet	70092	St. Bernard Parish	Carriere	39426	Pearl River County
Des Allemands	70030	St. Charles Parish	Picayune	39466	Pearl River County

Figure 1. Map of Ochsner Medical Center Study Area



Demographic Data

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the **Ochsner Medical Center (Ochsner Medical Ctr.)** study area. Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

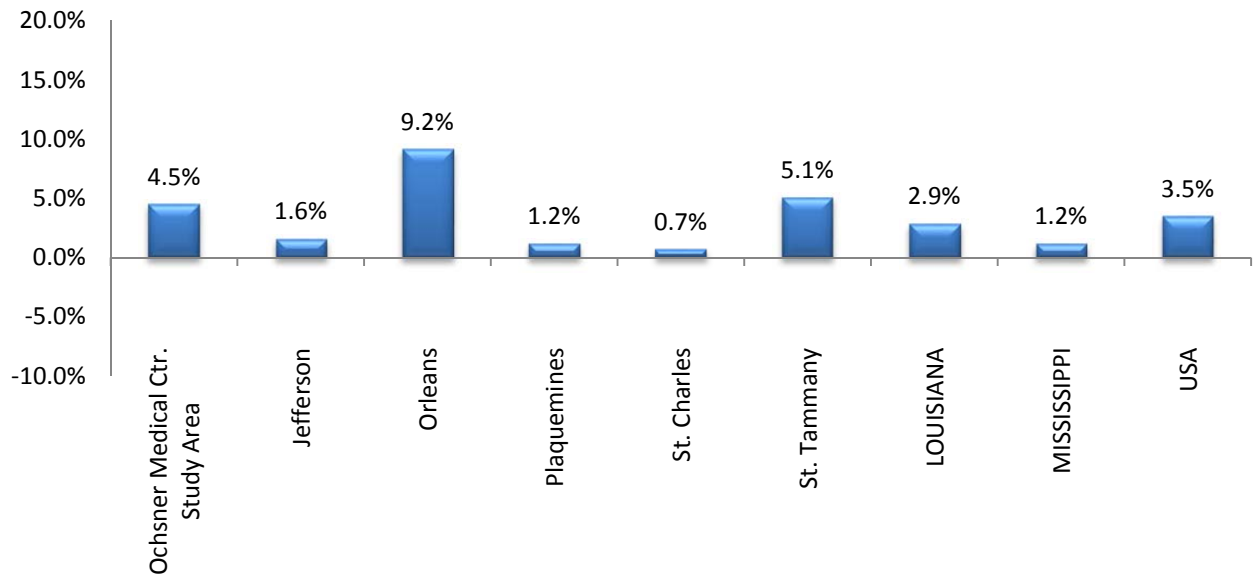
Population Change

- The Ochsner Medical Ctr. Study area encompasses more than 2.4 million residents.
- In 2015, the largest parish in the study area is Jefferson Parish with 435,154 residents.
- From 2015 to 2020, Orleans Parish is projected to experience the largest percentage change in population with a 9.2% increase (36,307 people).
- Orleans Parish is also projected to experience the largest rise in number of residents, going from 392,762 residents in 2015 to 429,069 residents in 2020 (an increase of 36,307 residents, 9.2%).
- All five parishes in the Ochsner Medical Ctr. study area are projected to have population growth between 2015 and 2020; adding close to 100,000 people to the study area.

Table 2. Population Size and Change Projections 2015, 2020

	Ochsner Medical Ctr. Study Area	Jefferson Parish	Orleans Parish	Plaquemines Parish	St. Charles Parish	St. Tammany Parish	Louisiana	Mississippi	USA
2015 Total Population	2,455,765	435,154	392,762	23,508	50,783	246,163	4,662,874	2,999,948	319,459,991
2020 Projected	2,555,066	441,911	429,069	23,785	51,124	258,662	4,800,027	3,035,635	330,689,265
# Change	99,301	6,757	36,307	277	341	12,499	137,153	35,687	11,229,374
% Change	4.0%	1.6%	9.2%	1.2%	0.7%	5.1%	2.9%	1.2%	3.5%

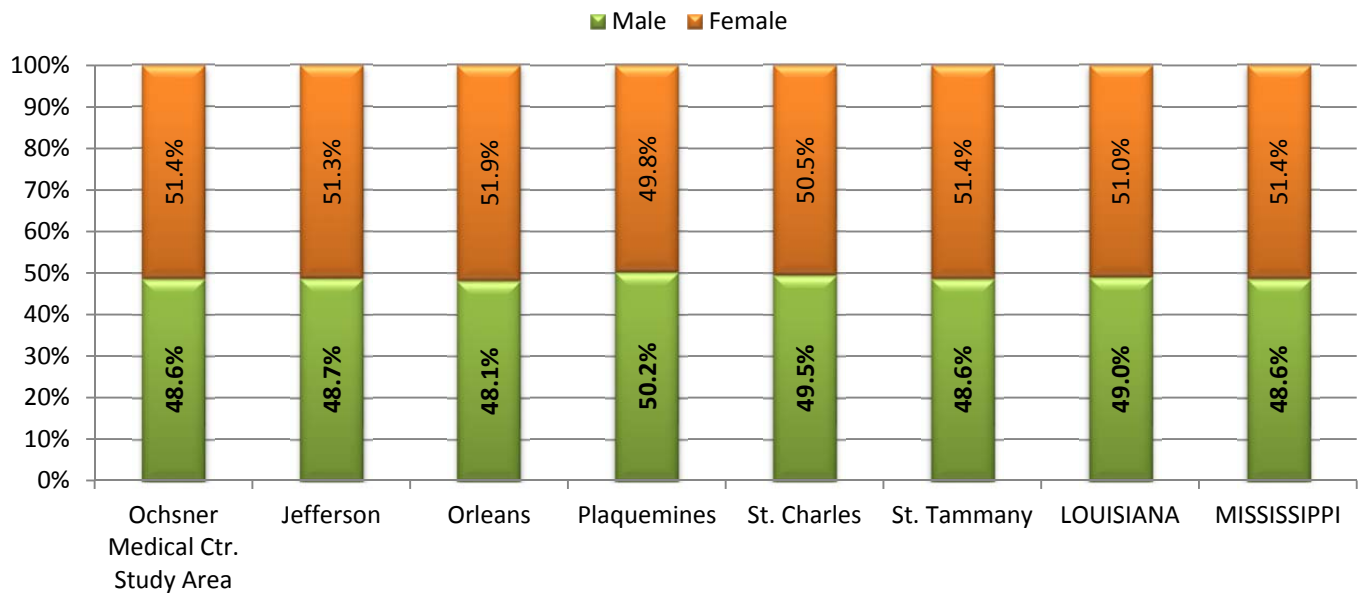
Chart 1. Population Change 2015 - 2020



Gender

- The gender breakdown for the Ochsner Medical Ctr. study area is generally consistent across the parishes and similar to state and national norms.

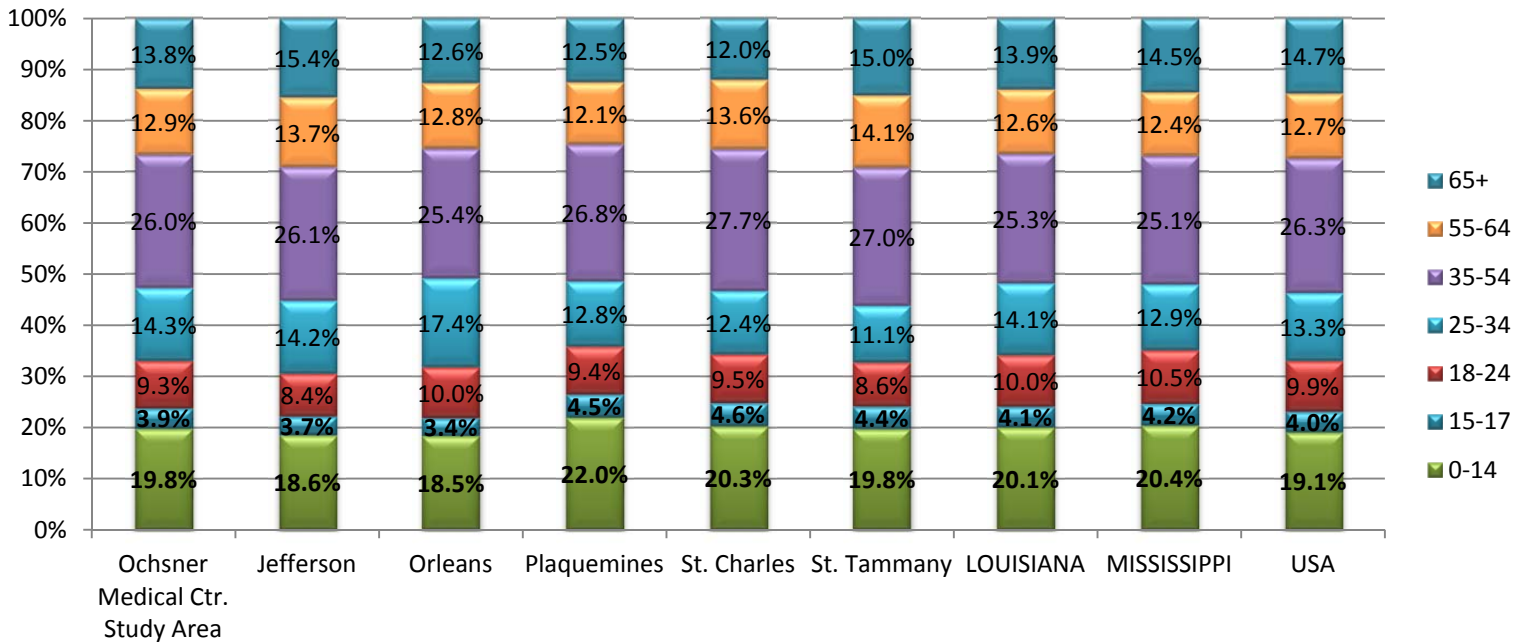
Chart 2. Gender (2015)



Age

- Jefferson Parish (15.4%) reports the largest population of residents aged 65 and older in the Ochsner Medical Ctr. study area followed by St. Tammany Parish (15.0%).

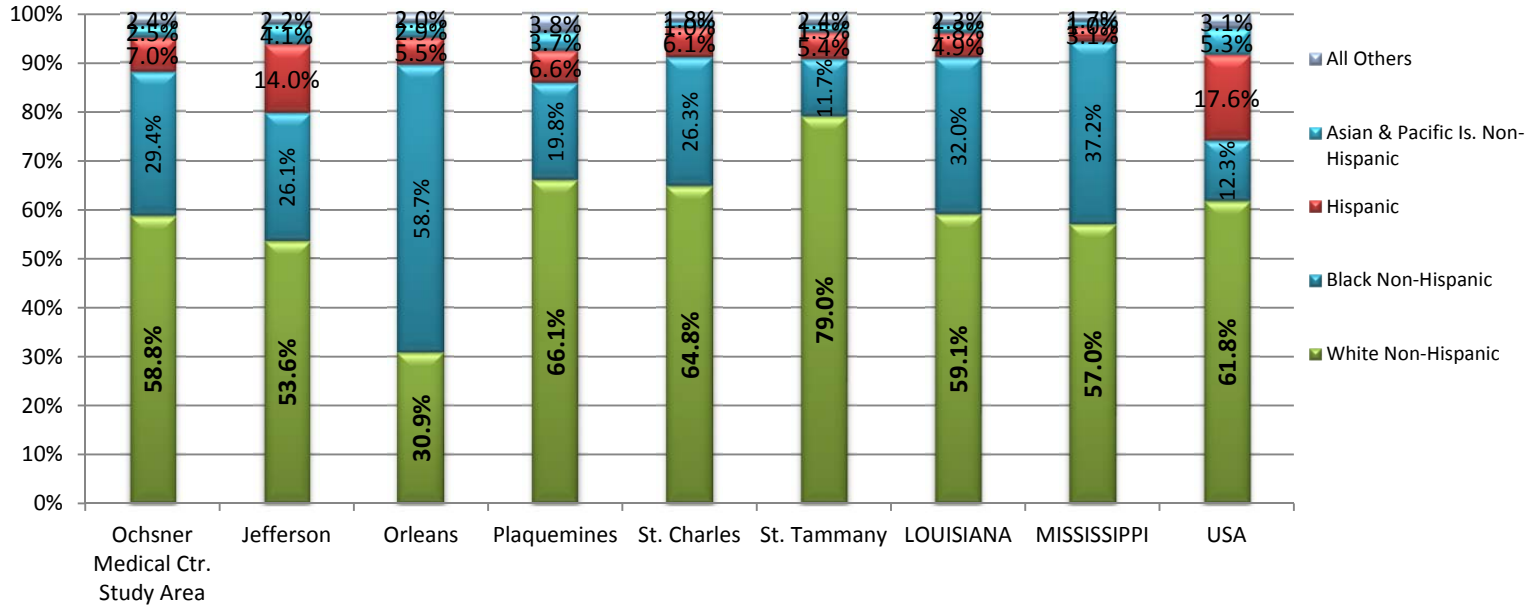
Chart 3. Age (2015)



Race

- Orleans Parish reports the highest Black, Non-Hispanic population across the study area counties at 58.7%.
- St. Tammany Parish reports the highest White, Non-Hispanic population percentage at 79%, this is much higher than state (59.1%) and national norms (61.8%).
- All of the study area parishes/counties report lower rates of Hispanic residents as compared with the country (17.6%). Jefferson Parish reports closest to the national rate and highest of the study area at 14%. Jefferson Parish also reports the highest percentage of Asian or Pacific Islander residents (4.1%) as compared with the other parishes in the study area.

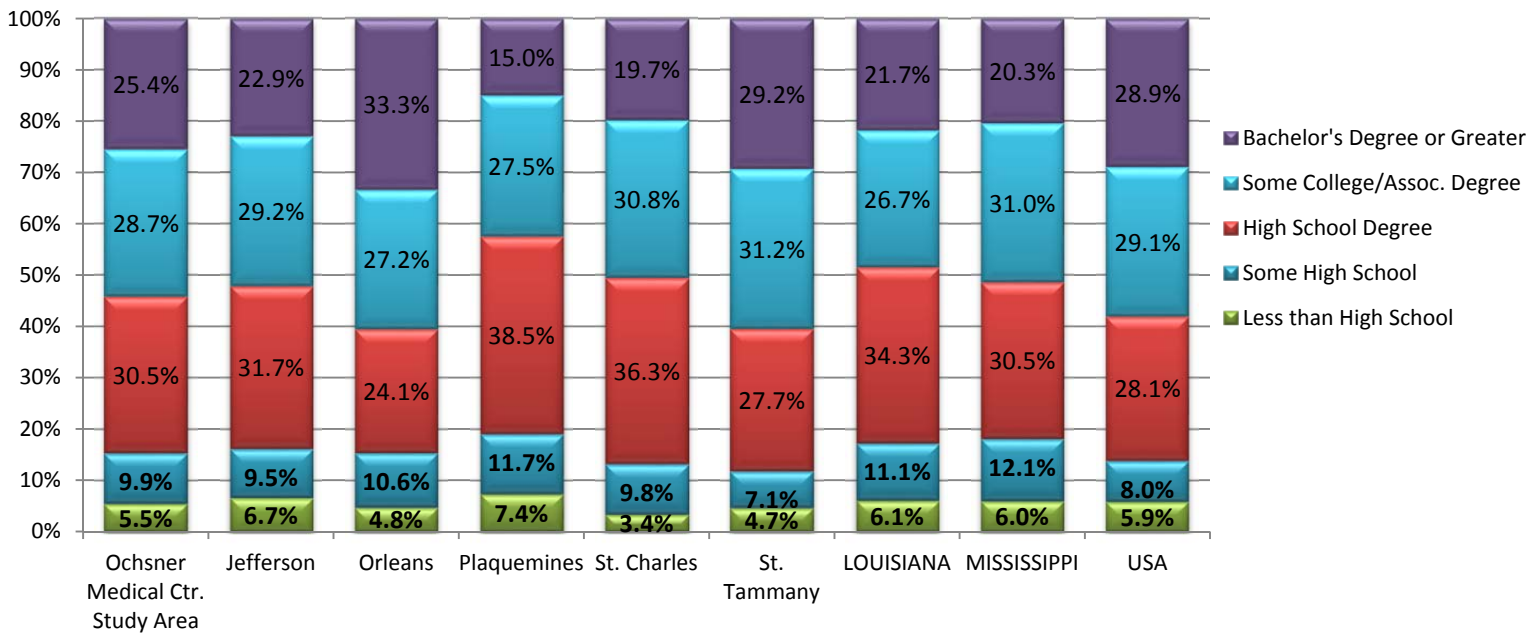
Chart 4. Race (2015)



Education Level

- Plaquemines Parish reports the highest rate of residents with ‘Less than a high school’ degree (7.4%); this is higher than the state (6.1%) and national (5.9%) rates.
- Orleans Parish reports the highest rate of residents with a Bachelor’s degree or higher with 33.3%; this is higher than state (21.7%) and national (28.9%) norms.

Chart 5. Education Level (2015)



Income

- Orleans Parish reports the lowest average annual household income for the Ochsner Medical Ctr. study area at \$59,059.
- St. Tammany Parish reports the highest average annual household income compared to the other parishes in the study area at \$82,316.
- Orleans Parish reports the highest rates of households that earn less than \$15,000 per year (25.8%); in other words, more than a 1 in every 4 residents has a household income less than \$15,000 per year.

Chart 6. Average Annual Household Income (2015)

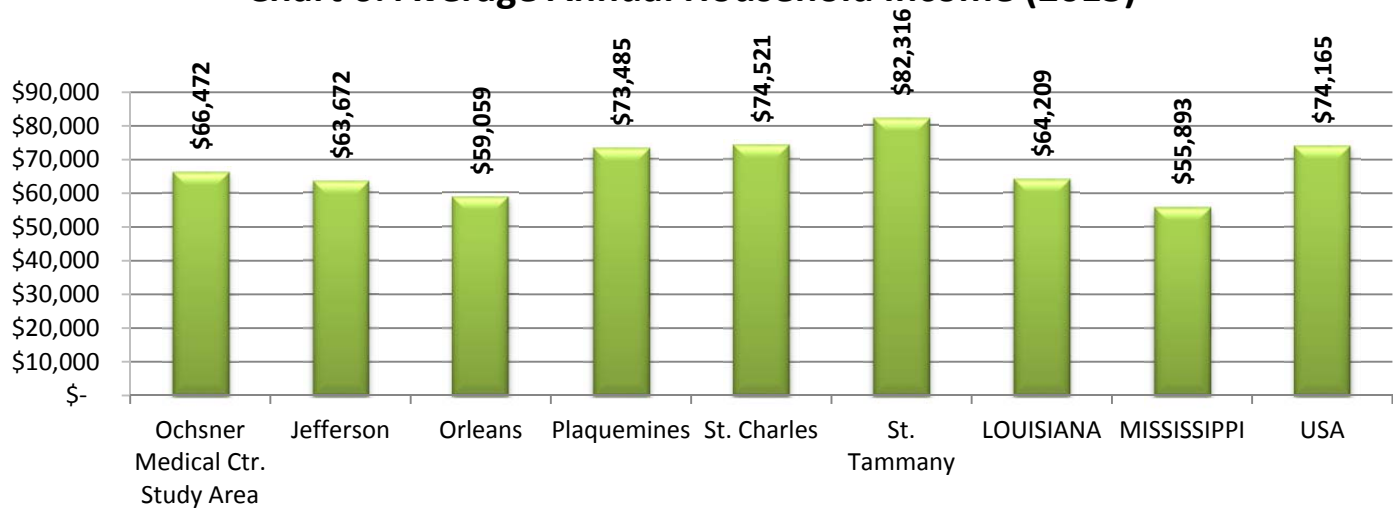
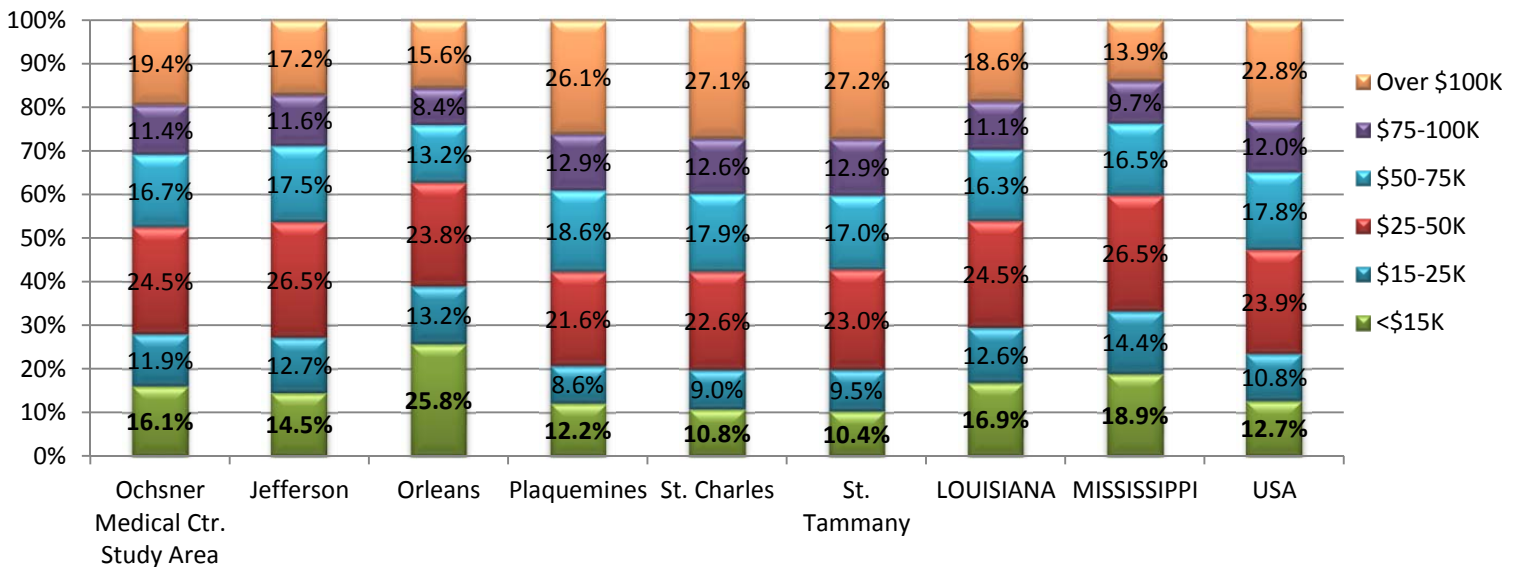


Chart 7. Annual Household Income Detail (2015)



Community Needs Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).¹⁸ 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

¹⁸ 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:

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
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
70113	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0
70114	New Orleans	Orleans 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
70116	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70119	New Orleans	Orleans Parish	5	5	4	5	5	4.8	5.0	-0.2

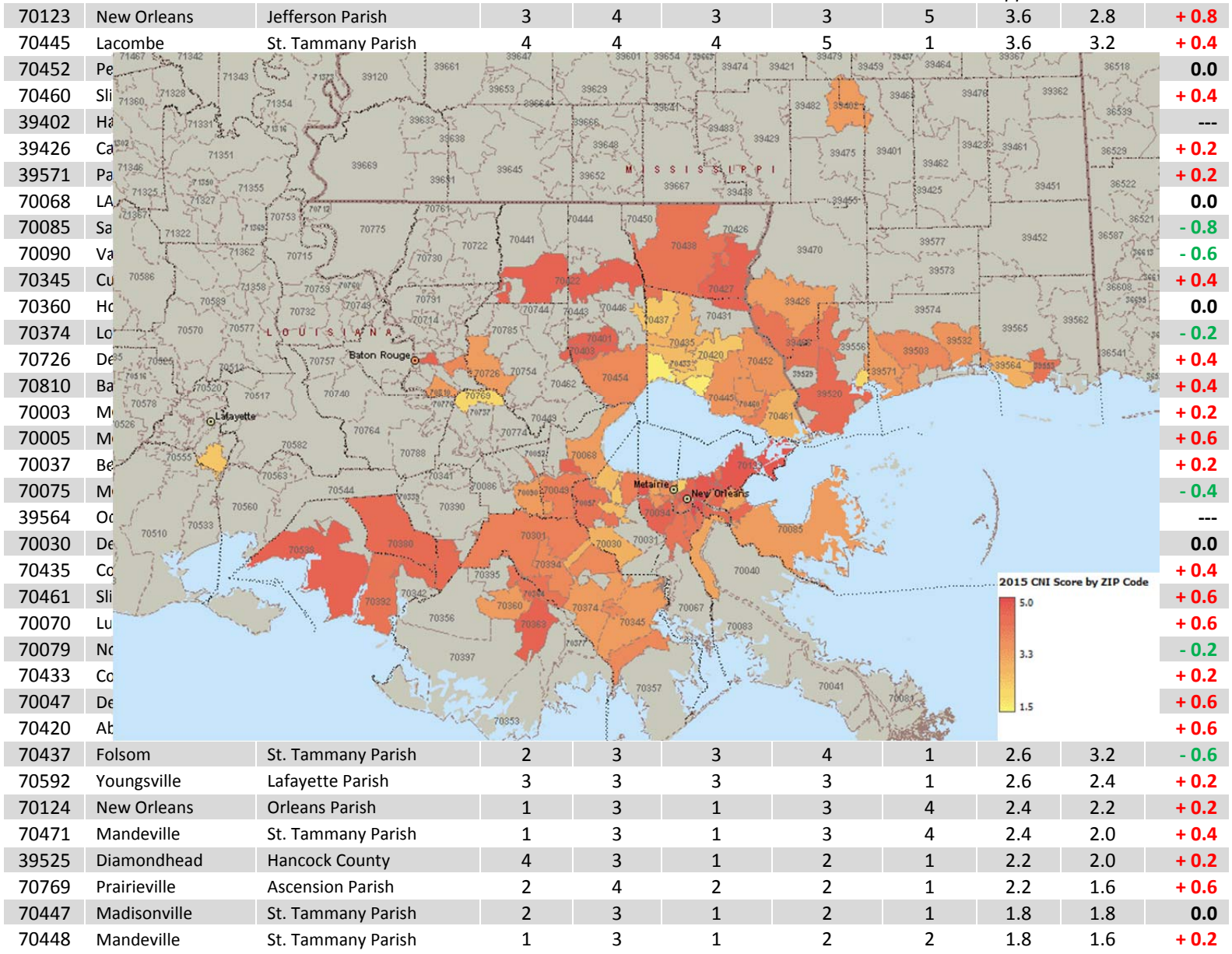
Community Health Needs Assessment
Ochsner Medical Center

Tripp Umbach

70125	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70126	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+0.6
70127	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
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
70363	Houma	Terrebonne Parish	4	5	5	5	4	4.6	4.4	+0.2
70401	Hammond	Tangipahoa Parish	4	5	4	5	5	4.6	4.8	-0.2
70403	Hammond	Tangipahoa Parish	4	5	4	5	5	4.6	4.6	0.0
70422	Amite	Tangipahoa Parish	5	5	5	5	3	4.6	4.6	0.0
70427	Bogalusa	Washington Parish	5	4	5	5	4	4.6	4.4	+0.2
70538	Franklin	St. Mary Parish	4	5	5	5	4	4.6	4.6	0.0
70806	Baton Rouge	East Baton Rouge Parish	4	5	4	5	5	4.6	4.6	0.0
39520	Bay Saint Louis	Hancock County	5	4	4	5	4	4.4	4.2	+0.2
70043	Chalmette	St. Bernard Parish	4	4	4	5	5	4.4	3.8	+0.6
70092	Violet	St. Bernard Parish	4	5	5	5	3	4.4	4.6	-0.2
70118	New Orleans	Orleans Parish	4	5	3	5	5	4.4	4.6	-0.2
70130	New Orleans	Orleans Parish	5	4	3	5	5	4.4	4.8	-0.4
70131	New Orleans	Orleans Parish	4	5	3	5	5	4.4	3.4	+1.0
70380	Morgan City	St. Mary Parish	4	4	5	5	4	4.4	4.2	+0.2
39466	Picayune	Pearl River County	4	4	4	5	4	4.2	4.2	0.0
39553	Gautier	Jackson County	4	5	3	5	4	4.2	n/a	---
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
70058	Harvey	Jefferson Parish	4	5	4	4	4	4.2	4.2	0.0
70072	Marrero	Jefferson Parish	4	5	5	4	3	4.2	4.0	+0.2
70128	New Orleans	Orleans Parish	4	5	3	5	4	4.2	3.6	+0.6
70359	Gray	Terrebonne Parish	4	4	5	5	3	4.2	4.0	+0.2
70364	Houma	Terrebonne Parish	4	4	5	4	4	4.2	3.6	+0.6
70392	Patterson	St. Mary Parish	3	5	5	4	4	4.2	4.4	-0.2
70438	Franklinton	Washington Parish	4	4	5	5	3	4.2	4.0	+0.2
70032	Arabi	St. Bernard Parish	3	4	4	5	4	4.0	4.0	0.0
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
70115	New Orleans	Orleans Parish	4	4	2	5	5	4.0	4.6	-0.6
70121	New Orleans	Jefferson Parish	3	4	4	4	5	4.0	4.0	0.0
70301	Thibodaux	Lafourche Parish	3	4	5	4	4	4.0	4.2	-0.2
70458	Slidell	St. Tammany Parish	4	4	4	4	4	4.0	2.8	+1.2
39503	Gulfport	Harrison County	4	4	3	4	4	3.8	3.6	+0.2
70065	Kenner	Jefferson Parish	3	5	3	3	5	3.8	3.4	+0.4
70354	Galliano	Lafourche Parish	3	4	5	4	3	3.8	3.4	+0.4
70373	Larose	Lafourche Parish	4	4	5	4	2	3.8	3.2	+0.6
70394	Raceland	Lafourche Parish	3	4	5	4	3	3.8	3.8	0.0
70454	Ponchatoula	Tangipahoa Parish	3	4	4	5	3	3.8	3.8	0.0
70816	Baton Rouge	East Baton Rouge Parish	3	5	2	4	5	3.8	3.0	+0.8
39532	Biloxi	Harrison County	2	4	3	4	5	3.6	3.0	+0.6
39560	Long Beach	Harrison County	3	4	3	4	4	3.6	3.2	+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

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A total of 79 of the 96 zip code areas (82.3%) for the Ochsner Medical Center study area fall above the median score for the scale (3.0), four fall at the median, and 13 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.

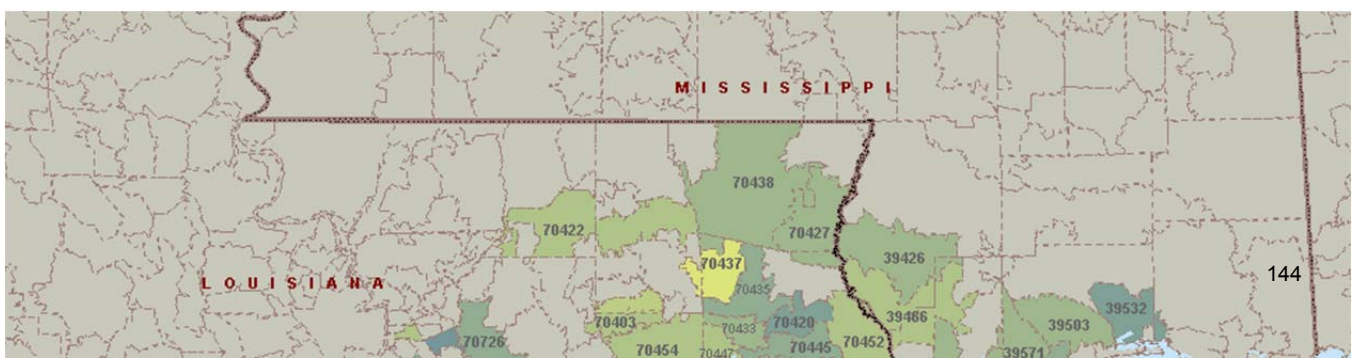
Figure 2. Ochsner Medical Center Study Area 2015 CNI Map

Across the 96 Ochsner Medical Center study area zip codes:

- ✓ 18 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)
- ✓ 22 remained the same from 2011 to 2015
- ✓ 53 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)
- ✓ 3 did not have comparable 2011 data (n/a values)

Zip code area 70458 – Slidell experienced the largest rise in CNI score (going from 2.8 to 4.0); while 70085 – Saint Bernard experienced the largest decline in CNI score (going from 4.2 to 3.4).

Figure 3. Ochsner Medical Center Study Area 2011 - 2015 CNI Difference Map



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

Table 4. Ochsner Medical Center - 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%
70113	New Orleans	5.0	36.0%	56.3%	60.9%	1.0%	85.5%	28.8%	23.8%	42.0%	78.3%
70114	New Orleans	5.0	24.4%	39.6%	60.3%	2.2%	82.0%	20.6%	15.3%	27.9%	56.7%
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%
70116	New Orleans	4.8	19.7%	54.7%	65.9%	1.2%	56.3%	16.5%	14.2%	24.8%	67.3%
70119	New Orleans	4.8	25.4%	48.3%	66.8%	3.4%	70.7%	19.2%	15.4%	31.1%	67.0%
70125	New Orleans	4.8	22.3%	40.4%	54.1%	0.8%	67.2%	14.8%	14.4%	25.4%	55.0%
70126	New Orleans	4.8	11.8%	46.4%	55.3%	1.0%	95.3%	18.4%	16.2%	29.5%	45.5%
70127	New Orleans	4.8	21.7%	44.5%	65.2%	1.2%	97.7%	15.1%	14.5%	30.6%	49.3%
70129	New Orleans	4.8	34.1%	40.7%	67.7%	16.6%	90.0%	32.6%	13.1%	29.1%	34.1%
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%
70363	Houma	4.6	7.0%	29.2%	48.8%	0.8%	47.1%	32.6%	9.0%	16.3%	28.7%
70401	Hammond	4.6	11.7%	27.7%	48.5%	2.0%	46.0%	15.5%	11.0%	22.4%	47.6%
70403	Hammond	4.6	17.1%	29.9%	55.1%	0.7%	40.3%	20.1%	11.1%	21.7%	34.7%
70422	Amite	4.6	20.9%	34.8%	67.1%	0.5%	49.6%	23.2%	18.7%	24.0%	24.4%
70427	Bogalusa	4.6	17.2%	33.9%	62.1%	0.3%	38.4%	22.9%	20.5%	21.9%	31.7%
70538	Franklin	4.6	15.9%	34.6%	53.1%	1.2%	53.5%	24.6%	18.6%	18.4%	27.0%
70806	Baton Rouge	4.6	15.2%	29.0%	49.9%	2.0%	56.7%	16.5%	13.1%	20.4%	56.6%
39520	Bay Saint Louis	4.4	9.0%	35.3%	60.6%	1.5%	21.2%	16.8%	15.6%	20.8%	33.9%
70043	Chalmette	4.4	7.4%	22.9%	48.0%	2.4%	36.4%	17.0%	10.8%	17.1%	42.3%
70092	Violet	4.4	11.3%	25.2%	53.5%	0.3%	58.2%	21.5%	16.1%	15.3%	20.9%

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70118	New Orleans	4.4	18.6%	25.3%	42.2%	0.9%	45.5%	11.7%	10.5%	23.1%	54.6%
70130	New Orleans	4.4	24.5%	30.6%	71.3%	0.9%	39.2%	11.1%	8.3%	21.1%	68.2%
70131	New Orleans	4.4	11.9%	24.3%	51.3%	1.9%	74.4%	12.9%	10.2%	17.5%	42.1%
70380	Morgan City	4.4	17.3%	24.5%	49.2%	2.6%	33.1%	29.2%	10.3%	14.7%	32.1%
39466	Picayune	4.2	15.1%	29.1%	56.0%	0.2%	24.3%	18.1%	11.2%	15.6%	27.1%
39553	Gautier	4.2	13.0%	29.5%	53.2%	1.8%	43.8%	10.7%	9.4%	15.2%	30.0%
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%
70058	Harvey	4.2	16.6%	26.4%	45.4%	5.9%	75.1%	18.8%	7.0%	14.3%	30.6%
70072	Marrero	4.2	18.5%	24.8%	53.3%	2.3%	54.3%	21.5%	6.8%	13.9%	24.4%
70128	New Orleans	4.2	16.3%	30.0%	52.2%	1.8%	97.9%	12.6%	11.9%	23.0%	31.2%
70359	Gray	4.2	11.1%	24.6%	51.4%	1.7%	36.2%	25.2%	10.2%	17.9%	20.3%
70364	Houma	4.2	10.6%	23.9%	53.5%	1.3%	27.2%	22.0%	6.3%	14.4%	33.0%
70392	Patterson	4.2	14.4%	19.1%	38.7%	0.5%	42.6%	24.2%	10.7%	11.6%	30.3%
70438	Franklinton	4.2	25.6%	25.8%	48.1%	0.3%	28.6%	20.4%	11.7%	20.0%	20.8%
70032	Arabi	4.0	10.6%	27.8%	36.5%	1.9%	34.7%	18.5%	10.3%	17.2%	32.6%
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%
70115	New Orleans	4.0	14.9%	22.7%	43.7%	1.3%	37.0%	9.6%	10.6%	18.8%	56.3%
70121	New Orleans	4.0	13.7%	24.3%	36.6%	2.8%	37.4%	14.6%	7.7%	12.9%	46.0%
70301	Thibodaux	4.0	13.4%	17.1%	37.9%	0.7%	27.5%	22.1%	6.5%	10.7%	29.9%
70458	Slidell	4.0	12.9%	22.5%	45.2%	0.7%	25.6%	14.3%	9.2%	10.4%	26.4%
39503	Gulfport	3.8	7.8%	24.6%	53.8%	0.6%	38.0%	12.6%	10.6%	14.0%	29.3%
70065	Kenner	3.8	7.2%	14.4%	39.2%	6.1%	50.1%	13.3%	7.2%	9.3%	36.3%
70354	Galliano	3.8	22.5%	20.3%	34.5%	3.0%	19.6%	35.7%	12.7%	13.0%	21.8%
70373	Larose	3.8	14.4%	18.4%	47.7%	1.9%	21.7%	28.8%	7.9%	12.2%	18.0%
70394	Raceland	3.8	11.7%	18.8%	34.5%	0.9%	27.3%	24.9%	7.2%	10.9%	20.2%
70454	Ponchatoula	3.8	20.6%	13.9%	37.7%	0.3%	20.7%	15.0%	8.9%	16.8%	22.1%
70816	Baton Rouge	3.8	7.4%	17.9%	32.6%	1.9%	54.4%	9.2%	5.2%	11.6%	49.5%
39532	Biloxi	3.6	9.9%	14.0%	30.8%	2.0%	26.6%	11.4%	9.9%	11.3%	34.4%
39560	Long Beach	3.6	11.3%	21.8%	39.7%	1.2%	19.0%	11.7%	10.4%	12.6%	31.7%
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%
70445	Lacombe	3.6	17.4%	21.7%	46.2%	1.2%	31.2%	20.1%	13.2%	13.8%	14.1%
70452	Pearl River	3.6	14.7%	26.2%	46.1%	0.2%	12.5%	22.2%	8.6%	14.7%	19.9%
70460	Slidell	3.6	11.0%	21.5%	42.1%	1.3%	39.3%	16.0%	9.7%	11.4%	21.4%
39402	Hattiesburg	3.4	13.5%	16.3%	34.4%	0.7%	33.1%	6.7%	7.4%	14.1%	37.9%
39426	Carriere	3.4	15.1%	29.2%	73.2%	0.1%	9.5%	16.0%	9.5%	13.4%	14.5%
39571	Pass Christian	3.4	14.1%	18.5%	45.8%	0.8%	22.3%	11.6%	9.5%	12.5%	17.8%
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%
70085	Saint Bernard	3.4	10.6%	19.0%	30.2%	0.2%	25.1%	23.8%	17.3%	18.2%	13.2%
70090	Vacherie	3.4	13.0%	12.1%	27.2%	0.9%	57.1%	20.9%	11.3%	8.4%	15.2%
70345	Cut Off	3.4	11.4%	9.9%	25.5%	2.8%	19.7%	29.3%	10.7%	10.4%	19.6%
70360	Houma	3.4	7.7%	14.1%	40.2%	0.6%	24.9%	14.0%	5.7%	10.0%	29.6%
70374	Lockport	3.4	17.8%	15.6%	31.3%	4.5%	13.7%	25.1%	4.7%	11.2%	24.6%
70726	Denham Springs	3.4	11.0%	16.7%	41.6%	1.1%	15.3%	16.1%	6.8%	10.3%	24.4%
70810	Baton Rouge	3.4	7.8%	15.4%	40.8%	1.1%	43.5%	5.2%	5.6%	10.3%	31.4%
70003	Metairie	3.2	10.7%	13.7%	30.3%	2.8%	29.8%	13.2%	7.6%	11.5%	24.3%

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70005	Metairie	3.2	9.4%	6.1%	30.4%	4.1%	16.8%	8.6%	5.9%	10.8%	37.2%
70037	Belle Chasse	3.2	9.1%	6.2%	15.4%	1.3%	24.5%	15.8%	4.7%	7.7%	32.5%
70075	Meraux	3.2	8.1%	12.7%	28.4%	1.6%	26.9%	17.3%	10.7%	9.7%	17.2%
39564	Ocean Springs	3.0	10.6%	9.3%	21.9%	0.9%	21.6%	8.2%	7.9%	9.0%	27.2%
70030	Des Allemands	3.0	7.7%	15.5%	33.7%	0.5%	14.1%	15.6%	5.6%	12.0%	13.9%
70435	Covington	3.0	9.7%	18.5%	34.5%	0.5%	14.4%	14.9%	8.2%	10.3%	12.4%
70461	Slidell	3.0	9.4%	13.9%	26.8%	0.8%	32.4%	9.5%	10.7%	9.4%	24.0%
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%
70433	Covington	2.8	8.2%	17.6%	42.6%	0.7%	18.0%	8.5%	7.1%	9.5%	22.4%
70047	Destrehan	2.6	19.1%	9.8%	25.4%	0.9%	31.7%	9.8%	7.9%	7.8%	18.3%
70420	Abita Springs	2.6	7.1%	18.5%	29.3%	0.7%	14.5%	13.4%	9.6%	10.1%	15.7%
70437	Folsom	2.6	14.3%	13.6%	30.9%	0.5%	16.0%	13.4%	9.6%	11.7%	12.9%
70592	Youngsville	2.6	8.6%	10.9%	40.9%	1.0%	14.5%	11.3%	7.6%	8.5%	14.5%
70124	New Orleans	2.4	11.2%	4.5%	13.2%	1.4%	16.3%	3.7%	4.0%	10.1%	31.9%
70471	Mandeville	2.4	12.2%	5.4%	8.4%	0.9%	11.2%	5.7%	7.1%	7.7%	25.4%
39525	Diamondhead	2.2	3.4%	21.2%	53.2%	0.3%	9.6%	3.5%	2.0%	7.0%	12.1%
70769	Prairieville	2.2	14.9%	7.8%	22.6%	0.8%	20.8%	7.2%	4.6%	6.9%	12.1%
70447	Madisonville	1.8	8.1%	5.9%	23.0%	0.4%	10.8%	4.6%	5.8%	6.6%	10.6%
70448	Mandeville	1.8	7.2%	4.3%	17.1%	0.6%	13.2%	6.3%	6.8%	5.7%	19.0%

For the Ochsner Medical Ctr. study area there are four zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70053 – Gretna and 70113, 70114, and 70117 – New Orleans.

- Zip code area 39426 in Carriere reports the highest rate for the study area for single parents with children living in poverty (73.2%).
- In the Ochsner Medical Ctr. study area, zip code area 70113 in New Orleans reports the highest rates of residents aged 65 and older living in poverty (36.0%); married parents with children living in poverty (56.3%); residents who are uninsured (42.0%); and residents that rent (78.3%).
- Zip code area 70129, also, in New Orleans, reports the highest rate of residents with limited English proficiency (16.6%).
- Zip code area 70049 – Edgard reports the highest rate of unemployed residents at 24.1%; this is much higher than state (6.6%) and national (5.5%) rates.¹⁹
- Zip code area 70354 – Galliano reports the highest rate for the study area for residents without a high school diploma (35.7%).

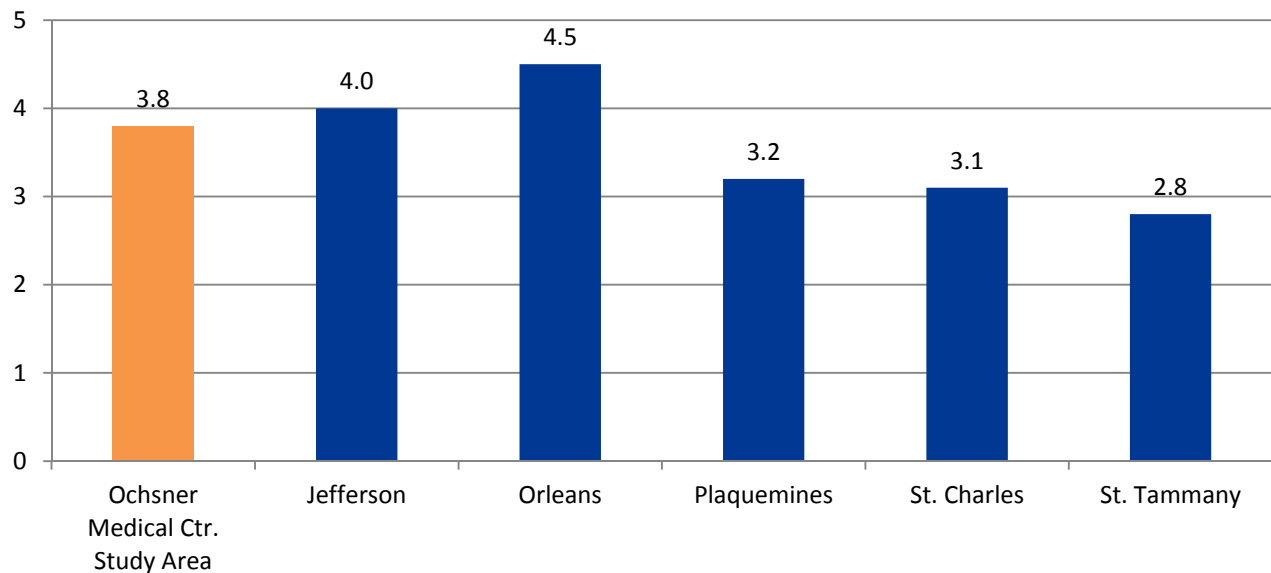
¹⁹ March 2015 state and national statistics. U.S. Bureau of Labor Statistics.

- 97.9% of zip code area 70128 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 1.8 in 70447 – Madisonville and 70448 – Mandeville.

- Zip code area 39525 – Diamondhead reports the lowest rates of residents aged 65 and older living in poverty (3.4%); residents with no high school diploma (3.5%); and unemployed residents (2.0%).
- 70448 – Mandeville reports the lowest rates for married parents living with children in poverty (4.3%) and uninsured residents (5.7%).
- 70471, also in Mandeville, reports the lowest rate of single parents living with children in poverty at 8.4%
- Only 10.6% of the residents in Madisonville (70447) rent; lowest for the Ochsner Medical Ctr. study area.
- Zip code area 39426 – Carriere reports the lowest minority rate for the study area at 9.5%.
- Even though it has an overall 2015 CNI score of 4.0, zip code area 70049 – Edgard reports the lowest rate of residents with limited English proficiency at 0.0%.

Chart 8. Overall CNI Values - Ochsner Medical Center and Parishes



Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)²⁰

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 Rate²¹
- ✓ PQI 15 Asthma in Younger Adults Admission Rate²²

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

²⁰ 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.

²¹ 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

²² 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 Rate²³
- ✓ PQI 9 Low Birth Weight Rate²⁴
- ✓ PQI 10 Dehydration Admission Rate
- ✓ PQI 11 Bacterial Pneumonia Admission Rate
- ✓ PQI 12 Urinary Tract Infection Admission Rate

Table 5. Prevention Quality Indicators (PQI) Ochsner Medical Center/ LA / U.S.A. 2015

Prevention Quality Indicators (PQI)	Ochsner Medical Ctr. Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Ochsner Medical Ctr. Study Area – LA Diff.	Ochsner Medical Ctr. Study Area – U.S.A. Diff.
Chronic Lung Conditions					
COPD or Adult Asthma (PQI5)	448.16	531.03	495.71	- 82.87	- 47.55
Asthma in Younger Adults (PQI15)	35.51	42.83	46.02	- 7.32	- 10.51
Diabetes					
Diabetes Short-Term Complications (PQI1)	93.89	98.10	63.86	- 4.21	+ 30.03
Diabetes Long-Term Complications (PQI3)	119.30	126.06	105.72	- 6.76	+ 13.58
Uncontrolled Diabetes (PQI14)	9.57	15.57	15.72	- 6.00	- 6.15
Lower Extremity Amputation Among Diabetics (PQI16)	12.41	12.74	16.50	- 0.33	- 4.09
Heart Conditions					
Hypertension (PQI7)	37.14	46.06	54.27	- 8.92	- 17.13
Congestive Heart Failure (PQI8)	364.09	404.11	321.38	- 40.02	+ 42.71
Angina Without Procedure (PQI13)	9.05	13.74	13.34	- 4.69	- 4.29
Other Conditions					
Perforated Appendix (PQI2)	402.60	322.43	323.43	+ 80.17	+ 79.17
Low Birth Weight (PQI9)	87.15	86.51	62.14	+ 0.64	+ 25.01
Dehydration (PQI10)	96.15	124.53	135.70	- 28.38	- 39.55
Bacterial Pneumonia (PQI11)	217.16	305.80	248.19	- 88.64	- 31.03
Urinary Tract Infection (PQI12)	180.53	209.39	167.01	- 28.86	+ 13.52

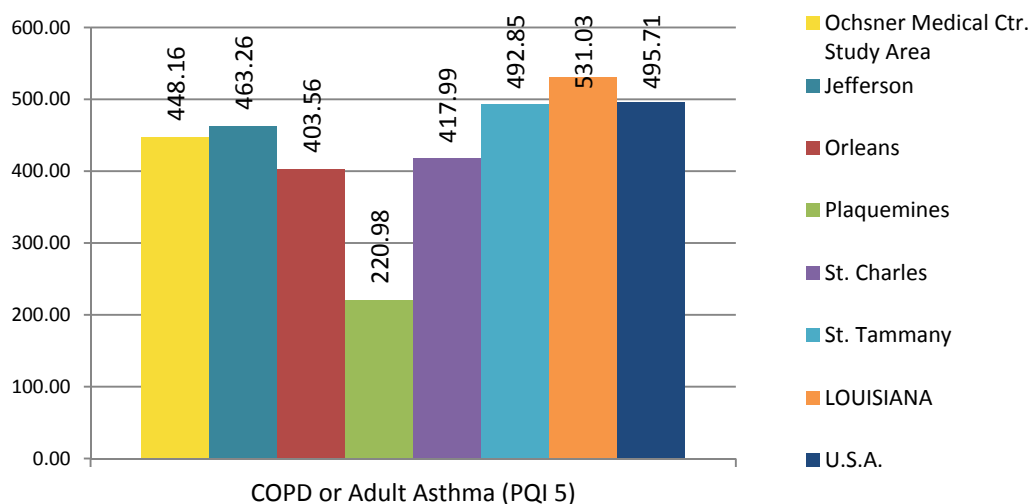
Key Findings from 2015 PQI Data:

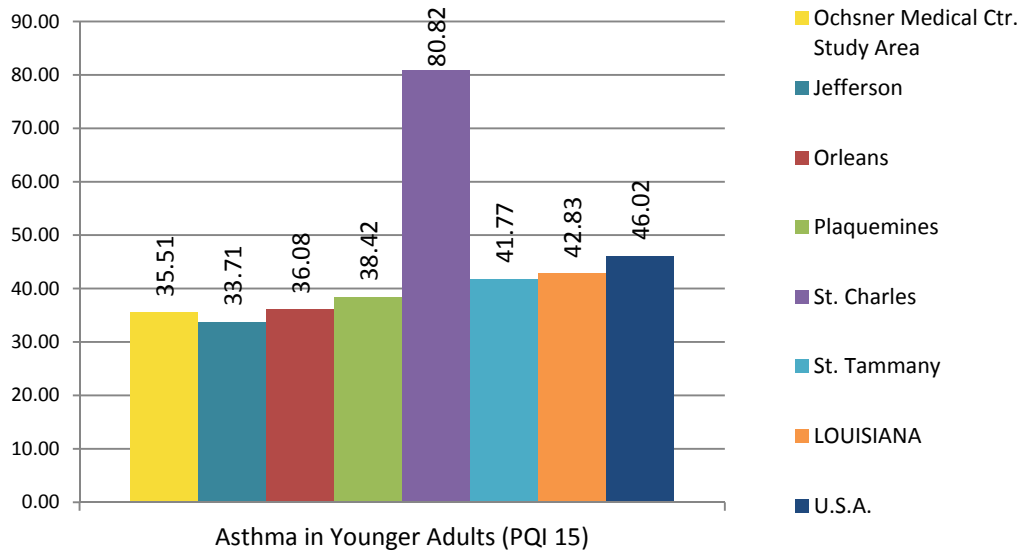
²³ PQI 2 changed from Perforated Appendix in Males 18+ for the past study to Perforated Appendix in Total 18+ population as a rate per 1,000 ICD-9 code admissions for appendicitis. This shift has changed the values for this measure drastically and therefore, Tripp Umbach did not adjust.

²⁴ 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.

