

Ochsner St. Anne General Hospital

Community Health Needs Assessment

October 2015



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Introduction

Ochsner St. Anne General Hospital, a 35-bed, community hospital located in Raceland, Louisiana; in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The CHNA was conducted between March 2015 and October 2015; it identifies the needs of the residents served by Ochsner St. Anne General Hospital. As a partnering hospital of a regional collaborative effort to assess community health needs, Ochsner St. Anne General Hospital 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 process in some way:

- Louisiana Office of Public Health
- Humana Louisiana
- Director - Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Greater New Orleans Foundation
- Susan G. Komen, New Orleans
- Cancer Association of Greater New Orleans (CAGNO)
- Local Businessman
- Raceland Sugar
- The Metropolitan Hospital Council of New Orleans (MHCNO)
- Ochsner Medical Center
- Ochsner Medical Center Kenner
- Ochsner Baptist Medical Center
- Ochsner Medical Center Northshore
- Ochsner St. Anne General Hospital
- Ochsner Medical Center Westbank
- St. Charles Parish Hospital
- Children's Hospital of New Orleans
- Touro Infirmary
- University Medical Center
- East Jefferson General Hospital
- West Jefferson Medical Center
- Slidell Memorial Hospital

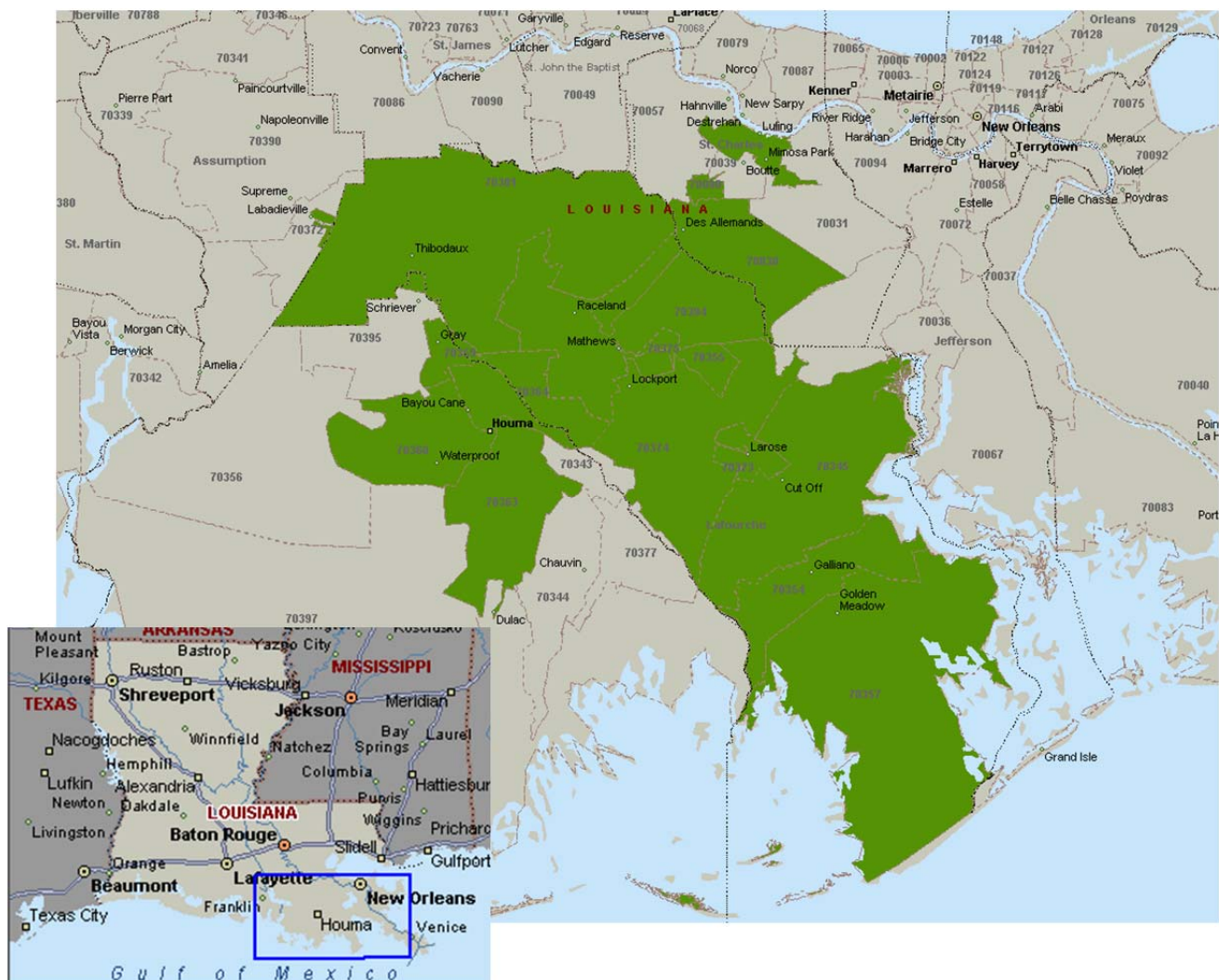
This report fulfills the requirements of the Internal Revenue Code 501(r)(3); a statute established within the Patient Protection and Affordable Care Act (ACA) requiring that non-profit hospitals conduct a CHNA every three years. The CHNA process undertaken by Ochsner St. Anne General Hospital, with 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 St. Anne General Hospital 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 St. Anne General Hospital (Ochsner St. Anne)** community is defined as 16 zip codes – including 3 parishes/counties that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

City	Zip Code	Parish/County	City	Zip Code	Parish/County
Thibodaux	70301	Lafourche Parish	Raceland	70394	Lafourche Parish
Cut Off	70345	Lafourche Parish	Des Allemands	70030	St. Charles Parish
Galliano	70354	Lafourche Parish	Luling	70070	St. Charles Parish
Gheens	70355	Lafourche Parish	Paradis	70080	St. Charles Parish
Golden Meadow	70357	Lafourche Parish	Gray	70359	Terrebonne Parish
Larose	70373	Lafourche Parish	Houma	70360	Terrebonne Parish
Lockport	70374	Lafourche Parish	Houma	70363	Terrebonne Parish
Mathews	70375	Lafourche Parish	Houma	70364	Terrebonne Parish

Figure 1. Map of Ochsner St. Anne General Hospital Study Area



Consultant Qualifications

Ochsner St. Anne General Hospital contracted with Tripp Umbach, a private health care 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 St. Anne General Hospital 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 CHNA 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, 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 backgrounds 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 were 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 as well as to state and national baselines of health measures - utilizing the most currently validated data.
- ❑ Utilizing data obtained from the assessment to address the identified health needs of the service area.
- ❑ Providing recommendations for strategic decision-making regionally and locally to address the identified health needs within the region to use as a benchmark for future assessments.
- ❑ Developing a CHNA document as required by the Patient Protection and Affordable Care Act (ACA).

Methodology

Tripp Umbach facilitated and managed a comprehensive CHNA on behalf of Ochsner St. Anne General Hospital — resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues. The needs assessment data collection methodology was comprehensive.

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 St. Anne General Hospital 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 St. Anne General Hospital 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, Community Need Index, Healthy People 2020, and other additional data sources. This process lasted from March 2014 until August 2015.
- ❑ **Trending from 2013 CHNA:** In 2013, Ochsner St. Anne General Hospital contracted with Tripp Umbach to complete a CHNA. The data sources used were similar to those 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 of this report. 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 (including families), uninsured, Latino, chronically ill, residents with a mental health history, homeless, residents with a literacy challenge, women of child bearing age,

diabetic, and residents with special needs). Such persons were interviewed as part of the needs assessment planning process. A series of 32 interviews were completed with key stakeholders in the Ochsner St. Anne General Hospital 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 192 surveys were collected in the Ochsner St. Anne General Hospital service area which provides a +/- 7.07 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:
 - ✓ Bayou Region: Lafourche and Terrebonne Parishes.
 - ✓ Southeast Louisiana (SELA) Region: all parishes included in the study area, including; Ascension Parish, Iberville Parish, Jefferson Parish, Orleans Parish, Plaquemines Parish, Lafourche Parish, East Baton Rouge, Livingston Parish, St. John Parish, St. Tammany Parish, St. Charles Parish, Washington Parish, Terrebonne Parish, and St. Bernard Parishes.

Vulnerable populations were identified by the CHNA oversight committee and through stakeholder interviews. Vulnerable populations targeted by the surveys were residents that were: seniors, low-income (including families), uninsured, Latino, chronically ill, residents with a mental health history, homeless, residents with a literacy challenge, 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 7, 2015. Consultants presented to community leaders the CHNA findings from analyzing secondary data, key stakeholder interviews, and surveys. Community leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified and prioritized the top community health needs in the Ochsner St. Anne General Hospital community.
- ❑ **Public comment regarding the 2013 CHNA and implementation plan:** Ochsner St. Anne General Hospital made the CHNA document publicly available on October 3, 2013. Since October 2013, Ochsner St. Anne General Hospital 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 St. Anne General Hospital has not yet received any feedback related to the CHNA or 990 documents.
- ❑ **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process including the priorities set by community leaders.

Key Community Health Priorities

Louisiana is a state that has not expanded Medicaid, a key component of health reform that extends Medicaid eligibility to a greater population of residents. Many health needs identified in this assessment relate to the lack of Medicaid expansion and the resulting restricted access to health services. Community leaders reviewed and discussed existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and survey findings presented by Tripp Umbach in a forum setting, which resulted in the identification and prioritization of four community health priorities in the Ochsner St. Anne General Hospital community. Community leaders identified the following top community health needs that are supported by secondary and/or primary data: 1) Access to health services; 2) Behavioral health and substance abuse; 3) Resource awareness and health literacy; and 4) Access to healthy options. Many of the same underlying factors were identified in the 2013 CHNA, with slightly different priorities. A summary of the top four needs in the Ochsner St. Anne General Hospital community follows:

INCREASING ACCESS TO HEALTH SERVICES

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 services (including medical and dental care).
2. Provider to population ratios are not adequate enough to meet the need.
3. Need for care coordination
4. Limited access to health care as a result of transportation issues.

Increasing access to health care was 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 United States. Apart from issues related to insurance and Medicaid reimbursements, access to health care in the hospital service area is limited by provider to population ratios, location of providers, transportation issues, limited awareness of residents related to the location of health services as well as appropriate preventive practices.

Findings supported by study data:

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

Socio-economic status creates barriers to accessing health care (e.g., lack of health insurance, inability to afford care, transportation challenges, etc.), which typically have a negative impact on the health of residents. Often, there is a high correlation between poor health outcomes,

the geographic areas where socio-economic indicators (i.e., income, insurance, employment, education, etc.) are the poorest, and the consumption of health care resources. In the needs assessment completed by Ochsner St. Anne General Hospital in 2013, access to health care and medical services (i.e., primary, preventive, and mental) was also identified as a need in the hospital service area, by primary input from community stakeholders and focus group participants and supported by secondary data.

- In findings from the 2013 CHNA, stakeholders perceived a lack of access to obtaining adequate medical coverage, which included: lack of education, lack of funding, and lack of public transportation for residents. Stakeholders also believed the lack of access to health care was due to jobs that did not offer insurance. Today, poverty is prevalent in the area.
- During the current 2015 study, incomes have improved for the hospital service area and the state since the 2013 CHNA²; however, the Ochsner St. Anne General Hospital study area has an average annual household income of \$67,005; the study area shows pockets of poverty.
- Single parent homes are most likely to be living in poverty with at least one quarter of these homes below the federal poverty rate in every zip code area. In Golden Meadow, LA (70357) almost two-thirds (64.4%) of single parent homes earn incomes below federal poverty rates.
- 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 health care) tend to experience lower educational attainment, lower household incomes, higher unemployment rates, as well as consistently showing less access to health care due to lack of insurance, lower provider ratios, and consequently poorer health outcomes when compared to other zip code areas with lower CNI scores (fewer socio-economic barriers to accessing health care).
- The overall CNI score for the Ochsner St. Anne General Hospital service area rose from 3.7 (2011) to 3.9 (2015), both scores are higher than the median for the scale (3.0) indicating an increase in already greater than average socio-economic barriers to accessing health care across the service area. Ten of the sixteen (81%) zip code areas that are included in the hospital service area fall above the median score for the CNI scale. Ochsner St. Anne General Hospital does not have CNI scores that are as high as many of the other facilities in the Ochsner Health system; however, the rural nature of the service area can reduce the access residents have to health services. The zip code areas with the greatest barriers to access health services are Houma (70363 and 70364), Golden Meadow (70357), and Gray (70359). These areas show the highest rates of child

² In 2013, 19.1% of the state population made less than \$15,000 per year compared to 16.9% in 2015.

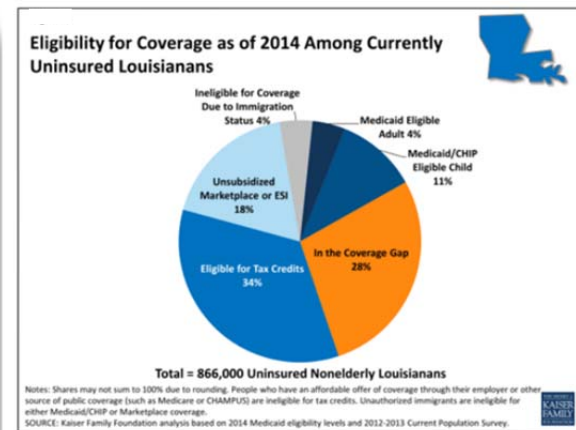
poverty (married parents with children and single parents with children living in poverty), uninsured, unemployed, and the lowest educational attainment.

- The data suggest that there is an increase in barriers to accessing health care for the hospital service area. A closer look at the changes in scores shows there were 10 zip code areas that saw increases in barriers since 2011, 4 remained unchanged and 2 showed improvement. 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 the Ochsner St. Anne General Hospital service area there is a pattern of increased barriers in areas that previously showed higher CNI scores (greater barriers to accessing health care) and less dramatic increases in zip code area with lower CNI scores (fewer barriers to accessing health care). This means that it is becoming increasingly more difficult to secure health care in areas with lower-socioeconomic status. This is a trend across the nation that is the result of the consolidation of health care resources and sustainability challenge faced by many rural health service providers.

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. The 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.³ The primary pathway for uninsured residents to gain coverage is the federally administered Marketplace where 34% (approximately 298,000) of uninsured Louisianans become eligible tax credits. 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 all.

Figure 2 – Louisiana Medicaid Eligibility



- ✓ In the findings of the 2013 CHNA, stakeholders felt there was a lack of affordable health care and medications.
- ✓ Today, the uninsured rate for the service area is lower than any other hospital in the Ochsner Health System.

³ Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey

- While the uninsured rate for the hospital service area (12.2%) is less than the state (19%); there are five zip code areas that have higher rates of uninsured than the service area average – Houma (70363 and 70364), Golden Meadow (70357), Gray (70359), and Thibodaux (70301).
- From the hand-distributed survey, the most common forms of health insurance carried by respondents were: No Insurance (42.2%), Private/Commercial (28.1%), and Medicaid only (14.1%). The most common reason why individuals indicated that they do not have health insurance is because they can't afford it (56.9%).
- There also appear to be several disparities in the uninsured rates. Latino residents are more likely to be uninsured than their counterparts (Non-Hispanic or Non-Latino) in Lafourche Parish (47.33% to 15.29% respectively) and Terrebonne Parish (51.92% to 15.89% respectively). Additionally, the highest uninsured rates are among residents reporting "Some other race", Native American/Alaska Native, and Asian across all Parishes in the study area (Lafourche and Terrebonne Parishes).
- ✓ Often insurance disparities are linked to income status, which is apparent in the hospital service area with Latino residents more likely to experience poverty than their counterparts in Lafourche Parish (15.68% to 14.02% respectively) and Terrebonne Parish (22.04% to 16.85% respectively). Additionally, the highest poverty rates are among residents reporting "Some other race", Native American/Alaska Native, and Black or African American across all Parishes in the study area (Lafourche and Terrebonne Parishes).
- ✓ During the community planning forum, community leaders discussed residents in the most rural areas and also areas with high rates of poverty that do not have access to general health services. Leaders and stakeholders indicate that there are very few resources available to address complex and specialty care medical needs. Stakeholders addressed the limitations of the Medicaid Waiver⁴, which does not cover prescription medications or specialty care. As a result, many community based clinics do not have access to specialty diagnostic services and many treatment options. Survey results for the Bayou region show 20.9% of respondents reporting not taking medications as prescribed in the last 12 months due to cost.
- ✓ During the interview process for this CHNA, 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 (i.e., wound care specialists, 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.

⁴ 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.

- ✓ The percent of insured population receiving Medicaid benefits (2009-2013) was highest in Terrebonne Parish (25.65%) followed by Lafourche Parish (23.64%) compared to the state (25.70%) and national (20.21%) rates. If physicians are not accepting new Medicaid patients, it is possible that as many as one in four insured residents in the hospital service area are not able to secure primary care using their insurance coverage.
- ✓ Community leaders and stakeholders indicated that uninsured and underinsured residents may be resisting seeking health services due to the cost of uninsured care, unaffordable copays, and/or high deductibles according to stakeholders. This trend was apparent in surveys collected with 53.0% of respondents reporting less than \$29,999 annual household income. A higher percentage of respondents indicated that they could not see a doctor in the last 12 because of cost (30.9%) when compared to the state average (18.9%). Additionally, 20.9% of respondents reported not taking medications as prescribed in the last 12 months due to cost. Stakeholders also felt that residents in poverty are less likely to secure health services prior to issues becoming emergent due to a lack of resources (i.e., time, money, transportation, etc.) and a focus on meeting basic needs, leading to a lower prioritization of health and wellness.

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

Community leaders and stakeholders discussed that specialty care is not always available (i.e., Pediatric neurosurgery, pediatric cardiology, endocrinology, outpatient Medicaid providers (dental, etc.), inpatient behavioral health and substance abuse services, adequate outpatient behavioral health and substance abuse services, care coordination, HIV services, primary care (rural areas), community based supportive services for seniors, diagnostics and treatment). There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients, and residents that live in rural communities with the highest rates of poverty.

- Community leaders discussed the aging physician workforce, which is leading to a decrease in the number of physicians available. The inability to attract new physicians to replace retiring physicians further restricts access to health services.
- Lafourche and Terrebonne Parishes are both health care professional shortage areas (HPSA). The primary care physician ratio in Terrebonne Parish (62.56 per 100,000 pop.) and Lafourche Parish (42.26 per 100,000 pop.) are lower than state, and the national rates (86.66 and 78.92 per 100,000 pop. respectively). The rates of Federally Qualified Health Centers (FQHCs) is highest in Terrebonne Parish (1.79 per 100,000 pop.) when compared to the state, and national rates (2.1 and 1.92 per 100,000 pop. respectively) and non-existent/not-reported in Lafourche Parish (0 per 100,000 pop.).

Table 2: Survey Responses – Health Services Received During the Previous 12 Month Period

Test Received	SELA Region	Bayou Region
Blood test	52.3%	39.6%
Cholesterol test	31.5%	27.1%
Colonoscopy	8.6%	8.9%
Check-up	45.8%	44.8%
EKG	15.0%	13.5%

- Respondents from the Bayou region report lower testing rates than those across the SELA Region. This may be related to the limited access residents have to health services in general as indicated by at least 1 in 10 survey respondents indicated they did not have ready access to: dental services (14.1%), vision services (12.7%), or pediatric and adolescent health (10.5%).
- While not as clear an indication of limited access to health care as provider rates; preventable hospitalizations that are higher than expected rates are usually driven by a lack of securing primary care in the community. The end result is hospitalizations for illnesses that could have been resolved prior to becoming emergency situations. In the Ochsner St. Anne General Hospital service area there are higher rates throughout the study area when compared to the state and national rate across six of the preventable quality indicator (PQI) measures. The six measures include: Chronic Obstructive Pulmonary Disease (COPD) or adult asthma, angina without procedure, perforated appendix, dehydration, bacterial pneumonia, and urinary tract infection. There are an additional three measures where Ochsner St. Anne General Hospital shows higher hospitalizations than the nation, but not higher than state rates; these include: short-term complications of diabetes, congestive heart failure, and low birth weight. It is apparent that there is a need for effective resources to provide geriatric care in the hospital service area due to service area rates being higher than state and national rates. For the service area, the PQI value for COPD is the highest (621.00) when compared to state (531.03) and national (495.71) norms.

Table 3: Survey Responses – Perceptions about Health Service Availability

Bayou Region	Available to me	Available to others	Not available	NA*
Dental services	62.4%	8.8%	5.3%	23.5%
Vision services	64.7%	7.5%	5.2%	22.5%
Affordable, safe, and healthy housing	47.7%	6.3%	5.7%	40.2%
Cancer screening	11.2%	1.8%	3.6%	83.4%

*NA = Not applicable

- Community leaders and stakeholders discussed the lack of dental services in the hospital services area, particularly for low-income residents that are Medicaid eligible or

uninsured. Survey findings in the Bayou region echoed a lack of dental services. The dentist ratio in Terrebonne Parish (41.69 per 100,000 pop.) and Lafourche Parish (42.21 per 100,000 pop.) are lower than state, and the national rates (50.61 and 63.18 per 100,000 pop. respectively).

Need for care coordination:

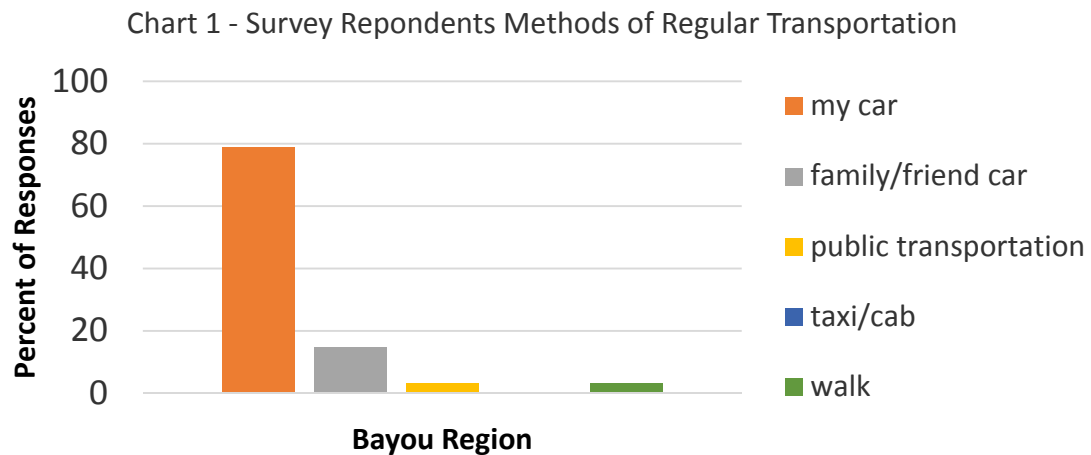
Leaders discussed the need for care coordination for residents related to Medicaid-eligible residents and seniors that may be seeking health services in the emergency room. Community leaders and stakeholders discussed the need to ensure that patients have access to treatment methods prescribed by their physician (i.e., medications, healthy nutrition, etc.) and providers following up with patients to improve implementation of treatment recommendations.

- 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 health care for care coordination, though Medicaid-eligible residents, reportedly, are not often approved for home health services.

Limited access to health care 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 the 2013 CHNA, overall, stakeholders believed a lack of public transportation limited opportunities for employment, getting to medical appointments and involvement in activities etc. Stakeholders perceived that there was a lack of public transportation services for low income and indigent populations, particularly those that were uninsured.
- Today, the topic of transportation was most often discussed by stakeholders in relationship to residents seeking health care and healthy nutrition in rural areas. Often residents in rural areas are not able to get to and from the health services that 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. The lack of adequate transportation impacts health in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. Additionally, the limitations of transportation may restrict the access that residents have to employment opportunities, which could be a barrier to insurance and financial stability.



- While the general population shows average or below average rates of households with no motor vehicles when compared to state (8.48%) and national (9.07%) norms; more than one in five (21.3%) of survey respondents indicated that they use some method of transportation other than a personal vehicle: 14.7% used a family/friend's car; 3.3% used public transportation; and 3.3% said that they walk.
- 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 health care due to the limited transportation options.

Stakeholders noted that the need for accessible health care 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 include:

- Higher cost of health care that results from hospital readmissions and increased usage of costly emergency medical care.
 - ✓ The Ochsner St. Anne General Hospital study area reports higher preventable admission rates than the State of Louisiana for six of the 14 PQI measures.
- Residents delaying medical treatment and/or are non-compliant due to the lack of affordable options for them and limited awareness of what options do exist.
 - ✓ Survey respondents in the Bayou Region reported not seeing the doctor and not taking medications as prescribed in the last 12 months due to cost.
- Poor outcomes in adult, maternal, and pediatric care due to limited care coordination and lack of patient compliance.
 - ✓ Lafourche Parish reports a higher rate of poor general health than Terrebonne Parish (23% and 19.60% respectively). Both parishes, along with Louisiana, exceed the national rate of 15.74%.

Increasing access to health care 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, and urgent care clinics. It will be very important to further understand the access issues for residents that are low-income, Medicaid eligible, seniors, and/or Latino(a) in the hospital service area. Primary data collected during this assessment from community leaders and residents offered several recommendations to increase access to health care. Some of which included:

- **Physician recruitment and retention:** Community leaders felt that there is a need to recruit more physicians that will accept Medicaid and specialty providers to local communities. Two methods for increasing access to primary care services in communities were discussed. Leaders felt that the national transition from a fee-for-service culture to a pay-for-performance health care model will naturally attract primary care providers to the industry. Also, leaders discussed the possibility of offering summer programs and internships to high school and first year college students to generate interest in medical practice in rural settings.
- **Increase preventive care in local communities:** Leaders discussed the need to shift the focus of health care 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 in communities served by Ochsner St. Anne General Hospital. Leaders discussed identifying creative ways to provide screenings in places where residents go (e.g., the grocery store, recreational areas, etc.). Prevention was discussed regarding behavioral health as well. Particularly, leaders discussed the need to teach youth healthy coping skills at a young age.
- **Offer health and other necessary services in areas where the rate of poverty is high:** Leaders discussed increasing access to health services in communities where the poverty rates are high and transportation may be an issue. Leaders recommended hospitals provide an educator at facilities to provide enrollment information and assistance for Medicaid and marketplace insurances. Leaders also recommended that hospitals collaborate with local providers to offer in-home medical care for residents without regular transportation.

ADDRESSING BEHAVIORIAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE

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

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

Addressing needs related to behavioral health and substance abuse was identified as a top health priority by community leaders at the community forum. Community leaders, stakeholders, and survey respondents agree that behavioral health and substance abuse is a top health priority. Community leader and stakeholder 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.

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 St. Anne General Hospital in 2013, stakeholders believed that there was a lack of behavioral health services and overall mental health was not seen as a primary health care issue. Stakeholders perceived there to be a lack of public transportation services for low income and indigent populations, particularly those that are uninsured. Stakeholders stated this lack of public transportation presents an obstacle to engaging in programs and services designed to assist individuals with behavioral health needs.
- Today, data suggests there is a need for behavioral health services:

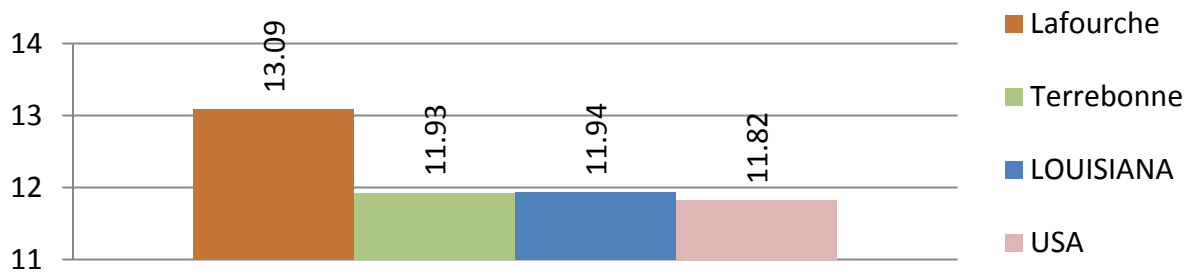
Table 4: County Health Rankings –Mental Health Providers (Count/Ratio) by Parish

Measure of Mental Health Providers*	LA	Lafourche Parish	Terrebonne Parish
Mental health providers (count)	5386	78	130
Mental health providers (ratio Population to provider)	859:1	1,245:1	867:1

*County Health Ranking 2015

- The ratio of population to mental health providers in Lafourche Parish is a significantly larger population to provider ratio (1,245 pop. for every 1 mental health provider) than Terrebonne Parish and the state (867 and 859 pop. per provider respectively).

**Chart 2. Mortality - Suicide- Age-Adjusted Death Rate,
(Per 100,000 Pop.), 2007-2011**



Source: Community Commons. 06/08/2015

- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; both parishes in the study area and Louisiana report rates higher than this HP2020 Goal. Lafourche Parish reports the highest rate of age-adjusted mortality due to suicide for the Ochsner St. Anne study area at 13.09 per 100,000 population; this rate is higher than Terrebonne Parish (11.93) and the national rate (11.82).
- More than one in five (21.2%) survey respondents indicated that they have received mental health treatment or medication at some time in their lives. Almost one in five (19.6%) respondents indicated that they have been diagnosed with depression by a health care professional.
- Eighty percent of stakeholders identified a health need related to behavioral health and/or substance abuse. Stakeholders discussed the lack of behavioral health and substance abuse resources in general and many noted that behavioral health and substance abuse needs are highest in the most rural 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.
- Community leaders and stakeholders alike discussed the gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. Services that were noted as being inadequate in local communities were inpatient crisis intervention, school-based behavioral health services, and outpatient diagnostic and counseling services. While there are inpatient beds and outpatient services available, stakeholders and community leaders indicated that they are over thirty miles away in many cases and not adequate enough to meet the demand for behavioral health and substance abuse services.
- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the hospital service area shows higher rates than the state for several substance abuse measures:

- ✓ The rate of nonmedical use of pain relievers has declined in the hospital service area (from 5.49% in 2004 to 5.08% in 2012), though it remains higher than state rates (5.03% in 2012).
 - ✓ The rate of binge drinking has declined in the hospital service area (from 25.57% in 2004 to 24.23% in 2012), though it remains higher than state rates (23.77% in 2012).
 - ✓ Tobacco use is greater in the hospital service area (34.61%) than the state (31.98%).
 - ✓ Illicit drug use is greater in the hospital service area (7.04%) than the state (6.85%).
- Nearly fifty percent (47%) of survey respondents selected “Drugs and Alcohol” as one of the top five health concerns in their communities. Stakeholders felt that the culture of New Orleans and the tourist industry encourage substance abuse and identified tobacco, alcohol, prescription pain medications, heroin, and marijuana as the most common substances being abused.
 - 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 (i.e., bipolar, schizophrenia, etc.). There was discussion regarding the prevalence of stress and limited coping mechanisms among some residents which may lead to substance abuse as a method to cope with stress related issues like unemployment, financial crisis, etc.

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

- 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, contributing to a repeat crisis or an even more acute episode in the future. Community leaders and stakeholders agree that care coordination is needed among behavioral health providers, substance abuse providers, and physical health providers.

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

- Higher suicide rates and incarceration rates for residents with mental illness.
- 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 (i.e., HIV treatments, etc.).

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:

- **Increase the number of facilities offering behavioral health and substance abuse services:** Leaders discussed the need to increase the number a facilities that offer behavioral health services in order to improve the access that residents have to behavioral health and substance abuse services. With transportation being a barrier to accessing care, leaders recommended facilities be located in communities where the need is the greatest.
- **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.

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 and awareness
 - ✓ Need to increase educational outreach to vulnerable populations

Improving resource awareness and health literacy is identified as a top health priority for the Ochsner St. Anne General Hospital service area. While there has been some development in 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 the use of effective information dissemination, comprehensive and up-to-date directories, etc. is needed. There is agreement across data sources in support of improving resource awareness and health literacy of residents in the hospital service area.

Findings supported by study data:

A lack of awareness about health resources:

- In the 2013 CHNA, stakeholders believed there was a lack of education and services available to citizens for healthy living options and routines.
- Today, stakeholders discussed a shift in the way health services are provided from the charity care model before Katrina to the community-based Federally Qualified Health Center (FQHC) model providing primary care to residents through a network of FQHCs. One of the most discussed 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 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 accept Medicaid and which ones are not accepting new patients with Medicaid coverage. Leaders discussed the difficulty this poses in referrals as well as residents' ability to secure community based primary care services.
- Community leaders and stakeholders felt that residents are not securing health services in the proper locations because they are not aware of where health services are located and what services are available at each location. There were further discussions by both sources 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. Stakeholders also addressed education in charter schools as an issue related to the access youth have to education about reducing the spread of STIs and HIV. A lack of awareness about preventive practices was evident among survey findings when 83.4% of respondents indicated that cancer screening was "not applicable" to them or their family.

Table 5: Survey Responses – Preferences for Receiving Information about Health care

Preferred Method	Respondents (%)
Newspaper	38.5%
TV	30.7%
Internet	30.7%
Word of Mouth	58.3%
Radio	8.9%
Library	4.7%
Clinics	16.7%
Faith/Religious Organizations	12.5%
Call 2-1-1	1.6%
Other	5.7%

- One of the greatest challenges to increasing health literacy and resources awareness will be what survey results show as the method in which many respondents prefer to receive information about health services – word of mouth (58.3%).

Language barriers related to accessing care and understanding care provided.

- While the rate of limited English speaking skills in the hospital service area are not as high as some of the more urban areas in South East Louisiana; Lockport (70374) shows the highest percentage of residents with limited English speaking skills (4.5%) with Galliano (70354) and Cut Off (70345) showing higher rates than the average for the service area (3.0%, 2.8%, and 1.2% respectively).
- 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. Stakeholders discussed languages spoken in the communities served by Ochsner St. Anne General Hospital and the need to ensure that health services are culturally competent and accessible for residents who have limited English speaking skills. The language most referenced was Spanish. 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 populations with limited English skills, limited literacy skills, and limited computer literacy.

- ✓ There are socio-economic and racial disparities apparent in secondary data related to health outcomes (i.e., low birth weight, infant mortality, heart disease, 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:

- **Increase access to accurate information about what services are available:** Leaders discussed the dissemination of accurate information about what services are available in local communities. Specifically, leaders 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 and linked to parish websites. Additionally, leaders discussed promotion of the use of the Health Information Exchange among providers and residents alike. Leaders felt that hospitals have a unique role in the community through which they can raise awareness about health issues and advocate for systemic change.

NEED TO IMPROVE ACCESS TO HEALTHY OPTIONS

Underlying factors identified by secondary data as well as primary input from community leaders, community stakeholders, and resident survey respondents identified the following subcategories for the need to improve access to healthy options:

1. Limited access to healthy nutrition
2. Lack of safe exercise options
3. Limited access to prevention and education

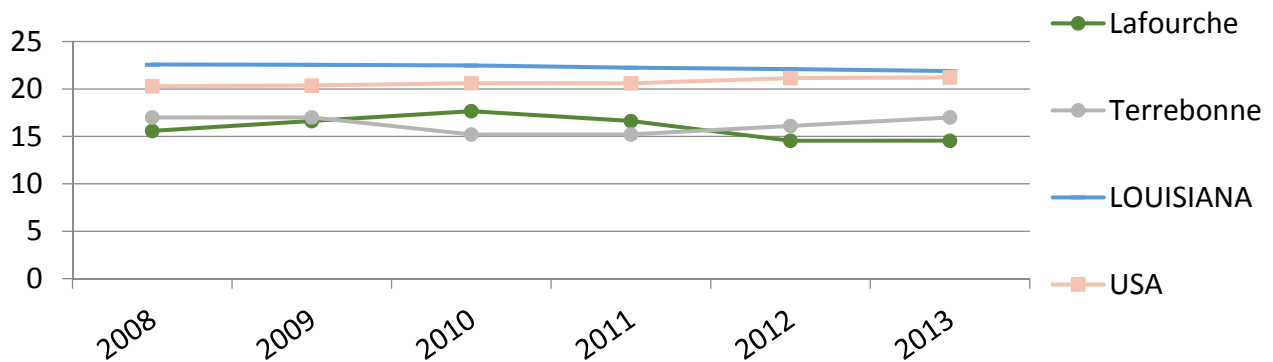
Community leaders identified access to healthy options as a community health priority. Community leaders and stakeholders understood that health issues in the hospital service area are driven by both personal choices of residents and the amount of access individuals have to healthy options. Leaders focused discussions around the limited access residents have to healthy nutrition, safe exercise opportunities, and 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:

- In the 2013 CHNA, stakeholders believed that there was a general lack of knowledge about healthy life style choices, mixed with overall health not being a priority to some residents.

Chart 3. Grocery Store Establishments, Rate per 100,000 population (2013)



- Today, 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. Lafourche Parish reported the lowest rate of grocery stores per population at 14.54 per 100,000 pop.; Terrebonne Parish follows at 16.99 per 100,000 pop.; both are lower than state (21.88) and national (21.2) norms.
- While access is an issue related to healthy nutrition, education about health 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.

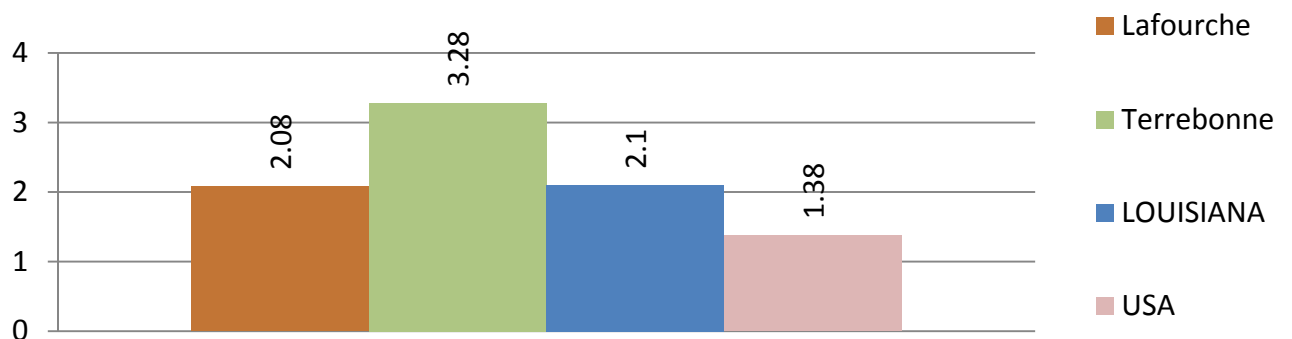
Limited access to prevention and education:

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.

- In the 2013 CHNA, stakeholders perceived the health status of many residents to be poor due to various factors such as limited education on how to promote healthy living. Specifically, stakeholders referenced the increase of chronic and infectious diseases (i.e., Obesity, Diabetes, and HIV/AIDS). Stakeholders focused their discussion on target populations such as the underserved/uninsured, children and elderly, and the working poor. A sentiment echoed among stakeholders during the current assessment.
- Today, 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 new mothers are not always connected to community based resources upon discharge from the hospital and they are not always aware of healthy practices for their infants.

Lack of safe exercise options:

Chart 4. Mortality - Pedestrian Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2008-2010



- Traffic fatalities are high in rural areas due to poor infrastructure, making it unsafe for residents to exercise outside. This was apparent in the data related to pedestrian mortality rates, which are highest in Terrebonne Parish (3.28 per 100,000 pop.) when compared to Lafourche Parish, state, and national norms (2.08, 2.1, and 1.38 per 100,000 pop. respectively).
- Furthermore, stakeholders addressed education in charter schools as an issue related to the access youth have to physical exercise throughout the day. Stakeholders discussed the decline or absence of physical activity in the school system. Stakeholders felt that

youth are becoming obese for a variety of reasons, one of which is the limited exercise they may be participating in during school hours.

Stakeholders discussed the implications of the limited access to healthy options that residents of the hospital service area have, they include:

- ✓ Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease. Several of these measures are high in the hospital service area today.
 - Terrebonne Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the Ochsner St. Anne study area at 164.18 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; both of the study area parishes and state report rates higher than this HP2020 Goal.
 - The average Body Mass Index (BMI) among survey respondents in the Bayou Region (29.9) was higher than any other region and national norms; they border on Obese (BMI>30).
- ✓ Poor birth outcomes (e.g., low birth weight) and limited access to healthy options.
 - Terrebonne Parishes reports the highest rate of infant mortality for the Ochsner St. Anne study area at 8 per 1,000 births; this rate is higher than the national rate of 6.52 per 1,000 births. Lafourche follows closely with 7 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; both parishes report rates higher than this HP2020 Goal. The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of infant mortality for the study area at 13.1 per 1,000 births.
 - There are more preventable hospitalizations related to low-birth weight in the hospital service area (69.78) than the national average (62.14).
- ✓ Increased behavioral health symptoms of trauma e.g., risky behaviors, suicide, anxiety, depression, violence, apathy, etc.
 - As referenced above (in the Behavioral health and substance abuse section) suicide rates are higher in both Terrebonne and Lafourche Parishes than state and national norms.

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

- **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 hospital sponsored evidence-based training could be offered to community members and community based

organizations to address needs (e.g., Alzheimer's aggression and management). Leaders also recommended that transportation services could increase outreach education efforts and access to healthy produce during the daily services provided to residents.

- ***Increase supportive services provided to first-time mothers:*** Leaders recommended that hospitals could keep first-time mothers for a short period to provide information and education regarding healthy infant care and practices. Additionally, leaders recommended that hospitals connect new mothers with the Nurse Family Partnership to ensure follow up care and support for the family.

Community Health Needs Identification Forum

INTRODUCTION:

The following qualitative data were gathered during a regional community planning forum held on August 7, 2015 in Raceland, LA. The community planning forum was conducted with community leaders representing the Ochsner St. Anne General Hospital primary service area. Community leaders were identified by the CHNA oversight committee for Ochsner St. Anne General Hospital. Ochsner St. Anne General Hospital is a 35-bed, community hospital located in Raceland, Louisiana. The community forum was conducted by Tripp Umbach consultants and lasted approximately three hours.

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

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for residents in the Ochsner St. Anne General Hospital service area. Below is a brief summary of the recommendations:

Increase the number of facilities offering behavioral health and substance abuse services: Leaders discussed the need to increase the number a facilities that offer behavioral health services in order to improve the access that residents have to behavioral health and substance abuse services. With transportation being a barrier to accessing care, leaders recommended facilities be located in communities where the need is greatest.

Physician recruitment and retention: Community leaders felt that there is a need to recruit more physicians that will accept Medicaid and specialty providers to local communities. Two methods for increasing access to primary care services in communities were discussed. Leaders felt that the national transition from fee-for-service to pay-for-performance health care models would naturally attract primary care providers to the industry. Also, leaders discussed the possibility of offering summer programs and internships to high school and first year college students to generate interest in medical practice in rural settings.

Increase preventive care in local communities: Leaders discussed the need to shift the focus of health care 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 in communities served by Ochsner St. Anne General Hospital. Leaders discussed identifying creative ways to provide screenings in places where residents go (e.g., the grocery store, recreational areas, etc.). Prevention was

discussed regarding behavioral health as well. Particularly, leaders discussed the need to teach youth healthy coping skills at a young age.

Offer health and other necessary services in areas where the rate of poverty is high: Leaders discussed increasing access to health services in communities where the poverty rates are high and transportation may be an issue. Leaders recommended that hospitals provide an educator at facilities to provide enrollment information and assistance for Medicaid and marketplace insurances. Leaders also recommended that hospitals collaborate with local providers to offer in-home medical care for residents without regular transportation.

Increase access to accurate information about what services are available: Leaders discussed the dissemination of accurate information about what services are available in local communities. Specifically, leaders 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 and linked to parish websites. Additionally, leaders discussed promotion of the use of the Health Information Exchange among providers and residents alike. Leaders felt that hospitals have a unique role in the community through which they can raise awareness about health issues and advocate for systemic change.

Increase supportive services provided to first-time mothers: Leaders recommended that hospitals could keep first-time mothers for a short period to provide information and education regarding healthy infant care and practices. Additionally, leaders recommended that hospitals connect new mothers with the Nurse Family Partnership to ensure follow up care and support for the family.

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 hospital sponsored evidence-based training could be offered to community members and community based organizations to address needs (e.g., Alzheimer's aggression and management). Leaders also recommended that transportation services could increase outreach education efforts and access to healthy produce during the daily services provided to residents.

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.

PROBLEM IDENTIFICATION:

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

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

The following summary represents the most important topic areas within the community discussed at the planning retreat, in order of priority. Community leaders believe the following concerns are the most pressing problems and are identified as the most manageable to address and tackle.

ACCESS TO HEALTH SERVICES:

Community leaders identified access to health services as a community health priority. Leaders focused discussions around Medicaid access issues, physician workforce issues, and care coordination.

Contributing Factors:

- There are not enough primary care providers in local communities accepting new patients with Medicaid. Many families and individuals do not have access to a local medical provider that 1) Accepts Medicaid and 2) Accepts new patients.
- There is a general lack of primary care physicians in the community. Leaders discussed more specifically the lack of vision services, dental care, and senior services.
- Leaders discussed the uncertainty in the medical industry and low reimbursement rates that drive the lack of services for Medicaid populations.
- There is a general lack of resources to meet the needs of residents with complex health needs and co-occurring health issues. This general lack of resources is often more pronounced among populations with higher poverty rates.
- Specialty care is not always available (i.e., diagnostic and treatment services in general and Alzheimer's services). There are additional challenges to accessing specialty care for residents that live in the most rural communities, residents that are uninsured, and, Medicaid recipients.
- The physician workforce is aging, leading to a decrease in the number of physicians available. The inability to attract new physicians to replace retiring physicians further restricts access to health services.
- Transportation was discussed as a barrier to accessing health services for residents in the most rural communities.
- There is limited follow up for Medicaid populations that seek care in the hospital.
- Dental health services are not covered under the Affordable Care Act and may be unaffordable for many residents as a result.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE:

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

Contributing Factors:

- There is a stigma associated with behavioral health diagnoses, causing residents to resist seeking diagnosis and treatment.
- There are gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. Services that were noted as being inadequate in local communities were inpatient crisis intervention and outpatient counseling services. Leaders noted that the level of services is not adequate to meet the demand. Leaders discussed the impact of inadequate services on the higher than average suicide rates in the communities served by Ochsner St. Anne General Hospital.
- Leaders discussed a fragmented 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 during a behavioral health crisis and receive little or no follow-up care; contributing to a repeat crisis or an even more acute episode in the future. Care coordination among behavioral health providers, substance abuse providers, and physical health providers could promote lasting positive outcomes for residents with behavioral health or substance abuse issues.
- There was discussion regarding the prevalence of stress and limited coping mechanisms among some residents which may lead to substance abuse as a method to cope with stress related issues like unemployment, financial crisis, etc.
- Leaders felt that substance abuse is an issue in their communities, particularly related to tobacco and alcohol.

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 among providers and residents of the health resources that exist, system navigation issues, and the education of vulnerable populations.

Contributing Factors:

- 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.

- It can be difficult to identify which physicians accept Medicaid and which ones are not accepting new patients with Medicaid coverage. Leaders discussed the difficulty this poses in referrals as well as residents' ability to secure community based primary care services.
- New mothers are not always connected to community based resources upon discharge from the hospital and they are not always aware of healthy practices for their infants.
- Residents are not always practicing prevention (e.g., screenings) due to a lack of awareness about healthy preventive practices.
- Residents are not always being assessed to determine their level of understanding and health literacy.
- Residents do 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.

ACCESS TO HEALTHY OPTIONS:

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

Contributing Factors:

- Residents in local communities do not always have access to grocery stores with healthy food options (e.g., fresh produce) due to a lack of transportation and limited access to grocery stores 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.
- Residents do not always have access to information and instruction related to healthy choices in local communities.
- Traffic fatalities occur frequently in rural areas due to poor infrastructure, making it unsafe for residents to exercise outside.

Secondary Data

Tripp Umbach worked collaboratively with the Ochsner St. Anne General Hospital 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 St. Anne General Hospital. 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 St. Anne General Hospital (Ochsner St. Anne)** study area. The **Ochsner St. Anne General Hospital (Ochsner St. Anne)** community is defined as 16 zip codes – including 3 parishes/counties that hold a large majority (80%) of the inpatient discharges for the hospital

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 St. Anne study area encompasses more than 203,000 residents.
- ✓ In 2015, the largest parish in the study area is Terrebonne Parish with 119,649 residents.
- ✓ From 2015 to 2020, Terrebonne Parish is projected to experience the largest percentage change in population with a 2.9% increase and the largest rise in number of residents (3,518 people) as compared to other parishes in the study area.
- ✓ The gender breakdown for the Ochsner St. Anne study area is generally consistent across the parishes and similar to state and national norms.
- ✓ Lafourche Parish reports the largest population of residents aged 65 and older (14.3%) followed by Terrebonne Parish (12.7%).
- ✓ Lafourche Parish reports the highest White, Non-Hispanic population percentage at 75.8%, this is higher than state (59.1%) and national norms (61.8%).

- ✓ Terrebonne Parish reports the highest Black, Non-Hispanic population across the study area at 69.1%.
- ✓ Both Terrebonne and Lafourche Parishes report lower rates of Hispanic residents as compared with the country (17.6%). Terrebonne Parish reports 4.8% while, Lafourche Parish reports 4.5%. Terrebonne Parish reports the highest percentage of Asian or Pacific Islander residents (1.2%) as compared with Lafourche Parish.
- ✓ Lafourche Parish reports the highest rate of residents with 'Less than a high school' degree (11.5%); this is nearly double the state (6.1%) and national (5.9%) rates.
- ✓ Lafourche Parish also reports the highest rate of residents with a Bachelor's degree or higher with 16.0%; this is lower than state (21.7%) and national (28.9%) norms.
- ✓ Both parishes in the study area report an average annual household income above the state average. Lafourche Parish reports an average annual household income of \$64,405; which is only slightly above the state average of \$64,209. Terrebonne Parish, also close to the state average, reports \$67,512. However, both parishes fall below the national rate of \$74,165.
- ✓ Terrebonne Parish reports the highest rate of households that earn less than \$15,000 per year at 14.2%; Lafourche follows with 12.8%. Lafourche Parish's rate is in line with the national rate of 12.7%.

Community Needs Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).⁵ CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to health care access. Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

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

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.

⁵ Truven Health Analytics, Inc. 2015 Community Need Index.

A total of 13 of the 16 zip code areas (81.3%) for the Ochsner St. Anne General Hospital study area fall above the median score for the scale (3.0), two fall at the median, and one falls 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 3. Ochsner St. Anne General Hospital Study Area 2015 CNI Map

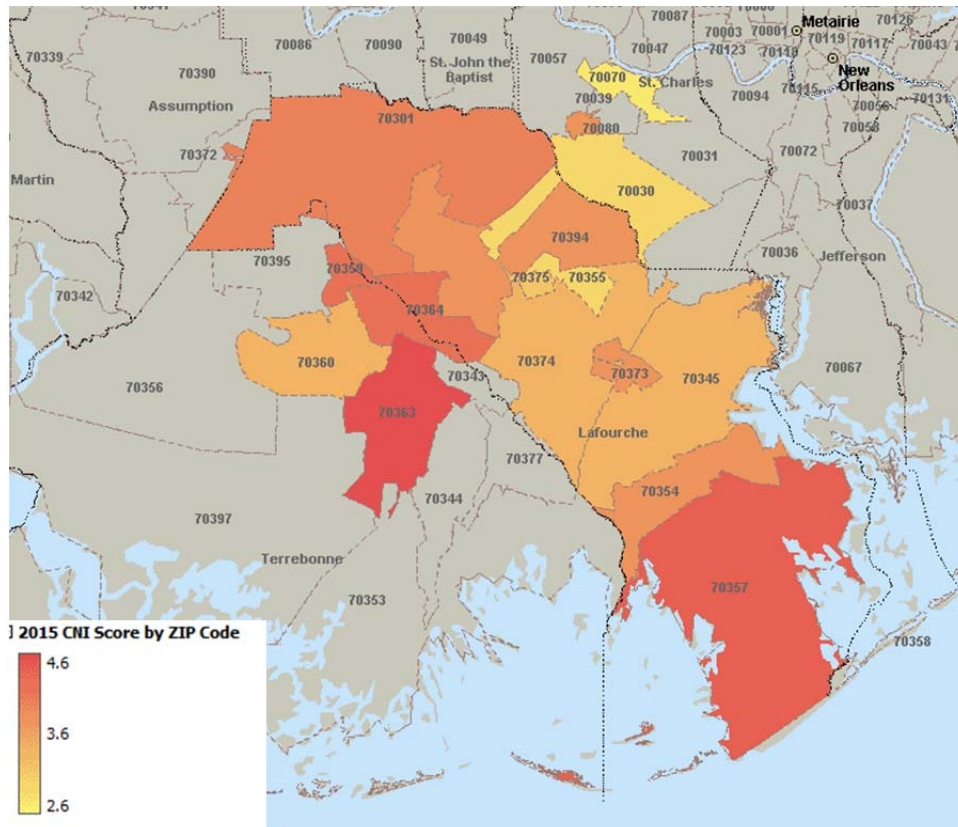


Table 6. Ochsner St. Anne General Hospital - 2015 CNI Detailed Data

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
70363	Houma	4.6	7.0%	29.2%	48.8%	0.8%	47.1%	32.6%	9.0%	16.3%	28.7%
70357	Golden Meadow	4.4	15.4%	19.1%	64.4%	1.9%	21.2%	40.1%	10.8%	12.4%	27.5%
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%
70301	Thibodaux	4.0	13.4%	17.1%	37.9%	0.7%	27.5%	22.1%	6.5%	10.7%	29.9%
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%
70080	Paradis	3.8	12.2%	16.5%	44.6%	0.4%	20.7%	17.3%	5.5%	11.9%	27.8%
70345	Cut Off	3.4	11.4%	9.9%	25.5%	2.8%	19.7%	29.3%	10.7%	10.4%	19.6%
70374	Lockport	3.4	17.8%	15.6%	31.3%	4.5%	13.7%	25.1%	4.7%	11.2%	24.6%

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
70360	Houma	3.4	7.7%	14.1%	40.2%	0.6%	24.9%	14.0%	5.7%	10.0%	29.6%
70375	Mathews	3.2	1.5%	16.7%	26.7%	0.6%	10.4%	26.2%	5.3%	12.2%	18.0%
70355	Gheens	3.0	0.0%	19.5%	23.3%	0.7%	5.1%	30.0%	4.8%	13.1%	16.3%
70030	Des Allemands	3.0	7.7%	15.5%	33.7%	0.5%	14.1%	15.6%	5.6%	12.0%	13.9%
70070	Luling	2.8	7.7%	13.0%	27.9%	1.1%	23.9%	10.7%	4.7%	8.0%	16.8%

For the Ochsner St. Anne General Hospital study area there are 5 zip code areas with CNI scores of 4.0 or greater, indicating significant barriers to health care access. These zip code areas are: 70363 and 70364 in Houma; 70357 in Golden Meadow; 70359 in Gray; and 70301 in Thibodaux.