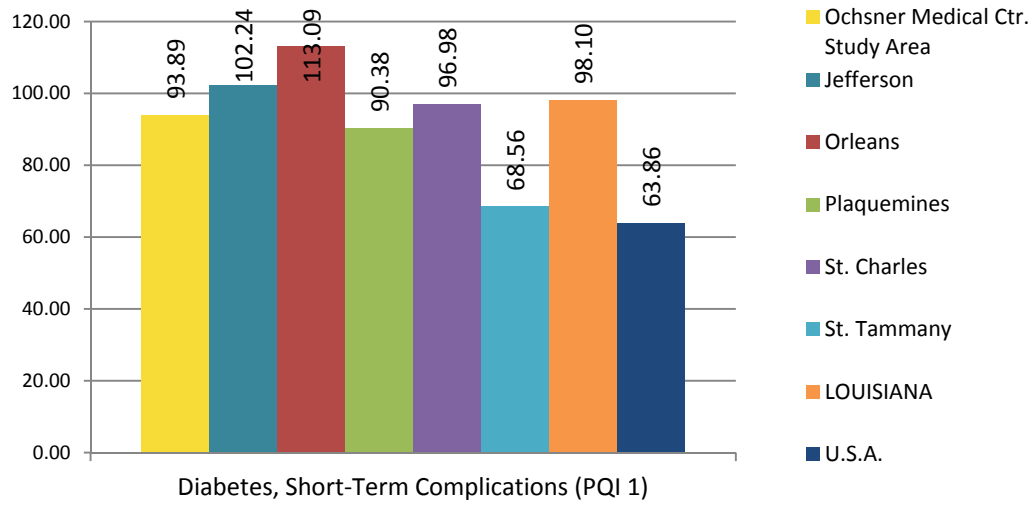
- The Ochsner Medical Ctr. study area reports higher preventable admission rates than the State of Louisiana is for two PQI measures:
 - ✓ Perforated Appendix (402.60 preventable admissions per 1,000 admissions for any listed diagnosis of perforation or abscesses of the appendix for Ochsner Medical Center, 322.43 for LA); and
 - ✓ Low Birth Rate (87.15 for Ochsner Medical Center; 86.51 for LA).
- When comparing the Ochsner Medical Center PQI data to the national rates, the Ochsner Medical Ctr. study area reports higher preventable hospital admissions for:
 - ✓ Diabetes, Short-Term Complications
 - ✓ Diabetes, Long-Term Complications
 - ✓ Congestive Heart Failure
 - ✓ Perforated Appendix
 - ✓ Low Birth Weight
 - ✓ Urinary Tract Infection
- There are also a number of PQI measures in which the Ochsner Medical Ctr. 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:
 - ✓ Chronic Lung Conditions (both of the areas are below the national rate)
 - ✓ Uncontrolled Diabetes
 - ✓ Lower Extremity Amputation among Diabetics
 - ✓ Hypertension
 - ✓ Angina Without Procedure
 - ✓ Dehydration
 - ✓ Bacterial Pneumonia

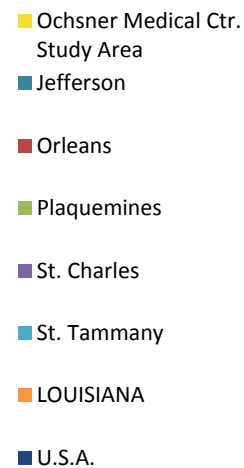
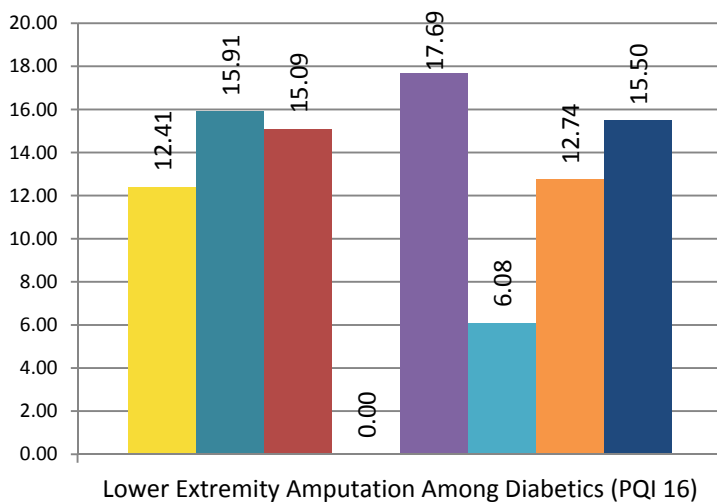
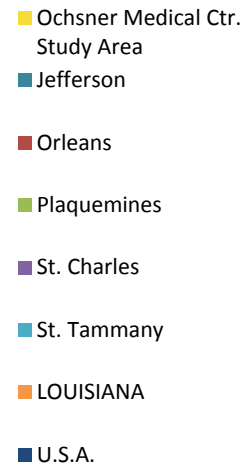
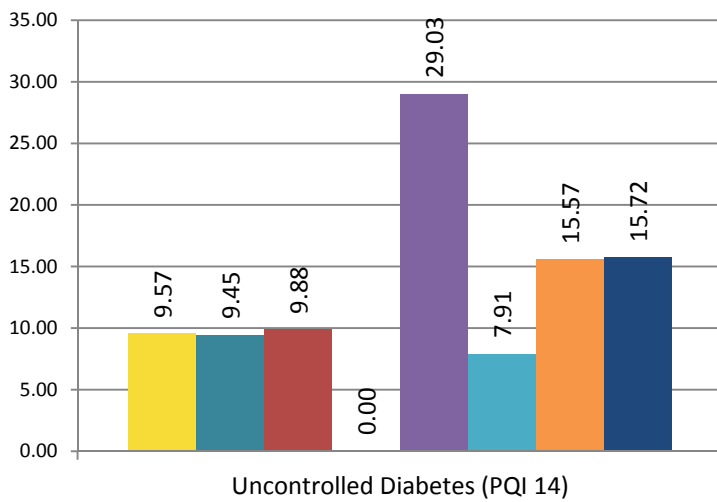
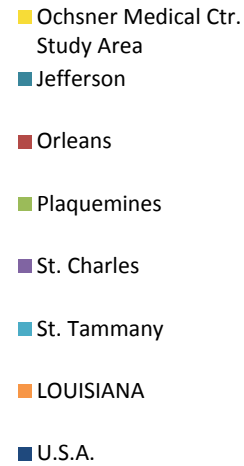
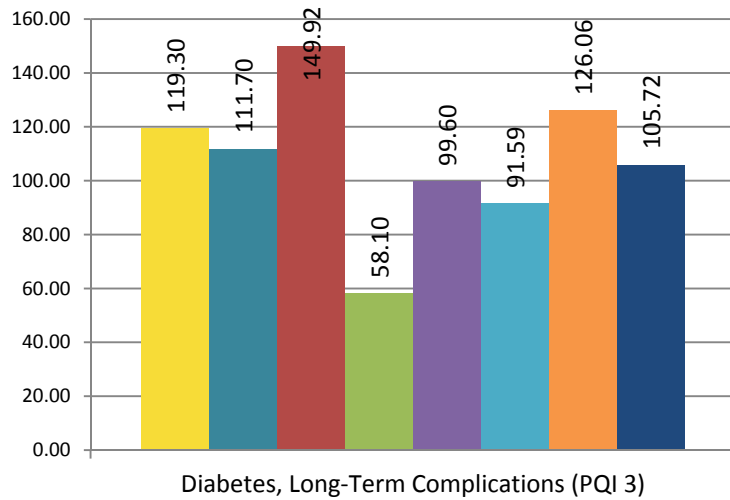
Chronic Lung Conditions:



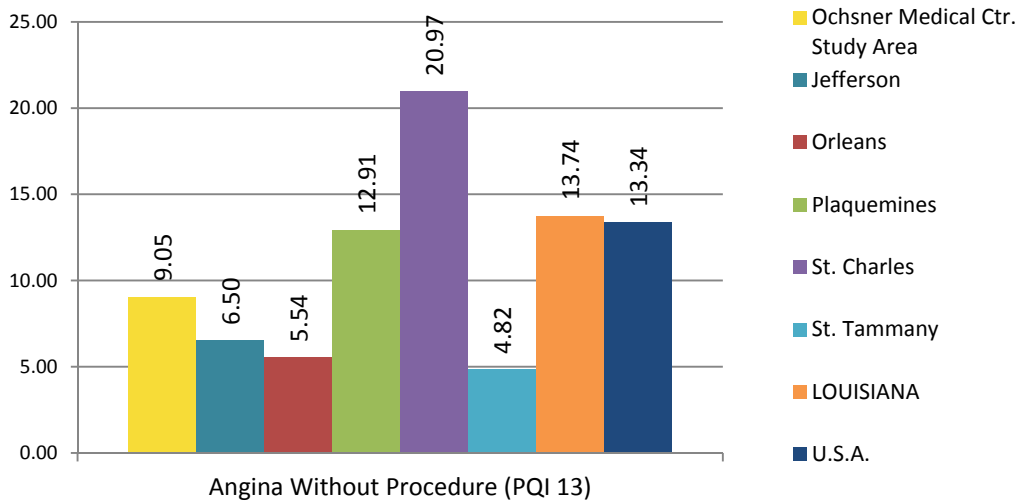
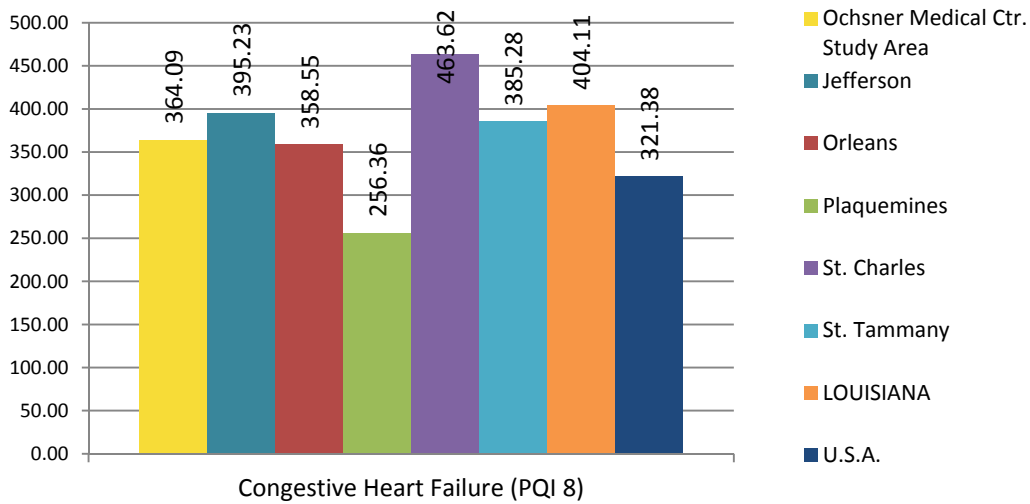
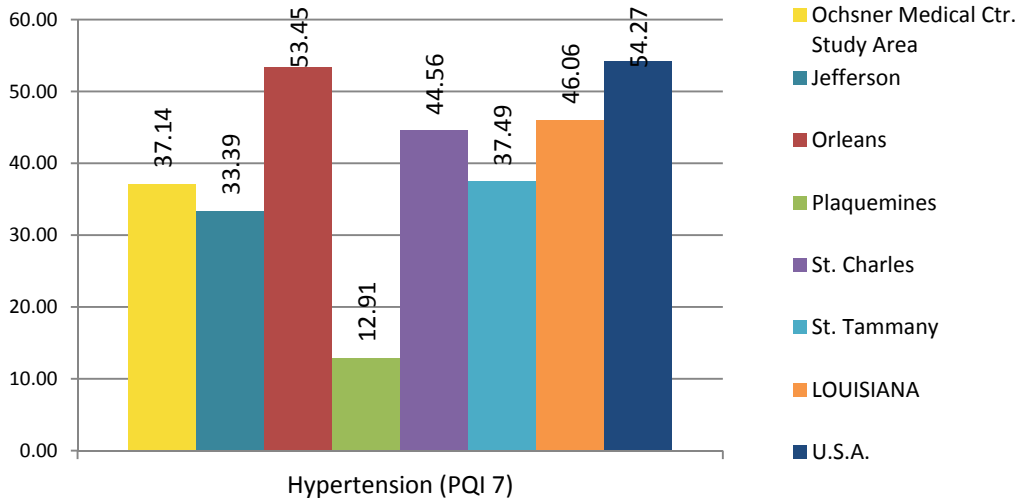


Diabetes:

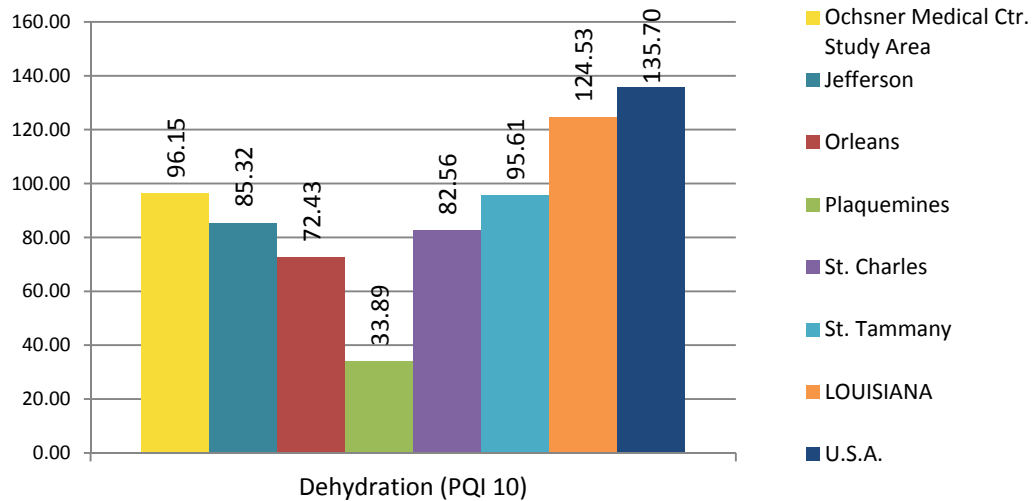
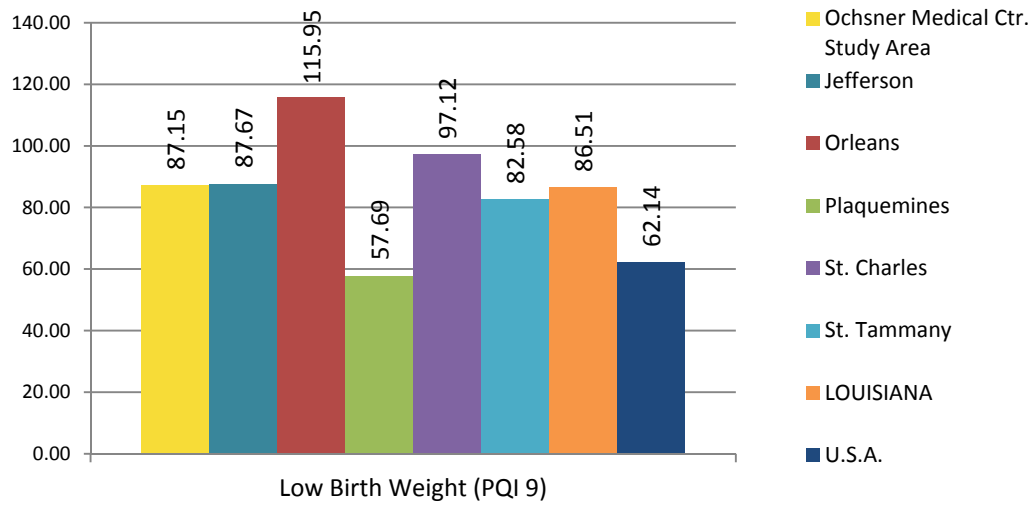
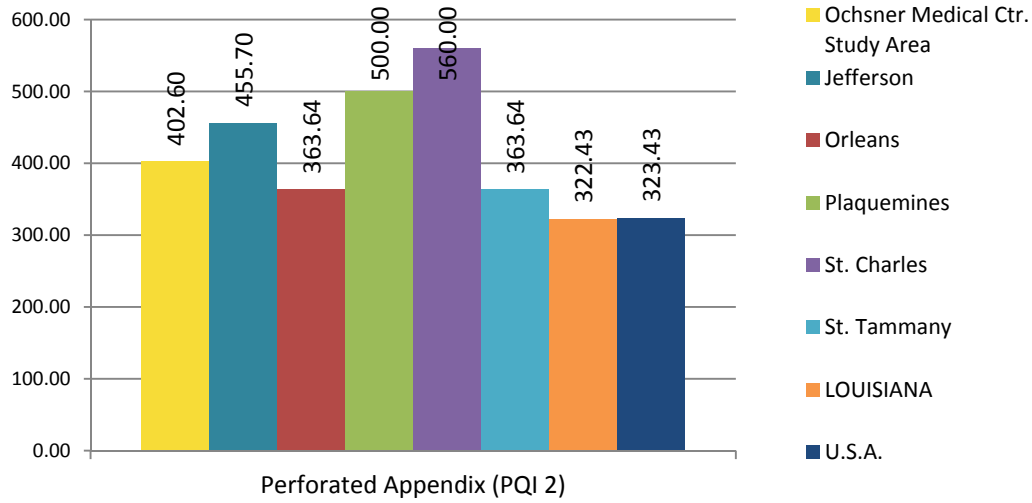


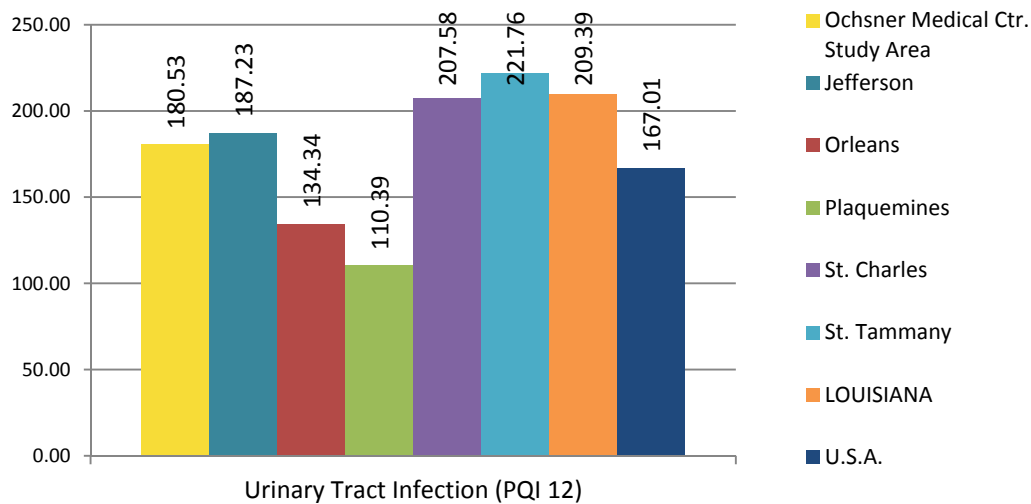
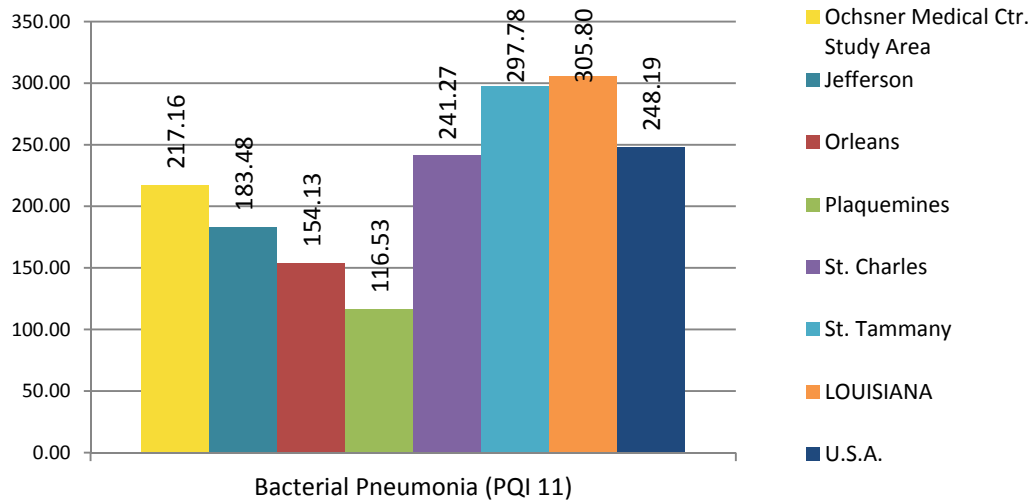


Heart Conditions:



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

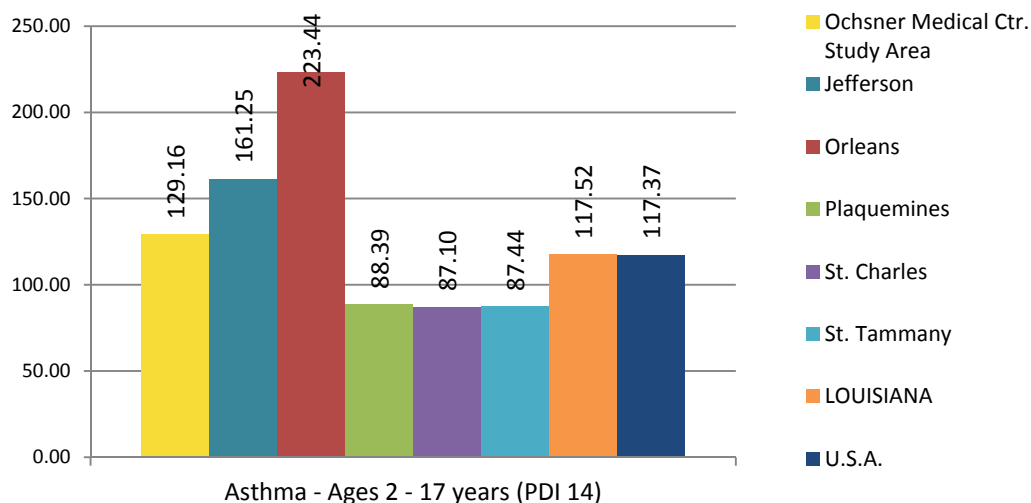
invokes additional, special challenges. Four factors—differential epidemiology of child healthcare relative to adult healthcare, dependency, demographics, and development—can pervade all aspects of children’s healthcare; simply applying adult indicators to younger age ranges is insufficient.

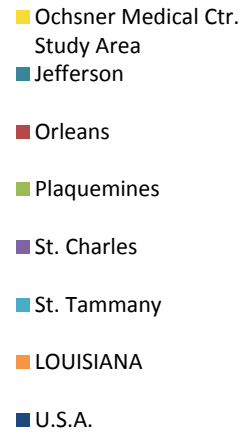
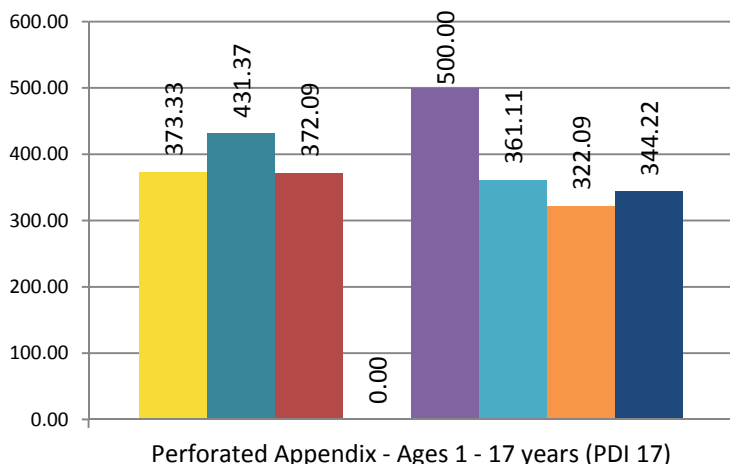
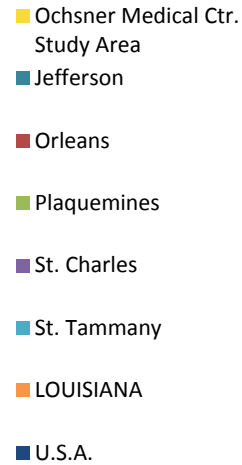
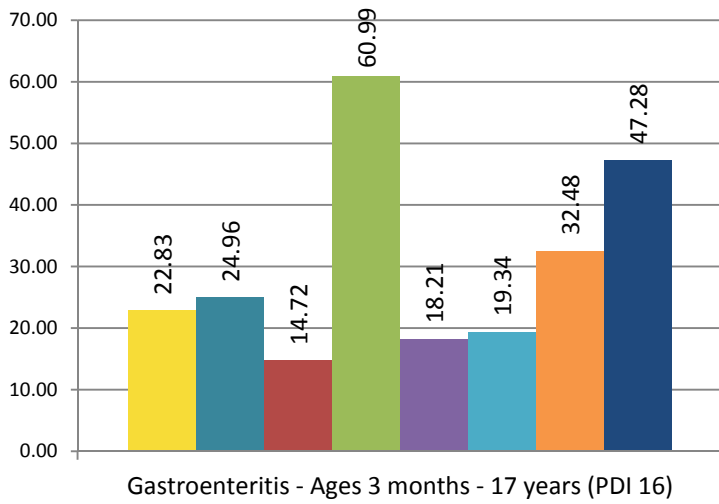
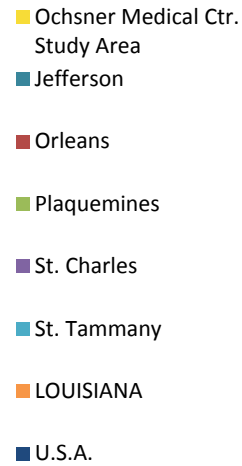
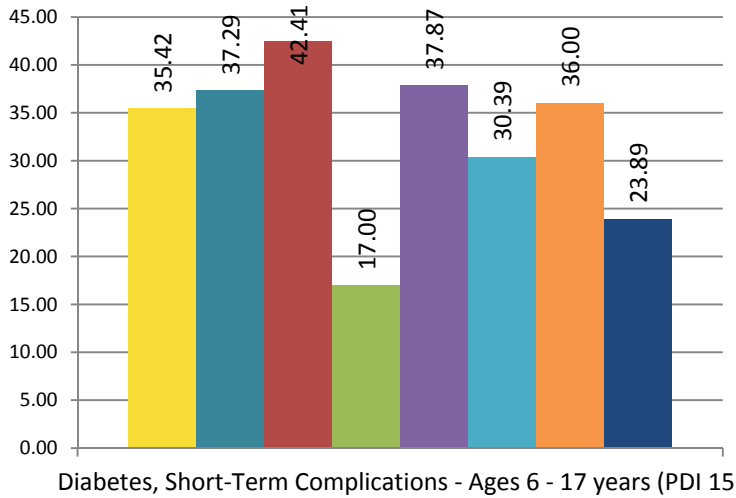
This PDIs focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals, and on preventable hospitalizations among pediatric patients.

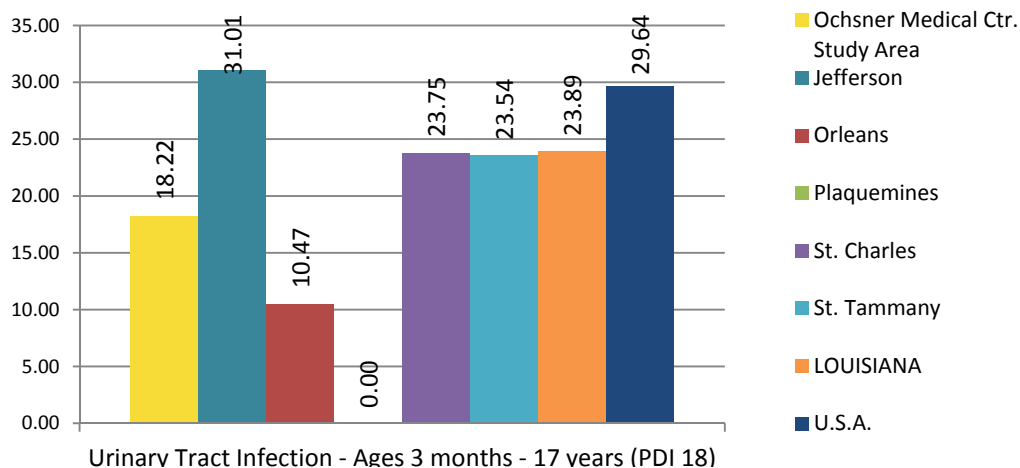
The PDIs apply to the special characteristics of the pediatric population; screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the provider level or area level; and, help to evaluate preventive care 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:

- Orleans Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 223.44 per 100,000 population; almost double the national rate of 117.37.
- Orleans Parish also reports the highest rate of diabetes, short-term complications for those aged 6 to 17 years old for the Ochsner Medical Ctr. study area (42.41); nearly double the national rate of 23.89.
- Plaquemines Parish reports the highest rate of gastroenteritis for the Ochsner Medical Ctr. study area at 60.99 per 100,000 population aged 3 months to 17 years; Plaquemines Parish is the only parish to report a value above the national rate, all others fall below it.
- St. Charles Parish reports 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/counties of interest for the Ochsner Medical Center CHNA.²⁵ The data is presented in the aforementioned categories below.

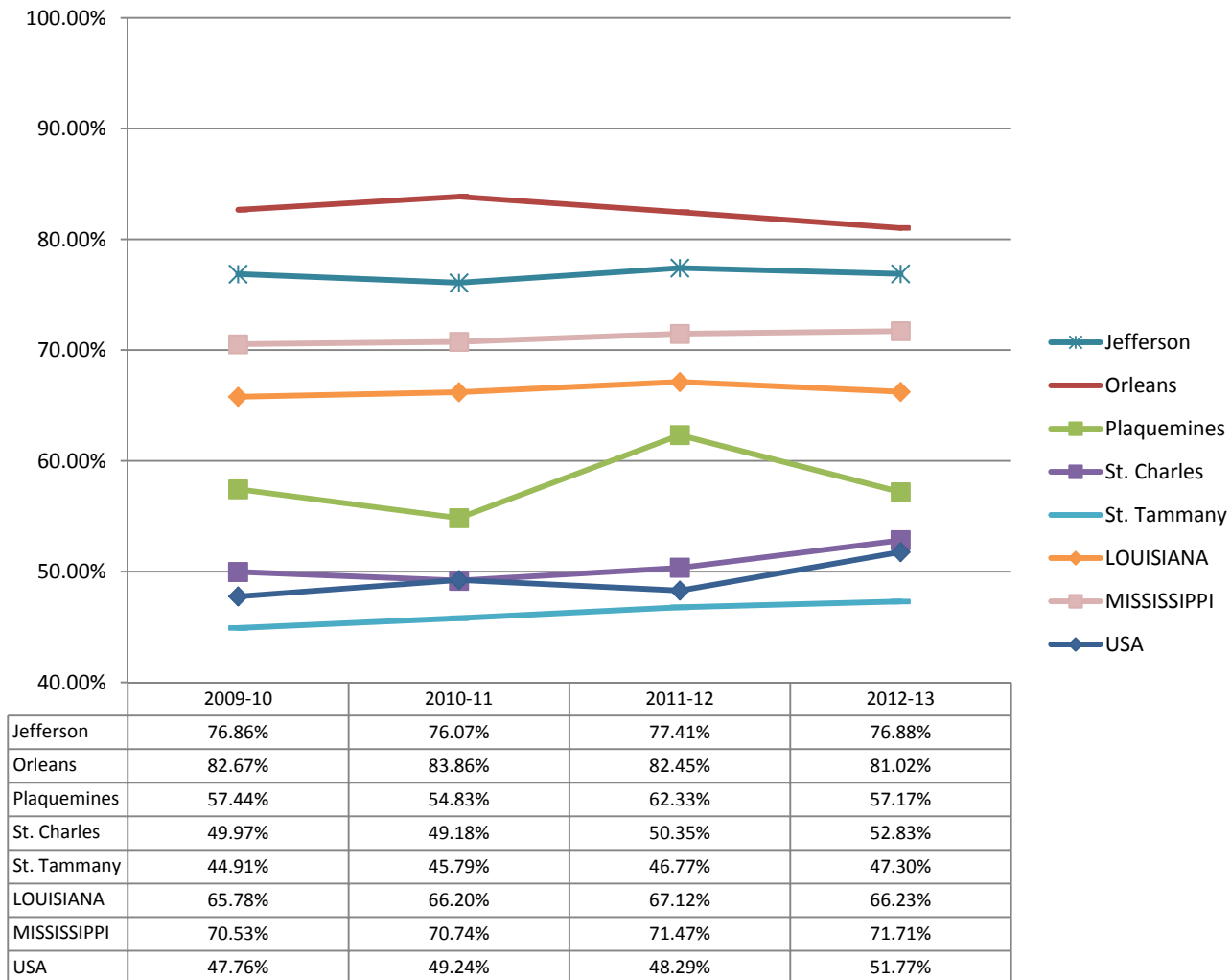
²⁵ Community Commons. <http://www.communitycommons.org/> Accessed 06/08/2015.

Social and Economic Factors

Free/Reduced Price Lunch Eligible

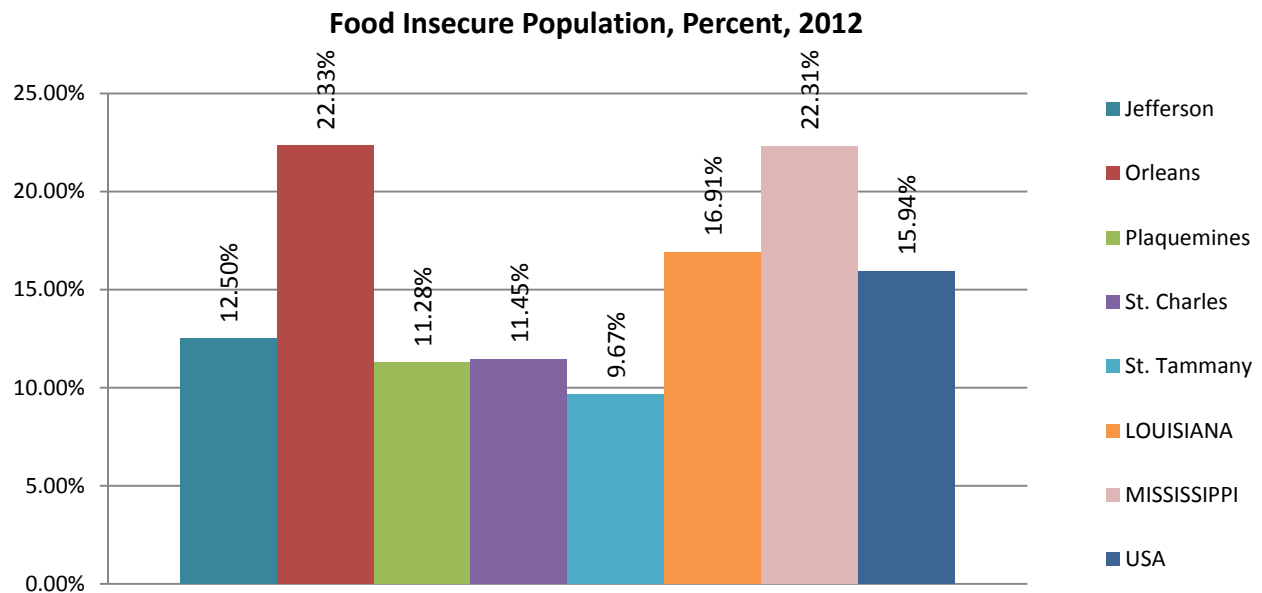
- Orleans Parish reports the highest rate of public school students who are eligible for free or reduced lunch eligible at 81.02%; this rate has been on the decline since 2010-2011.

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



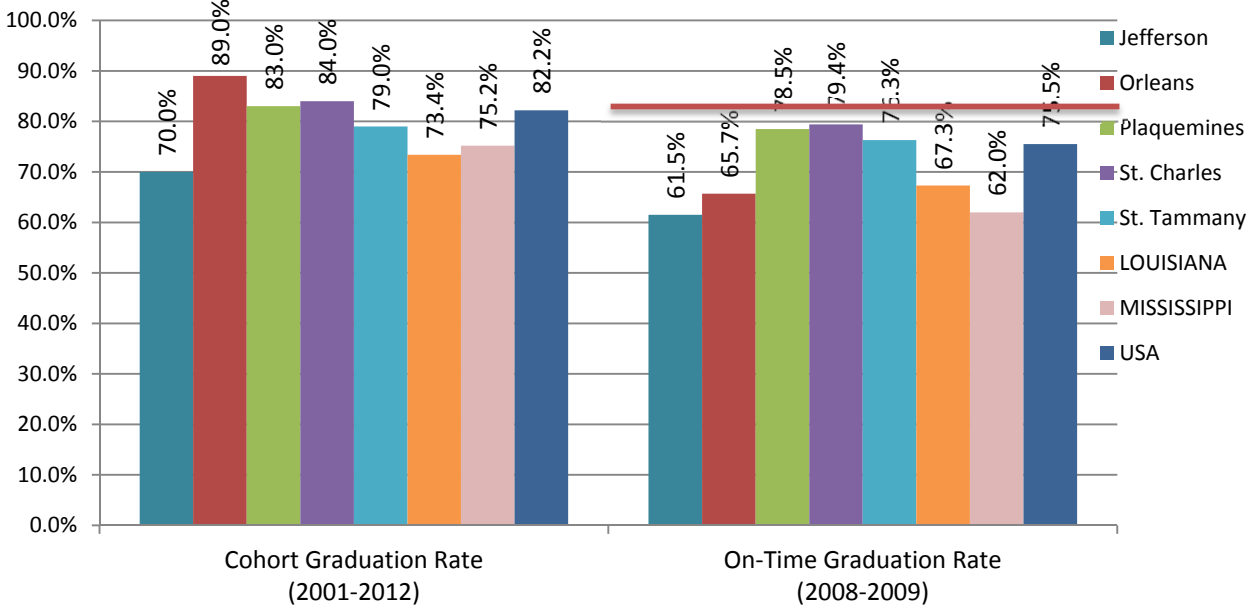
Food Insecure Population

- 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.
- Orleans Parish is the only parish in the Ochsner Medical Ctr. study area to report a higher food insecurity rate than the State of Louisiana at 22.33% of the population.



Graduation Rate

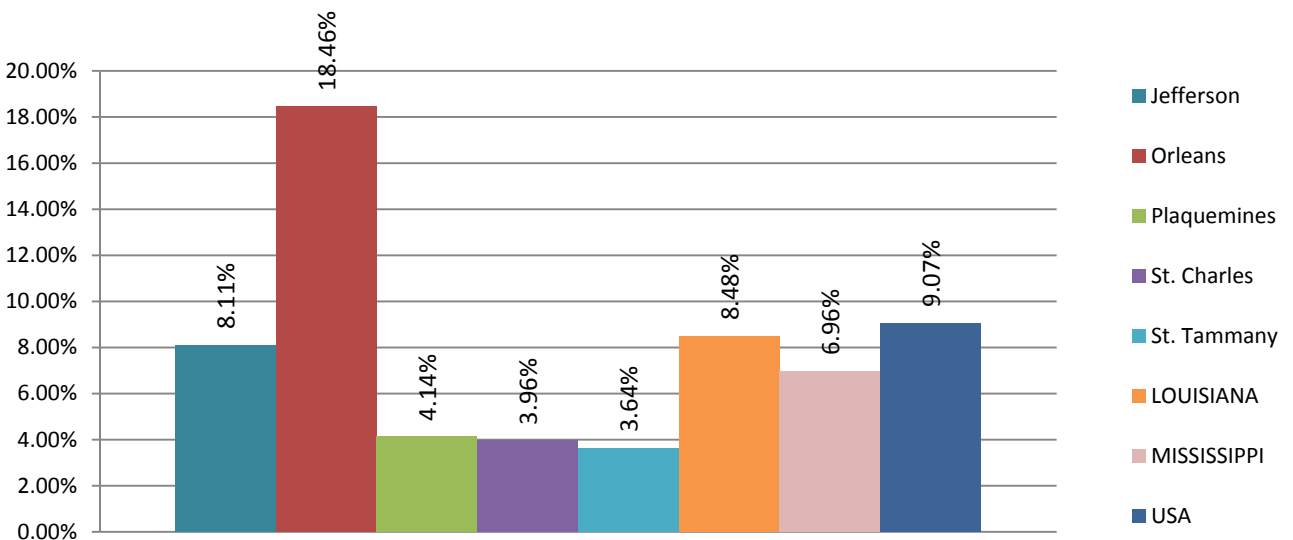
- This indicator is relevant because research suggests education is one of the strongest predictors of health (Freudenberg & Ruglis, 2007).
- Jefferson Parish reports the lowest overall graduation rate as well as the lowest on-time graduation rate throughout the study area parishes (70% overall graduation, 61.5% on-time graduation).
- The Healthy People 2020 Target for on-time graduation is 82.4% – all of the study area parishes 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 (Plaquemines, St. Charles, and St. Tammany Parishes).



Households with No Motor Vehicle

- Orleans Parish reports the highest rate of households with no motor vehicle (18.48%). Orleans Parish includes the City of New Orleans which has more public transportation options for residents.

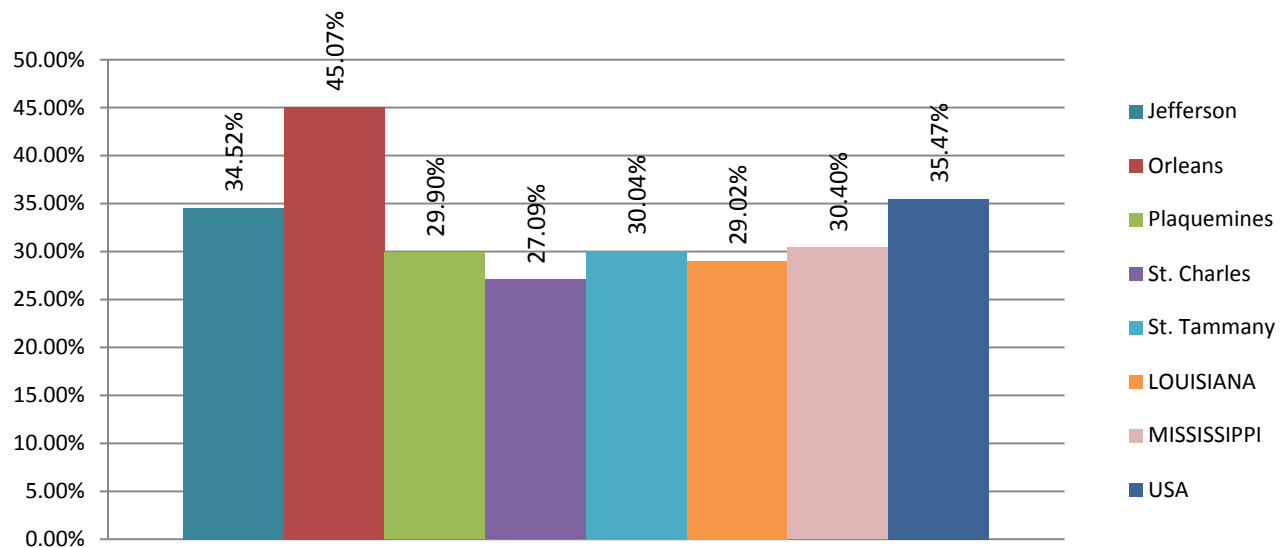
Percentage of Households with No Motor Vehicle, 2009-2013



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.
- Orleans Parish reports a higher percentage of cost-burdened households as compared with the country at 45.07% and the highest rate for the study area. Almost all of the other parishes in the Ochsner Medical Ctr. study area report lower rates of cost-burdened households than the national average (35.47%); Jefferson Parish being the exception at 34.52%.

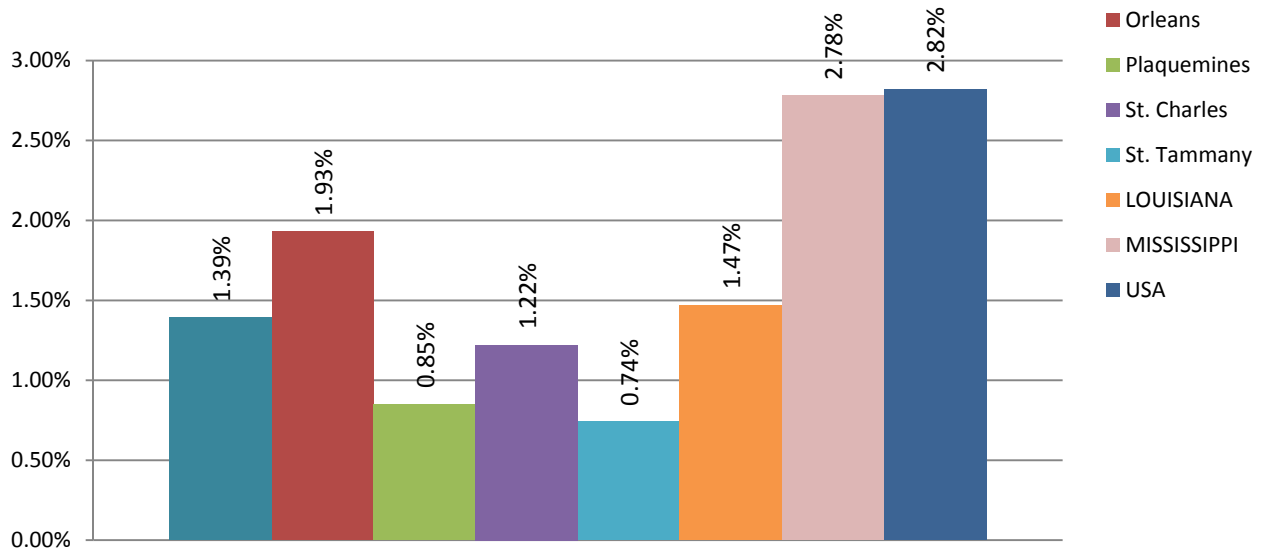
Percentage of Cost Burdened Households (Over 30% of Income), 2009-2013



Public Assistance

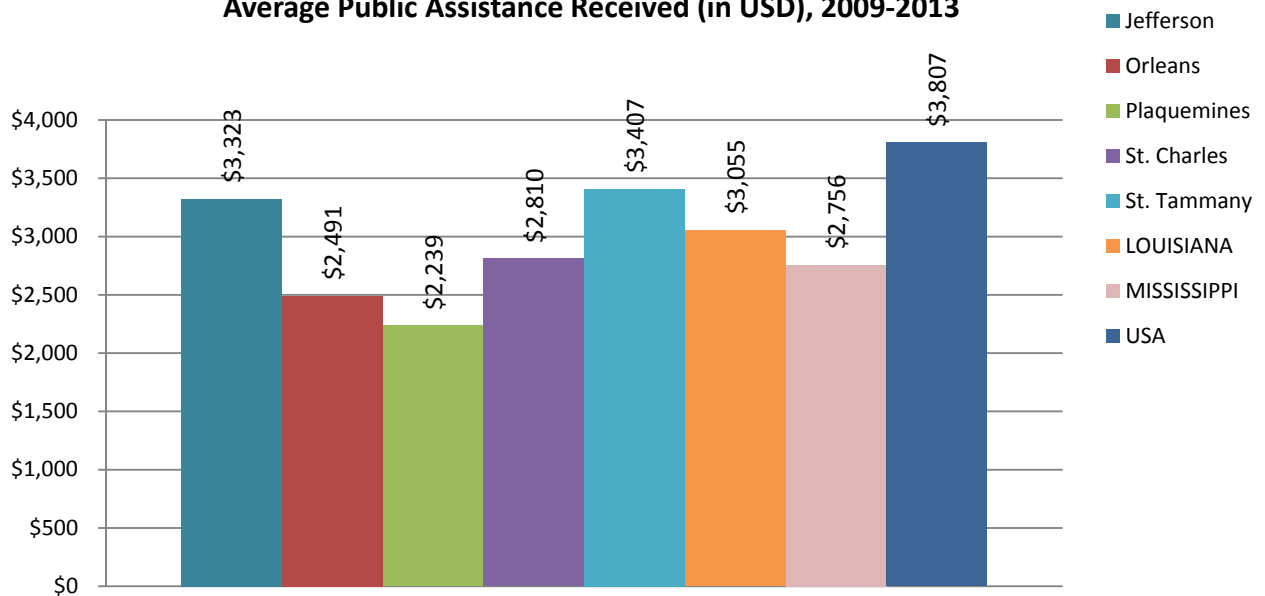
- This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.
- All of the study area parishes report lower rates of households receiving public assistance income than the rates seen for the country and for the State of Mississippi.
- Orleans Parish reports the highest rate of households receiving public assistance at 1.93%. St. Tammany Parish reports the lowest rate of households receiving public assistance at only 0.74%.

Percent Households with Public Assistance Income, 2009-2013

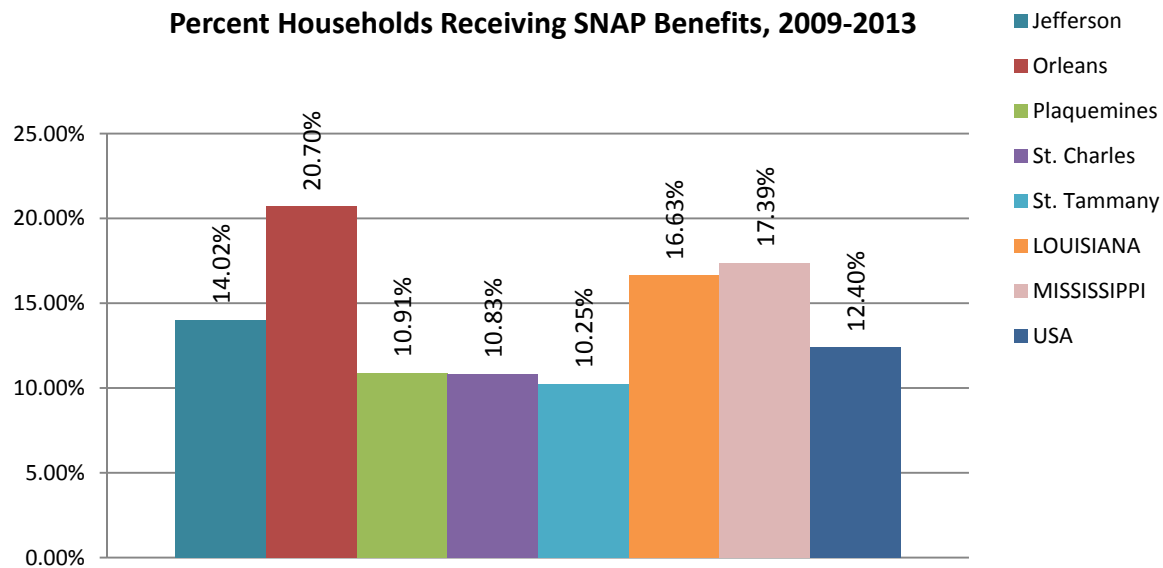


- St. Tammany Parish reports the highest average amount of public assistance received by households at \$3,407. All of the parishes and states in the Ochsner Medical Ctr. study area report higher than the national average of \$3,807.

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

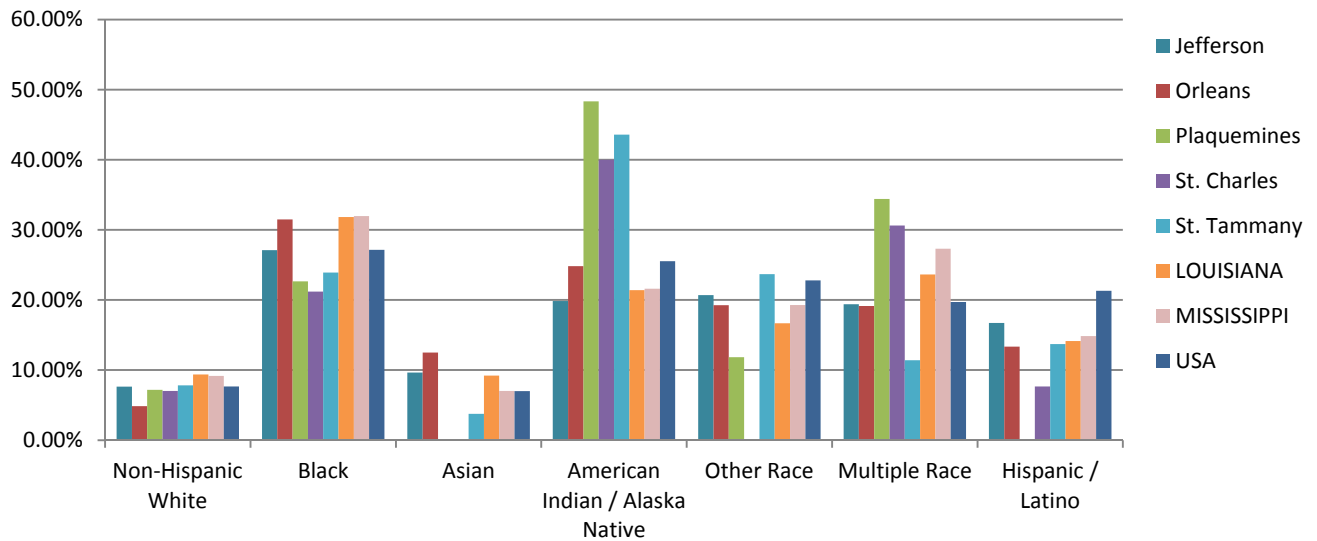


SNAP Benefits



- Orleans Parish reports the highest rate of households receiving SNAP benefits across the Ochsner Medical Ctr. study area at 20.7%.
- Plaquemines Parish reports the highest rate of residents receiving SNAP benefits, across the Ochsner Medical Ctr. study area and all populations, for American Indian/Alaska Native at 48.33%. Plaquemines Parish also reports the highest rate of Multiple Race households receiving SNAP benefits at 34.41%.
- More than 20% (and in some cases more than 30%) of the Black population households, across the entire study area report receiving SNAP benefits.
- The American Indian/Alaska Native, African-American/Black, and Multiple race populations of the Ochsner Medical Ctr. 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 Ochsner Medical Ctr. study area

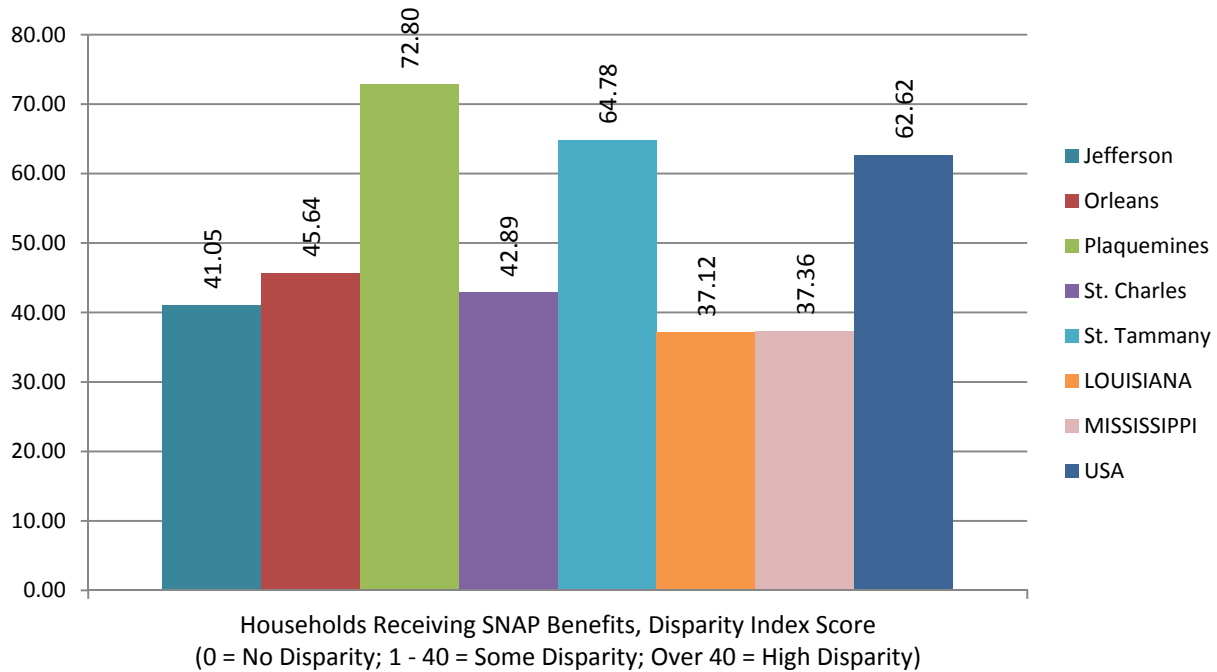
Percent Households Receiving SNAP Benefits, by Race, 2009-2013



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".
- All of the study area parishes report “High Disparity” when it comes to SNAP benefits.
- Plaquemines Parish reports the highest SNAP Benefits Disparity Index score for the study area at 72.8; St. Tammany Parish reports next highest at 64.78.

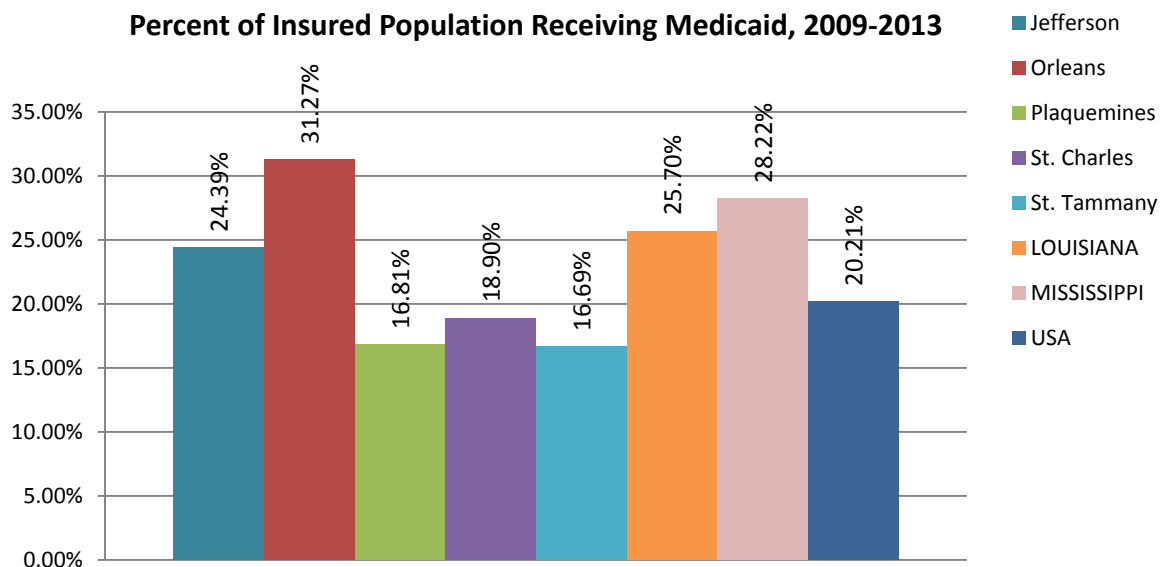
Households Receiving SNAP Benefits, Disparity Index Score 2009-2013



Medicaid

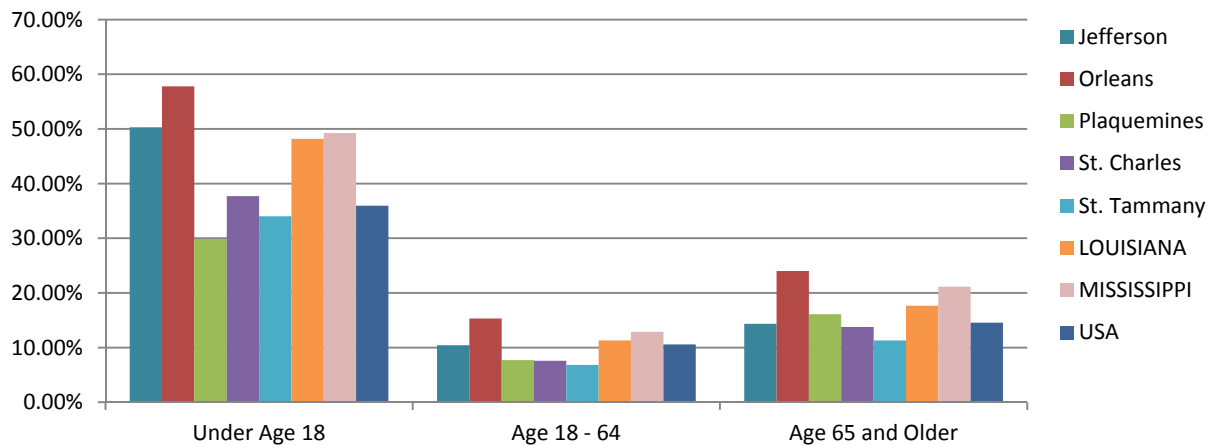
- Orleans Parish reports the highest rate of Insured Residents Receiving Medicaid at 31.27%; this rate is higher than Louisiana (25.70%), Mississippi (28.22%), and national (20.21%) rates.

Percent of Insured Population Receiving Medicaid, 2009-2013



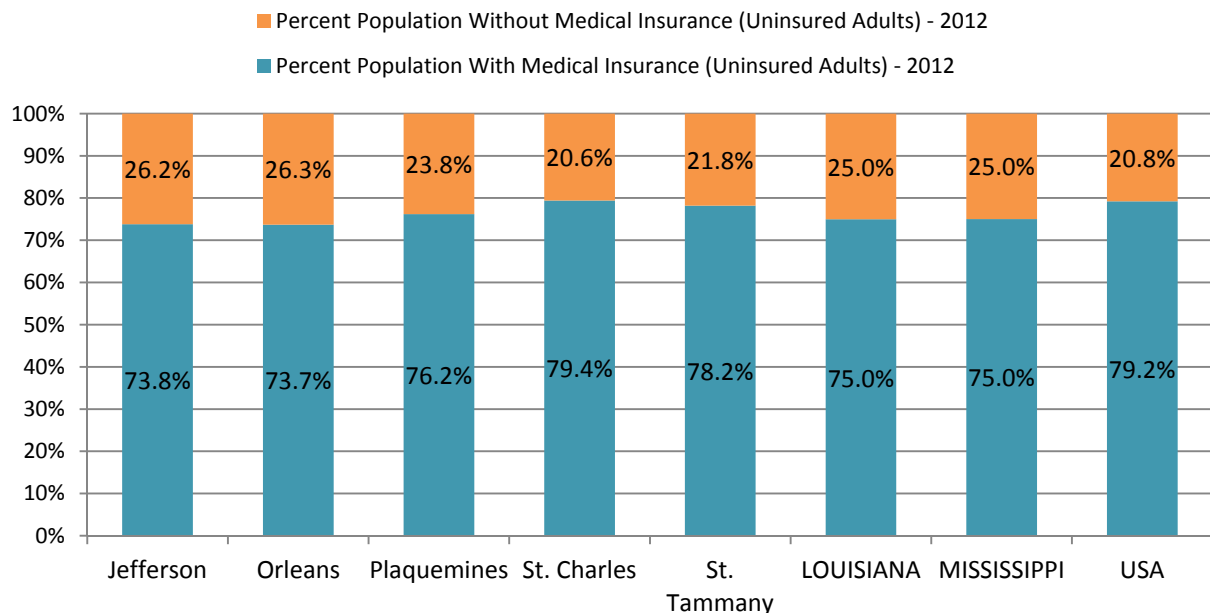
- The population under the age of 18 receives the highest rates of Medicaid assistance across all of the study area parishes.
- Orleans Parish reports the highest rate among the study area parishes of residents aged 65 and older receiving Medicaid (24.01%) and the highest rate of residents aged 18-64 (15.31%).

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



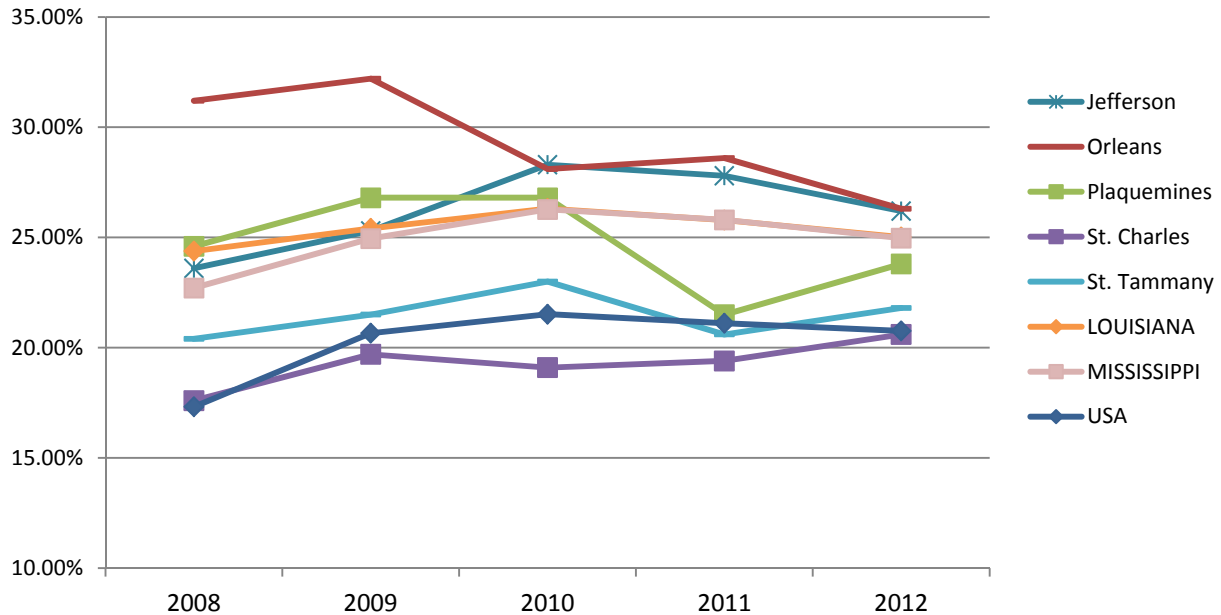
Insurance

- Orleans Parish reports the highest rate of uninsured adults for the Ochsner Medical Ctr. study area at 26.3%; Jefferson Parish is a close second at 26.2%. These rates are higher than state (25.0% for both LA and MS) and national (20.8%) norms.
- St. Charles Parish reports the lowest rate at 20.6% and is the only parish in the Ochsner Medical Ctr. study area to report a rate lower than the nation.



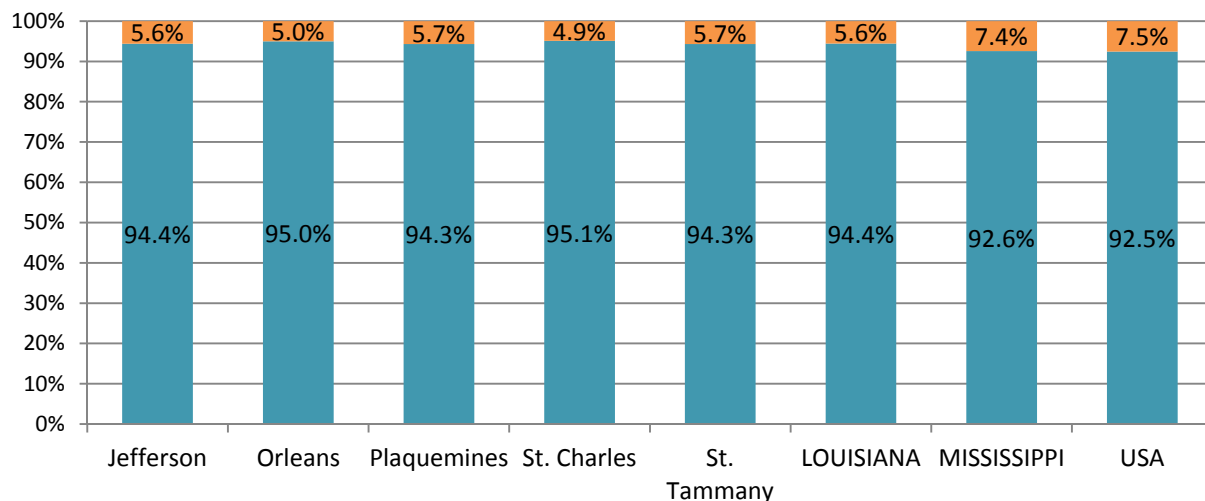
- Although still highest in the Ochsner Medical Ctr. study area, Orleans Parish has experienced drastic declines in its rates of uninsured adults going from a high of 32.20% in 2009 to it's lowest rate in the most recent data year of 2012 reporting 26.30%.

Percent Population without Medical Insurance (Uninsured Adults)



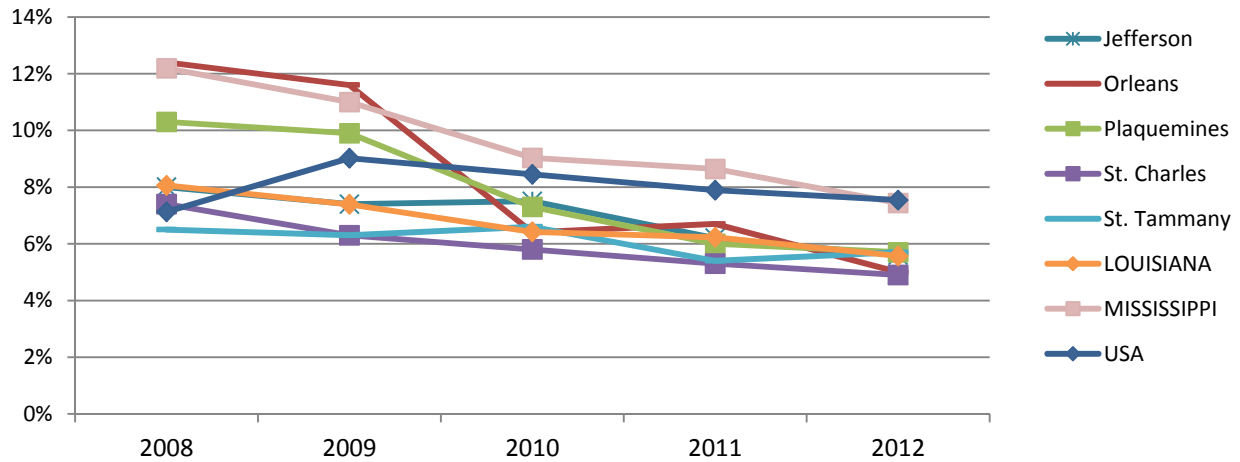
- Plaquemines Parish and St. Tammany Parish both report the highest rate of uninsured children across the study area parishes at 5.7%.
- St. Charles Parish reports the lowest rate of uninsured children at 4.9%.
- The State of Louisiana reports lower rates of uninsured children as compared with the State of Mississippi. Both states report lower rate of uninsured children as compared with the country (7.5%)

■ Percent Population Without Medical Insurance (Uninsured Children) - 2012
■ Percent Population With Medical Insurance (Uninsured Children) - 2012



- From 2011 to 2012, nearly all of the study area parishes reported declines in the rates of uninsured children (four of the five).
 - ✓ St. Tammany Parish did see a slight rise in the rate of uninsured children; going from 5.4% in 2011 to 5.7 in 2012%.

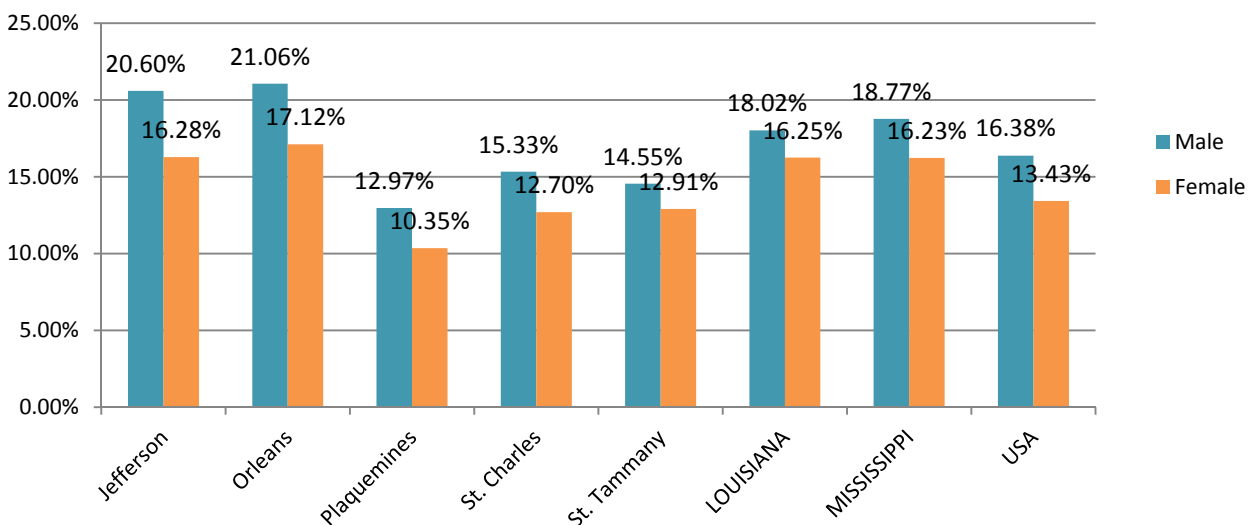
Percent Population without Medical Insurance (Uninsured Children), 2012



Uninsured Population

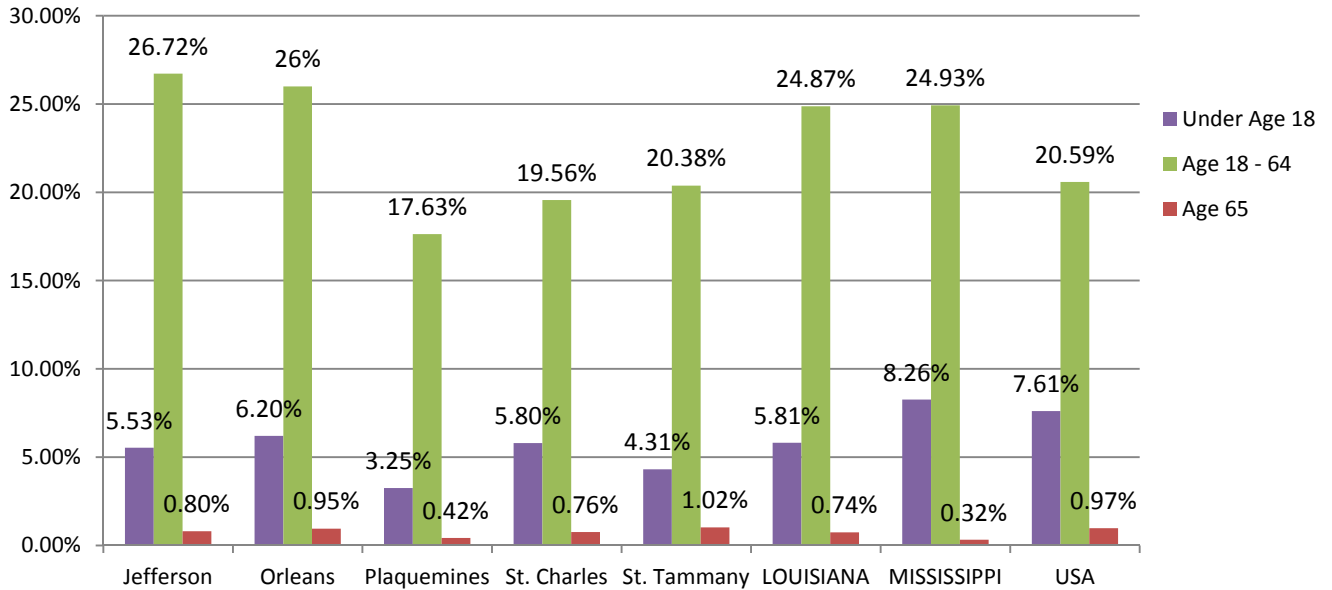
- For all of the study area parishes, men are more likely to be uninsured than women; consistent with state and national norms.

Uninsured - Gender, 2009-2013



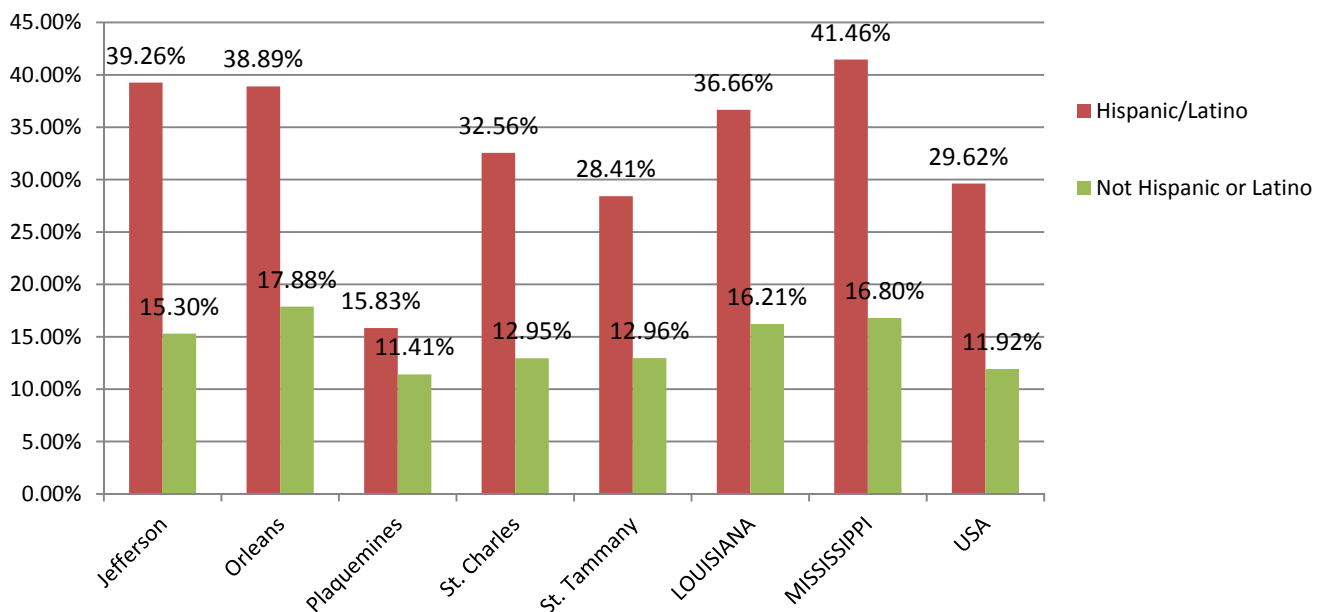
- Those aged 18 – 64 are more likely to be uninsured as compared with those under 18 or those 65 and older.

Uninsured - Age, 2009-2013



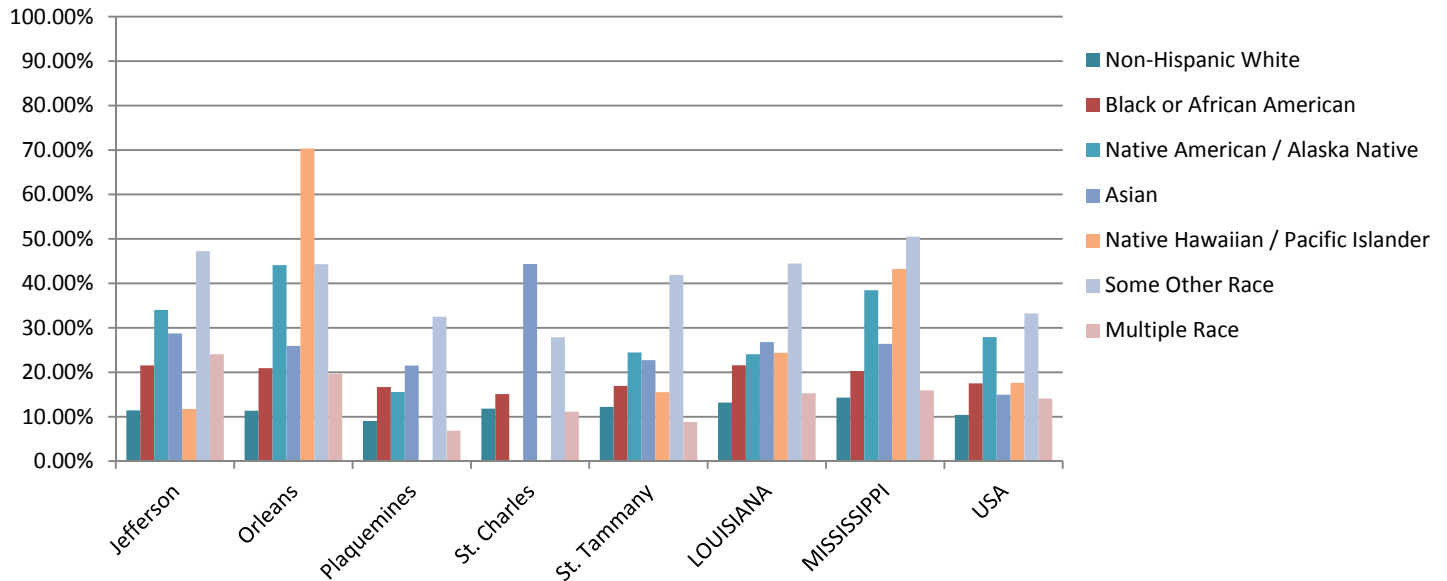
- Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts.

Uninsured - Ethnicity, 2009-2013



- 70.33% of the Native Hawaiian/Pacific Islander population in Orleans Parish is uninsured; the highest rate reported across all populations and the entire study area.
- Residents reporting “Some other race”, for the majority of the study area parishes have the highest rates of being uninsured.
- More than 44.37% of the Asian population of St. Charles Parish report being uninsured.

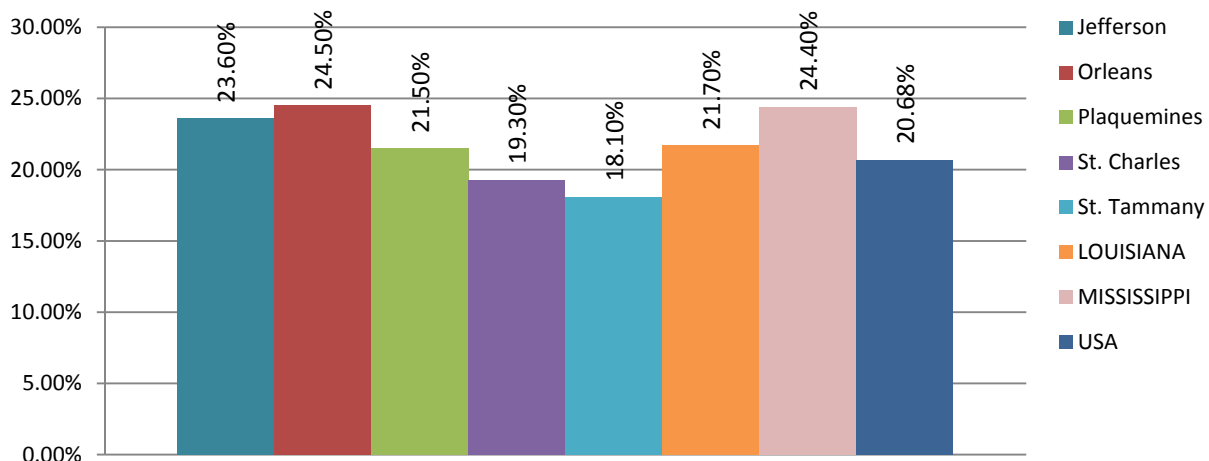
Uninsured - Race, 2009-2013



Social Support

- Orleans Parish exhibits the highest rate of residents with a lack of social or emotional support at 24.5% of the population; this is higher than Louisiana, Mississippi, (LA = 21.7%, MS = 24.40%) and national (20.68%) norms.

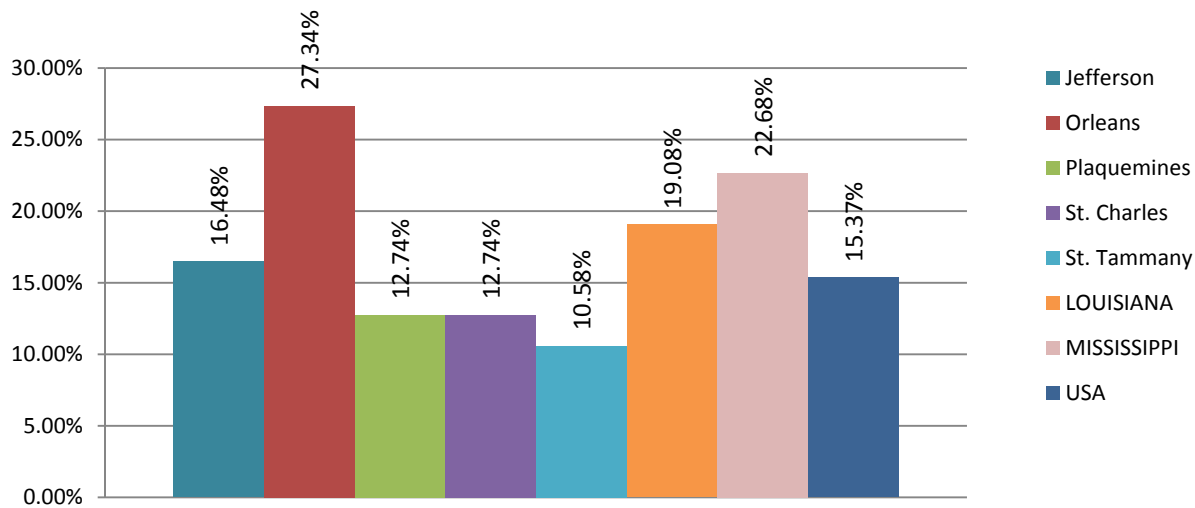
Lack of Social or Emotional Support (Age-Adjusted Percentage), 2006-2012



Poverty

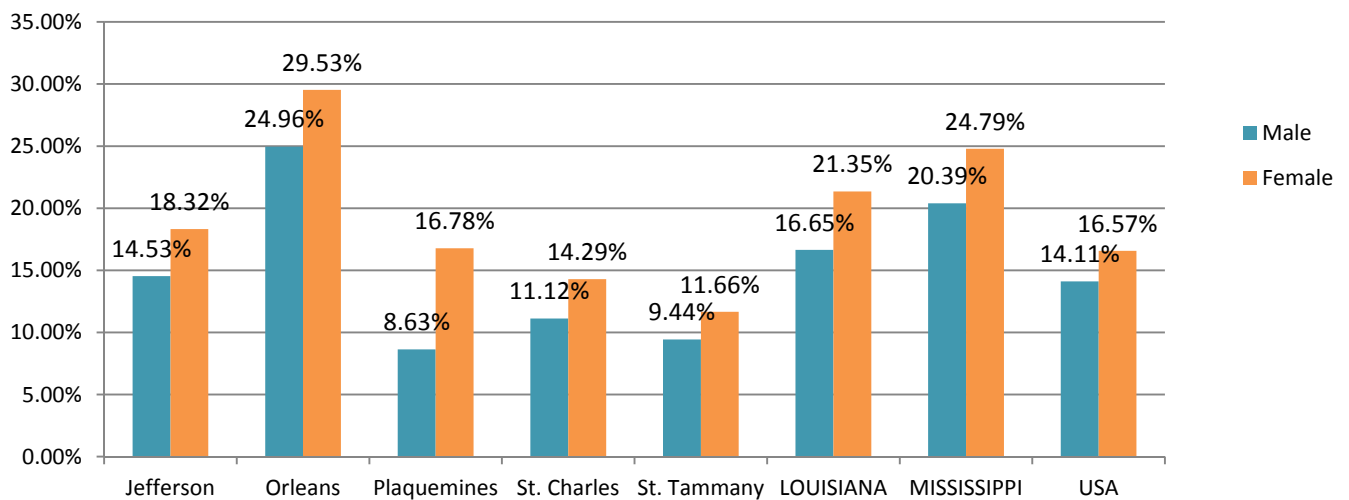
- Orleans Parish shows the highest rate of population that is living below the federal poverty level (100% FPL) at 27.34% of the population; the only parish higher than both states (LA = 19.08%, MS = 22.68%) and the nation (15.37%).
- Jefferson Parish (16.48%) is the only other parish in the Ochsner Medical Ctr. study area that reports a rate above the national rate.
- St. Tammany Parish is the lowest with only 10.58% of its population living below the federal poverty level (100% FPL).

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



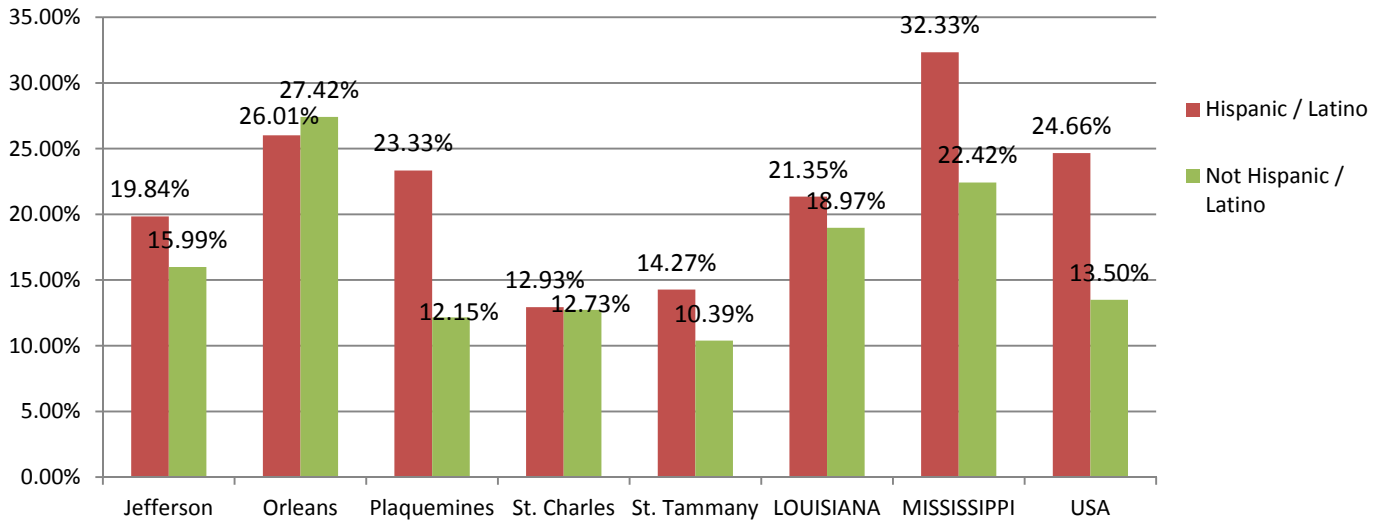
- Across all study area regions, women are more likely than men to be living in poverty.
- 29.53% of female residents of Orleans Parish are living in poverty (the highest rate across the study area).

Poverty - Gender, 2009-2013



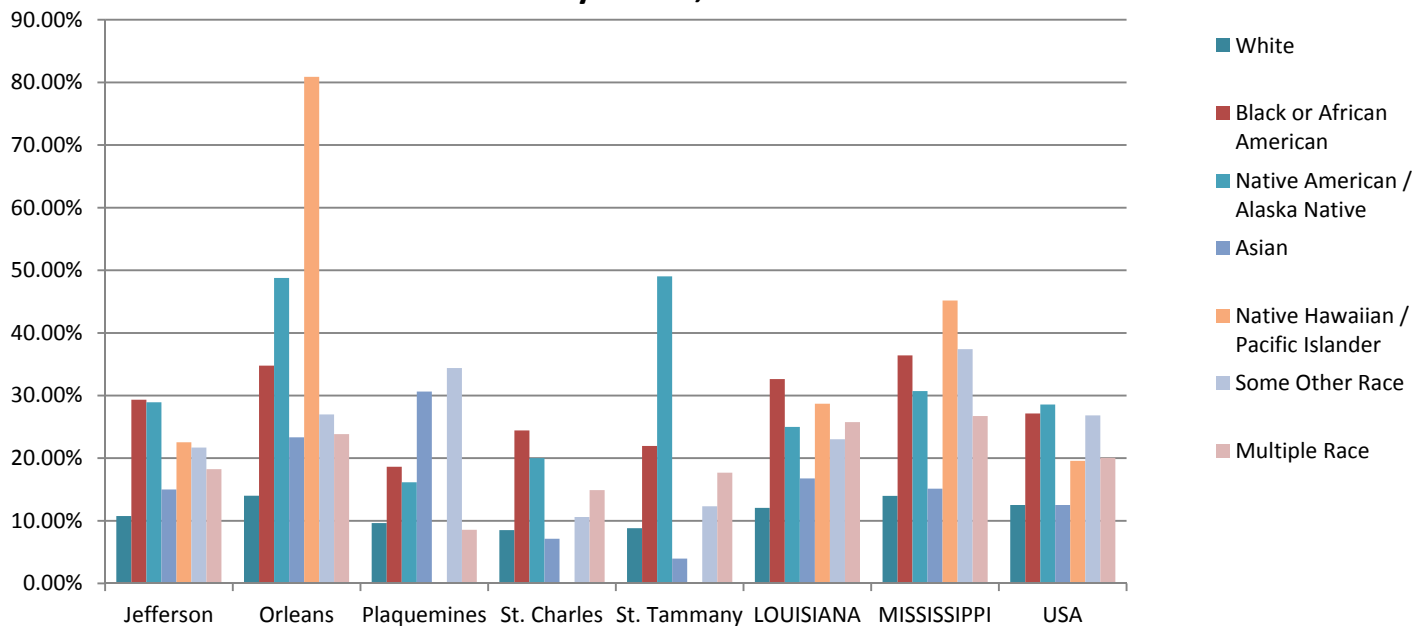
- In three of the five study area parishes, the Hispanic/Latino population is living in poverty at higher rates than their counterparts.
- In Orleans Parish, more than one quarter (26.01%) of the Hispanic/Latino population is living below the federal poverty level (the highest for the study area).

Poverty - Ethnicity, 2009-2013



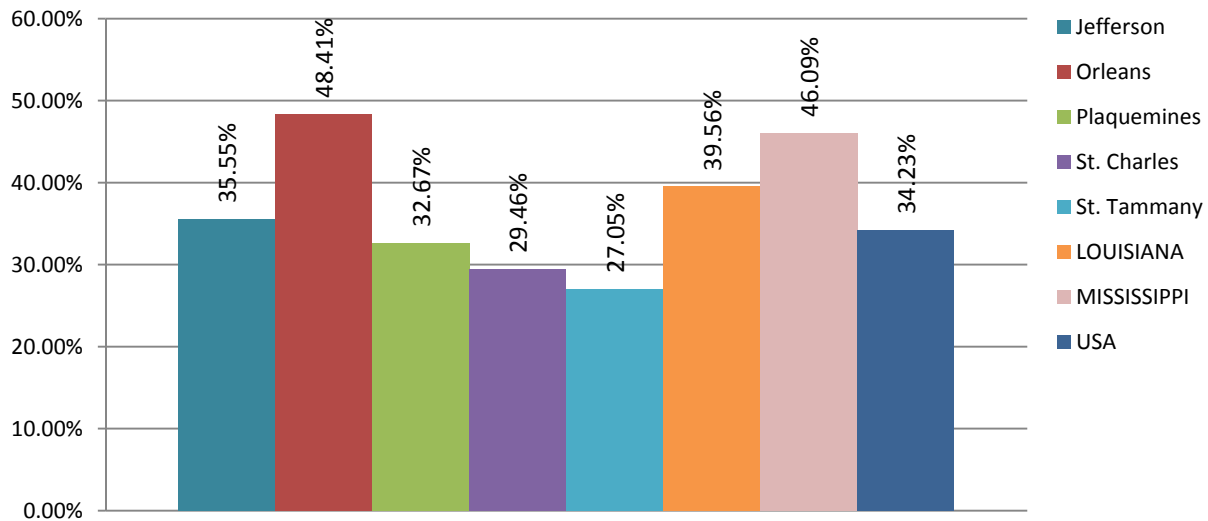
- 80.89% of the Native Hawaiian/Pacific Islander population of Orleans Parish report living in poverty.
- Close to 50% of the Native American/Alaska Native residents of both Orleans Parish and St. Tammany Parish live in poverty.

Poverty - Race, 2009-2013



- Like populations living below 100% of the federal poverty level, Orleans also reports the highest rate of people living below 200% of the federal poverty level at 48.41%.
- Plaquemines Parish, St. Charles Parish, and St. Tammany Parish all report rates below Louisiana (39.56%) and the nation (34.23%).

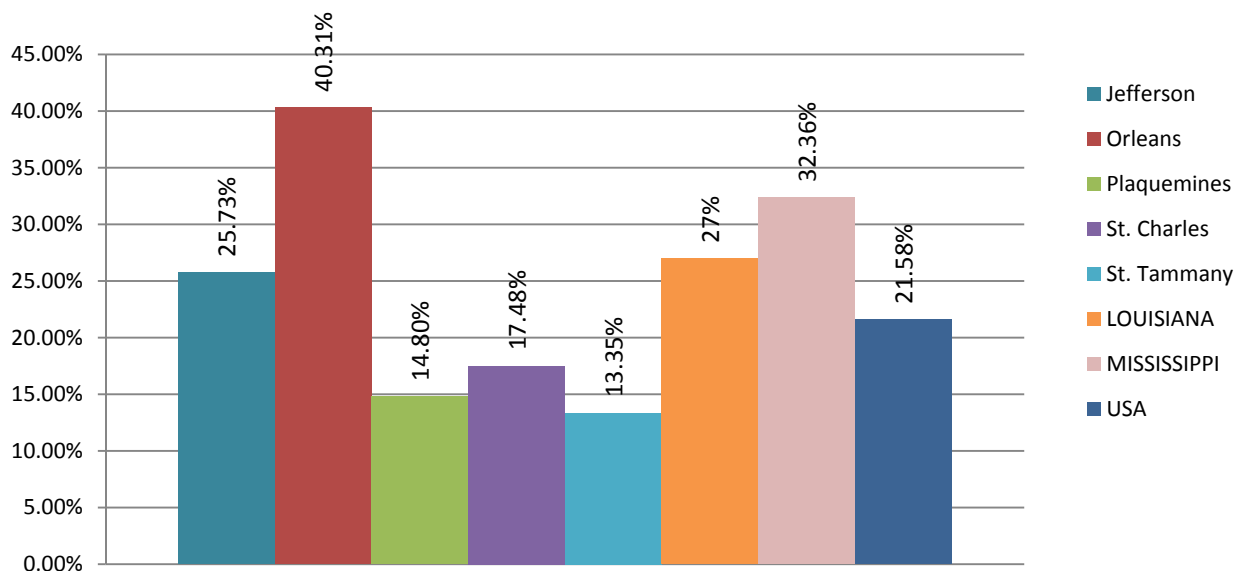
Percent Population with Income at or Below 200% FPL, 2009-2013



Children in Poverty

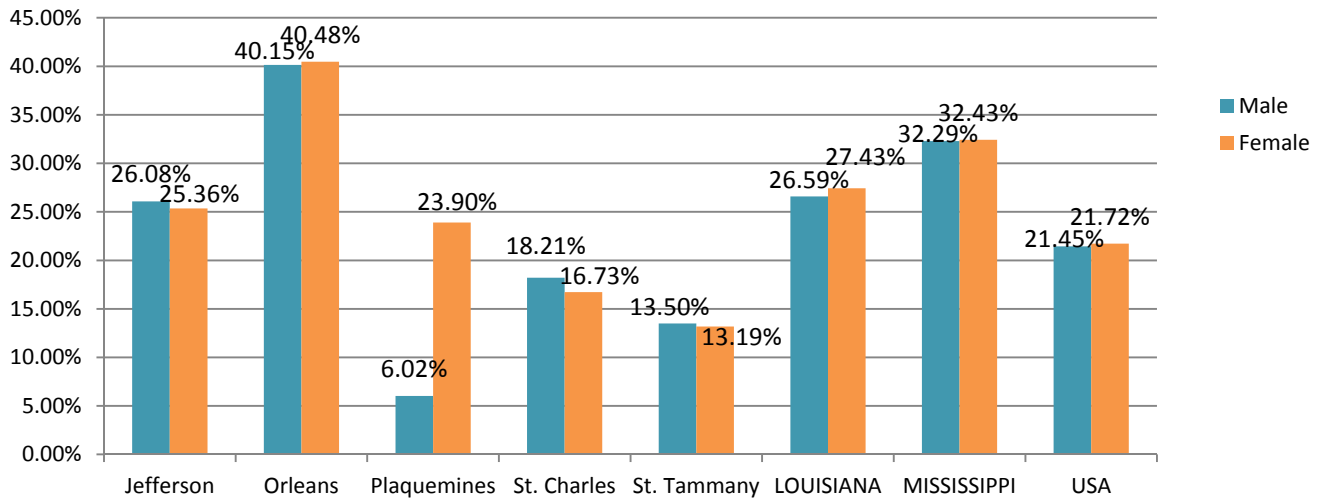
- More than 40% of the children and adolescents (under 18) in Orleans Parish are living in poverty (below 100% FPL).

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



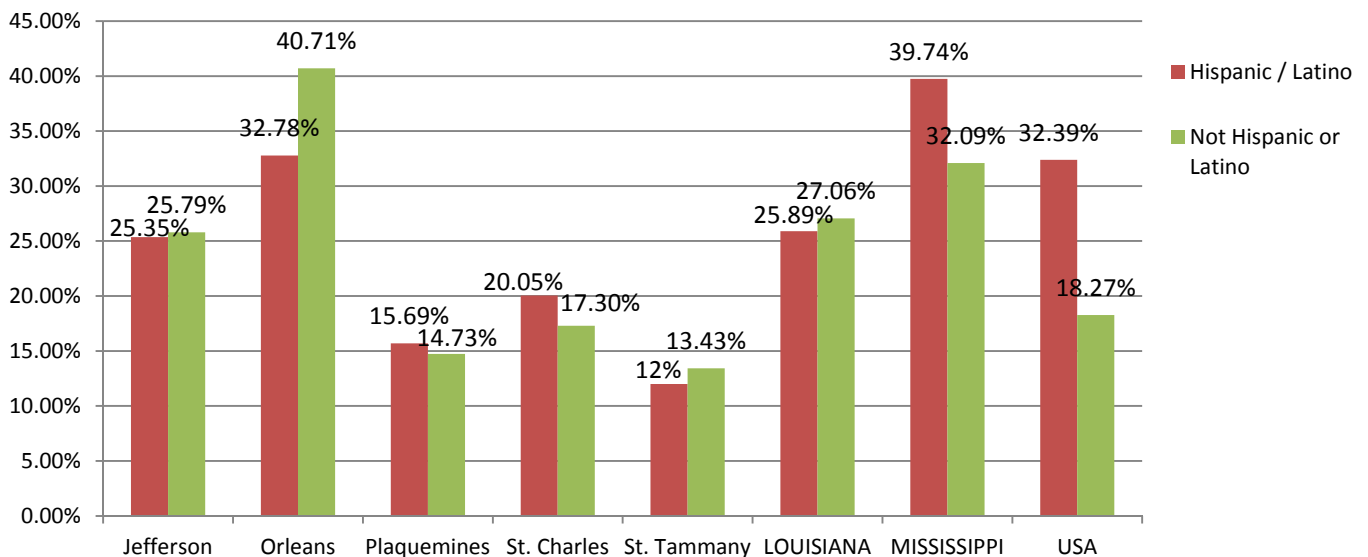
- Male and female children tend to live in poverty at similar rates in the Ochsner Medical Ctr. study area; however, Plaquemines Parish reports substantially more female children living in poverty than male children (23.9% for females compared to 6.02% for males).

Children in Poverty - Gender, 2009-2013



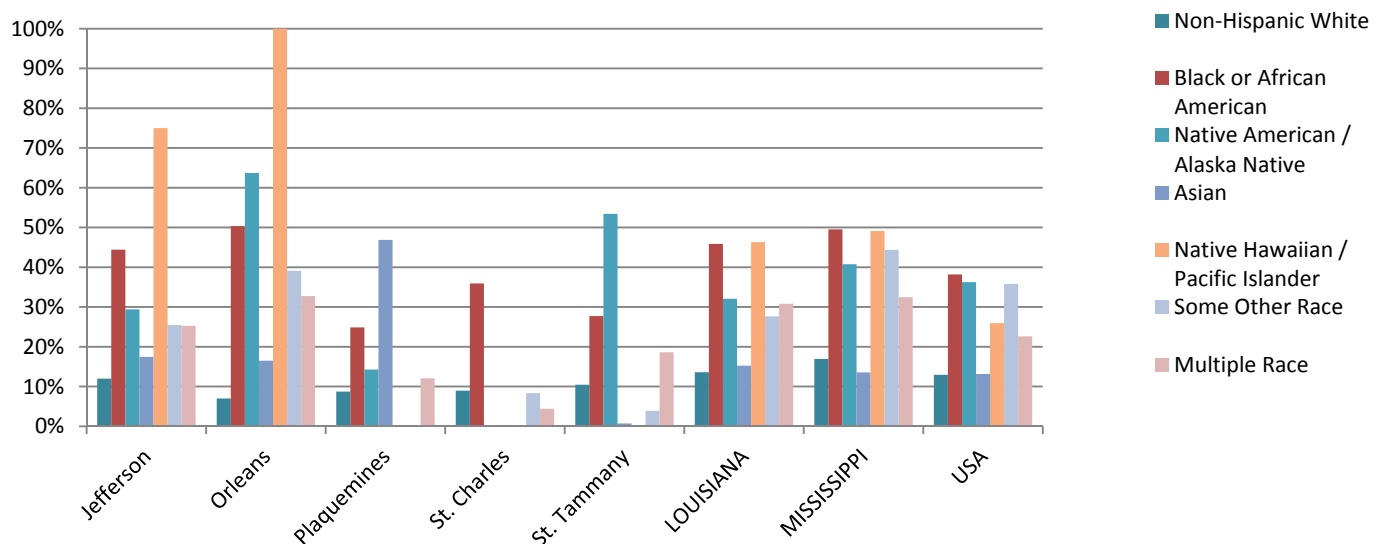
- Similar to gender, the ethnicity of a child varies in whether or not it is related to living in poverty or not. For adults, the Hispanic/Latino population is more likely to live in poverty than their counterparts; however, for children, three of the five parishes in the Ochsner Medical Ctr. study area report higher rates of poverty in the Non-Hispanic population (Jefferson, Orleans, and St. Tammany).
- Orleans Parish reports the highest rate, in the Ochsner Medical Ctr. study area, of Hispanic/Latino children living in poverty at 32.78%.

Children in Poverty - Ethnicity, 2009-2013



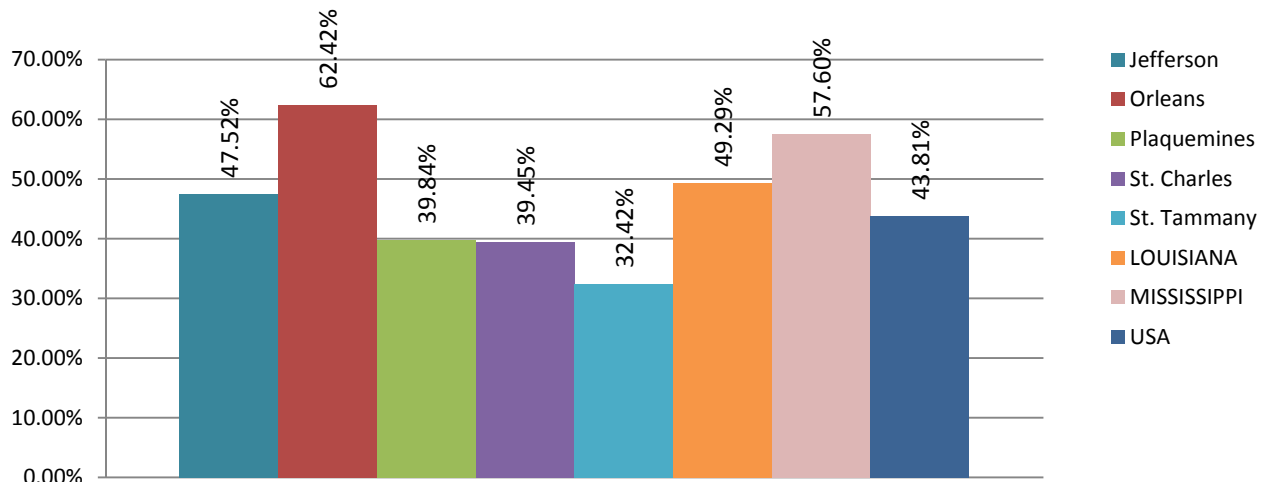
- 100% of Native Hawaiian/Pacific Islander children in Orleans Parish live in poverty.
- After Native Hawaiian/Pacific Islander and Native American/Alaska Native children, African-American/Black children see some of the highest rates of poverty across the Ochsner Medical Ctr. study area.
 - ✓ 75% of Native Hawaiian/Pacific Islander children in Jefferson Parish
 - ✓ 63.68% of Native American/Alaska Native children in Orleans Parish
 - ✓ 53.45% of the Native American/Alaska Native children in St. Tammany Parish
 - ✓ 50.34% of African-American/Black children in Orleans Parish
 - ✓ 49.55% of the African-American/Black children of Mississippi
 - ✓ 45.86% of the African-American/Black population of Louisiana

Children in Poverty - Race, 2009-2013



- Similar to children living in poverty below the 100% FPL, Orleans Parish reports the highest rate of children living below 200% of the federal poverty level as well (62.42%).

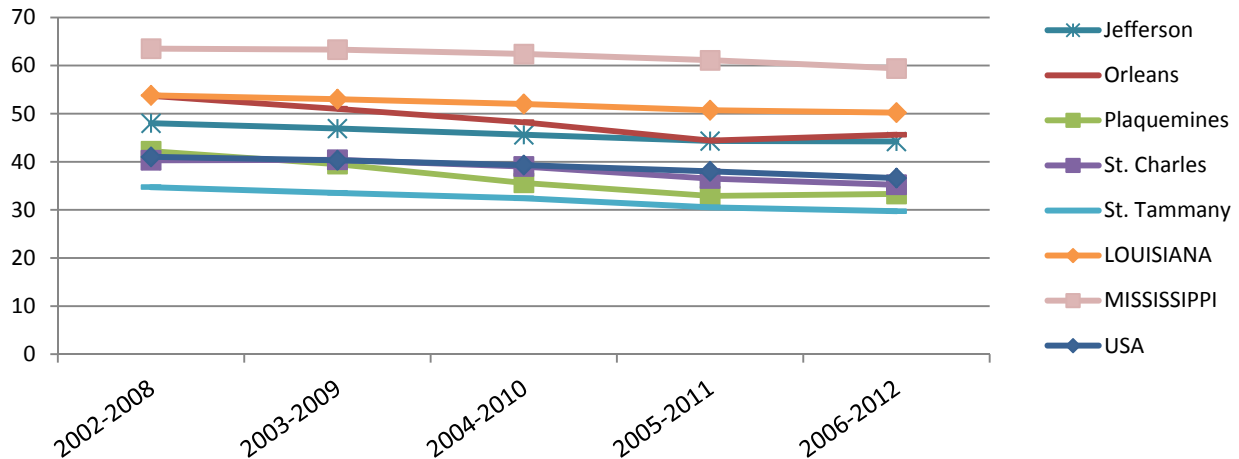
Children in Poverty - Below 200% FPL, 2009-2013



Teen Birth Rate

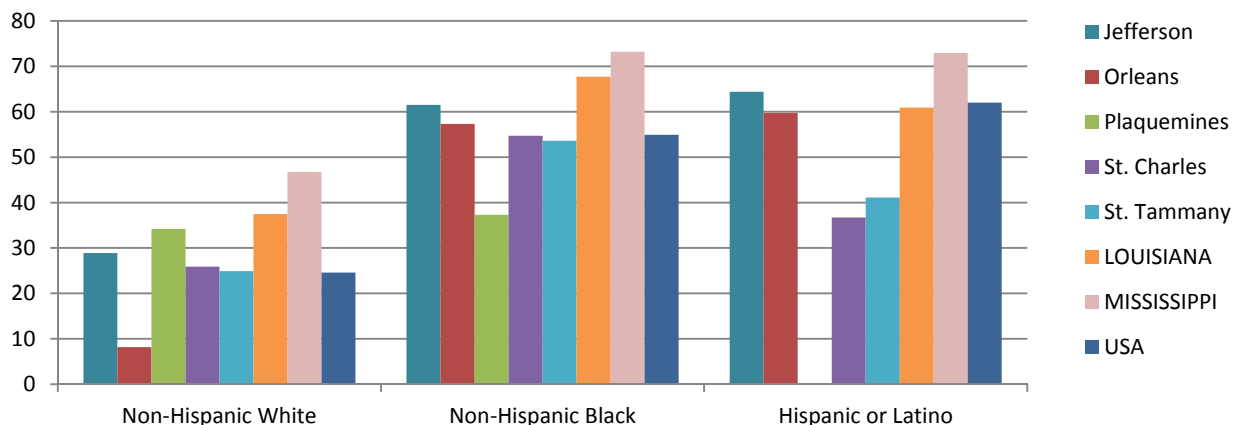
- In general, the Ochsner Medical Ctr. study area parishes have seen steady declines in the rates of births to teen mothers (aged 15-19).
 - ✓ Orleans and Plaquemines Parishes reported slight rises in the teen birth rates from the 2005-2011 5-year estimate census to the 2006-2012 5-year estimate census.