- 70357 – Golden Meadow reports the highest rates in the study area for: single parents living in poverty with children (64.4%) and residents without a high school diploma (40.1%).
- Zip code area 70354 in Galliano reports the highest rates of residents aged 65 and older living in poverty (22.5%) and residents who are unemployed (12.7%); this is much higher than state (6.6%) and national (5.5%) unemployment rates.⁶
- 70363 – Houma reports the highest rates for the study area for: married parents living in poverty with children (29.2%) and residents identifying themselves as minority (47.1%). Zip code area 70364, also in Houma, shows the highest percentage of people renting (33%).
- 17.9% of the residents in zip code area 70359 (Gray) are uninsured; the highest in the study area.
- 4.5% of residents living in zip code area 70374 – Lockport have limited English proficiency; the highest in the study area.

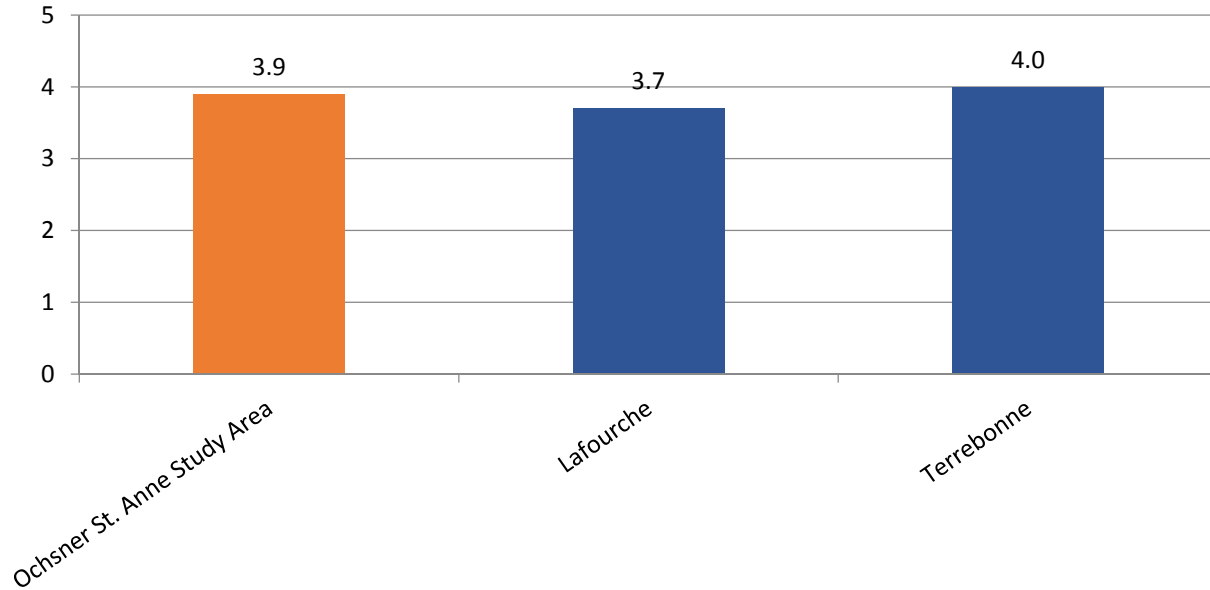
On the other end of the spectrum, the lowest CNI score for the study area is 2.8 in 70070 – Luling.

- Along with the lowest CNI score, zip code area 70070 (Luling) reports the lowest rates in the study area for: residents without a high school diploma (10.7%); unemployed residents (4.7%); and uninsured residents (8.0%). 70374 – Lockport also reports an unemployment rate of 4.7%.
- Zip code area 70355 (Gheens) reports 0.0% of their population as aged 65 and older living in poverty. This zip code also reports the lowest rates in the study area for: single parents living in poverty with children (23.3%) and residents identifying as minority (5.1%).

⁶ March 2015 state and national statistics. U.S. Bureau of Labor Statistics.

- 70030 – Des Allemands reports the lowest rate of renters across the study area at 13.9%.
- Only 0.4% of residents in 70080 – Paradis have limited English proficiency; the lowest in the study area.
- Cut Off (70345) reports the lowest rate of married parents living in poverty with children at 9.9%.

Chart 5. Overall CNI Values - Ochsner St. Anne, Parishes



**Figure 4. CNI Trending – Ochsner St. Anne General Hospital Study Area
2011 - 2015 CNI Difference Map**

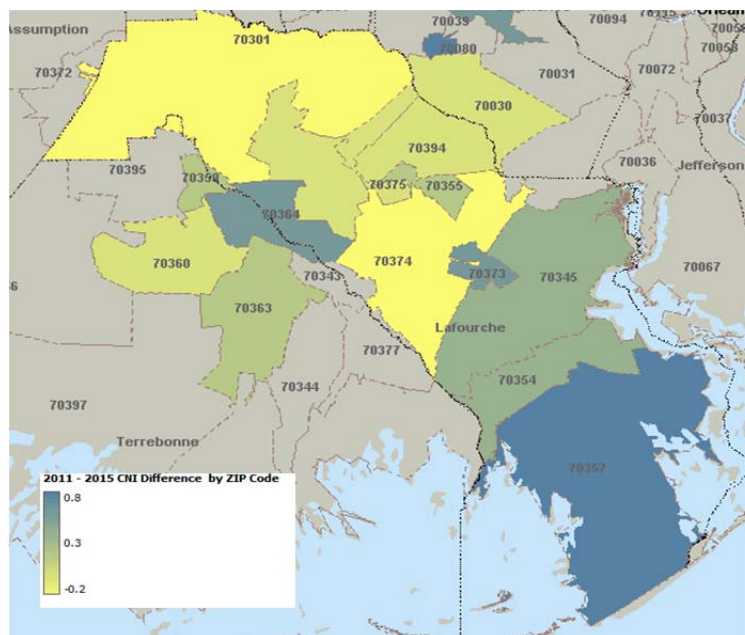


Table 7. CNI Trending - Ochsner St. Anne General Hospital – 2011 to 2015 CNI Comparison

Zip	Community Name	County	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. 2011 – 2015
70363	Houma	Terrebonne Parish	4	5	5	5	4	4.6	4.4	+ 0.2
70357	Golden Meadow	Lafourche Parish	5	4	5	4	4	4.4	3.6	+ 0.8
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
70301	Thibodaux	Lafourche Parish	3	4	5	4	4	4.0	4.2	- 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
70080	Paradis	St. Charles Parish	3	4	4	4	4	3.8	3.0	+ 0.8
70345	Cut Off	Lafourche Parish	2	4	5	4	2	3.4	3.0	+ 0.4
70374	Lockport	Lafourche Parish	2	3	5	4	3	3.4	3.6	- 0.2
70360	Houma	Terrebonne Parish	3	4	3	3	4	3.4	3.4	0.0
70375	Mathews	Lafourche Parish	2	3	5	4	2	3.2	3.2	0.0
70355	Gheens	Lafourche Parish	2	2	5	4	2	3.0	2.8	+ 0.2
70030	Des Allemands	St. Charles Parish	3	3	4	4	1	3.0	3.0	0.0
70070	Luling	St. Charles Parish	2	4	3	3	2	2.8	2.2	+ 0.6

Trending (2011-2015): Across the 16 Ochsner St. Anne General Hospital study area zip codes:

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

Zip code areas 70357 – Golden Meadow and 70080 – Paradis experienced a 0.8 increase, the largest rise in CNI score for the study area (going from 3.6 to 4.4 for Golden Meadow; and going from 3.0 to 3.8 for Paradis).

70301 – Thibodaux and 70347 – Lockport (both located in Lafourche Parish) were the only two zip codes to improve their CNI score and both by 0.2 points. Thibodaux went from 4.2 in 2011 to 4.0 in 2015. Lockport went from 3.6 to 3.4.

Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)⁷

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 St. Anne General Hospital). 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 Rate⁸
 - PQI 15 Asthma in Younger Adults Admission Rate⁹
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 Rate¹⁰
 - PQI 9 Low Birth Weight Rate¹¹
 - PQI 10 Dehydration Admission Rate

⁷ 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.

⁸ 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

⁹ 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”).

¹⁰ 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.

¹¹ 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.

- PQI 11 Bacterial Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate

Table 8. Prevention Quality Indicators (PQI) Ochsner St. Anne General Hospital / LA / U.S.A. 2015

Prevention Quality Indicators (PQI)	Ochsner St. Anne Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Ochsner St. Anne Study Area – LA Diff.	Ochsner St. Anne Study Area – U.S.A. Diff.
Chronic Lung Conditions					
COPD or Adult Asthma (PQI5)	621.00	531.03	495.71	+ 89.97	+ 125.29
Asthma in Younger Adults (PQI15)	40.00	42.83	46.02	- 2.83	- 6.02
Diabetes					
Diabetes Short-Term Complications (PQI1)	92.08	98.10	63.86	- 6.02	+ 28.22
Diabetes Long-Term Complications (PQI3)	103.18	126.06	105.72	- 22.88	- 2.54
Uncontrolled Diabetes (PQI14)	14.31	15.57	15.72	- 1.26	- 1.41
Lower Extremity Amputation Among Diabetics (PQI16)	10.97	12.74	16.50	- 1.77	- 5.53
Heart Conditions					
Hypertension (PQI7)	35.26	46.06	54.27	- 10.80	- 19.01
Congestive Heart Failure (PQI8)	392.52	404.11	321.38	- 11.59	+ 71.14
Angina Without Procedure (PQI13)	19.59	13.74	13.34	+ 5.85	+ 6.25
Other Conditions					
Perforated Appendix (PQI2)	388.89	322.43	323.43	+ 66.46	+ 65.46
Low Birth Weight (PQI9)	69.78	86.51	62.14	- 16.73	+ 7.64
Dehydration (PQI10)	163.42	124.53	135.70	+ 38.89	+ 27.72
Bacterial Pneumonia (PQI11)	311.77	305.80	248.19	+ 5.97	+ 63.58
Urinary Tract Infection (PQI12)	240.38	209.39	167.01	+ 30.99	+ 73.37

Key Findings from 2015 PQI Data:

- The Ochsner St. Anne General Hospital study area reports higher preventable admission rates than the State of Louisiana for six of the 14 PQI measures as depicted by the red values in the corresponding column of Table 8 (above). The greatest difference (89.97 preventable admissions) is seen with PQI5 – COPD or Adult Asthma. The study area reports a rate of 621.00 preventable admissions per 1,000 admissions versus the state rate of 531.03.
- When comparing the Ochsner St. Anne General Hospital PQI data to the national rates, the study area reports higher preventable hospital admissions for:
 - Diabetes, Short-Term Complications
 - Perforated Appendix

- COPD or Adult Asthma
 - Congestive Heart Failure
 - Low Birth Weight
 - Dehydration
 - Bacterial Pneumonia
 - Urinary Tract Infection
 - Angina without Procedure
- There are also a number of PQI measures in which the Ochsner St. Anne General Hospital Study Area reports lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:
- Diabetes, Long-Term Complications
 - Hypertension
 - Uncontrolled Diabetes
 - Asthma in Younger Adults
 - Lower Extremity Amputation among Diabetics

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 health care. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the health care 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 health care relative to adult health care, dependency, demographics, and development—can pervade all aspects of children’s health care; simply applying adult indicators to younger age ranges is insufficient.

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 health care 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:

- The Ochsner St. Anne General Hospital study area reports preventable hospitalization rates lower than the national rate in all but one of the Pediatric Quality Indicator (PDI) measures.
- Terrebonne Parish and Lafourche Parishes are at opposite ends of the spectrum for rates of diabetes, short-term complications for those aged 6 to 17 years old for the study area (60.39 and 18.00, respectively). Terrebonne's rates are nearly double the state rate of 36.00 and triple the national rate of 23.89; while Lafourche's rate is half that of the state and lower than the national rate. This is the only measure where a parish in the study area reports a higher rate than the nation.
- Terrebonne Parish reports the highest rate for the study area of preventable hospitalizations due to Asthma for children aged 2 to 17 at 88.12 per 100,000 population; less than the national rate of 117.37 and the state rate of 117.52. Lafourche Parish reports a rate of 60.25 per 100,000 population; almost half the state and national rates.
- Lafourche Parish reports the highest rate of gastroenteritis for the Ochsner St. Anne General Hospital study area at 37.31 per 100,000 population aged 3 months to 17 years. However, both Lafourche and Terrebonne Parishes fall below the national rate of 47.28.
- Terrebonne Parish reports the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 307.69 per 1,000 admissions. Lafourche Parish reports 294.12 per 1,000 admissions.

- Terrebonne reports the higher rate of preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years in the study area with 13.06 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 St. Anne General Hospital CHNA.¹² The data is presented in the aforementioned categories below.

Insurance/Medicaid/Poverty

- Terrebonne Parish reports the highest rate of Insured Residents Receiving Medicaid at 25.65%; this rate is higher than the national rate (20.21%).
- Lafourche Parish shows the most drastic decline in its rates of uninsured adults going from a high of 29.10% in 2009, down to 26.80% in the most recent data year of 2012. After an increase from 25.90% in 2009 to 27.70% in 2010, Terrebonne Parish shows very little change between 2010 and 2012 rates.
- Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts (Non-Hispanic or Latino).
- 26.19% of the Native American/Alaskan Native population in Lafourche Parish is uninsured.
- Residents reporting “Some other race”, across the study area, have the highest rates of being uninsured.
- More than 30% of the Asian population of Terrebonne Parish report being uninsured.
- In general, the Hispanic/Latino population of the study area is living in poverty at higher rates than their counterparts.
- In Terrebonne Parish, 22.04% of the Hispanic/Latino population is living below the federal poverty level (the highest for the study area).
- The Native Hawaiian or Pacific Islander populations of Terrebonne Parish experience some of the highest rates of living in poverty as compared with the other study area parishes (82.76%).

Primary Care Physicians

¹² Community Commons. <http://www.communitycommons.org/> Accessed 06/08/2015.

- Terrebonne Parish reports the highest number of physicians across the study area parishes at 46. Lafourche follows closely at 39.
- Of the two parishes in the study area, Terrebonne Parish has the higher primary care physician (PCP) rate per 100,000 population at 62.56 in 2012.
- Lafourche Parish reports a lower rate of PCPs per 100,000 population at 42.6 in 2012.

Dentists

- Terrebonne Parish reports the highest number of dentists across the study area parishes at 47; Lafourche Parish reports slightly less at 41.
- Lafourche and Terrebonne Parishes reported similar rates for dentists per 100,000 population in 2013 (42.21 and 41.69, respectively).
- Both parishes fall short of the state rate of 50.61 and the national rate of 63.18.

Dental Health

- Lafourche Parish reports the highest rate of adults with poor dental health for the Ochsner St. Anne study area at 19.10%; this is higher than the national rate of 15.65%.
- While Terrebonne Parish reports a lower rate of 16.65%, it is still above the national rate.

Federally Qualified Health Centers (FQHCs)

- Terrebonne Parish has the higher rate, in the study area, of federally qualified health centers per 100,000 population at 1.79 (similar to the national rate of 1.92).
- Lafourche Parish reports 0 FQHCs per 100,000 population.

Population Living in an HPSA (Health Professional Shortage Area)

- The parishes of Lafourche and Terrebonne are both health care professional shortage areas (HPSA); 100% of their populations live in an HPSA designated area.

Poor Health

- Residents of Lafourche Parish self-report poor general health at a higher rate than residents of Terrebonne Parish (23% and 19.60% respectively).
- Both parishes, along with Louisiana, exceed the national rate of 15.74%.

Chlamydia Infection

- Terrebonne Parish reports 134.5 per 100,000 population more cases of chlamydia infection than Lafourche Parish (721.1 and 586.6, respectively). The national chlamydia rate is 454.1 per 100,000 population; both study area parishes report higher rates of chlamydia infection as compared with the nation.

Colon and Rectum Cancer

- Terrebonne Parish reports the highest incidence rate of colon and rectum cancer for the Ochsner St. Anne study area at 50.3 per 100,000 population; this is higher than the national rate of 43.3 per 100,000 pop.
- The Healthy People 2020 goal is for colon and rectum cancer incidence to be less than or equal to 38.7 per 100,000 population; both of the study area parishes, Louisiana, and the nation 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 study area, the state, and nationally.

Lung Cancer

- Terrebonne Parish reports the highest incidence rate of lung cancer for the Ochsner St. Anne study area at 75.1 per 100,000 population followed by Lafourche Parish at 68.8; these values are higher than the national rate of 64.9 per 100,000 pop.
- The African-American/Black population in Lafourche Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (100.5 per 100,000 pop.).

Prostate Cancer

- Both parishes in the study area report similar incidence rates of prostate cancer per 100,000 population for the Ochsner St. Anne study area (Lafourche = 147.3; Terrebonne = 135.6); these values are close to the national rate of 142.3 per 100,000 pop.
- The African-American/Black population reports higher rates of prostate cancer incidence as compared with other racial groups for the study area, the state, and nationally.

Low Birth Weight

- Terrebonne Parish reports the highest rate of low-weight births for the study area at 10% followed closely by Lafourche Parish with 9.20%.
- Both parishes and Louisiana 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%; both parishes and state 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 St. Anne study area, the state, and nationally.

Mortality – Stroke

- Terrebonne Parish reports the highest rate of age-adjusted mortality due to stroke for the study area at 49.33 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; both of the study area parishes and state report rates higher this HP2020 Goal.
- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of death as a result of stroke for the study area at 92.56 per 100,000 population.

Mortality – Homicide

- Terrebonne Parish reports the highest rate of age-adjusted mortality due to homicide for the study area at 8.79 per 100,000 population; this rate is higher than the national rate (5.63) and Lafourche Parish.
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; Lafourche Parish reports a rate already lower than this HP2020 Goal.
- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of death as a result of homicide across the Ochsner St. Anne study area at 22.14 per 100,000 population.

Depression

- The State of Louisiana reports a higher rate of residents with depression (15.66%) than the country (15.45%).
- Both parishes in the study area report lower rates than the state and the nation.

Mortality – Suicide

- Lafourche Parish reports the highest rate of age-adjusted mortality due to suicide for the Ochsner St. Anne study area at 13.09 per 100,000 population; this rate is higher than the national rate (11.82) and Terrebonne Parish.
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; both parishes in the study area and Louisiana report rates higher than this HP2020 Goal.
- Men are more likely than women to die as a result of a suicide.

Households with No Motor Vehicle

- Lafourche and Terrebonne Parishes both report similar rates of households with no motor vehicle (7.35% and 7.21%, respectively).

Fast Food

- In 2013, Terrebonne Parish reported the highest rate of fast food restaurants per population at 67.05 per 100,000 pop.; Lafourche follows at 51.91; these rates are lower than state (71.56) and national (72.74) norms.

Grocery Stores

- In 2013, Lafourche Parish reported the lowest rate of grocery stores per population at 14.54 per 100,000 pop.; Terrebonne Parish follows at 16.99 per 100,000 pop.; both are lower than state (21.88) and national (21.2) norms.

Recreation and Fitness Facilities

- In 2013, Terrebonne Parish reported the lower rate of recreation and fitness facilities per population at 10.73 per 100,000 pop.; Lafourche Parish follows at 11.42 per 100,000 pop.; both are higher than state (9.6) and national (9.72) norms.

Mortality – Ischemic Heart Disease

- Terrebonne Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the Ochsner St. Anne study area at 164.18 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; both of the study area parishes and the state report rates higher than this HP2020 Goal.

Low Food Access

- The low-income populations of Lafourche and Terrebonne parishes experience similar rates of low food access (11.01% and 10.90%, respectively) to each other and the state (10.82%). Both parishes, along with Louisiana, report rates much higher than the nation (6.27%).
- Lafourche Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 37.88 compared to 19.31 for the State of Louisiana and a national rate of 16.59.
- More than 67% of the Non-Hispanic Black population, in both Lafourche and Terrebonne Parishes, experiences low food access.
- 56.8% of the Non-Hispanic 'Other' race population, in Lafourche Parish, experience low food access.
- Terrebonne Parish reports higher rates of low food access than Lafourche Parish across all but two groups. Lafourche Parish reports a higher rate for the Non-Hispanic 'Other' race population and is about equal with the Non-Hispanic Black population.
- Terrebonne Parish has the highest rate of SNAP-Authorized retailers for the Ochsner St. Anne study area at 105.49 per 100,000 population.
- Lafourche Parish reports the fewest SNAP-Authorized retailers for the study area at only 83.06 per 100,000 population.
- Both parishes are above either state (104.62) or national (78.44) norms.

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.¹³

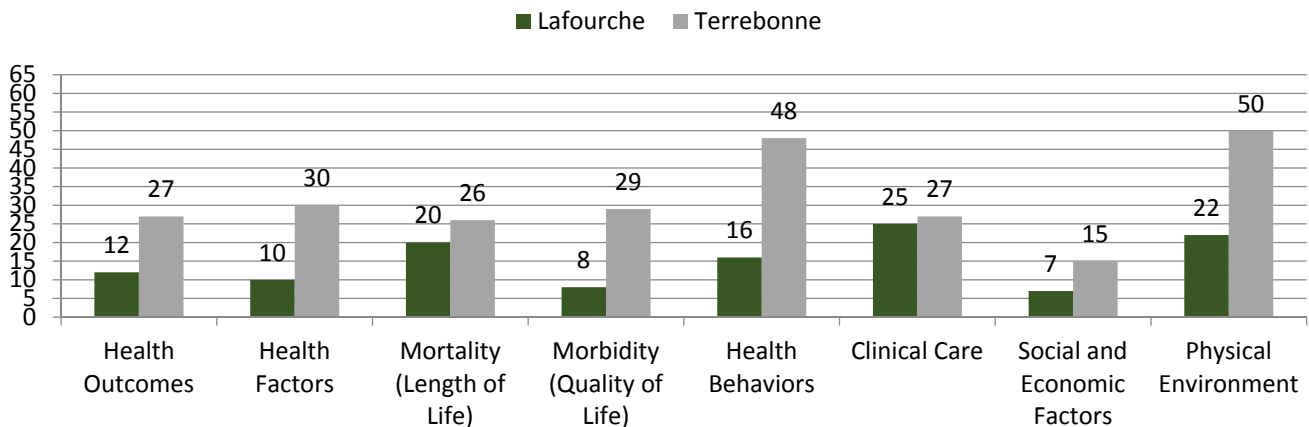
Each parish receives a summary rank for its health outcomes, health factors, and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific parish-level

¹³ 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

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.

Chart 6. County Health Rankings - Ochsner St. Anne Parishes



Key Findings from County Health Rankings:

- ✓ Terrebonne Parish reports higher County Health Rankings than Lafourche across all of the measures.
- ✓ Terrebonne Parish reports relatively unhealthy county health rankings for:
 - Physical Environment – Rank of 50 (15th worst parish in the state)
 - Health Behaviors - Rank of 48 out of worst possible 64

- ✓ Lafourche Parish ranks above average (average for the State of Louisiana being 32, the median between 1 and 64) for all of the County Health Ranking measures indicating generally healthier than a majority of the other parishes in the state.
- ✓ It is important to note that both Lafourche and Terrebonne parishes report many “healthier” than average county health rankings for the state (better than the median).

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:

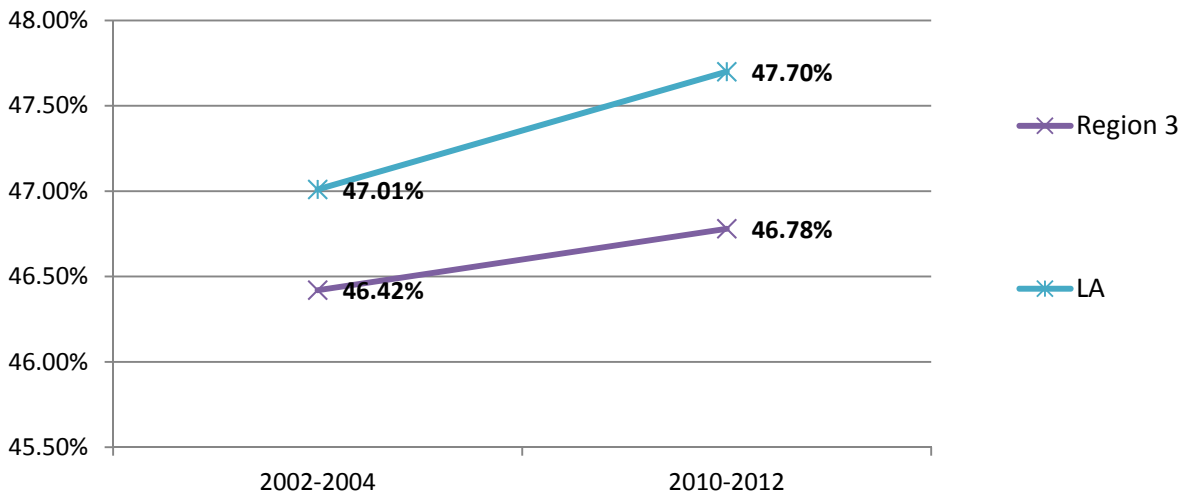
- Regions 1 and 10 (Data for Regions 1 and 10 provided separately for this grouping only)
 - Region 1 – Orleans, Plaquemines, St. Bernard
 - Region 10 – Jefferson
- Regions 2 and 9
 - Region 2 – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
 - 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

- Both Region 3 (which includes Lafourche and Terrebonne parishes) and the State of Louisiana have seen rises in the rates of alcohol use in the past month from the 2002-2004 study to the 2010-2012 study.

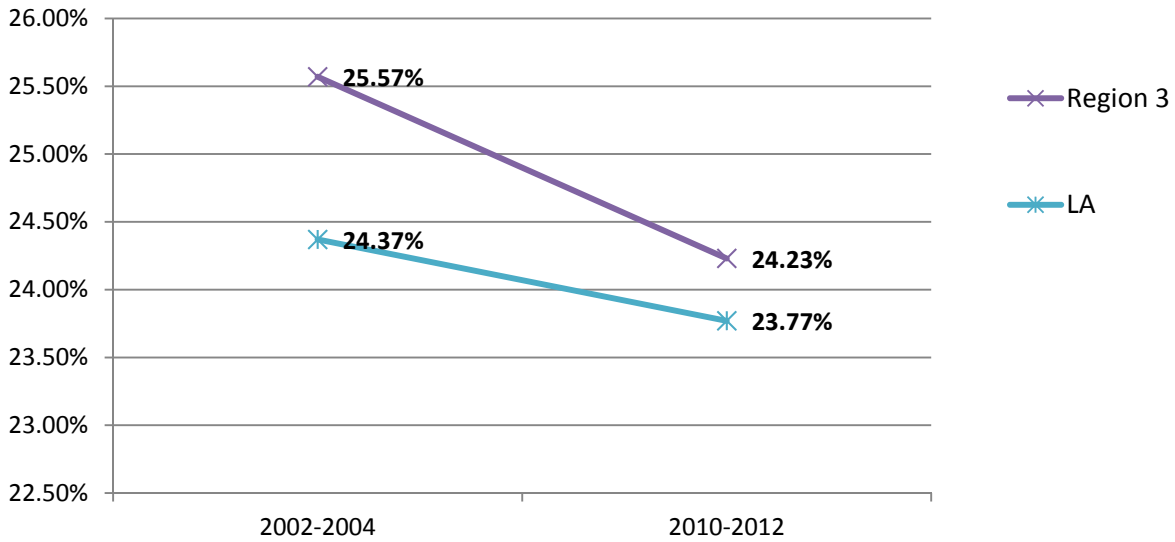
Chart 7. Alcohol Use in the Past Month



Binge Alcohol Use in the Past Month

- Region 3 has seen a decline in binge alcohol use from 25.57% in 2002-2004 to 24.23% in 2010-2012.

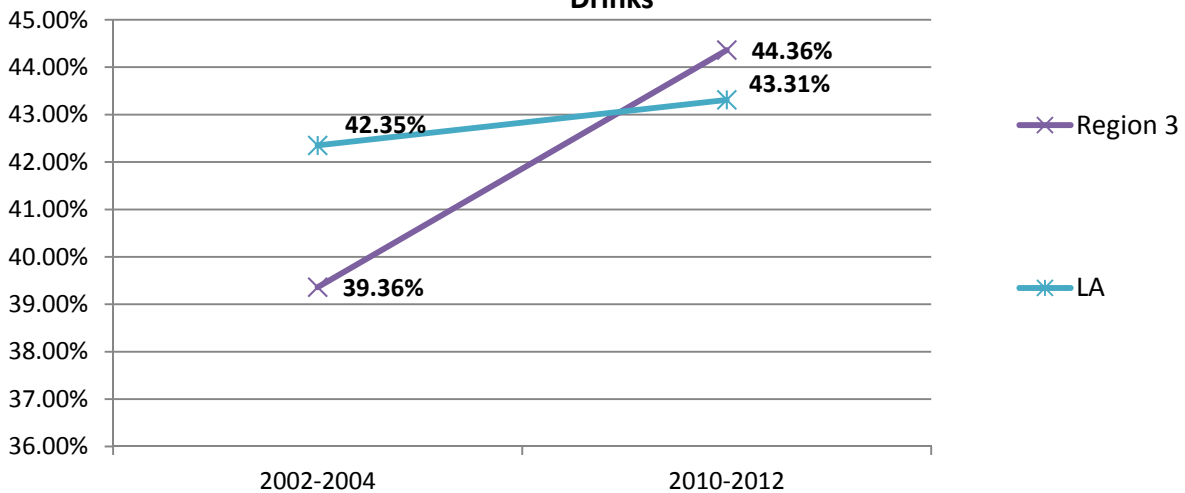
Chart 8. Binge Alcohol Use in the Past Month



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

- Both Region 3 (which includes Lafourche and Terrebonne parishes) and the State of Louisiana have seen rises in the rate of perception of great risk of drinking five or more alcoholic drinks once or twice a week from the 2002-2004 study to the 2010-2012 study.

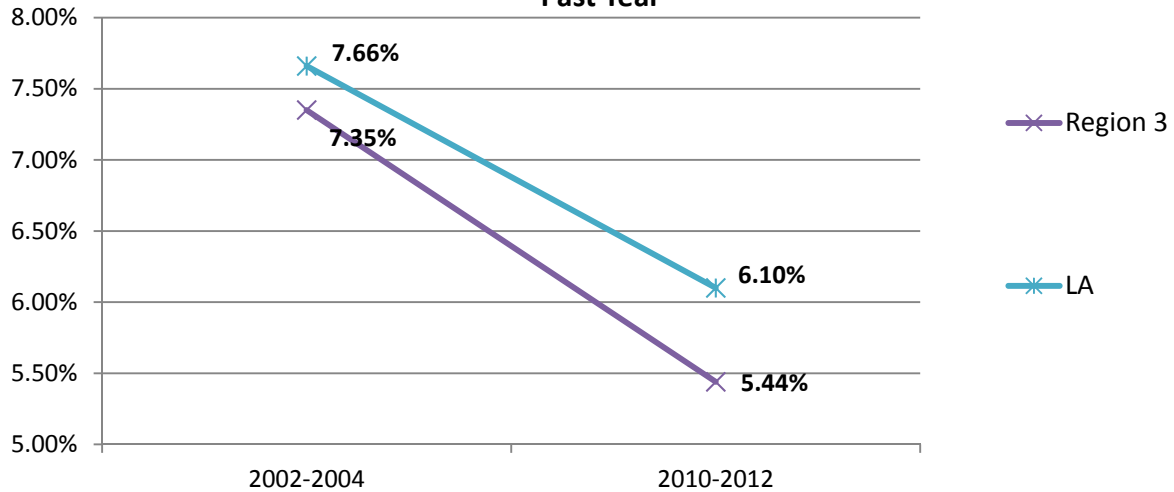
Chart 9. Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks



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

- Region 3 reports lower rates than the state and a declining rate of residents who report needing but not receiving treatment for alcohol use in the past year.

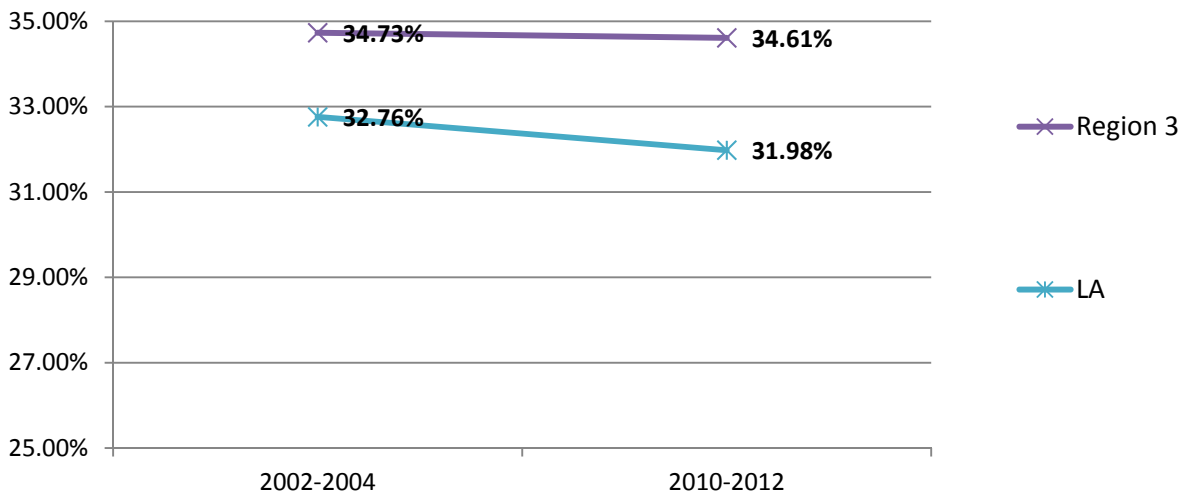
Chart 10. Needing but Not Receiving Treatment for Alcohol Use in the Past Year



Tobacco Use in the Past Month

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

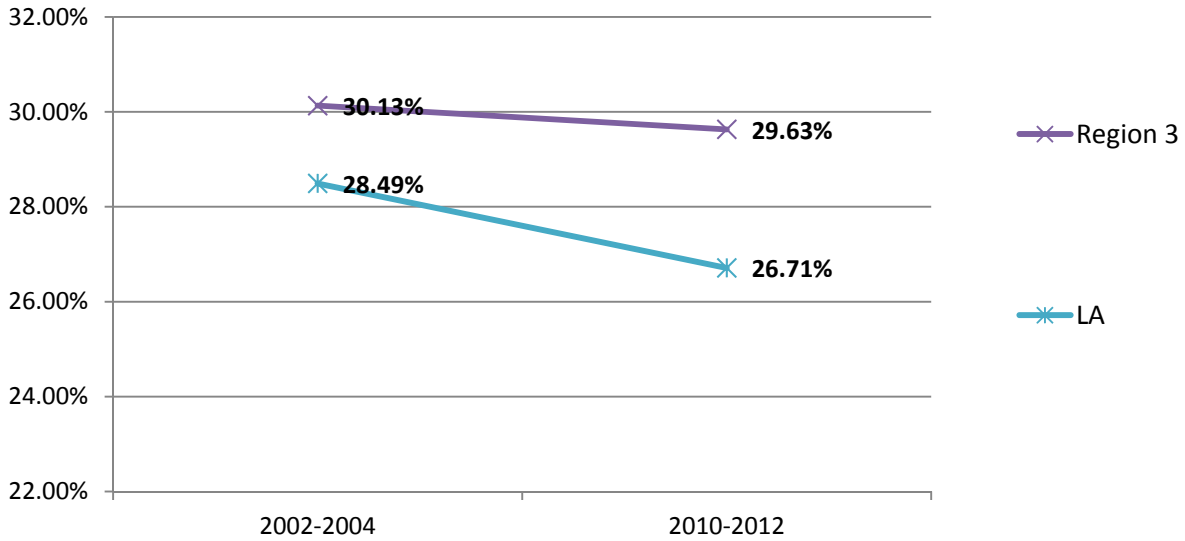
Chart 11. Tobacco Use in the Past Month



Cigarette Use in the Past Month

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

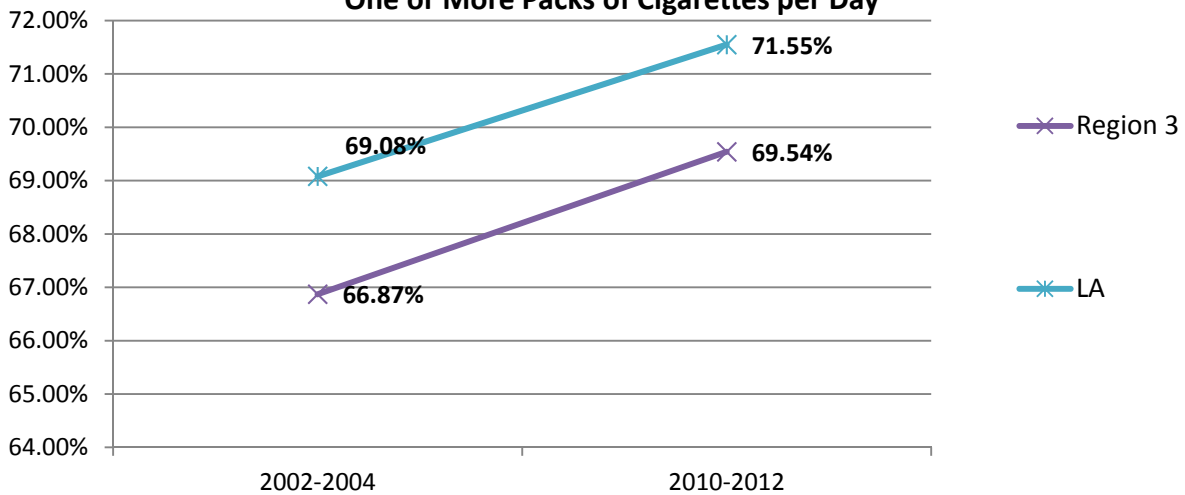
Chart 12. Cigarette Use in the Past Month



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

- Region 3 reports the lowest rate (correlating to the higher usage) of perceptions of great risk of smoking one or more packs of cigarettes per day.

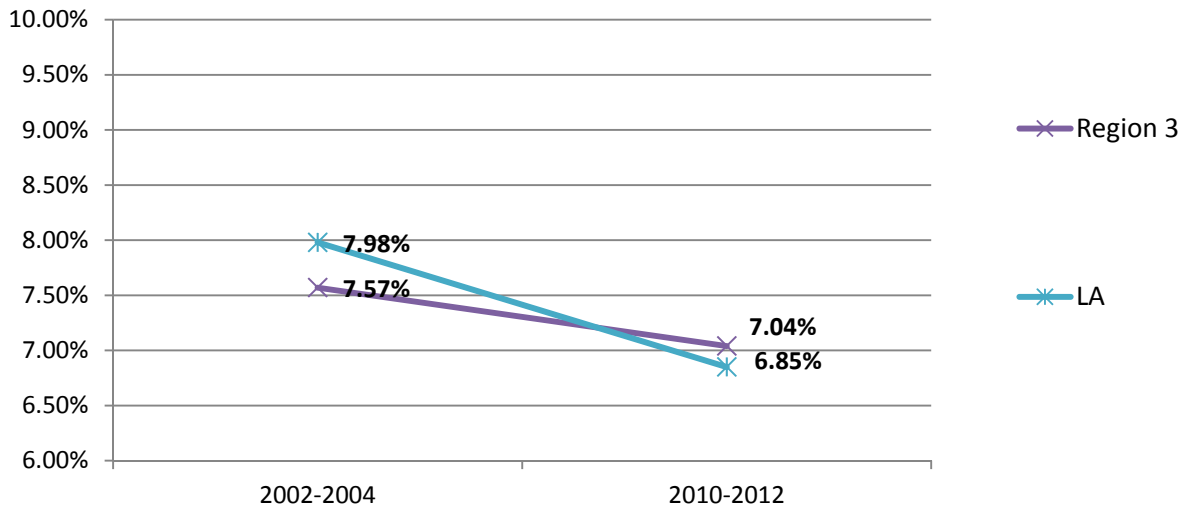
Chart 13. Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day



Illicit Drug Use in the Past Month

- Both Region 3 and the state have seen declines in the rates of illicit drug use; both going from around 8% to now around 7%.

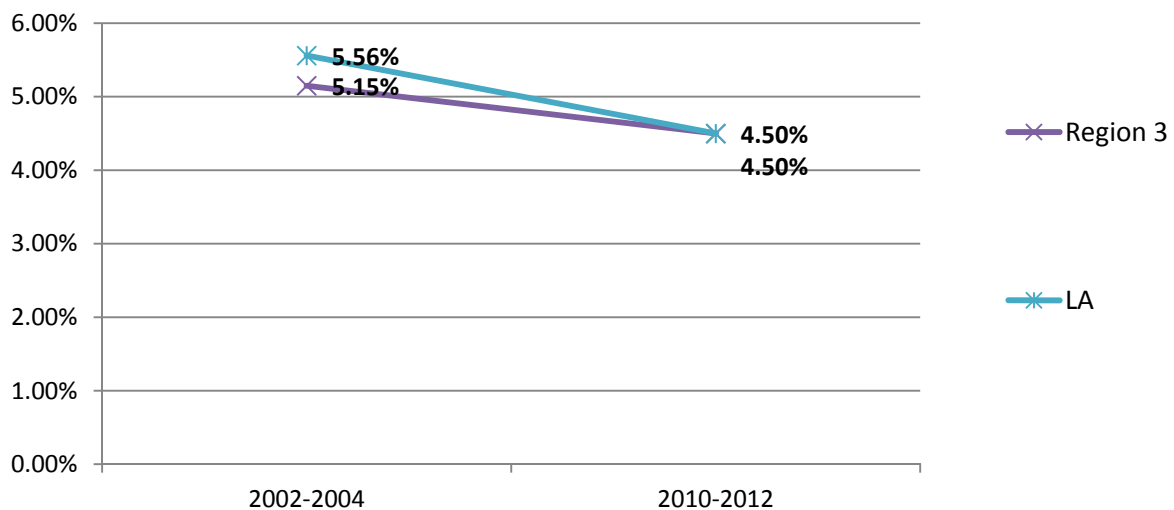
Chart 14. Illicit Drug Use in the Past Month



Marijuana Use in the Past Month

- In the most recent analysis, 2010-2012, both Region 3 and the state report 4.5% of the relevant population (age 12 and older), have used marijuana in the past month.

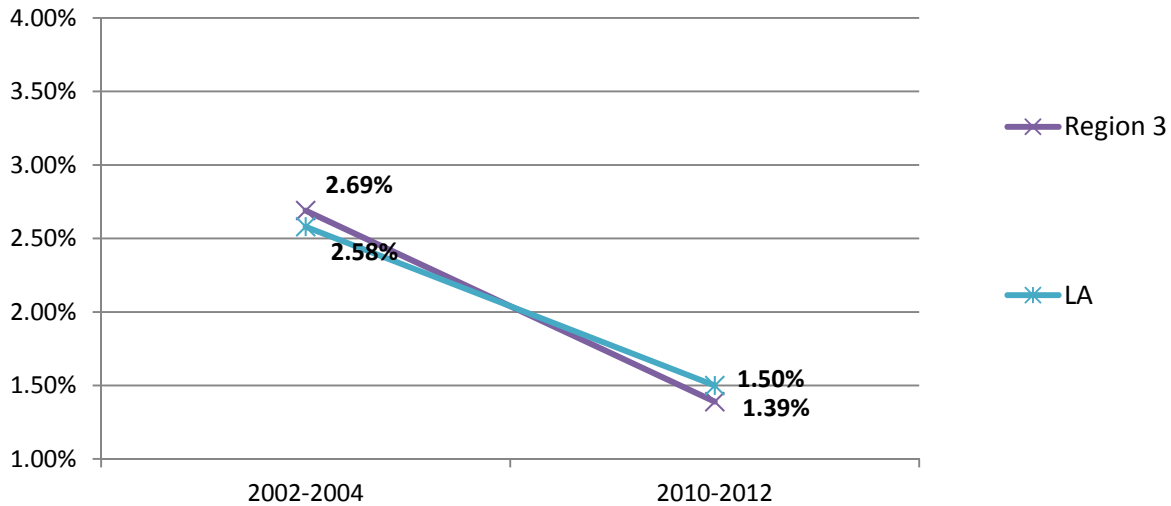
Chart 15. Marijuana Use in the Past Month



Cocaine Use in the Past Year

- In 2010-2012, Region 3 reported 1.39% of the relevant population having used cocaine in the past year. This is down from 2.69% in 2002-2004 and has fallen below the rate seen across the state (1.5%).

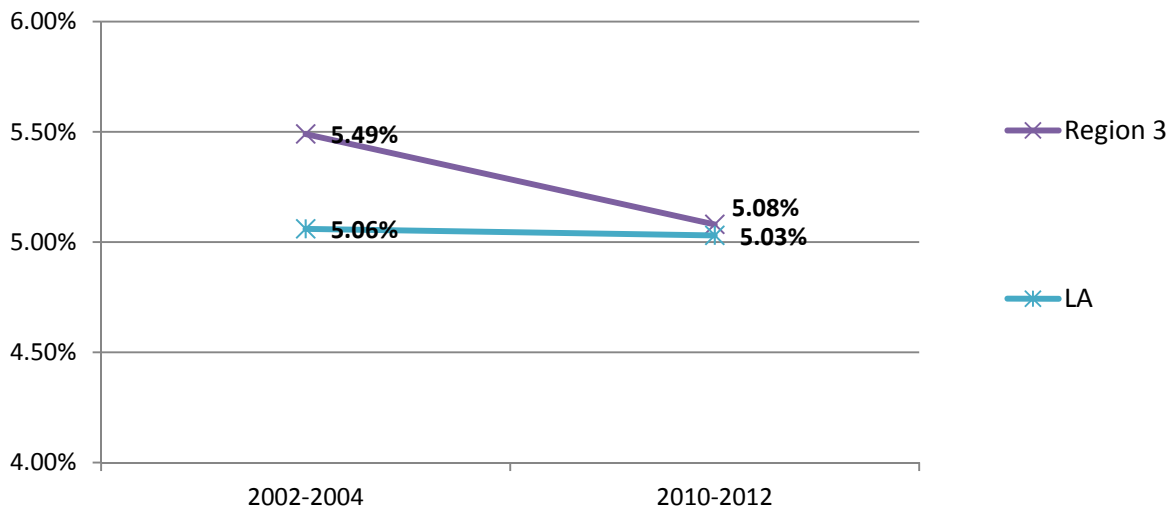
Chart 16. Cocaine Use in the Past Year



Nonmedical Use of Pain Relievers in the Past Year

- Region 3 experienced a decline in the rate of nonmedical use of pain relievers in the past year from 5.49% in 2002-2004 to 5.08% in 2010-2012. The state rate remained relatively consistent, going from 5.06% to 5.03%

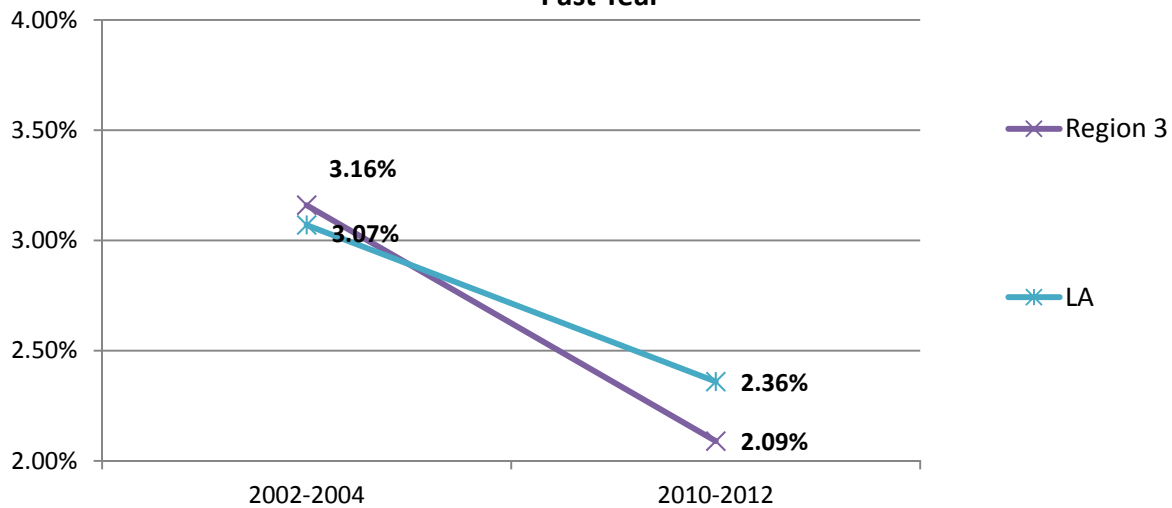
Chart 17. Nonmedical Use of Pain Relievers in the Past Year



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

- Both Region 3 and the state have seen declines in the rates of residents reporting that they needed but did not receive treatment for illicit drug use in the past year from 2002-2004 to 2010-2012.

Chart 18. 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

- High prevalence of low birthweight
- High rate of preventable hospitalizations
- Louisiana Highlights:
 - In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
 - In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
 - In the past 20 years, low birthweight increased by 15 percent from 9.4 percent to 10.8 percent of births. Louisiana ranks 49th for low birthweight infants.
 - In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
 - Since 1990, infant mortality decreased by 32 percent from 11.8 to 8.2 deaths per 1,000 live births. Louisiana now ranks 47th in infant mortality among states.

Table 9. America's Health Rankings - Louisiana

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

Key Stakeholder Interviews

Tripp Umbach conducted interviews with community leaders on behalf of the Ochsner St. Anne General Hospital. 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 community health needs assessment project completed by Tripp Umbach.

DATA COLLECTION:

The following qualitative data were gathered during individual interviews with 11 stakeholders in communities served by the Ochsner St. Anne General Hospital, a 35-bed hospital located in Raceland, 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 St. Anne General Hospital 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 St. Anne General Hospital, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 11 stakeholders interviewed. The organizations included:

- Louisiana Office of Public Health
- Humana Louisiana
- Director - Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Greater New Orleans Foundation
- Susan G. Komen, New Orleans
- Ochsner Health System
- Cancer Association of Greater New Orleans (CAGNO)
- Local Businessman
- Raceland Sugar

STAKEHOLDER RECOMMENDATIONS:

The stakeholders provided many recommendations to address health issues and concerns for residents living in the Ochsner St. Anne General Hospital study area. Below is a brief summary of the recommendations:

- Increase collaboration between hospitals, FQHCs, and clinics: Stakeholders felt that the hospital could be more connected with FQHCs and clinics in local communities through collaboration and referrals to reduce the use of emergency rooms and urgent care clinics. Stakeholders recommended that hospitals work with local FQHCs and clinics to provide access to specialty diagnostics and treatment for residents that are uninsured or Medicaid eligible. Additionally stakeholders felt that increased collaboration could mean additional funding for health care providers throughout the community.
- 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.
- 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.
- Health care 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.
- Providers and other community based organizations should educate residents about the appropriate use of health care resources (e.g., primary care, emergency medical care, urgent care, etc.).
- Increase education and implementation of healthy options (e.g., physical activity, healthy nutrition, etc.) in public settings (i.e., summer camps, public schools, etc.).

PROBLEM IDENTIFICATION:

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

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

ACCESSIBILITY OF HEALTH SERVICES:

All stakeholders representing communities included in the hospital study area articulated a need to improve the accessibility of health services (medical, dental, behavioral) in the study area. Several stakeholders acknowledged the significant investments that have been made in health care, including establishing FQHC Clinics. 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 delivered through the community-based FQHC clinic model providing charity care to residents through a network of community based clinics. 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 result has reportedly been an over utilization of the emergency rooms for primary care and behavioral health concerns.