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



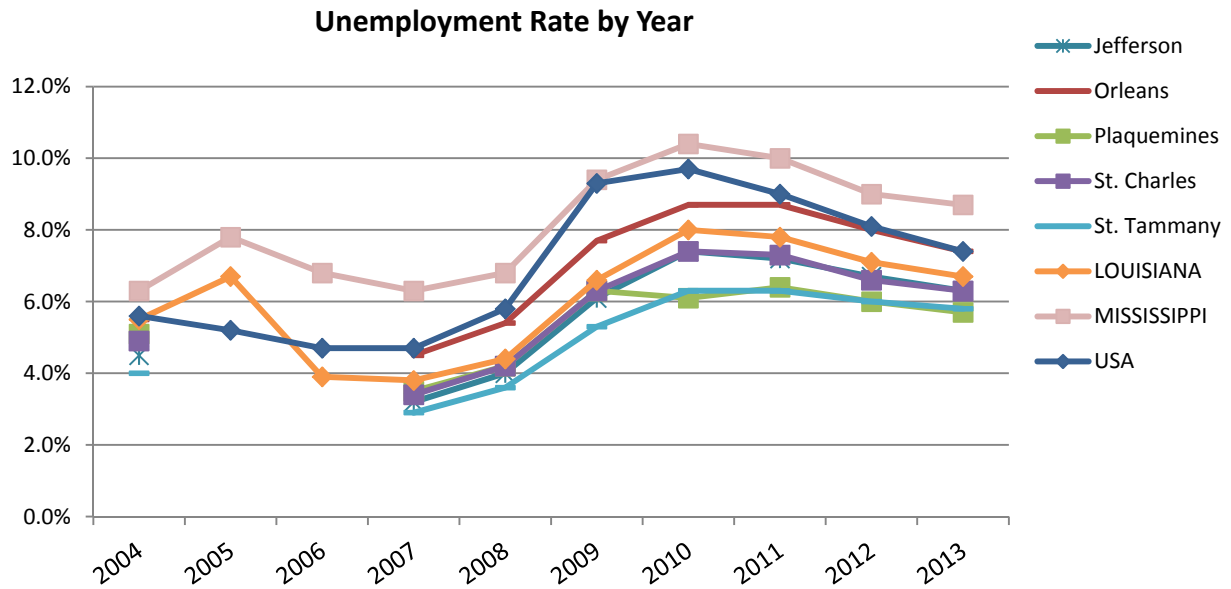
- Plaquemines Parish reports the highest teen birth rate among Non-Hispanic White girls (34.2 per 1,000 pop.).
- Jefferson Parish reports the highest teen birth rate among Non-Hispanic Black girls (61.5 per 1,000 pop.).
- Jefferson Parish also reports the highest teen birth rate among Hispanic/Latino girls (64.4 per 1,000 pop.); the next highest being 59.7 per 1,000 pop. for Orleans Parish.

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

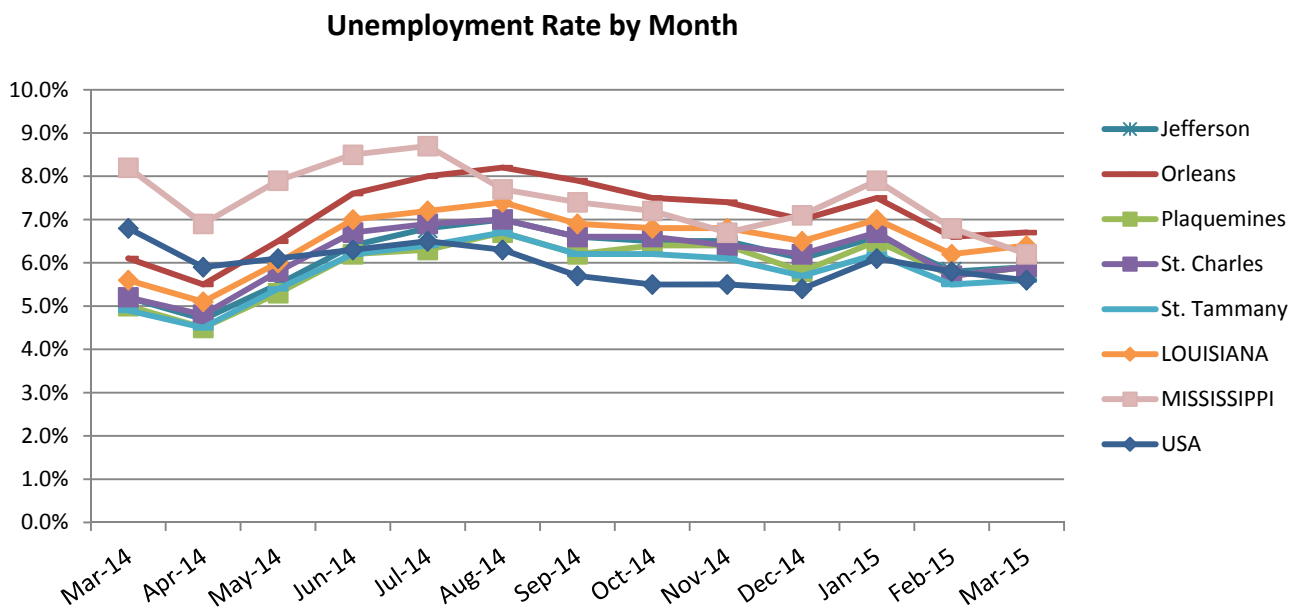


Unemployment Rate

- In 2013; of all of the study are parishes, Orleans Parish reported the highest unemployment rate at 7.4% (LA = 6.7%, MS = 8.7%, USA = 7.4%).



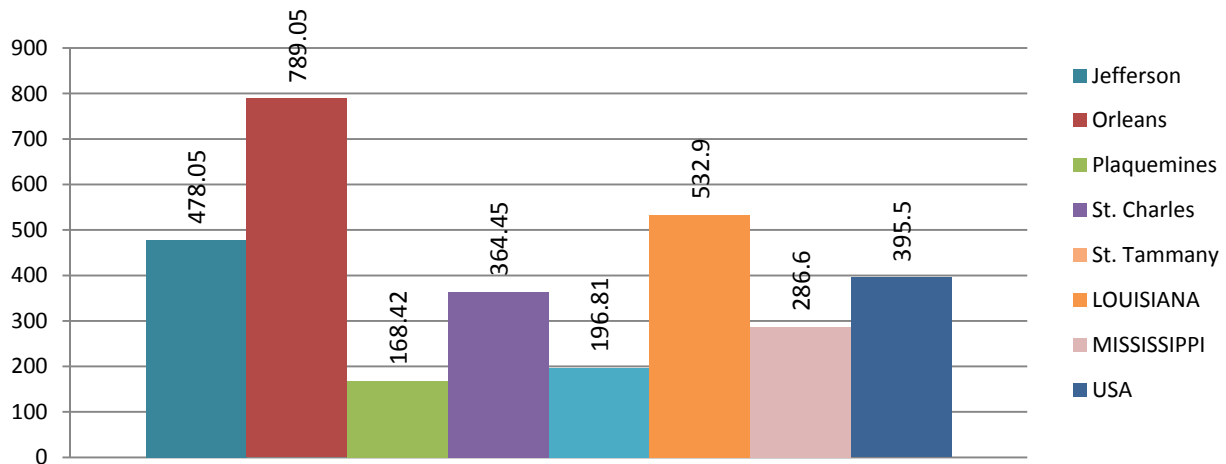
- For the most current reported data (March-15), Orleans Parish also reports the highest unemployment rate at 6.7% (LA = 6.4%, MS = 6.2%, USA = 5.6%).



Violent Crime

- Orleans Parish reports the highest violent crime rate across the Ochsner Medical Ctr. study area at 789.05 per 100,000 population; higher than Louisiana (532.9) and national (395.5) rates.
- Jefferson Parish reports the second highest violent crime rate for the study area at 478.05 per 100,000 pop; while below Louisiana, this rate is still above the nation.

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

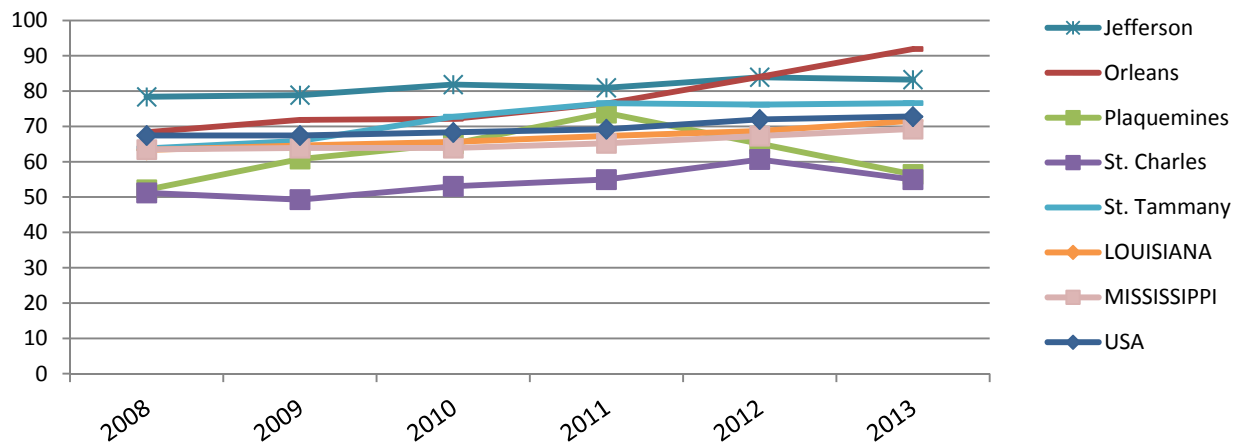


Physical Environment

Fast Food

- In 2013, three of the five parishes in the study area reported higher rates of fast food restaurants per 100,000 population than both Louisiana (71.56) and the nation (72.8); Orleans Parish, highest in the study area, reported 91.91 per 100,000 pop.; Jefferson Parish is next highest at 83.23 per pop.; St. Tammany Parish follows at 76.58 per pop.

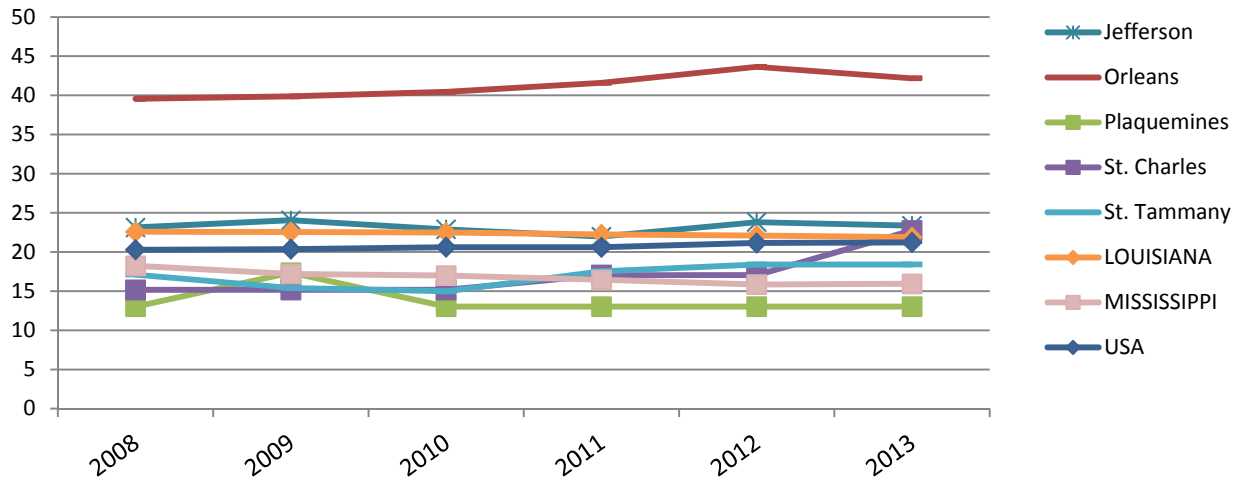
Fast Food Establishments, Rate per 100,000 population



Grocery Stores

- In 2013, Plaquemines Parish reported the lowest rate of grocery stores per population at 13.02 per 100,000 pop.; St. Tammany Parish follows at 18.4 per 100,000 pop.; both are lower than Louisiana (21.88) and national (21.2) norms.

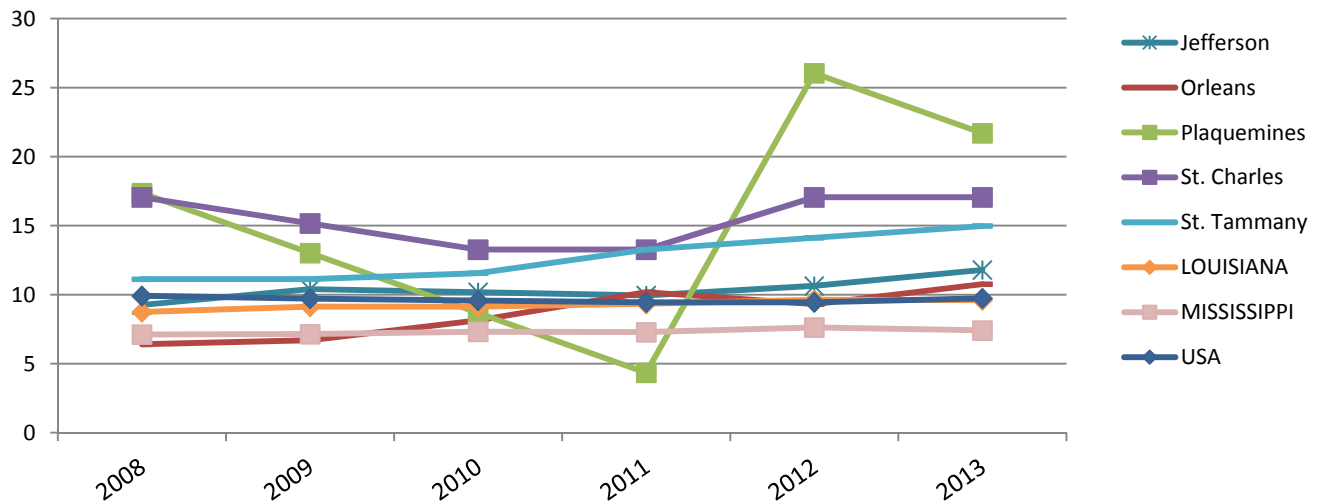
Grocery Store Establishments, Rate per 100,000 population



Recreation and Fitness Facilities

- In 2013, Orleans Parish reported the lowest rate of recreation and fitness facilities per population at 10.76 per 100,000 pop.; Jefferson Parish follows at 11.79 per 100,000 pop.; both are higher than Louisiana (9.6) and national (9.72) norms.

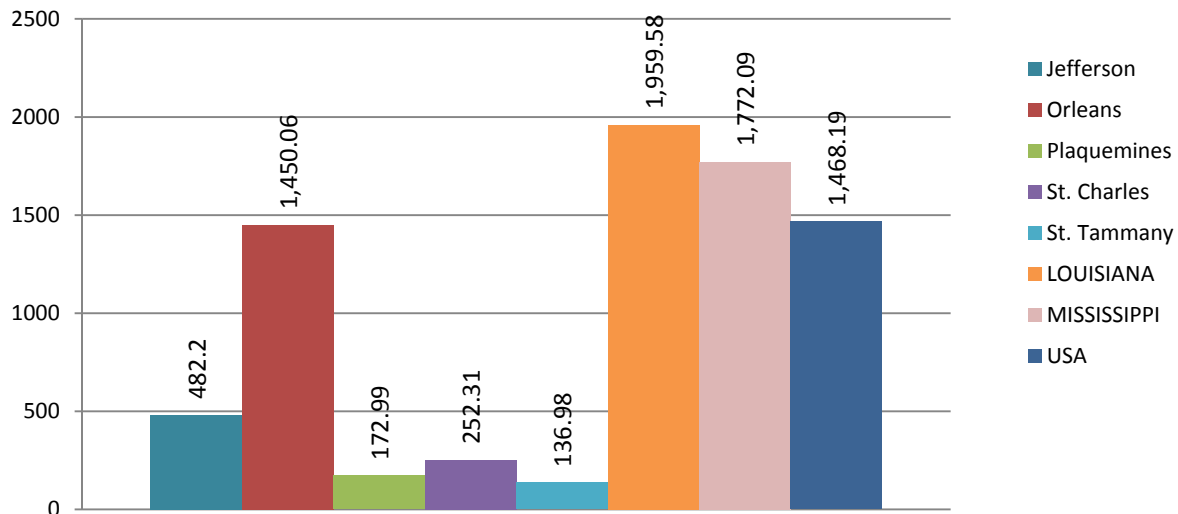
Recreation and Fitness Facility Access, Establishment Rate per 100,000 population



Housing

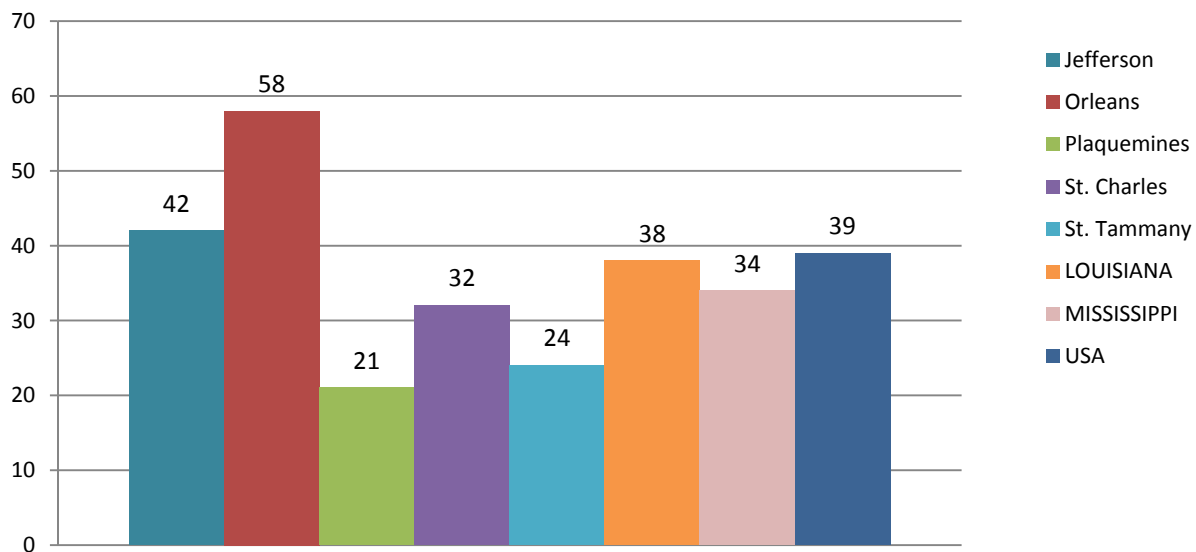
- All of the Ochsner Medical Ctr. study area parishes have lower rates of HUD-Assisted housing units per 10,000 units than Louisiana (1,959.58), Mississippi (1,772.09), and the nation (1,468.19).
- Orleans Parish reports the highest rate for the study area at 1,450.06 per 10,000 units.
- St. Tammany Parish reports the lowest rate of HUD-Assisted housing units at 136.98 per 10,000 units.

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



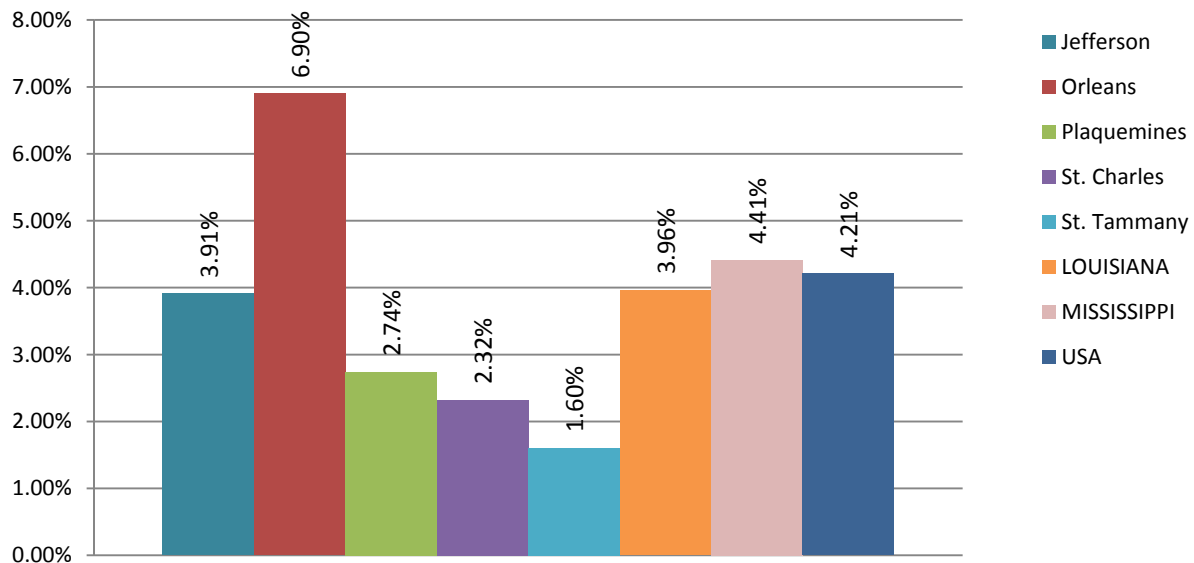
- Housing Unit Age (below) – This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed.
- Orleans Parish has the highest median housing age at 58 years old; older than Louisiana (38) and the national average (39) by at least 20 years.

Housing Unit Age - Years Old, 2013



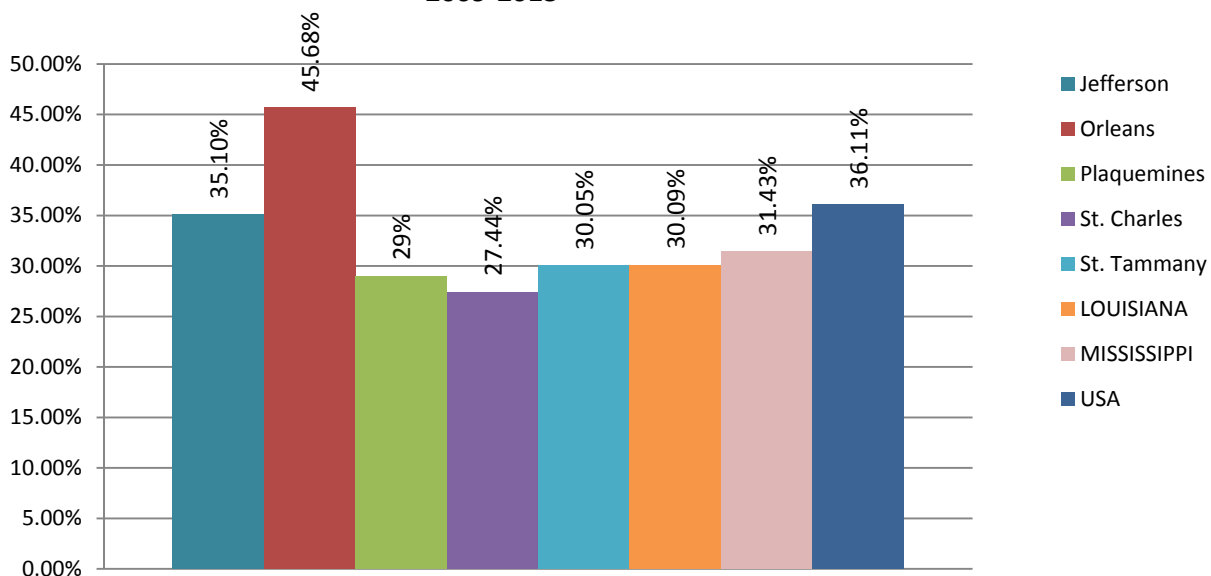
- Orleans Parish reports the highest rate of overcrowded housing at 6.9%; this is higher than state (3.96%) and national (4.21%) norms.

Percentage of Housing Units Overcrowded, 2008-2012



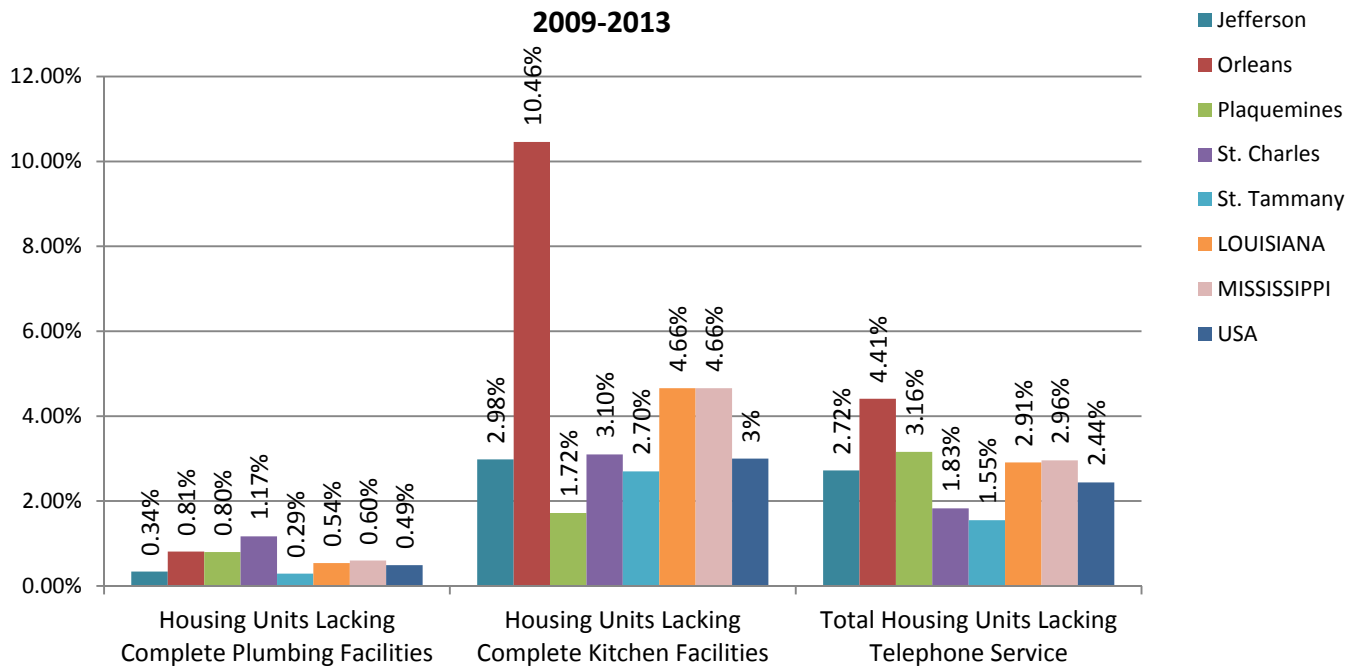
- Orleans Parish reports the highest rate, for the Ochsner Medical Ctr. study area, of housing units with substandard conditions (45.68%). The state rate is 30.09% and the national rate is 36.11%.

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

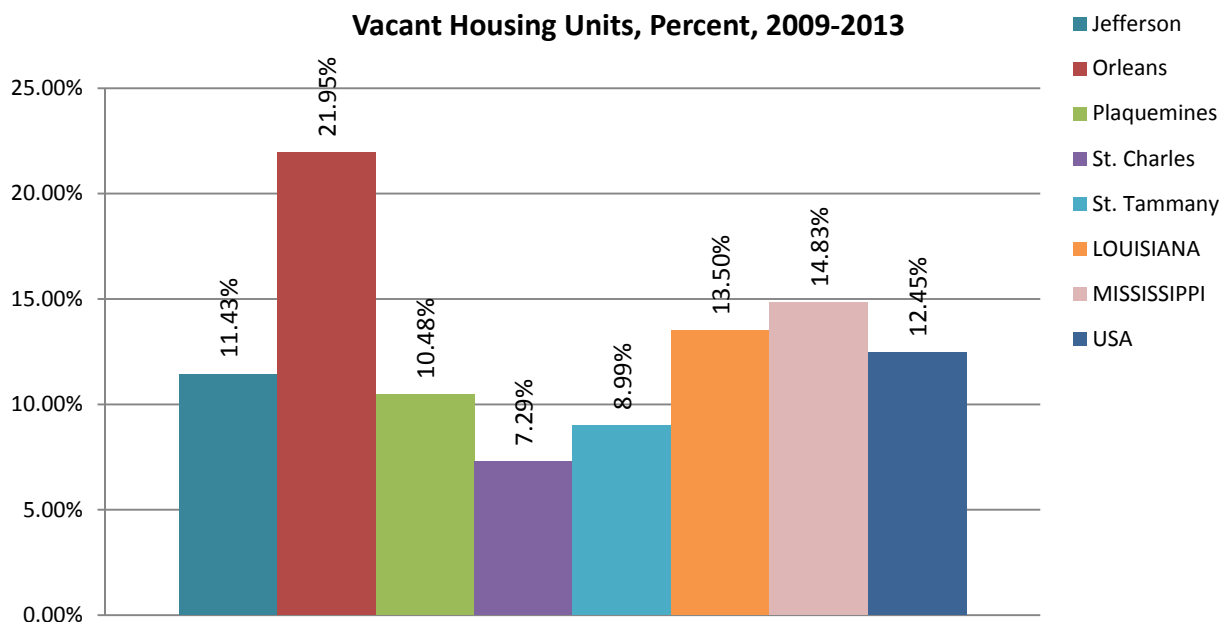


- St. Charles Parish reports the highest rate of housing units lacking complete plumbing facilities at 1.17% (LA = 0.54%, USA = 0.49%).

- Orleans Parish reports the highest rate, by far, of housing units lacking complete kitchen facilities at 10.46% (LA = 4.66%, USA = 3%).
- Orleans Parish also reports the highest rate of housing units lacking telephone facilities at 4.41% (LA = 2.91%, USA = 2.44%).



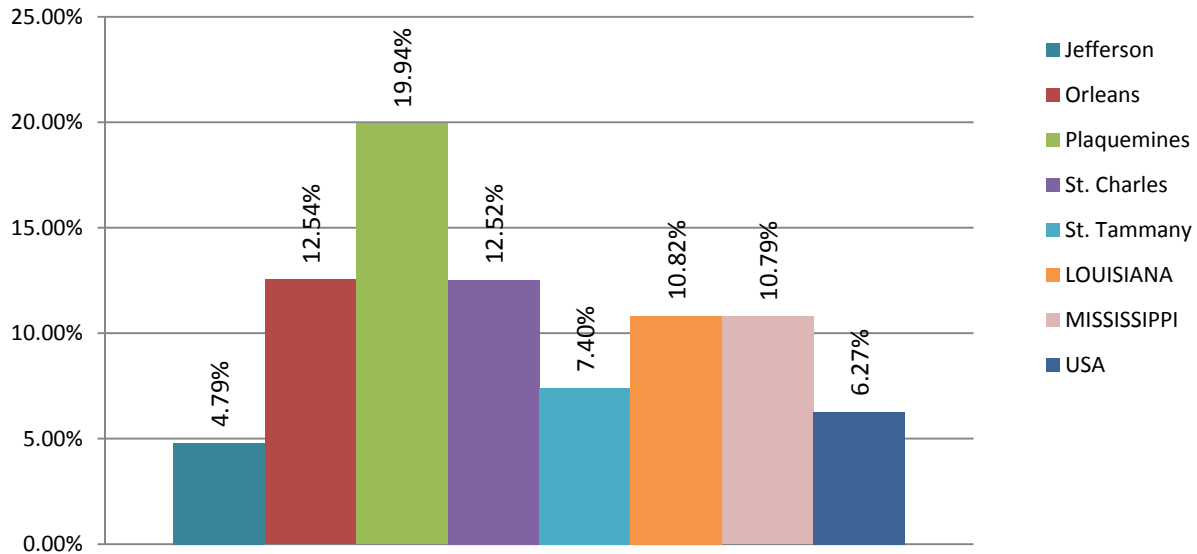
- Orleans Parish reports the highest rate of vacant housing for the Ochsner Medical Ctr. study area at 21.95%; the only parish to report rates higher than Louisiana (13.5%) and national (12.45%) norms.



Low Food Access

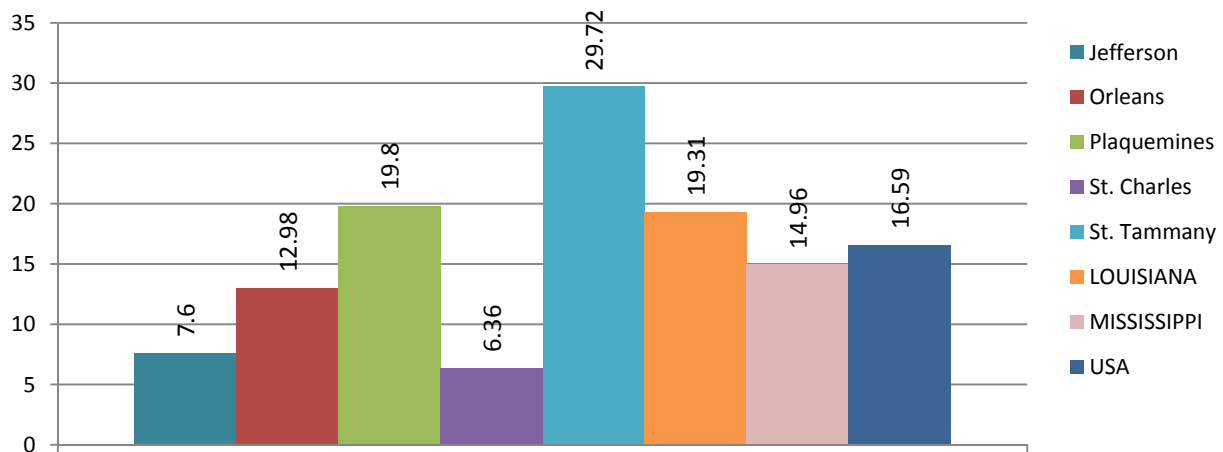
- The low-income population of Plaquemines Parish experiences the highest rate of low food access (19.94%); double and triple the rates seen for the Louisiana (10.82%) and nation (6.27%).

Percent Low Income Population with Low Food Access, 2010



- St. Tammany Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 29.72 compared to 19.31 for the State of Louisiana and a national rate of 16.59.

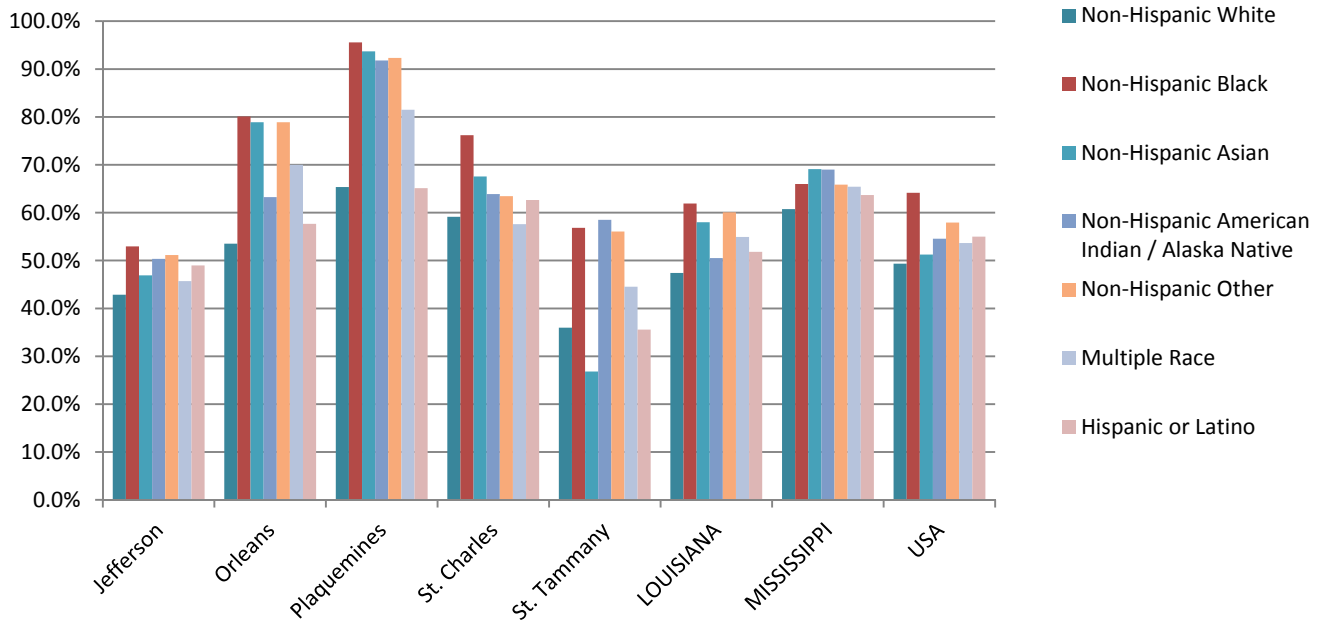
Population with Low or No Healthy Food Access, Racial Disparity Index, 2010



Population with Low or No Healthy Food Access, Racial Disparity Index
(0 = No Disparity; 1 - 15 = Some Disparity; Over 15 = High Disparity)

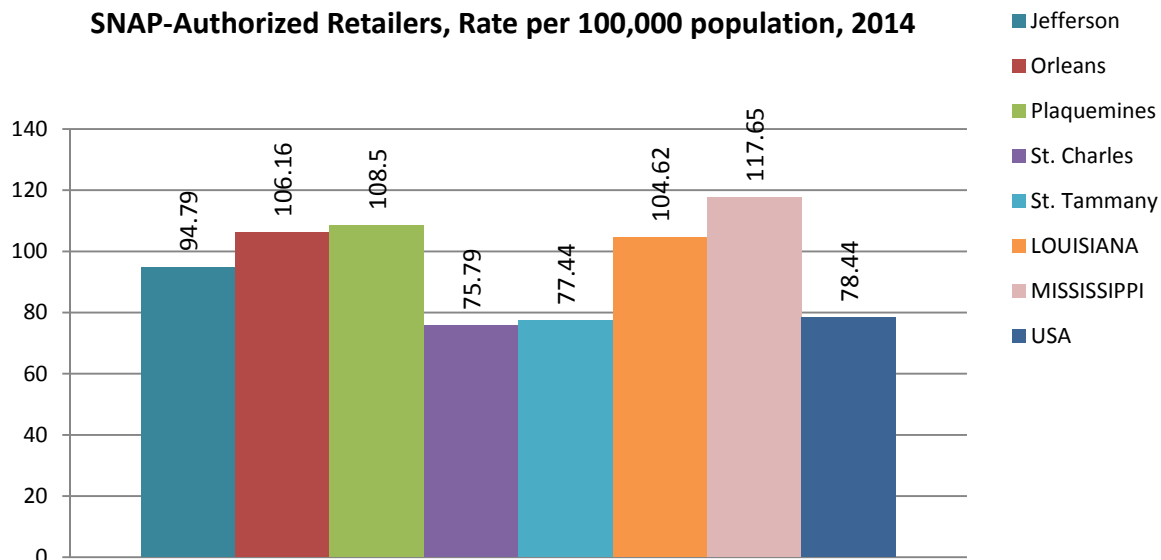
- Plaquemines Parish reports the highest rate of low food access for each population as compared with the Ochsner Medical Ctr. study area parishes, Louisiana and the nation.
 - ✓ Non-Hispanic Black (95.6%); Non-Hispanic Asian (93.7%); Non-Hispanic Other (92.3%); Non-Hispanic American Indian/Alaska Native (91.8%); Multiple Race (81.5%); Non-Hispanic White (65.3%); and Hispanic or Latino (61.5%).

Low Food Access - Race, 2010



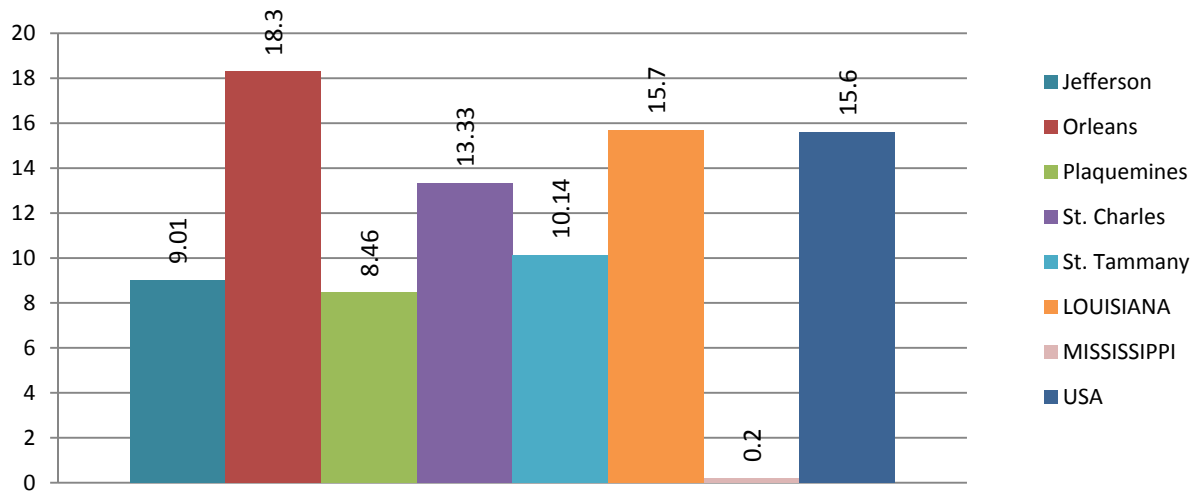
- Plaquemines Parish has the highest rate of SNAP-Authorized retailers for the Ochsner Medical Ctr. study area at 108.5 per 100,000 population.
- St. Charles Parish reports the fewest SNAP-Authorized retailers for the study area at only 75.79 per 100,000 population.

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



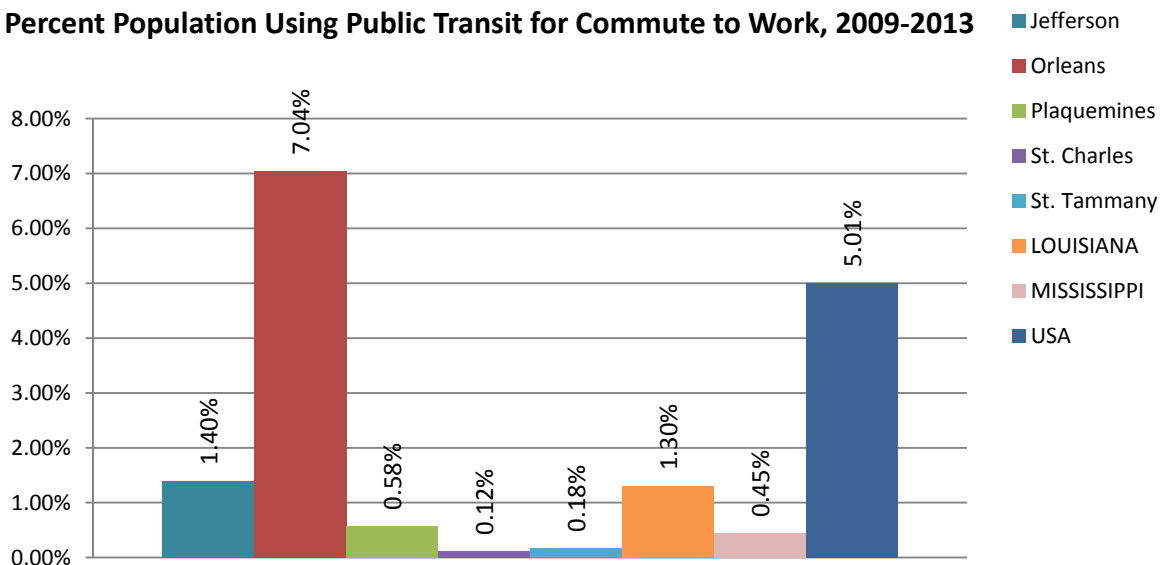
- Orleans Parish has the highest rate of WIC-Authorized retailers for the Ochsner Medical Ctr. study area at 18.3 per 100,000 population.
- Plaquemines Parish reports the fewest WIC-Authorized retailers for the study area with 8.46 per 100,000 population.
- The State of Mississippi has an overall rate of WIC-Authorized retailers of only 0.2 per 100,000 population; the national rate being 15.6 per 100,000 pop.

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



- Orleans Parish reports the highest rate of residents using public transportation to commute to work (7.06%); higher than state (1.30%) and national (5.01%) norms. This can be attributed to the urban nature of Orleans Parish including the City of New Orleans.

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

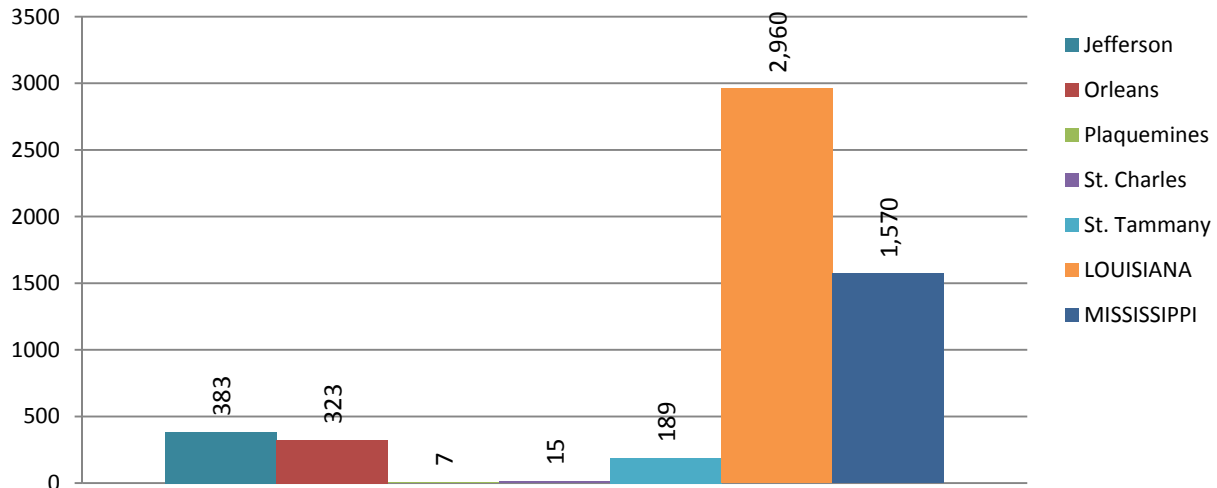


Clinical Care

Primary Care Physicians

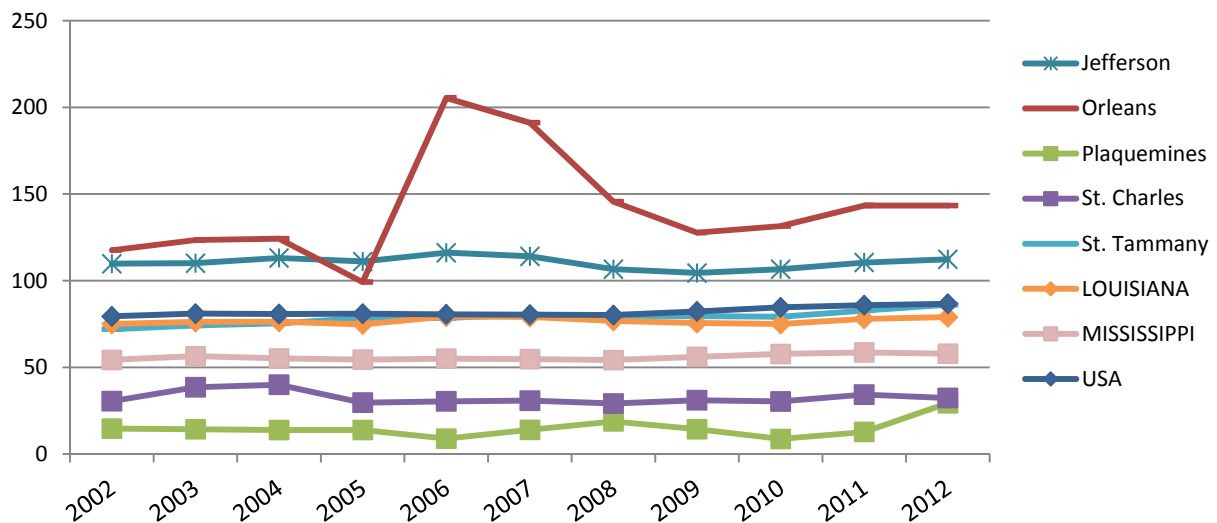
- Jefferson Parish reports the highest number of physicians across the study area parishes at 383.
- Plaquemines Parish reports the fewest physicians with only 7.

Primary Care Physicians, 2012



- Orleans Parish has the highest primary care physician (PCP) rate per 100,000 population at 143.26 in 2012.
- Plaquemines Parish reports the lowest rate of PCPs per 100,000 population at only 29.6 in 2012.

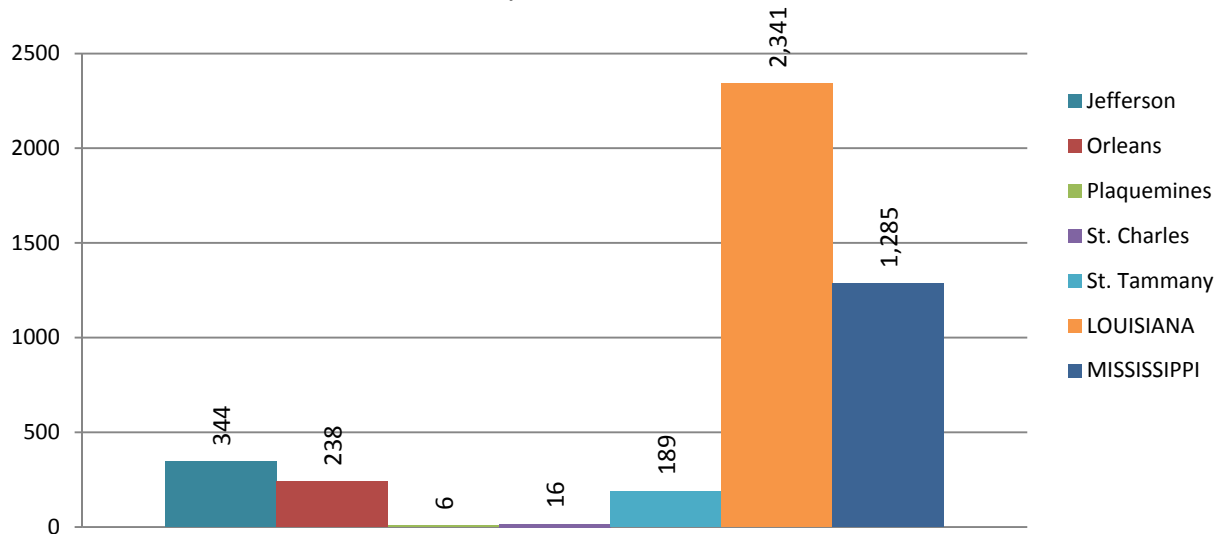
Primary Care Physicians, Rate per 100,000 population



Dentists

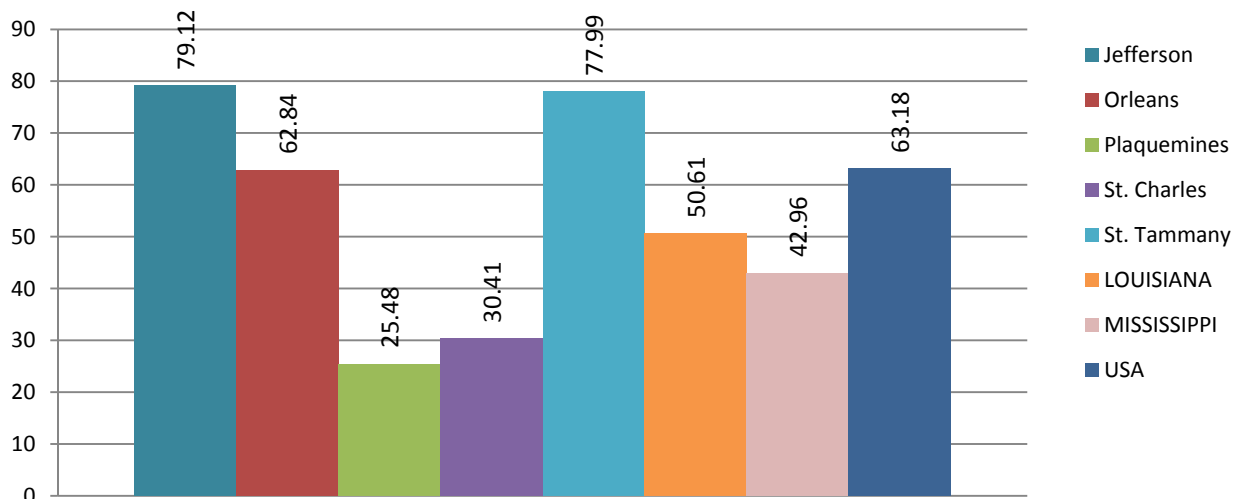
- Jefferson Parish reports the highest number of dentists across the study area parishes/counties at 344.
- Plaquemines Parish reports the fewest dentists with only 6.

Dentists, 2013



- Jefferson Parish has the highest dentist rate per 100,000 population at 79.12 in 2013.
- Plaquemines Parish reports the lowest rate of dentists per 100,000 population for the Ochsner Medical Ctr. study area at only 25.48 in 2013.

Dentists, Rate per 100,000 population, 2013

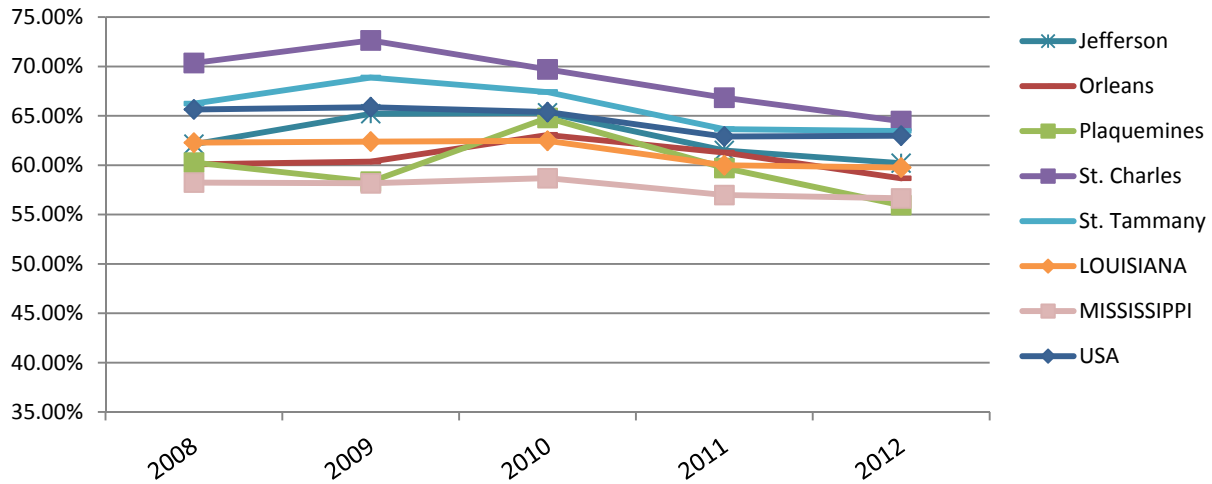


Mammogram – Medicare Enrollees

- St. Charles Parish, as well as a number of other parishes in the Ochsner Medical Ctr. study area, has seen a decline in the rates of women with Medicare receiving a mammogram.

- Plaquemines Parish shows the greatest decline in the rate for women with Medicare receiving a mammogram and the lowest rate at 54.24%; over half of the female Medicare population in Plaquemines did not have a mammogram in the past 2 years.

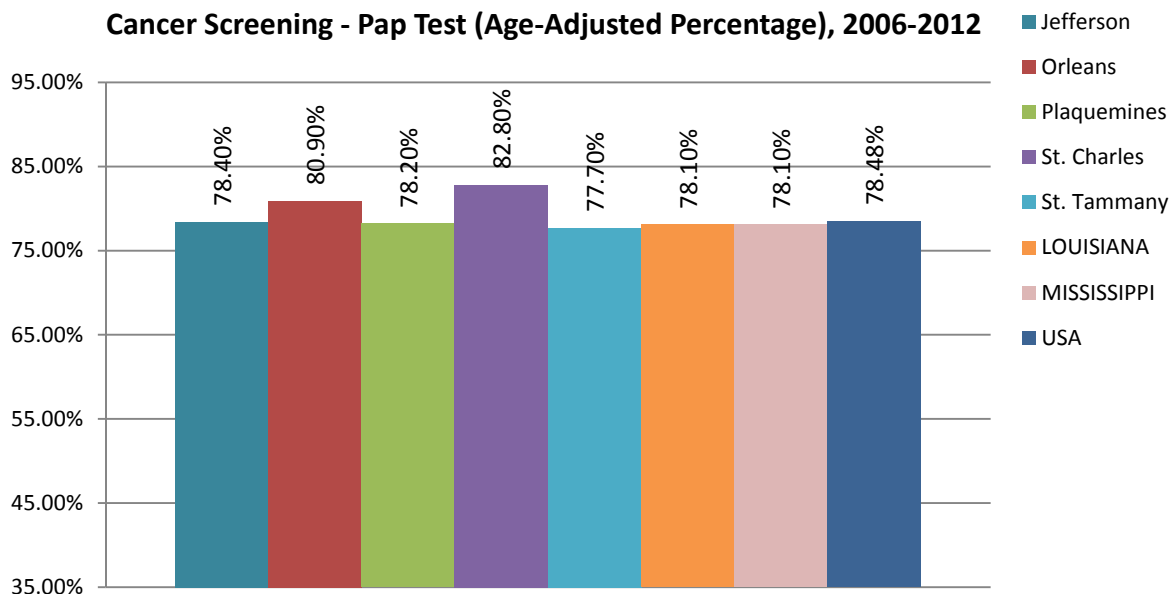
Female Medicare Enrollees with Mammogram in Past 2 years



Cancer Screening – Pap Test

- Both states, Louisiana and Mississippi, report 78.1% of their populations as having received a Pap Test; this rate is slightly lower than the national rate of 78.48%.
- St. Tammany Parish reports the lowest rate of female residents aged 18 and older receiving a Pap Test at 77.70%.

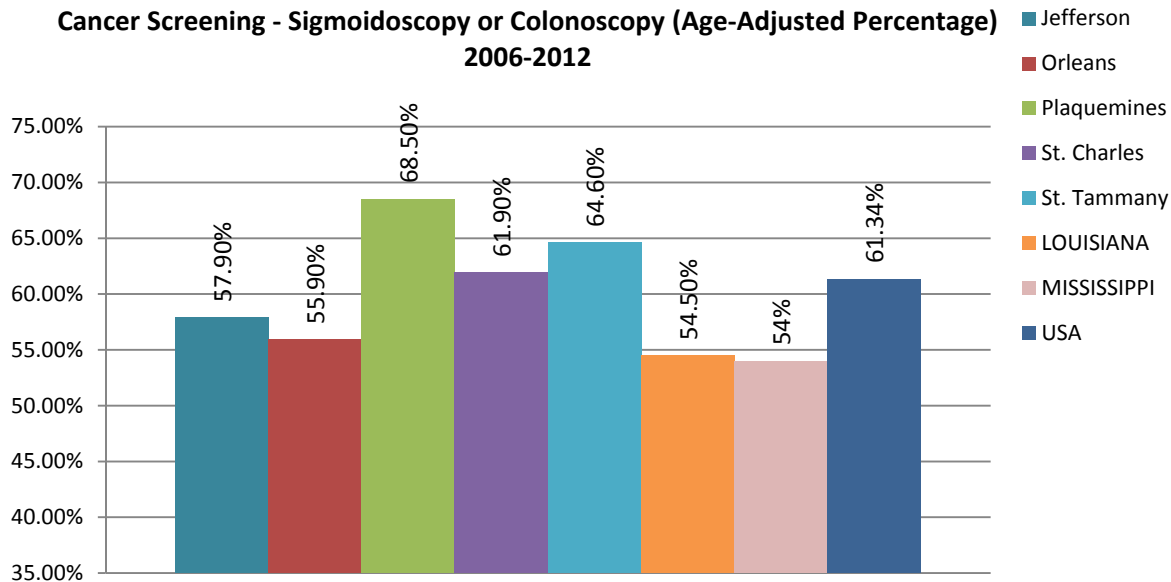
Cancer Screening - Pap Test (Age-Adjusted Percentage), 2006-2012



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% and Mississippi only 54% receive this screening.
- Orleans Parish reports the lowest rate of residents receiving a sigmoidoscopy or colonoscopy at 55.9%; Jefferson Parish is a close second at 57.9% of the population receiving these cancer screening tests.

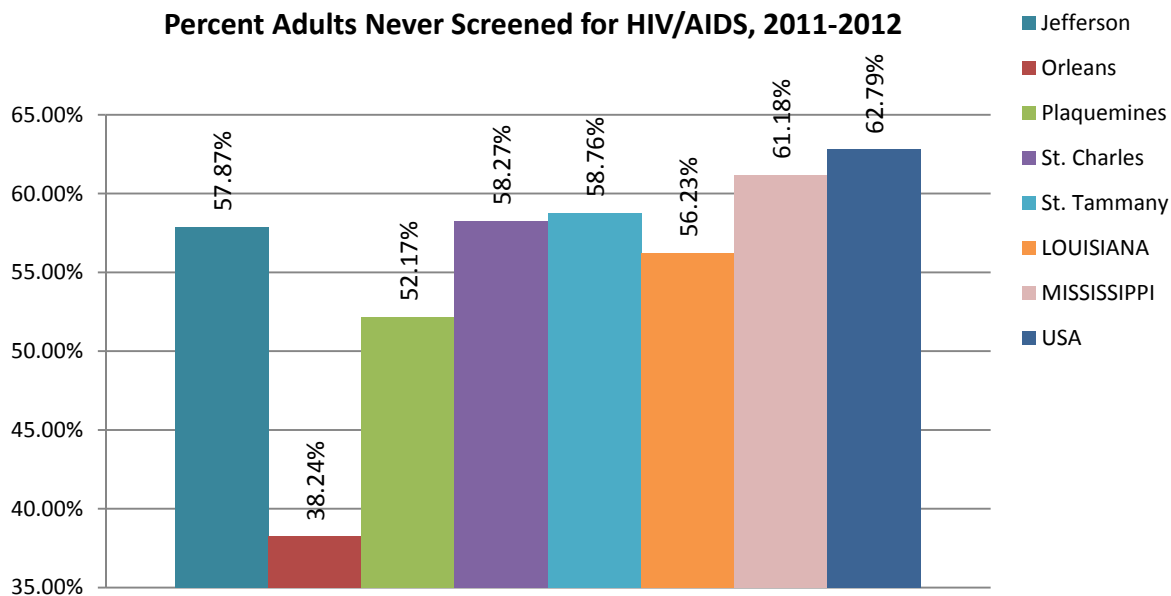
Cancer Screening - Sigmoidoscopy or Colonoscopy (Age-Adjusted Percentage) 2006-2012



HIV/AIDS

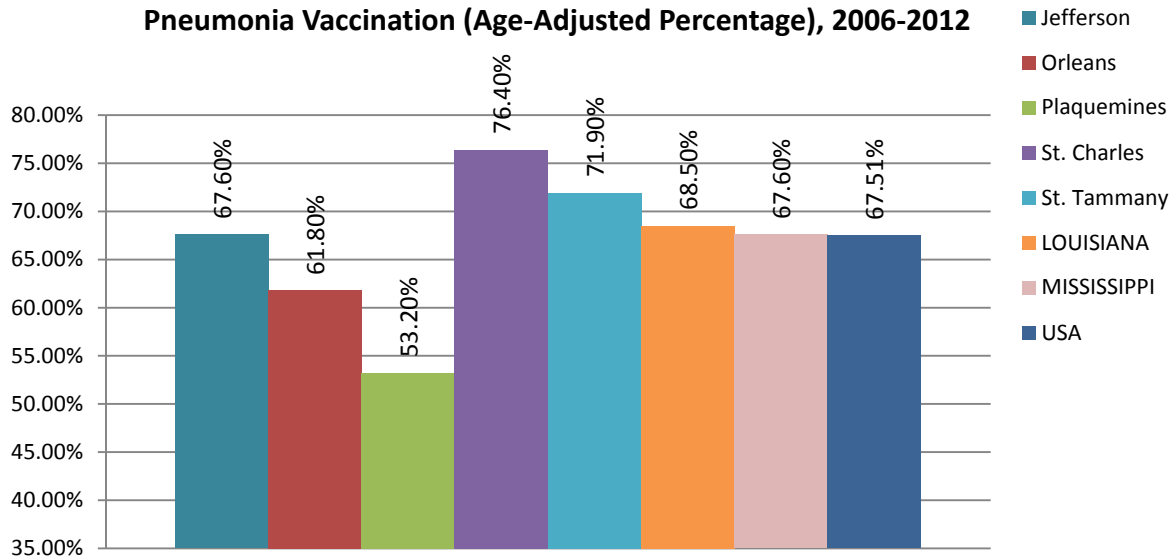
- The national rate of the population having been tested for HIV/AIDS is 62.79%; in Louisiana only 56.23% have been tested, for Mississippi 61.18% have been tested.
- Orleans Parish reports the lowest rate of residents having been tested for HIV/AIDS across the Ochsner Medical Ctr. study area at only 38.24%.

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



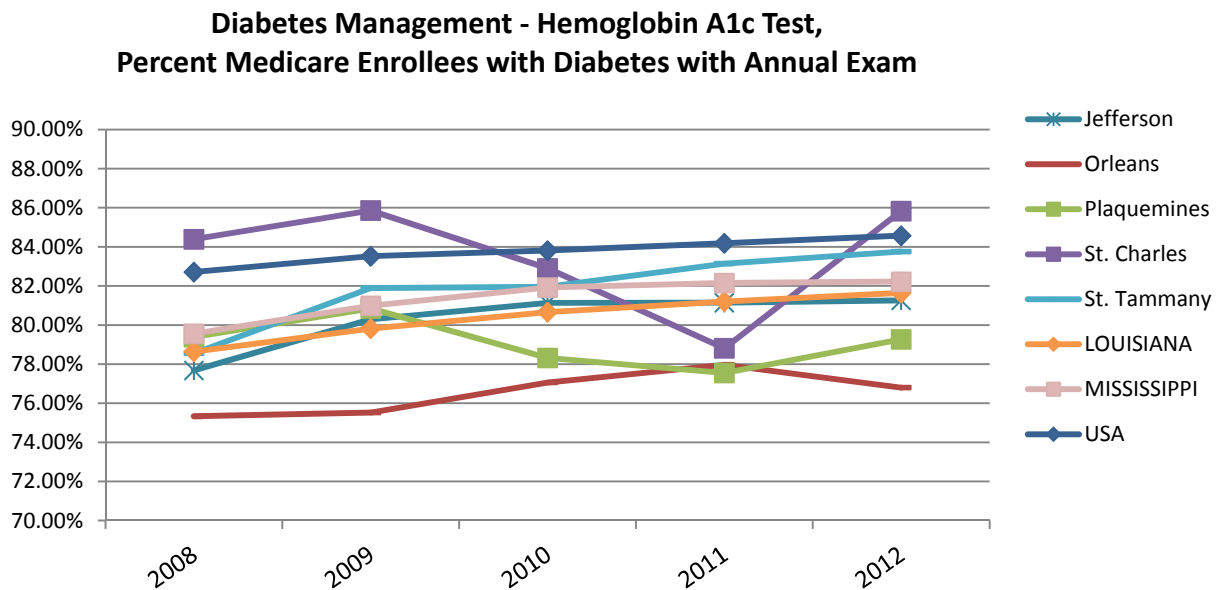
Pneumonia Vaccine

- Three of the five study area parishes report higher rates than the national rate (67.51%) for residents receiving the pneumonia vaccination: St. Charles Parish (76.4%); St. Tammany Parish (71.9%); and Jefferson Parish (67.6%).
- Plaquemines Parish reports the lowest rate of residents not receiving the pneumonia vaccination at 53.20%. Orleans Parish (61.8%) also reports below national norms.



Diabetes Screening

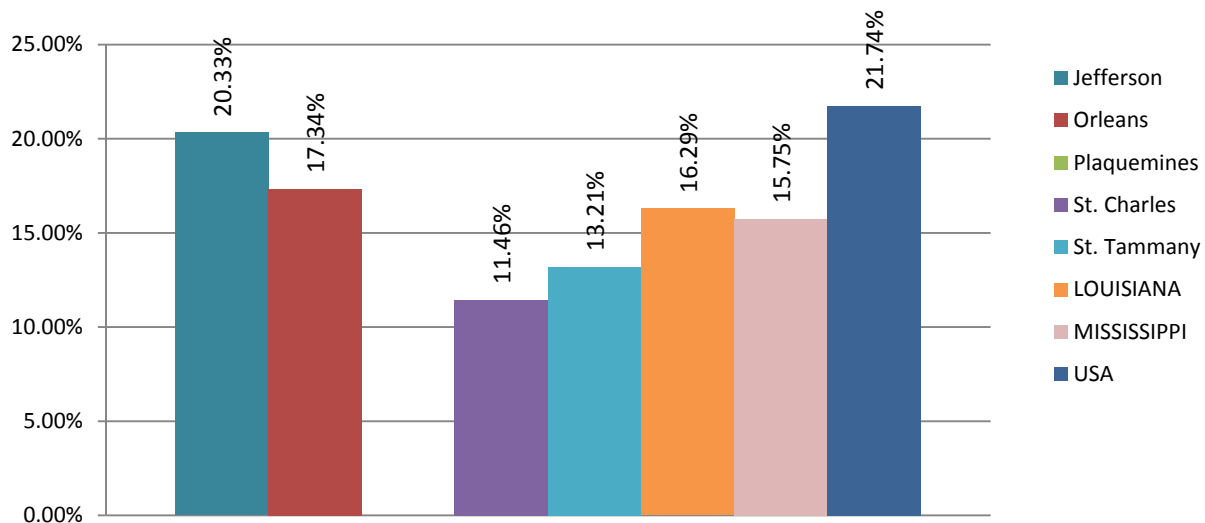
- The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. St. Charles Parish, at 85.83%, is the only parish in the Ochsner Medical Ctr. study area to report a rate higher than the nation. The other four parishes all report lower rates; with the lowest being 76.8% for Orleans Parish.



High Blood Pressure

- All of the parishes/counties in the Ochsner Medical Ctr. 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%.

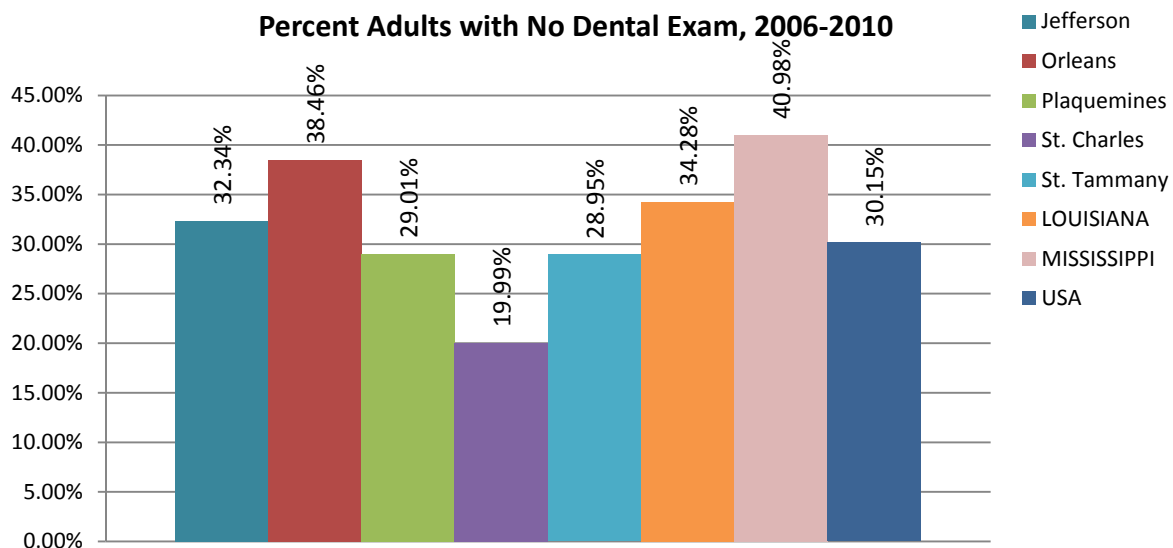
High Blood Pressure, Percent Adults Not Taking Medication, 2006-2010



Dental Exam

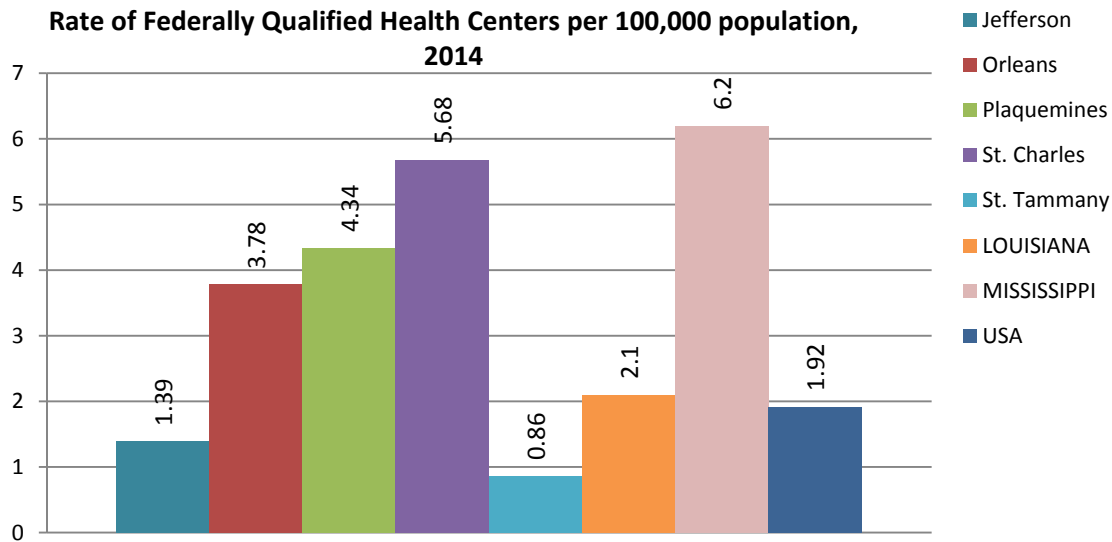
- The State of Mississippi reports some of the highest rates of adults who have not had a dental exam for the Ochsner Medical Ctr. study area at 40.98%; the national rate is 30.15%.
- Orleans Parish reports 38.46% of its adult population has not had a dental exam; the highest of the study area parishes. Jefferson Parish, at 32.34%, is next highest and still above the national rate.

Percent Adults with No Dental Exam, 2006-2010



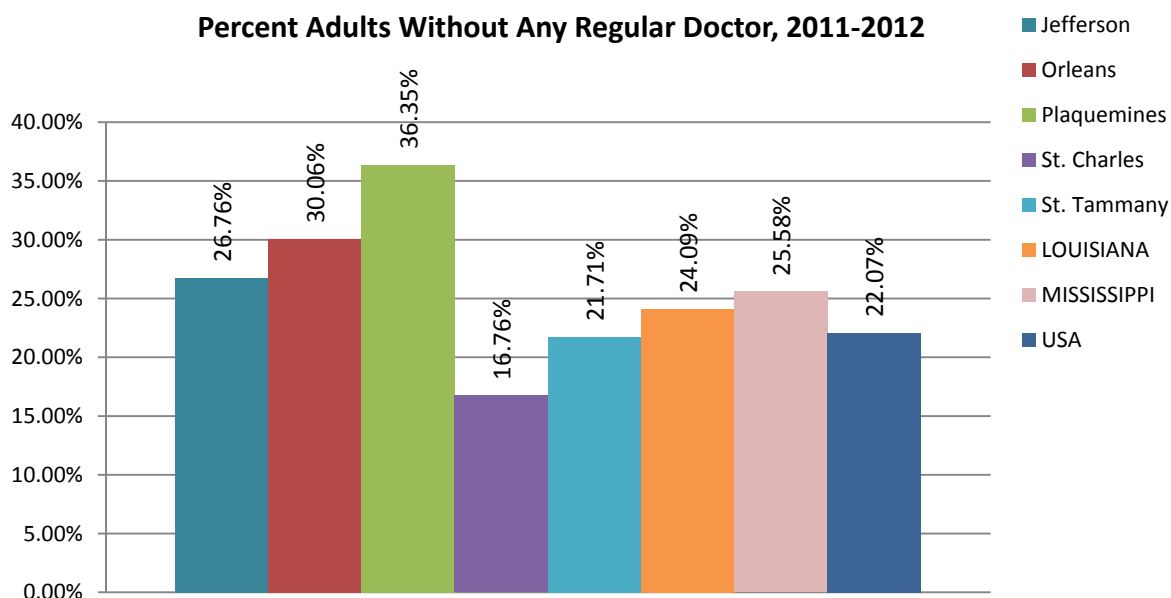
Federally Qualified Health Centers (FQHCs)

- Mississippi has a very high rate of federally qualified health centers per 100,000 population at 6.2 (more than three times the national rate of 1.92).
- St. Charles Parish reports the highest rate of FQHCs per population in LA at 5.68 per 100,000.
- St. Tammany Parish reports the least FQHCs at 0.86 per 100,000 population; Jefferson Parish follows with 1.39 FQHCs per 100,000 population.



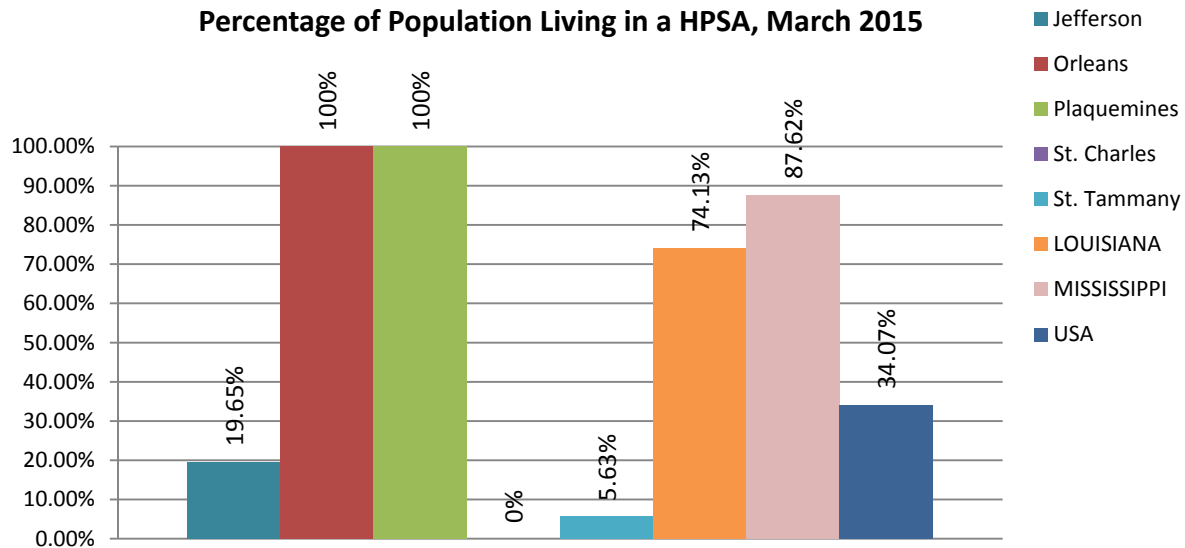
Regular Doctor

- 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% and in Mississippi it is 25.58%.
- Plaquemines Parish reports the highest rate of residents who do not have a regular doctor at 36.35%.



Population Living in an HPSA (Health Professional Shortage Area)

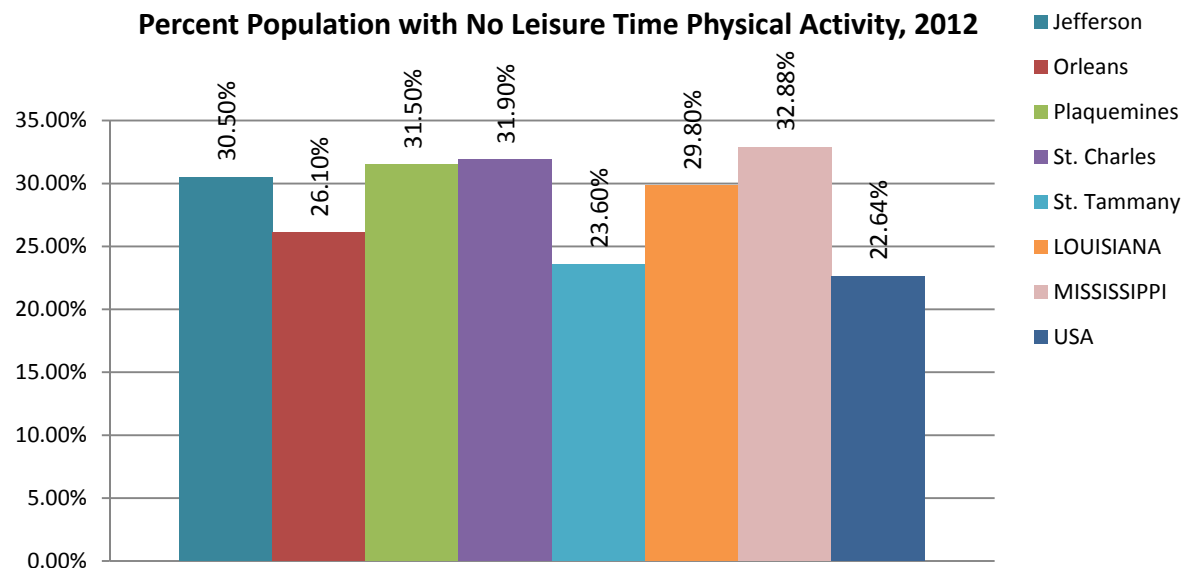
- The parishes of Orleans and Plaquemines are all health care professional shortage areas (HPSA) designated parishes; therefore 100% of their populations live in an HPSA designated area.



Health Behaviors

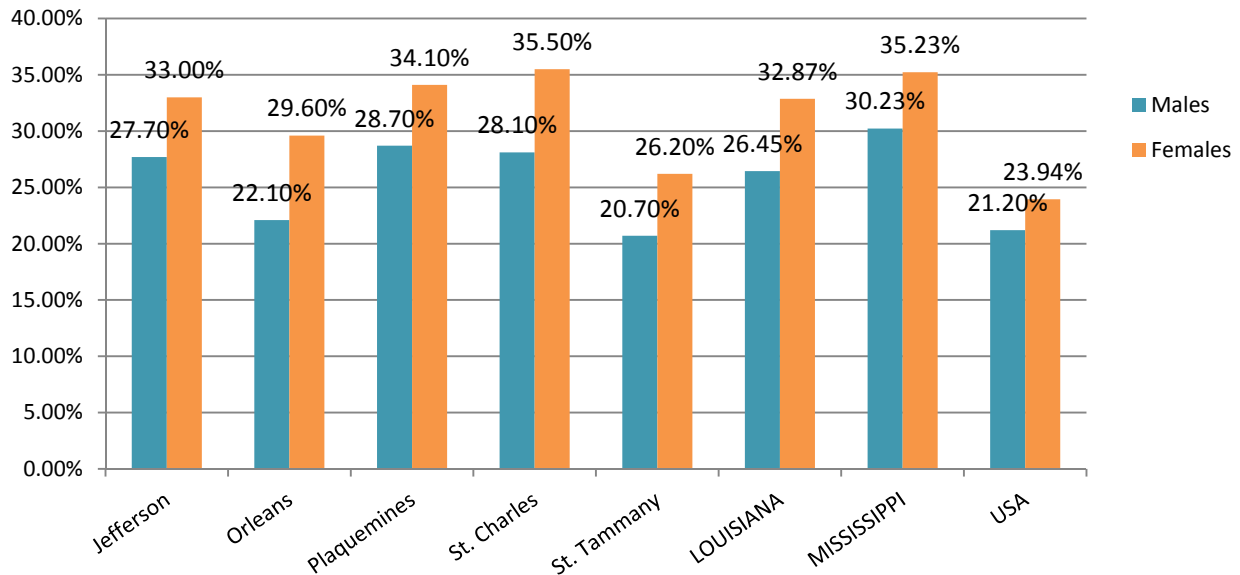
Leisure Time Physical Activity

- St. Charles Parish reports the highest rate of population with no leisure time activity (31.9%) for the Ochsner Medical Ctr. study area; higher than Louisiana (29.8%) and national (22.64%) norms.
- All of the parishes of the Ochsner Medical Ctr. study area report higher rates than the national norms for population who do not partake in leisure time physical activity.



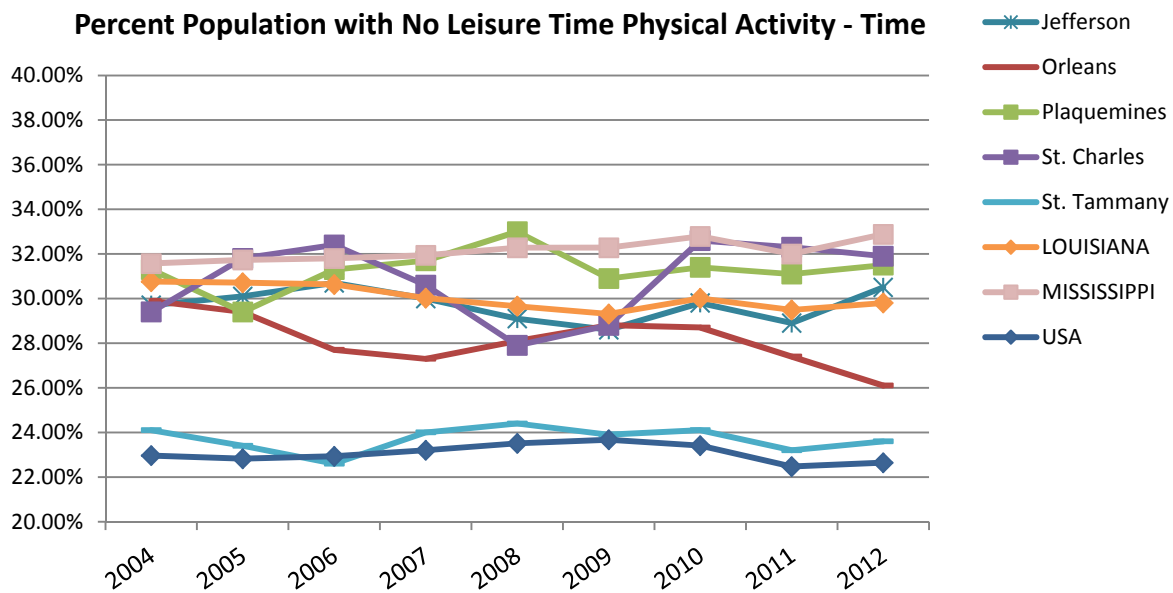
- Men consistently report lower rates of not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.

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



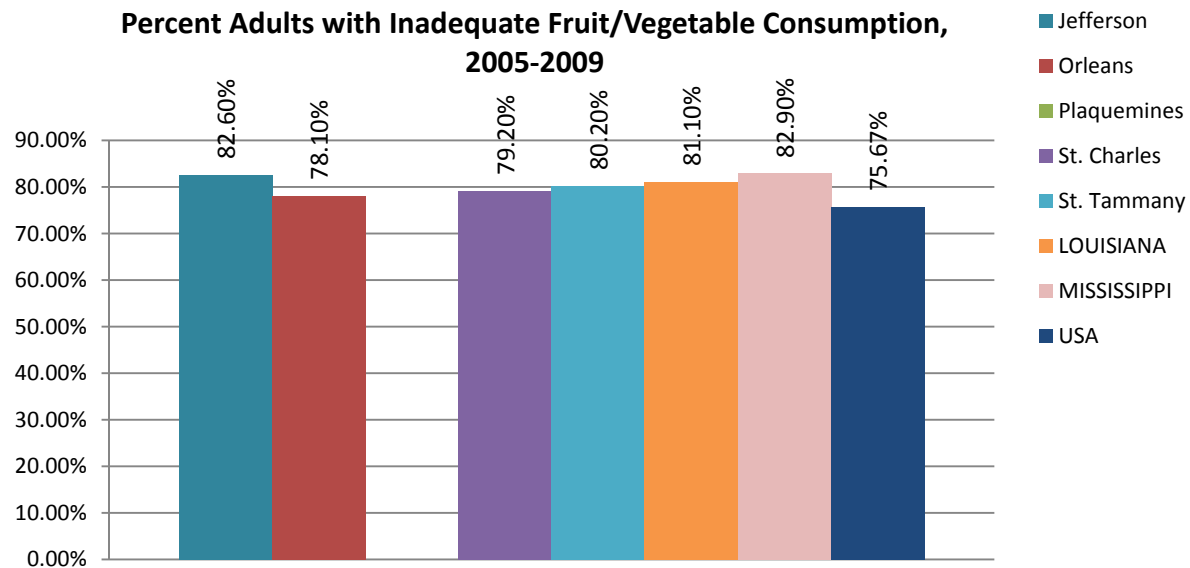
- St. Charles Parish shows the highest rate of population not partaking in leisure time physical activity at 31.90% for the Ochsner Medical Ctr. study area; rising from an all time low of 27.9% in 2008.

Percent Population with No Leisure Time Physical Activity - Time



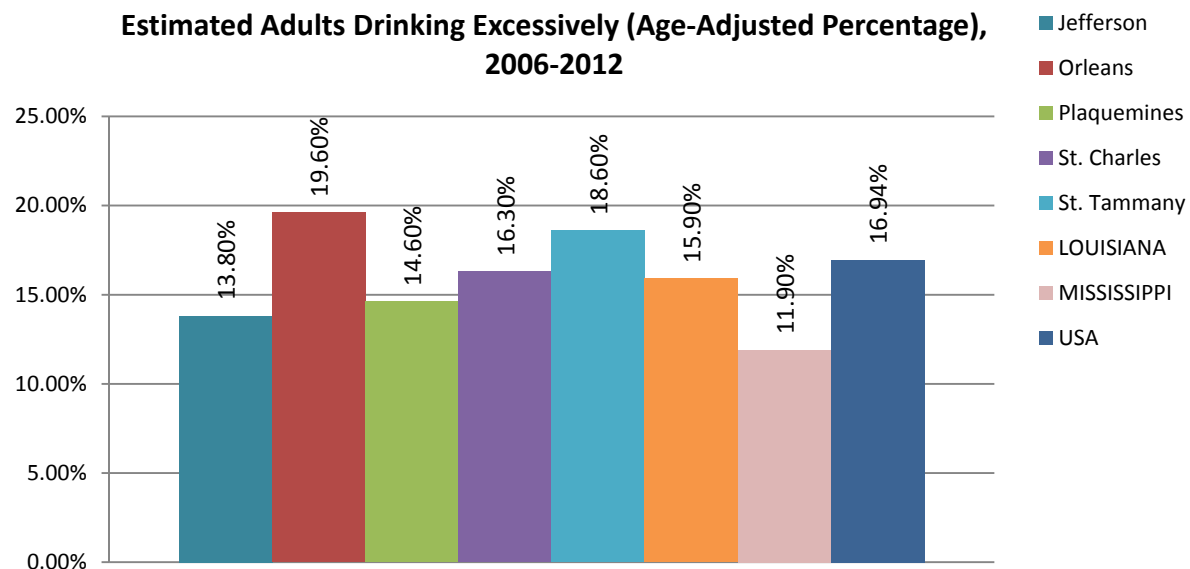
Fruit/Vegetable Consumption

- All of the parishes in the Ochsner Medical Ctr. study area report higher rates than the national rate (75.6%) for adults not eating enough fruits and vegetables.



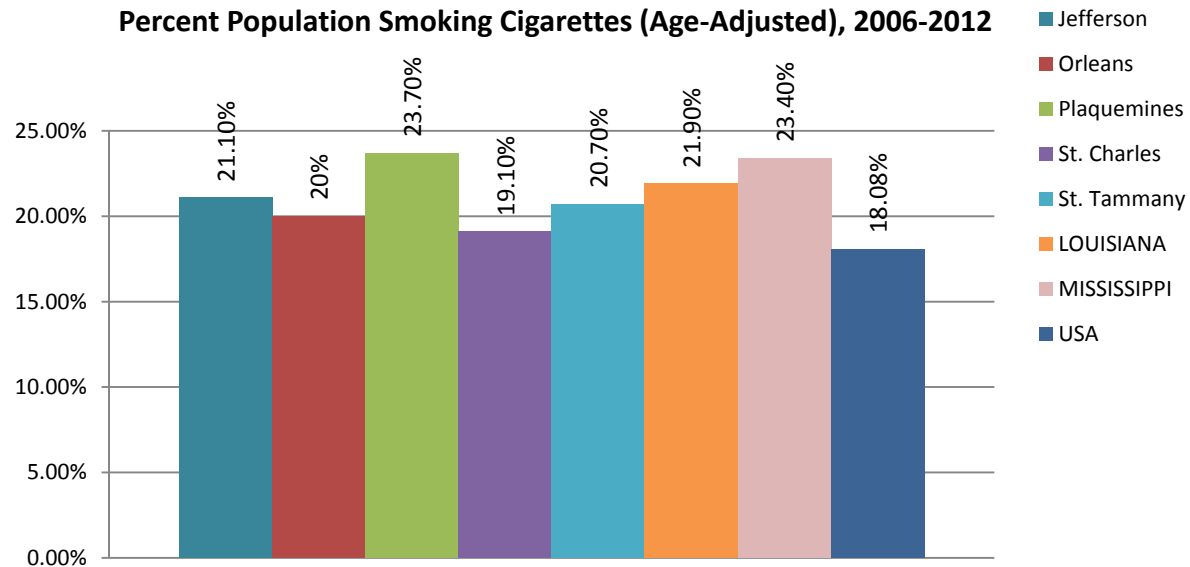
Excessive Drinking

- The national rate of adults drinking excessively is 16.94%; two of the five parishes in the Ochsner Medical Ctr. study area report higher rates of adults drinking excessively.
- Orleans Parish reports the highest rate, for the Ochsner Medical Ctr. study area, of adults drinking excessively at 19.6%.

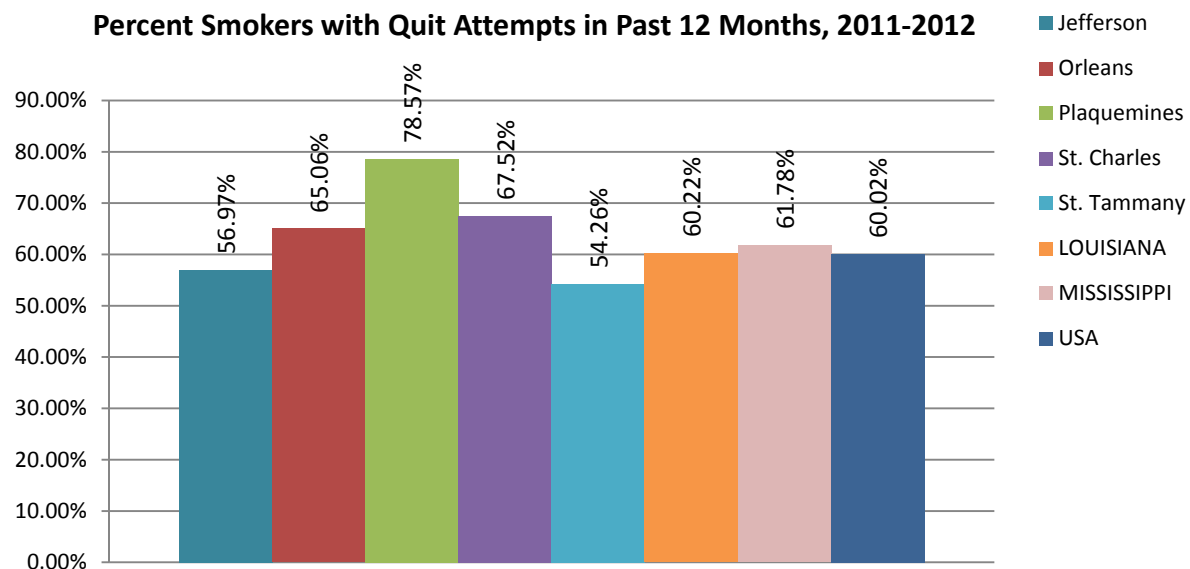


Smoking

- Plaquemines Parish reports the highest rate of adults smoking cigarettes across the Ochsner Medical Ctr. study area with 23.7% of the population smoking. The State of Mississippi reports a higher rate of smoking (23.4%) than Louisiana (21.9%).

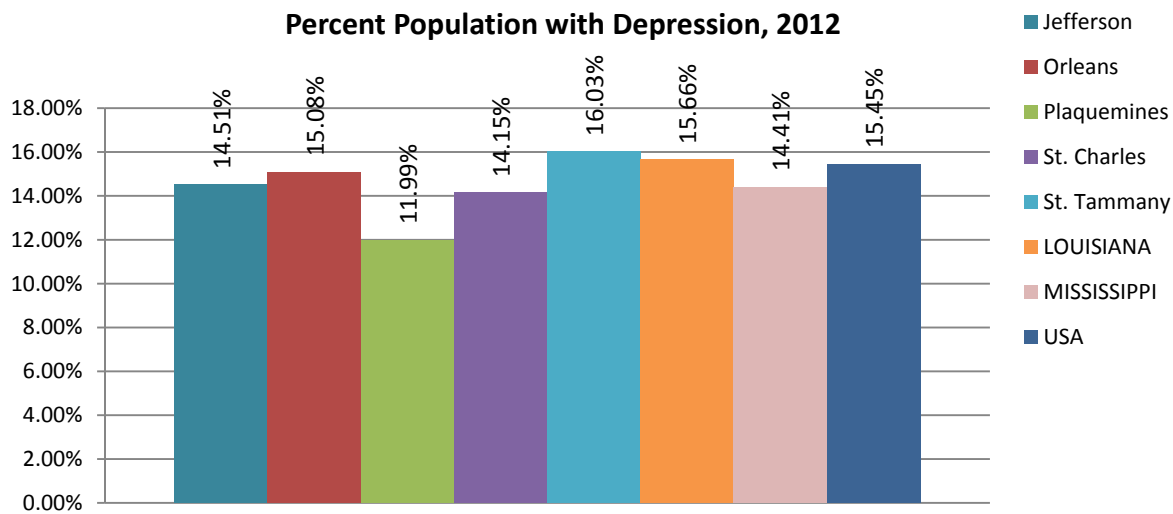


- Plaquemines Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 78.57%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.



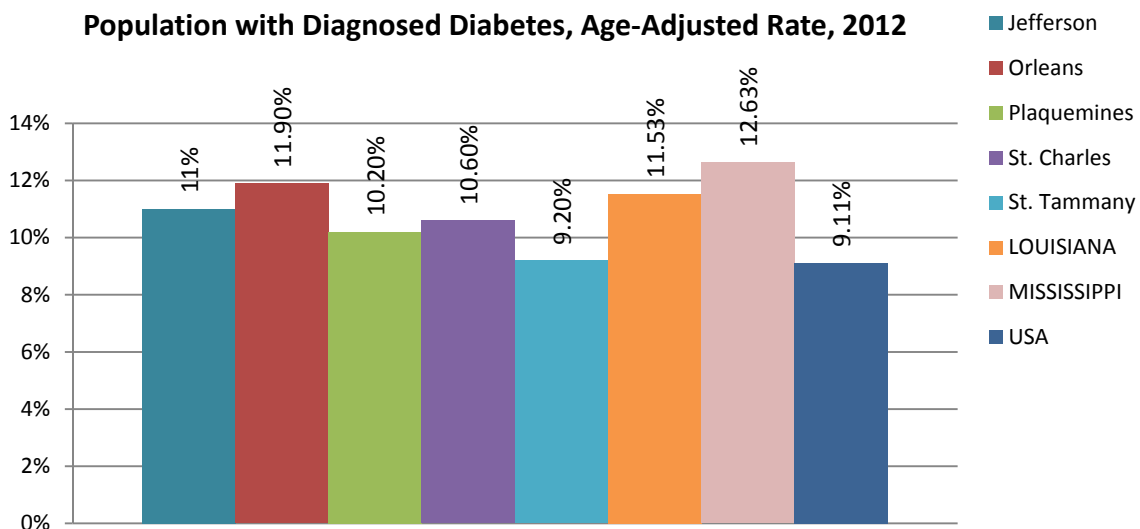
Depression

- The State of Louisiana reports a higher rate of residents with depression (15.66%) than Mississippi (14.41%) and the country (15.45%).
- St. Tammany Parish, at 16.03%, is the only parish in the Ochsner Medical Ctr. study area to report a higher rate of depression than the national rate.
- Plaquemines Parish reports the lowest rate of residents with depression within the Ochsner Medical Ctr. study area at 11.99%.



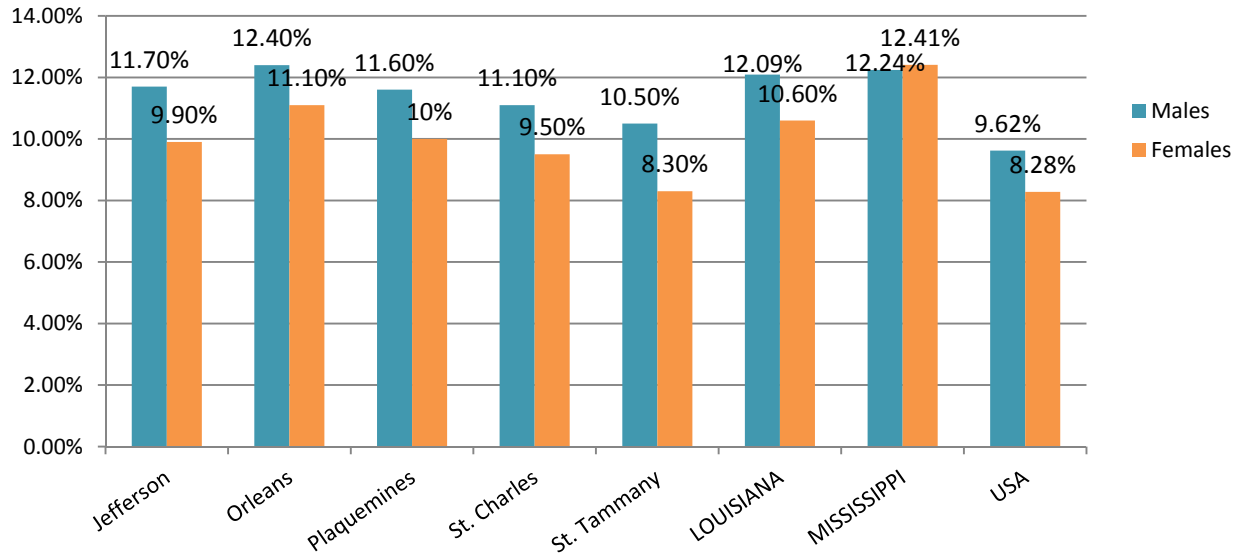
Diagnosed Diabetes

- Orleans Parish reports the highest rate of residents with diagnosed diabetes (11.9%).
- All of the study area parishes, as well as the overall state rates for Louisiana and Mississippi, are higher than national rates for population being diagnosed with diabetes.



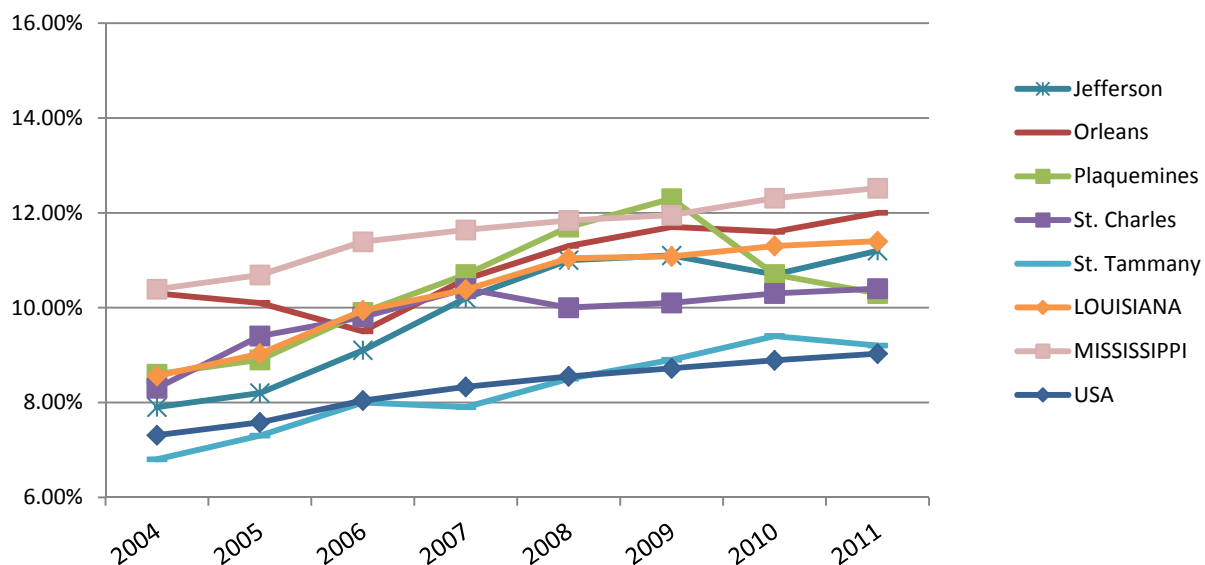
- Men have higher rates of being diagnosed with diabetes than women for the Ochsner Medical Ctr. study area.
- 12.4% of the Orleans Parish male population reports being diagnosed with diabetes.

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

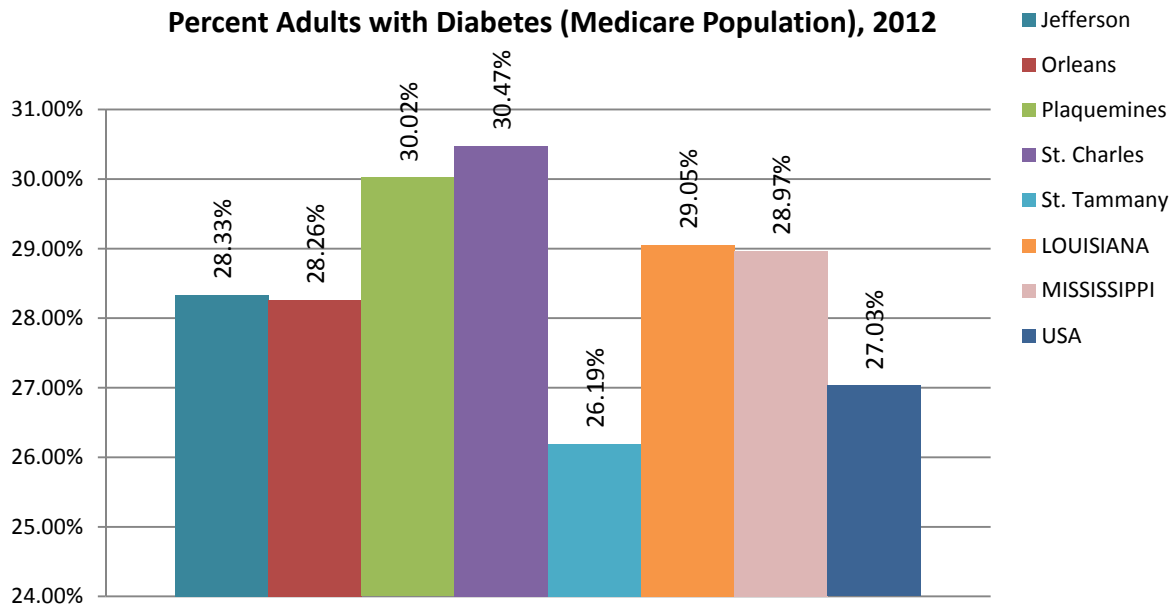


- The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for most of the Ochsner Medical Ctr. study area parishes.
- Despite a few instances of marked declines over the course of the data collection period, all of the parishes in the Ochsner Medical Ctr. study area have higher rates of diagnosed diabetes in 2011 than in 2004.
- Orleans Parish reports the highest rate of diagnosed diabetes, in the Ochsner Medical Ctr. study area, at 12%.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Time

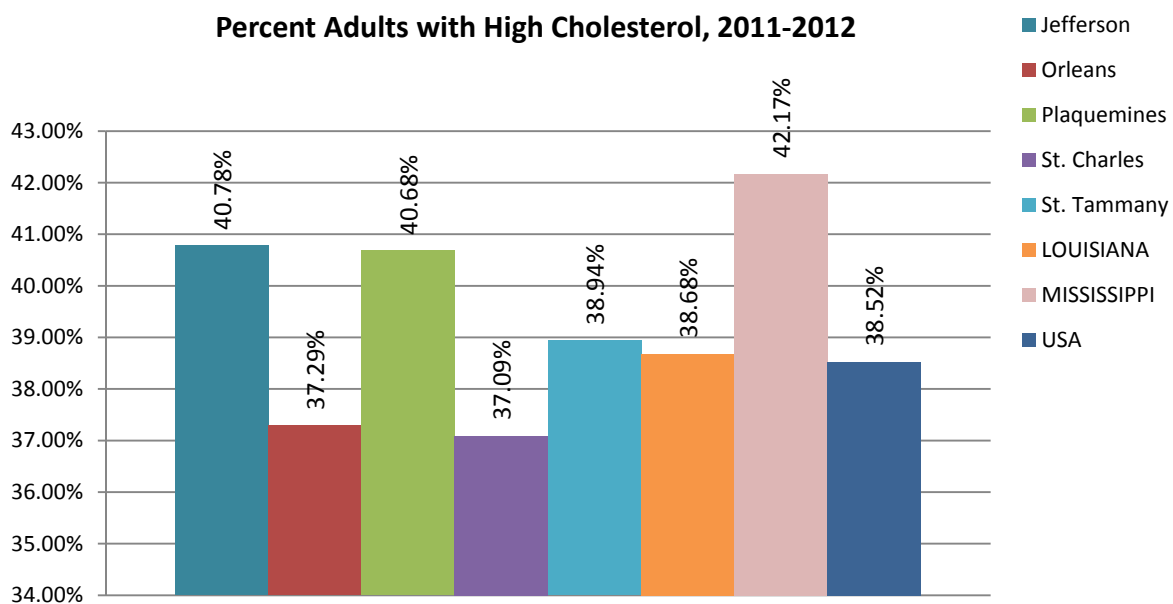


- Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of diagnosed diabetes at 30.47%; the national rate being 27.03%.