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. Medicaid patients have limited options for local primary care providers in the study area. Stakeholders discussed the lack of Medicaid expansion placing a strain on health resources to meet the needs of uninsured and underinsured residents. 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 fragmentation of health services and the gaps in services that are available. According to stakeholders, there are several health services that are not readily available in their region, specifically: outpatient Medicaid providers (dental, etc.), inpatient behavioral health and substance abuse services, adequate outpatient behavioral health and substance abuse services, care coordination, HIV services, primary care (rural areas), 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 care. 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 health care for care coordination, though Medicaid eligible residents, reportedly, are not often approved for home health services.

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

- Higher cost of health care 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 90 percent of stakeholders discussed the social and environmental determinants of health in communities served by Ochsner St. Anne General Hospital. The most common social and environmental factors discussed by stakeholders were the lack of education and poverty on the health of seniors, adults, children, and unborn children.

The topic of transportation was addressed by a few stakeholders and most often discussed in relationship to residents seeking health care and healthy nutrition in rural areas. 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. The lack of adequate transportation impacts health in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. Additionally, the limitations of transportation may restrict the access residents have to employment opportunities, which could be a barrier to insurance and financial stability.

The greater New Orleans area and surrounding areas, including communities served by Ochsner St. Anne General Hospital, 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.

Hurricane Katrina resulted in the displacement of residents as well as 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 and numerous support networks for child care, transportation, etc. that existed in areas where poverty was the highest. According to stakeholders, many residents practiced a communal sharing of resources (child care, transportation, food, money, etc.). As a result of Katrina, many residents had to move from the communities where they lived and lost access to these informal networks.

The economy was discussed regarding the lack of opportunity many residents have. 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, 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 noted that many residents live below the federal poverty line. 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.

The education in charter schools was addressed as an issue related to the 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. Stakeholders noted that there is a high correlation between lower educational attainment and lower level of health literacy. Stakeholders discussed languages spoken in the communities served by Ochsner St. Anne

General Hospital and the need to ensure that health services are culturally competent and accessible for residents who have limited English speaking abilities - the language most referenced was Spanish. 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 to include 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 i.e., risky behaviors, suicide, anxiety, depression, violence, apathy, etc.
- Poor birth outcomes (e.g., low birth weight) and limited access to healthy options.

NEED FOR BEHAVIORAL HEALTH INCLUDING SUBSTANCE ABUSE SERVICES:

Behavioral health services and issues were discussed separate from medical or dental health services, with 80 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 the most rural areas and 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. Stakeholders felt that the culture of the area and local tourist industry encourages substance abuse and identified tobacco, alcohol, prescription pain medications, heroin, and marijuana as the most common substances being abused. 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.).

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, they are located 30 miles away. Stakeholders indicated that behavioral health and substance abuse services are not adequate enough to meet the demand in local communities. In recent years there has been a decrease in the number of inpatient beds and crisis services have

declined. Outpatient services often have lengthy waiting lists for diagnostic services as well as ongoing treatment.

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:

- Higher suicide rates and incarceration rates for residents with mental illness.
- 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 (i.e., HIV treatments, etc.).

COMMON HEALTH CONCERNS:

More than 90 percent of stakeholders discussed specific health concerns of residents. The most common health concerns discussed by stakeholders were obesity, diabetes, and heart disease.

1. Obesity – 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 – More than one-third of stakeholders discussed the prevalence and cause of diabetes as a common health issue among residents. Stakeholders identified social and environmental determinants (i.e., lack of awareness, limited access to primary care, food deserts, etc.) as well as personal choice and behaviors within the control of residents (i.e., choices about nutrition, exercise, etc.) as driving the high rates of diabetes.
3. Heart disease – More than one quarter of stakeholders discussed heart disease and cardiovascular complications as a common health concern among residents. Stakeholders identified social and environmental determinants (i.e., lack of awareness, culture, etc.) as well as personal choice and behaviors within the control of residents (i.e., smoking, exercising, etc.) as driving the high rates of heart disease.

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

PERSONAL BEHAVIORS THAT IMPACT HEALTH:

Approximately 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, cancer, COPD, and heart disease in communities where smoking rates are greatest.

While stakeholders understood the impact of social and environmental determinants such as youth not learning the practices that reduce the spread of STIs and 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 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 residents (including families), uninsured, Latino, chronically ill, residents with a mental health history, homeless residents, literacy challenged residents, residents with limited English speaking abilities, women of child bearing age, diabetic, and residents with special needs.

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 (CBOs) were trained to administer the survey using hand-distribution.
- Surveys were administered on-site and securely mailed to Tripp Umbach for tabulation and analysis.
- Surveys were analyzed using Statistical Packages for the Social Sciences (SPSS) software.

A total of 192 surveys were collected in the Ochsner St. Anne General Hospital service area which provides a +/- 7.07 confidence interval for a 95% confidence level.

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, but are critical in understanding the needs of the underserved population of the Ochsner St. Anne General Hospital study 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 10: Survey Responses – Self-Reported Age of Respondent

Age	Respondents (%)
18-24	10.6%
25-34	14.4%
35-44	18.6%
45-54	22.9%
55-64	25.5%
65-74	5.9%
75-84	1.6%
85+	0.5%

- ✓ Of the surveys gathered: 53.1% were female, 46.9% were male.
- ✓ The majority of the survey respondents reported their race as Black or African American (45.6%), the next largest racial group was White or Caucasian (41.5%), and third largest was ‘More Than One Race’ (4.7%).

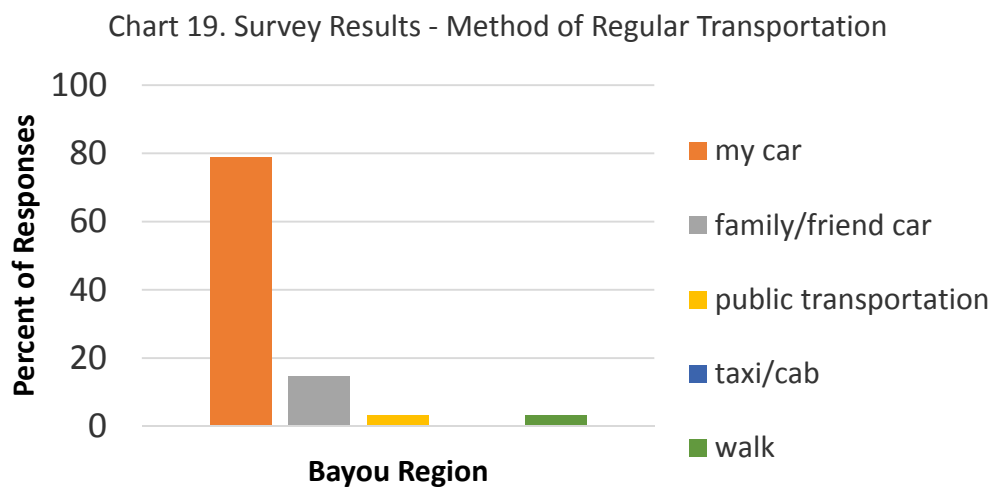
Table 11: Survey Responses – Self-Reported Annual Income of Respondents

Income	Respondents (%)
< \$10k	25.6%
\$10-19,999	14.3%
\$20-29,999	13.1%
\$30-39,999	8.3%
\$40-49,999	4.8%
\$50-59,999	6.0%
\$60-69,999	3.6%
\$70-79,999	0.6%
\$80-99,999	2.4%
\$100-149,999	2.4%

- ✓ The household income level categories with the most responses were ‘Less than \$10,000’ (25.6%) and \$10,000 - \$19,999 (14.3%)
- ✓ 53.0% of respondents reported less than \$29,999 annual household income.

Health care:

- ✓ The most popular place for residents to seek care is a doctor’s office (52.4%), with ‘Free or reduced cost clinics’ being the second most popular (17.3%), hospital clinics third (14.6%), and ER and Urgent Care fourth (5.9%).
- ✓ The most common responses to ‘What insurance do you have?’ was No Insurance (42.2%), Private/Commercial (28.1%), and Medicaid only (14.1%).
- ✓ The most common reason why individuals indicated that they do not have health insurance is because they can’t afford it (56.9%).
- ✓ 30.9% of respondents could not see a doctor in the last 12 because of cost; this is much higher than the state rate of 18.9%.
- ✓ The majority of respondents had been examined by a physician within the last 12 months at least once (64.6%).
- ✓ 20.9% of respondents reported not taking medications as prescribed in the last 12 months due to cost.



- ✓ The most common mode of transportation for survey respondents was their own car (78.8%).

Table 12. Survey Responses Related to HIV/AIDS Testing

Ever Been Tested for HIV	Bayou Region	LA*	U.S.*
Yes	35.8%	43.5%	35.2%
No	64.2%	56.5%	64.8%

**Behavioral Risk Factor Surveillance System*

- ✓ The Bayou region reports a lower rate of HIV testing (35.8%) than the state (43.5%), but higher than the U.S. (35.2%).

Health Services:

Table 13. Survey Responses – Health Services Received During the Previous 12 Month Period

Test Received	SELA Region	Bayou Region
Blood test	52.3%	39.6%
Cholesterol test	31.5%	27.1%
Colonoscopy	8.6%	8.9%
Check-up	45.8%	44.8%
EKG	15.0%	13.5%

- ✓ Respondents from the Bayou region report lower testing rates than those across the SELA Region. This may be related to the limited access residents have to health services in general.

Table 14. Survey Responses – Perceptions about Health Service Availability

Bayou Region	Available to me	Available to others	Not available	NA*
Dental services	62.4%	8.8%	5.3%	23.5%
Vision services	64.7%	7.5%	5.2%	22.5%
Affordable, safe, and healthy housing	47.7%	6.3%	5.7%	40.2%
Cancer screening	11.2%	1.8%	3.6%	83.4%

*NA = Not applicable

- ✓ At least 1 in 10 respondents indicated that they did not have ready access to pediatric or adolescent health care services (10.5%).
- ✓ Most respondents indicated that they have access to or do not need the following services: Senior services, substance abuse services, medical specialist, mental health, HIV services, safe exercise, healthy foods, accessible transportation, cancer treatment, cancer screening, primary care, women’s health, employment assistance, emergency medical services, and surgery services.

Table 15. Survey Responses – Preferences for Receiving Information about Health care

Preferred Method	Respondents (%)
Word of Mouth	58.3%
Newspaper	38.5%
TV	30.7%
Internet	30.7%
Clinics	16.7%
Faith/Religious Organizations	12.5%
Radio	8.9%
Other	5.7%
Library	4.7%
Call 2-1-1	1.6%

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

Common Health Issues:

Table 16. Survey Responses – Health Issues Respondents Reported Having Been Diagnosed with

Ever Diagnosed with	SELA Region	Bayou Region	LA*	U.S.*
High blood pressure	44.8%	46.7%	39.9%	31.4%
High blood cholesterol	30%	32.7%	--	--
Heart attack	6.2%	10.9%	5.3%	4.3%
Asthma	13.2%	14.3%	5.3%	4.3%
Still have asthma	8.8%	9.9%	--	--
COPD, emphysema or chronic bronchitis	4.2%	8.0%	7.5%	6.5%
Arthritis/rheumatoid, gout, lupus, or fibromyalgia	27.8%	27.0%	26.4%	25.3%
Depressive disorder	21.5%	19.6%	18.7%	18.7%
Pre-diabetes or borderline diabetes	18.6%	16.3%	11.6%	9.7%
Diabetes	16%	15.3%	10.3%	9.7%
Skin cancer	2.8%	4.3%	5%	6%
Other types of cancer (Breast-20.5%)	4.4%	4.3%	6.6%	6.7%
Receiving mental health treatment/medication	21.4%	21.2%	--	--

* Source: CDC

- ✓ In general, respondents in the Bayou region report poorer health outcomes than is average for the state or the nation. However, respondents reported similar rate of diagnosis as the 14-parish South East Louisiana area (where 900+ of the same surveys were collected during the same period) for the diabetes and mental health measures.

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

- ✓ Higher diagnosis rates than the SELA region, the state, and the nation for:
 - High blood pressure (46.7% vs. SELA- 44.8%, LA- 39.9%, and U.S.- 31.4%)
 - High blood cholesterol (32.7% vs. SELA- 30%)
 - Heart attack (10.9% vs. SELA- 6.2%, LA- 5.3%, and U.S.- 4.3%)
 - Asthma (14.3% vs. SELA- 13.2%, LA- 5.3%, and U.S.- 4.3%)
 - Still have asthma (9.9% vs. SELA- 8.8%)
 - Pre-diabetes/borderline diabetes (16.3% vs. SELA- 18.6%, LA- 11.6%, and U.S.- 9.7%)
 - Diabetes (15.3% vs. SELA- 16%, LA- 10.3%, and U.S.- 9.7%).

- ✓ More than 1 in 5 (21.2%) survey respondents indicated they have received mental health treatment or medication at some point in their lives.

Table 17. Survey Responses – Top Health Concerns Reported

Health Concern	SELA Region	Bayou Region
Diabetes	50.8%	47.6%
High blood pressure	49.9%	42.9%
Drugs and Alcohol	47.7%	47.0
Cancer	42.1%	56.5%
Heart disease	38.5%	39.3%

- ✓ When asked to identify five of the top health concerns in their communities; there was a great deal of agreement between the two regions; Diabetes, High blood pressure, Drugs and Alcohol, Cancer, and Heart disease rising to the top.
 - 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 18. Survey Responses – Average Body Mass Index (BMI) of Survey Respondents

Weight & BMI	SELA Region	Bayou Region	Avg. Female (5'4")*	Avg. Male (5'9")*
BMI**	29.3	29.9	26.5	26.6

* Source: CDC

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

- ✓ Respondents in both regions show higher weight and BMI than national and state averages regardless of gender.
- ✓ Most respondents reported having access to fresh fruits and vegetables (84.3%).

Table 19. Survey Responses – Self-Reported Smoking Rates

Smoking	SELA Region	Bayou Region	LA*	U.S.*
Everyday	15.5%	19.0%	19.3%	15.4%
Some days	8.1%	8.2%	6.4%	5.7%
Not at all	74.7%	71.7%	--	--

*Behavioral Risk Factor Surveillance System

- ✓ Self-reported smoking rates are lower in the regions studied than is average for the state, but are higher than averages across the nation.

Table 20. Survey Responses – Self-Reported Physical Activity Rates

Physical Activities	SELA Region	Bayou Region	U.S.*
Yes	57.3%	46.5%	74.7%
No	42.7%	53.5%	25.3%

**Behavioral Risk Factor Surveillance System*

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

Conclusions and Recommended Next Steps

The community needs identified through the Ochsner St. Anne General Hospital 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 St. Anne General Hospital, 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 populations with higher socio-economic needs (e.g., low-income, residents with a behavioral health history, unemployed, uninsured, Residents with limited English speaking skills, residents that can not read, seniors, etc.); which presents a unique challenge for hospital leadership when planning to meet the needs of all residents. With one of the lowest FQHC ratios in Southeast Louisiana, and approximately 1 in 4 residents uninsured, it will be important to continue to strive to address the primary care needs of the under/uninsured residents in Lafourche Parish in a way that takes into consideration, the rural nature of the region, and the lack of transportation. 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 (i.e., Houma, Golden Meadow, and Gray) and health disparities among Native American residents, Asian residents, and African American residents 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 St. Anne General Hospital 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 ST. ANNE GENERAL HOSPITAL
September, 2015

Tripp Umbach completed an inventory of community resources available in the Ochsner St. Anne General Hospital service area using resources identified by the hospital leadership, internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the Ochsner St. Anne General Hospital community (70030, 70070, 70080, 70301, 70345, 70354, 70355, 70357, 70359, 70360, 70363, 70364, 70373, 70374, 70375, and 70394) more than 65 community resources were identified with the capacity to meet the three community health needs identified in the Ochsner St. Anne General Hospital 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	Many 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/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			
AGENDA FOR CHILDREN	No restrictions	1340 West Tunnel Blvd, Suite 550 Houma, LA 70360 P: (985) 446-8330	70360	Terrebonne	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				*			
Assisi Bridge House	No restrictions	600 Bull Run Road Schriever, LA 70395 Phone: (985) 872-5529	70395	Terrebonne	More Information	No restrictions	Provides substance abuse services.									*		X															
BEACON BEHAVIORAL HOSPITAL	No restrictions	5789 Highway 311, Suite 2 Houma, LA 70360 985-346-0436	70360	Terrebonne	http://beaconbh.com/kntr2.com/about-us	No restrictions	Provides behavioral and mental health care.	*	X	X	X	X		X		*	X			*	X	X	X	X							*		
BERGERON MOBILE HEALTH SERVICE	St. Charles, St. John the Baptist	101 Regency Lane Houma, LA 70360 Phone: (985) 537-3957	70360	Terrebonne		No restrictions	Provides non-emergency medical transportation.	*					X																				
DICKERSON TRANSPORTATION	St. Charles, St. John the Baptist	116 NOTRE DAME ST THIBODAUX, LA 70301 (985) 448-1314	70301	Lafourche		No restrictions	Provides non-emergency medical transportation.	*					X																				
FAMILIES HELPING FAMILIES BAYOU LAND	St. Charles, St. John the Baptist	286 Highway 3185 Thibodaux, LA 70301 985-447-4461	70301	Lafourche	www.blhmf.org	Residents of St. Charles and St. John the Baptist 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	X	X	X									
GOOD EARTH TRANSIT	Terrebonne	137 Intracoastal Drive Houma, LA 70361 (985) 850-4616	70361	Terrebonne	http://www.tpcg.org/index.php?7public_transit&tpabus_schedule	City of Houma, City of Thibodaux	Provides public transportation services.	*					X											*			X						
GULF COAST SOCIAL SERVICES	St. John the Baptist, St. Charles	2509 Petroleum Drive Houma, LA 70363 (985) 853-1445	70363	Terrebonne	http://www.gctfs.org/about_us.php	Persons with disabilities	Provides services and access to resources for people with disabilities.	*	X	X	X	X	X	X			X			*	X		X	X	*	X	X	X	X	X	*		
GULF COAST SOCIAL SERVICES	St. John the Baptist, St. Charles	320 Progressive Boulevard Houma, LA 70360 (985) 851-4488	70360	Terrebonne	http://www.gctfs.org/about_us.php	Persons with disabilities	Provides services and access to resources for people with disabilities.	*	X	X	X	X	X	X			X			*	X		X	X	*	X	X	X	X	X	*		
GULF COAST SOCIAL SERVICES	St. John the Baptist, St. Charles	320 Progressive Boulevard Houma, LA 70360 (985) 851-4488	70360	Terrebonne	http://www.gctfs.org/about_us.php	Persons with disabilities	Provides services and access to resources for people with disabilities.	*	X	X	X	X	X	X			X			*	X		X	X	*	X	X	X	X	X	*		
LAFOURCHE ARC	Lafourche	P. O. Box 269, 100 West Main Thibodaux, LA 70302 Phone: 985 447-6214	70302	Lafourche	http://www.lafourchearc.com/Default.aspx?P=Services	Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*		X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X	X	X	X	X	*		
LAFOURCHE COUNCIL ON AGING	Lafourche	4876 Highway 1 Mathews, LA 70375 Phone: (985) 532-0457	70375	Lafourche	http://lafourchecoa.org/html/contact.html	Seniors of Lafourche 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	*		
Lafourche Parish Drug Treatment Court	Lafourche	201 Green Street Thibodaux, LA 70301 Phone: (985) 446-1970	70301	Lafourche	More Information	No restrictions	Provides substance abuse services.									*		X															
LAFOURCHE PARISH HEAD START	Lafourche	Thibodaux Head Start 2555 Veterans Blvd Thibodaux, LA 70301 PHONE: (985) 447-3665	70301	Lafourche	http://www.lafourchegov.org/Home/Components/FacilityDirectory/FacilityDirectory/159/327	Children	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	*		
LAFOURCHE PARISH HEAD START	Lafourche	Marydale Head Start 102 W Park Ave Thibodaux, LA 70301 PHONE: (985) 448-1050	70301	Lafourche	http://www.lafourchegov.org/Home/Components/FacilityDirectory/FacilityDirectory/161/327	Children	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	*		
LAFOURCHE PARISH HEAD START	Lafourche	Martin Luther King Head Start 1445 Martin Luther King Dr Thibodaux, LA 70301 PHONE: (985) 449-0888	70301	Lafourche	http://www.lafourchegov.org/Home/Components/FacilityDirectory/FacilityDirectory/163/327	Children	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	*		
LAFOURCHE PARISH HEAD START	Lafourche	Bayou Blue Head Start 197 Mazerac St Houma, LA 70364 PHONE: (985) 857-8370	70364	Lafourche	http://www.lafourchegov.org/Home/Components/FacilityDirectory/FacilityDirectory/165/327	Children	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	*		
LAFOURCHE PARISH HEAD START	Lafourche	Myra G. Champagne Head Start 203 E Fontinelle St Lockport, LA 70374 PHONE: (985) 532-3911	70374	Lafourche	http://www.lafourchegov.org/Home/Components/FacilityDirectory/FacilityDirectory/167/327	Children	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	*		
LAFOURCHE PARISH HEAD START	Lafourche	South Lafourche Head Start 16244 E Main St Cut Off, LA 70345 PHONE: (985) 632-1260	70345	Lafourche	http://www.lafourchegov.org/Home/Components/FacilityDirectory/FacilityDirectory/169/327	Children	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	*		

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
LAFOURCHE PARISH HEAD START	Lafourche	Rev. Lloyd Wallace Head Start & Community Center 3603 LA-308 Raceland, LA 70394 PHONE: (985) 537-3402	70394	Lafourche	http://www.lafourche.gov/Home/Components/FacilityDirectory/FacilityDirectory/377/327	Children	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	*
LAFOURCHE PARISH OFFICE OF COMMUNITY ACTION	Lafourche	16241 East Main Street - Suite B10 Galliano, LA 70354 tel:9856323989	70354	Lafourche	http://www.lafourche.gov/government/departments/office-of-community-action/about-lafourche-parish-office-of-community-action-104	Residents of Lafourche Parish	Provides community assistance programs, food pantry, and access to social services.	*	X	X	X	X								*	X	X	X	X	*	X				
LAFOURCHE PARISH OFFICE OF COMMUNITY ACTION	Lafourche	2535 Veterans Blvd Thibodaux, LA 70301 tel:9854466731	70301	Lafourche	http://www.lafourche.gov/government/departments/office-of-community-action/about-lafourche-parish-office-of-community-action-104	Residents of Lafourche Parish	Provides community assistance programs, food pantry, and access to social services.	*	X	X	X	X								*	X	X	X	X	*	X				
LAFOURCHE PARISH OFFICE OF COMMUNITY ACTION	Lafourche	4876 Hwy 1 Mathews, LA 70375 tel:9855377603	70375	Lafourche	http://www.lafourche.gov/government/departments/office-of-community-action/about-lafourche-parish-office-of-community-action-104	Residents of Lafourche Parish	Provides community assistance programs, food pantry, and access to social services.	*	X	X	X	X								*	X	X	X	X	*	X				
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	1403 North Bayou Drive Golden Meadow, LA 70357 Telephone/Fax 985-475-5660	70357	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	153 North Leon Drive Gheens, LA 70355 Telephone/Fax 985-532-2288	70355	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	16241 East Main St. Cajit, LA 70345 Telephone 985-632-7140	70345	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	177 Recreation Dr. Raceland, LA 70394 Telephone/Fax 985-537-6875	70394	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	1187 Choctaw Rd. Thibodaux, LA 70301 Telephone/Fax 985-633-6453	70301	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	198 Mazerac St. Houma, LA 70364 Telephone/Fax 985-580-0634	70364	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	305 East Fifth Street Larose, LA 70373 Telephone/Fax 985-693-3336	70373	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	114 Saint Mary St. Thibodaux, LA 70301 Telephone 985-446-1163	70301	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	705 West Fifth Street Thibodaux, LA 70301 Telephone 985-447-4119	70301	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
LAFOURCHE PARISH PUBLIC LIBRARY	Lafourche	720 Crescent Ave. Lockport, LA 70374 Telephone 985-532-3158	70374	Lafourche	http://www.lafourche.org/	Residents of Lafourche Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.													*	X	X	X	X	*				X	*
OCHSNER HEALTH SYSTEM	No restrictions	Leonard J. Chabert Medical Center 1978 Industrial Blvd. Houma, LA 70363 Phone: 985-873-2200	70363	Terrebonne	More information	No restrictions	Provides primary, preventive, specialty, and emergency health care services.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Family Doctor Clinic - Mathews 111 Acadia Drive Raceland, LA 70394	70394	Lafourche	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	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Raceland 106 Cypress Street Raceland, LA 70394 Phone: 985-537-2273	70394	Lafourche	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	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Specialty Health Center - Raceland 141 Twin Oaks Raceland, LA 70394 Phone: 985-537-2666	70394	Lafourche	More information	No restrictions	Provides primary, preventive, specialty, and pediatric specialty health care.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner St. Anne Hospital 4608 Highway 1 Raceland, LA 70394 Phone: 985-537-6841	70394	Lafourche	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	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Women's Health Center - Raceland 104 Acadia Park Drive Raceland, LA 70394 Phone: 985-537-3211	70394	Lafourche	More information	No restrictions	Provides women's health care.	*	X	X	X	X	X	X	X	*	X	X	X	*	X	X	X	X	*	X	X	X	X	*
Options for independence	No restrictions	8126 Main Street, Building #3 Houma, Louisiana 70363-4871 Phone:(985) 868-2620	70363	Terrebonne	http://optionsforindependence.com/	No restrictions	Provides behavioral health, mental health, and substance abuse services.									*	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://rtparolls.org/	Residents of St. Charles and St. John the Baptist Parishes	Provides public transportation services.	*					X												*			X		
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY	Lafourche, St. Charles, St. John, and Terrebonne	521 Legion Avenue Houma, LA 70364 985.858.2931	70364	Lafourche	http://www.sclsha.org/	Residents of Lafourche, St. Charles, St. John, and Terrebonne Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*	X	X	X	X		X	X	*	X	X	X	*	X		X	X	*	X			X	*
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY	Lafourche, St. Charles, St. John, and Terrebonne	Lafourche Behavioral Health Center 157 Twin Oaks Drive Raceland, LA 70394 Phone:985.537.6823	70394	Lafourche	http://www.sclsha.org/	Residents of Lafourche, St. Charles, St. John, and Terrebonne Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*	X	X	X	X		X	X	*	X	X	X	*	X		X	X	*	X			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			
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY	LaFourche, St. John, and Terrebonne	Terrebonne Behavioral Health Center 5599 Highway 311 Houma, LA 70360 Phone: 985.837.3615	70360	Terrebonne	http://www.sclhsa.org/	Residents of Lafourche, St. Charles, St. John, and Terrebonne Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*	X	X	X		X	X	*	X	X	X	*	X		X	X	*	X			X	*			
TECHE ACTION CLINIC	No restrictions	1014 West Tunnel Blvd. Houma, LA 70360 Ph: (985) 851-1717	70360	Terrebonne	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X					*		
TECHE ACTION CLINIC	No restrictions	1709 Ridgefield Rd. Thibodaux, LA 70301 Ph: (985) 446-7341	70301	LaFourche	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X					*		
TECHE ACTION CLINIC	No restrictions	189 Mozart Drive Houma, LA 70363 Ph: (985) 868-3700	70363	Terrebonne	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	X	X	X	X	X	X	*	X		X	*	X	X	X	X	*	X					*		
Terrebonne Arc (TARC)	Terrebonne	No. 1 McCord Road Houma, LA 70363 Office: 985-876-4465	70363	Terrebonne	http://www.terrebonnearc.org/contact-us/	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			*	
TERREBONNE COUNCIL ON AGING, INC.	Terrebonne	995 West Tunnel Blvd Houma LA 70360-5557 Phone: (985) 868-8411	70360	Terrebonne	http://louisianacouncilonaging.com/terrebonne-Parish.html	Seniors	Provides programs for seniors including access to social services, wellness, transportation, nutrition, recreation, physical activity and social opportunities.	*	X	X	X	X	X	X	*	X	X		*	X	X	X	X	*	X	X	X					*
TERREBONNE GENERAL MEDICAL CENTER	No restrictions	8166 Main Street Houma, LA 70360 Phone: 985.873.2922	70360	Terrebonne	http://www.tgmc.com/contact/	No restrictions	Provides primary, preventive, specialty, and women's health care. South Central Application Center for Medicaid.	*	X	X	X		X	X	*				*	X	X	X	X	*	X						*	
Terrebonne Parish Drug Court Treatment	Terrebonne	118 Armour Drive Houma, LA 70364 Phone: (985) 876-2554	70364	LaFourche	More Information	No restrictions	Provides substance abuse services.								*		X															
TERREBONNE PARISH LIBRARY	Terrebonne	1135 Highway 55 Montegut, LA 70377 Phone: 985.594.4390	70377	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	151 Library Drive Houma, LA 70360 Phone: 985.876.5861	70360	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	200 Badou Drive Dulac, LA 70353 Phone: 985.563.2014	70353	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	4130 West Park Ave. Gray, LA 70359 Phone: 985.868.3050	70359	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	4405 St. Andrew Street Bourg, LA 70343 Phone: 985.594.4717	70343	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	5500 Highway 56 Chauvin, LA 70344 Phone: 985.594.9771	70344	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	6383 S. Bayou Black Drive Gibson, LA 70356 Phone: 985.575.2639	70356	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	778 Grand Caillou Road Houma, LA 70363 Phone: 985.876.7072	70363	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
TERREBONNE PARISH LIBRARY	Terrebonne	837 Bayou Dularge Road Houma, LA 70363 Phone: 985.851.1752	70363	Terrebonne	http://mytpl.org/	Residents of Terrebonne Parish	Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.												*	X	X	X	X	*				X			*	
THIBODAUX REGIONAL MEDICAL CENTER	No restrictions	602 N. Acadia Road Thibodaux, LA 70301 Phone: 985.493.4772	70301	LaFourche	http://www.thibodaux.com/Centers-and-Services.aspx	No restrictions	Provides primary, preventive, specialty, behavioral, pediatric, and women's health care and health education services. South Central Application Center for Medicaid.	*	X	X	X		X	X	*	X		X	*	X	X	X	X	*	X						*	
TOWSEND	No restrictions	1340 W. Tunnel Blvd. Ste 310 Houma, LA 70360 985-746-3946	70360	Terrebonne	http://twsendia.com/locations/houma-la/	No restrictions	Provides substance abuse services.								*		X															
YOUTH SERVICE BUREAU	No restrictions	150 Cleveland Avenue Shidell, 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	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

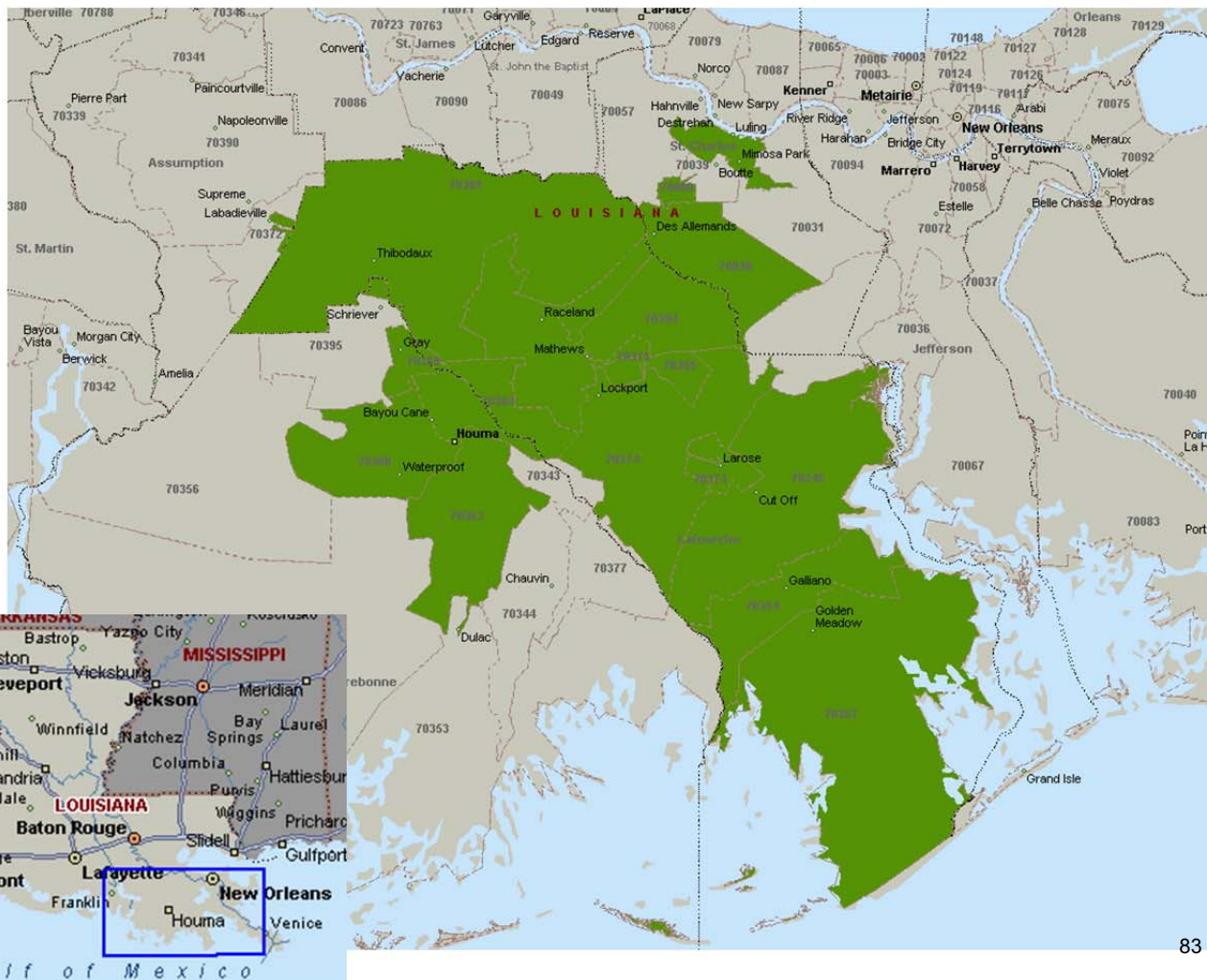
OCHSNER ST. ANNE GENERAL HOSPITAL
August, 2015

Ochsner St. Anne General Hospital Study Area Definition

While community can be defined in many ways, for the purposes of this report, the **Ochsner St. Anne General Hospital (Ochsner St. Anne)** community is defined as 16 zip codes – including 3 parishes/counties that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Table 1. Ochsner St. Anne Study Area Definition – Zip Codes

City	Zip Code	Parish/County	City	Zip Code	Parish/County
Thibodaux	70301	Lafourche Parish	Raceland	70394	Lafourche Parish
Cut Off	70345	Lafourche Parish	Des Allemands	70030	St. Charles Parish
Galliano	70354	Lafourche Parish	Luling	70070	St. Charles Parish
Gheens	70355	Lafourche Parish	Paradis	70080	St. Charles Parish
Golden Meadow	70357	Lafourche Parish	Gray	70359	Terrebonne Parish
Larose	70373	Lafourche Parish	Houma	70360	Terrebonne Parish
Lockport	70374	Lafourche Parish	Houma	70363	Terrebonne Parish
Mathews	70375	Lafourche Parish	Houma	70364	Terrebonne Parish



Demographic Data

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

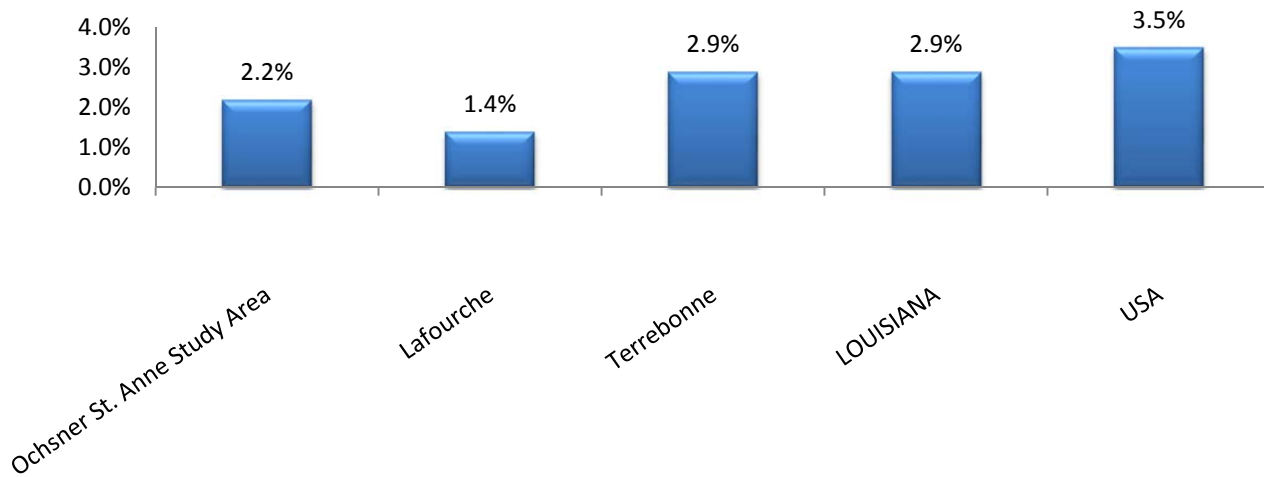
Population Change

- The Ochsner St. Anne study area encompasses more than 203,000 residents.
- In 2015, the largest parish in the study area is Terrebonne Parish with 119,649 residents.
- From 2015 to 2020, Terrebonne Parish is projected to experience the largest percentage change in population with a 2.9% increase and the largest rise in number of residents (3,518 people).

Table 2. Population Size and Change Projections 2015, 2020

	Ochsner St. Anne Study Area	Lafourche Parish	Terrebonne Parish	Louisiana	USA
2015 Total Population	203,398	91,499	119,649	4,662,874	319,459,991
2020 Projected Population	207,924	92,778	123,167	4,800,027	330,689,265
# Change	4,526	1,279	3,518	137,153	11,229,374
% Change	2.2%	1.4%	2.9%	2.9%	3.5%

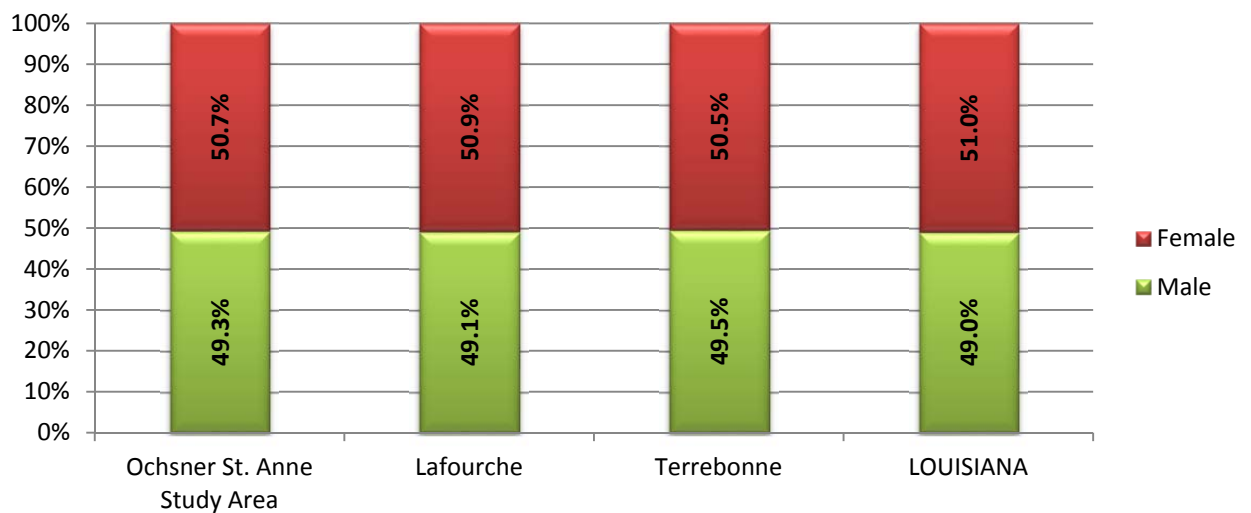
Chart 1. Population Change 2015 - 2020



Gender

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

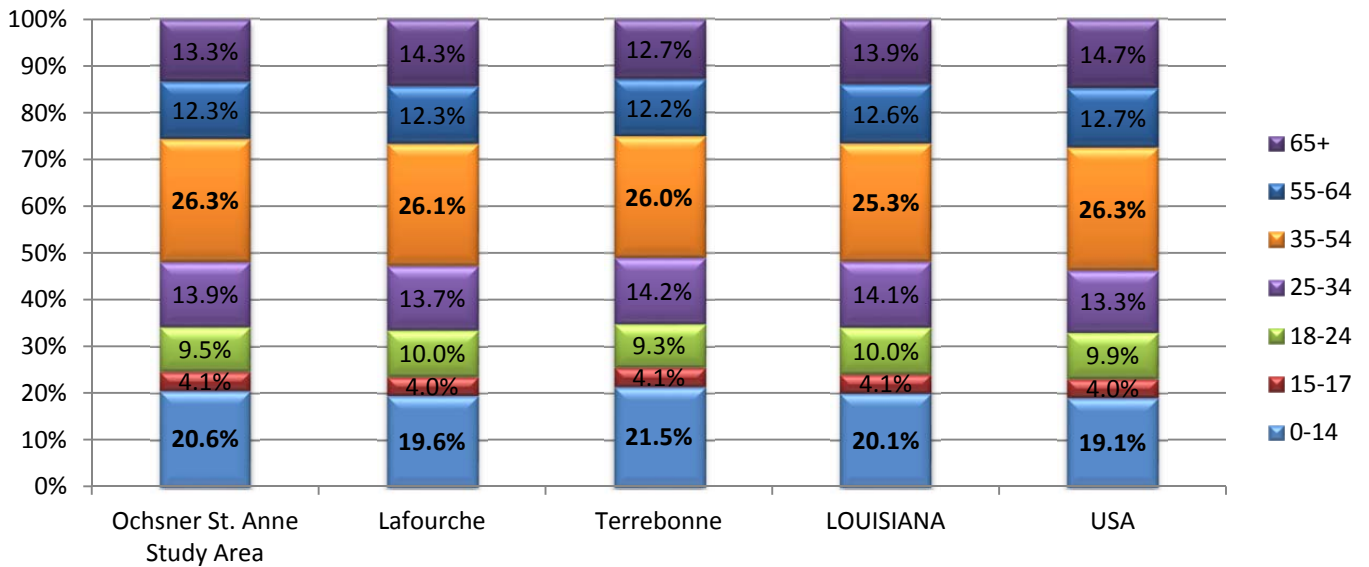
Chart 2. Gender (2015)



Age

- Lafourche Parish reports the largest population of residents aged 65 and older (14.3%) followed by Terrebonne Parish (12.7%).

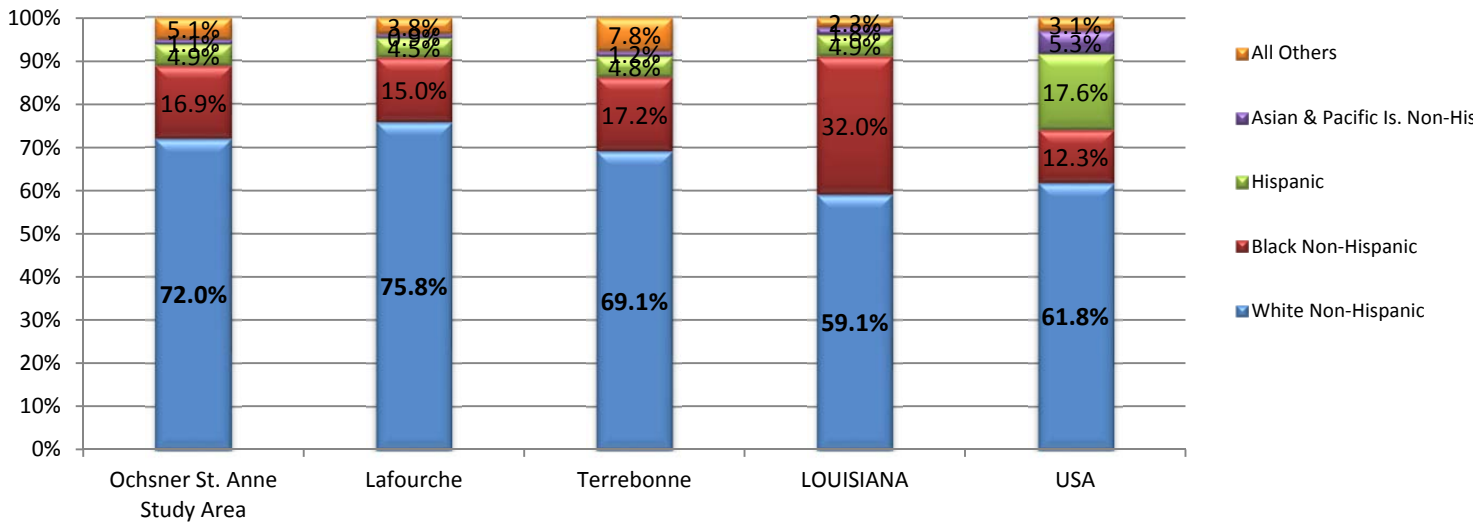
Chart 3. Age (2015)



Race

- Lafourche Parish reports the highest White, Non-Hispanic population percentage at 75.8%, this is higher than state (59.1%) and national norms (61.8%).
- Terrebonne Parish reports the highest Black, Non-Hispanic population across the study area at 69.1%.
- Both Terrebonne and Lafourche Parishes report lower rates of Hispanic residents as compared with the country (17.6%). Terrebonne Parish reports 4.8% while, Lafourche Parish reports 4.5%. Terrebonne Parish reports the highest percentage of Asian or Pacific Islander residents (1.2%) as compared with Lafourche Parish.

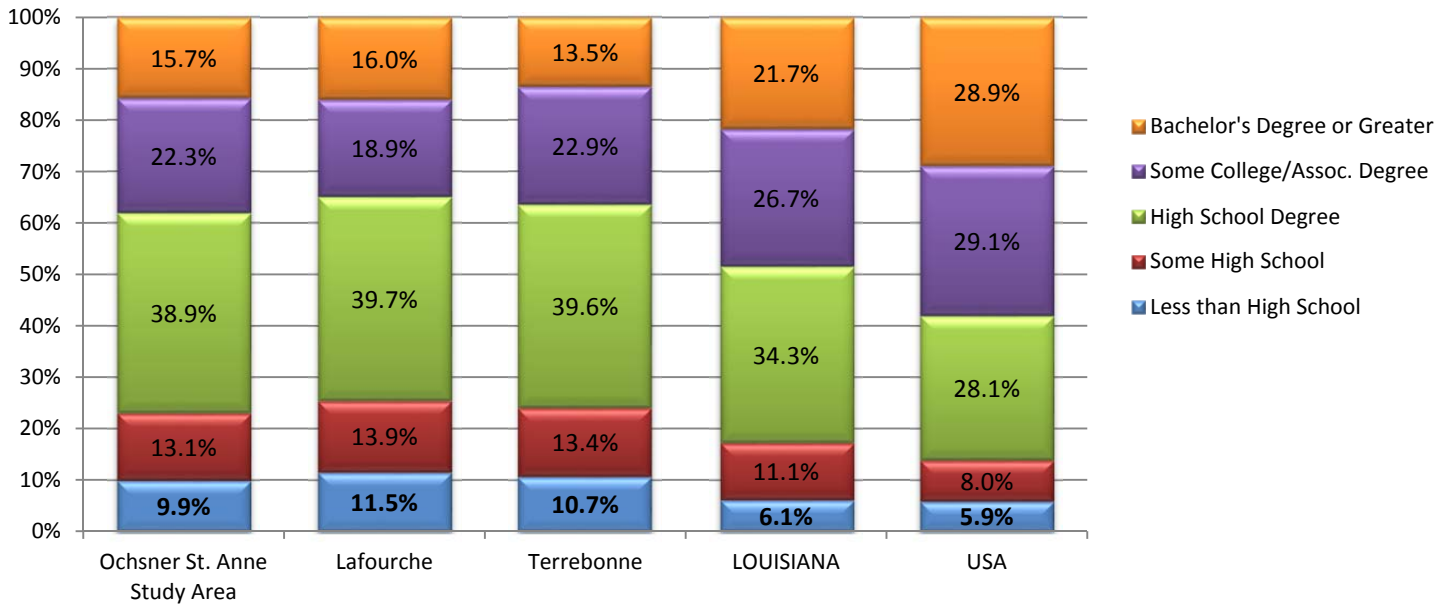
Chart 4. Race (2015)



Education Level

- Lafourche Parish reports the highest rate of residents with ‘Less than a high school’ degree (11.5%); this is nearly double the state (6.1%) and national (5.9%) rates.
- Lafourche Parish also reports the highest rate of residents with a Bachelor’s degree or higher with 16.0%; this is lower than state (21.7%) and national (28.9%) norms.

Chart 5. Education Level (2015)



Income

- Both parishes in the study area report an average annual household income above the state average. Lafourche Parish reports an average annual household income of \$64,405; which is only slightly above the state average of \$64,209. Terrebonne Parish, also close to the state average, reports \$67,512. However, both parishes fall below the national rate of \$74,165.
- Terrebonne Parish reports the highest rate of households that earn less than \$15,000 per year at 14.2%; Lafourche follows with 12.8%. Lafourche Parish’s rate is in line with the national rate of 12.7%.

Chart 6. Average Annual Household Income (2015)

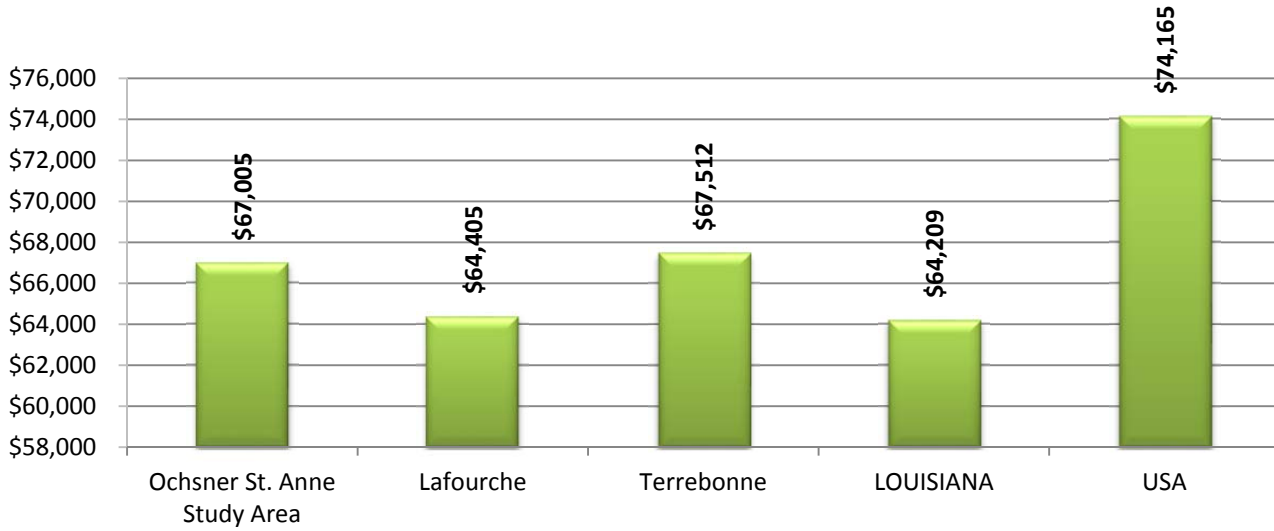
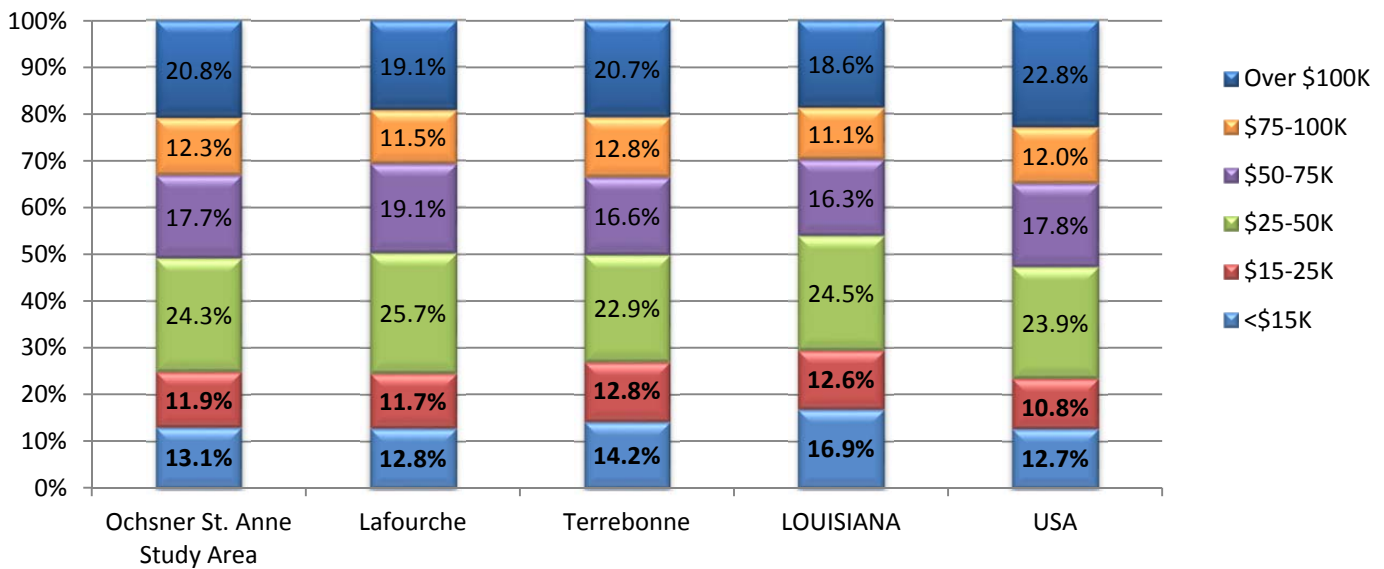


Chart 7. Annual Household Income Detail (2015)



Community Needs Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).¹⁴ CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to health care access. Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

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

6. Income Barrier

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

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.

¹⁴ Truven Health Analytics, Inc. 2015 Community Need Index.

Table 3. Ochsner St. Anne General Hospital – 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
70363	Houma	Terrebonne Parish	4	5	5	5	4	4.6	4.4	+ 0.2
70357	Golden Meadow	Lafourche Parish	5	4	5	4	4	4.4	3.6	+ 0.8
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
70301	Thibodaux	Lafourche Parish	3	4	5	4	4	4.0	4.2	- 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
70080	Paradis	St. Charles Parish	3	4	4	4	4	3.8	3.0	+ 0.8
70345	Cut Off	Lafourche Parish	2	4	5	4	2	3.4	3.0	+ 0.4
70374	Lockport	Lafourche Parish	2	3	5	4	3	3.4	3.6	- 0.2
70360	Houma	Terrebonne Parish	3	4	3	3	4	3.4	3.4	0.0
70375	Mathews	Lafourche Parish	2	3	5	4	2	3.2	3.2	0.0
70355	Gheens	Lafourche Parish	2	2	5	4	2	3.0	2.8	+ 0.2
70030	Des Allemands	St. Charles Parish	3	3	4	4	1	3.0	3.0	0.0
70070	Luling	St. Charles Parish	2	4	3	3	2	2.8	2.2	+ 0.6

A total of 13 of the 16 zip code areas (81.3%) for the Ochsner St. Anne study area fall above the median score for the scale (3.0), two fall at the median, and one falls 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 St. Anne General Hospital Study Area 2015 CNI Map

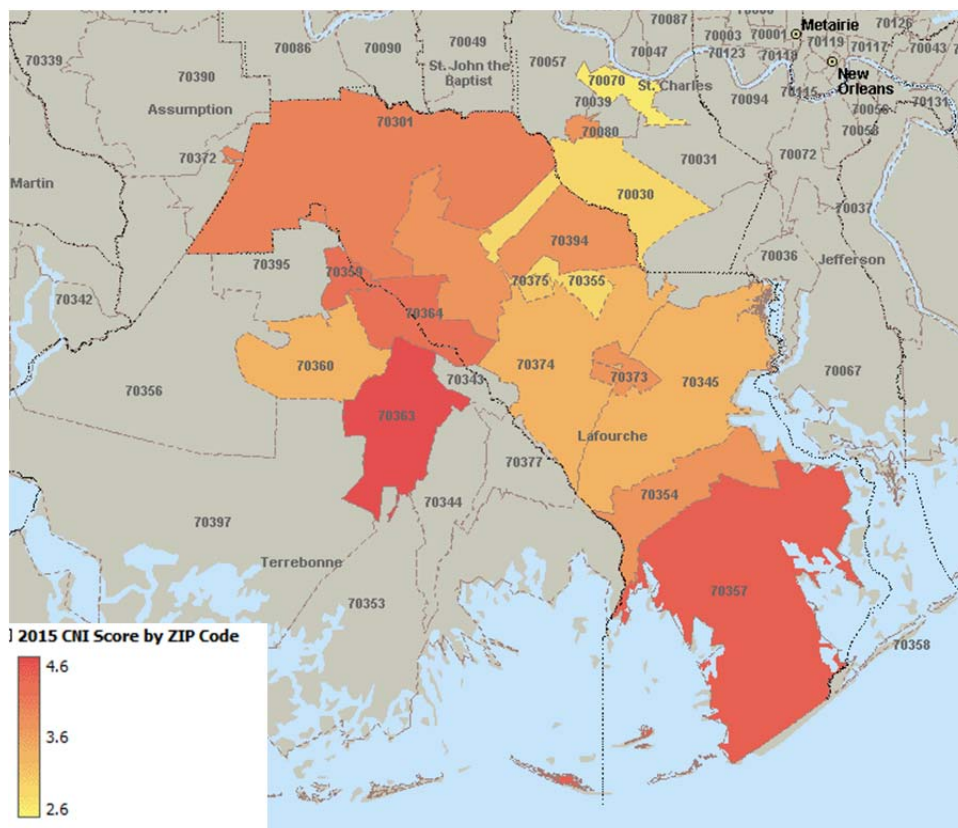
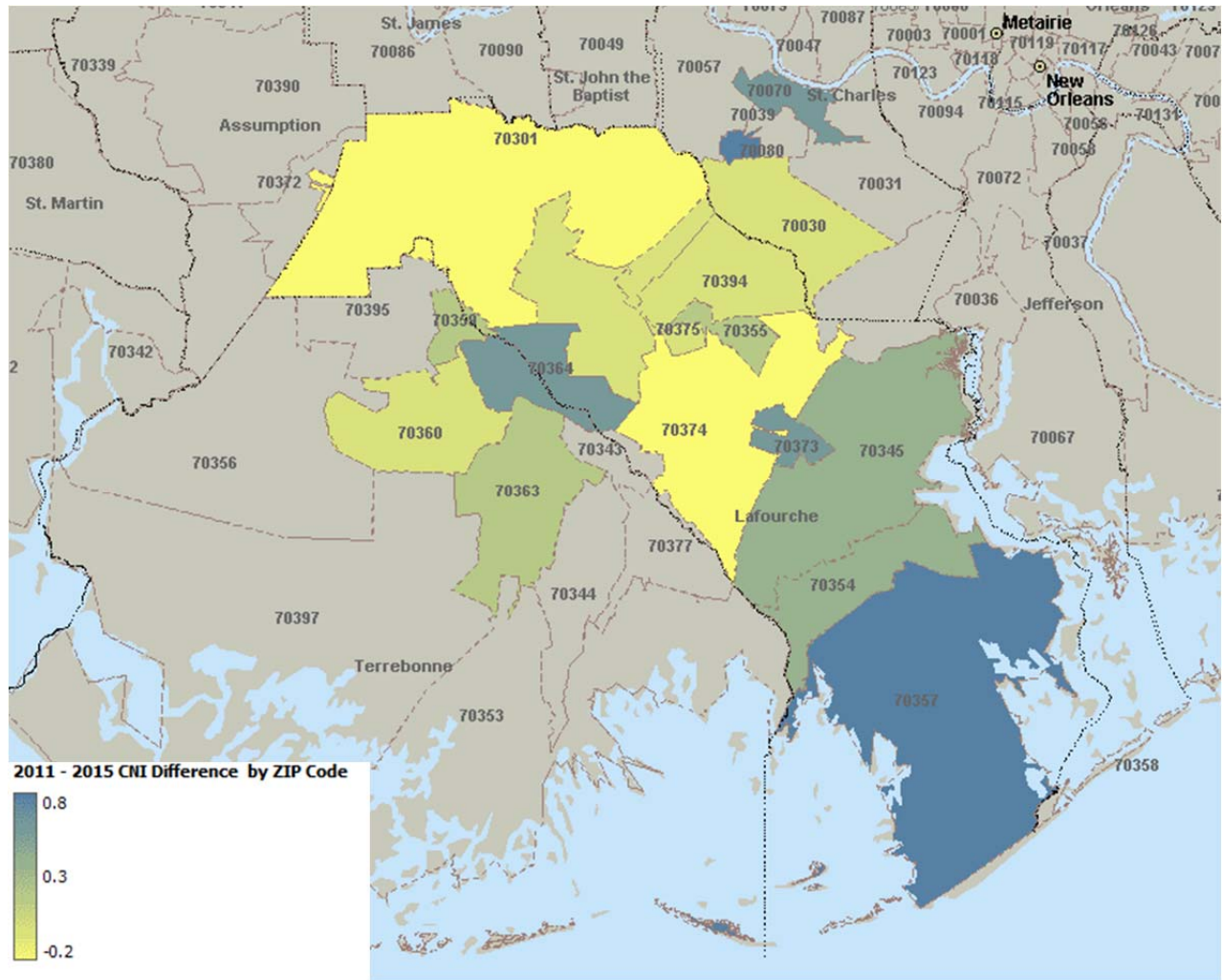


Figure 3. Ochsner St. Anne Study Area 2011 - 2015 CNI Difference Map



Across the 16 Ochsner St. Anne study area zip codes:

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

Zip code areas 70357 – Golden Meadow and 70080 – Paradis experienced a 0.8 increase, the largest rise, in CNI score (going from 3.6 to 4.4 for Golden Meadow; and going from 3.0 to 3.8 for Paradis).

70301 – Thibodaux and 70347 – Lockport (both located in Lafourche Parish) were the only two zip codes to improve their CNI score and both by 0.2 points. Thibodaux went from 4.2 in 2011 to 4.0 in 2015. Lockport went from 3.6 to 3.4.

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

Table 4. Ochsner St. Anne – 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
70363	Houma	4.6	7.0%	29.2%	48.8%	0.8%	47.1%	32.6%	9.0%	16.3%	28.7%
70357	Golden Meadow	4.4	15.4%	19.1%	64.4%	1.9%	21.2%	40.1%	10.8%	12.4%	27.5%
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%
70301	Thibodaux	4.0	13.4%	17.1%	37.9%	0.7%	27.5%	22.1%	6.5%	10.7%	29.9%
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%
70080	Paradis	3.8	12.2%	16.5%	44.6%	0.4%	20.7%	17.3%	5.5%	11.9%	27.8%
70345	Cut Off	3.4	11.4%	9.9%	25.5%	2.8%	19.7%	29.3%	10.7%	10.4%	19.6%
70374	Lockport	3.4	17.8%	15.6%	31.3%	4.5%	13.7%	25.1%	4.7%	11.2%	24.6%
70360	Houma	3.4	7.7%	14.1%	40.2%	0.6%	24.9%	14.0%	5.7%	10.0%	29.6%
70375	Mathews	3.2	1.5%	16.7%	26.7%	0.6%	10.4%	26.2%	5.3%	12.2%	18.0%
70355	Gheens	3.0	0.0%	19.5%	23.3%	0.7%	5.1%	30.0%	4.8%	13.1%	16.3%
70030	Des Allemands	3.0	7.7%	15.5%	33.7%	0.5%	14.1%	15.6%	5.6%	12.0%	13.9%
70070	Luling	2.8	7.7%	13.0%	27.9%	1.1%	23.9%	10.7%	4.7%	8.0%	16.8%

For the Ochsner St. Anne study area there are 5 zip code areas with CNI scores of 4.0 or greater, indicating significant barriers to health care access. These zip code areas are: 70363, 70364 – Houma; 70357 – Golden Meadow; 70359 – Gray; and 70301 – Thibodaux.

- 70357 – Golden Meadow reports the highest rates in the study area for: single parents living in poverty with children (64.4%) and residents without a high school diploma (40.1%).
- Zip code area 70354 in Galliano reports the highest rates of residents aged 65 and older living in poverty (22.5%) and residents who are unemployed (12.7%); this is much higher than state (6.6%) and national (5.5%) unemployment rates.¹⁵
- 70363 – Houma reports the highest rates for the study area for: married parents living in poverty with children (29.2%) and residents identifying themselves as minority (47.1%). Zip code area 70364, also in Houma, shows the highest percentage of people renting (33%).

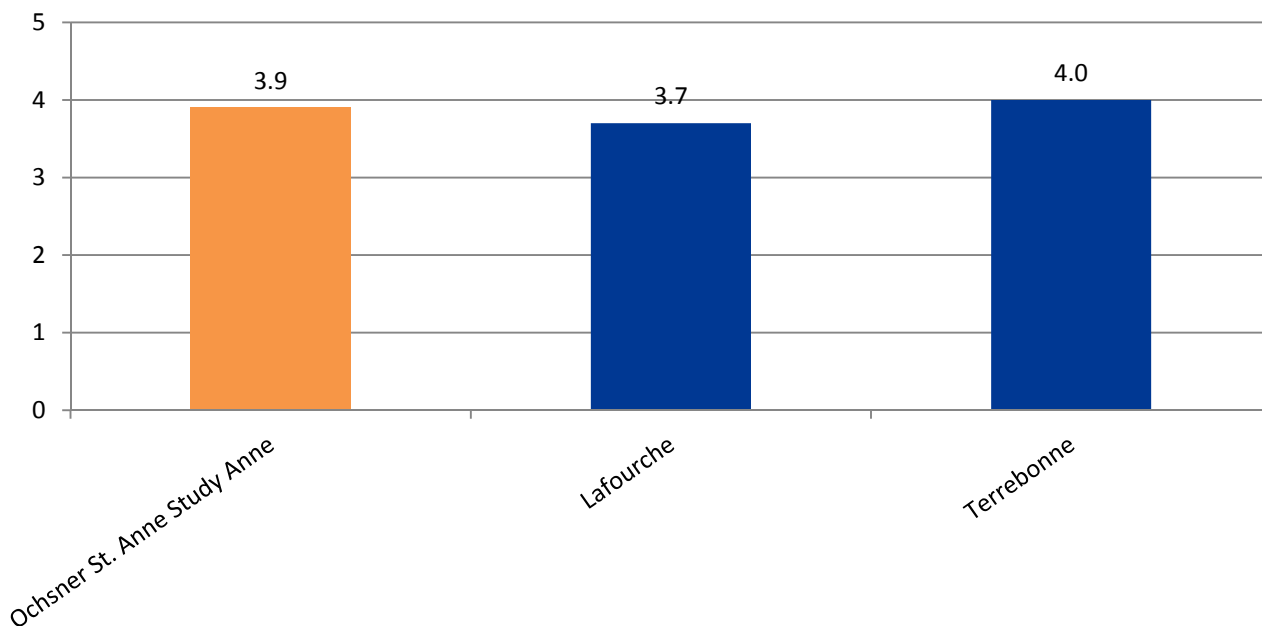
¹⁵ March 2015 state and national statistics. U.S. Bureau of Labor Statistics.

- 17.9% of the residents in zip code area 70359 (Gray) are uninsured; the highest in the study area.
- 4.5% of residents living in zip code area 70374 – Lockport have limited English proficiency; the highest in the study area.

On the other end of the spectrum, the lowest CNI score for the study area is 2.8 in 70070 – Luling.

- Along with the lowest CNI score, zip code area 70070 (Luling) reports the lowest rates in the study area for: residents without a high school diploma (10.7%); unemployed residents (4.7%); and uninsured residents (8.0%). 70374 – Lockport also reports an unemployment rate of 4.7%.
- Zip code area 70355 (Gheens) reports 0.0% of their population as aged 65 and older living in poverty. This zip code also reports the lowest rates in the study area for: single parents living in poverty with children (23.3%) and residents identifying as minority (5.1%).
- 70030 – Des Allemands reports the lowest rate of renters across the study area at only 13.9%.
- Only 0.4% of residents in 70080 – Paradis have limited English proficiency; the lowest in the study area.
- Cut Off (70345) reports the lowest rate of married parents living in poverty with children at 9.9%.

Chart 8. Overall CNI Values - Ochsner St. Anne, Parishes



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

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:

1. Chronic Lung Conditions

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

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

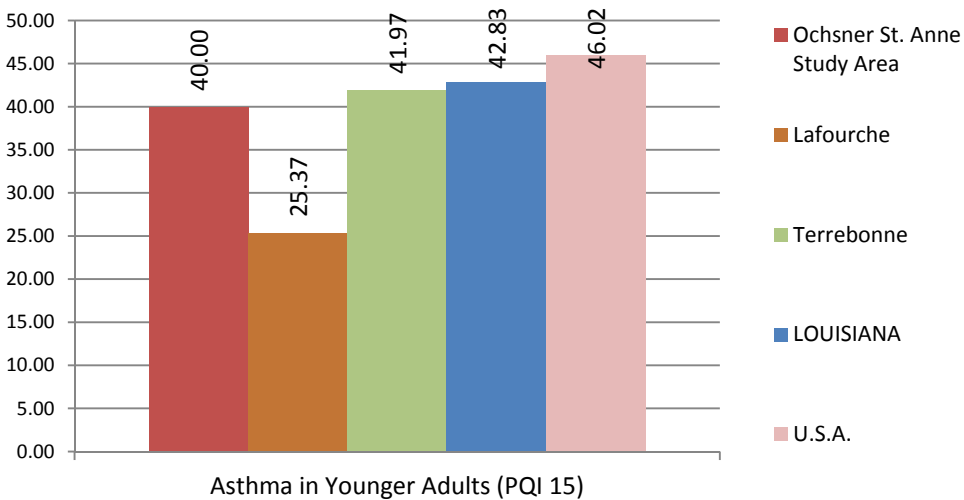
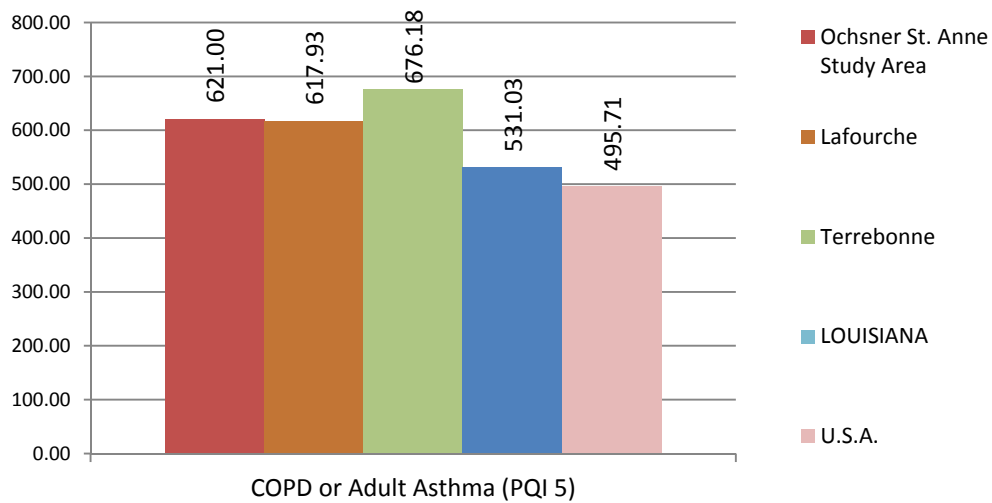
Table 5. Prevention Quality Indicators (PQI) Ochsner St. Anne / LA / U.S.A. 2015					
Prevention Quality Indicators (PQI)	Ochsner St. Anne Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Ochsner St. Anne Study Area – LA Diff.	Ochsner St. Anne Study Area – U.S.A. Diff.
Chronic Lung Conditions					
COPD or Adult Asthma (PQI5)	621.00	531.03	495.71	+ 89.97	+ 125.29
Asthma in Younger Adults (PQI15)	40.00	42.83	46.02	- 2.83	- 6.02
Diabetes					
Diabetes Short-Term Complications (PQI1)	92.08	98.10	63.86	- 6.02	+ 28.22
Diabetes Long-Term Complications (PQI3)	103.18	126.06	105.72	- 22.88	- 2.54
Uncontrolled Diabetes (PQI14)	14.31	15.57	15.72	- 1.26	- 1.41
Lower Extremity Amputation Among Diabetics (PQI16)	10.97	12.74	16.50	- 1.77	- 5.53
Heart Conditions					
Hypertension (PQI7)	35.26	46.06	54.27	- 10.80	- 19.01
Congestive Heart Failure (PQI8)	392.52	404.11	321.38	- 11.59	+ 71.14
Angina Without Procedure (PQI13)	19.59	13.74	13.34	+ 5.85	+ 6.25
Other Conditions					
Perforated Appendix (PQI2)	388.89	322.43	323.43	+ 66.46	+ 65.46
Low Birth Weight (PQI9)	69.78	86.51	62.14	- 16.73	+ 7.64
Dehydration (PQI10)	163.42	124.53	135.70	+ 38.89	+ 27.72
Bacterial Pneumonia (PQI11)	311.77	305.80	248.19	+ 5.97	+ 63.58
Urinary Tract Infection (PQI12)	240.38	209.39	167.01	+ 30.99	+ 73.37

Key Findings from 2015 PQI Data:

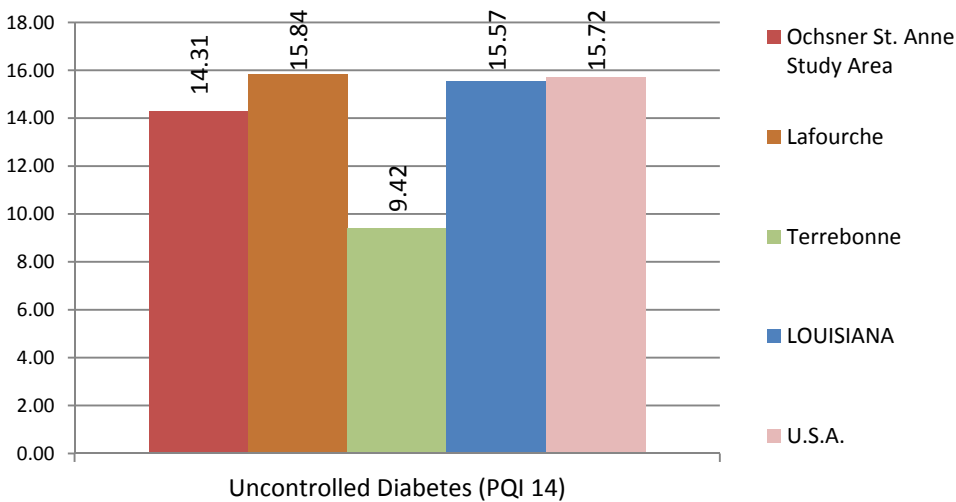
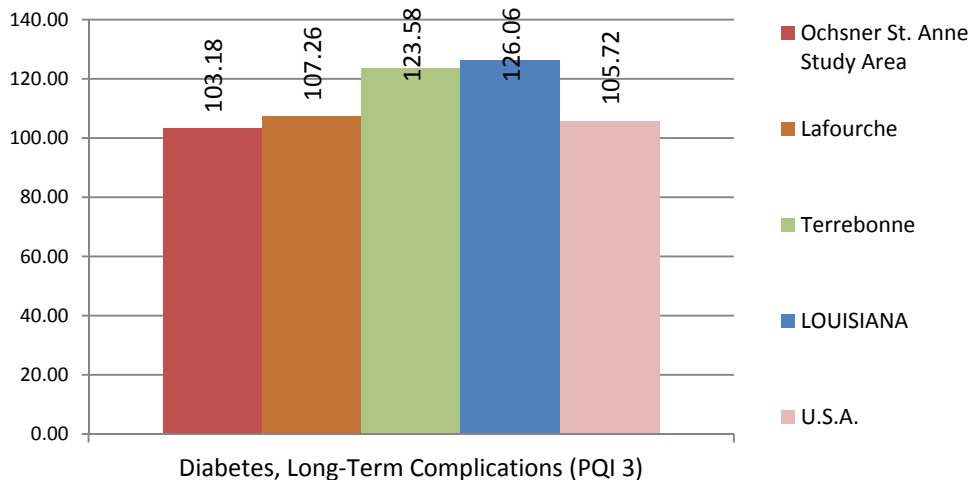
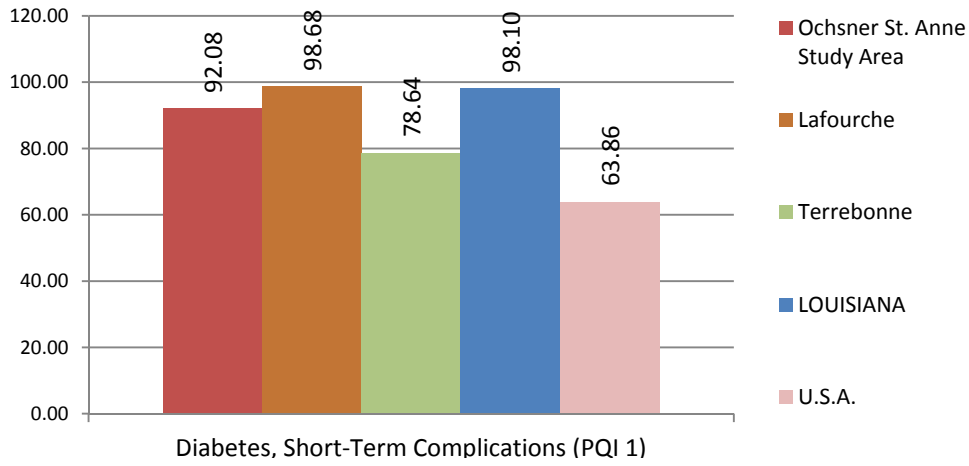
- The Ochsner St. Anne study area reports higher preventable admission rates than the State of Louisiana for six of the 14 PQI measures as depicted by the red values in the corresponding column of Table 5 (above). The greatest difference (89.97 preventable admissions) is seen with PQI5 – COPD or Adult Asthma. The study area reports a rate of 621.00 preventable admissions per 1,000 admissions versus the state rate of 531.03.
- When comparing the Ochsner St. Anne PQI data to the national rates, the study area reports higher preventable hospital admissions for:
 - Diabetes, Short-Term Complications
 - Perforated Appendix
 - COPD or Adult Asthma
 - Congestive Heart Failure
 - Low Birth Weight
 - Dehydration
 - Bacterial Pneumonia
 - Urinary Tract Infection
 - Angina without Procedure

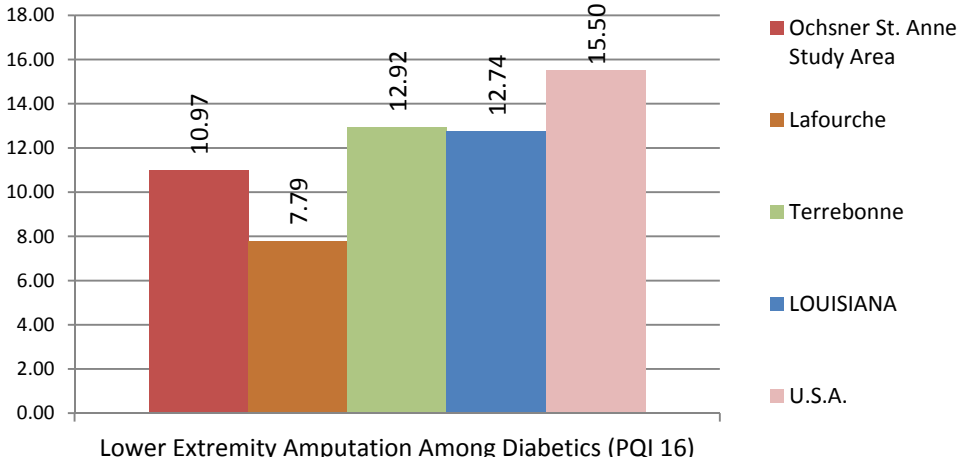
- There are also a number of PQI measures in which the Ochsner St. Anne Study Area reports lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:
 - Diabetes, Long-Term Complications
 - Hypertension
 - Uncontrolled Diabetes
 - Asthma in Younger Adults
 - Lower Extremity Amputation among Diabetics

Chronic Lung Conditions:

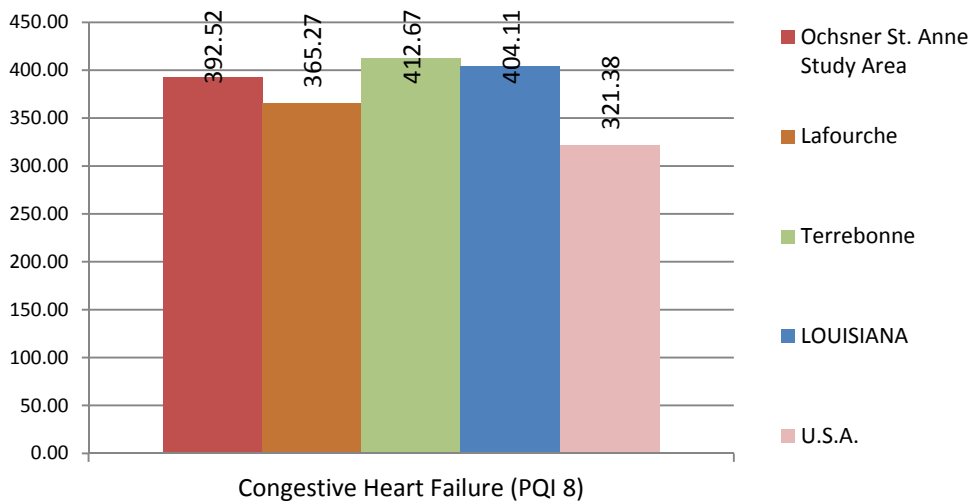
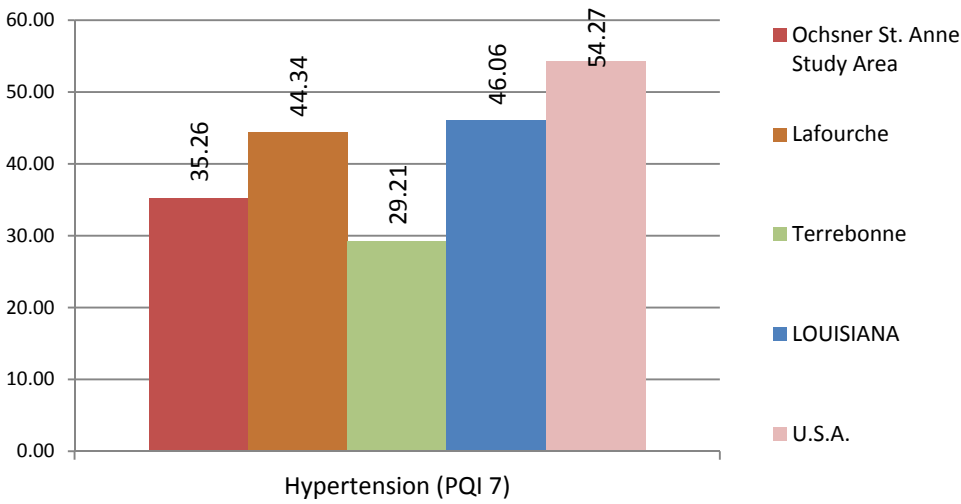


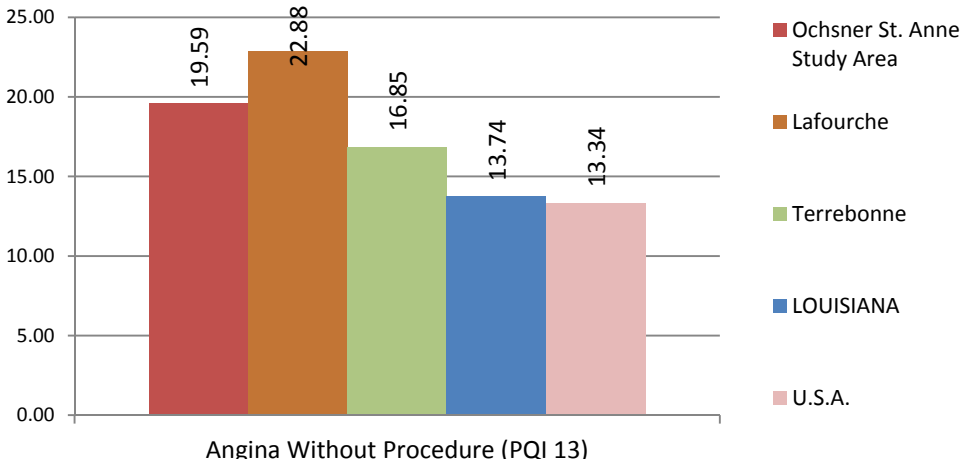
Diabetes:



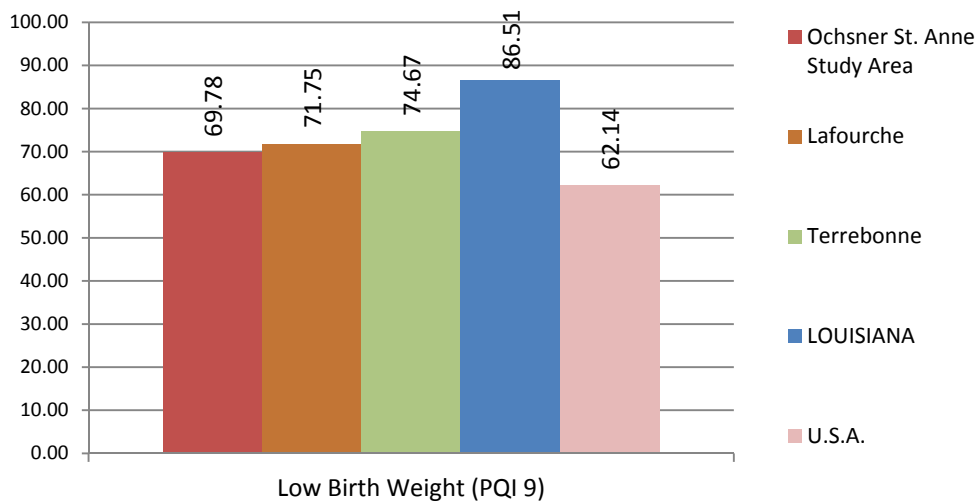
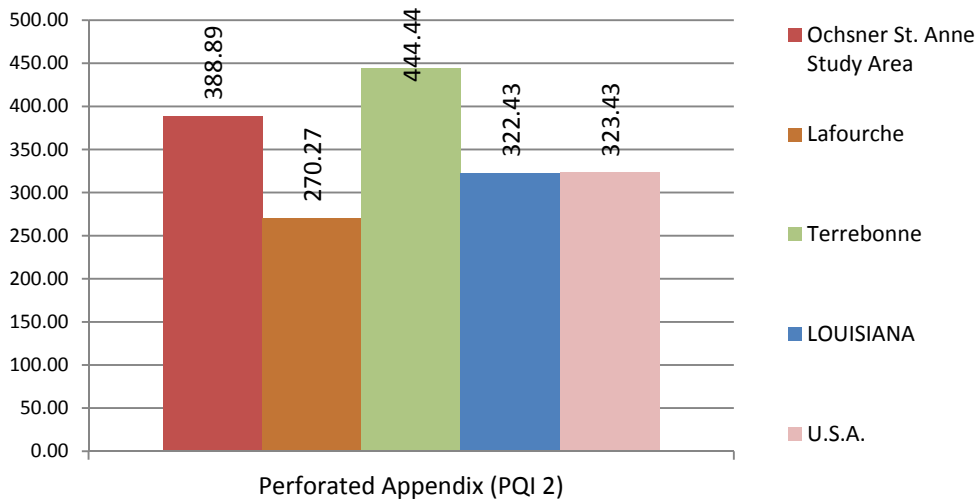


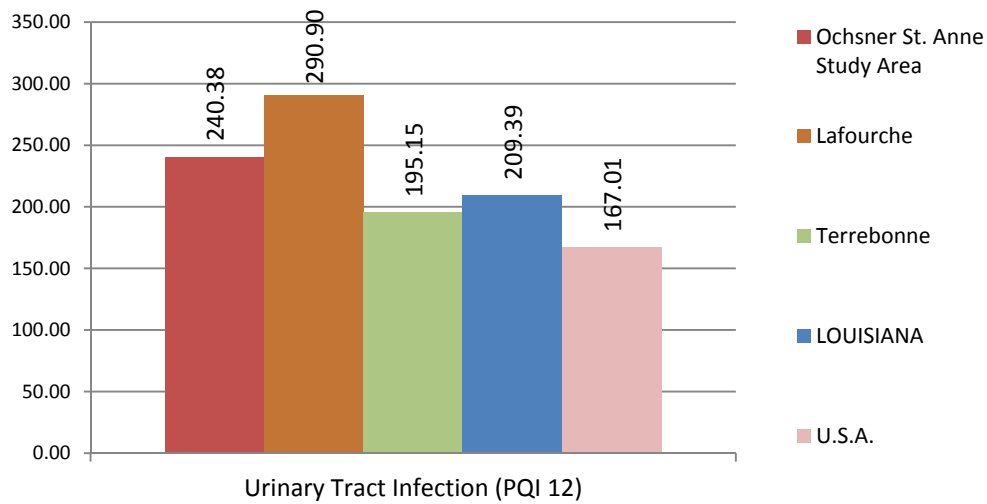
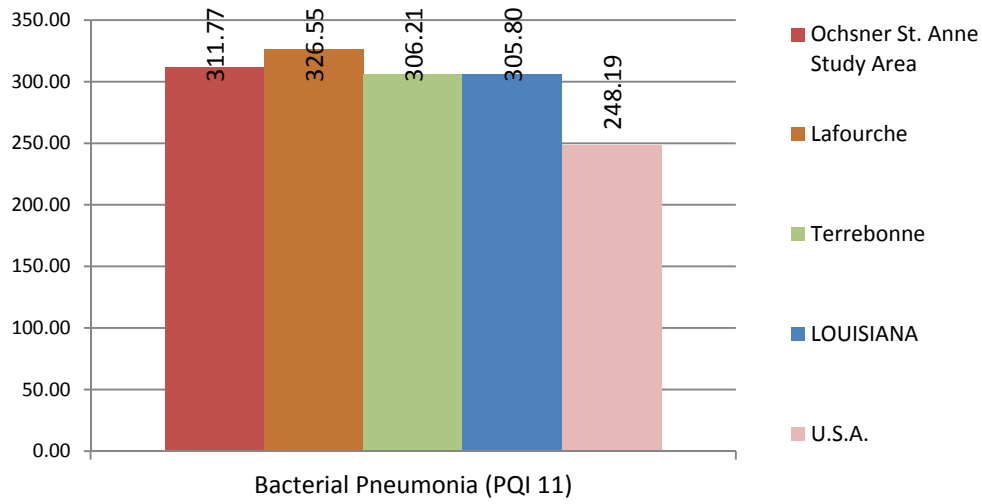
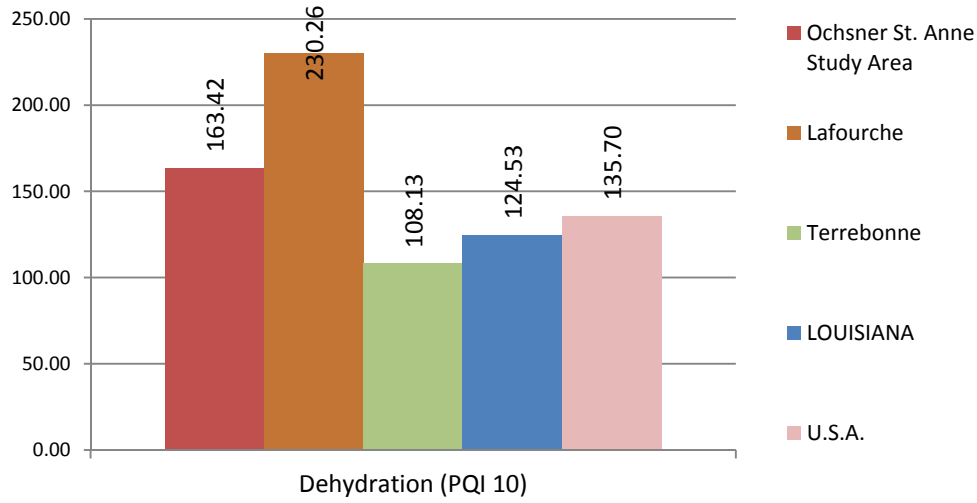
Heart Conditions:





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 health care. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the health care system and that may be amenable to prevention by changes at the system or provider level.

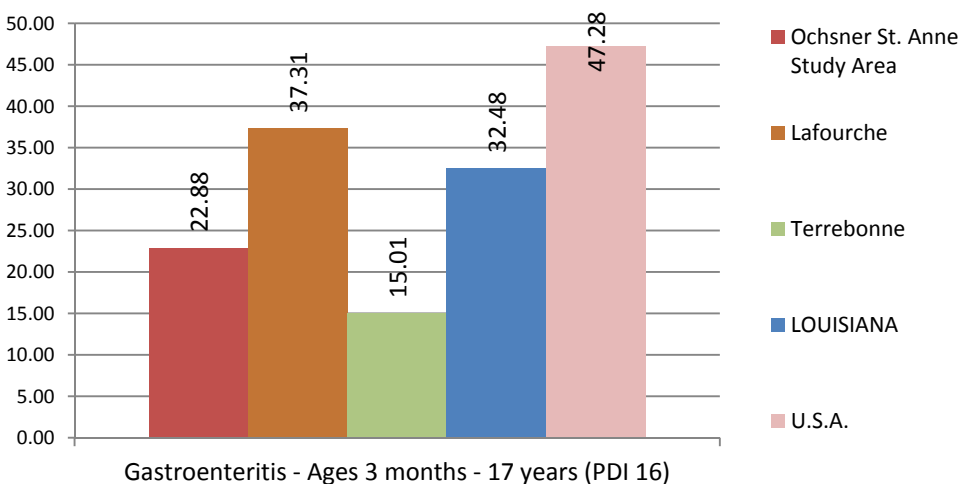
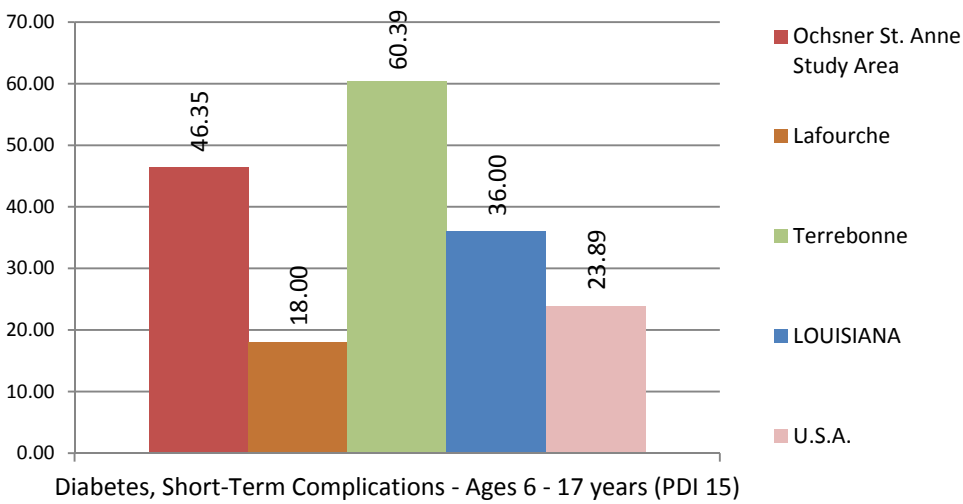
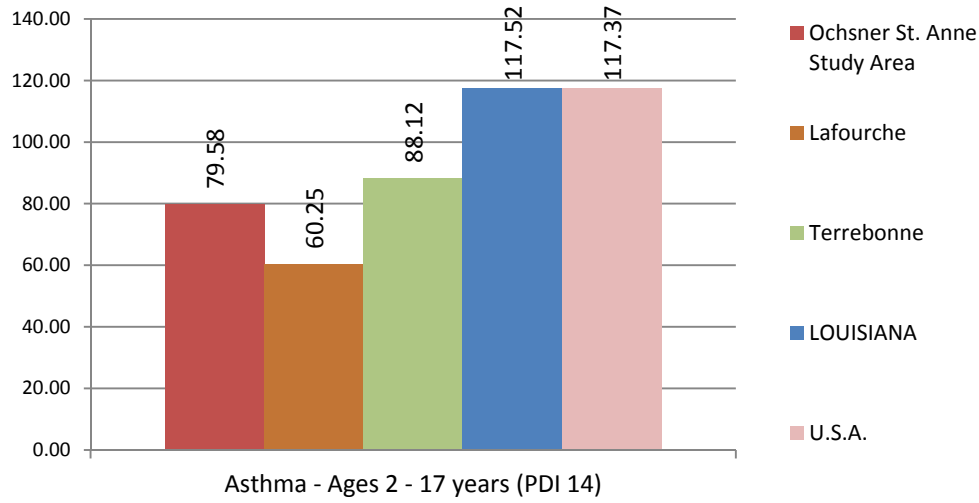
Development of quality indicators for the pediatric population involves many of the same challenges associated with the development of quality indicators for the adult population. These challenges include the need to carefully define indicators using administrative data, establish validity and reliability, 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 health care relative to adult health care, dependency, demographics, and development—can pervade all aspects of children’s health care; simply applying adult indicators to younger age ranges is insufficient.

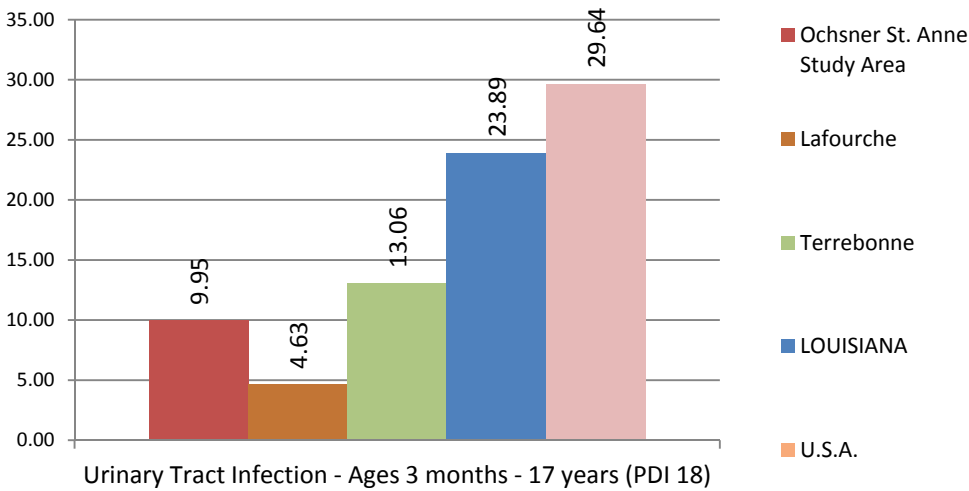
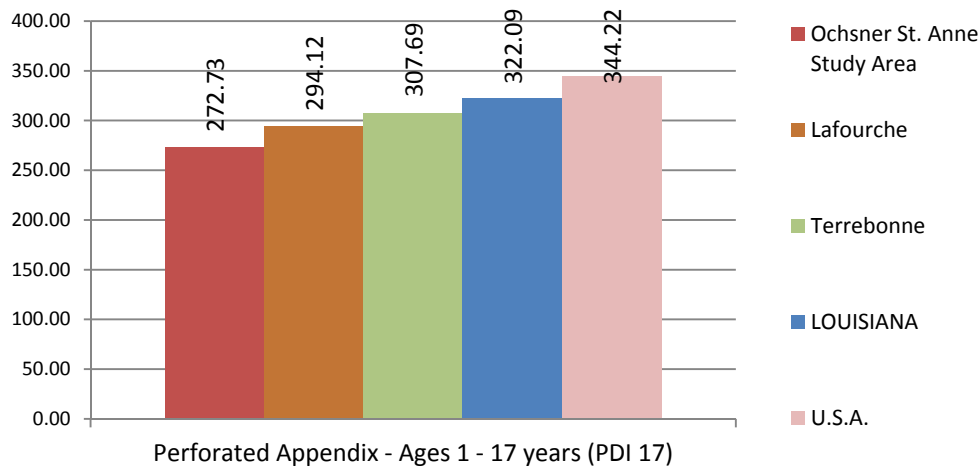
This PDIs focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals, and on preventable hospitalizations among pediatric patients.

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 health care 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:

- The Ochsner St. Anne study area reports preventable hospitalization rates lower than the national rate in all but one of the Pediatric Quality Indicators (PDIs) measures.
- Terrebonne Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 88.12 per 100,000 population; less than the national rate of 117.37 and the state rate of 117.52. Lafourche Parish reports a rate of 60.25 per 100,000 population; almost half the state and national rates.
- Terrebonne Parish and Lafourche Parishes are at opposite ends of the spectrum for rates of diabetes, short-term complications for those aged 6 to 17 years old for the study area (60.39

and 18.00, respectively). Terrebonne's rates are nearly double the state rate of 36.00 and triple the national rate of 23.89; while Lafourche's rate is half that of the state and lower than the national rate. This is the only measure where a parish in the study area reports a higher rate than the nation.

- Lafourche Parish reports the highest rate of gastroenteritis for the Ochsner St. Anne study area at 37.31 per 100,000 population aged 3 months to 17 years. However, both Lafourche and Terrebonne Parishes fall below the national rate of 47.28.
- Terrebonne Parish reports the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 307.69 per 1,000 admissions. Lafourche Parish reports 294.12 per 1,000 admissions.
- Terrebonne reports the higher rate of preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years in the study area with 13.06 per 100,000 population being admitted while the national rate stands at 29.64.

Community Commons Data

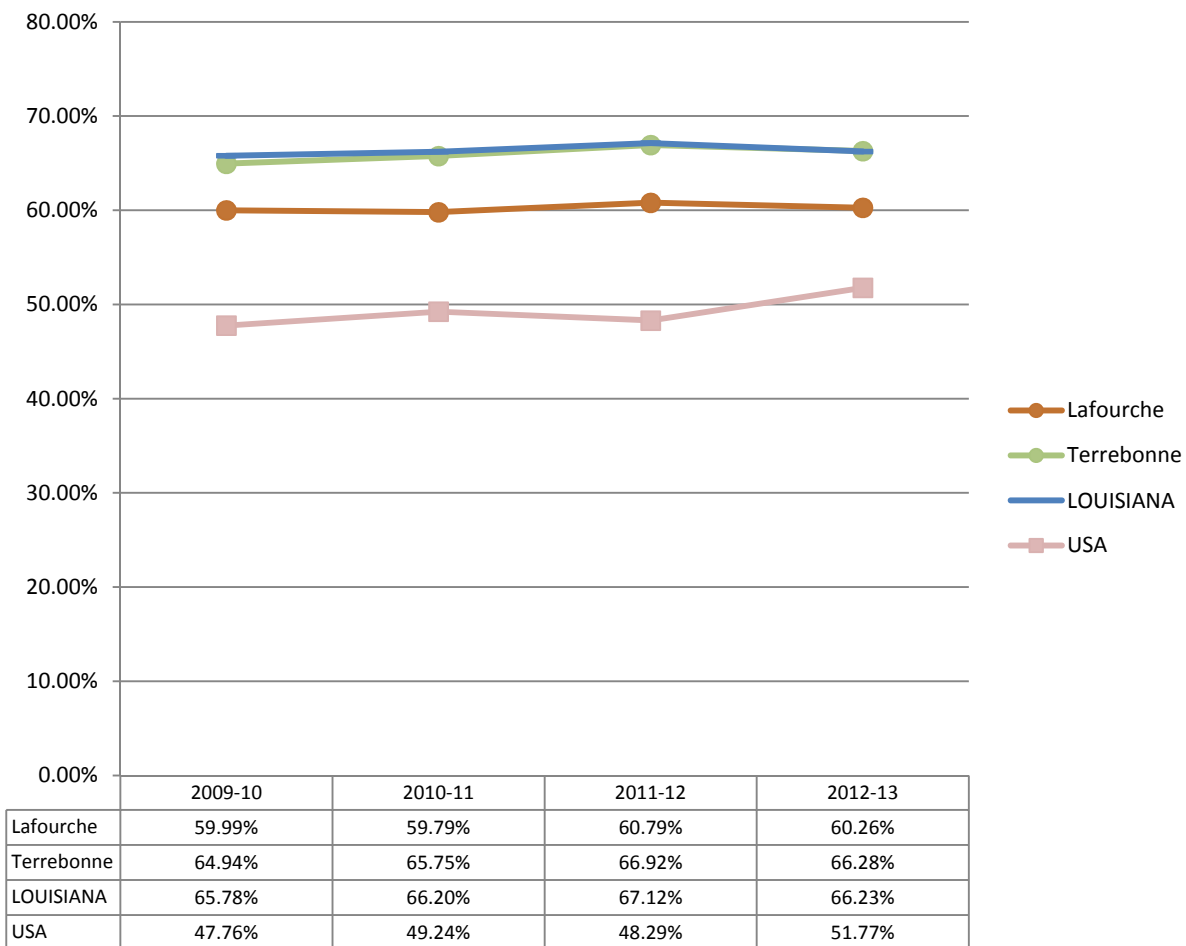
Tripp Umbach gathered data from Community Commons related to social and economic factors, physical environment, clinical care, and health behaviors for the parishes of interest for the Ochsner St. Anne CHNA.¹⁶ The data is presented in the aforementioned categories below.

Social and Economic Factors

Free/Reduced Price Lunch Eligible

- Terrebonne Parish reports the highest rate of public school students who are eligible for free or reduced lunch (66.28%).