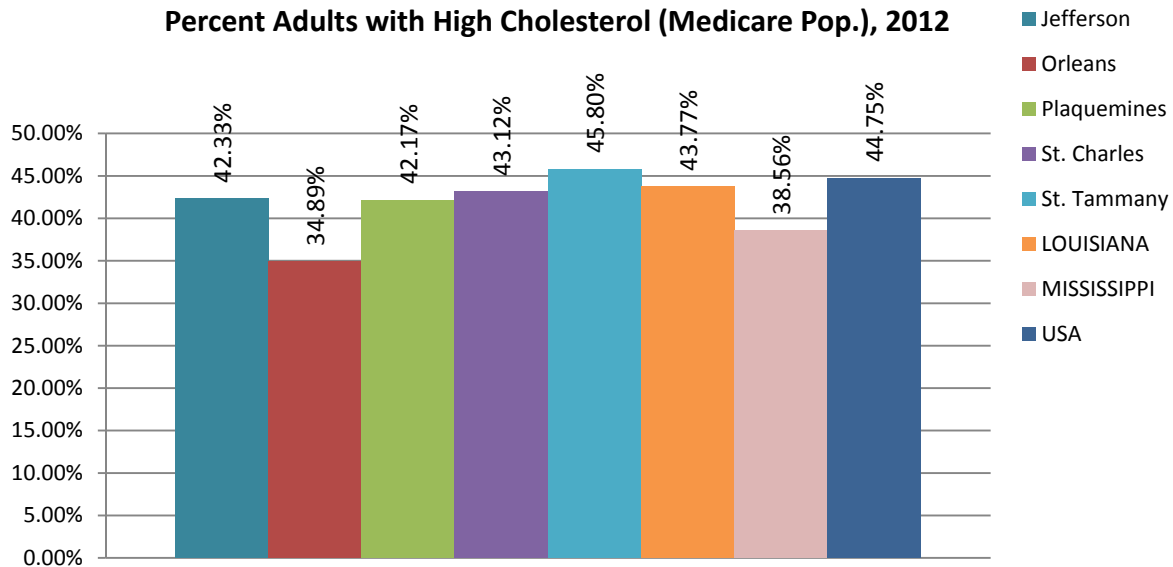


High Cholesterol

- The State of Mississippi reports the highest rate of adults with high cholesterol as compared with Louisiana and the nation (MS = 42.17%, LA = 38.68%, USA = 38.52%).
- Of the five parishes in the study area, Jefferson reports the highest rate at 40.78%; Plaquemines Parish follows closely at 40.68%.

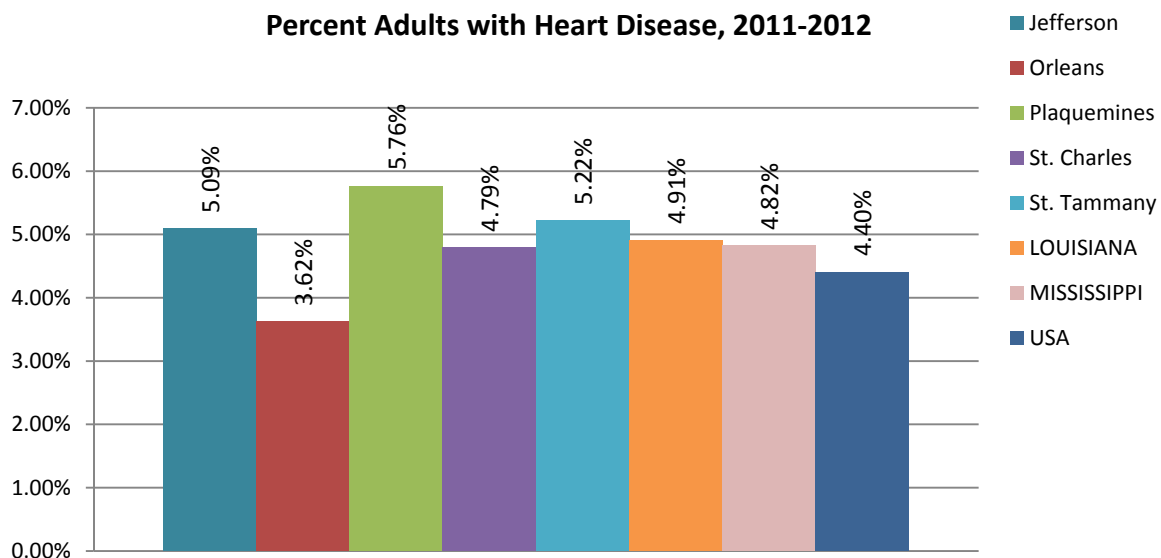


- Looking specifically at the Medicare population, St. Tammany Parish reports the highest rate of residents with high cholesterol at 45.8% (differing from Jefferson Parish for the total population); the national rate being 44.75%.



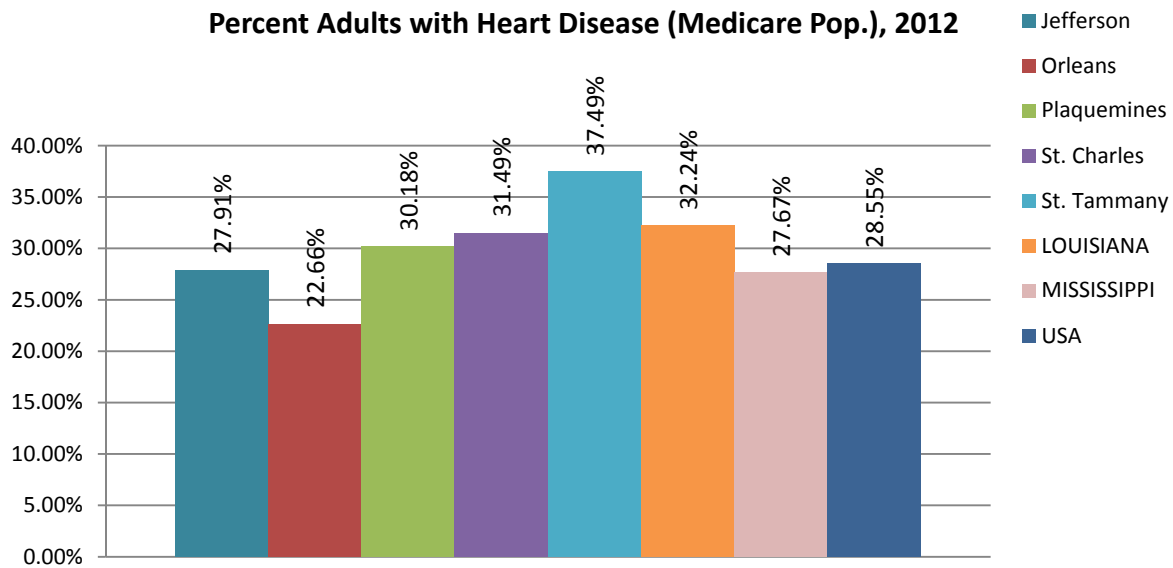
Heart Disease

- Plaquemines Parish reports the highest rate of residents who have heart disease (5.76%); higher than the national rate of 4.40%.



- Looking specifically at the Medicare population, St. Tammany Parish reports the highest rate of residents with heart disease at 37.49% (differing from Plaquemines Parish for the total population); the national rate being 28.55%.

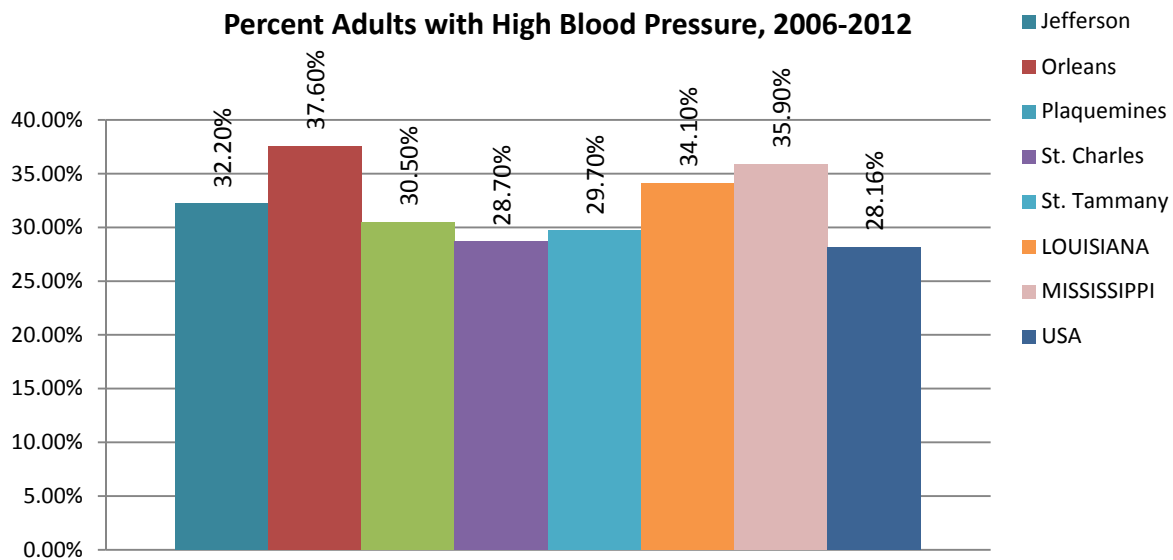
Percent Adults with Heart Disease (Medicare Pop.), 2012



High Blood Pressure

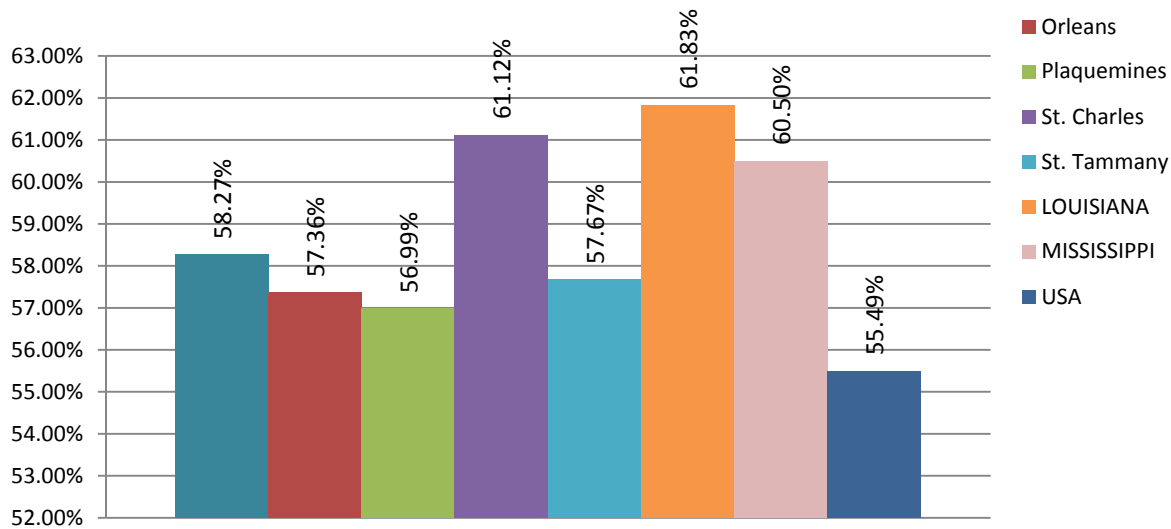
- None of the parishes or states of the Ochsner Medical Ctr. study area report a rate lower than the nation (28.16%) for adults with high blood pressure. Orleans Parish reports the highest rate among the study area parishes at 37.6%.

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% (differing from Orleans Parish for the total population); the national rate being 55.49%.

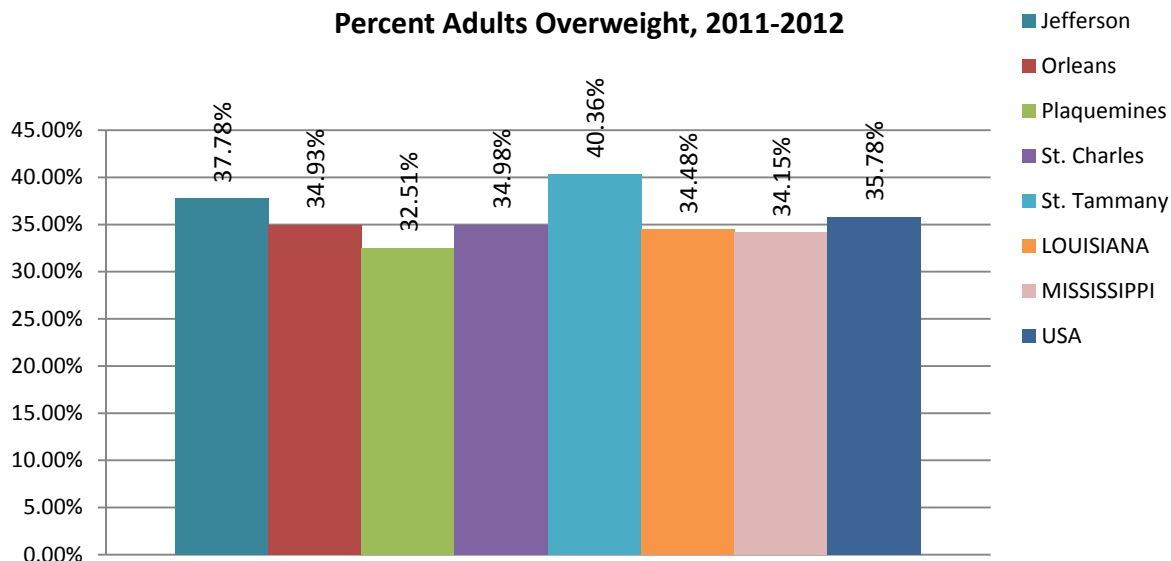
Percent Adults with High Blood Pressure (Medicare Pop.), 2012



Overweight and Obese

- The overall rates of residents who are overweight for the States of Louisiana and Mississippi are lower than then the nation (LA = 34.48%, MS = 34.15%, USA = 35.78%).
- Only two of the five study area parishes report higher rates of residents who are overweight (40.36% and 37.78%, respectively) than the nation.

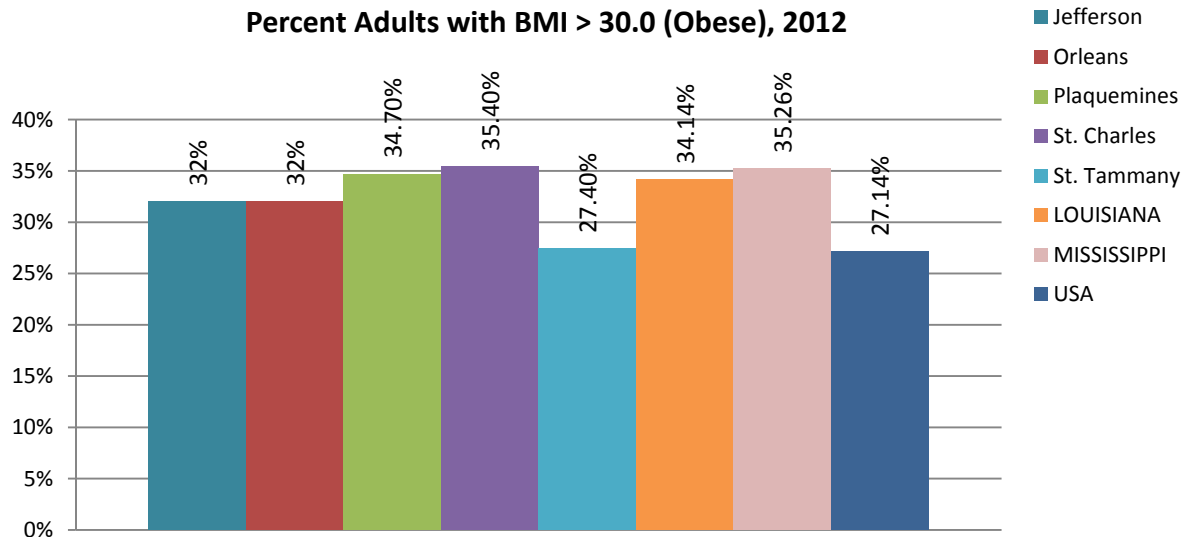
Percent Adults Overweight, 2011-2012



- St. Charles Parish reports the highest rate of residents who are obese (35.4%), Plaquemines Parish is next highest with 34.7% of their population being obese, then Jefferson and Orleans Parishes ranked third highest at 32%; the national rate is 27.14%.

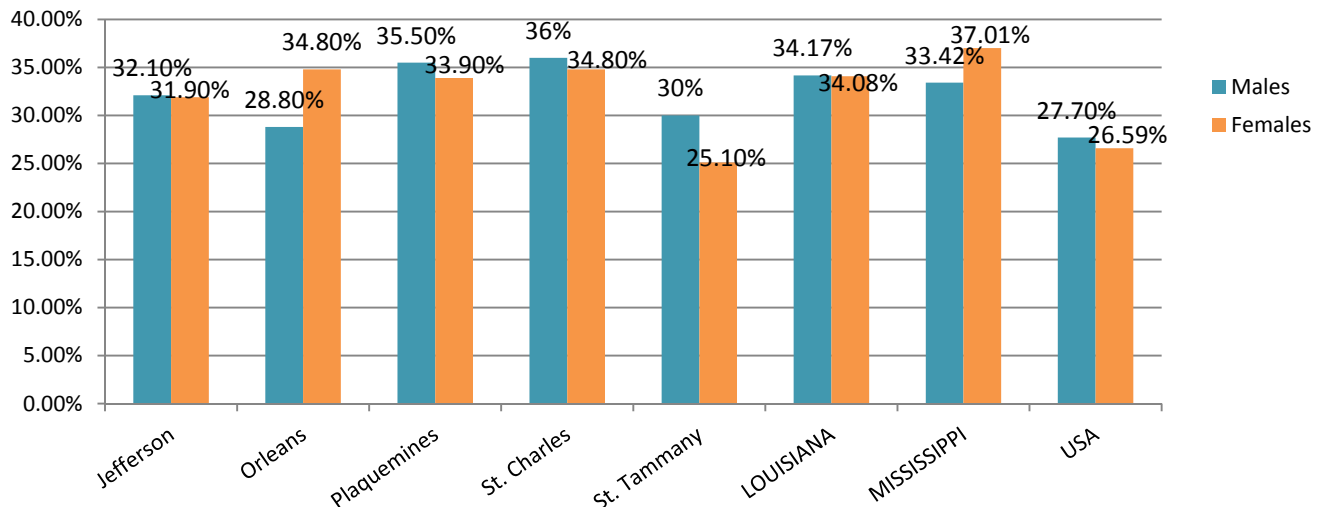
- St. Tammany Parish reports the lowest rate of obese adults of the study area parishes (and closest to the national rate) at 27.4%.

Percent Adults with BMI > 30.0 (Obese), 2012



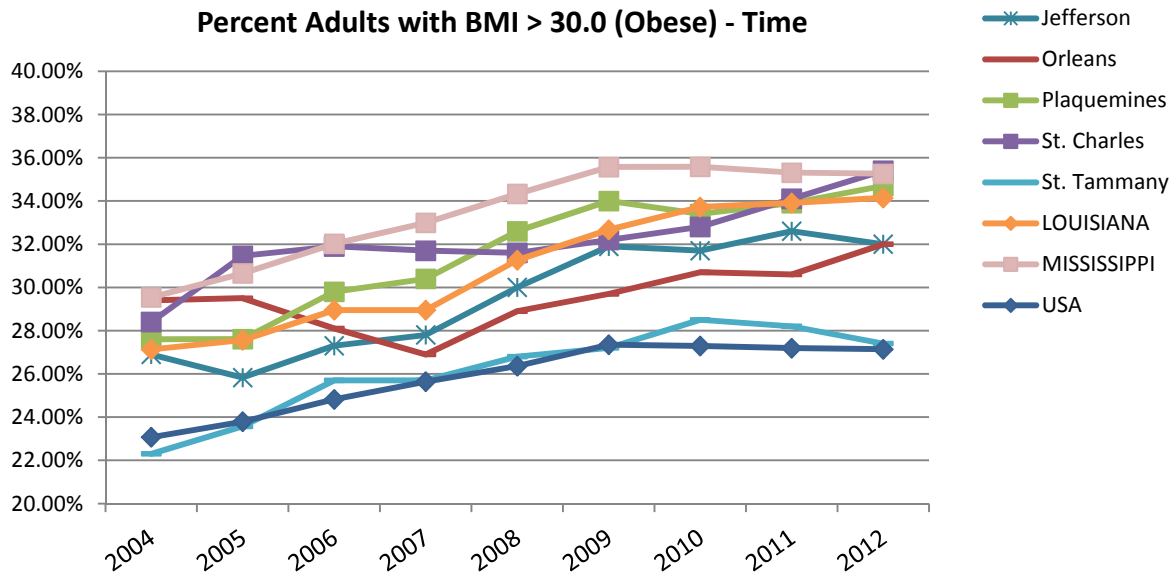
- The male populations of Plaquemines Parish, St. Charles Parish, and St. Tammany Parish are more likely to be obese.
- The female population of Orleans Parish shows higher rates of obesity and the most significant difference between males and females in terms of obesity.
- There are not significant differences in males and females in terms of obesity for Jefferson Parish.
- 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



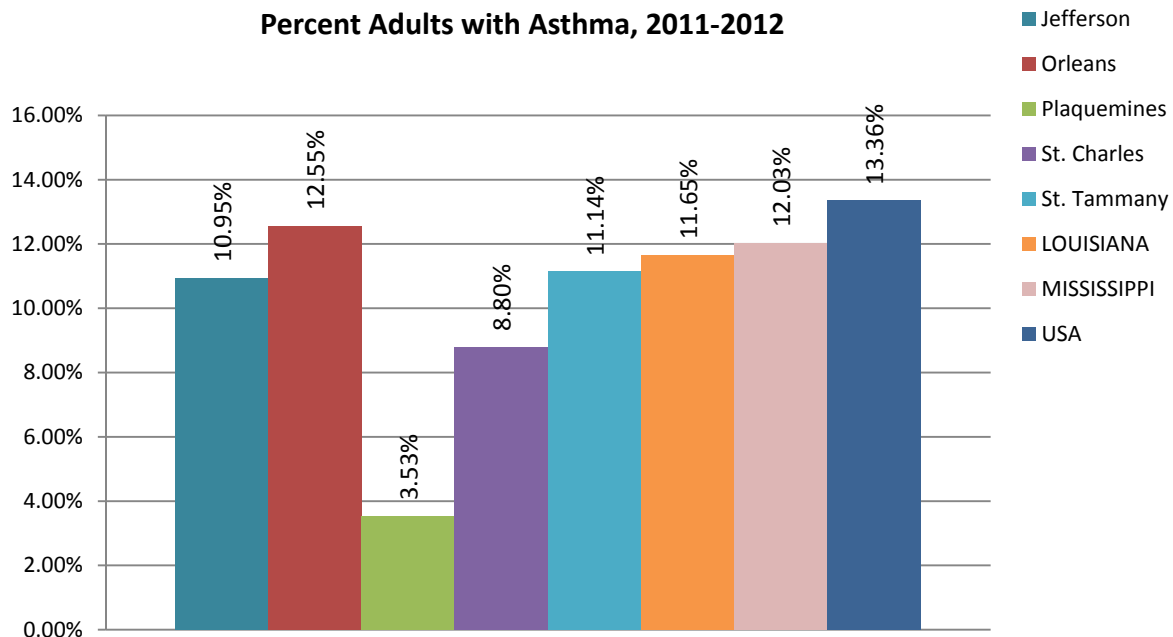
- The rates of obesity in the Ochsner Medical Ctr. study area and nationally have seen steady rises over the years. St. Tammany Parish is the lowest in the study area and

closest to the U.S. rates for obesity and has seen slight declines in the rates of obese residents from 2010 to 2012.



Asthma

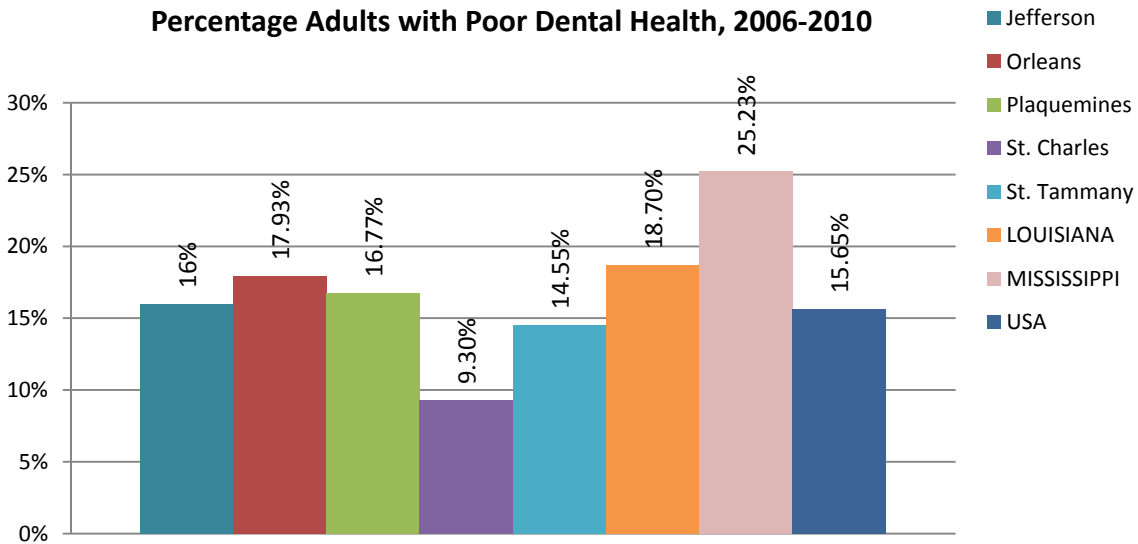
- The States of Louisiana and Mississippi both report overall rates of adults with asthma lower than the nation (LA = 11.65%, MS = 12.03%, USA = 13.36%).
- Like Louisiana and Mississippi, all of the parishes in the study area report lower rates of adults with asthma than the nation; Orleans Parish being the highest at 12.55% and Plaquemines Parish being the lowest at 3.53%.



Dental Health

- Orleans Parish reports the highest rate of adults with poor dental health for the Ochsner Medical Ctr. study area at 17.93%; this is higher than the national rate of 15.65%.
- 25% of the adult population in the State of Mississippi has poor dental health.

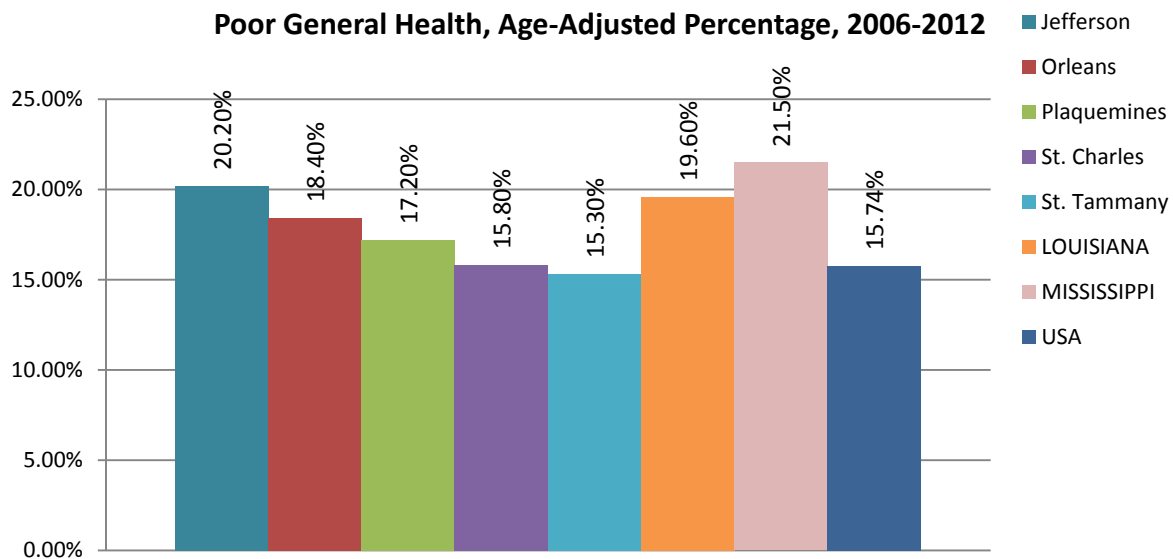
Percentage Adults with Poor Dental Health, 2006-2010



Poor Health

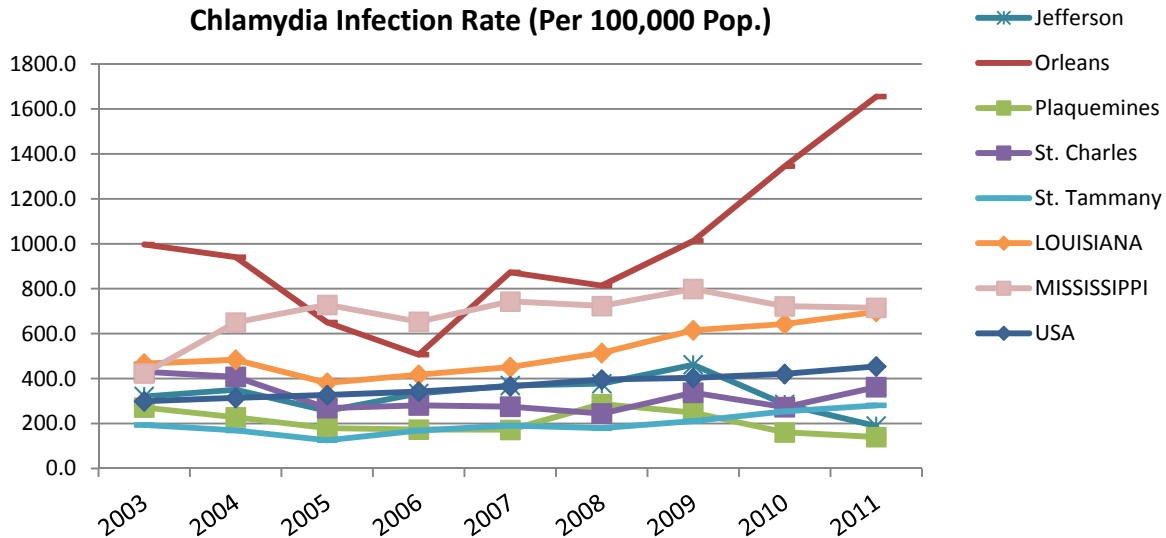
- The States of Louisiana and Mississippi report higher rates of poor general health than the nation (LA = 19.6%, MS = 21.5%, USA = 15.74%).
- Most of the parishes in the Ochsner Medical Ctr. study area report higher rates of poor general health than the nation (St. Tammany Parish being the exception at 15.3%).

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



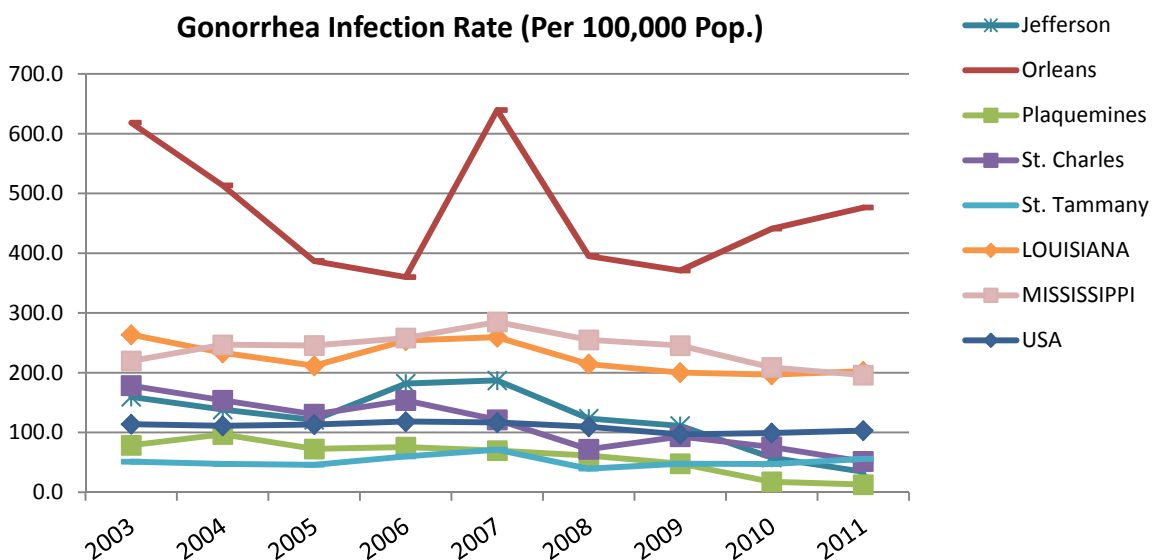
Chlamydia Infection

- Orleans Parish reports a markedly higher rate of chlamydia infection than all of the other study area parishes, states, and country at 1,654.9 per 100,000 population in 2011; which, has doubled since 2008 (the next highest rate being 361.8 for St. Charles Parish – less than one quarter of the rate seen for Orleans Parish). The national chlamydia rate is 454.1 per 100,000 population.



Gonorrhea Infection

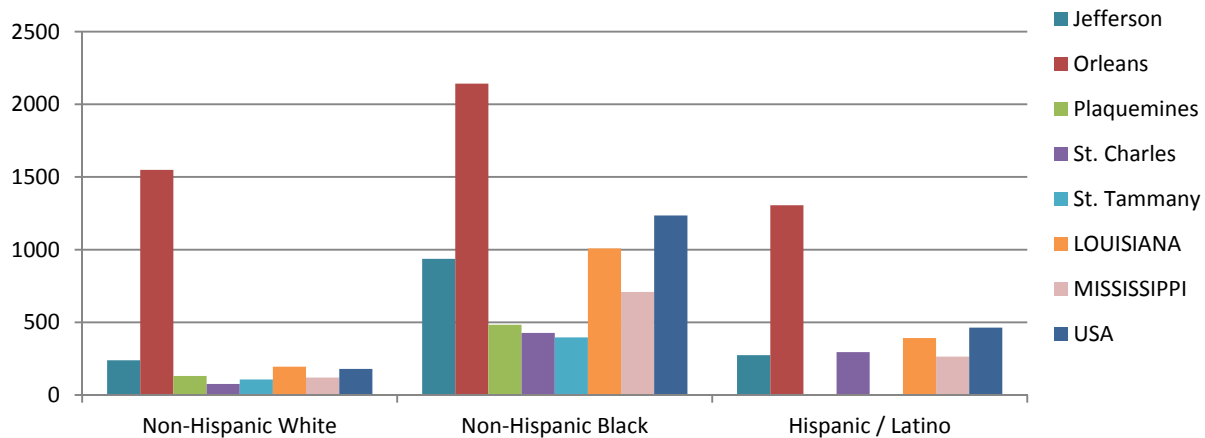
- Although down from an all time high of 639.4 in 2007, Orleans Parish reports a substantially higher rate of gonorrhea infection than all of the other study area parishes, states, and country at 476.2 per 100,000 population in 2011.
- The next highest rate being 229.9 for St. Charles Parish – half the rate seen for Orleans Parish. The national chlamydia rate is 103.09 per 100,000 population.



HIV/AIDS

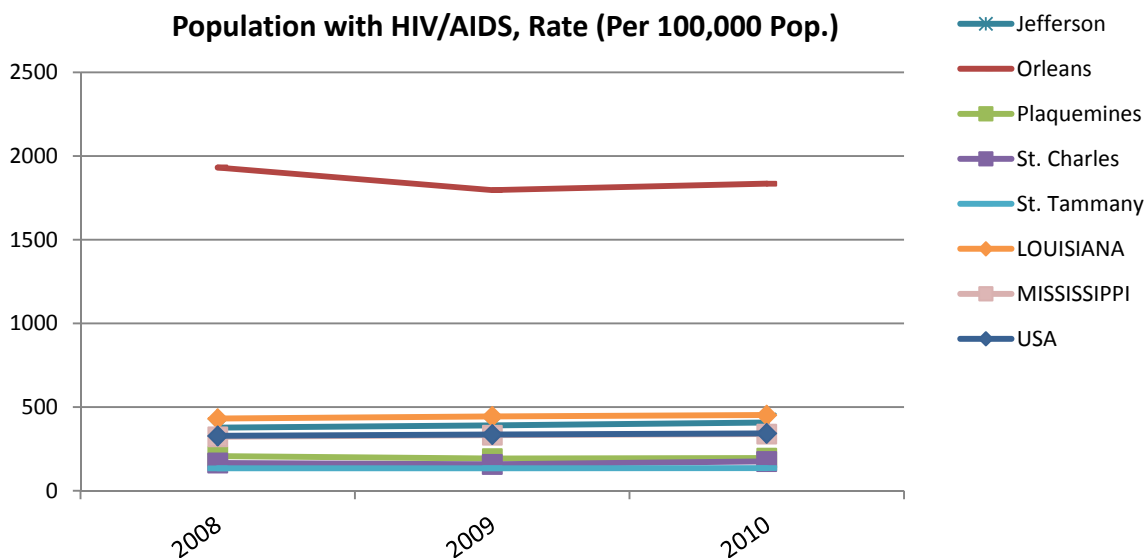
- The Non-Hispanic Black population is the population that sees the highest rates of HIV/AIDS.
- Orleans Parish specifically sees the highest rates of HIV/AIDS for the study area; 2,141.97 per 100,000 Non-Hispanic Black population has HIV/AIDS, 1,548.29 per 100,000 Non-Hispanic White, and 1,305.15 per 100,000 Hispanic/Latino population.

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



- From 2008 to 2010, the country, states, and a majority of the study area parishes experienced rises or slight declines then larger rises in the HIV/AIDS rates. Therefore, most of the 2010 rates of HIV/AIDS are higher than 2008 rates.
 - ✓ Orleans Parish and Plaquemines Parish are the only areas where HIV/AIDS rates are lower in 2010 than they were in 2008.

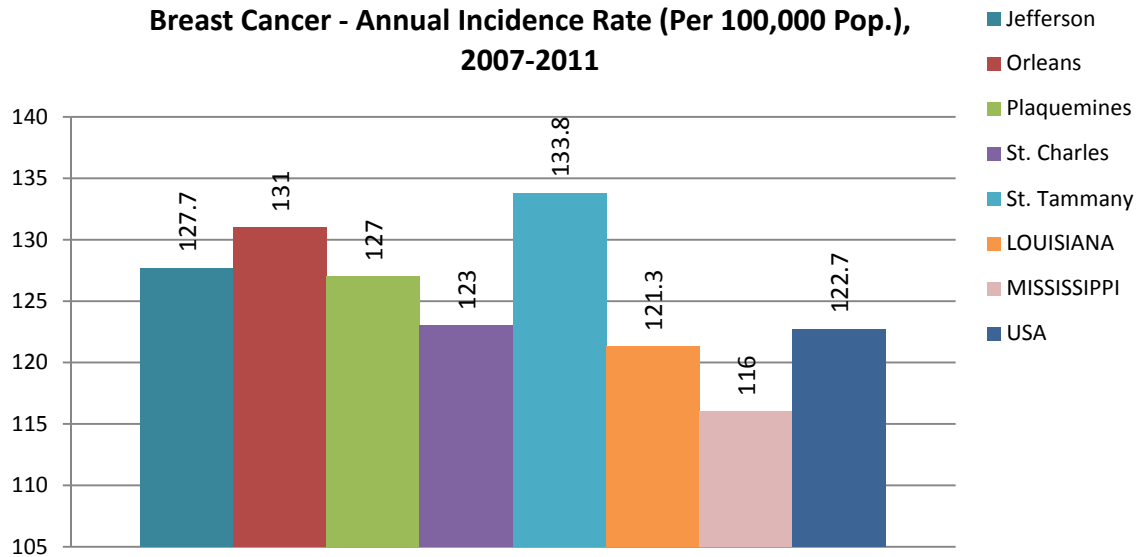
Population with HIV/AIDS, Rate (Per 100,000 Pop.)



Breast Cancer

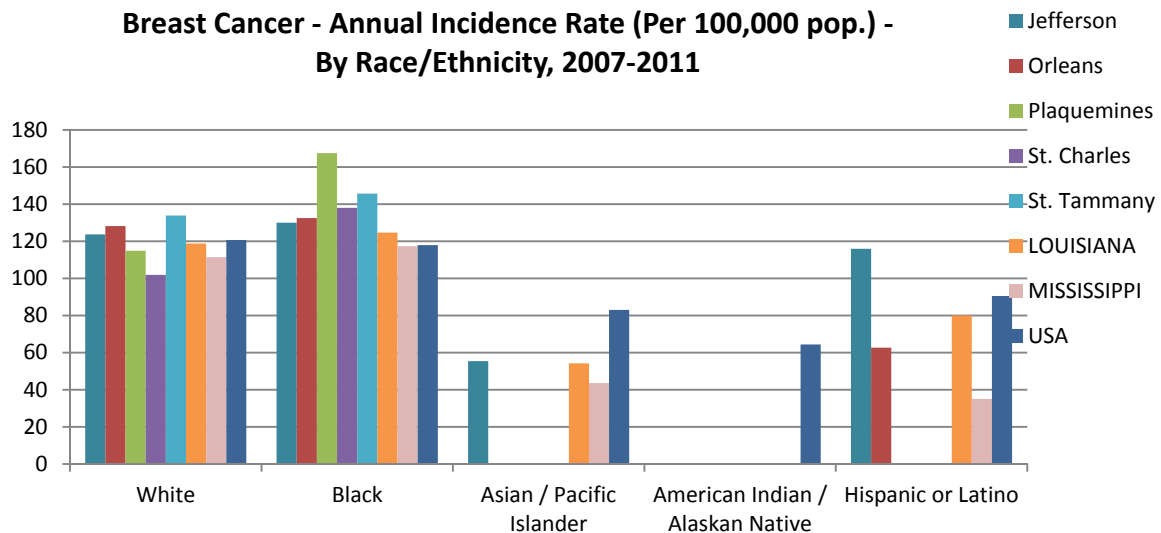
- St. Tammany Parish reports the highest incidence rate of breast cancer for the Ochsner Medical Ctr. study area at 133.8 per 100,000 population; this is higher than the national rate of 122.7 per 100,000 pop.
- The Healthy People 2020 goal is for breast cancer incidence to be less than or equal to 40.9 per 100,000 population; all of the study area parishes and states report rates more than double and in some cases, triple this goal.

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



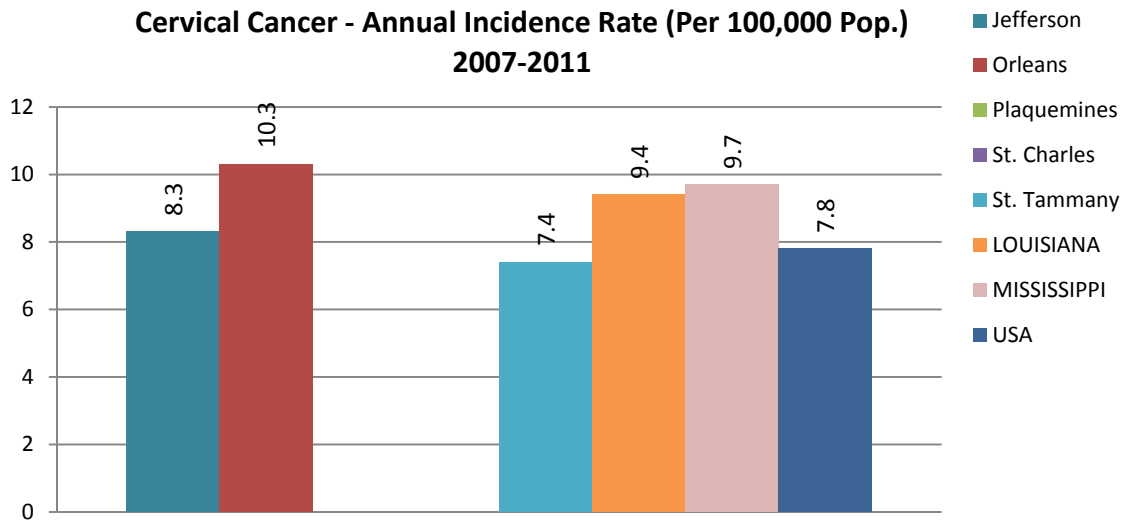
- The African-American/Black population of Plaquemines Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (167.5 per 100,000 pop.).

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



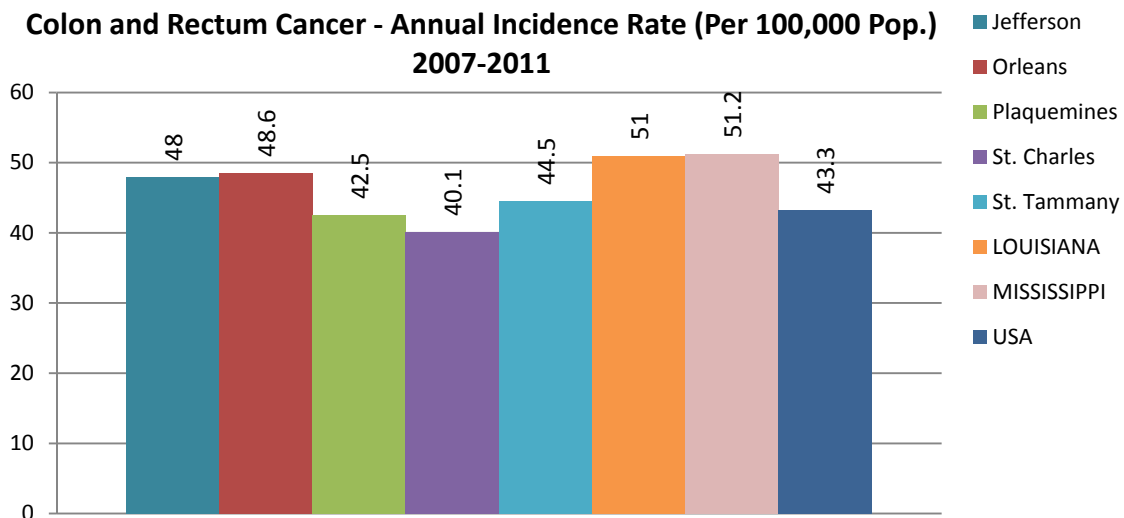
Cervical Cancer

- Orleans Parish reports the highest incidence rate of cervical cancer for the Ochsner Medical Ctr. study area at 10.3 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 states report rates higher than this goal.



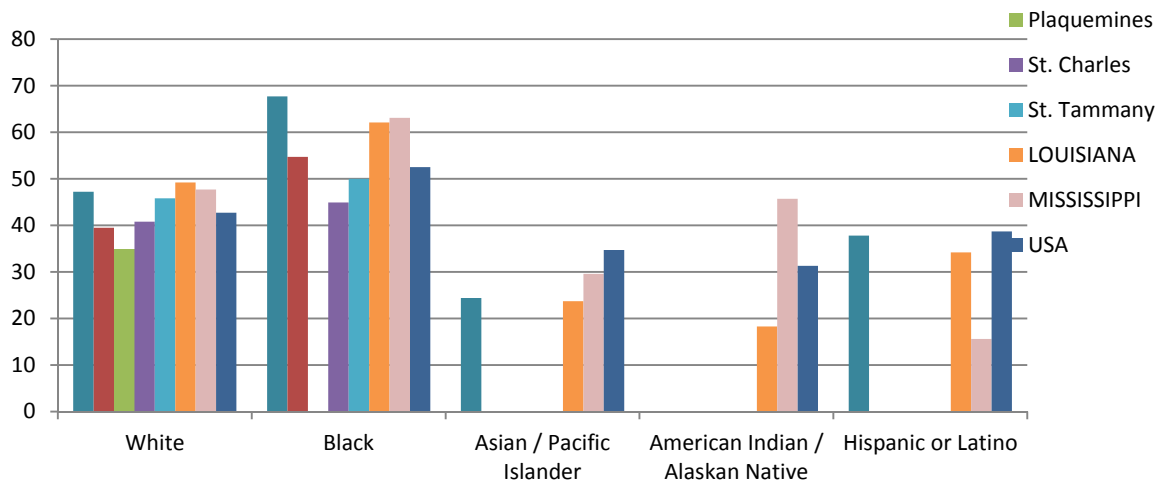
Colon and Rectum Cancer

- Orleans Parish reports the highest incidence rate of colon and rectum cancer for the Ochsner Medical Ctr. study area at 48.6 per 100,000 population; Jefferson Parish follows closely at 48. Both parishes are 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 states report rates higher than this goal.



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

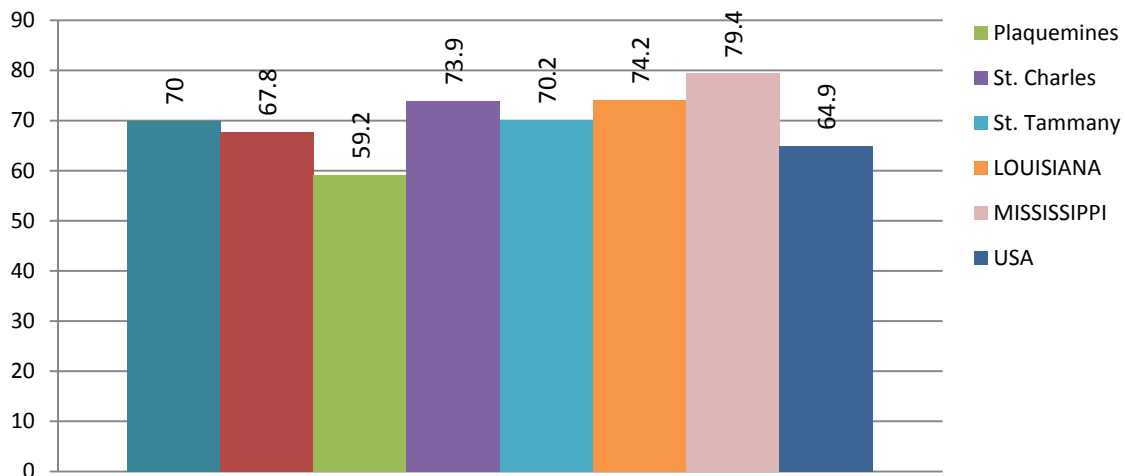
Colon and Rectum Cancer - Annual Incidence Rate (Per 100,000 pop.) - By Race/Ethnicity, 2007-2011



Lung Cancer

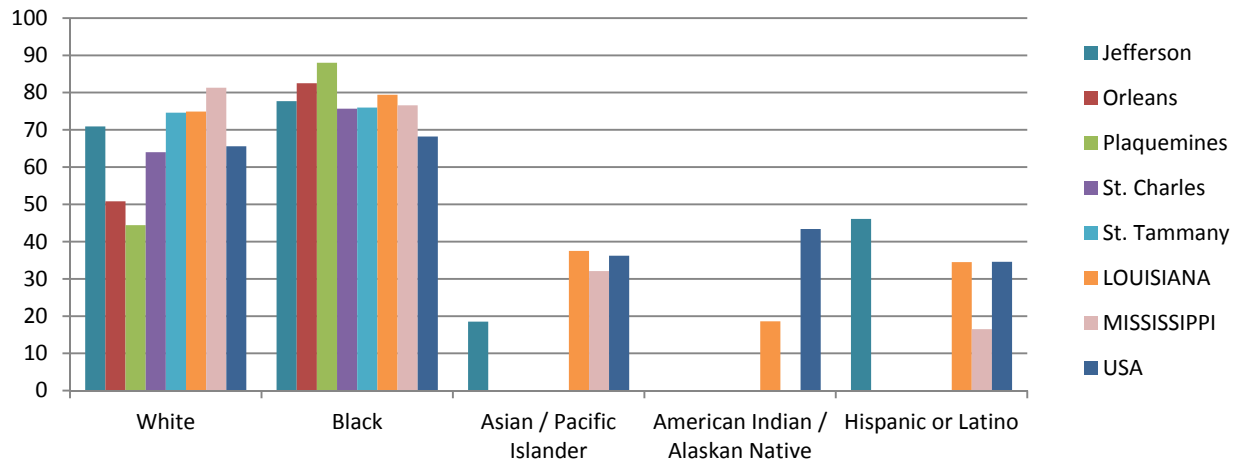
- St. Charles Parish reports the highest incidence rate of lung cancer for the Ochsner Medical Ctr. study area at 73.9 per 100,000 population; higher than the national rate of 64.9 per 100,000 pop.
- Only Plaquemines Parish, at 59.2 per 100,000 pop., reports a rate lower than the nation.

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



- The African-American/Black population in Plaquemines Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (88 per 100,000 pop.).

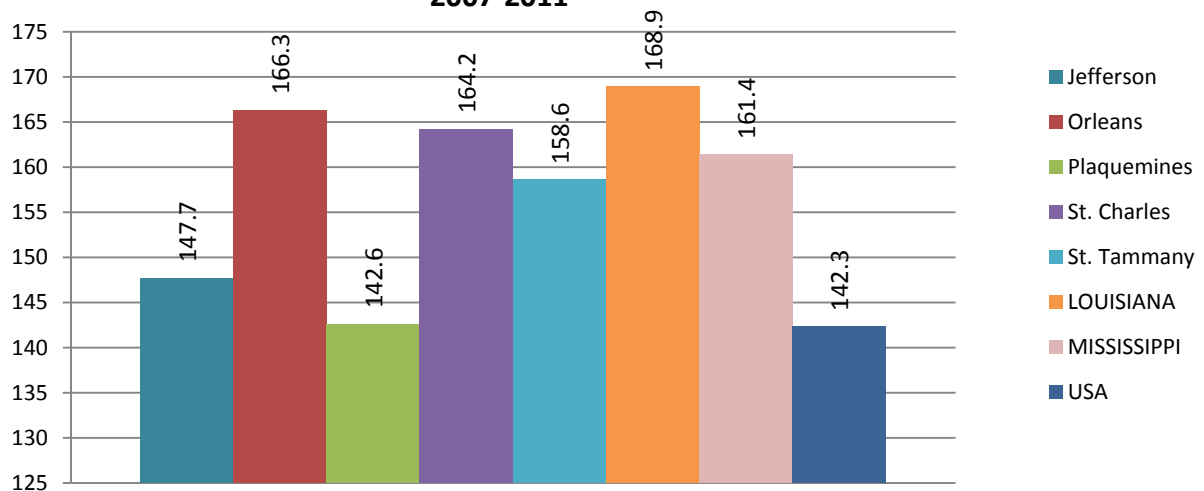
**Lung Cancer - Annual Incidence Rate (Per 100,000 pop.) -
By Race/Ethnicity, 2007-2011**



Prostate Cancer

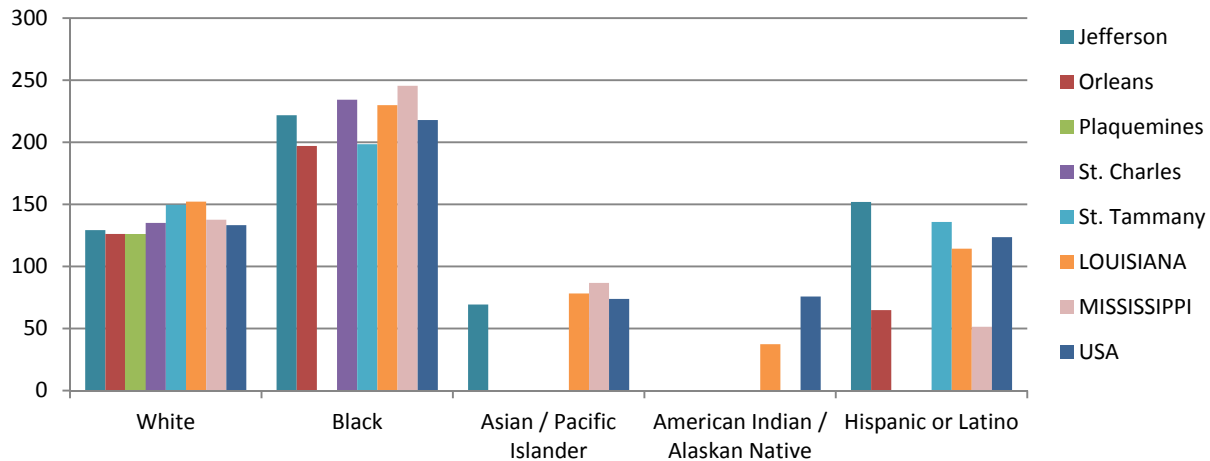
- Orleans Parish reports the highest incidence rate of prostate cancer for the Ochsner Medical Ctr. study area at 166.3 per 100,000 population followed closely by St. Charles Parish at 164.2; these values are higher than the national rate of 142.3 per 100,000 pop.