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

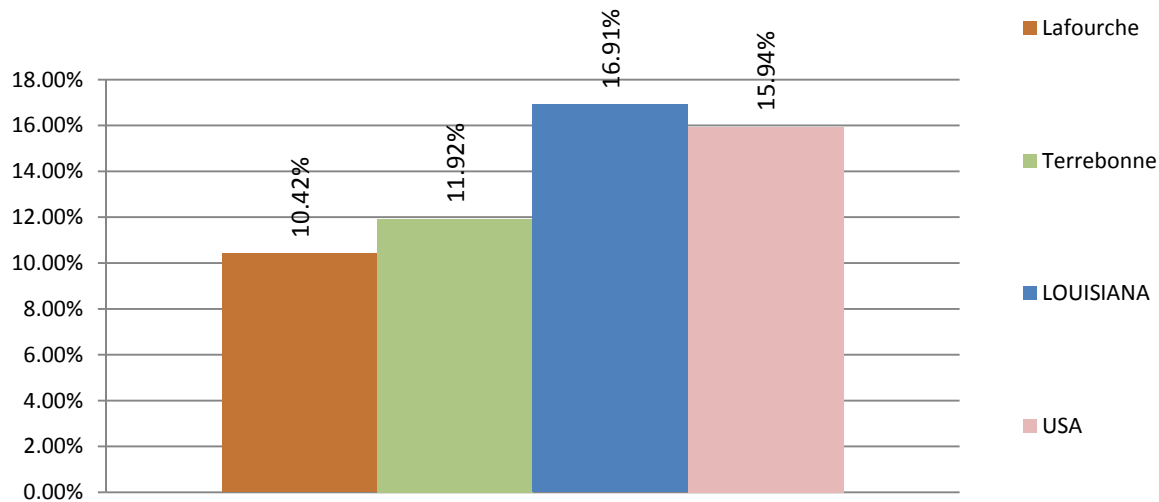


¹⁶ Community Commons. <http://www.communitycommons.org/> Accessed 06/08/2015.

Food Insecure Population

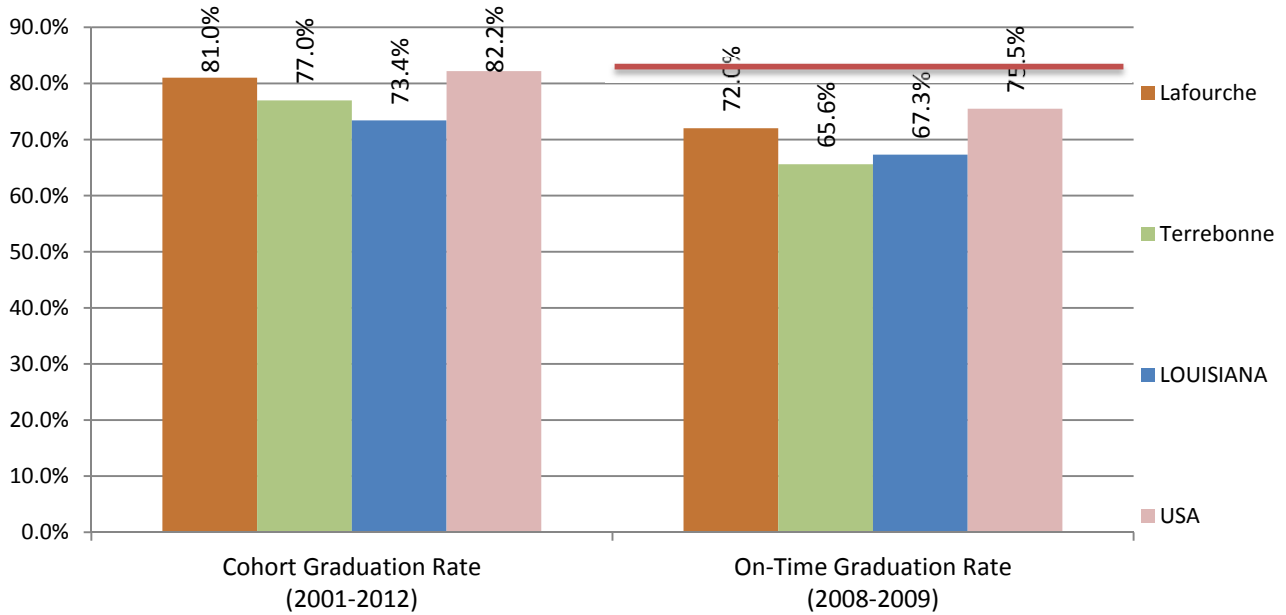
- This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.
- Lafourche and Terrebonne Parishes report lower food insecurity rates than the State of Louisiana and the nation, with Terrebonne Parish reporting the highest at 11.92% of the population.

Food Insecure Population, Percent, 2012



Graduation Rate

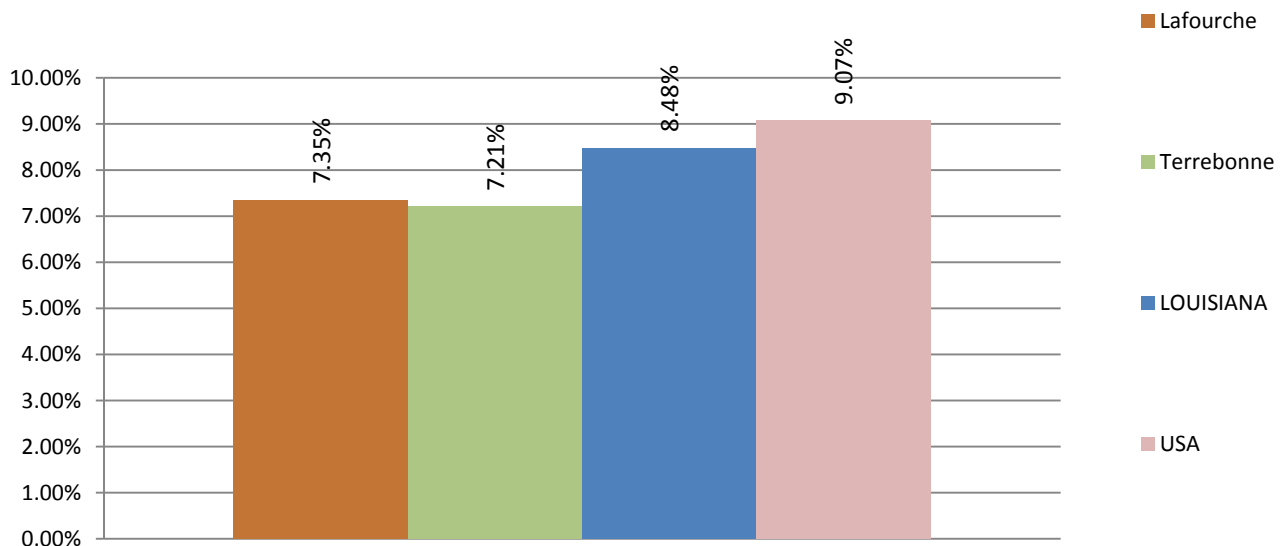
- This indicator is relevant because research suggests education is one of the strongest predictors of health (Freudenberg & Ruglis, 2007).
- Terrebonne Parish reports the lowest overall graduation rate as well as the lowest on-time graduation rate throughout the study area parishes (77.0% overall graduation, 65.6% on-time graduation).
- The Healthy People 2020 Target for on-time graduation is 82.4% – all of the study area parishes and the State of Louisiana fall below this goal. However, Lafourche Parish reports very close to the on-time graduation rate for the nation with only a 3.5% difference.



Households with No Motor Vehicle

- Lafourche and Terrebonne Parishes both report similar rates of households with no motor vehicle (7.35% and 7.21%, respectively).

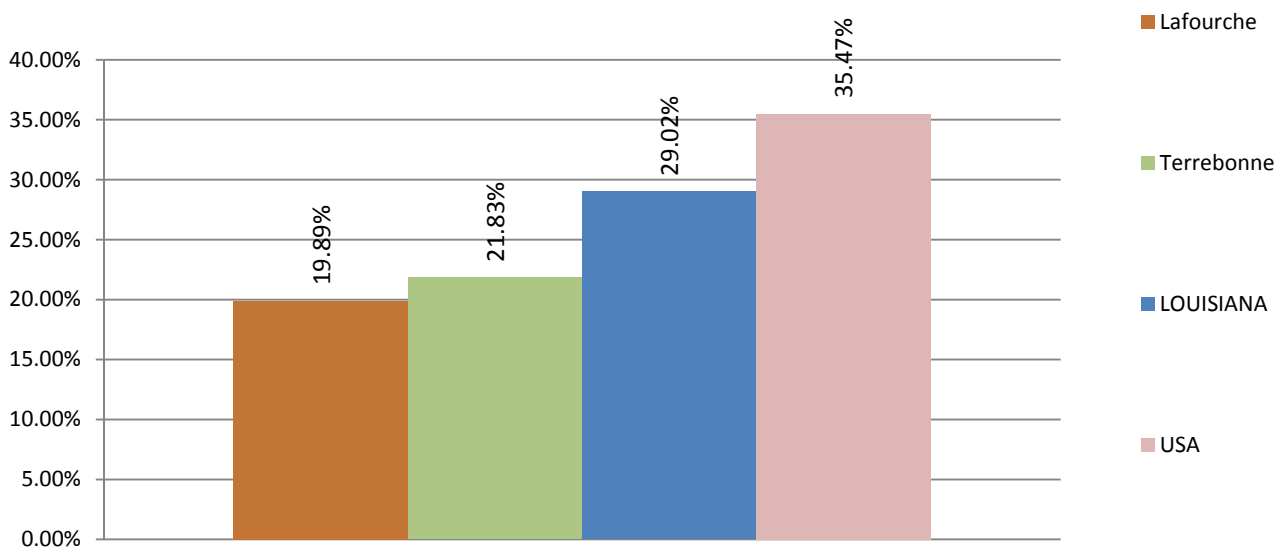
Percentage of Households with No Motor Vehicle, 2009-2013



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.
- Terrebonne Parish reports a higher percentage of cost-burdened households as compared with the study area at 21.83%. Both parishes in the Ochsner St. Anne study area, as well as the State of Louisiana, report lower rates of cost-burdened households than the national average (35.47%).

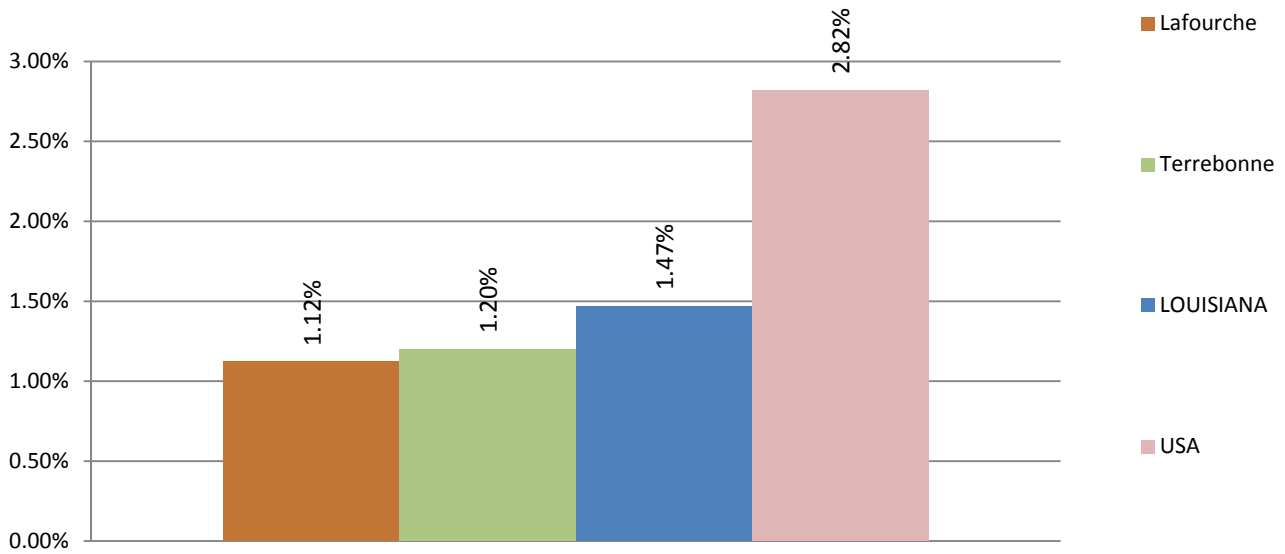
Percentage of Cost Burdened Households (Over 30% of Income), 2009-2013



Public Assistance

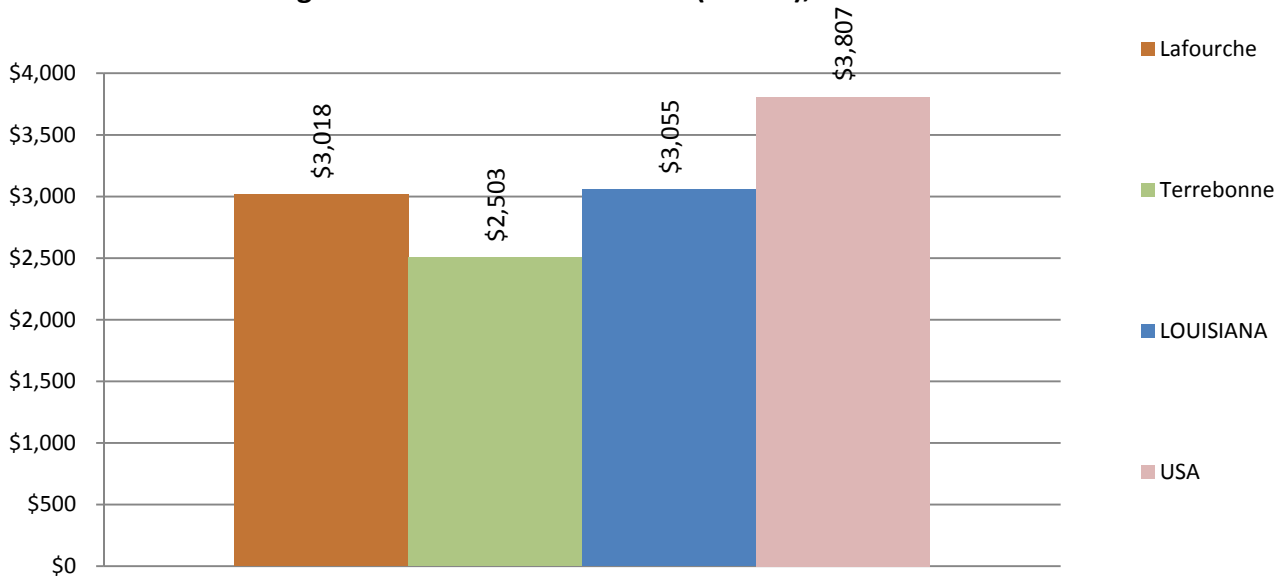
- This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.
- Both study area parishes report lower rates of households receiving public assistance income than the rates seen for the country and for the State of Louisiana.
- Lafourche Parish reports the highest rate of households receiving public assistance at 1.12%. Terrebonne Parish follows closely at 1.20%.

Percent Households with Public Assistance Income, 2009-2013



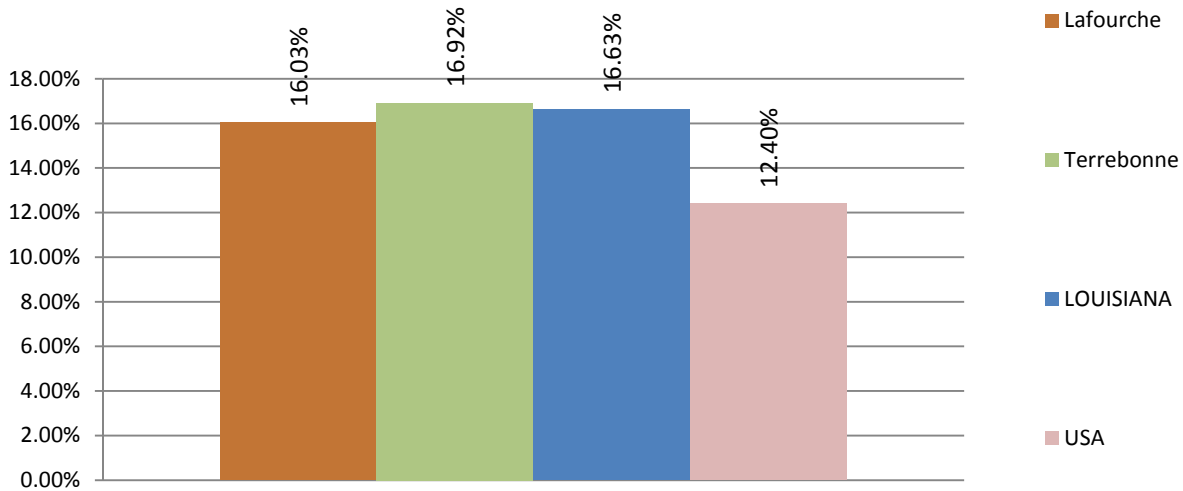
- Lafourche Parish reports the highest average amount of public assistance received by households at \$3,018.

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



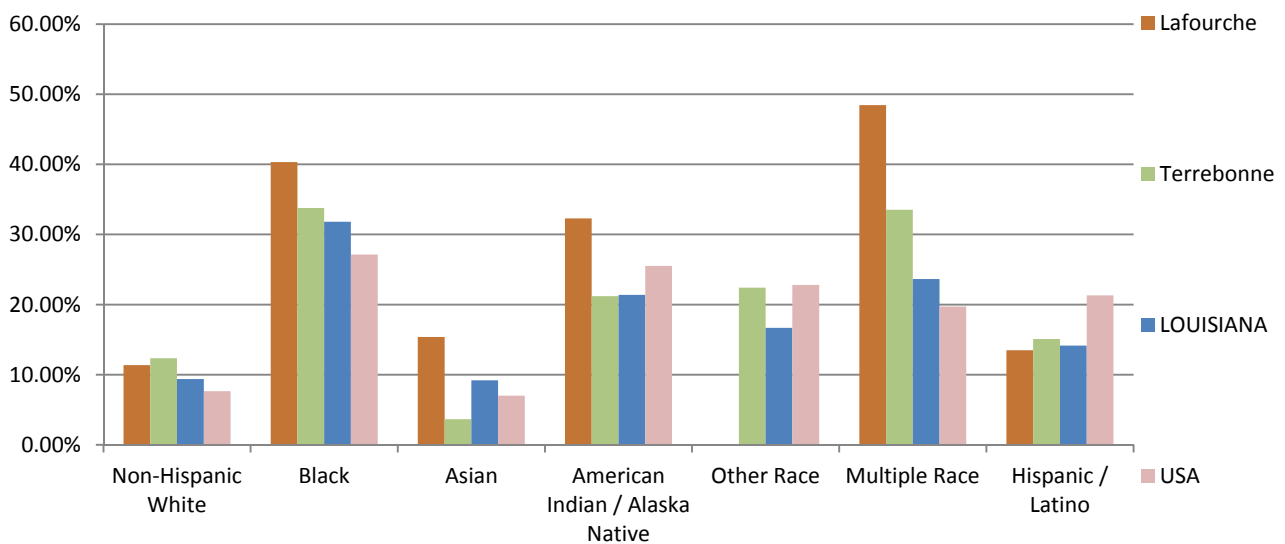
SNAP Benefits

Percent Households Receiving SNAP Benefits, 2009-2013



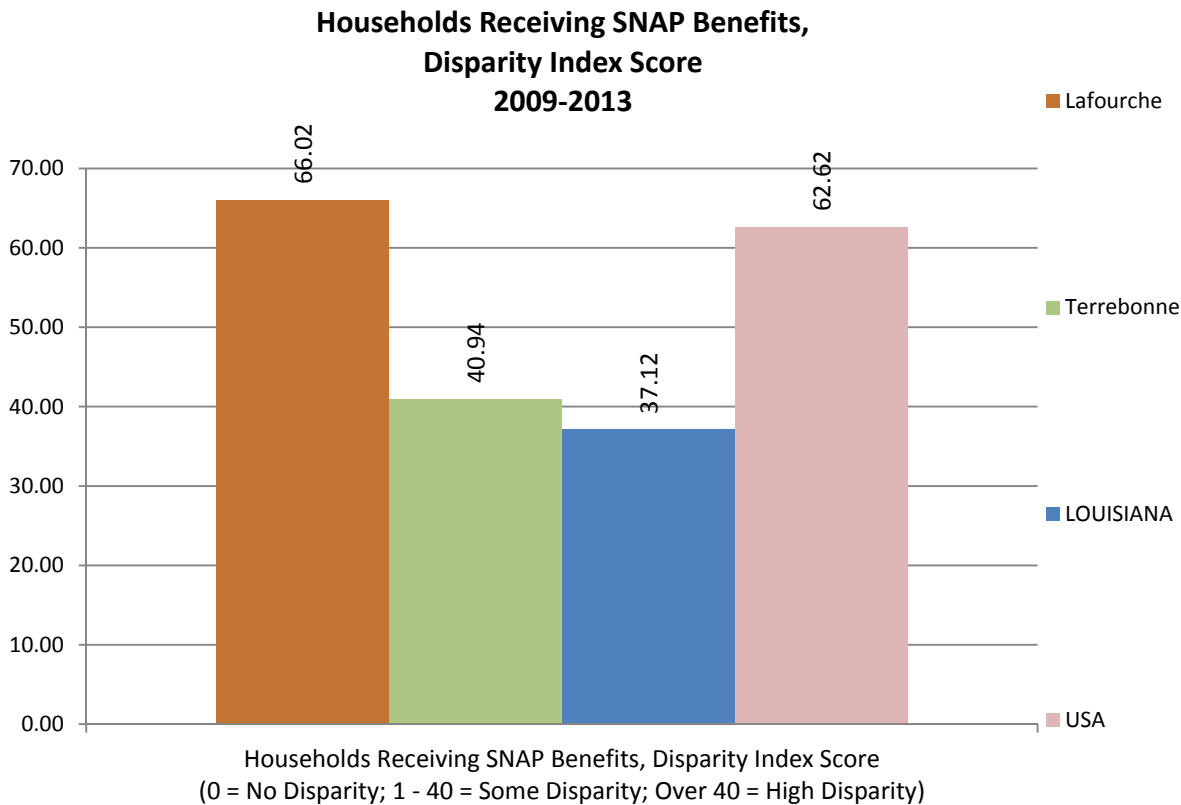
- Terrebonne Parish reports the highest rate of households receiving SNAP benefits across the Ochsner St. Anne study area at 16.92%.
- Lafourche Parish reports the highest rates of households receiving SNAP benefits for populations identifying as: Multiple Race (48.44%), Black (40.32%), American Indian/Alaskan Native (32.28%), and Asian (15.38%).
- The American Indian/Alaska Native, African-American/Black, and Multiple race populations of the Ochsner St. Anne 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 St. Anne study area.

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



Households Receiving SNAP Benefits, Disparity Index

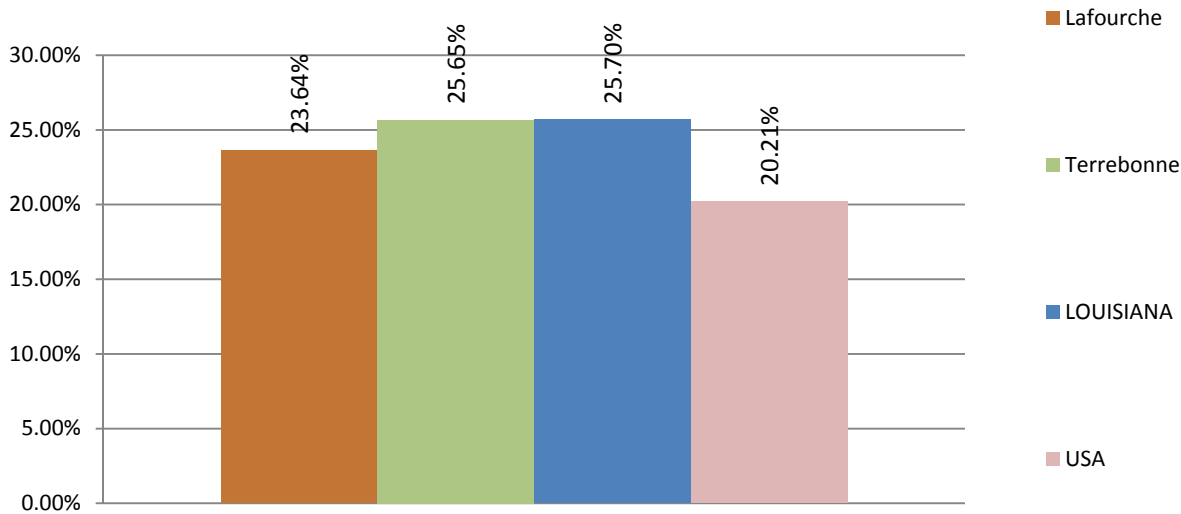
- The Index of Disparity (ID) measures the magnitude of variation in indicator percentages across population groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage".
- Both Terrebonne Parish and Lafourche Parish report an index score reflecting "High Disparity" when it comes to SNAP benefits.
- Lafourche Parish reports the highest SNAP Benefits Disparity Index score for the study area at 66.02. Terrebonne Parish reports an index score only slightly above the "High Disparity" threshold.



Medicaid

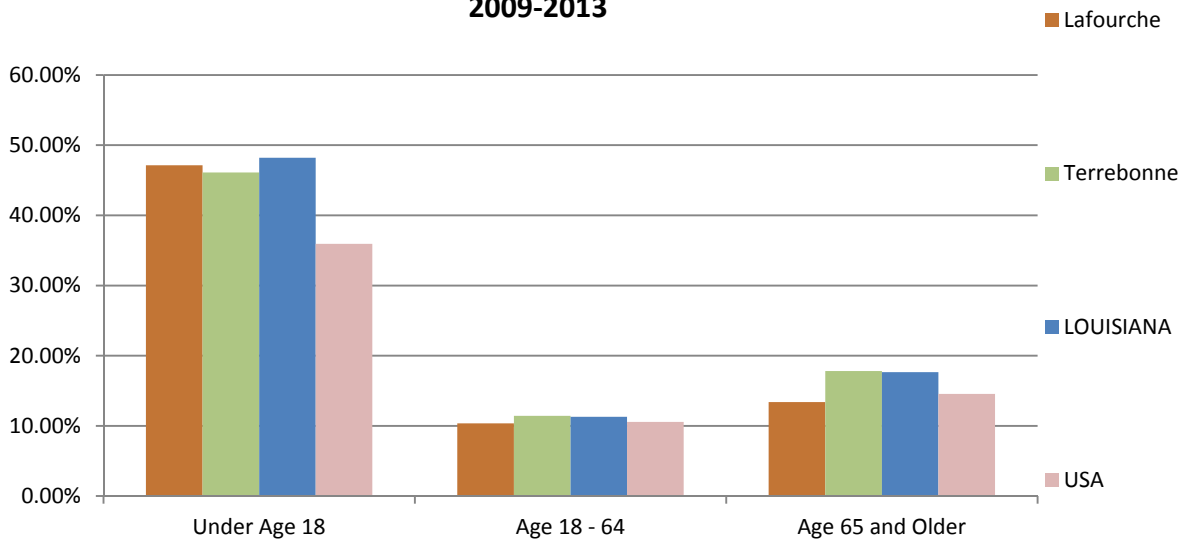
- Terrebonne Parish reports the highest rate of Insured Residents Receiving Medicaid at 25.65%; this rate is higher than the national (20.21%) rate.

Percent of Insured Population Receiving Medicaid, 2009-2013



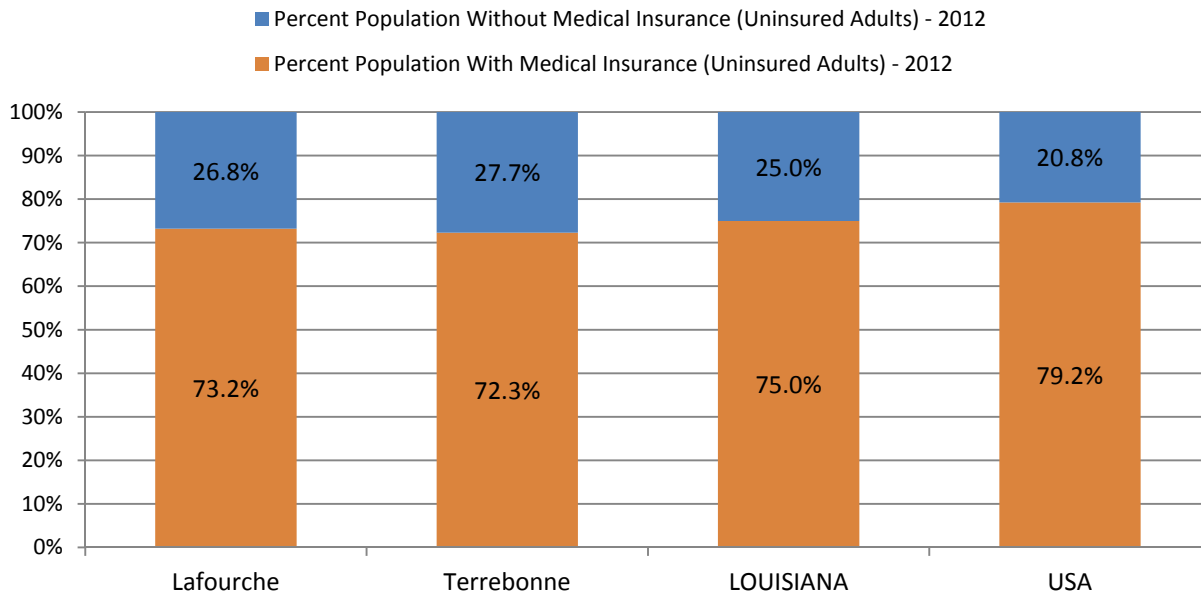
- The population under the age of 18 receives the highest rates of Medicaid assistance across all of the study area parishes.
- Terrebonne Parish reports the highest rate among the study area parishes of residents aged 65 and older receiving Medicaid (17.82%).

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



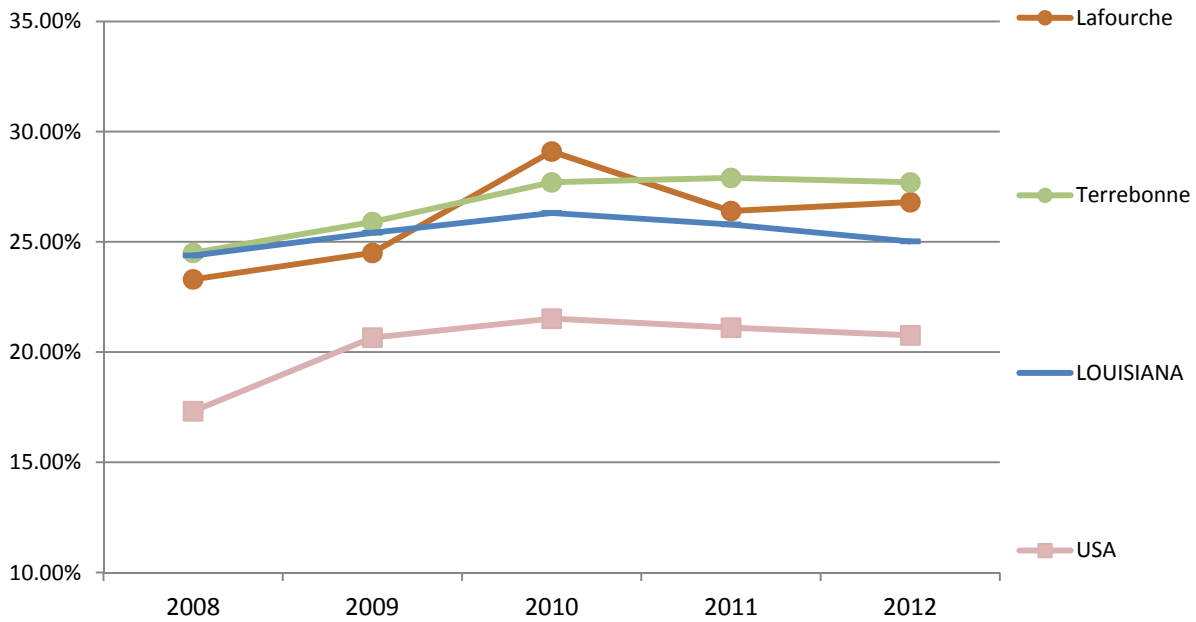
Insurance

- Terrebonne Parish reports the highest rate of uninsured adults for the Ochsner St. Anne study area at 27.7%. Lafourche Parish is a close second at 26.8%. These rates are higher than state (25.0%) and national (20.8%) norms.

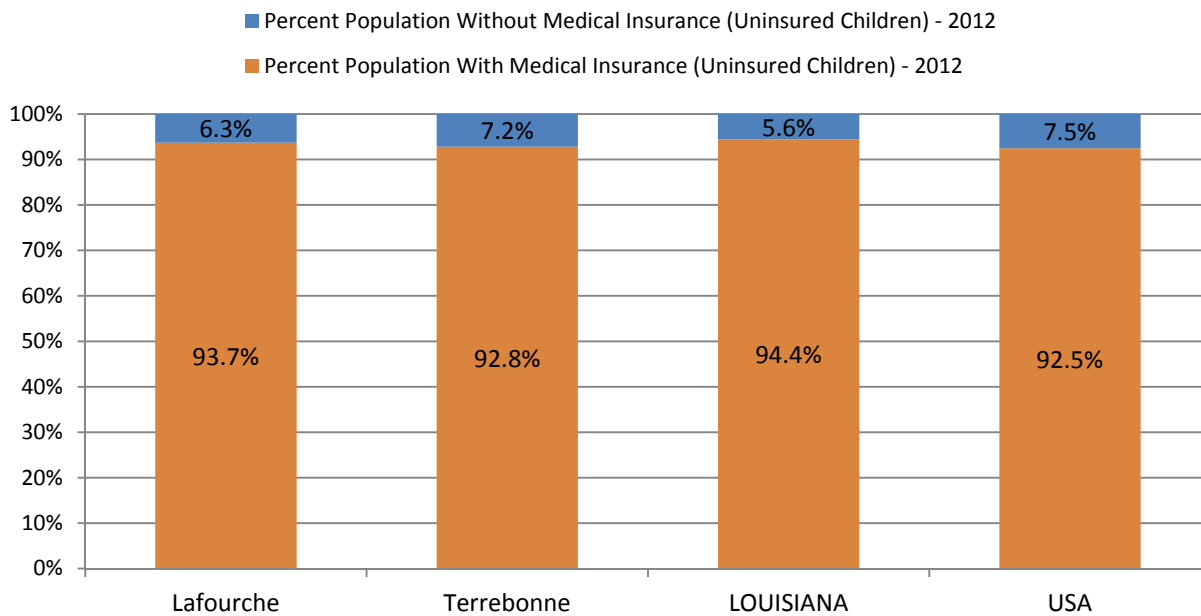


- Lafourche Parish shows the most drastic decline in its rates of uninsured adults going from a high of 29.10% in 2009 down to 26.80% in the most recent data year of 2012. After an increase from 25.90% in 2009 to 27.70% in 2010, Terrebonne Parish shows very little change between 2010 and 2012 rates.

Percent Population without Medical Insurance (Uninsured Adults)

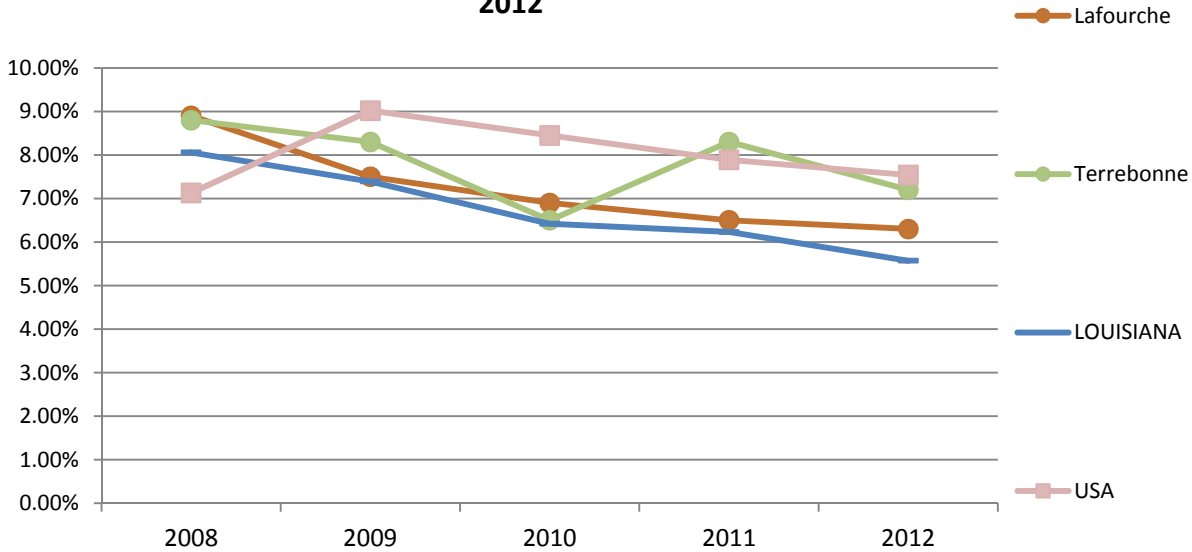


- Similar to uninsured adults, Terrebonne Parish reports the highest rate of uninsured children for the study area (second in the region) at 7.2%.
- The State of Louisiana reports lower rates of uninsured children as compared with the country (7.5%)



- From 2011 to 2012, both Lafourche and Terrebonne Parishes reported declines in the rates of uninsured children. Terrebonne Parish showed the greatest decline for the same time period; going from 8.30% in 2011 to 7.20% in 2012.

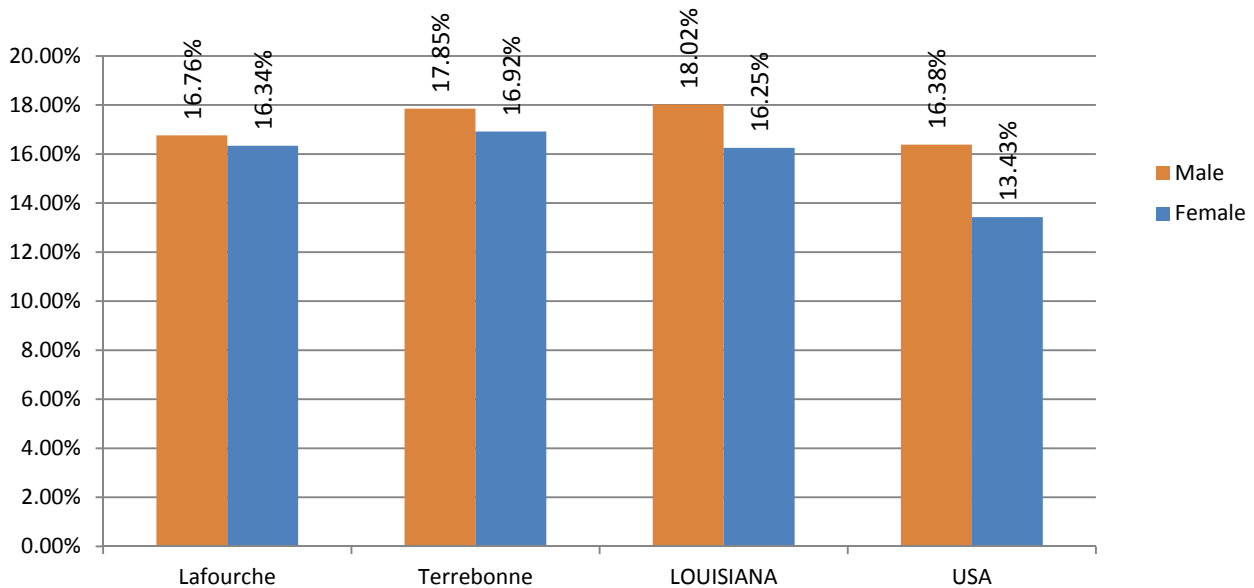
Percent Population without Medical Insurance (Uninsured Children), 2012



Uninsured Population

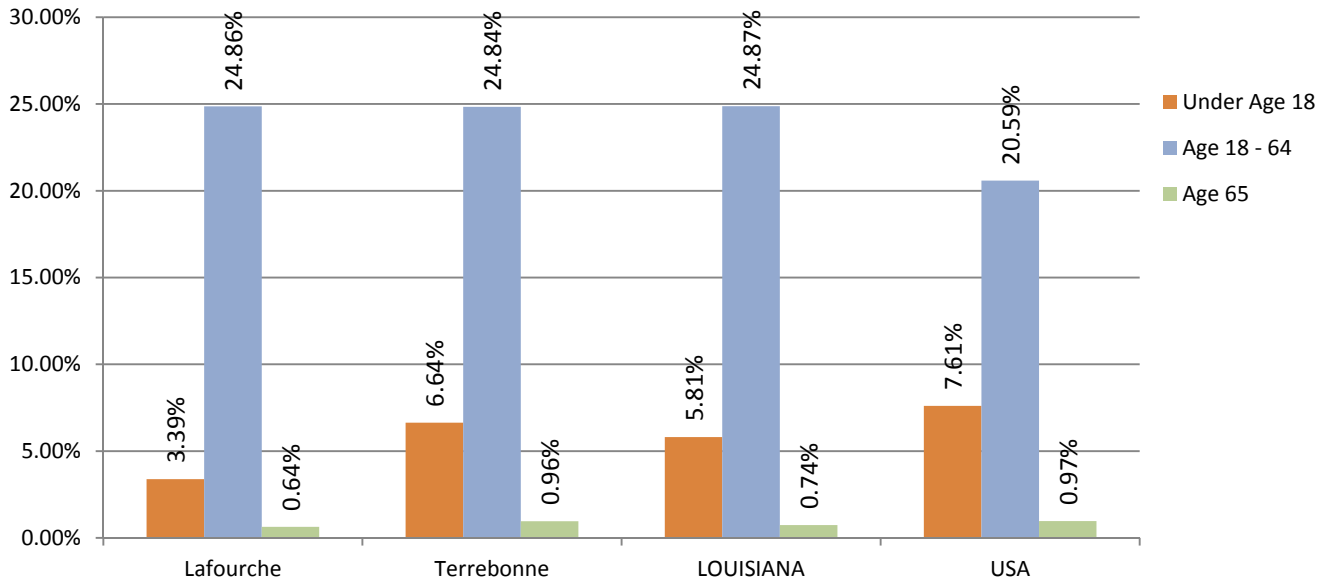
- Consistent with state and national norms, men in Lafourche and Terrebonne Parishes are more likely to be uninsured than women.

Uninsured - Gender, 2009-2013



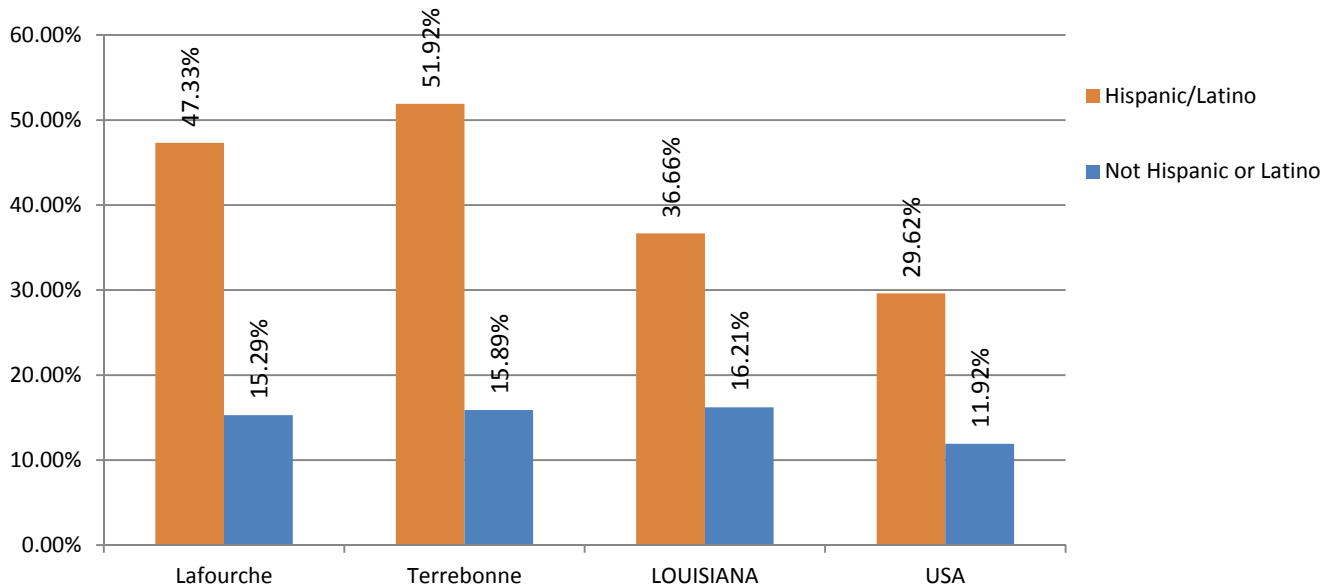
- Those aged 18 – 64 are more likely to be uninsured as compared with those under 18 or those 65 and older.

Uninsured - Age, 2009-2013



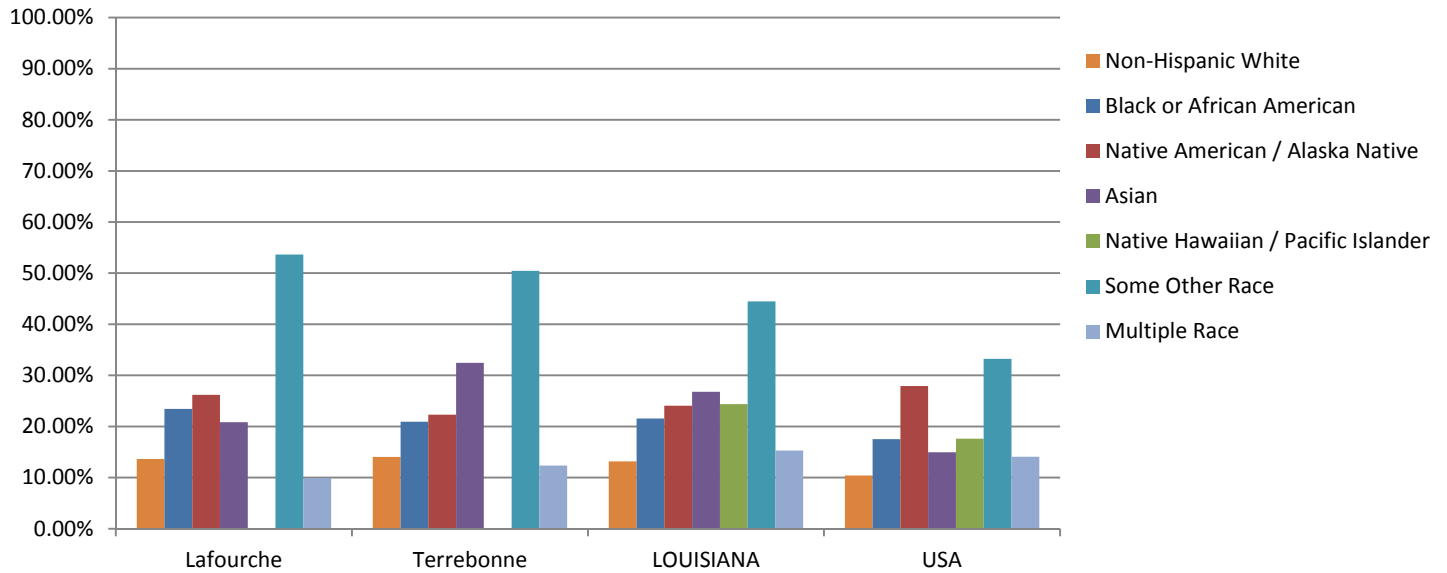
- Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts.

Uninsured - Ethnicity, 2009-2013



- 26.19% of the Native American/Alaskan Native population in Lafourche Parish is uninsured.
- Residents reporting “Some other race”, across the study area, have the highest rates of being uninsured.
- More than 30% of the Asian population of Terrebonne Parish report being uninsured.

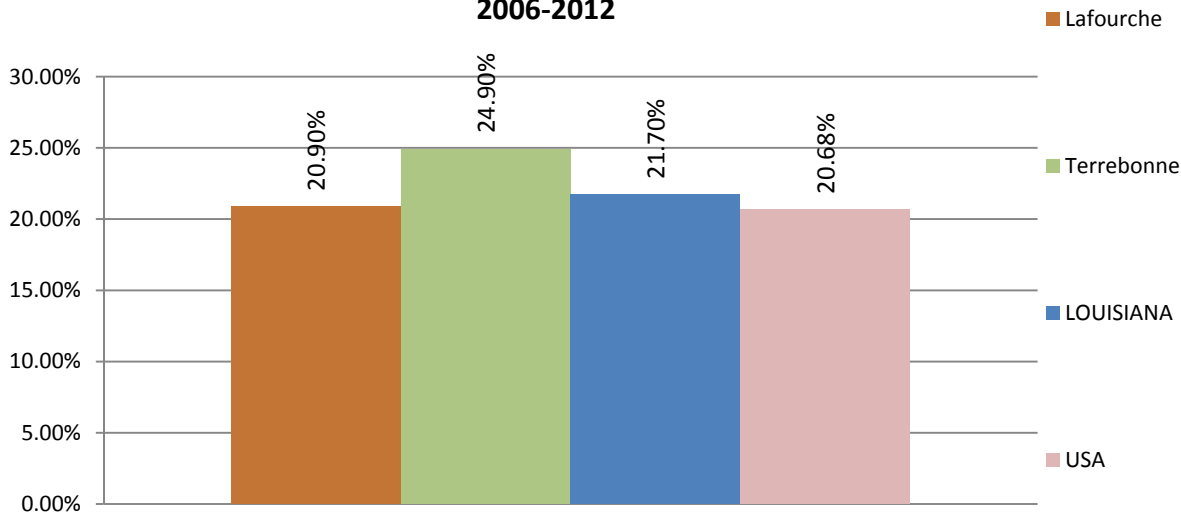
Uninsured - Race, 2009-2013



Social Support

- Terrebonne Parish exhibits the highest rate of residents with a lack of social or emotional support at 24.9% of the population; this is higher than state (21.7%) and national (20.68%) norms.

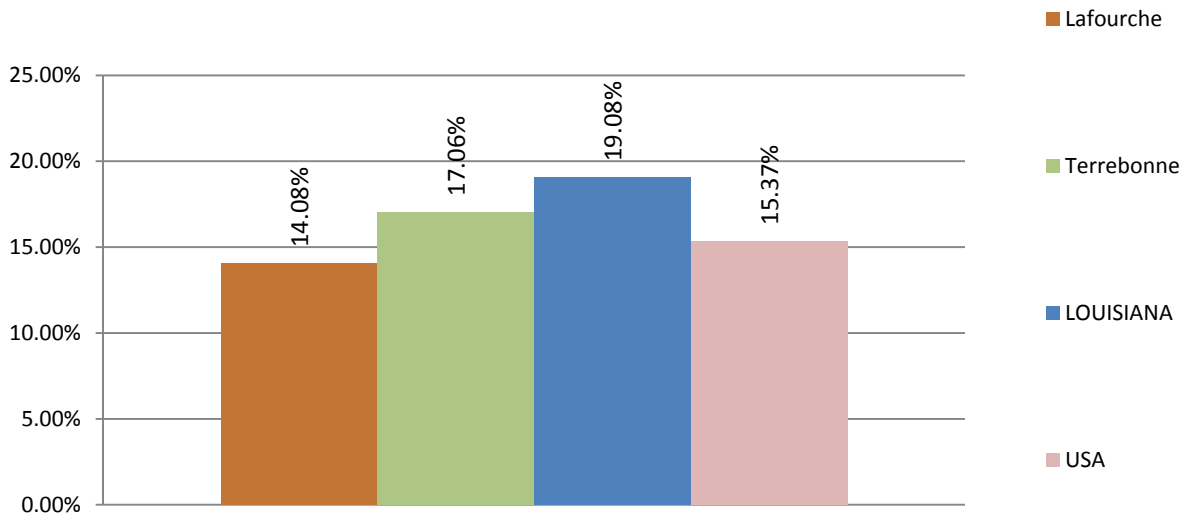
Lack of Social or Emotional Support (Age-Adjusted Percentage), 2006-2012



Poverty

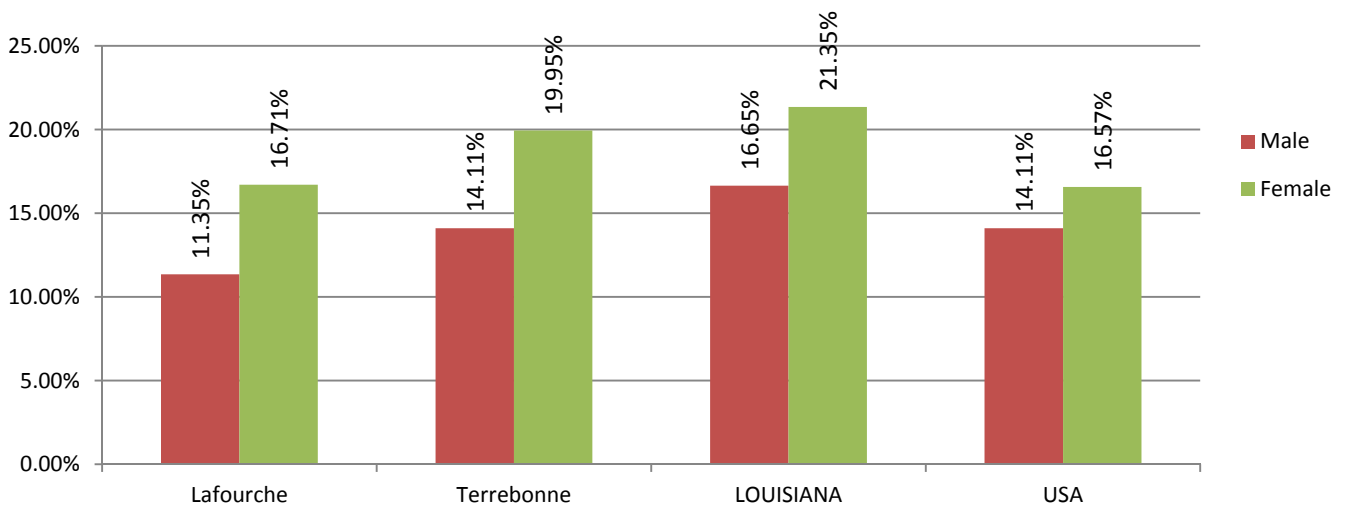
- Terrebonne Parish shows the highest rate of population that is living below the federal poverty level (100% FPL) at 17.06% of the population. This rate is lower than the state (19.08%) but above the national rate (15.37%).
- Lafourche Parish’s reports a lower rate with 14.08% of its population living below the federal poverty level (100% FPL).

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



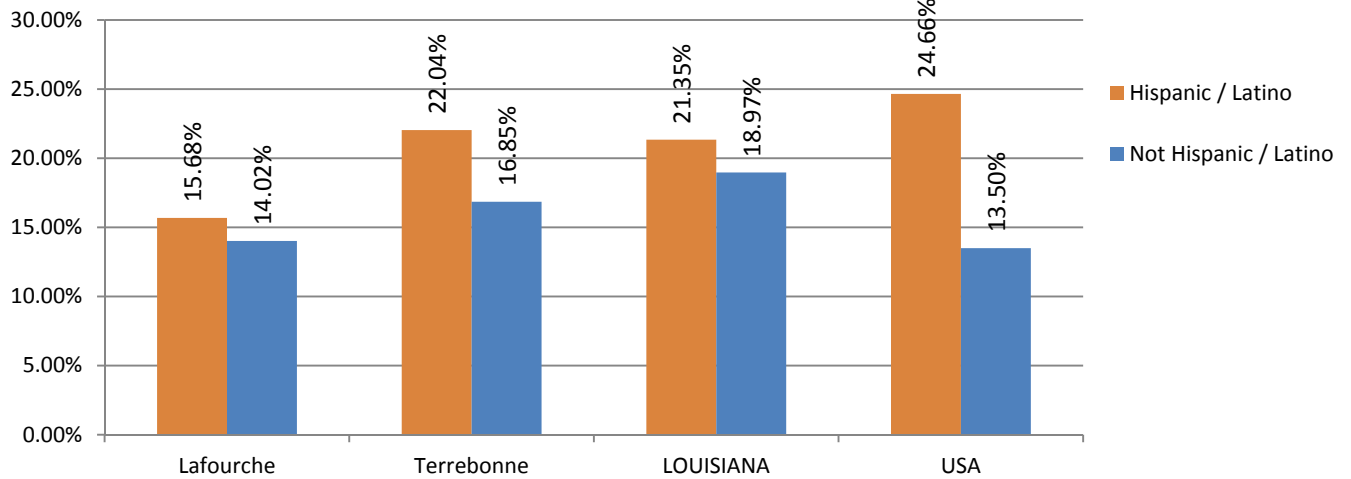
- Across all of the study area parishes, women are more likely than men to be living in poverty.
- 19.95% of female residents of Terrebonne Parish are living in poverty (the highest rate across the study area).

Poverty - Gender, 2009-2013



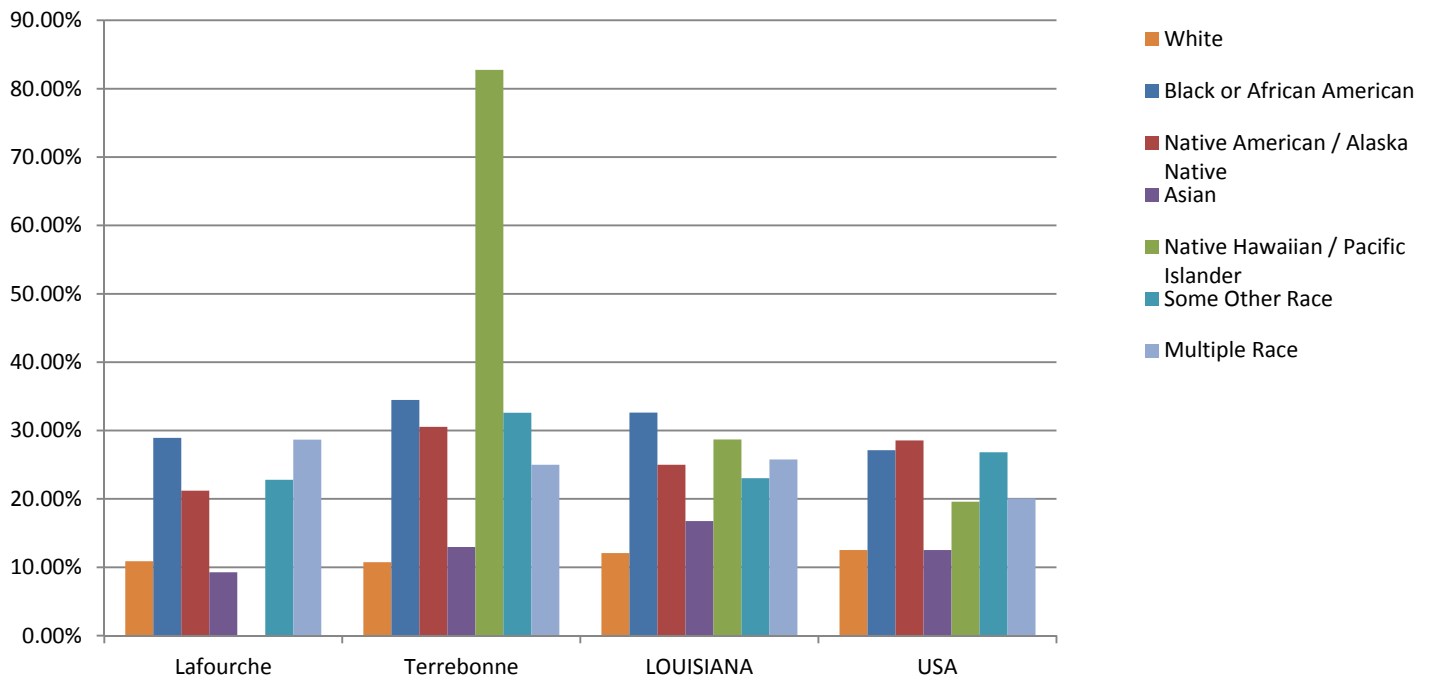
- In general, the Hispanic/Latino population of the study area is living in poverty at higher rates than their counterparts.
- In Terrebonne Parish, 22.04% of the Hispanic/Latino population is living below the federal poverty level (the highest for the study area).

Poverty - Ethnicity, 2009-2013



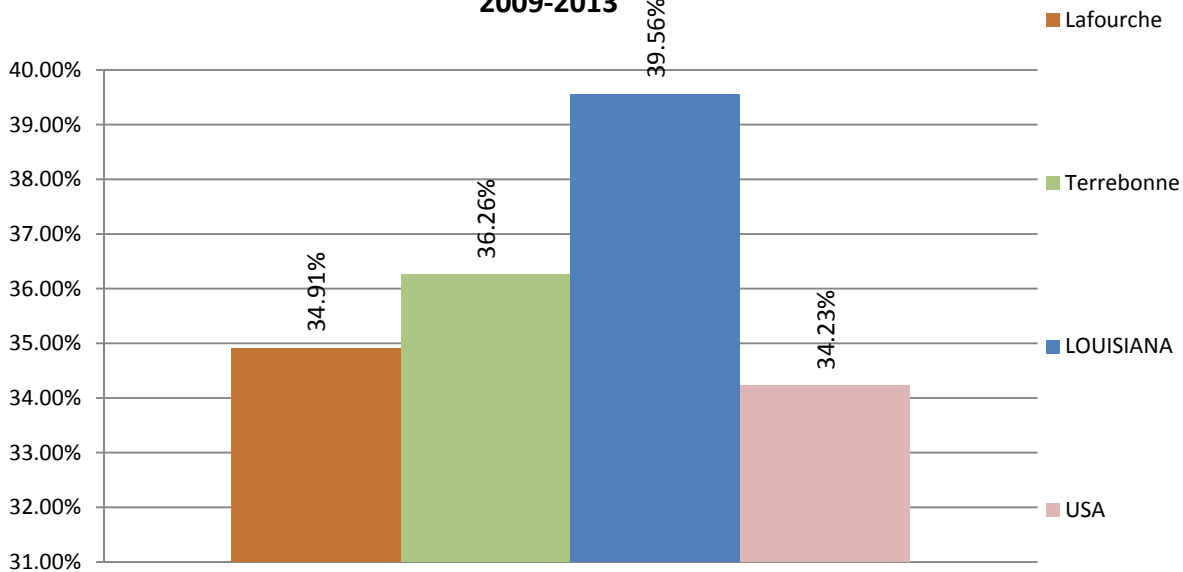
- The Native Hawaiian or Pacific Islander populations of Terrebonne Parish experience some of the highest rates of living in poverty as compared with the other study area parishes (82.76%).

Poverty - Race, 2009-2013



- For populations living below 200% of the federal poverty level, Terrebonne Parish reported the highest rate at 36.26%; this is consistent with the population living below 100% FPL.

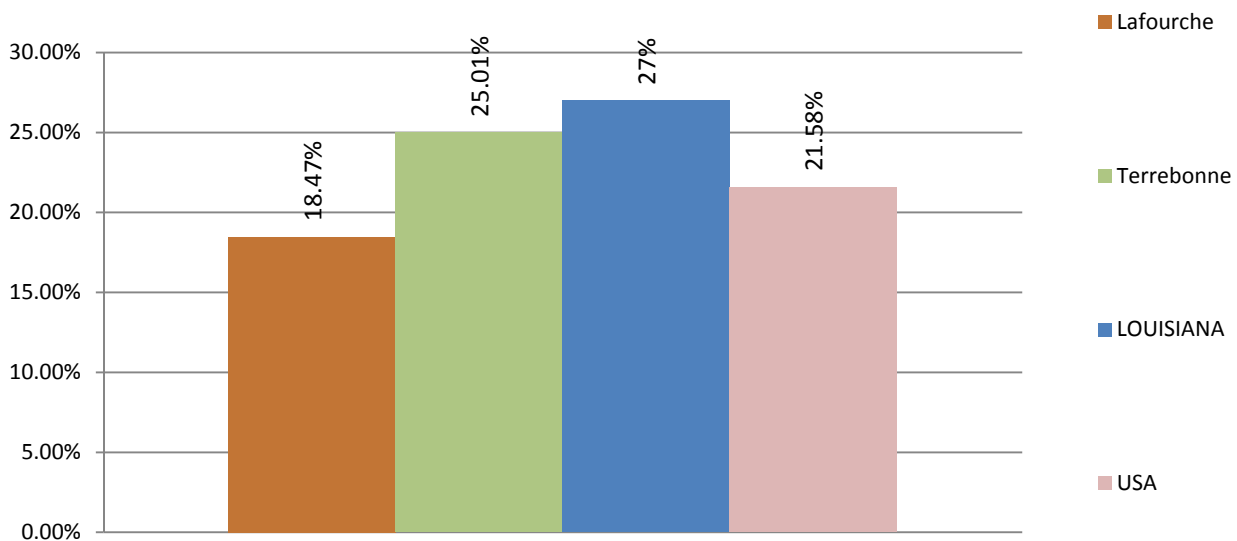
**Percent Population with Income at or Below 200% FPL,
2009-2013**



Children in Poverty

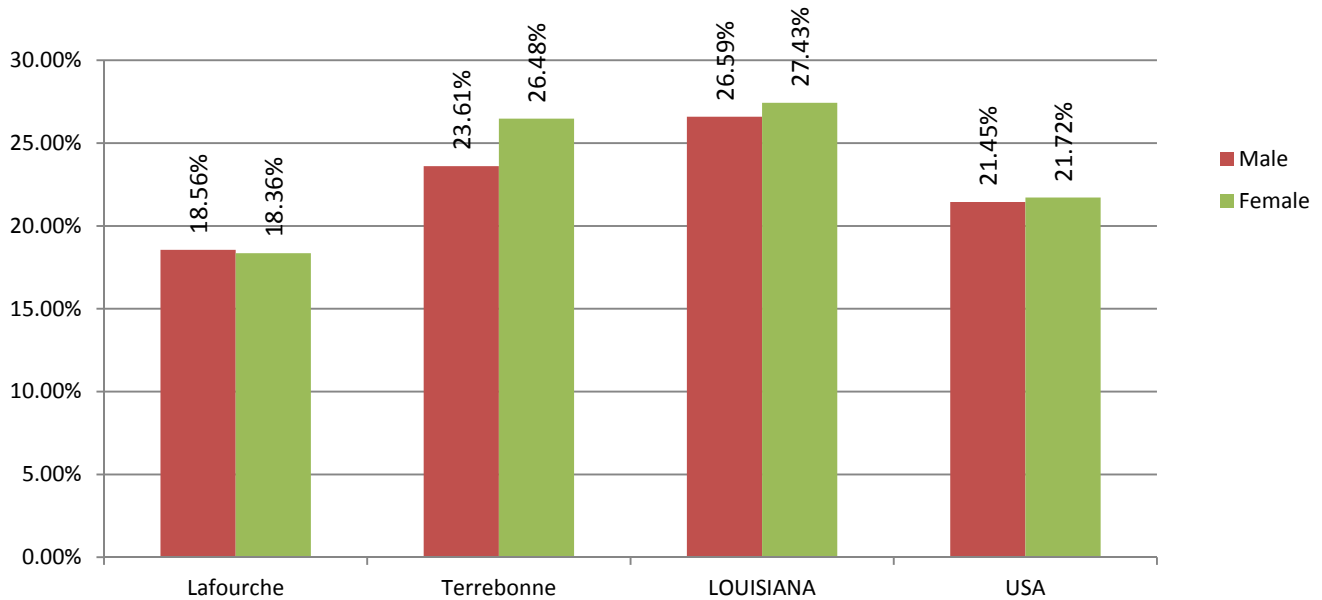
- One in four of the children and adolescents (under 18) in Terrebonne Parish are living in poverty (below 100% FPL).

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



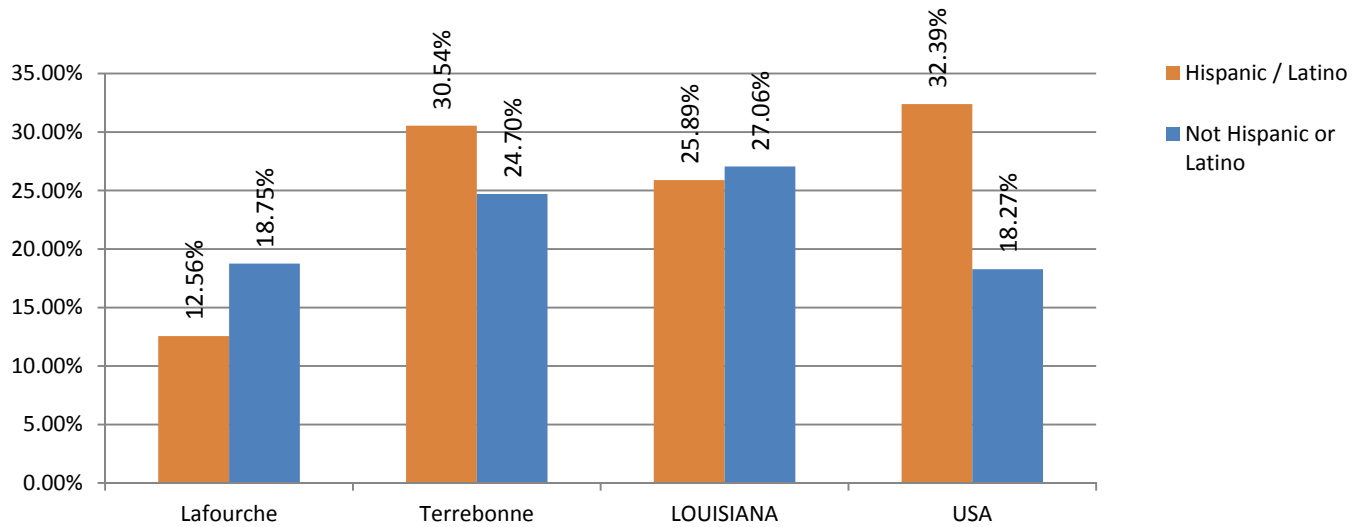
- Male and female children tend to live in poverty at similar rates in the Ochsner St. Anne study area; however, Terrebonne Parish reports more female children living in poverty than male children (26.48% for females compared to 23.61% for males).

Children in Poverty - Gender, 2009-2013



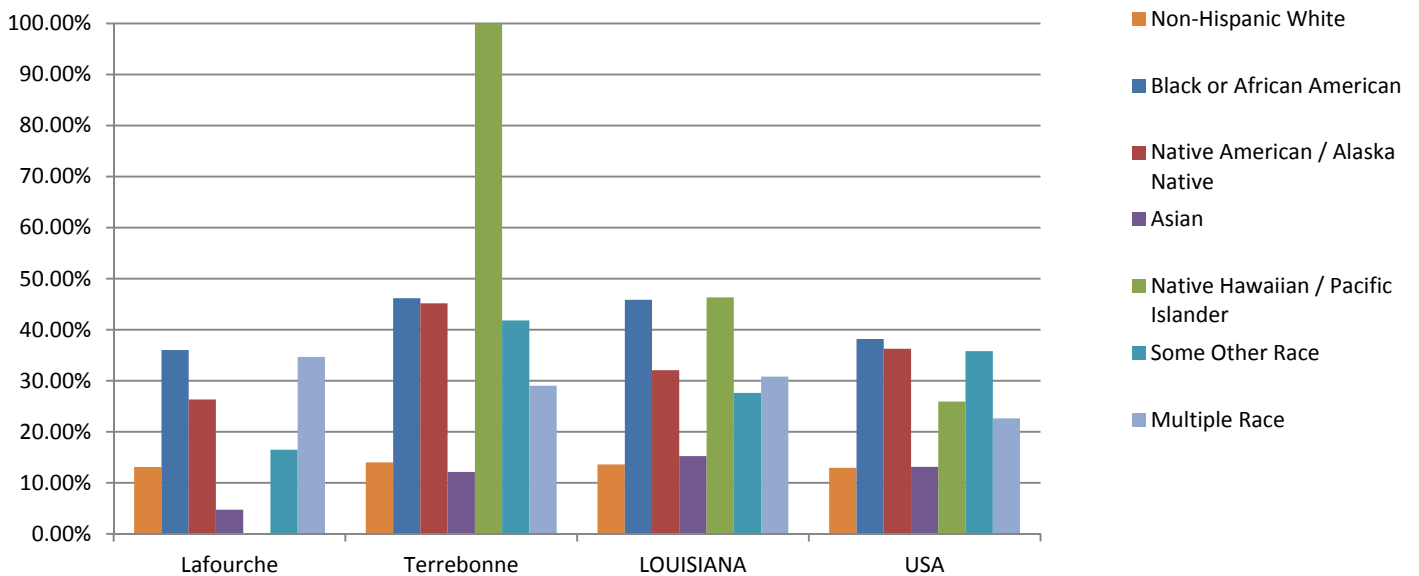
- Similar to gender, the ethnicity of a child varies in whether or not it is related to living in poverty or not. For adults, the Hispanic/Latino population is more likely to live in poverty than their counterparts; however, for children, Lafourche Parish reports higher rates of poverty in the Non-Hispanic population.
- Terrebonne Parish reports the highest rate of Hispanic/Latino children living in poverty at 30.54%.

Children in Poverty - Ethnicity, 2009-2013



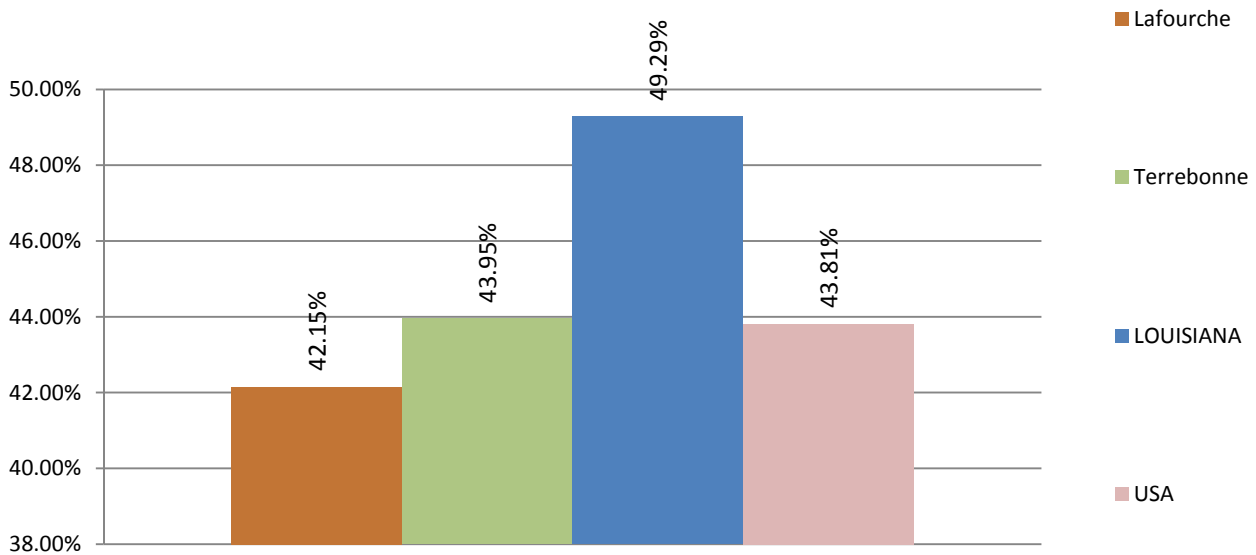
- 100% of the children identifying as Native Hawaiian or Pacific Islander in Terrebonne Parish are living in poverty.
- After Native Hawaiian/Pacific Islander and Native American/Alaska Native populations, the African-American/Black population sees some of the highest rates of poverty across the Ochsner St. Anne study area.
 - Terrebonne Parish reports higher rates than Lafourche Parish across all races.

Children in Poverty - Race, 2009-2013



- Similar to children living in poverty below the 100% FPL, Terrebonne Parish reports the highest rate of children living below 200% of the federal poverty level as well (43.95%).

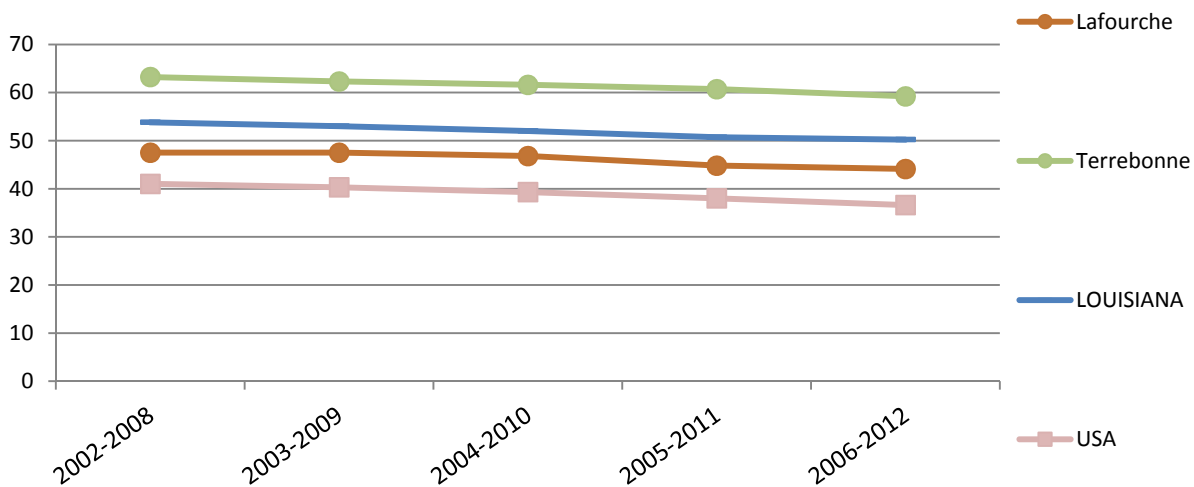
Children in Poverty - Below 200% FPL, 2009-2013



Teen Birth Rate

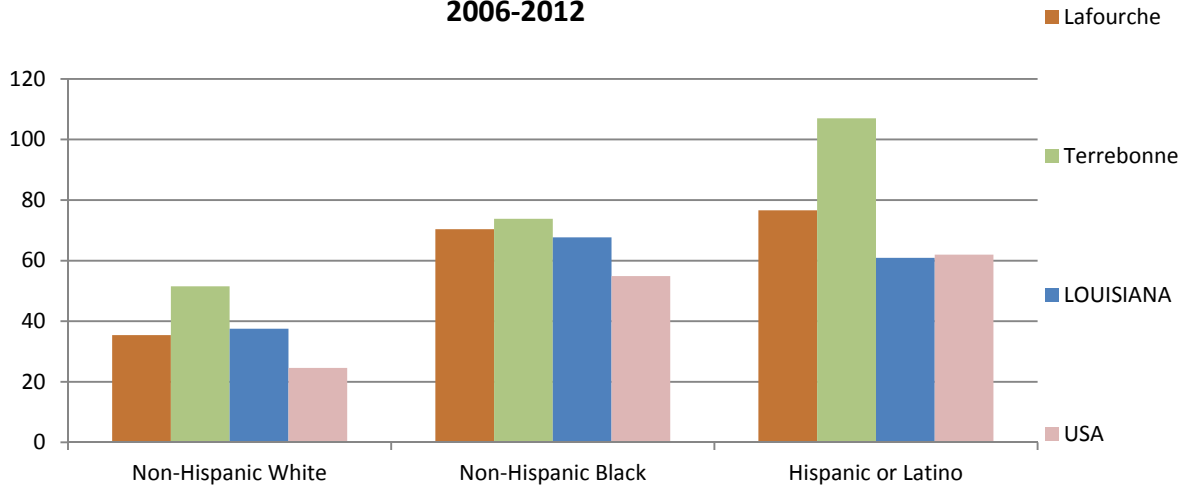
- Both Terrebonne and Lafourche Parishes have seen steady declines in the rates of births to teen mothers (aged 15-19).

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



- Across the study area, Terrebonne Parish reports the highest teen birth rates per 1,000 population in each category; Non-Hispanic White (51.5), Non-Hispanic Black (73.8), and Hispanic/Latino (107).

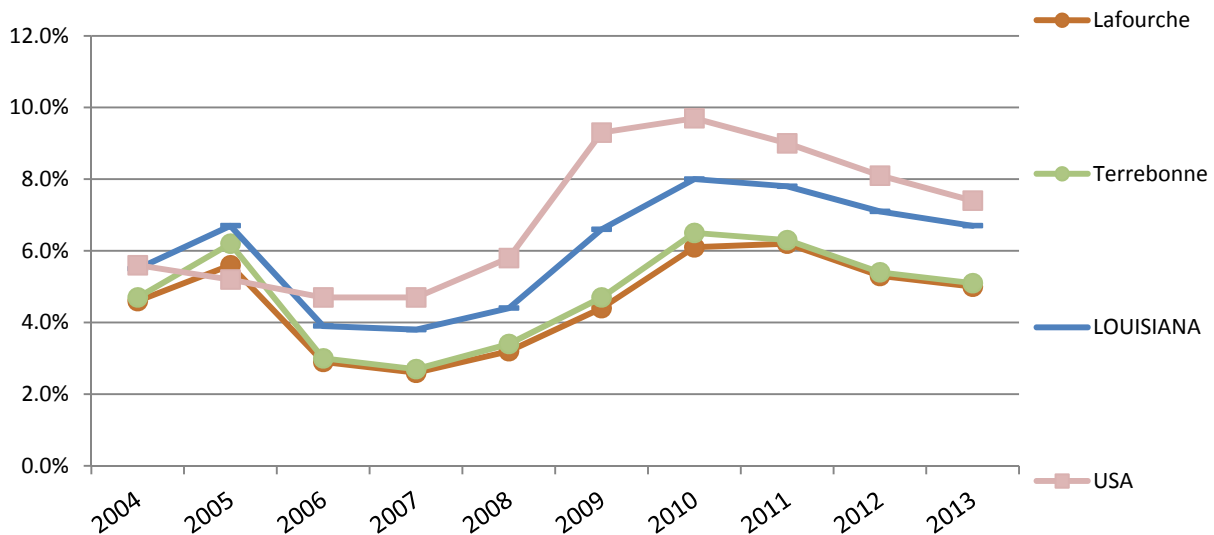
Teen Birth Rate (Age 15-19, per 1,000 population) - By Race/Ethnicity, 2006-2012



Unemployment Rate

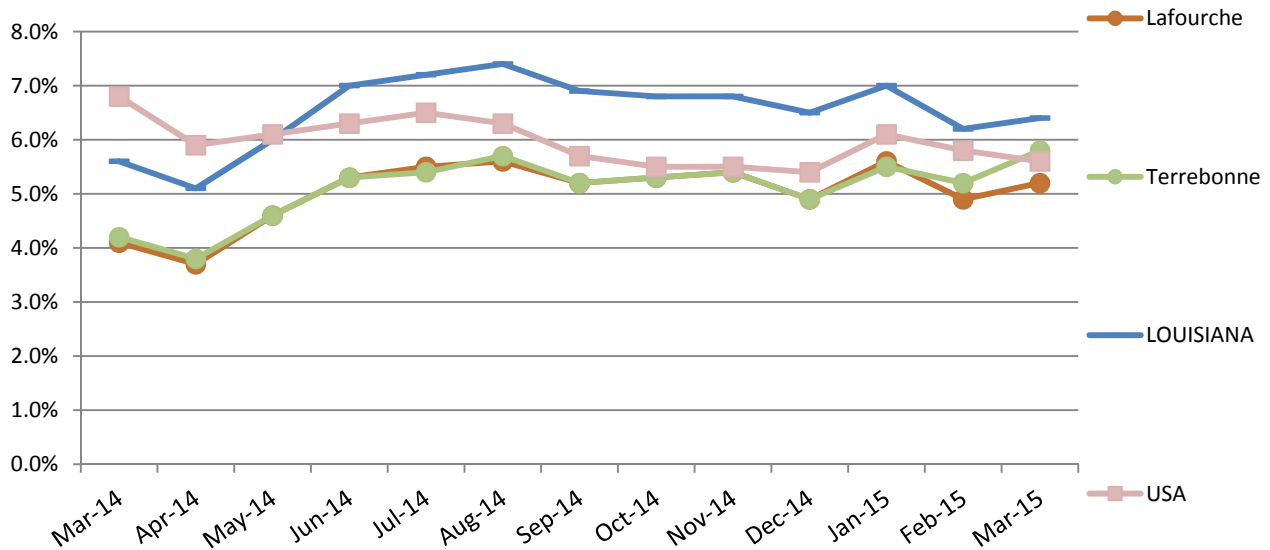
- In 2013; Terrebonne and Lafourche Parishes report similar unemployment rates (5.1% and 5.0%, respectively). Unemployment rates, in both parishes, show a downward trend since 2010.

Unemployment Rate by Year



- For the most current reported data, Lafourche Parish reports an unemployment rate of 5.2; Terrebonne Parish reports a higher rate of 5.8%. Both rates are lower than the State of Louisiana (6.4%) and very close to the national rate of 5.6%

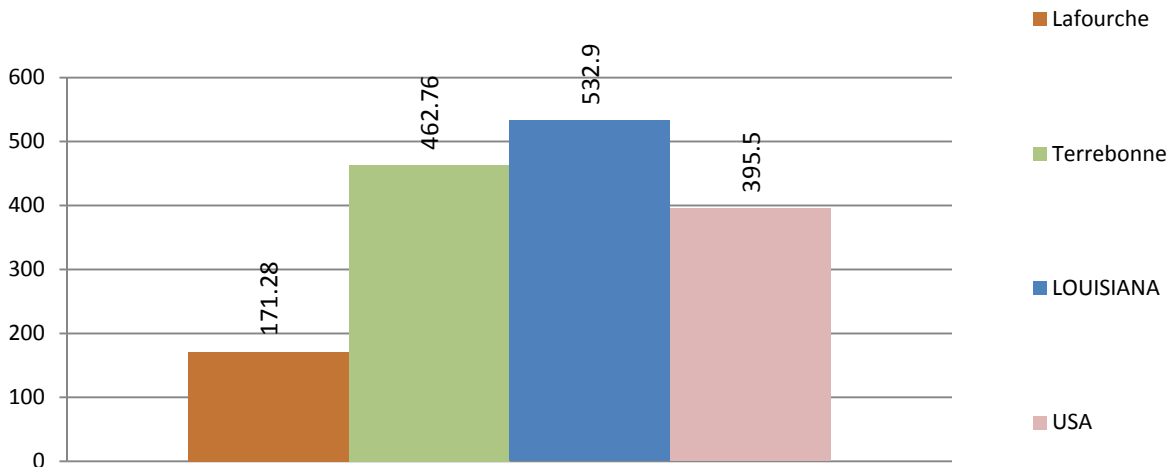
Unemployment Rate by Month



Violent Crime

- Terrebonne Parish reports the highest violent crime rate at 467.76 per 100,000 population. While Terrebonne Parish’s violent crime rate is lower than Louisiana (532.9 per 100,000 population), it is higher than the national rate of 395.5 per 100,000 population.
- Lafourche Parish reports a lower rate of violent crime at only 171.28 per 100,000 population. Lafourche Parish’s violent crime rate is substantially lower than Terrebonne Parish, Louisiana and the nation.

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

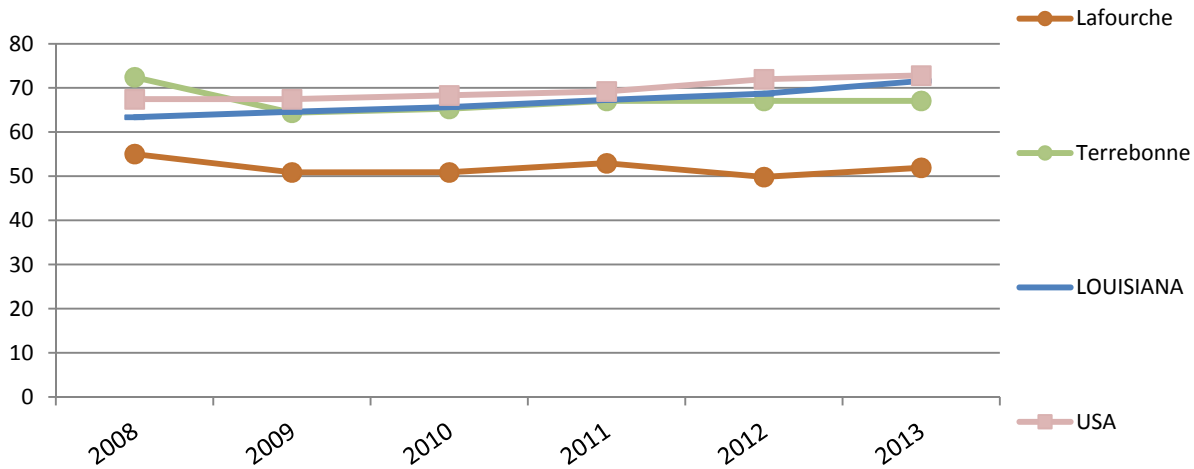


Physical Environment

Fast Food

- In 2013, Terrebonne Parish reported the highest rate of fast food restaurants per population at 67.05 per 100,000 pop.; Lafourche follows at 51.91; these rates are lower than state (71.56) and national (72.74) norms.

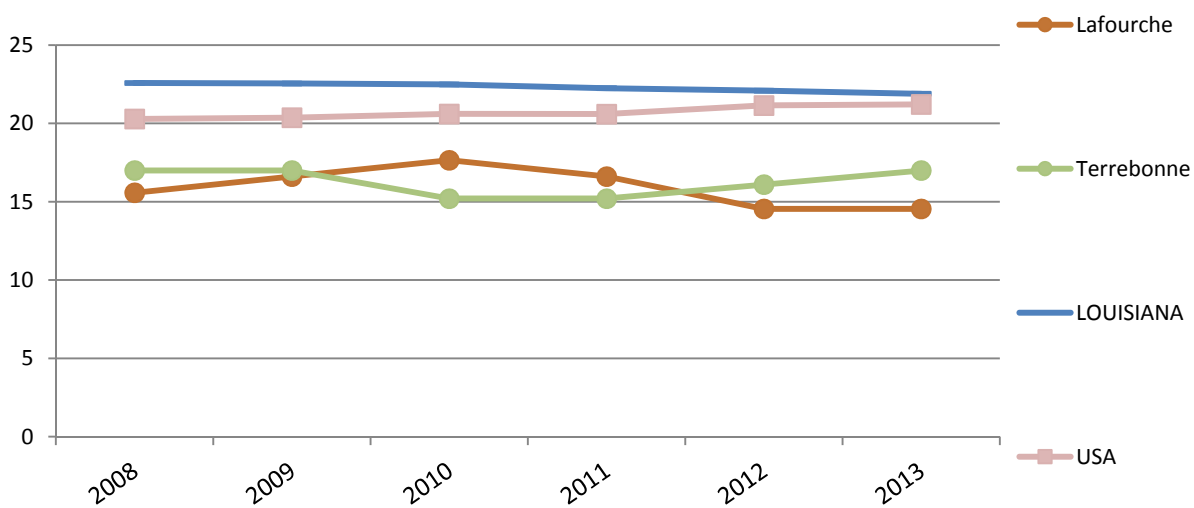
Fast Food Establishments, Rate per 100,000 population



Grocery Stores

- In 2013, Lafourche Parish reported the lowest rate of grocery stores per population at 14.54 per 100,000 pop.; Terrebonne Parish follows at 16.99 per 100,000 pop.; both are lower than state (21.88) and national (21.2) norms.

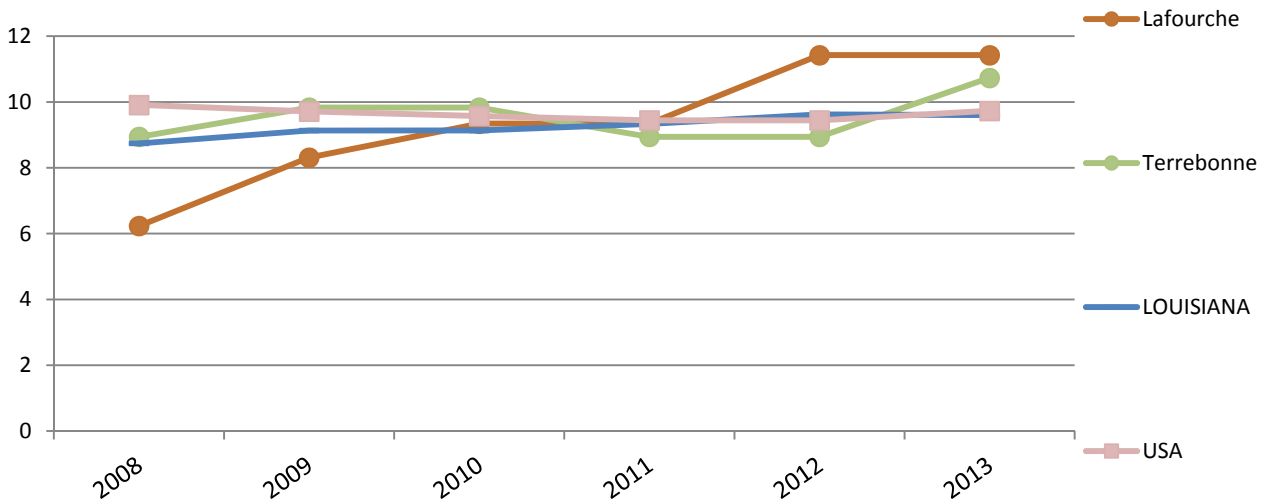
Grocery Store Establishments, Rate per 100,000 population



Recreation and Fitness Facilities

- In 2013, Terrebonne Parish reported the lower rate of recreation and fitness facilities per population at 10.73 per 100,000 pop.; Lafourche Parish follows at 11.42 per 100,000 pop.; both are higher than state (9.6) and national (9.72) norms.

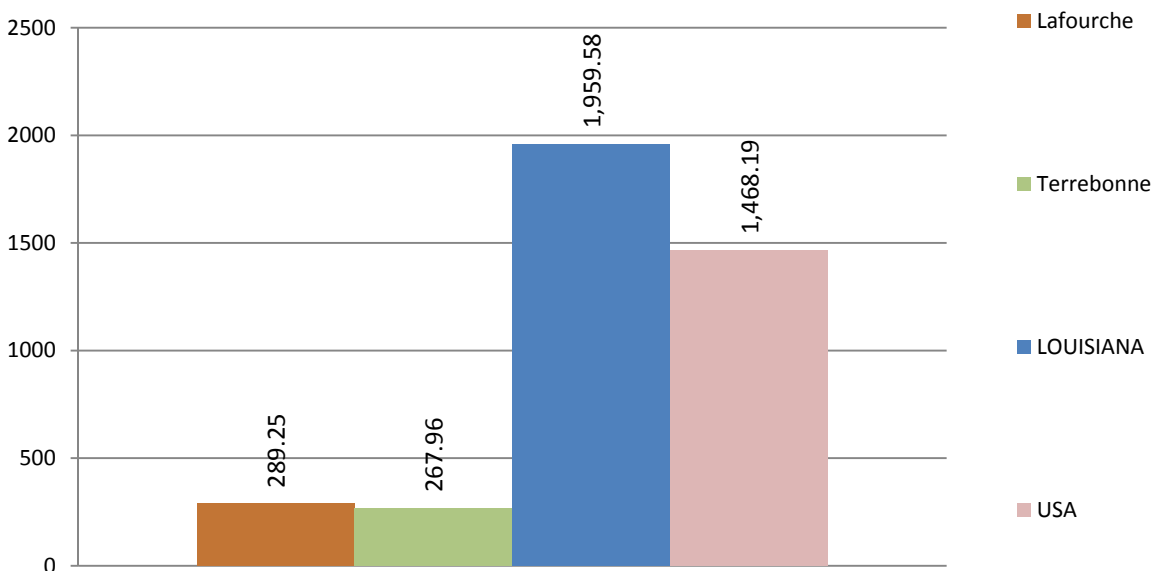
Recreation and Fitness Facility Access, Establishment Rate per 100,000 population



Housing

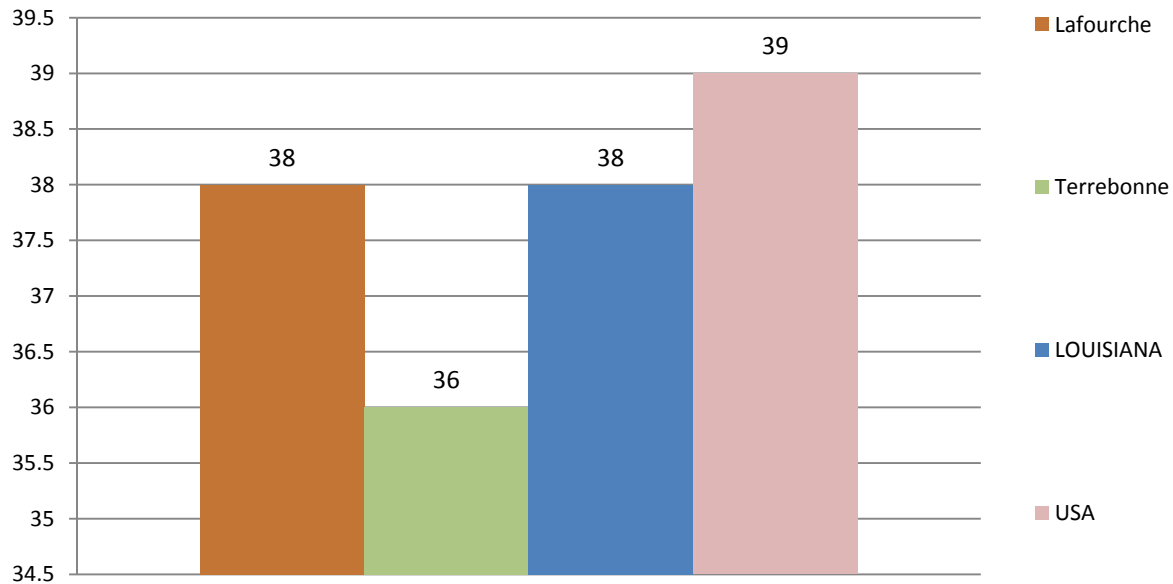
- Both of the Ochsner St. Anne study area parishes have markedly lower rates of HUD-Assisted housing units per 10,000 units than the state and nation.
- Lafourche Parish reports the highest rate for the study area at 289.25 per 10,000 units; Terrebonne Parish follows closely with 267.96.

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



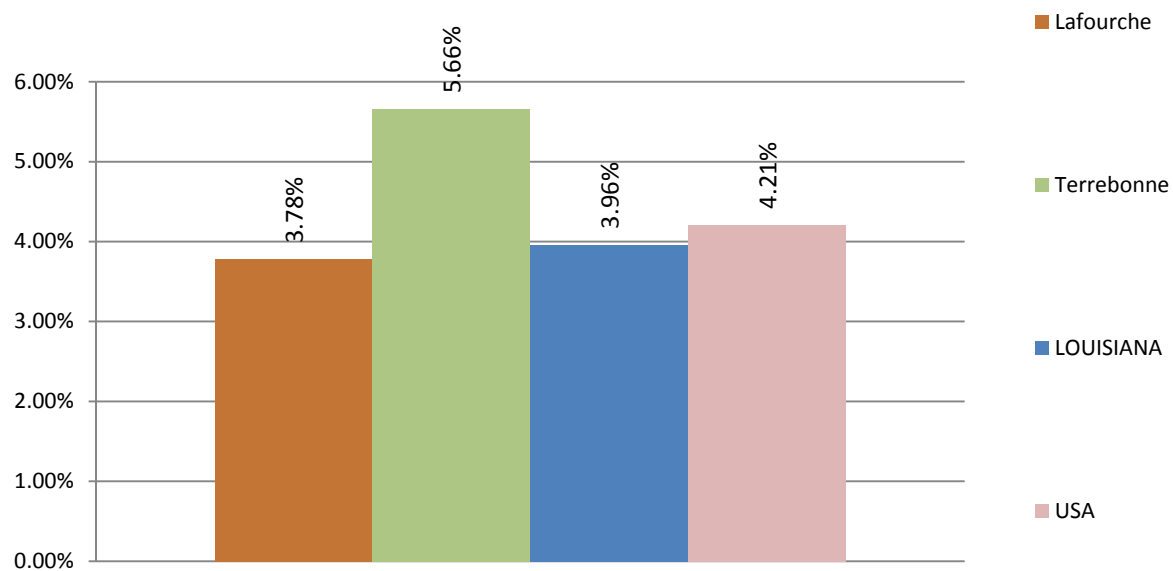
- Housing Unit Age (below) – This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed.
- Lafourche Parish has the highest median housing age, and matches the state rate, at 38 years old.

Housing Unit Age - Years Old, 2013



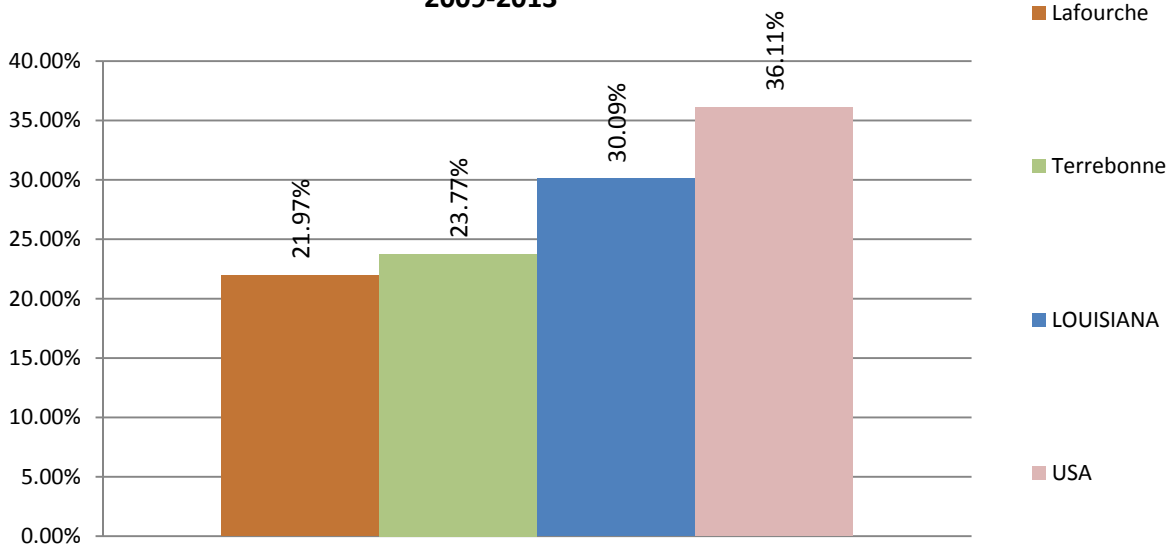
- Terrebonne Parish reports the highest rate of overcrowded housing at 5.66%; this is higher than state (3.96%) and national (4.21%) norms.

Percentage of Housing Units Overcrowded, 2008-2012

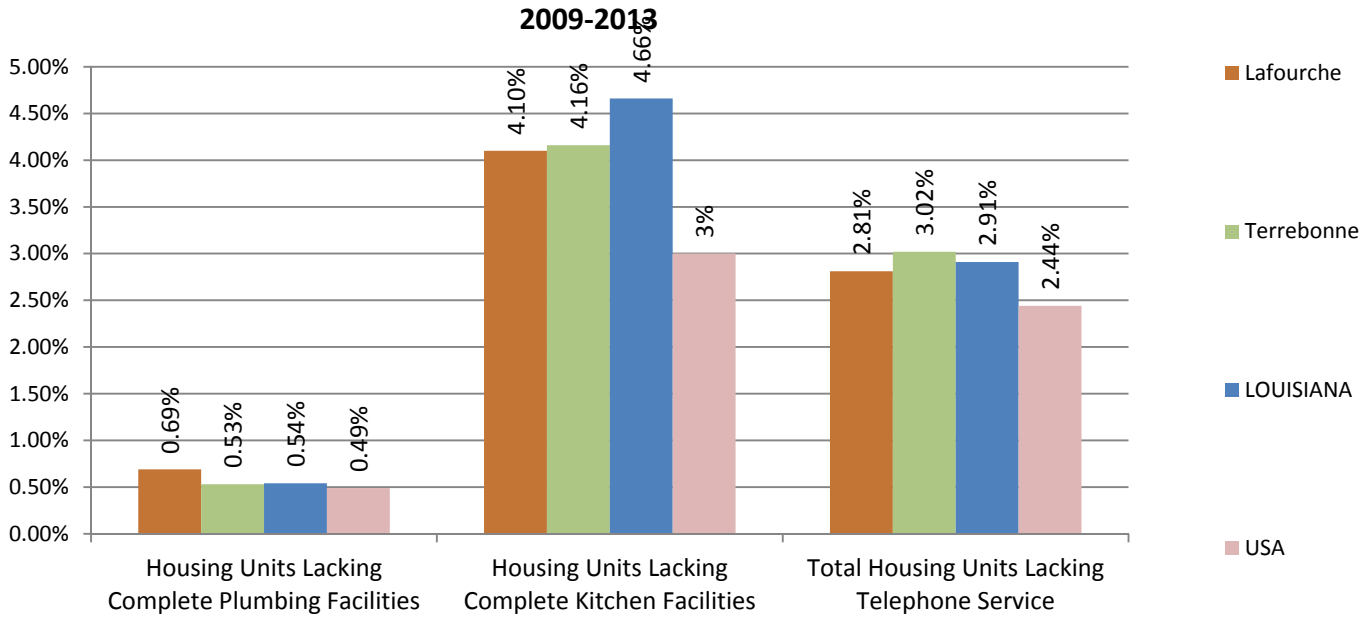


- Terrebonne Parish reports the highest rate, for the Ochsner St. Anne study area, of housing units with substandard conditions (23.77%). The state rate is 30.09% and the national rate is 36.11%.