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



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

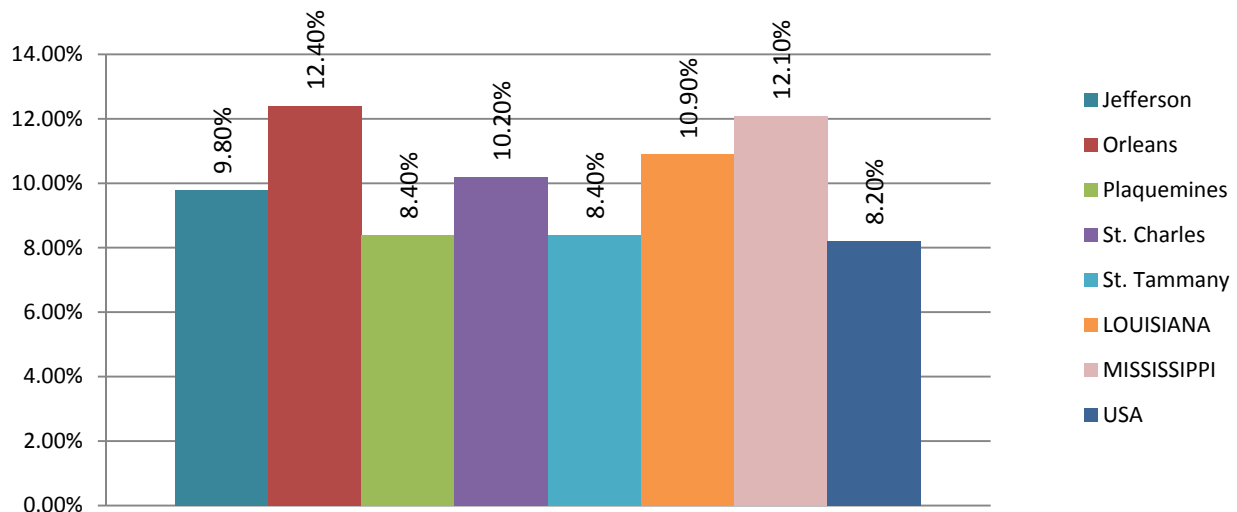
**Prostate Cancer - Annual Incidence Rate (Per 100,000 pop.) -
By Race/Ethnicity, 2007-2011**



Low Birth Weight

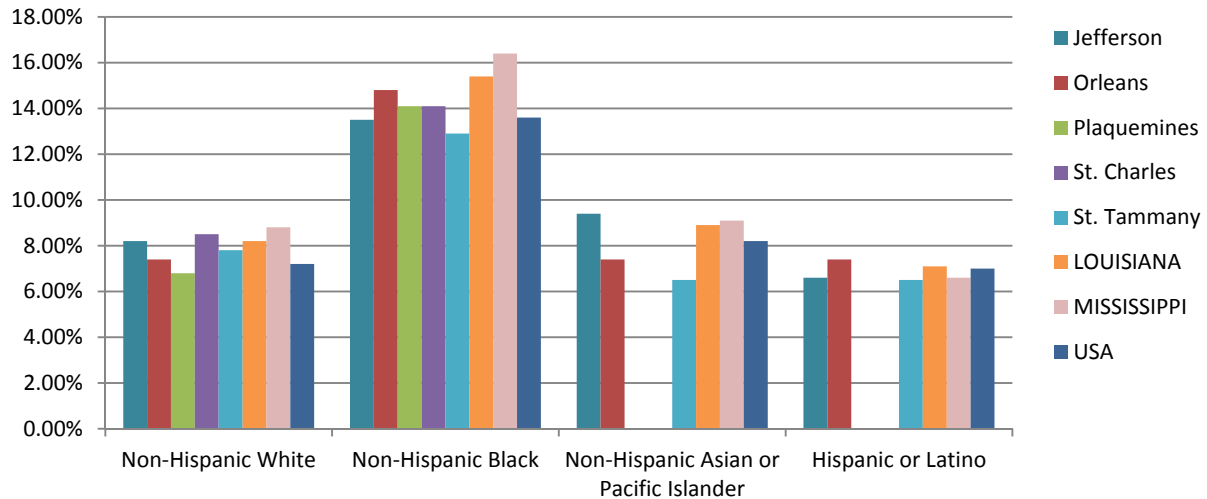
- Orleans Parish reports the highest rate of low-weight births for the Ochsner Medical Ctr. study area at 12.4%.
- All of the study area parishes report higher rates of low-weight births than the national rate of 8.2%.
- The Healthy People 2020 goal is for low – weight births to be less than or equal to 7.8%; all of the study area parishes and states report rates higher than this goal.

Low Birth Weight, Percent of Total, 2006-2012



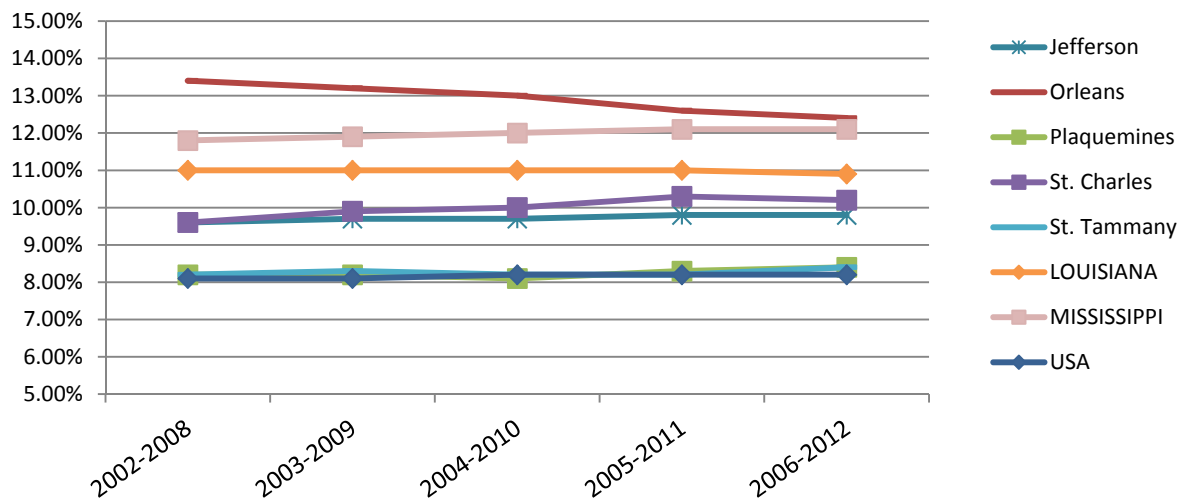
- The Non-Hispanic African-American/Black population sees higher rates of low-weight births as compared with other racial groups for the Ochsner Medical Ctr. study area, the states, and nationally.

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



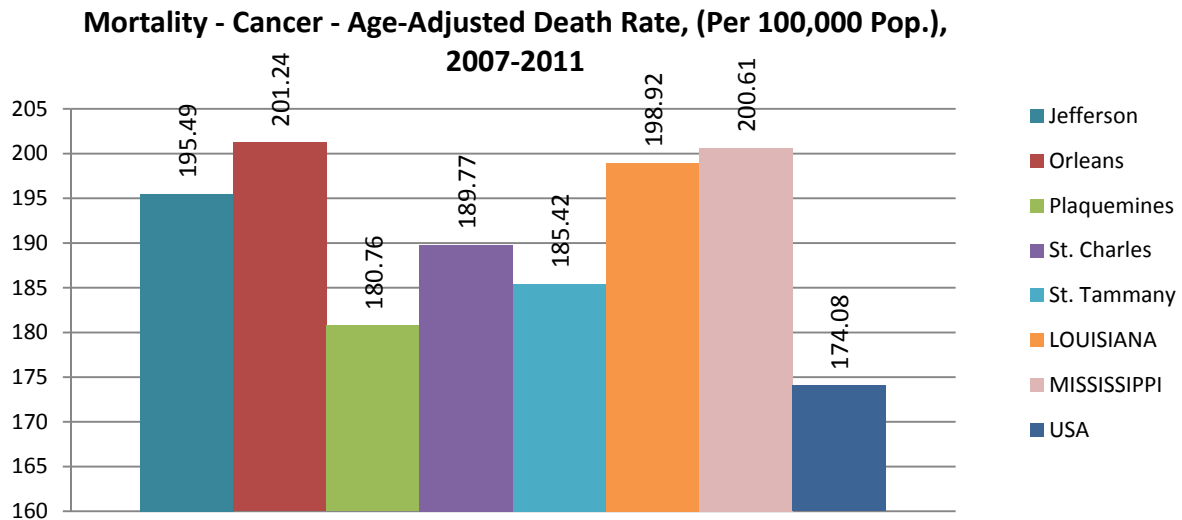
- Orleans Parish reports the highest rate of low-weight births in 2006-2012 (12.4%), but this rate has been steadily declining since 2002-2008.

Low Birth Weight, Percent of Total - By Year

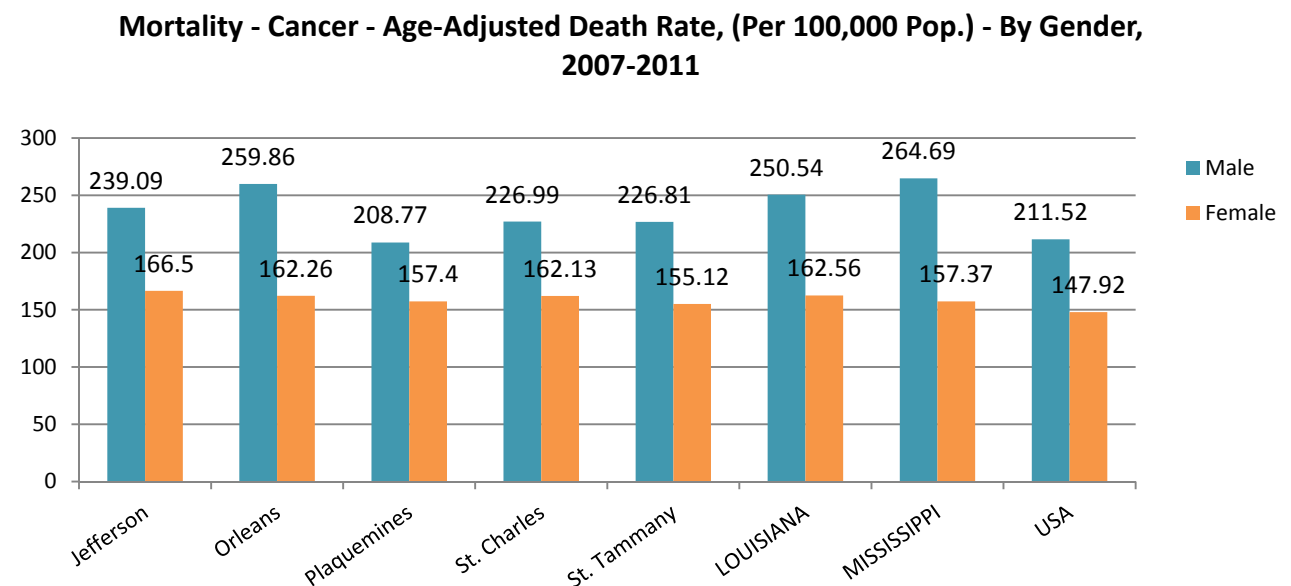


Mortality - Cancer

- Orleans Parish reports the highest rate of age-adjusted mortality due to cancer for the Ochsner Medical Ctr. study area at 201.24 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 states report rates higher than this goal.

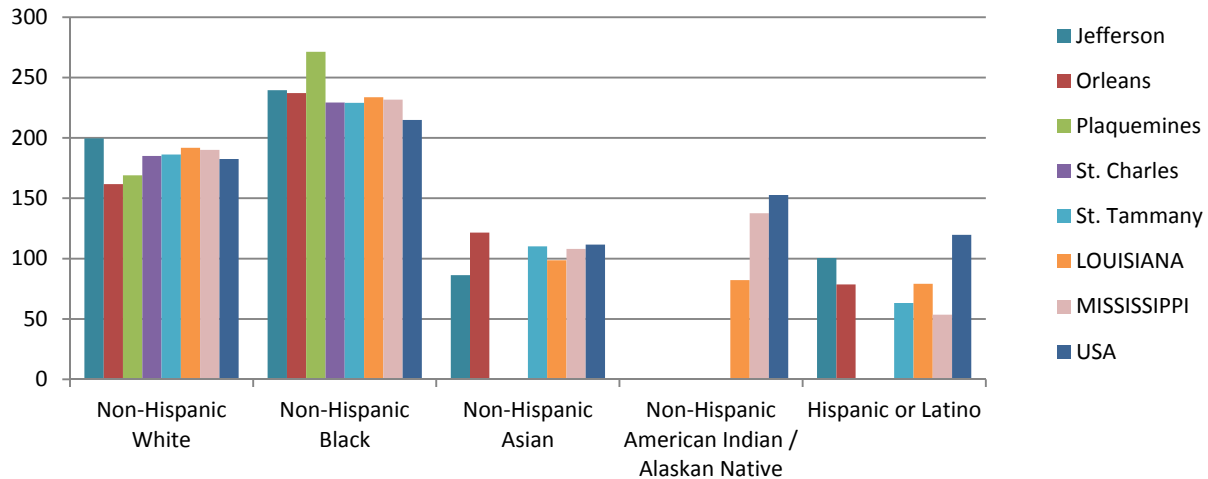


- Across the Ochsner Medical Ctr. study area, all of the parishes, states, and nationally, men have higher mortality rates due to cancer than women.



- The Non-Hispanic Black population sees the highest rates across the Ochsner Medical Ctr. study area parishes, states and the country for mortality due to cancer.
 - ✓ The Non-Hispanic Black population of Plaquemines Parish reports the highest rate of mortality due to cancer with 271.4 per 100,000 population.

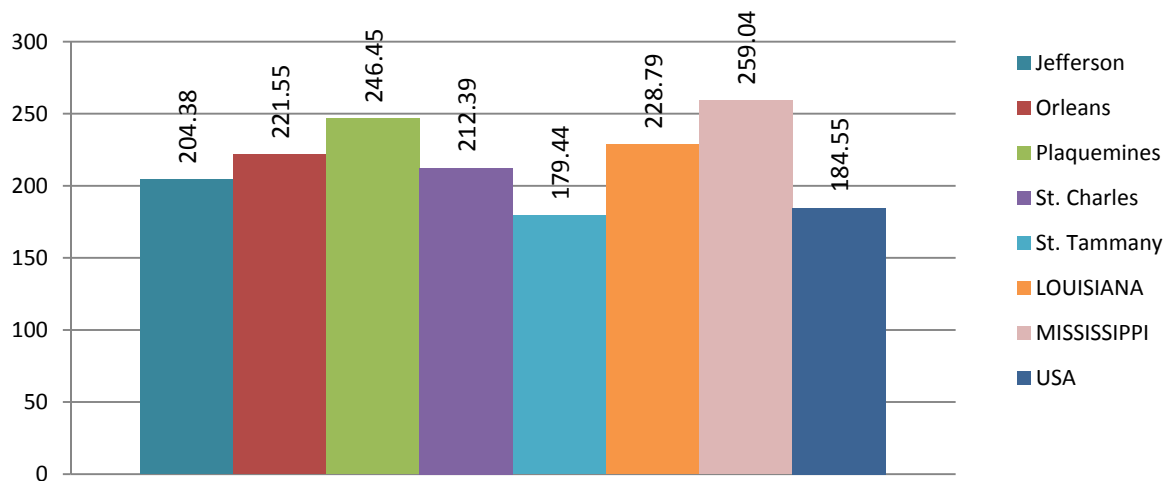
**Mortality - Cancer - Age-Adjusted Death Rate, (Per 100,000 Pop.) -
By Race/Ethnicity, 2007-2011**



Mortality – Heart Disease

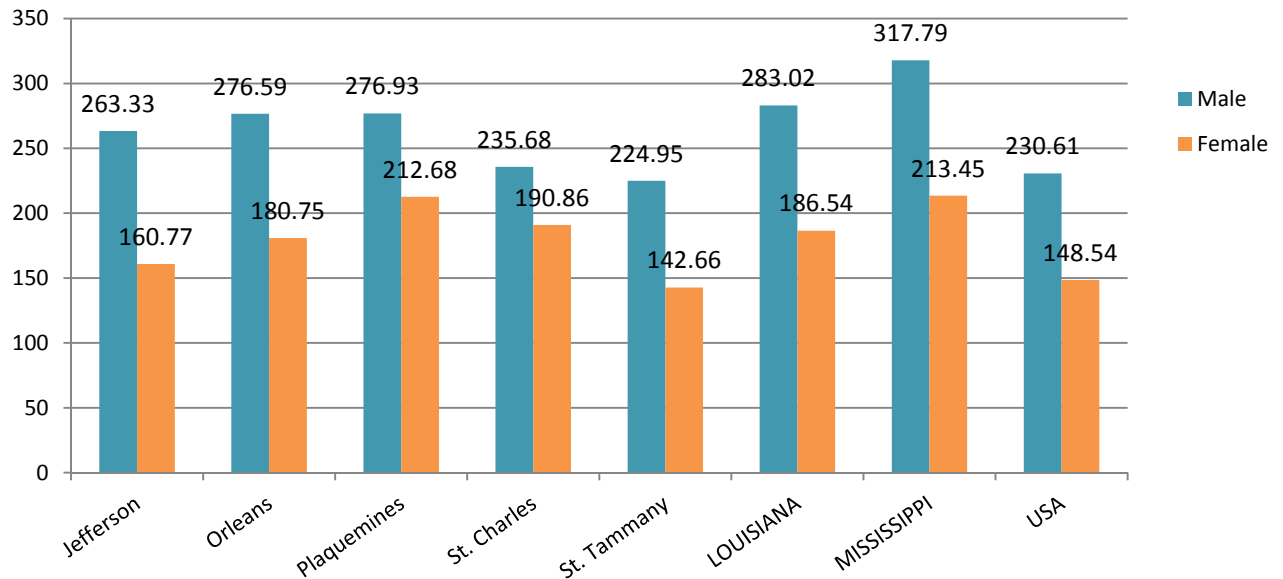
- Plaquemines Parish reports the highest rate of age-adjusted mortality due to heart disease for the Ochsner Medical Ctr. study area at 246.45 per 100,000 population.

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



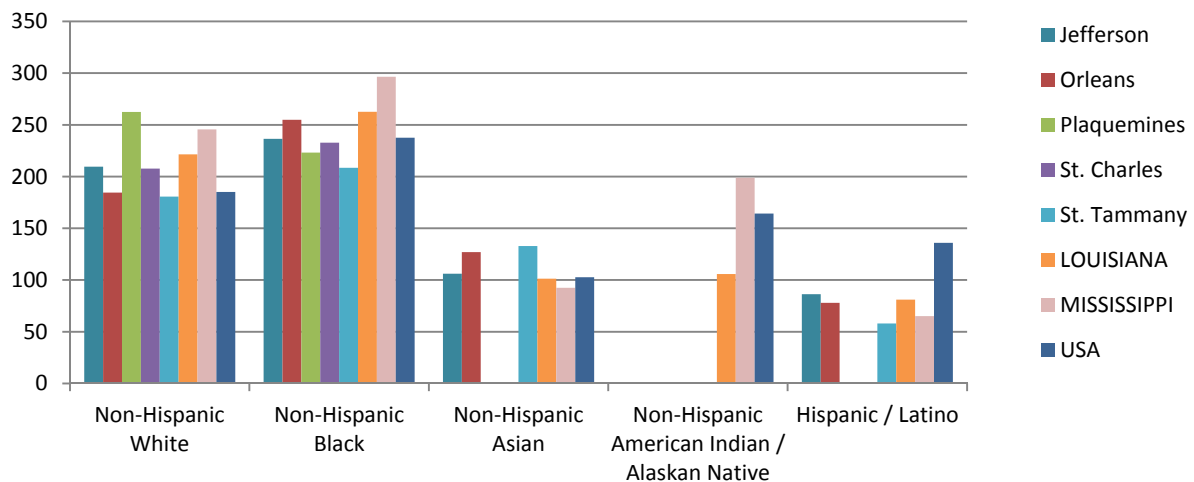
- On a national level and for all of the study area parishes, men are more likely to die as a result of heart disease than women.

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



- The Non-Hispanic White population of Plaquemines Parish reports the highest rate of death due to heart disease, across the Ochsner Medical Ctr. study area, at 262.5 per 100,000 population.

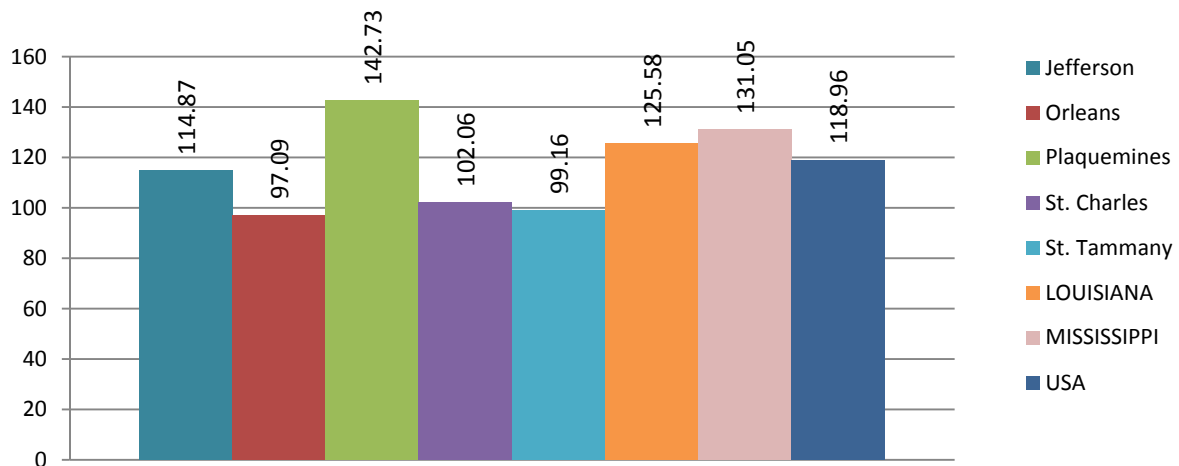
Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Ischemic Heart Disease

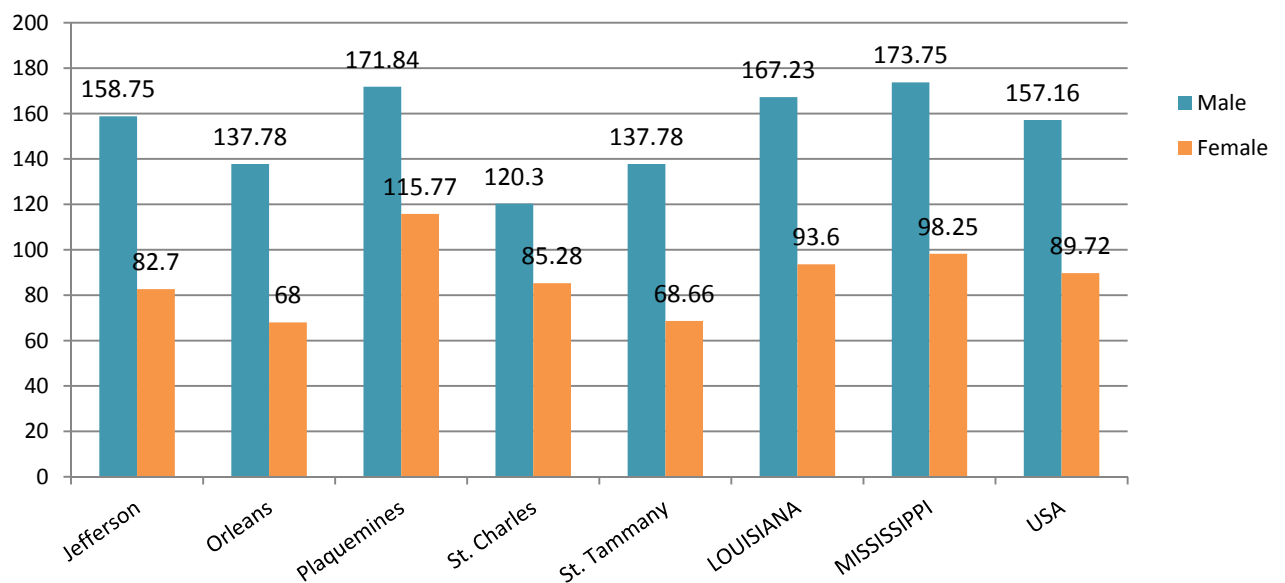
- Plaquemines Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the Ochsner Medical Ctr. study area at 142.73 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to ischemic heart disease to be less than or equal to 103.4 per 100,000 population; Orleans, St. Charles, and St. Tammany Parishes report rates already lower than this HP2020 Goal.

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



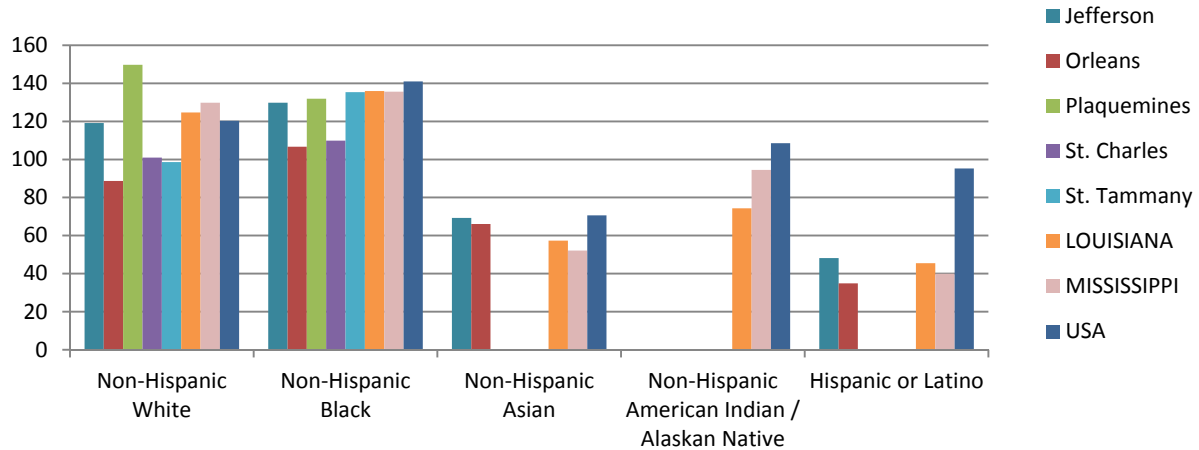
- On a national level and for all of the study area parishes, men are more likely to die as a result of ischemic heart disease than women.

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



- Non-Hispanic White residents of Plaquemines Parish report the highest rate of death due to ischemic heart disease for the Ochsner Medical Ctr. study area at 149.76 per 100,000 population.

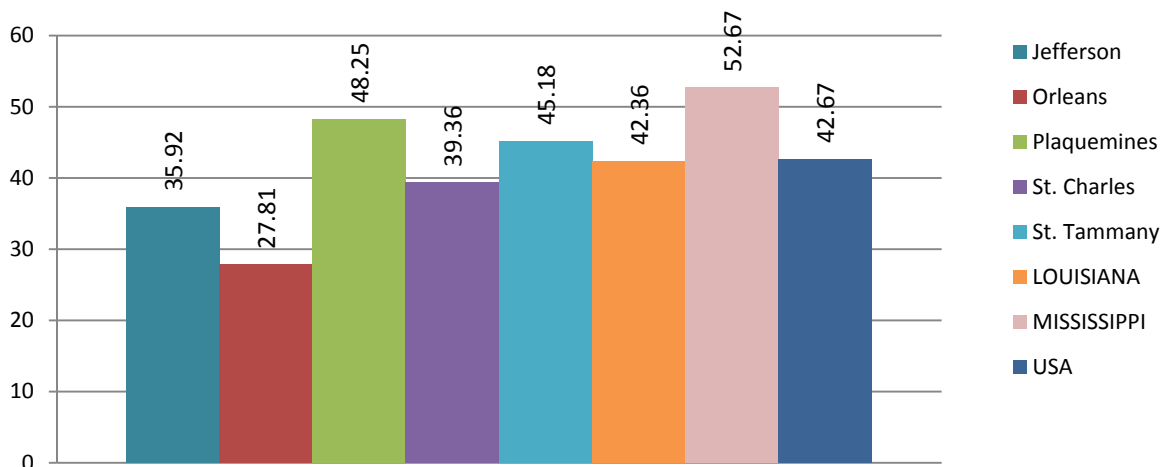
**Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Lung Disease

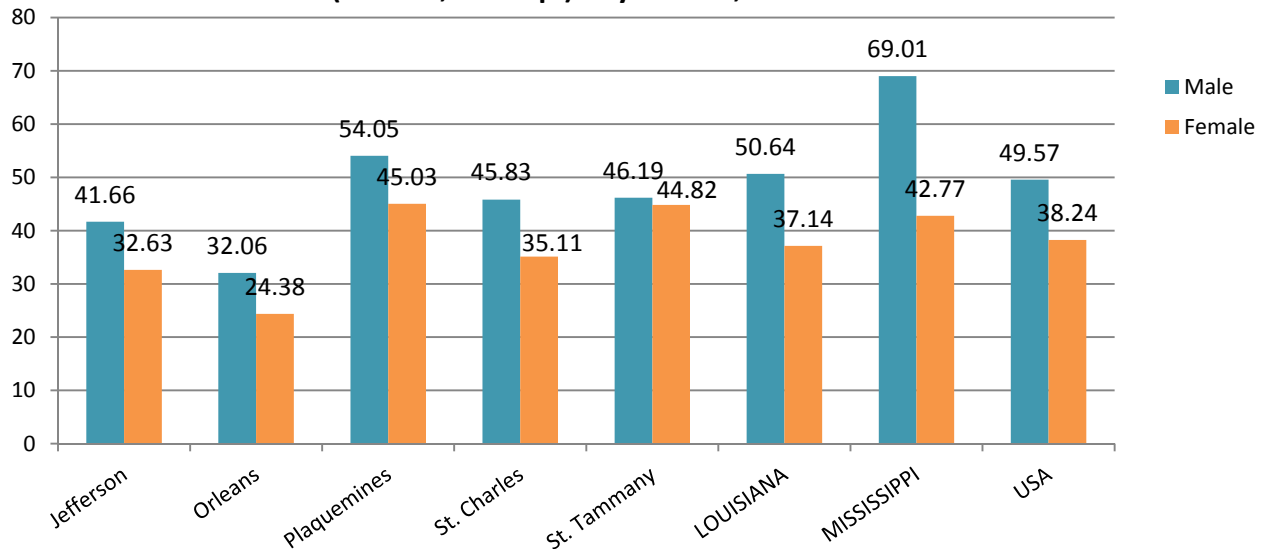
- Plaquemines Parish reports the highest rate of mortality due to lung disease for the Ochsner Medical Ctr. study area at 48.25 per 100,000 population; this is higher than the national rate of 42.67.

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



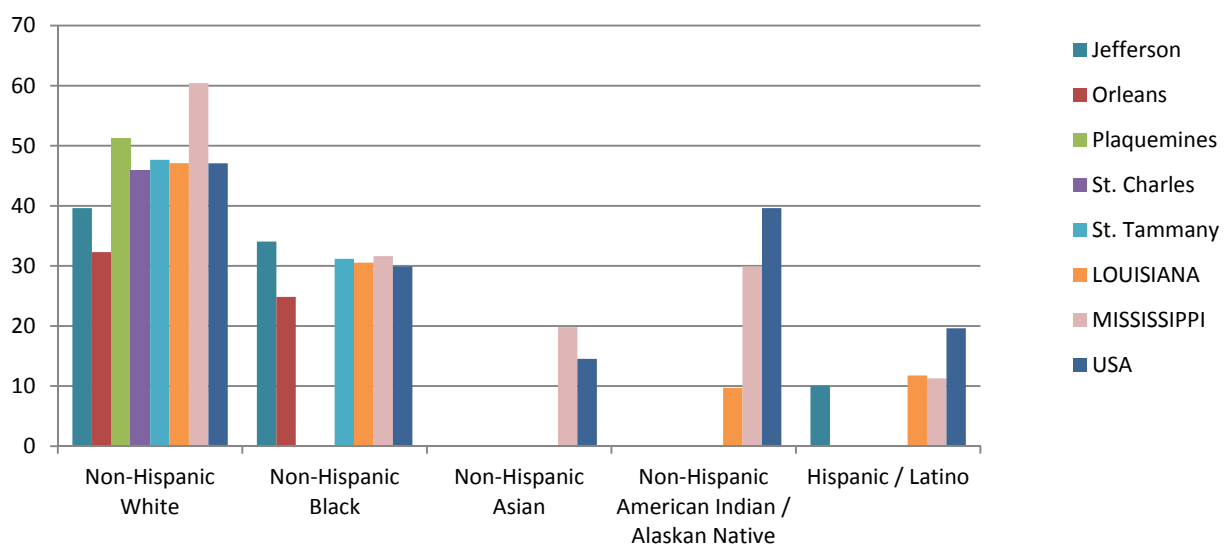
- On a national level and for all of the Ochsner Medical Ctr. study area parishes, men are more likely to die as a result of lung disease than women.

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



- The Non-Hispanic White population sees some of the highest rates for death as a result of lung disease across the Ochsner Medical Ctr. study area parishes and states; the highest being the overall rate for the State of Mississippi (60.42 per 100,000 population).
- Among the study area parishes, the Non-Hispanic White population of Plaquemines Parish reports the highest rate of death as a result of lung disease at 51.2 per 100,000 population.

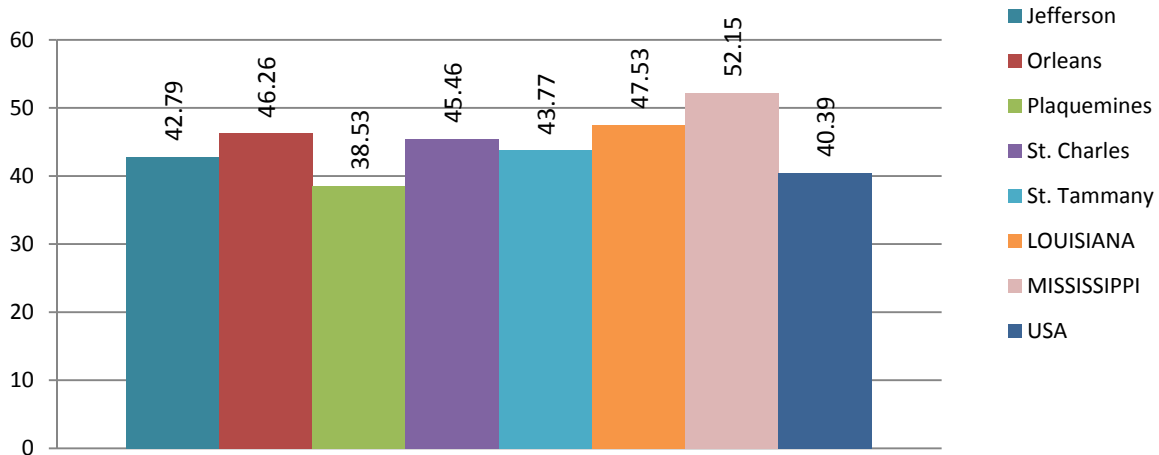
**Mortality - Lung Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Stroke

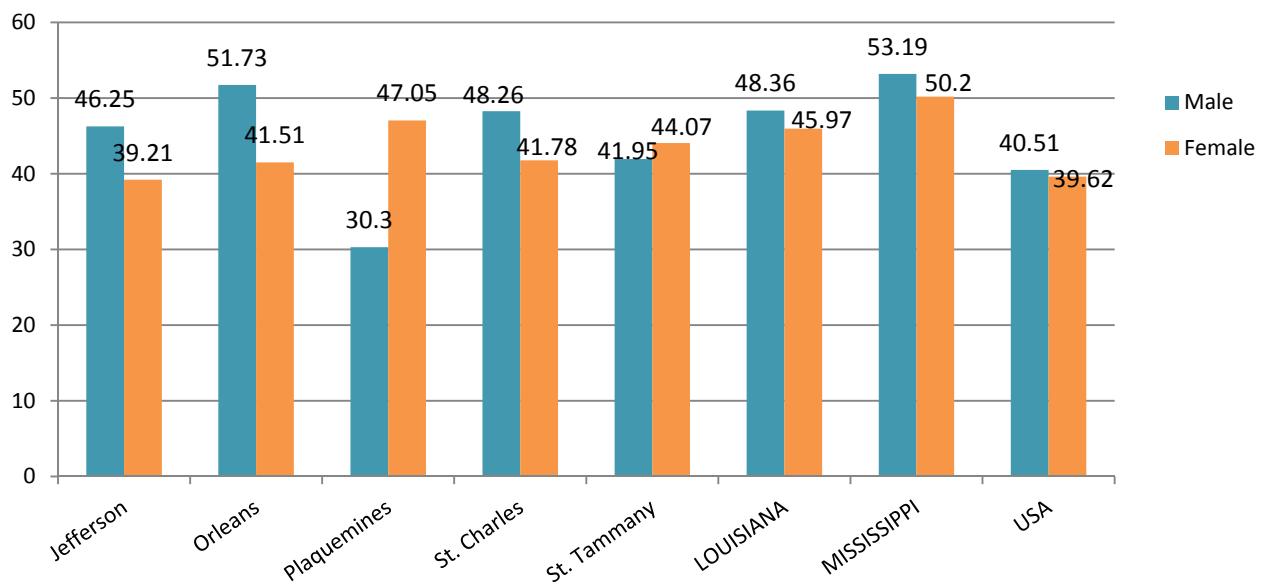
- Orleans Parish reports the highest rate of age-adjusted mortality due to stroke for the Ochsner Medical Ctr. study area at 46.26 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to stroke to be less than or equal to 33.8 per 100,000 population; all of the Ochsner Medical Ctr. study area parishes report rates higher than this goal.

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



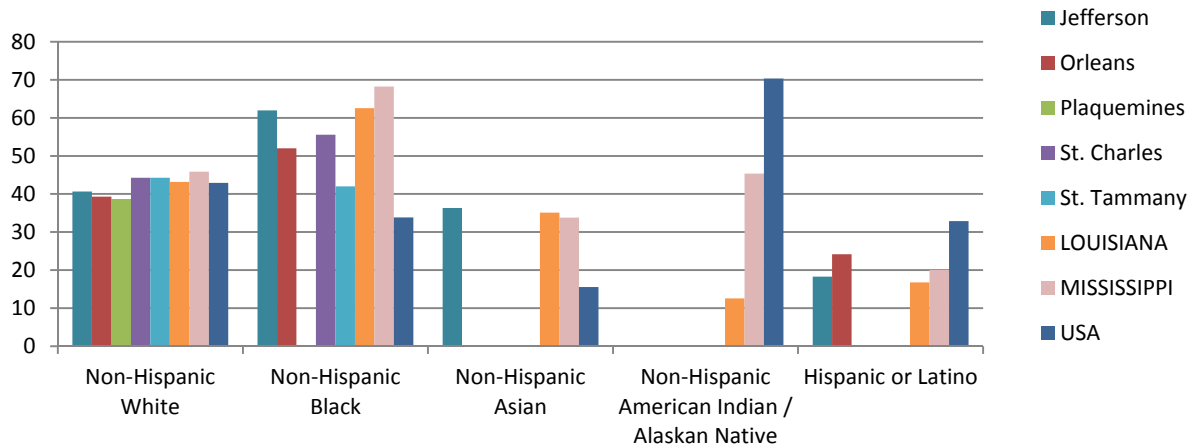
- On a national level, men are more likely to die as a result of stroke than women (40.51 per 100,000 pop. vs. 39.62); for the Ochsner Medical Ctr. study area it is mixed.

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



- The Non-Hispanic Black population of Jefferson Parish reports the highest rate of death as a result of stroke for the Ochsner Medical Ctr. study area at 61.97 per 100,000 population.
- The overall rates of death as a result of stroke for the Non-Hispanic Black populations in the States of Louisiana and Mississippi are double the national rate (LA = 62.53, MS = 68.22, USA = 33.86).

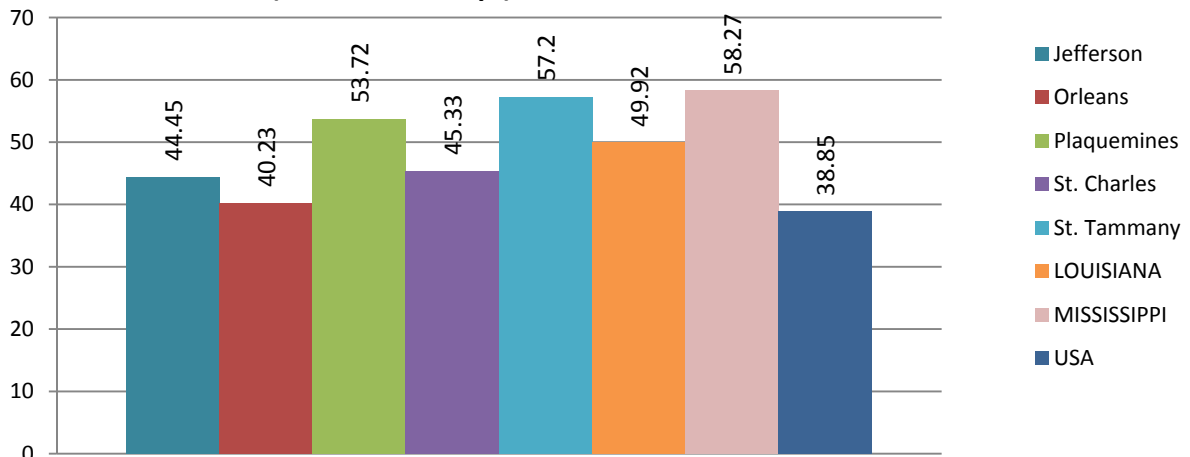
**Mortality - Stroke - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Unintentional Injury

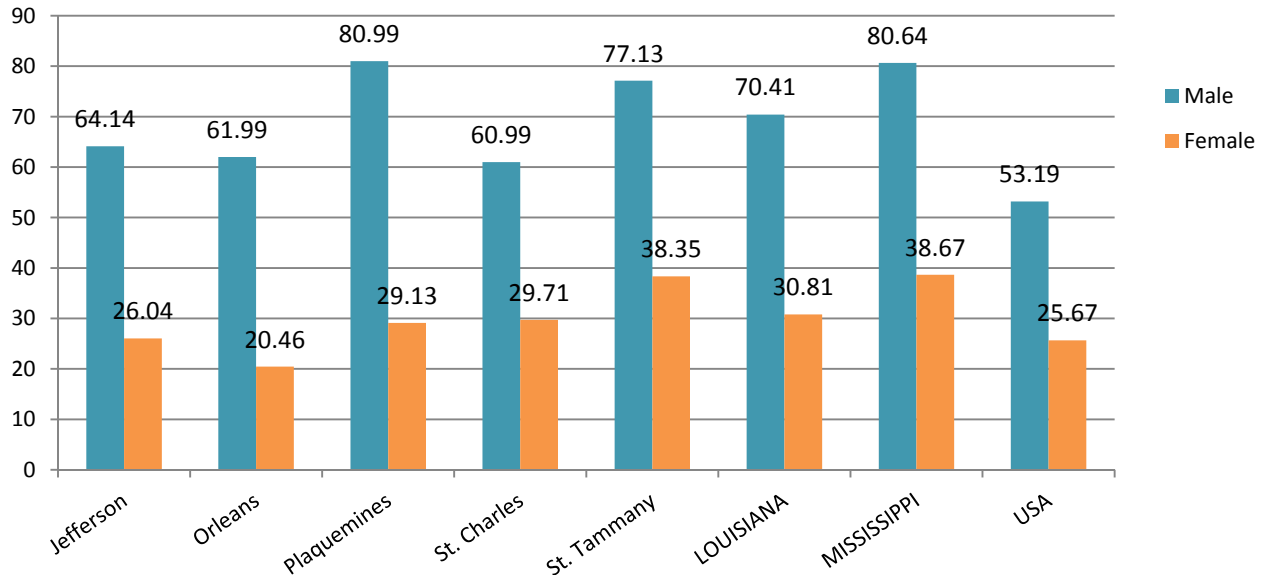
- St. Tammany Parish reports the highest rate of age-adjusted mortality due to unintentional injury for the Ochsner Medical Ctr. study area at 57.2 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to unintentional injury to be less than or equal to 36.0 per 100,000 population; all of the Ochsner Medical Ctr. study area parishes report rates higher than this goal.

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



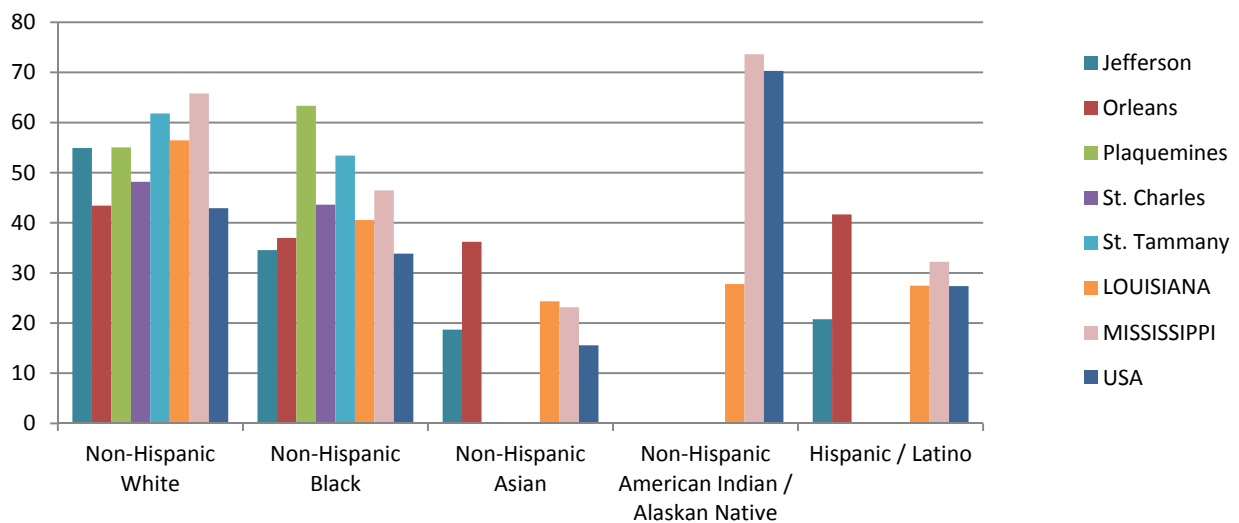
- On a national level and across all of the Ochsner Medical Ctr. study area parishes, men are more likely to die as a result of unintentional injury than women.

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



- The Non-Hispanic Black population of Plaquemines Parish reports the highest rate of mortality due to unintentional injury for the Ochsner Medical Ctr. study area parishes at 63.33 per 100,000 population; almost double the national rate of 33.86.

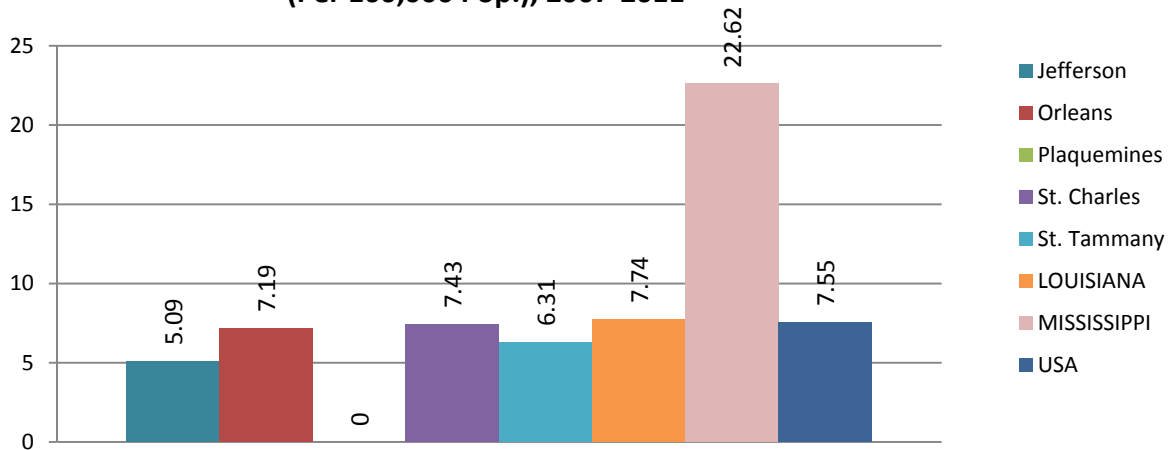
Mortality - Unintentional Injury - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Motor Vehicle Accident

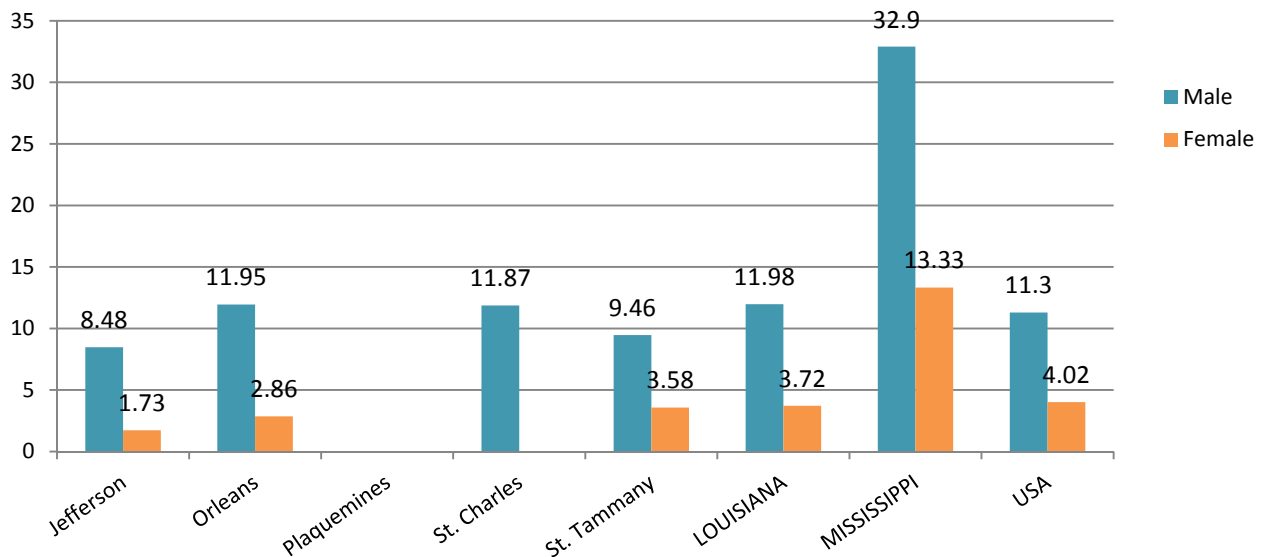
- All of the parishes in the Ochsner Medical Ctr. study area and the State of Louisiana report rates of death due to motor vehicle accidents that are lower than the national rate of 7.55 per 100,000 population. Among the five parishes, St. Charles Parish reports the highest at 7.43 per 100,000 population and Plaquemines Parish is the lowest at 0 per 100,000 population.
- The overall rate for the State of Mississippi (22.62 per 100,000 population) is three times the national rate.

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



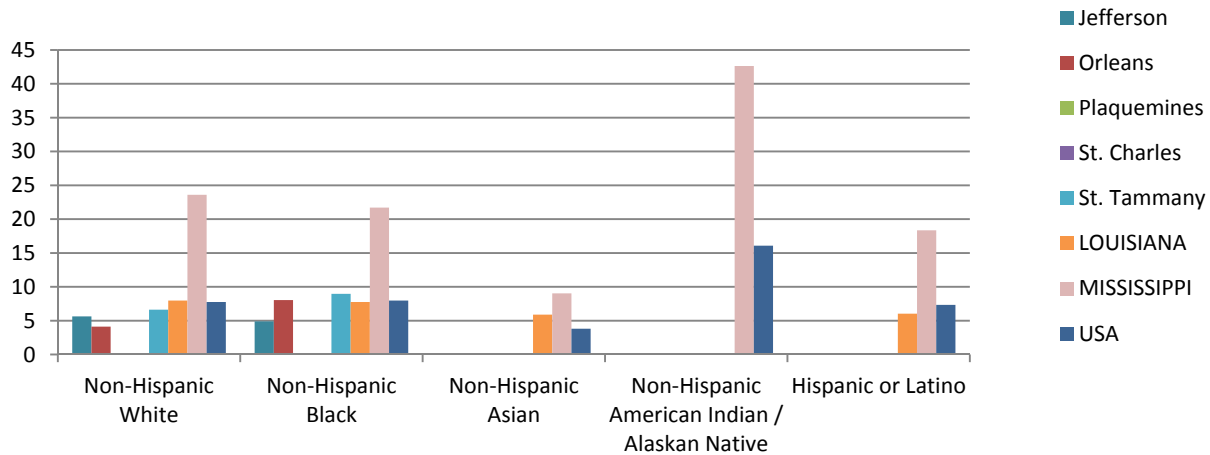
- On a national level and across the Ochsner Medical Ctr. study area parishes and states, men are more likely to die as a result of a motor vehicle accident than women.

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



- The State of Mississippi reports the highest rates of death due to motor vehicle accident across all races/ethnicities as compared with the nation and the Ochsner Medical Ctr. study area parishes and states.
 - ✓ The Non-Hispanic American-Indian/Alaskan Native population reports the highest rate of death due to motor vehicle accident at 42.64 per 100,000 population; almost triple the national rate of 16.08 per 100,000 population.