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

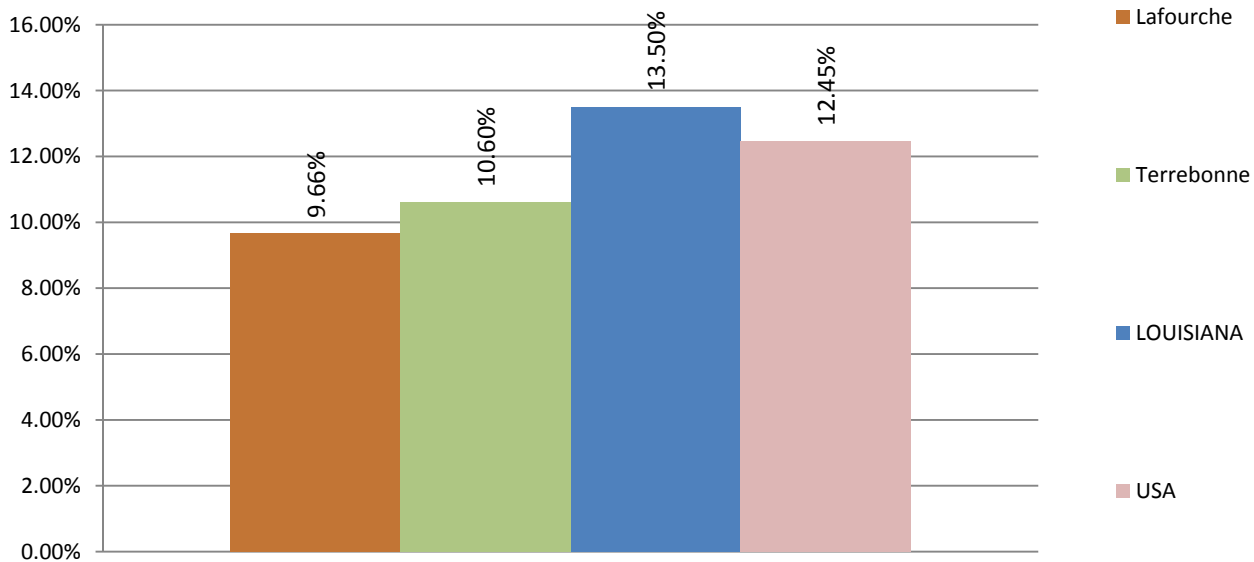


- Lafourche Parish reports the highest rate of housing units lacking complete plumbing facilities at 0.69% (LA = 0.54%, USA = 0.49%).
- Terrebonne Parish reports the highest rate of housing units lacking complete kitchen facilities at 4.16% (LA = 4.66%, USA = 3%).
- Terrebonne Parish also reports the highest rate of housing units lacking telephone facilities at 3.02% (LA = 2.91%, USA = 2.44%).



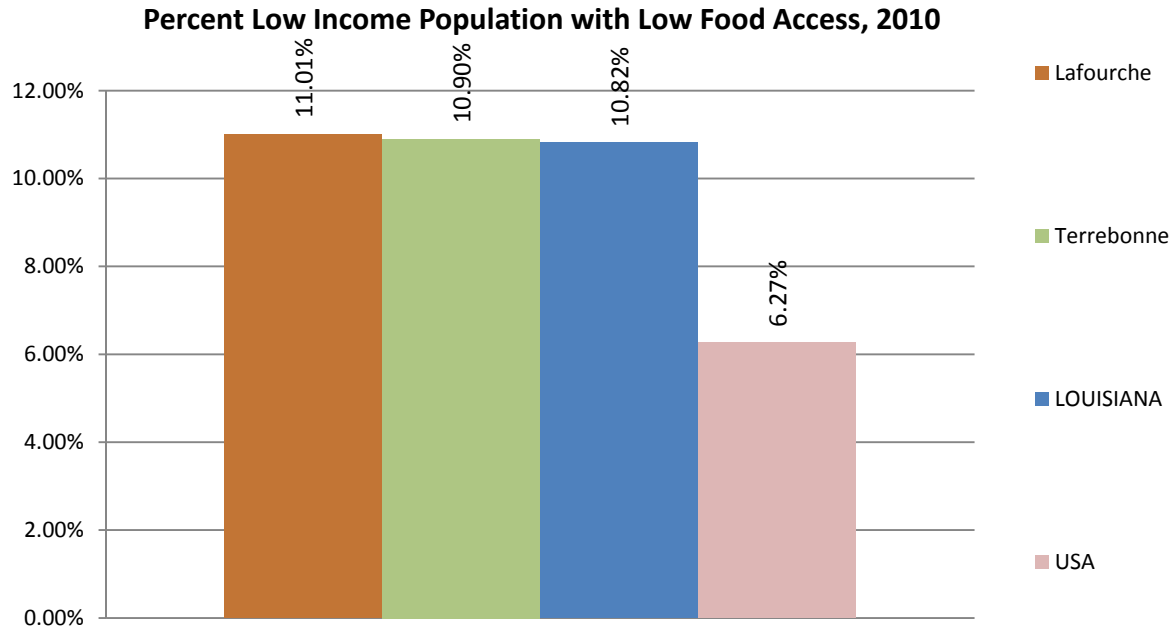
- Terrebonne Parish reports the highest rate of vacant housing for the study area at 10.60%; Lafourche follows at 9.66%; these are lower than state (13.5%) and national (12.45%) norms.

Vacant Housing Units, Percent, 2009-2013

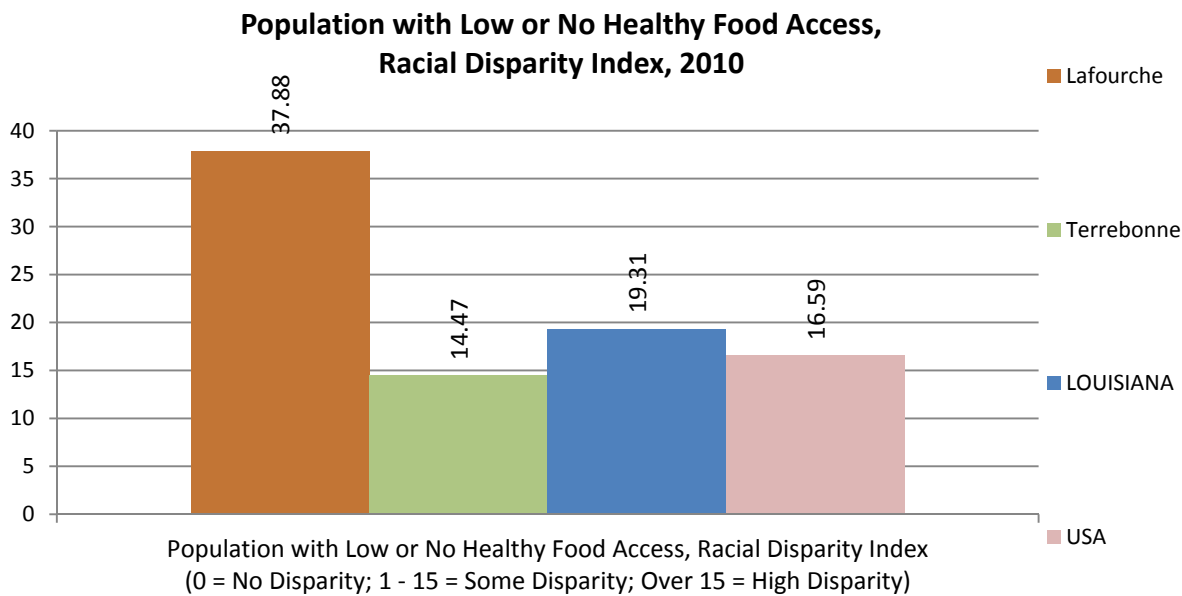


Low Food Access

- The low-income populations of Lafourche and Terrebonne Parishes experience similar rates of low food access (11.01% and 10.90%, respectively) to each other and the state (10.82%). Both parishes, along with Louisiana, report rates much higher than the nation (6.27%).

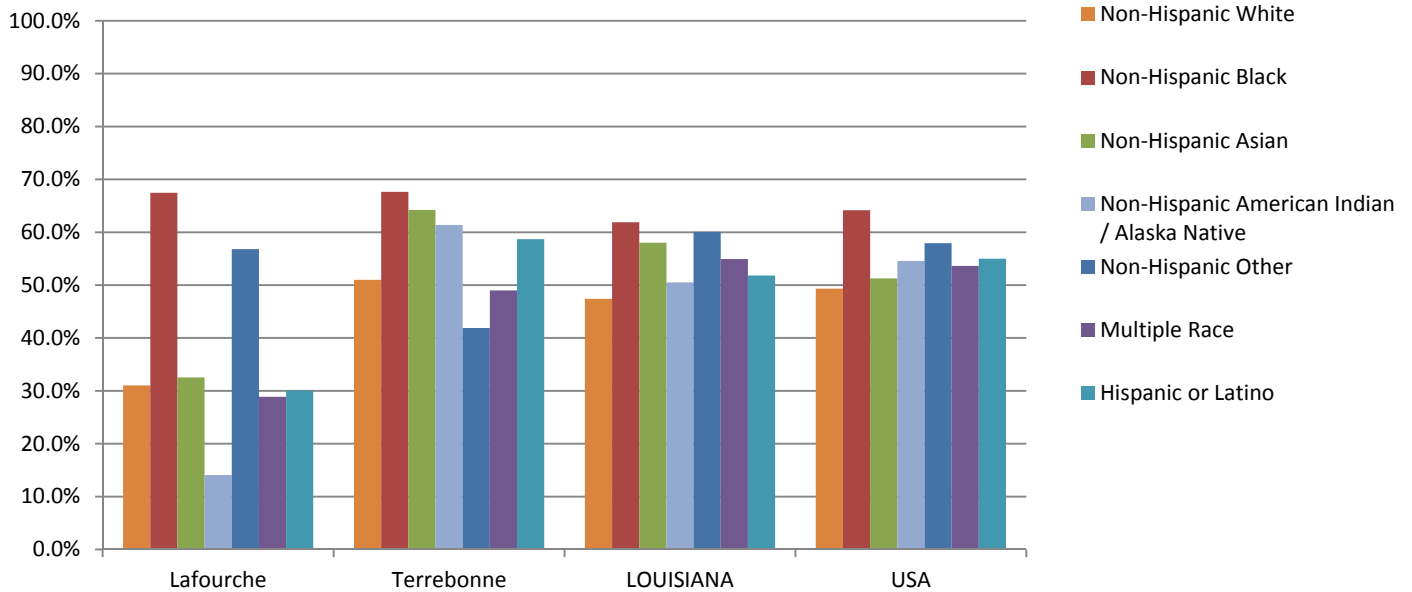


- Lafourche Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 37.88 compared to 19.31 for the State of Louisiana and a national rate of 16.59.



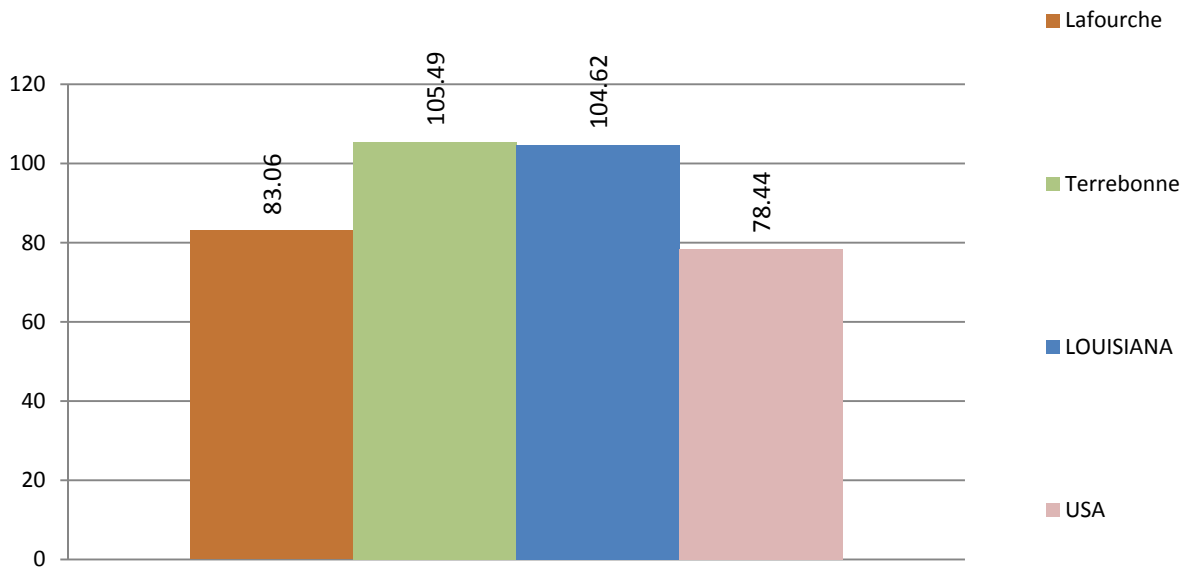
- More than 67% of the Non-Hispanic Black population, in both Lafourche and Terrebonne Parishes, experiences low food access.
- 56.8% of the Non-Hispanic Other population, in Lafourche Parish, experience low food access.
- Terrebonne Parish reports higher rates of low food access than Lafourche Parish across all but two groups. Lafourche Parish reports a higher rate for the Non-Hispanic Other population and is about equal with the Non-Hispanic Black population.

Low Food Access - Race, 2010



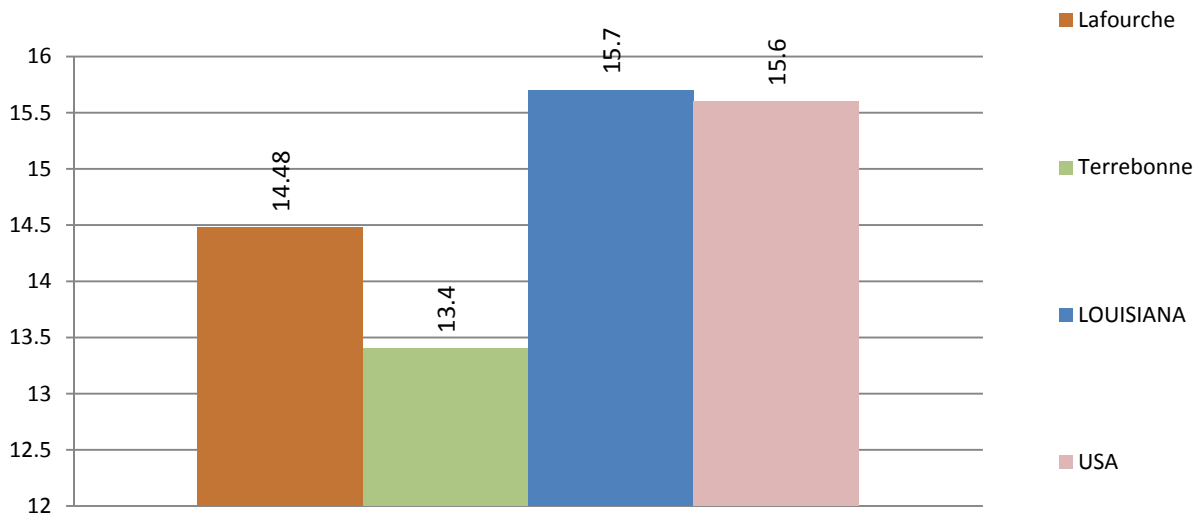
- Terrebonne Parish has the highest rate of SNAP-Authorized retailers for the Ochsner St. Anne study area at 105.49 per 100,000 population.
- Lafourche Parish reports the fewest SNAP-Authorized retailers for the study area at only 83.06 per 100,000 population.
- Both parishes are above state (104.62) and national (78.44) norms.

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



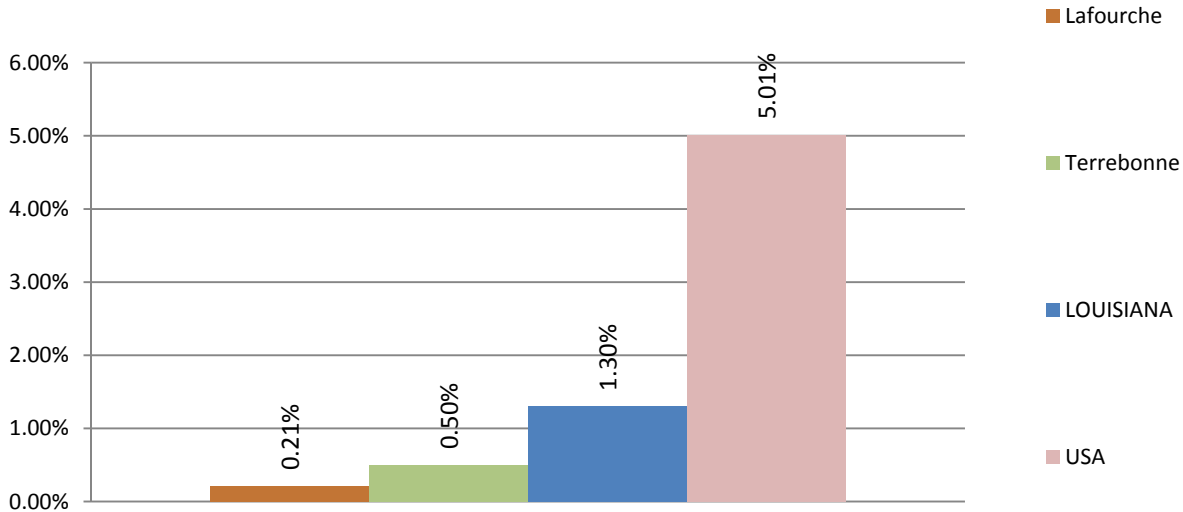
- Lafourche Parish has the highest rate of WIC-Authorized retailers at 25.46 per 100,000 population.
- Terrebonne Parish reports the fewest WIC-Authorized retailers for the study area with 13.4 per 100,000 population. The State of Louisiana has an overall rate of WIC-Authorized retailers of only 15.7 per 100,000 population; the national rate being 15.6 per 100,000 pop.

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



- Less than 1% of the population in both Terrebonne and Lafourche Parishes report using public transportation to commute to work; lower than state (1.30%) and national (5.01%) norms.

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

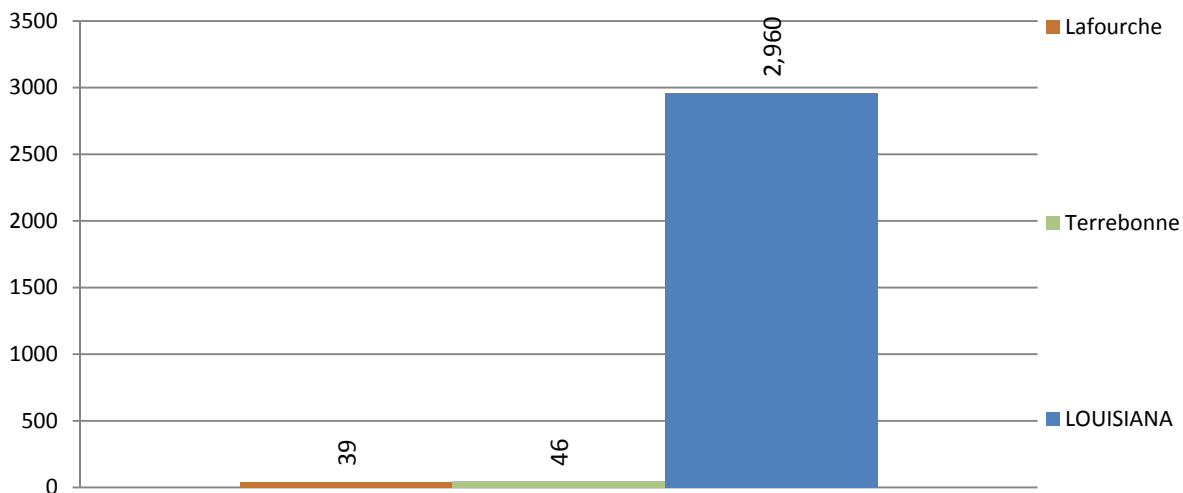


Clinical Care

Primary Care Physicians

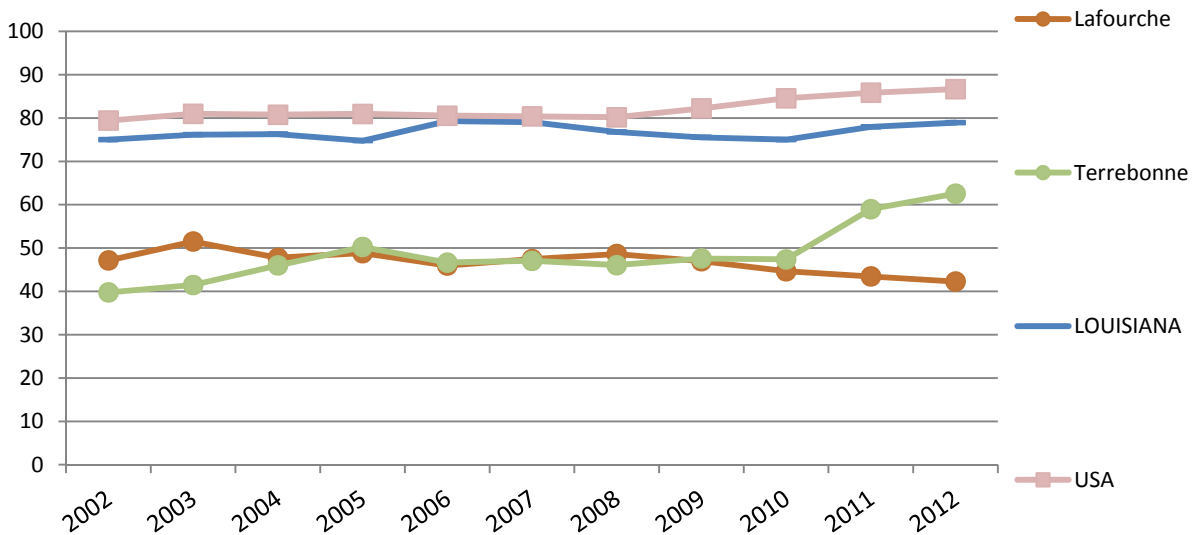
- Terrebonne Parish reports the highest number of physicians across the study area parishes at 46. Lafourche follows closely at 39.

Primary Care Physicians, 2012



- Of the two parishes in the study area, Terrebonne Parish has the higher primary care physician (PCP) rate per 100,000 population at 62.56 in 2012.
- Lafourche Parish reports a lower rate of PCPs per 100,000 population at 42.6 in 2012.

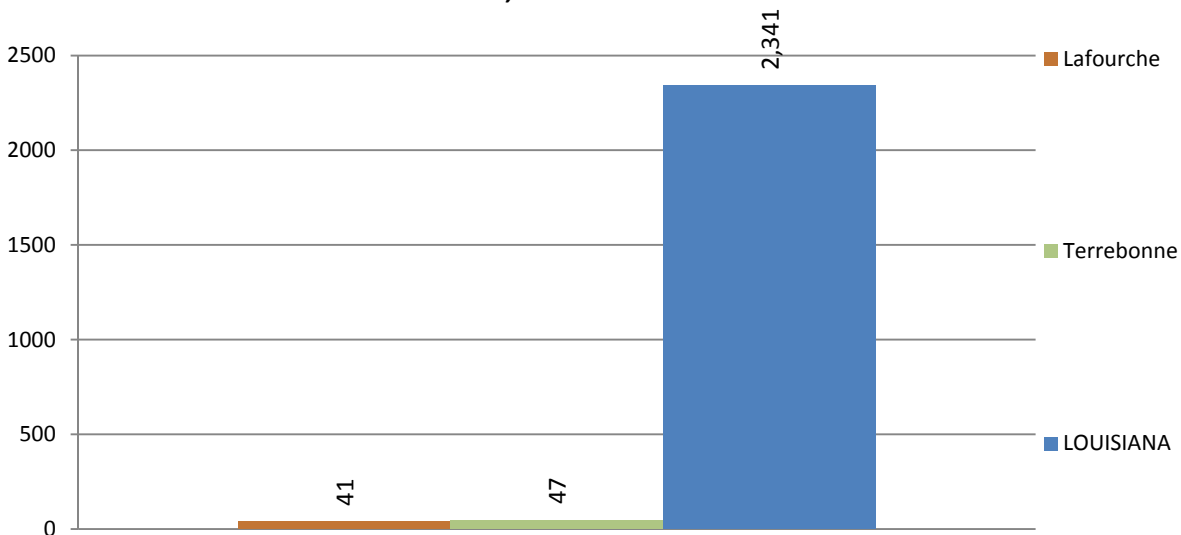
Primary Care Physicians, Rate per 100,000 population



Dentists

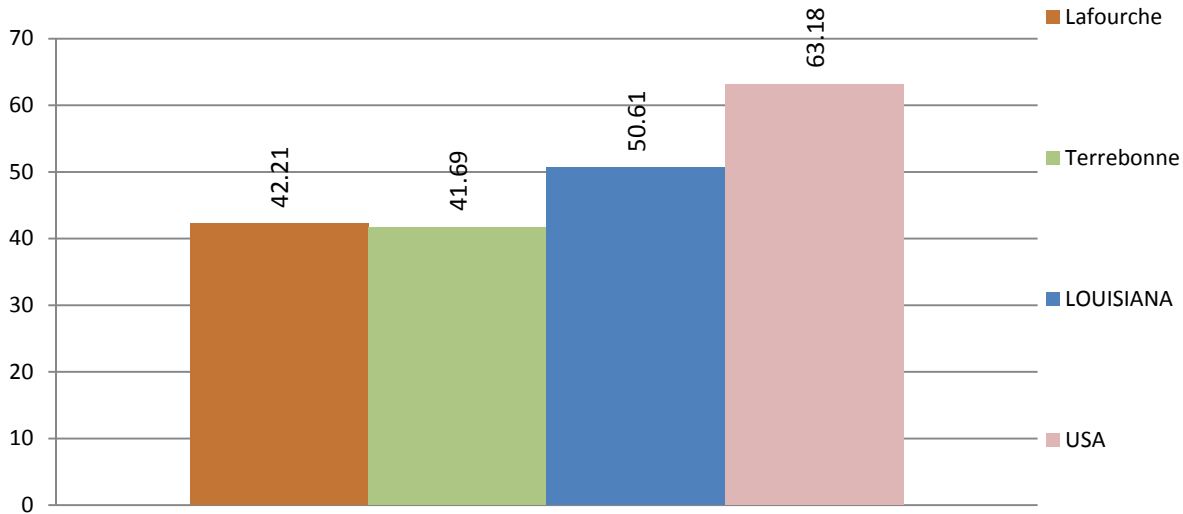
- Terrebonne Parish reports the highest number of dentists across the study area parishes/counties at 47; Lafourche Parish reports slightly less at 41.

Dentists, 2013



- Lafourche and Terrebonne Parishes reported similar rates for dentists per 100,000 population in 2013 (42.21 and 41.69, respectively).
- Both parishes fall short of the state rate of 50.61 and the national rate of 63.18.

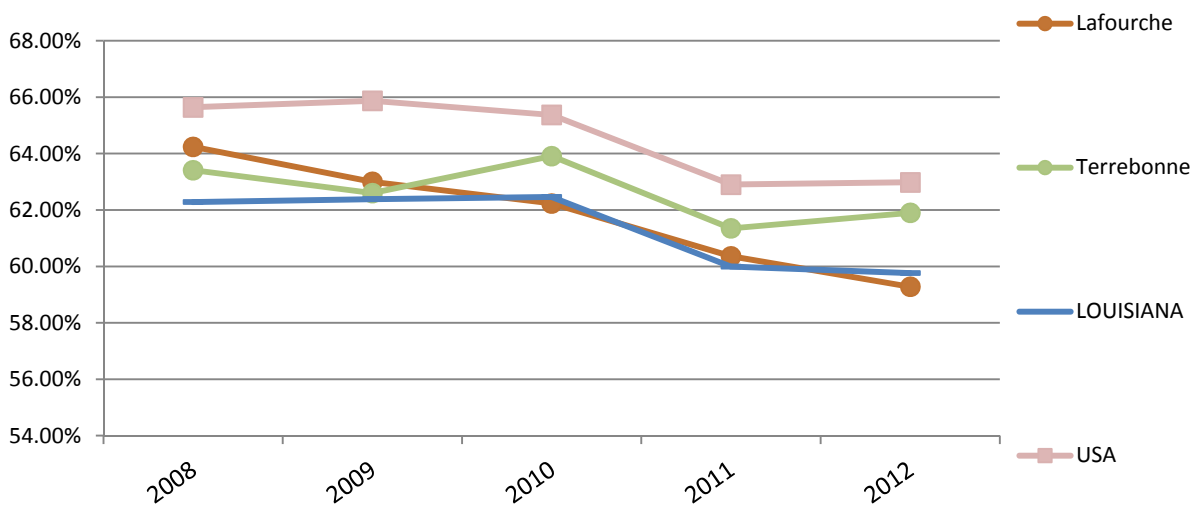
Dentists, Rate per 100,000 population, 2013



Mammogram – Medicare Enrollees

- Lafourche Parish has seen about a 1% decline in the rates of women with Medicare receiving a mammogram; going from 60.36% in 2011 down to 59.28% in 2012.
- The percentage of women with Medicare receiving a mammogram in Terrebonne Parish increased by about 0.5%; going from 61.35% in 2011 to 61.90% in 2012.

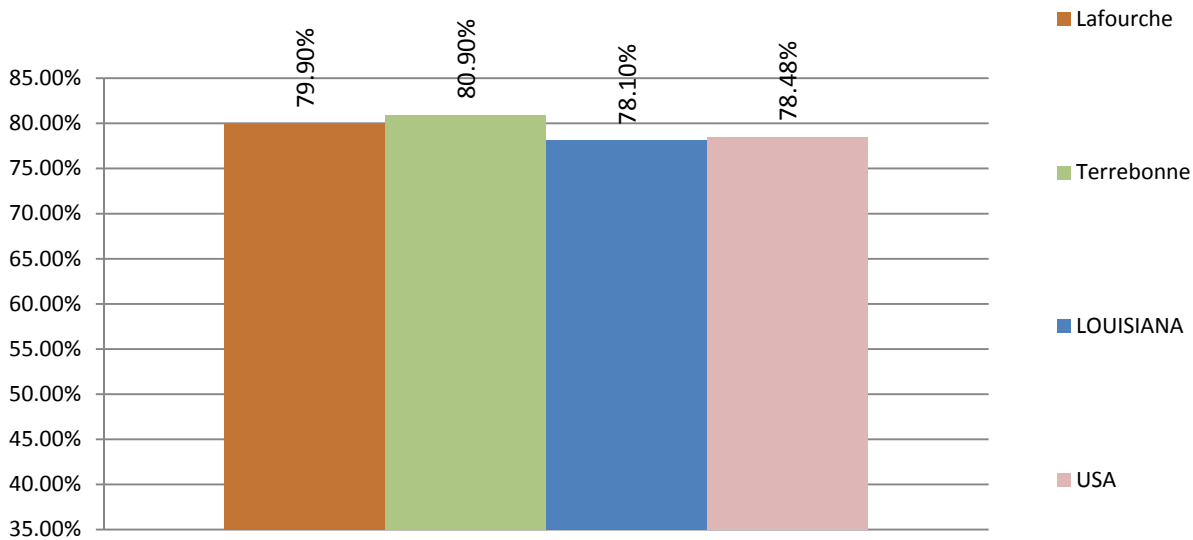
Female Medicare Enrollees with Mammogram in Past 2 years



Cancer Screening – Pap Test

- Both parishes, Lafourche and Terrebonne, report about 80% of their populations as having received a Pap Test; this rate is slightly higher than the national rate of 78.48%.

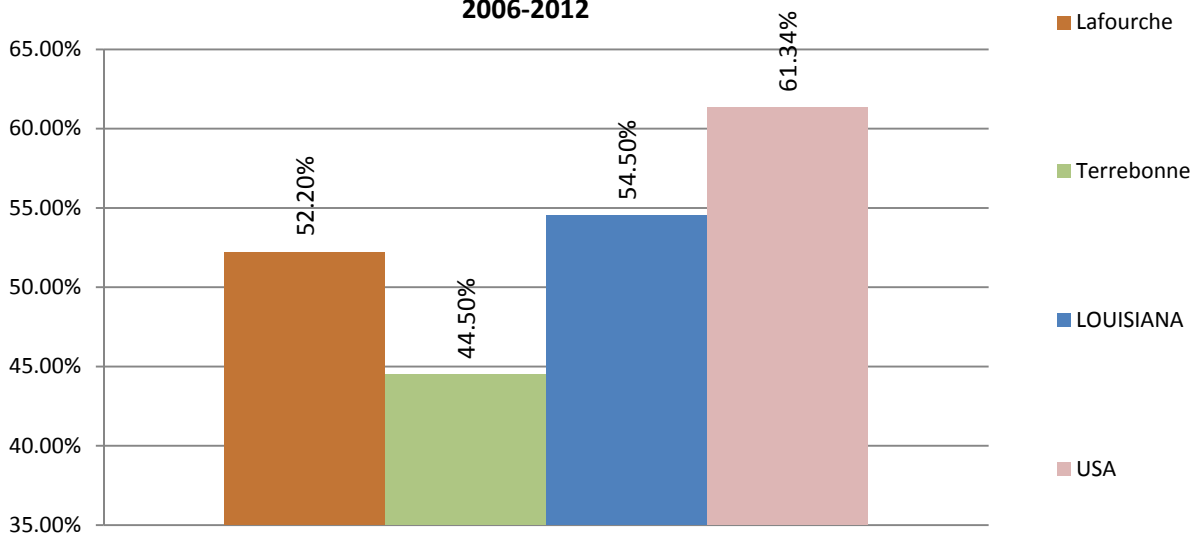
Cancer Screening - Pap Test (Age-Adjusted Percentage), 2006-2012



Cancer Screening – Sigmoidoscopy or Colonoscopy

- 61.34% of the national age-appropriate population (aged 50 and older) receives a sigmoidoscopy or colonoscopy; across the State of Louisiana only 54.5% receive this screening.
- Terrebonne Parish reports the lowest rate of residents receiving a sigmoidoscopy or colonoscopy at only 44.50%; Lafourche Parish reports 52.20%. Both are lower than state and national norms.

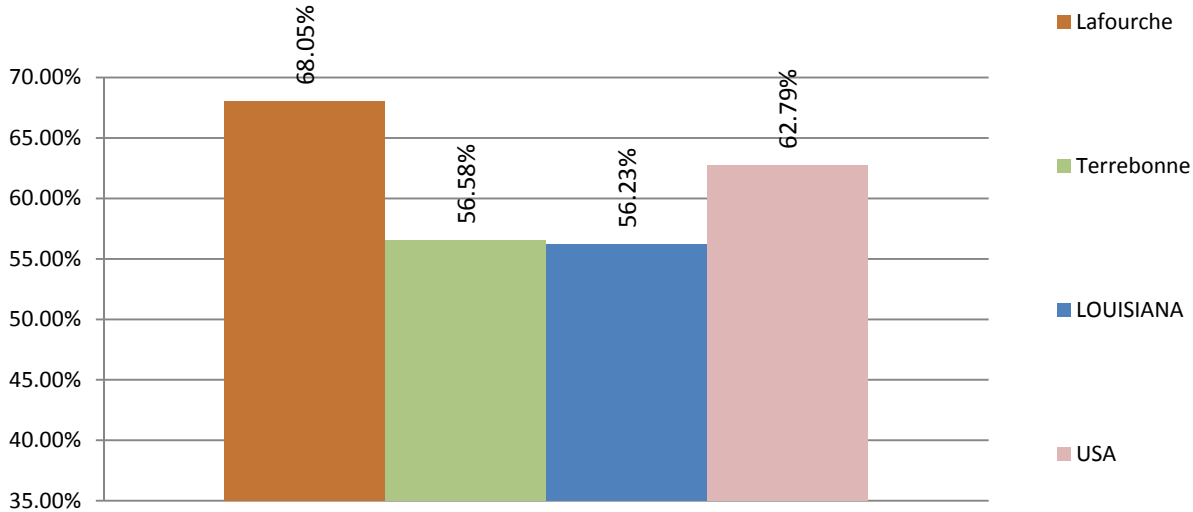
**Cancer Screening - Sigmoidoscopy or Colonoscopy (Age-Adjusted Percentage)
2006-2012**



HIV/AIDS

- The national rate of the population that has never been tested for HIV/AIDS is 62.79%; in Louisiana 56.23% have not been tested.
- Lafourche Parish reports the highest rate of residents having never been tested for HIV/AIDS across the study area at 68.05%.

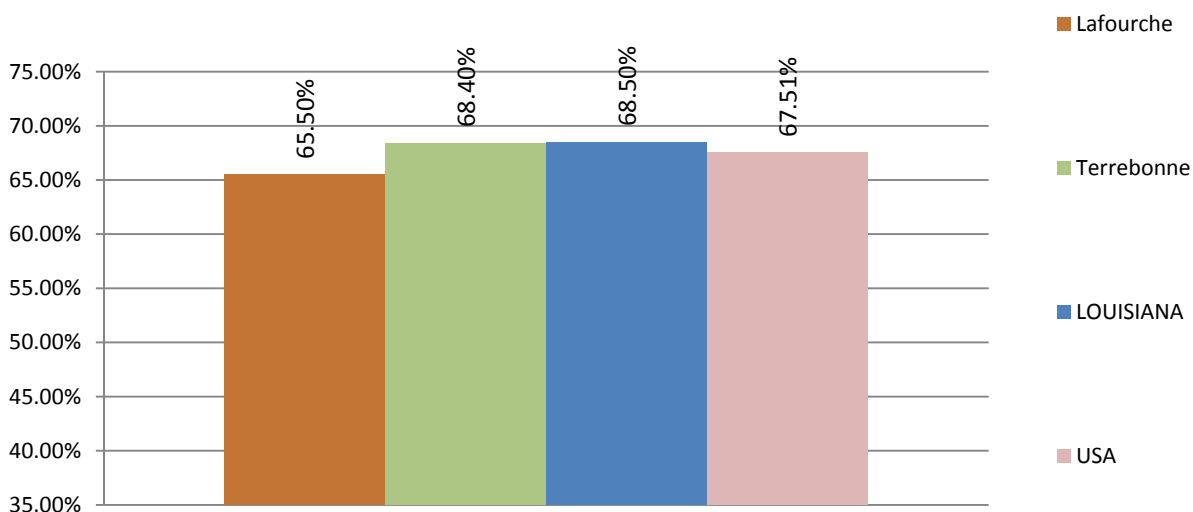
Percent Adults Never Screened for HIV/AIDS, 2011-2012



Pneumonia Vaccine

- Across the country, the age-adjusted rate of people receiving a pneumonia vaccination is 67.51%.
- Of the Ochsner St. Anne study area parishes, Terrebonne Parish reports a higher rate of residents receiving a pneumonia vaccination than Lafourche Parish (68.4% compared to 65.5% respectively).

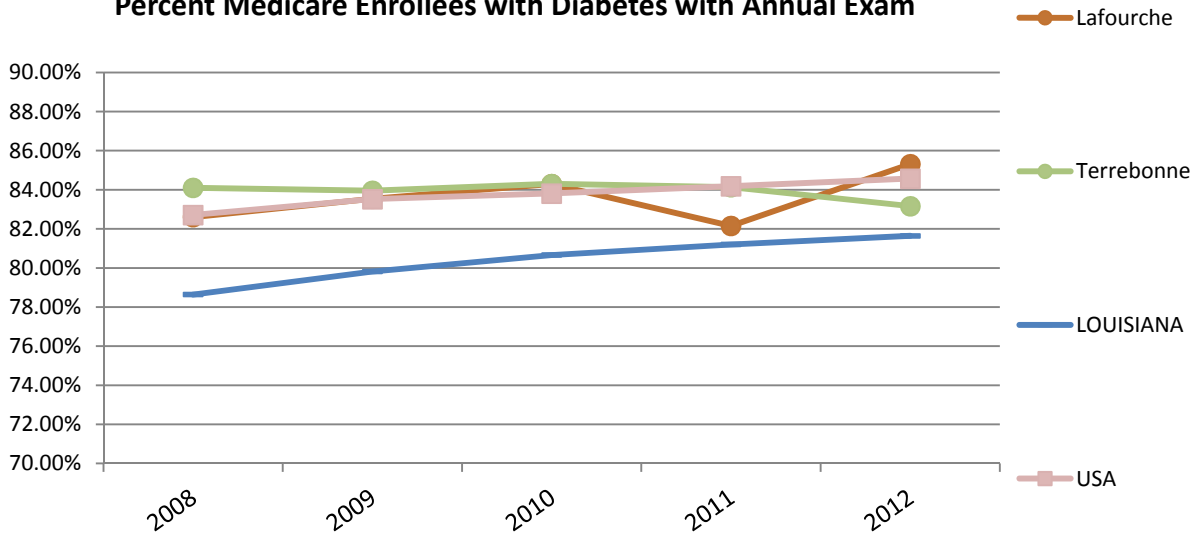
Pneumonia Vaccination (Age-Adjusted Percentage), 2006-2012



Diabetes Screening

- The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. Lafourche Parish reports above the nation at 85.34% while Terrebonne falls below at 83.16%.

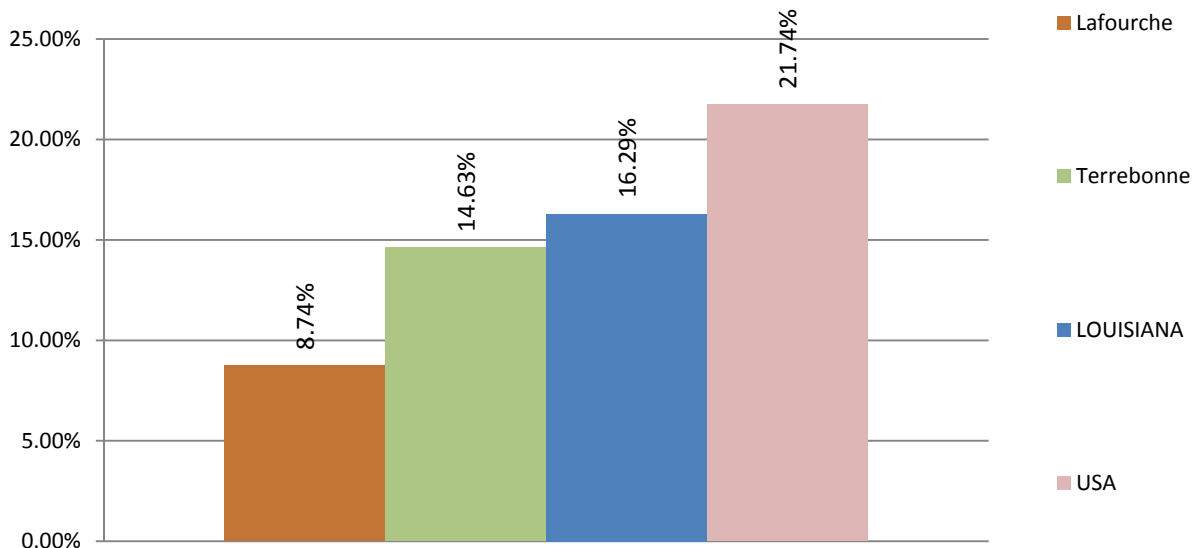
Diabetes Management - Hemoglobin A1c Test, Percent Medicare Enrollees with Diabetes with Annual Exam



High Blood Pressure

- Both parishes in the Ochsner St. Anne 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%.
- Terrebonne Parish has the higher rate at 14.63%. Lafourche reports a lower rate of 8.74%.

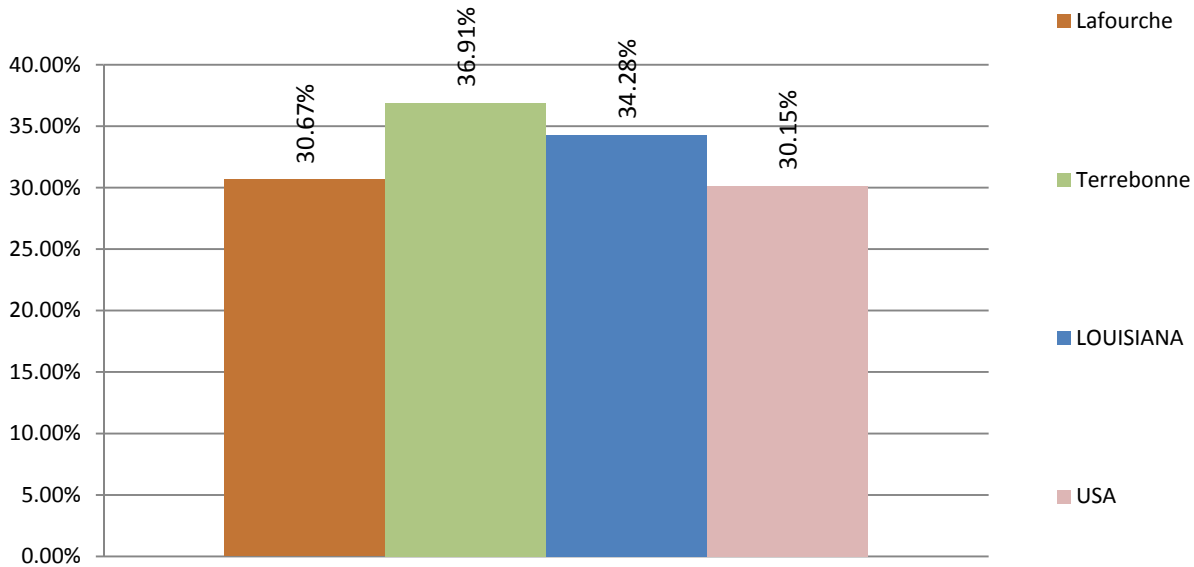
High Blood Pressure, Percent Adults Not Taking Medication, 2006-2010



Dental Exam

- 36.91% of the adult population in Terrebonne Parish have not had a dental exam; 30.67% in Lafourche. The national rate is 30.15%.

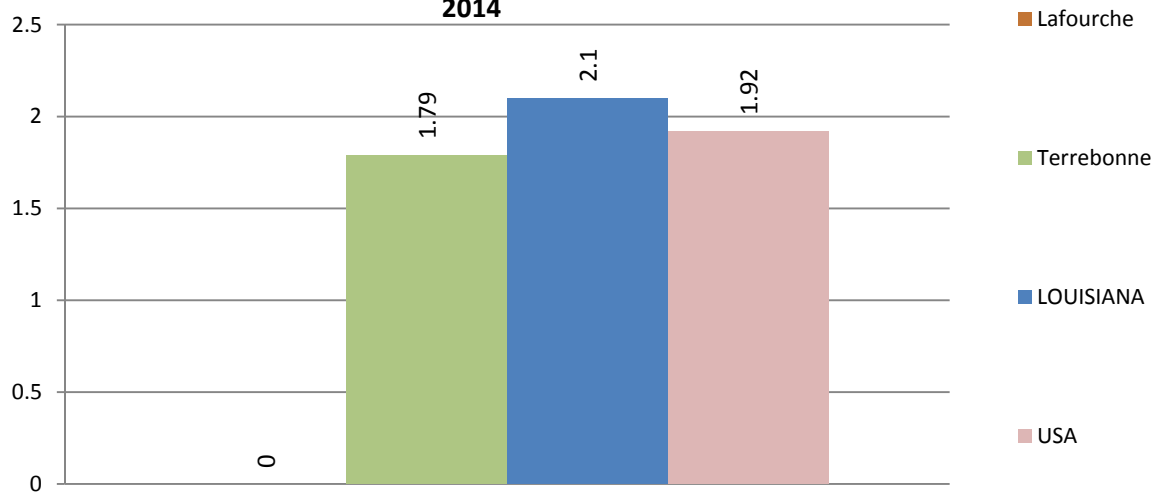
Percent Adults with No Dental Exam, 2006-2010



Federally Qualified Health Centers (FQHCs)

- Terrebonne Parish has the higher rate, in the study area, of federally qualified health centers per 100,000 population at 1.79 (similar to the national rate of 1.92).
- Lafourche Parish reports 0 FQHCs per 100,000 population.

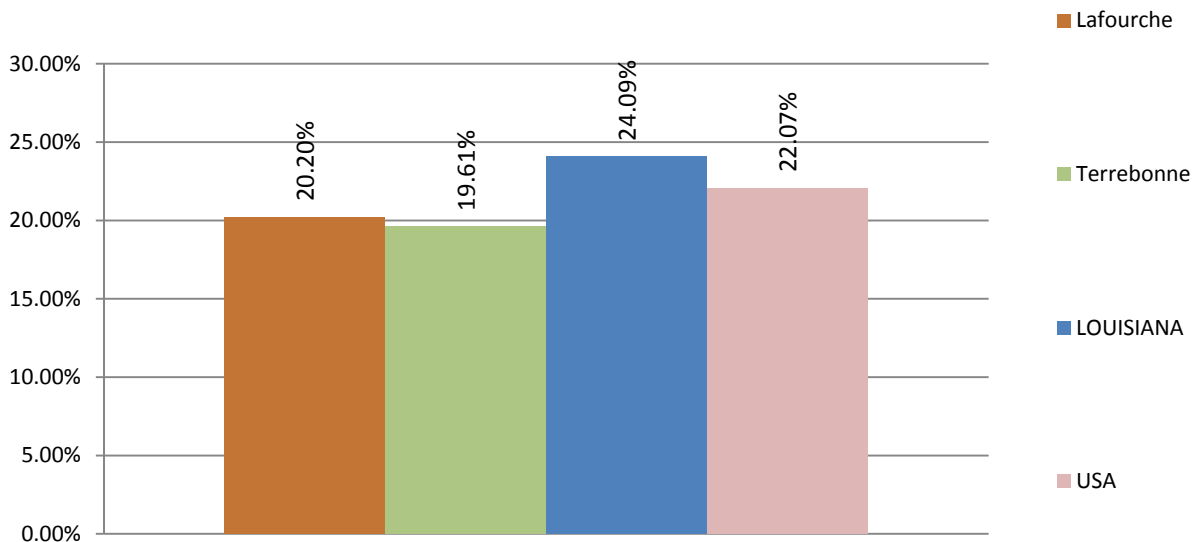
Rate of Federally Qualified Health Centers per 100,000 population, 2014



Regular Doctor

- Across the country, 22.07% of residents report not having a regular doctor (77.93% have a regular doctor); in Louisiana the rate is 24.09%.
- Lafourche Parish reports the highest rate of residents who do not have a regular doctor at 20.20%.

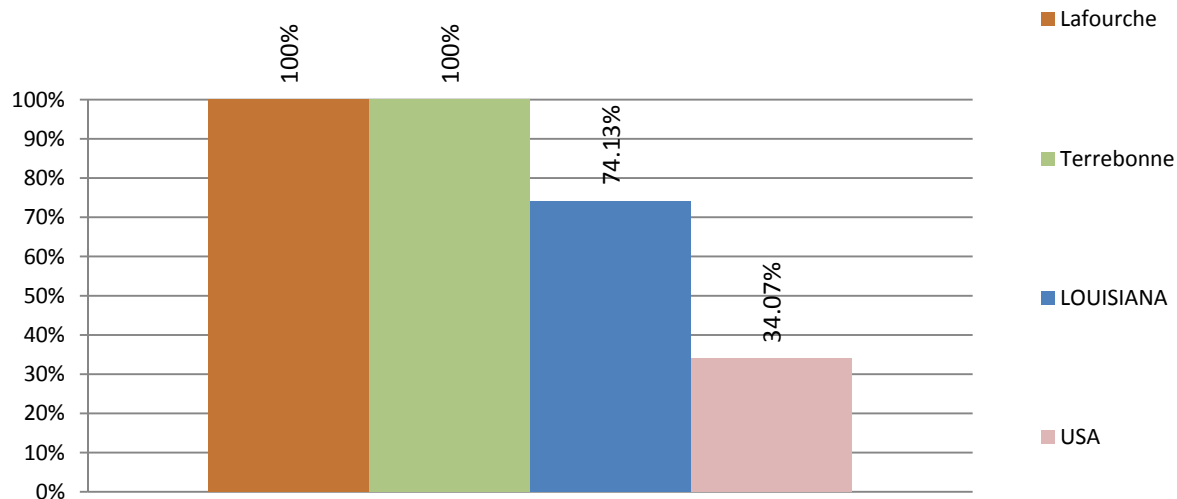
Percent Adults Without Any Regular Doctor, 2011-2012



Population Living in an HPSA (Health Professional Shortage Area)

- The parishes of Lafourche and Terrebonne are both health care professional shortage areas (HPSA) designated parishes/counties; therefore 100% of their populations live in an HPSA designated area.