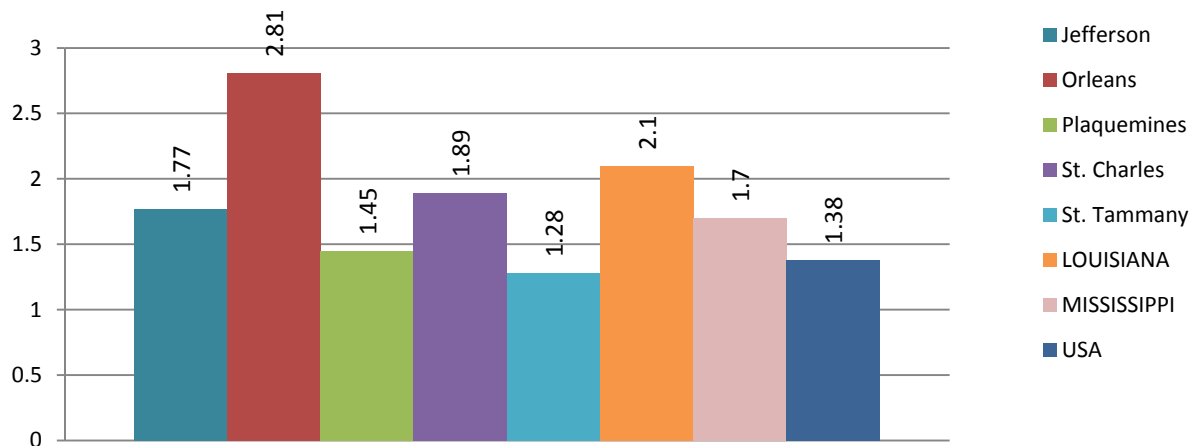
Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity



Mortality – Pedestrian Accident

- Orleans Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the Ochsner Medical Ctr. study area at 2.81 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; St. Tammany Parish reports a rate already lower than this HP2020 Goal.

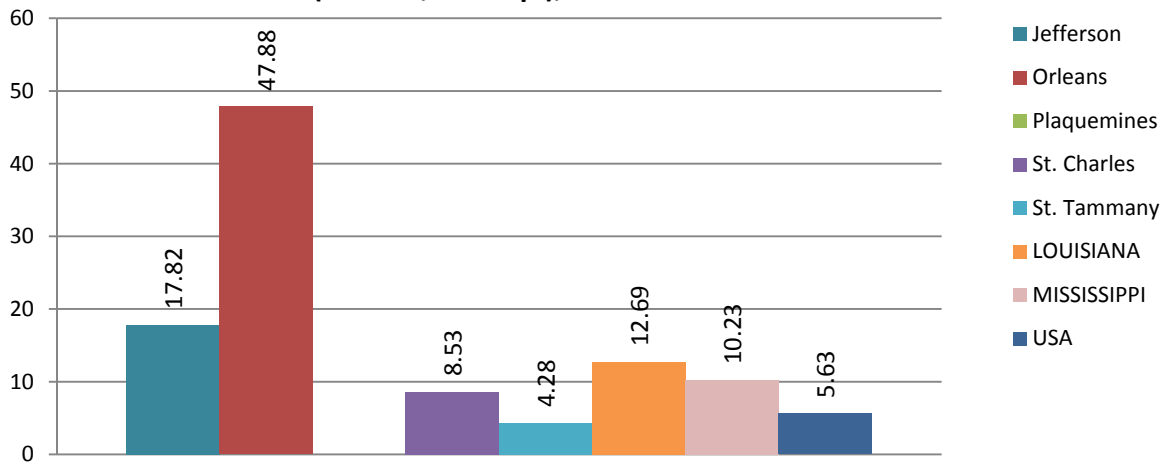
Mortality - Pedestrian Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2008-2010



Mortality – Homicide

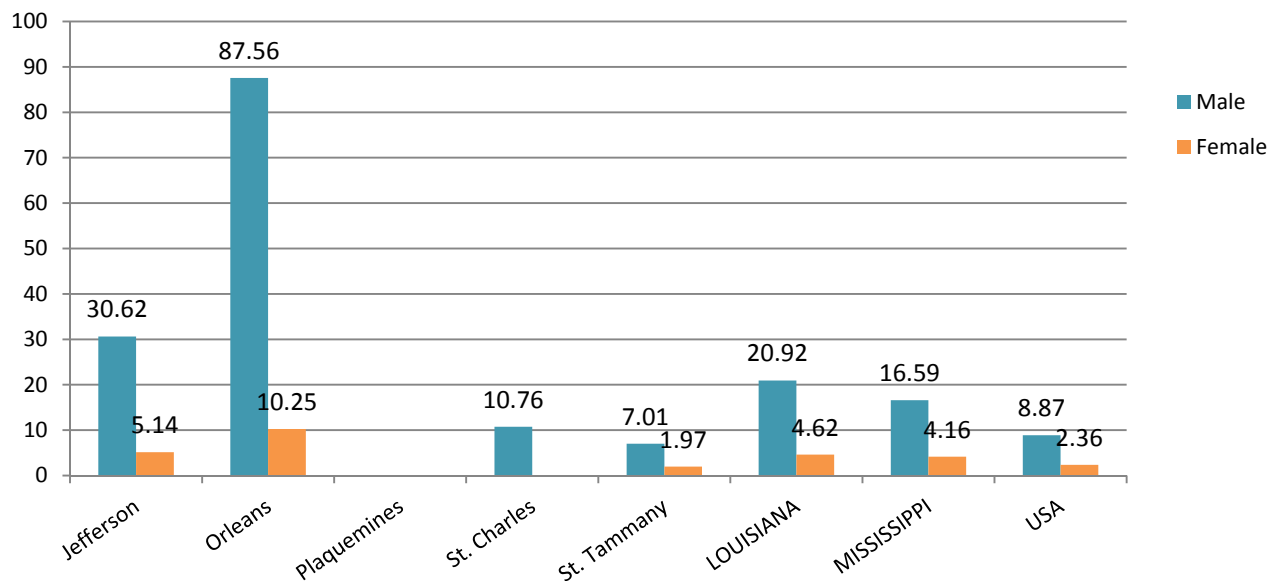
- Orleans Parish reports the highest rate of age-adjusted mortality due to homicide for the Ochsner Medical Ctr. study area at 47.88 per 100,000 population; this rate is much higher than the national rate (5.63) and all of the other study area parishes.
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; only St. Tammany Parish reports a rate already lower than this HP2020 Goal.

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



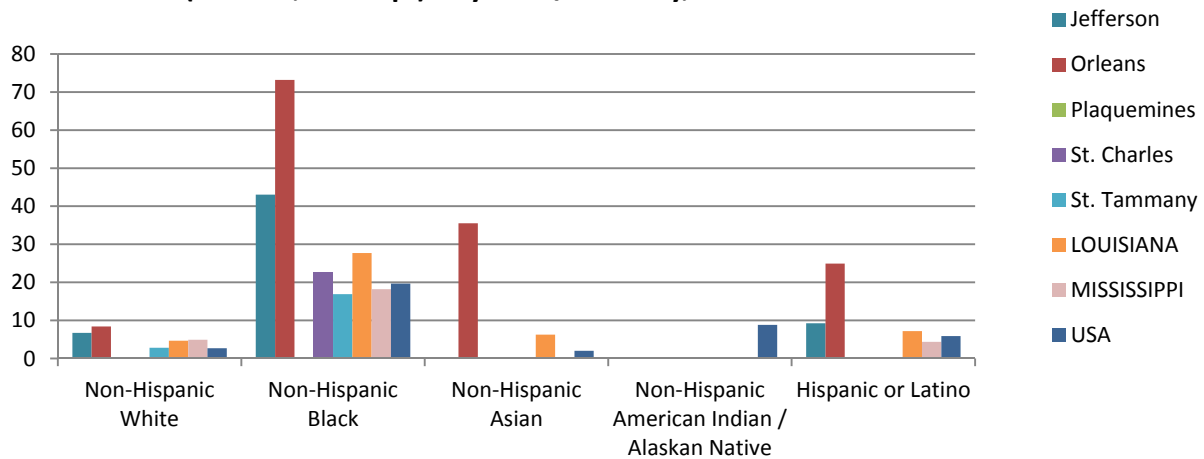
- On a national level and across the Ochsner Medical Ctr. study area parishes and states, men are more likely to die as a result of homicide than women.

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



- Orleans Parish reports the highest rates of death as a result of homicide as compared with the nation and the Ochsner Medical Ctr. study area parishes and states.
 - ✓ The Non-Hispanic Black population reports the highest rate of death as a result of homicide at 73.18 per 100,000 population; almost double the next highest rate for the same population in Jefferson Parish (43.06 per 100,000 population) and nearly four times higher than the nation (19.67 per 100,000 population).

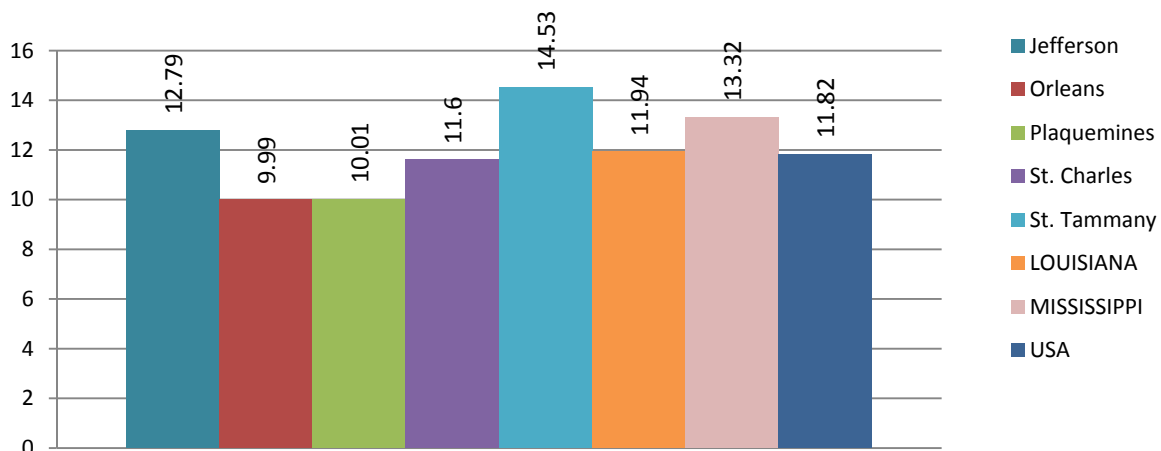
Mortality - Homicide- Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Suicide

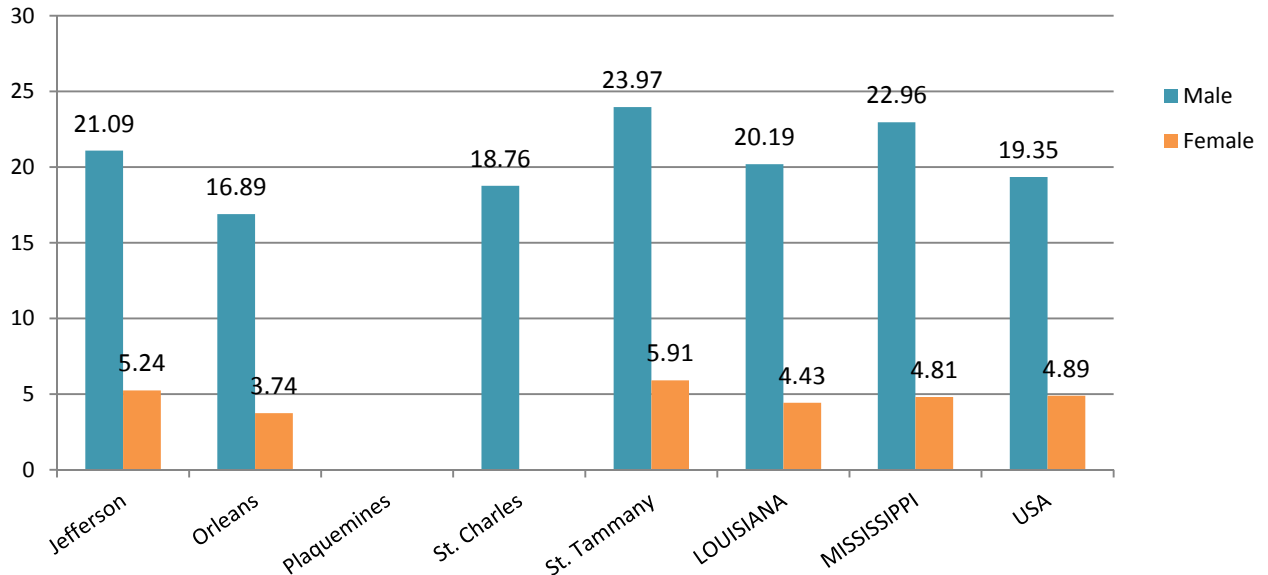
- St. Tammany Parish reports the highest rate of age-adjusted mortality due to suicide for the Ochsner Medical Ctr. study area parishes at 14.53 per 100,000 population; higher than the national rate (11.82).
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Orleans and Plaquemines Parishes report rates already lower than this HP2020 Goal.

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



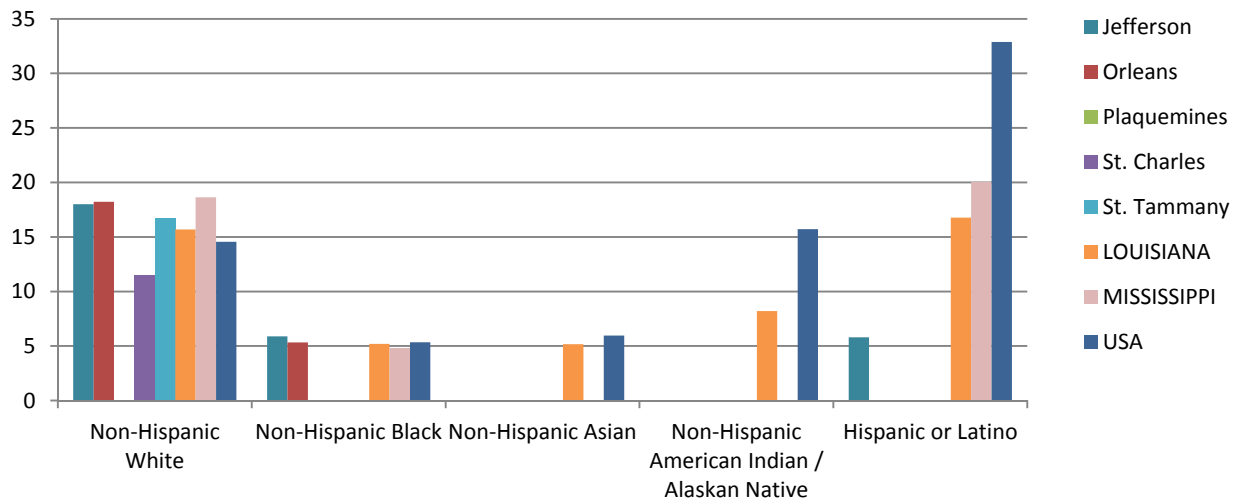
- Men are four times as likely to die as a result of a suicide than women as compared with the nation and all of the Ochsner Medical Ctr. study area parishes and states.

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



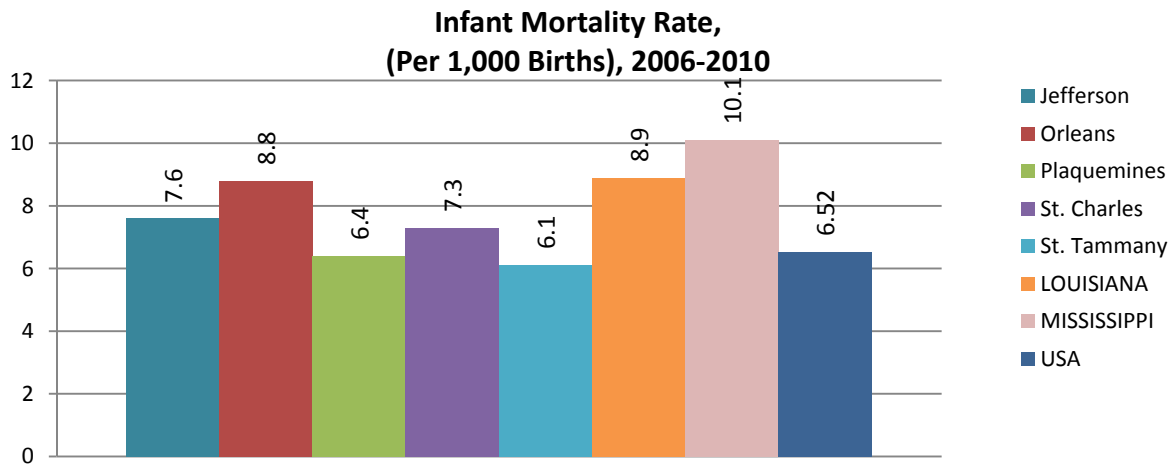
- The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
- For the Ochsner Medical Ctr. study area parishes, the Non-Hispanic White population of Orleans Parish reports the highest rate of suicide at 18.22 per 100,000 population; closely followed by the same population in Jefferson Parish with 18 per 100,000 population.

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



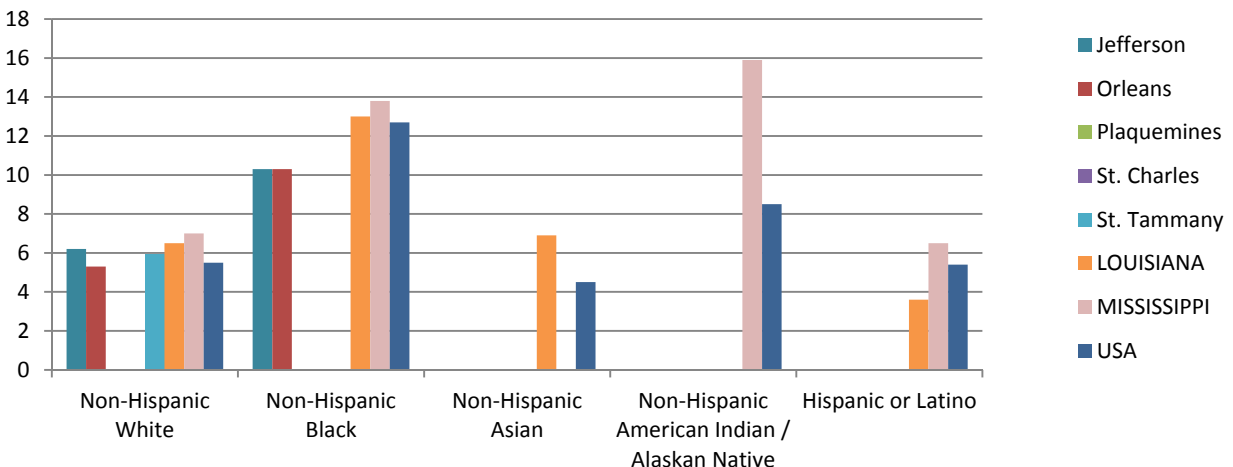
Infant Mortality Rate

- Orleans Parish reports the highest rate of infant mortality due for the Ochsner Medical Ctr. study area at 8.8 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; none of study area parishes or states report rates lower than this HP2020 Goal.



- The State of Mississippi reports the highest rates infant mortality across all races/ethnicities as compared with the nation and the Ochsner Medical Ctr. study area.
 - ✓ The Non-Hispanic American Indian/Alaskan Native population reports the highest rate of infant mortality at 15.9 per 1,000 births.
- Among the five study area parishes, the Non-Hispanic Black populations of Jefferson and Orleans Parishes report the highest rate of infant mortality at 10 per 100,000 population; lower than rates for this population in Louisiana (13) and the nation (12.7).

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

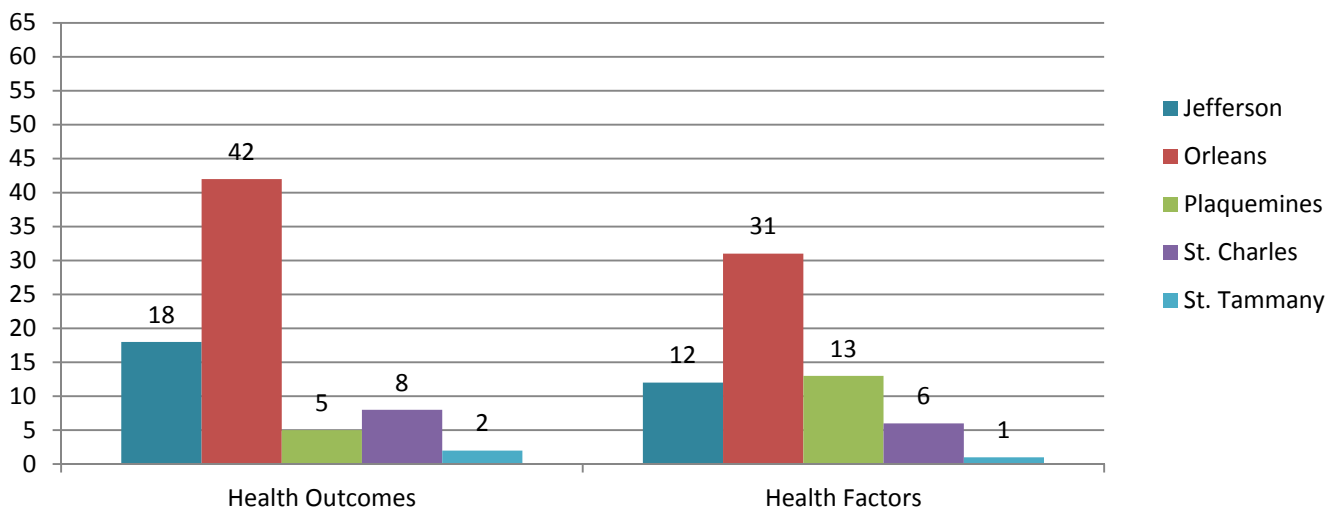


County Health Rankings

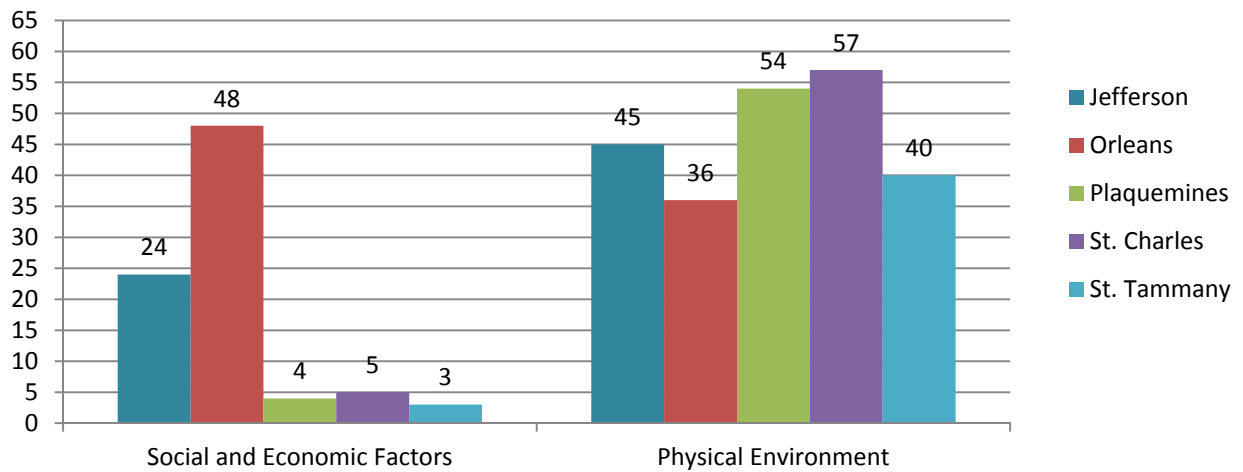
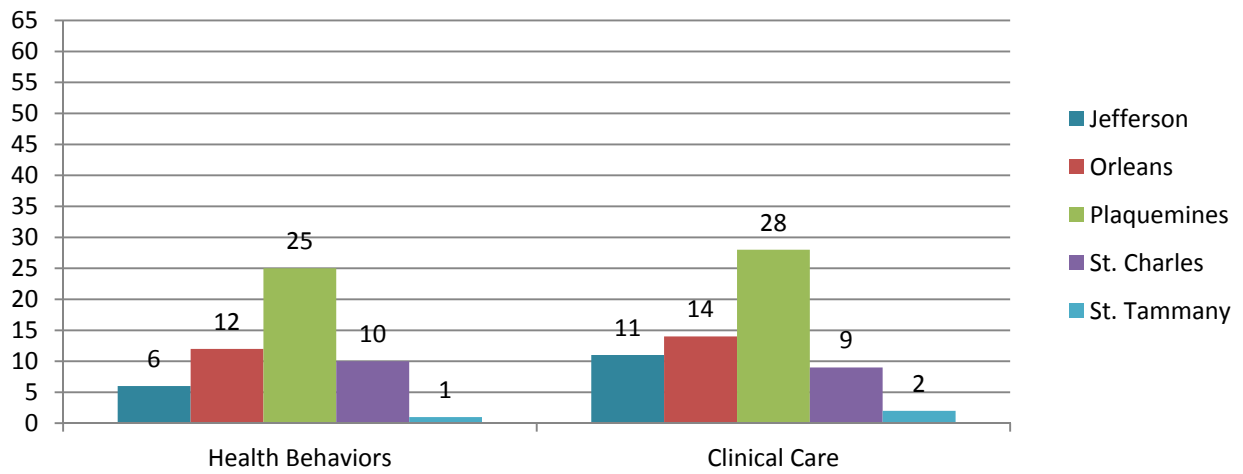
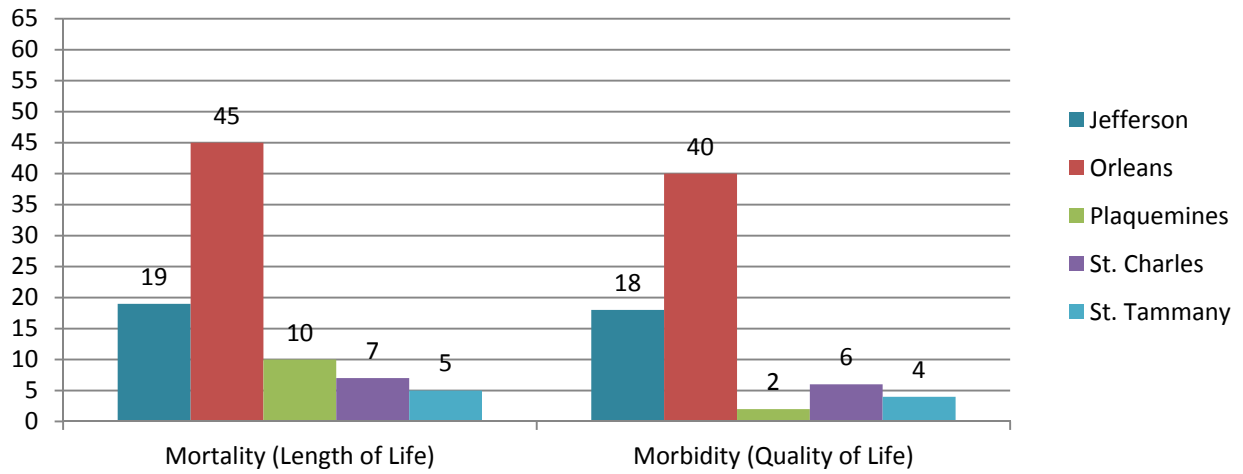
The County Health Rankings were completed as a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.²⁶

Each parish/county 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/county-level data (as well as state benchmarks) for the measures upon which the rankings are based. Parishes/Counties 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/Counties are ranked relative to the health of other parishes/counties 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 and Mississippi has 82 counties. A score of 1 indicates the “healthiest” parish/county for the state in a specific measure. A score of 64 (for LA) or 82 (for MS) indicates the “unhealthiest” parish/county for the state in a specific measure.



²⁶ 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute



Key Findings from County Health Rankings:

- ✓ Orleans Parish reports the highest ranks (unhealthiest parish of the Ochsner Medical Ctr. study area) for the majority of the County Health Rankings:
 - A rank of 42 out of the worst possible 64 (23rd “unhealthiest” parish in the state) for Health Outcomes;
 - A rank of 31 out of the worst possible 64 (34th “unhealthiest” parish in the state) for Health Factors;
 - A rank of 45 out of the worst possible 64 (20th “unhealthiest” parish in the state) for Mortality (Length of Life);
 - A rank of 40 out of the worst possible 64 (25th “unhealthiest” parish in the state) for Morbidity (Quality of Life); and
 - A rank of 48 out of the worst possible 64 (17th “unhealthiest” parish in the state) for Social and Economic Factors.
- ✓ Plaquemines Parish holds the highest rank for Health Behaviors at 25 out of the worst possible of 64 (40th “unhealthiest” parish in the state) and Clinical Care at 28 (37th “unhealthiest” parish in the state).
- ✓ St. Charles ranks 57th (8th “unhealthiest” parish in the state) for Physical Environment.

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

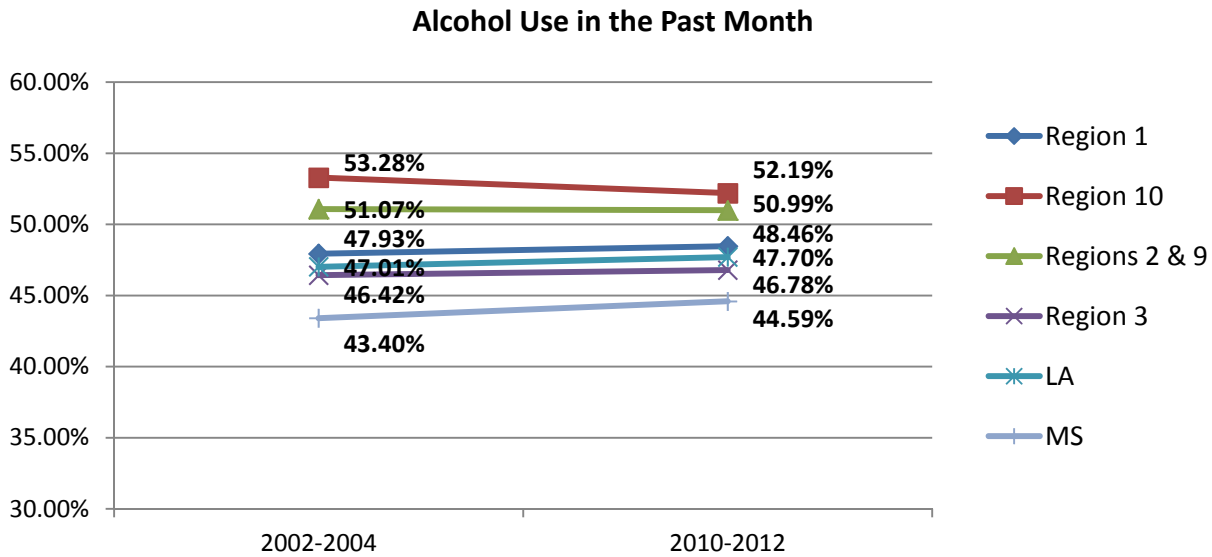
The Substate Region for Mississippi relevant to the MHCNO study area is defined as such:

- Region 7
 - Region 7 – George, Hancock, Harrison, Jackson, Pearl River, and Stone

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

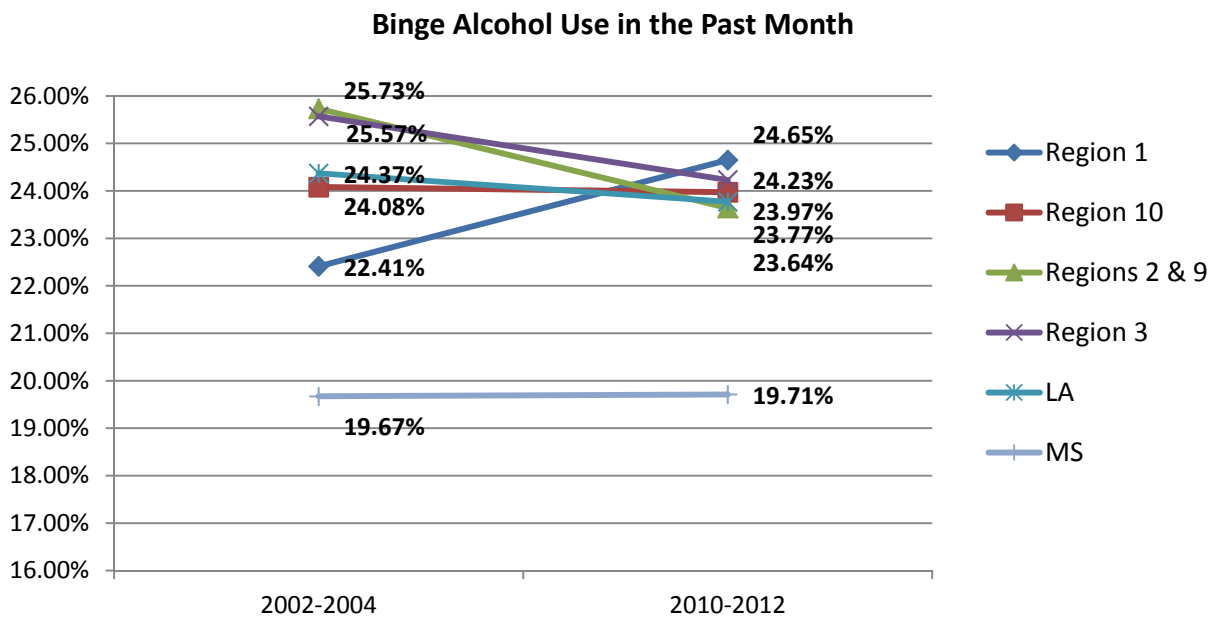
Alcohol Use in the Past Month

- 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

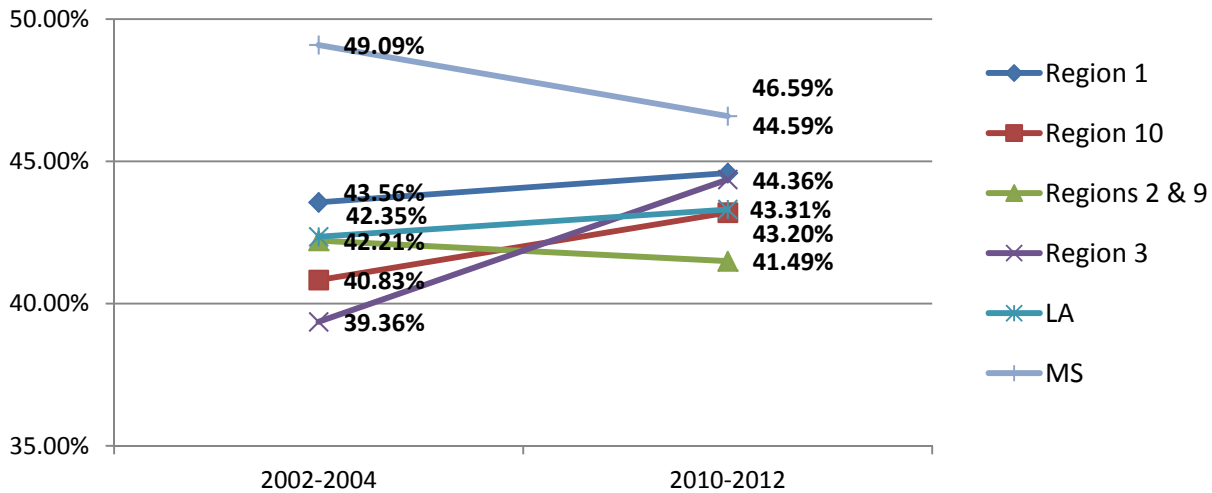
- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate for the study area as well as a rise in binge alcohol use from 2002-2004 to 2010-2012.



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

- Many 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.
- The State of Mississippi rates of perceptions of risk of having five or more drinks once or twice a week have declined from 2002-2004 to 2010-2012.

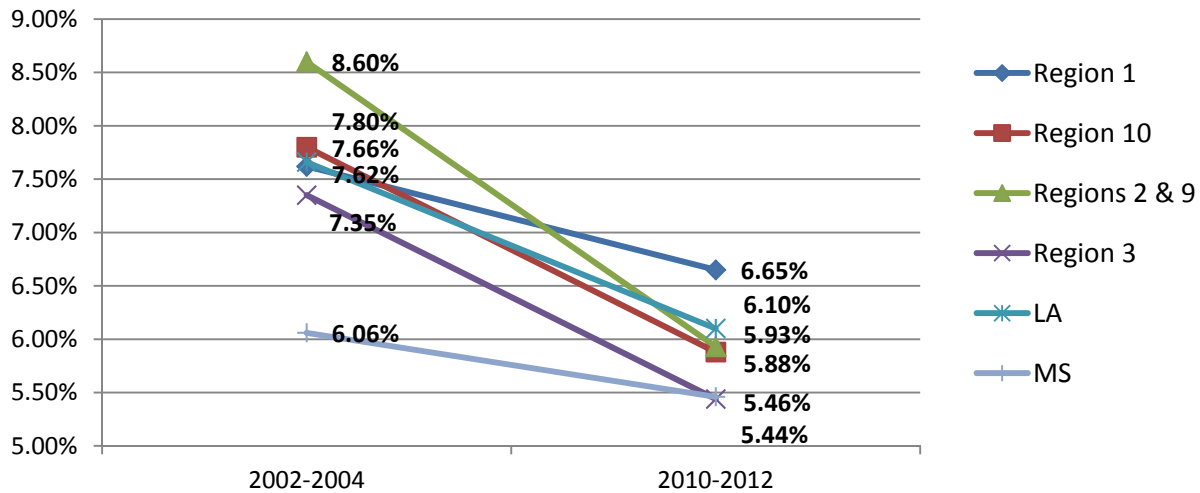
Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks



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 1 (Orleans, Plaquemines, St. Bernard parishes) 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 6.65%.

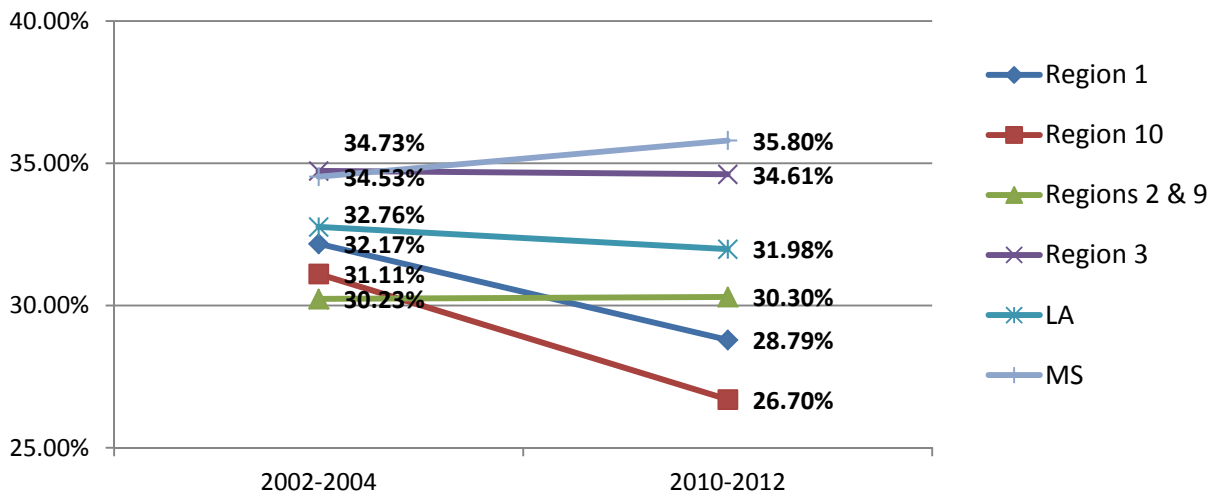
Needing but Not Receiving Treatment for Alcohol Use in the Past Year



Tobacco Use in the Past Month

- Region 3 (Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne parishes) reports the highest current rate of tobacco use in the past month for the study area at 36.63%; and this region has seen this rate rise from 34.55% in 2002-2004.

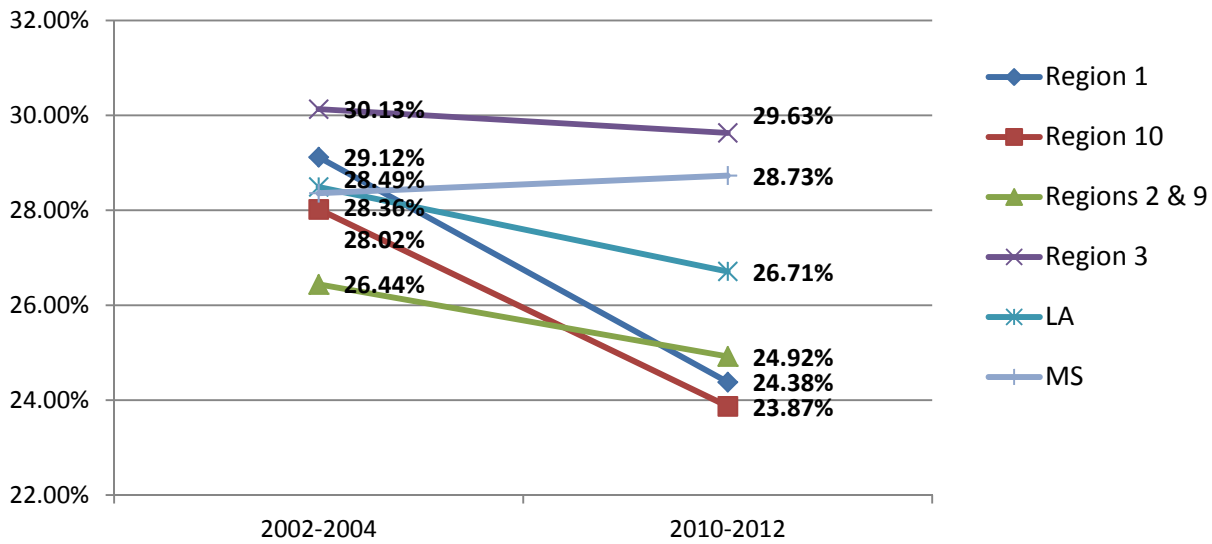
Tobacco Use in the Past Month



Cigarette Use in the Past Month

- Cigarette use in the past month is highest for Region 3 in the 2010-2012 analysis; it has seen a slight decline in rate over the years going from 30.13% to 29.63%.
- Region 3 also reports the highest rate of cigarette use in the past month for the study area at 29.63% in 2010-2012.

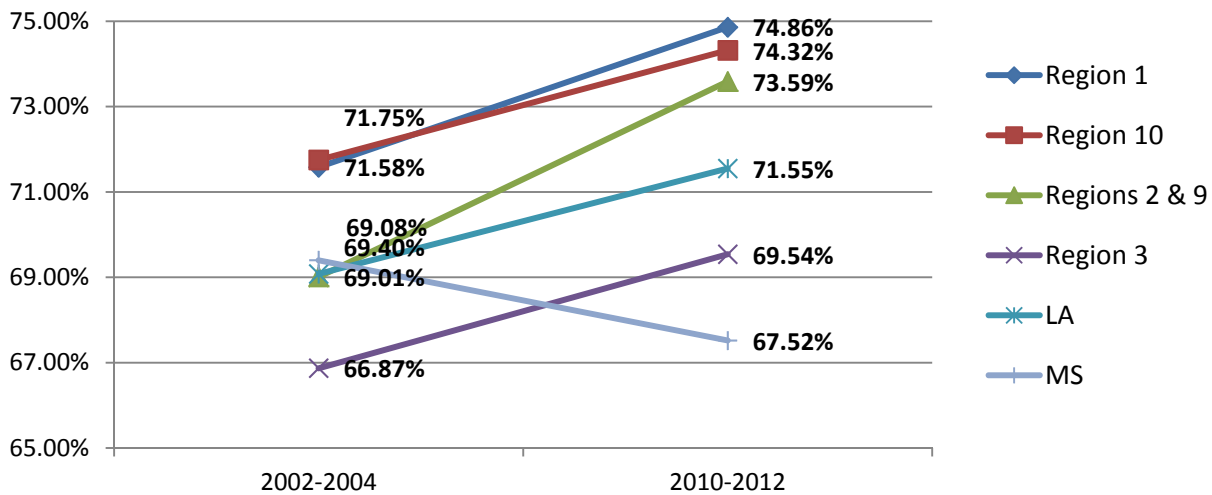
Cigarette Use in the Past Month



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

- All of the study area regions, except for the State of Mississippi, report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day.

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

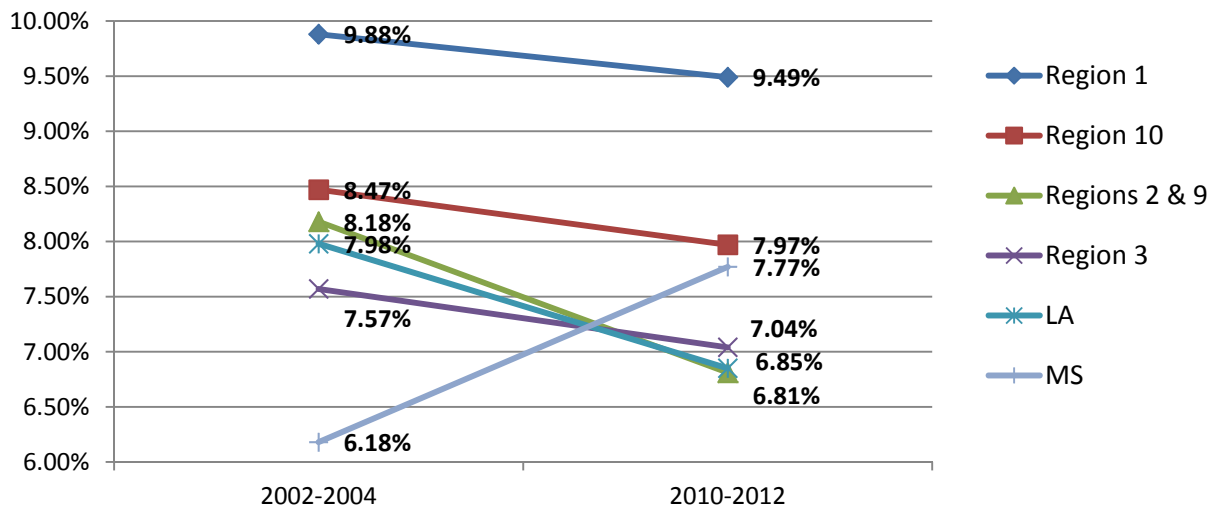


Illicit Drug Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of illicit drug use in the past month with 9.49% of the population aged 12 and older participating in drug use.

- The Louisiana regions of SAMHSA report declines in rates of illicit drug use while the State of Mississippi reports a rise in illicit drug use.

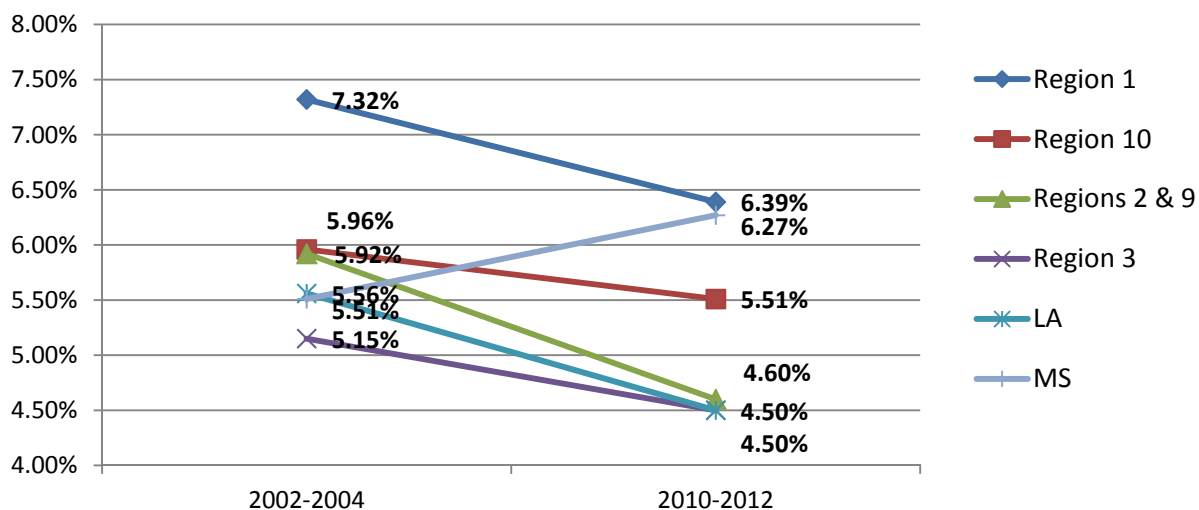
Illicit Drug Use in the Past Month



Marijuana Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of marijuana use in the past month with 6.39% of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 7.32%.
- The Louisiana regions of SAMHSA report declines in rates of marijuana use while the State of Mississippi reports a rise in marijuana use.

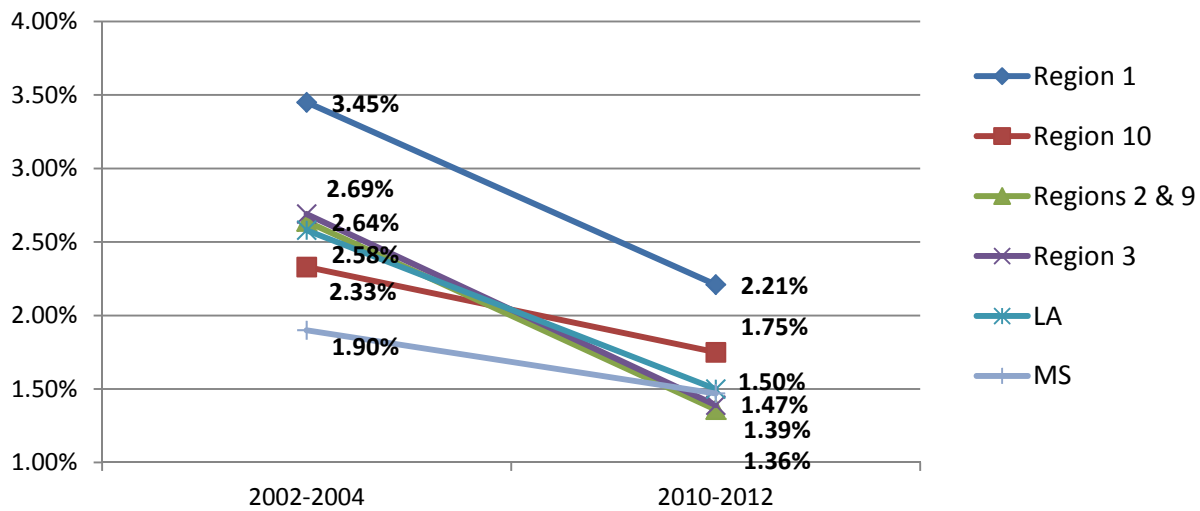
Marijuana Use in the Past Month



Cocaine Use in the Past Year

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of cocaine use in the past month with 2.21 % of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 3.45%.
- All of the study area regions have seen declines in the rates of cocaine use from 2002-2004 to 2010-2012.

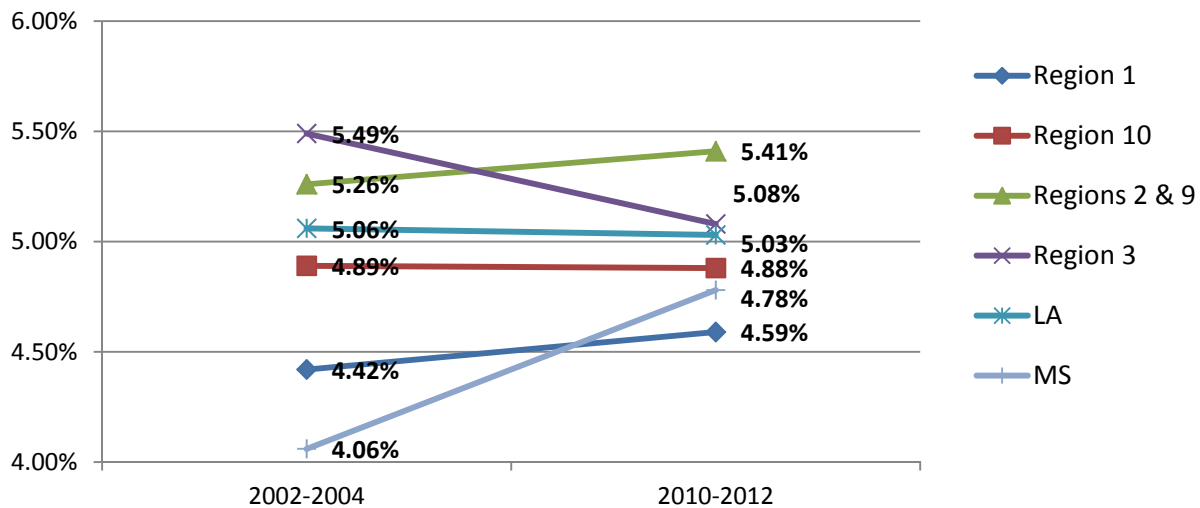
Cocaine Use in the Past Year



Nonmedical Use of Pain Relievers in the Past Year

- Regions 2 and 9 report the highest current rate of nonmedical use of pain relievers in the past year at 5.41% of the population aged 12 and over and have seen this rate rise since 2002-2004 when it was 5.26% (all of the other study area regions have report declines in this rate).

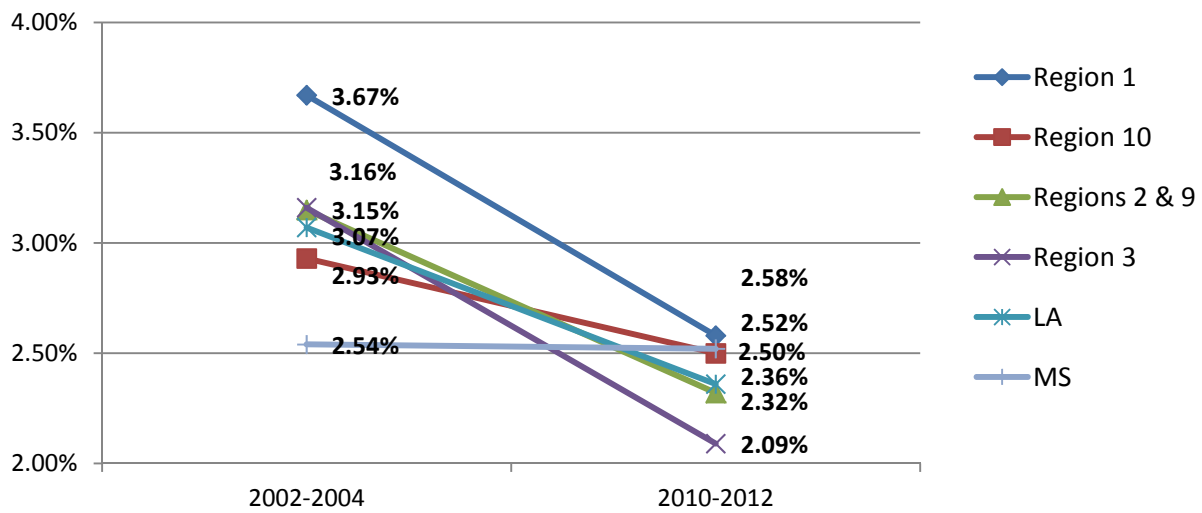
Nonmedical Use of Pain Relievers in the Past Year



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 1 still reports the highest rate for the study area at 2.58% 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:
 - o 48th overall in terms of health rankings
 - o 44th for smoking
 - o 45th for diabetes
 - o 45th in obesity
- Louisiana Strengths:
 - o Low incidence of pertussis
 - o High immunization coverage among teens
 - o Small disparity in health status by educational attainment
- Louisiana Challenges:
 - o High incidence of infectious disease
 - o High prevalence of low birthweight
 - o High rate of preventable hospitalizations
- Louisiana Highlights:
 - o In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
 - o In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
 - o 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.
 - o In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
 - o 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