Percentage of Population Living in a HPSA, March 2015

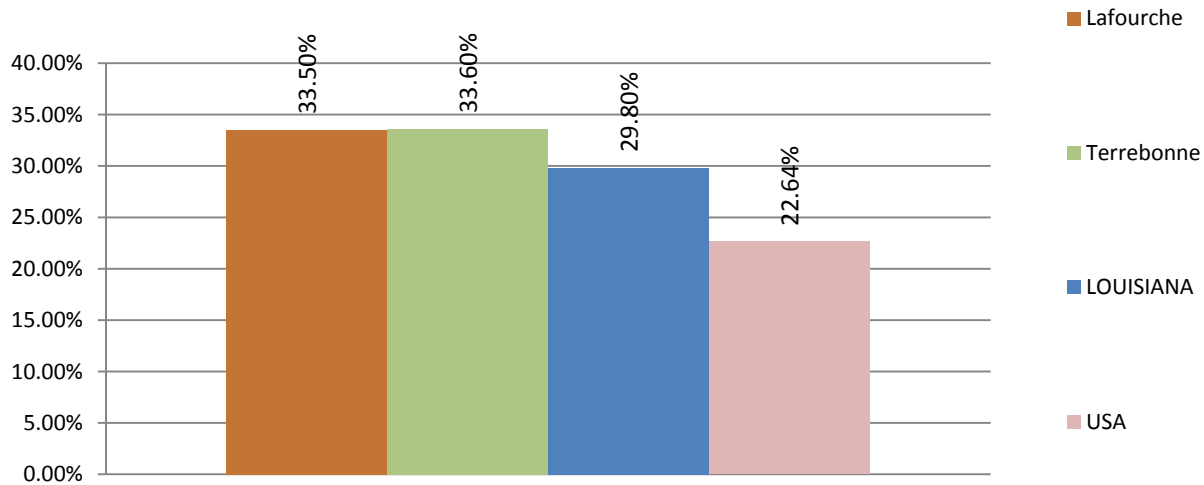


Health Behaviors

Leisure Time Physical Activity

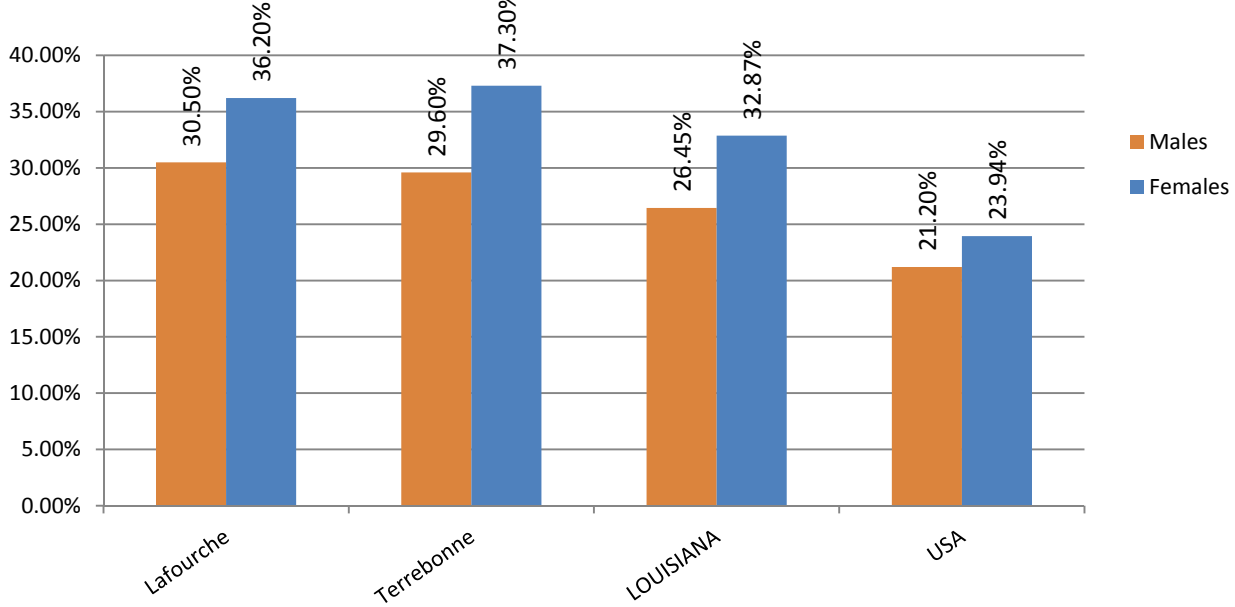
- Lafourche and Terrebonne Parishes report nearly identical rates of population with no leisure time activity (33.50% and 33.60%, respectively) for the study area; higher than state (29.8%) and national (22.64%) norms.

Percent Population with No Leisure Time Physical Activity, 2012



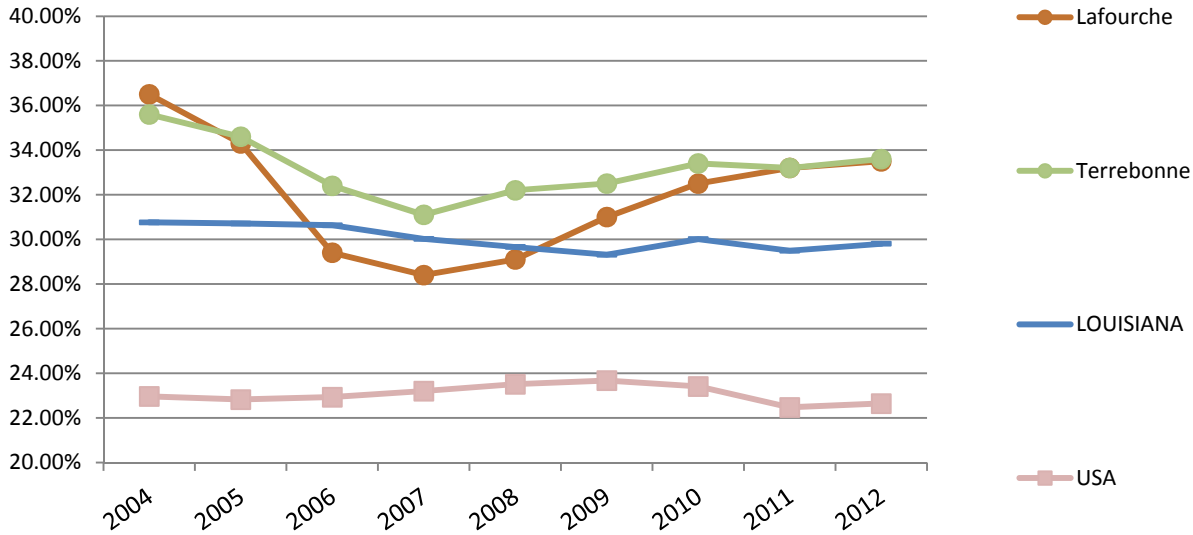
- Men consistently report lower rates of not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.

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



- As with the rates for 2012, Terrebonne and Lafourche Parishes show similarities in the trending of rates of population with no leisure time physical activity from 2004 to the most recent data of 2012.

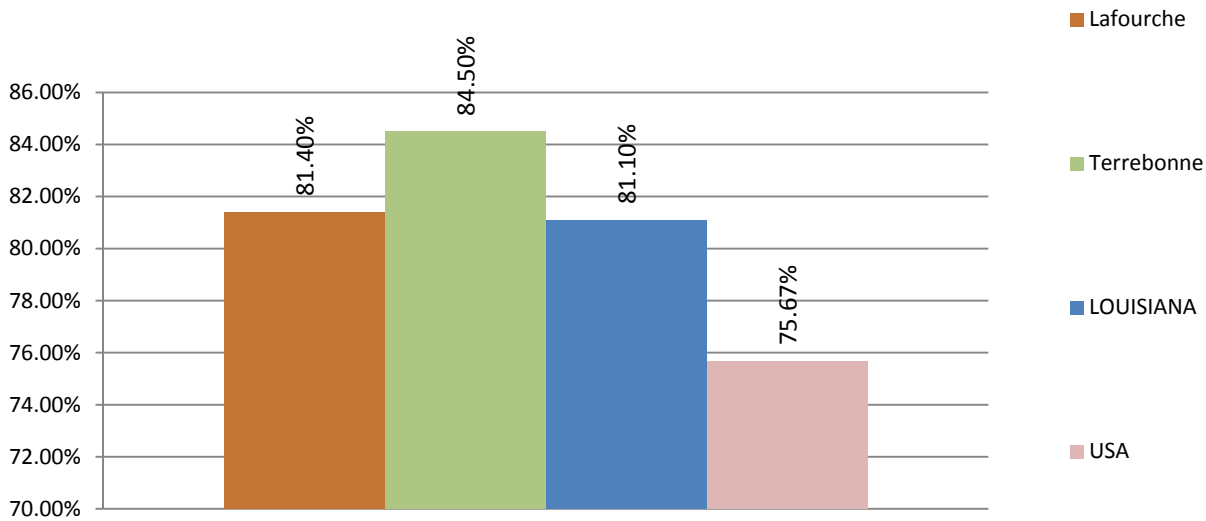
Percent Population with No Leisure Time Physical Activity - Time



Fruit/Vegetable Consumption

- Both parishes in the Ochsner St. Anne study area report higher rates than the national rate (75.6%) for adults not eating enough fruits and vegetables.

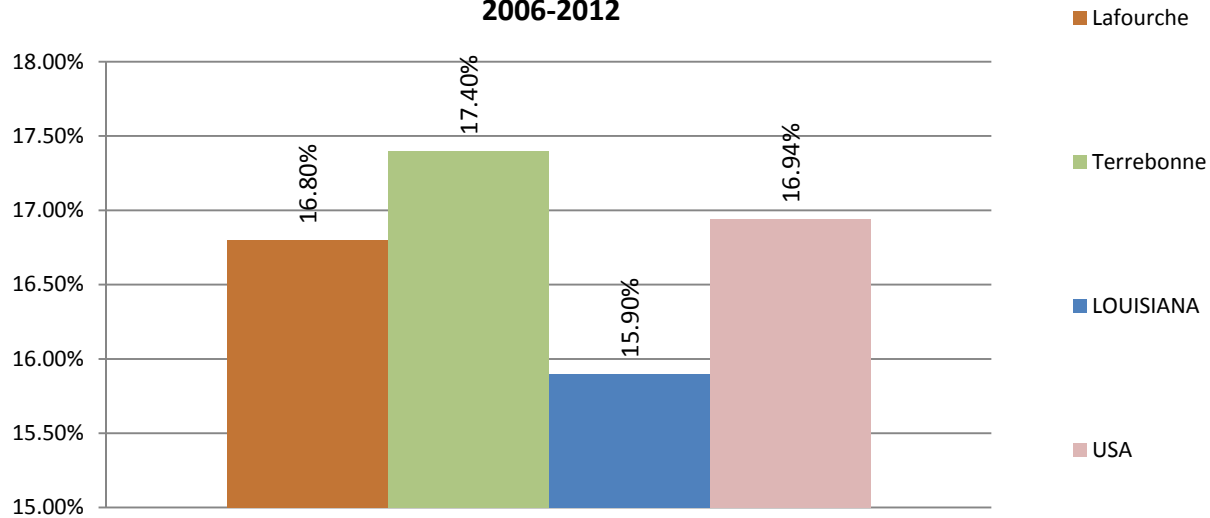
Percent Adults with Inadequate Fruit/Vegetable Consumption, 2005-2009



Excessive Drinking

- The national rate of adults drinking excessively is 16.94%. Lafourche Parish, at 16.80%, is nearly identical to the national rate; while, Terrebonne Parish exceeds the national rate by 0.46%.

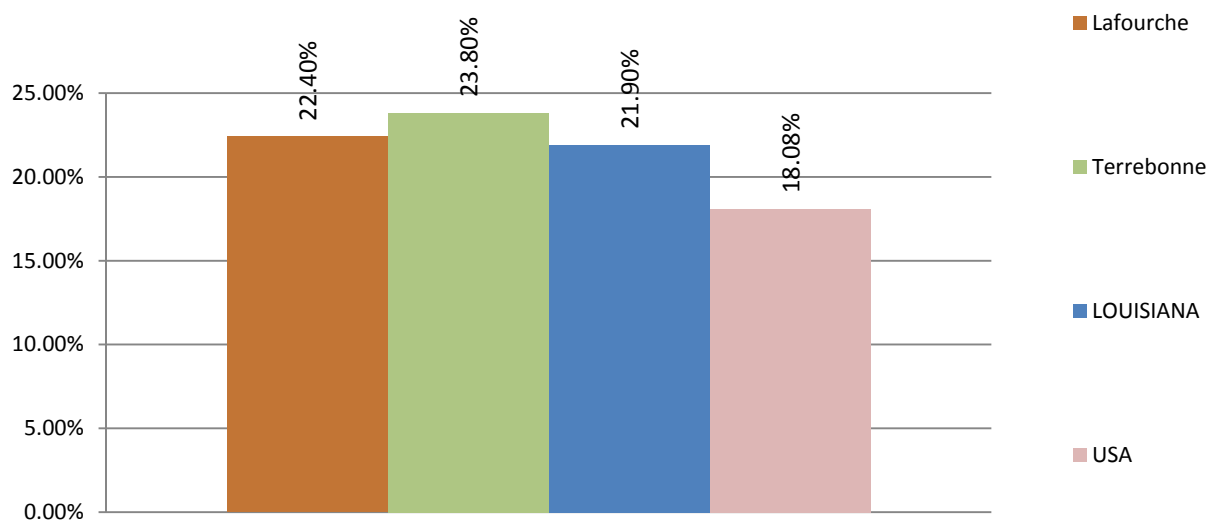
**Estimated Adults Drinking Excessively (Age-Adjusted Percentage),
2006-2012**



Smoking

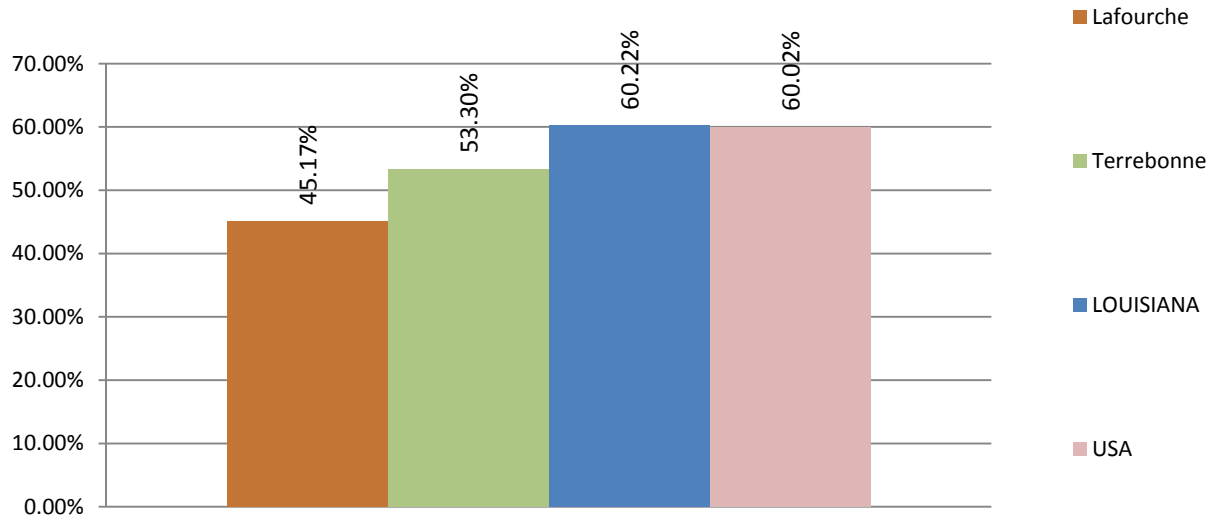
- Lafourche (22.40%) and Terrebonne (23.80%) Parishes have similar rates of adults smoking cigarettes to each other and to the state rate of 21.90%. All three areas exceed the national rate of 18.08%.

Percent Population Smoking Cigarettes (Age-Adjusted), 2006-2012



- Terrebonne Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 53.30%; while, only 45.17% of adults in Lafourche Parish are trying to quit smoking. Both parishes fall below state (60.22%) and national (60.02%) rates.

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

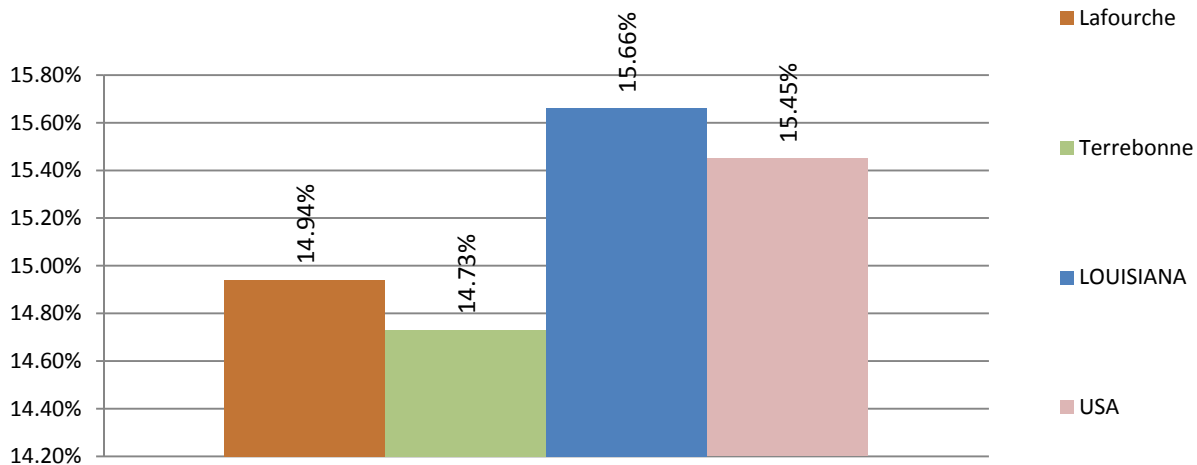


Health Outcomes

Depression

- The State of Louisiana reports a higher rate of residents with depression (15.66%) than the country (15.45%).
- Both parishes in the study area report lower rates than the state and the nation.

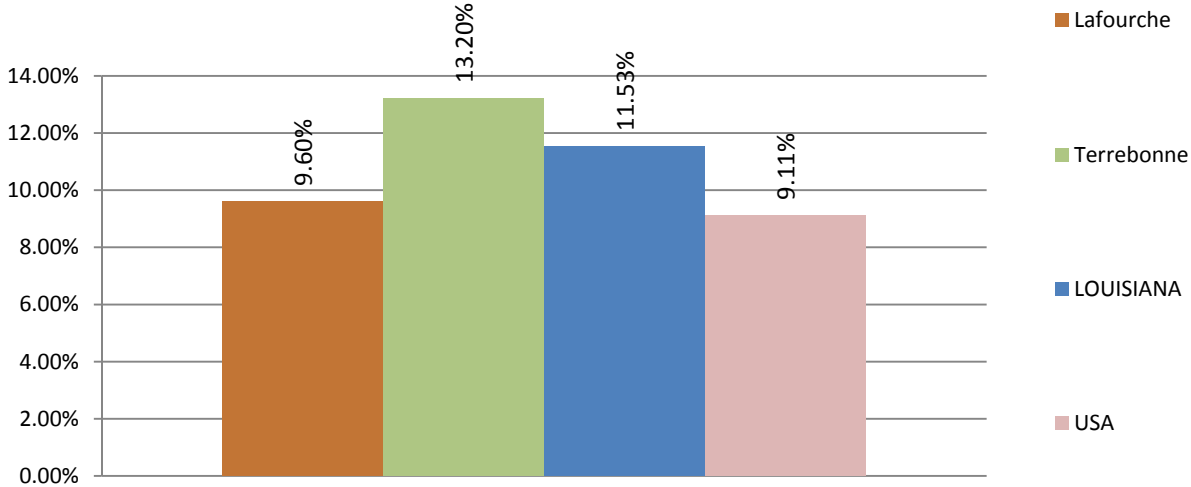
Percent Population with Depression, 2012



Diagnosed Diabetes

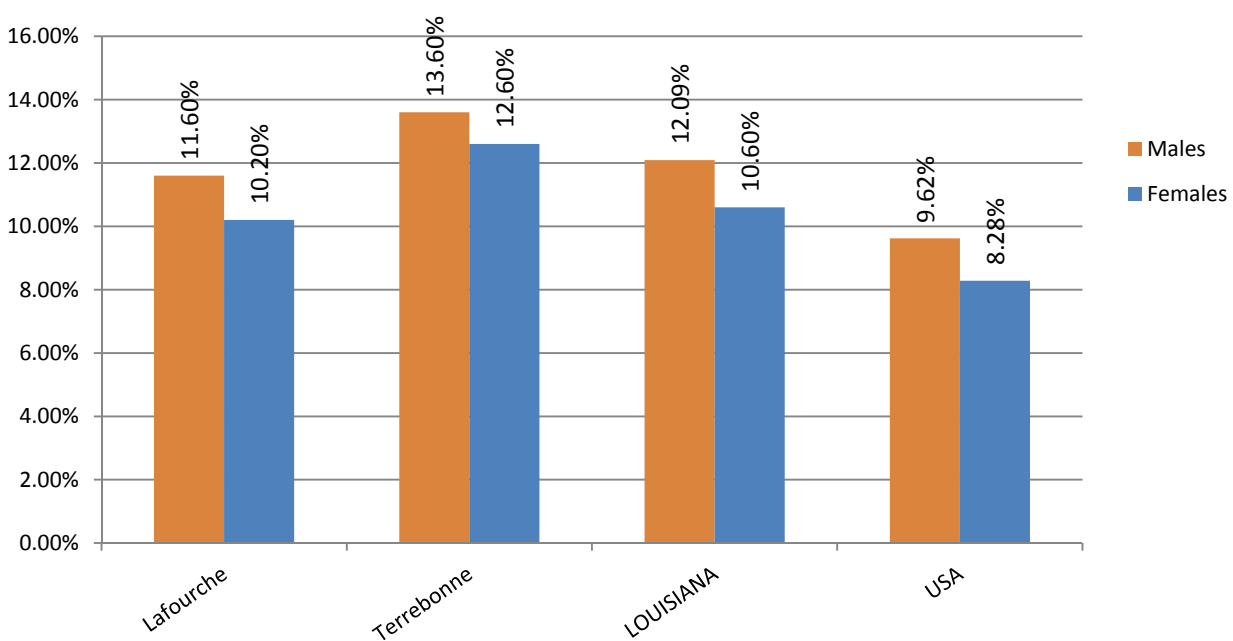
- Terrebonne Parish reports the highest rate of residents with diagnosed diabetes (13.20%).
- The rate for Lafourche Parish (9.60%), while still above, falls the closest to the national rate for population being diagnosed with diabetes.

Population with Diagnosed Diabetes, Age-Adjusted Rate, 2012



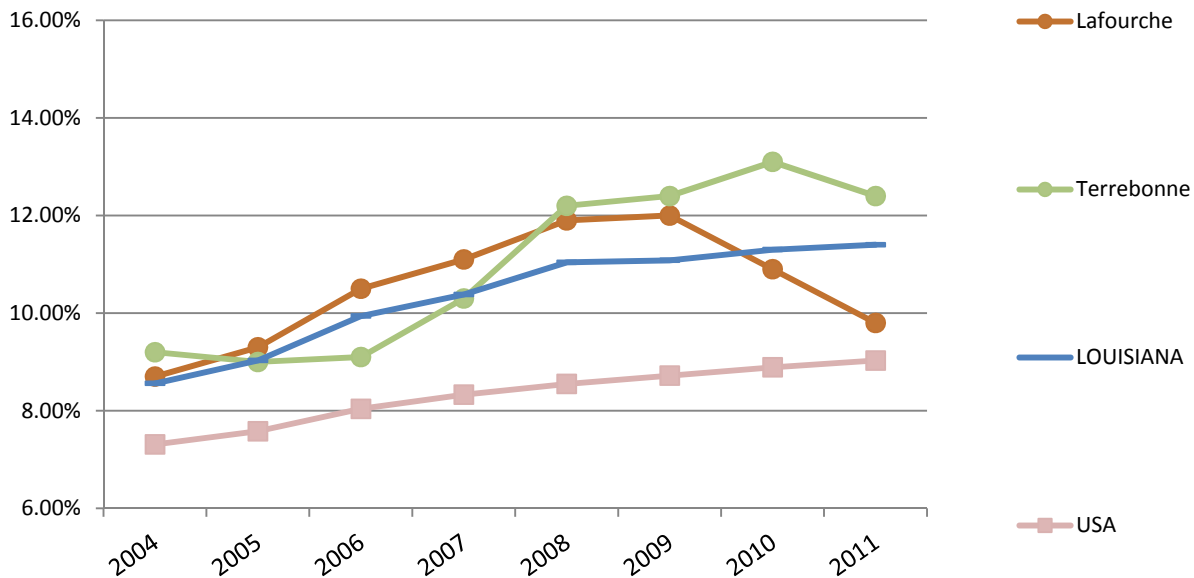
- Men have higher rates of being diagnosed with diabetes than women for the Ochsner St. Anne study area.
- 13.60% of the Terrebonne Parish male population reports being diagnosed with diabetes.

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



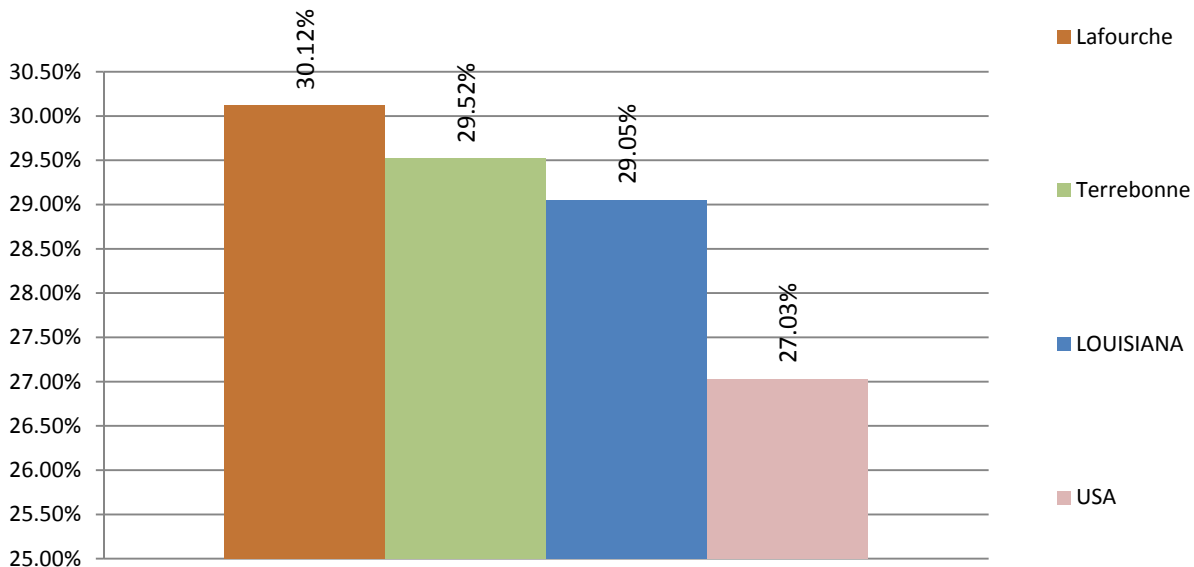
- The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2009 for the Ochsner St. Anne study area parishes. The rate for Lafourche Parish has seen a decline (by more than 2% since 2009) to 9.80% in 2011.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Time



- Looking specifically at the Medicare population, Lafourche Parish reports the highest rate of diagnosed diabetes at 30.12%; the national rate being 27.03%.

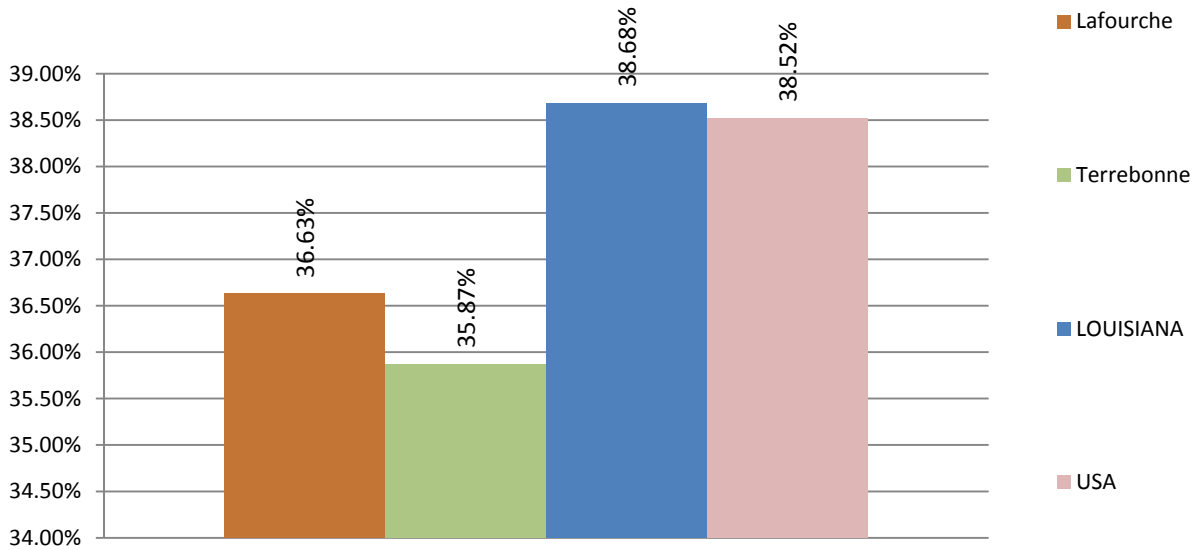
Percent Adults with Diabetes (Medicare Population), 2012



High Cholesterol

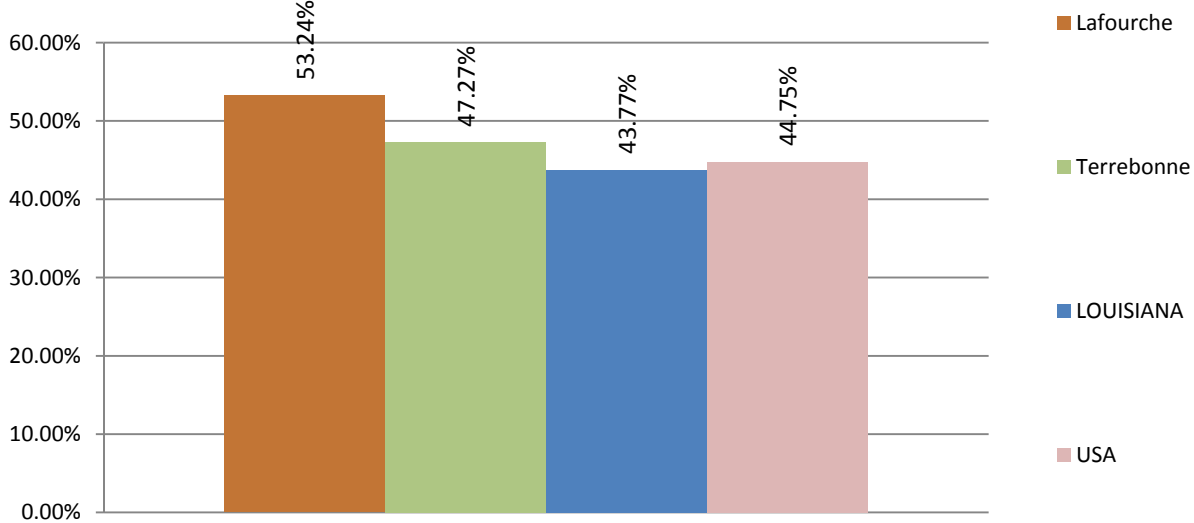
- Both Lafourche Parish and Terrebonne Parish report lower rates of residents with high cholesterol than the national average of 38.52%.
- Lafourche Parish reports the highest rate of residents with high cholesterol at 36.63%.

Percent Adults with High Cholesterol, 2011-2012



- Looking specifically at the Medicare population, Lafourche Parish reports the highest rate of residents with high cholesterol at 53.24%; the national rate being 44.75%.

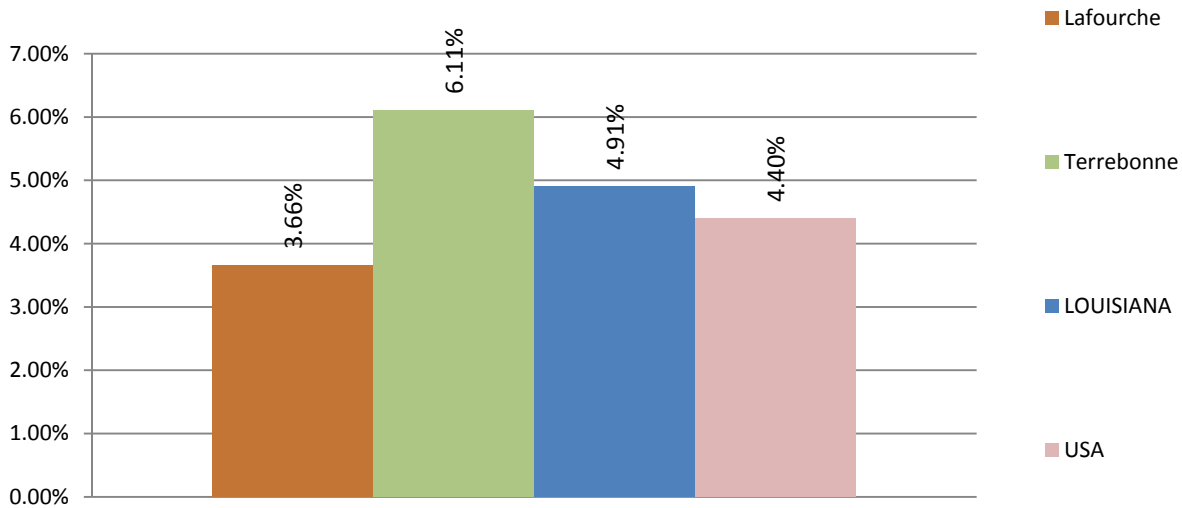
Percent Adults with High Cholesterol (Medicare Pop.), 2012



Heart Disease

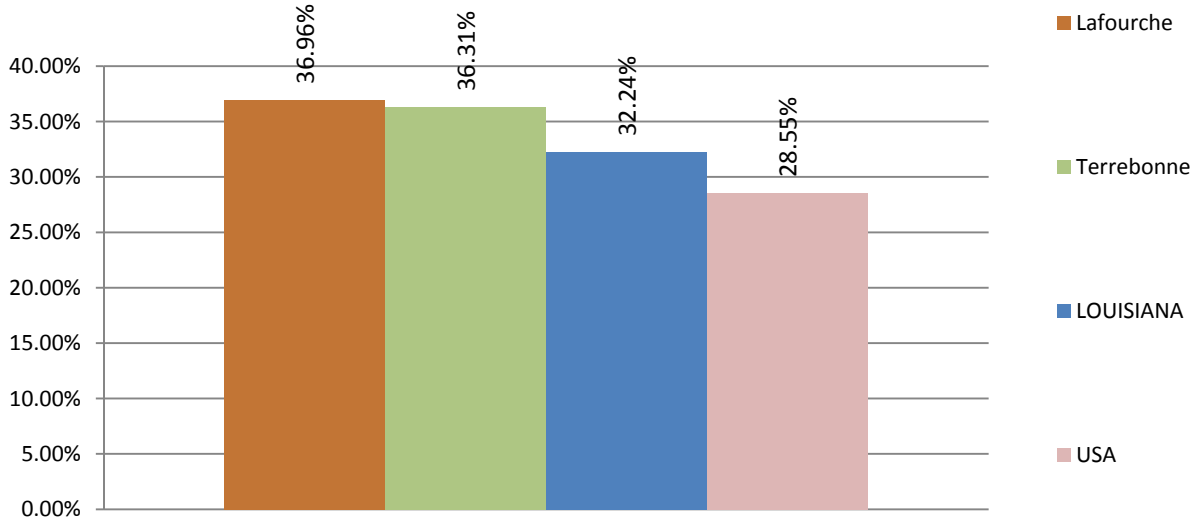
- Terrebonne Parish reports the highest rate of residents who have heart disease (6.11%); higher than the national rate of 4.40%.

Percent Adults with Heart Disease, 2011-2012



- Looking specifically at the Medicare population, Lafourche and Terrebonne Parishes report similar rates of residents with heart disease (36.96% and 36.31%, respectively); the national rate being 28.55%.

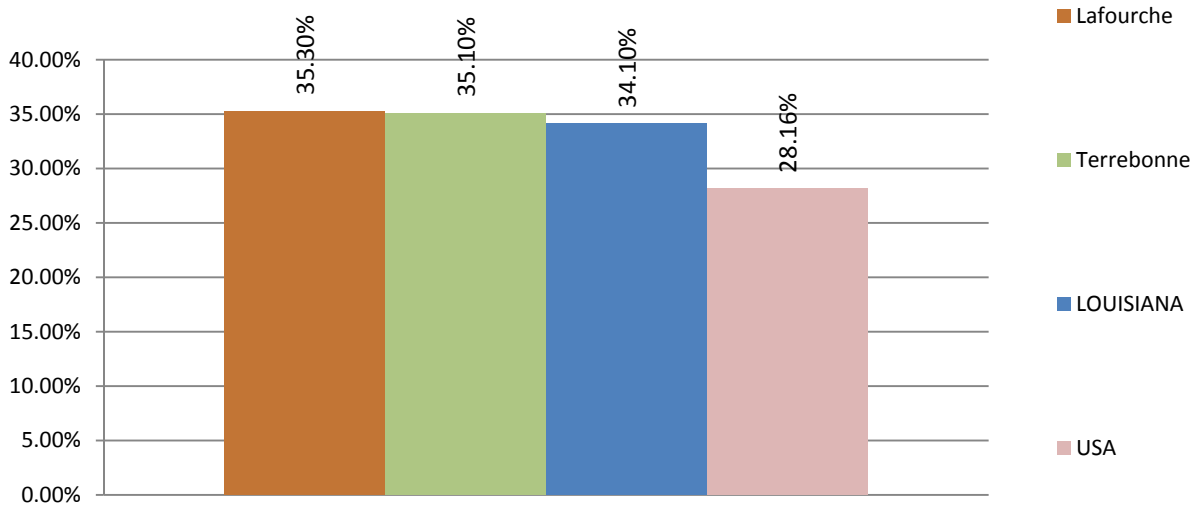
Percent Adults with Heart Disease (Medicare Pop.), 2012



High Blood Pressure

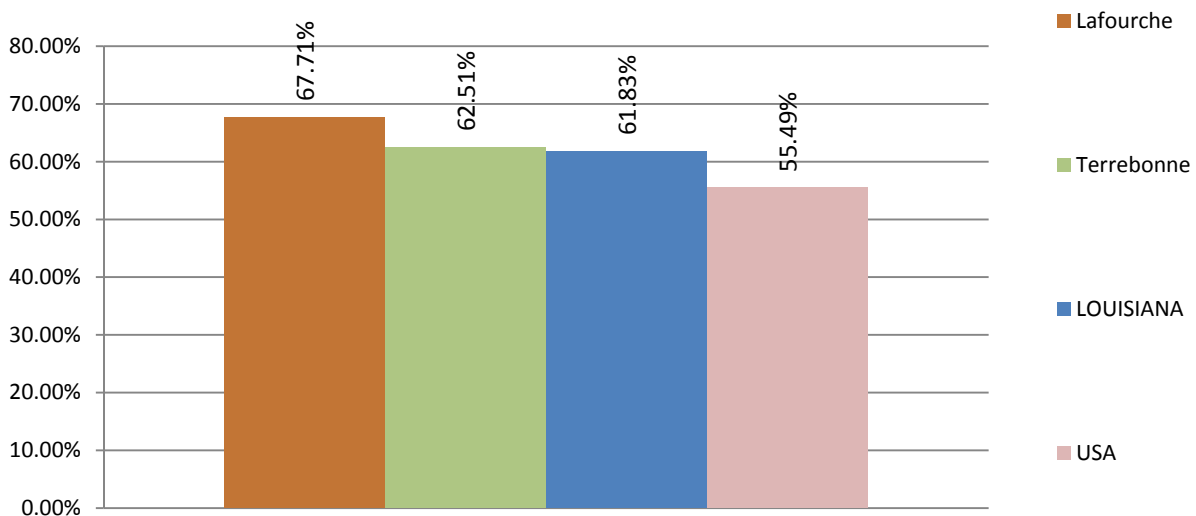
- Lafourche and Terrebonne Parishes report similar rates of residents with high blood pressure (35.30% and 35.10%, respectively); both are higher than the national rate of 28.16%.

Percent Adults with High Blood Pressure, 2006-2012



- Looking specifically at the Medicare population, Lafourche Parish reports the highest rate of residents with high blood pressure at 67.71%; the national rate being 55.49%.

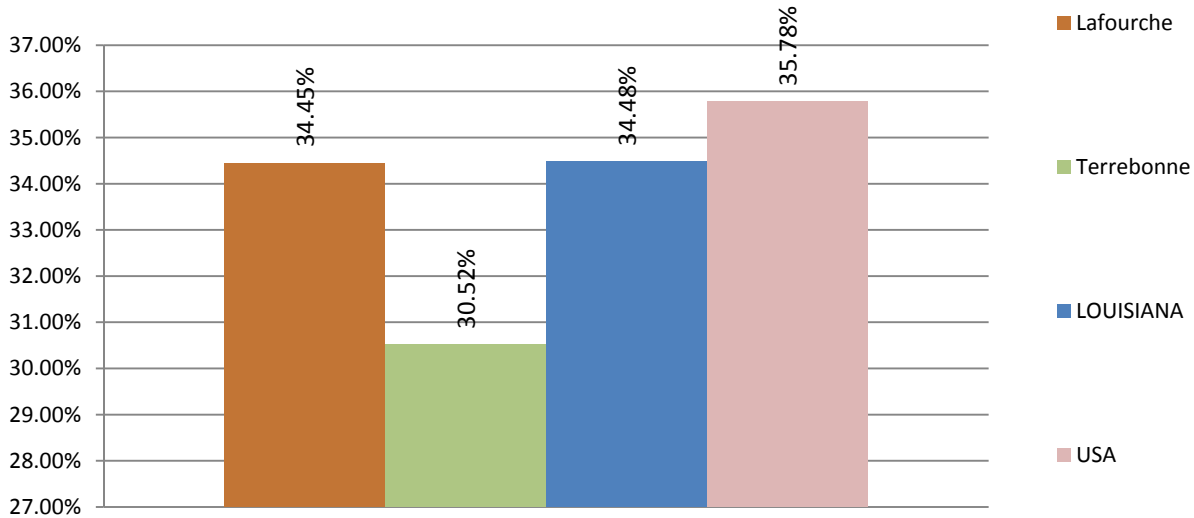
Percent Adults with High Blood Pressure (Medicare Pop.), 2012



Overweight and Obese

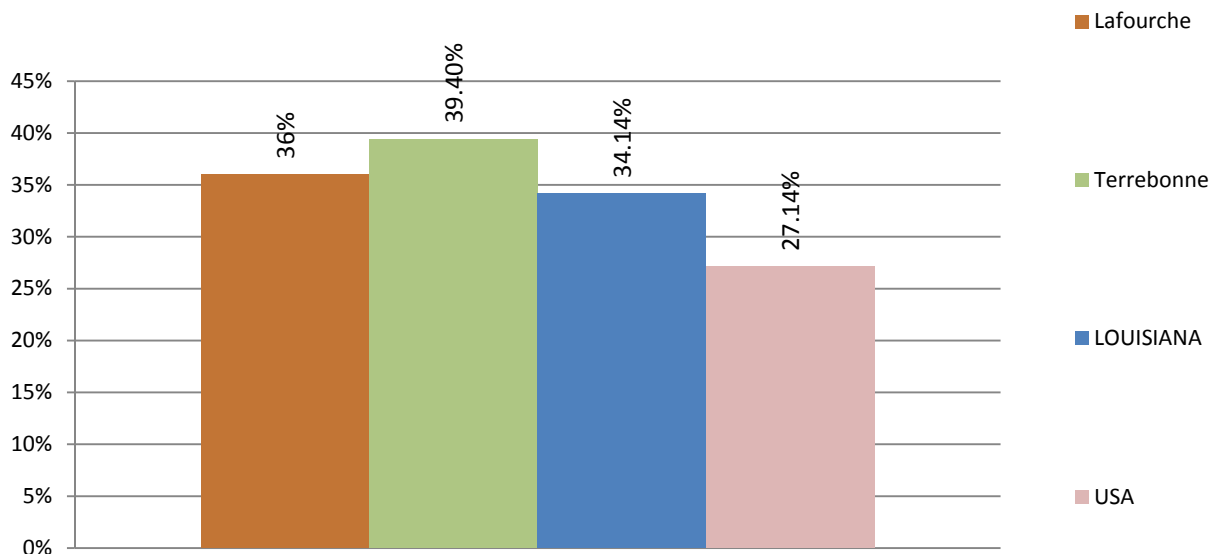
- Lafourche Parish reports the highest rate of residents who are overweight (34.45%); this rate is lower than the national rate of 35.78%. Terrebonne Parish is lower still, than the state, at 30.52%.

Percent Adults Overweight, 2011-2012



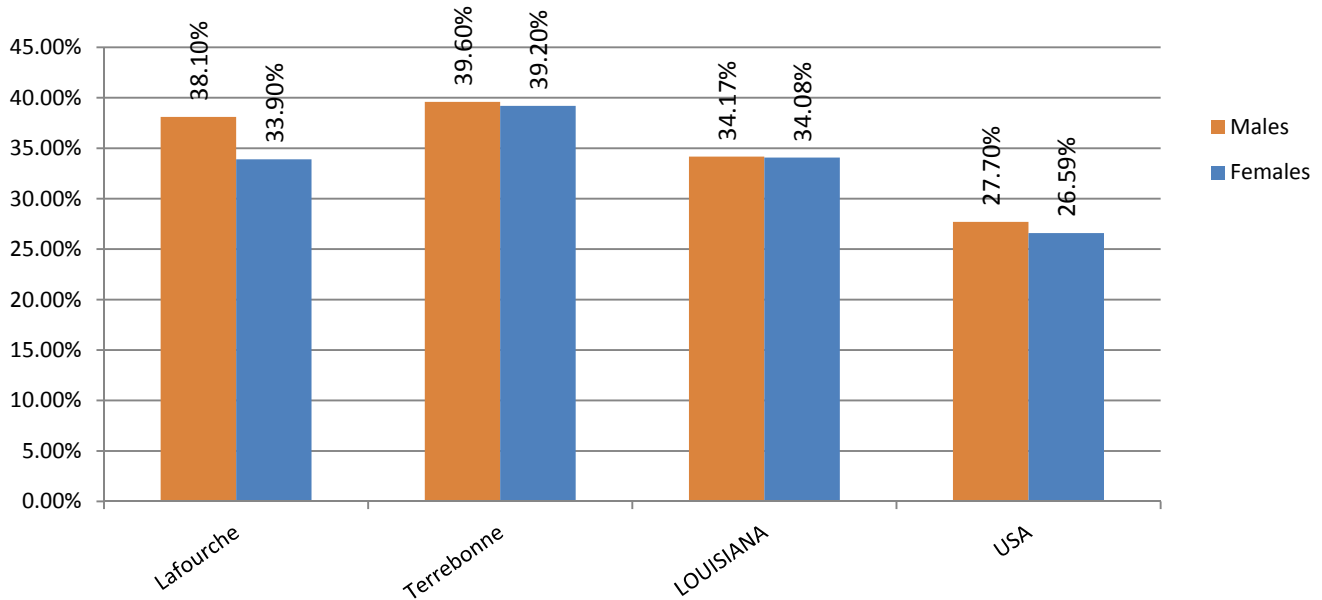
- Terrebonne Parish reports the highest rate of residents who are obese (39.40%); Lafourche Parish is not too far behind at 36%. Both parishes exceed the state rate (34.14%) and the national rate (27.14%).

Percent Adults with BMI > 30.0 (Obese), 2012



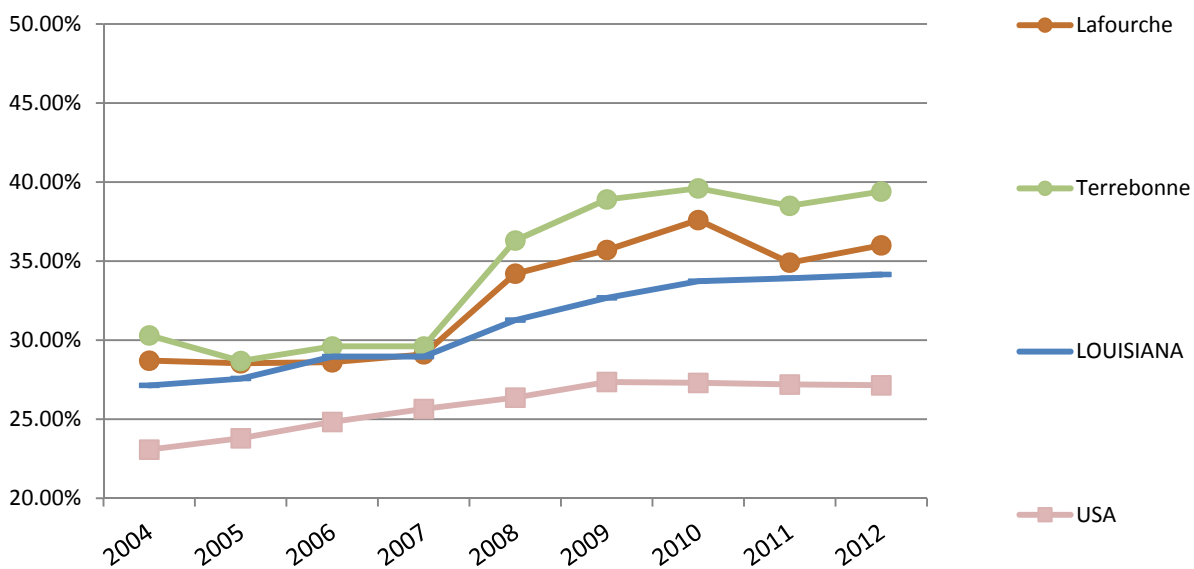
- There are not significant differences in males and females in terms of obesity; men show higher rates of obesity than women.
- On a national level, men are more likely to be obese than women (27.7% vs. 26.59%).

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



- The rates of obesity in the Ochsner St. Anne study area and nationally have seen steady rises over the years. Lafourche Parish is the lowest in the study area but, still almost 10% above the U.S. rates for obesity.

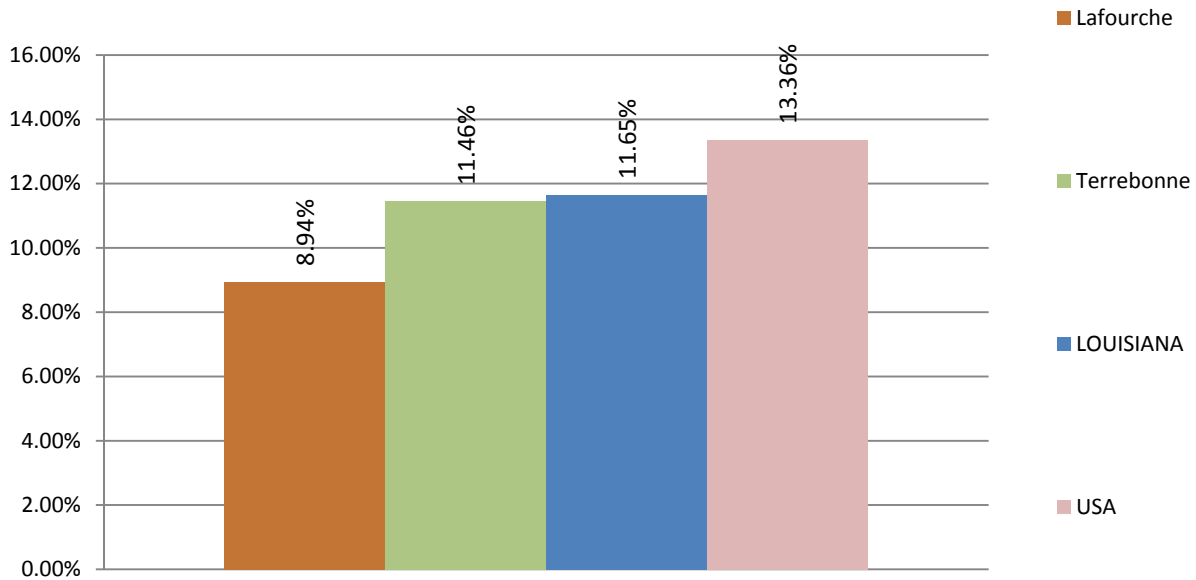
Percent Adults with BMI > 30.0 (Obese) - Time



Asthma

- Terrebonne Parish reports the highest rate of adults with asthma for the study area at 11.46%; this is lower than both the state rate (11.65%) and the national rate of 13.36%.

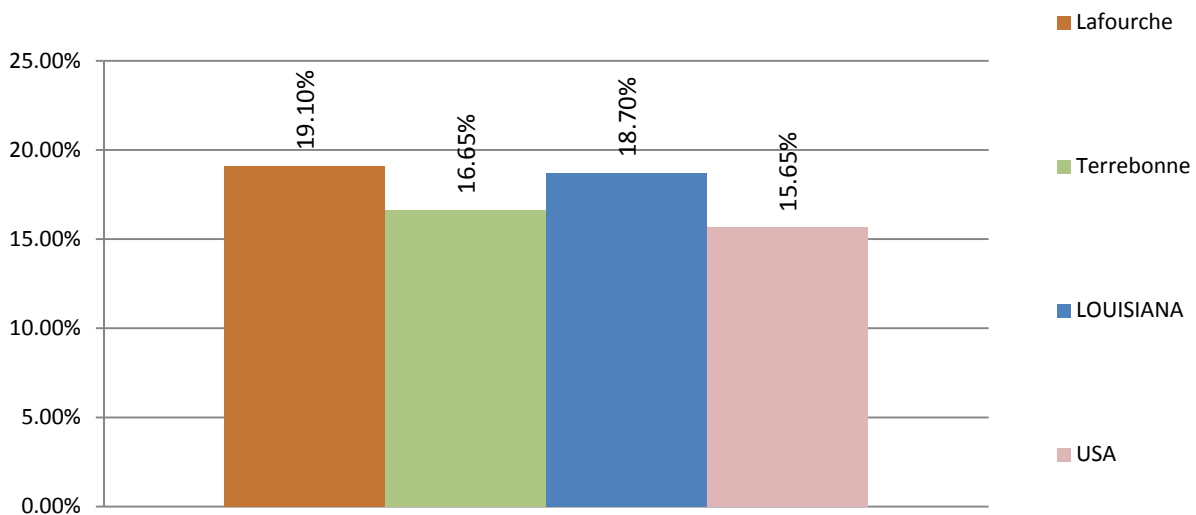
Percent Adults with Asthma, 2011-2012



Dental Health

- Lafourche Parish reports the highest rate of adults with poor dental health for the Ochsner St. Anne study area at 19.10%; this is higher than the national rate of 15.65%.
- While Terrebonne Parish reports a lower rate of 16.65%, it is still above the nation.

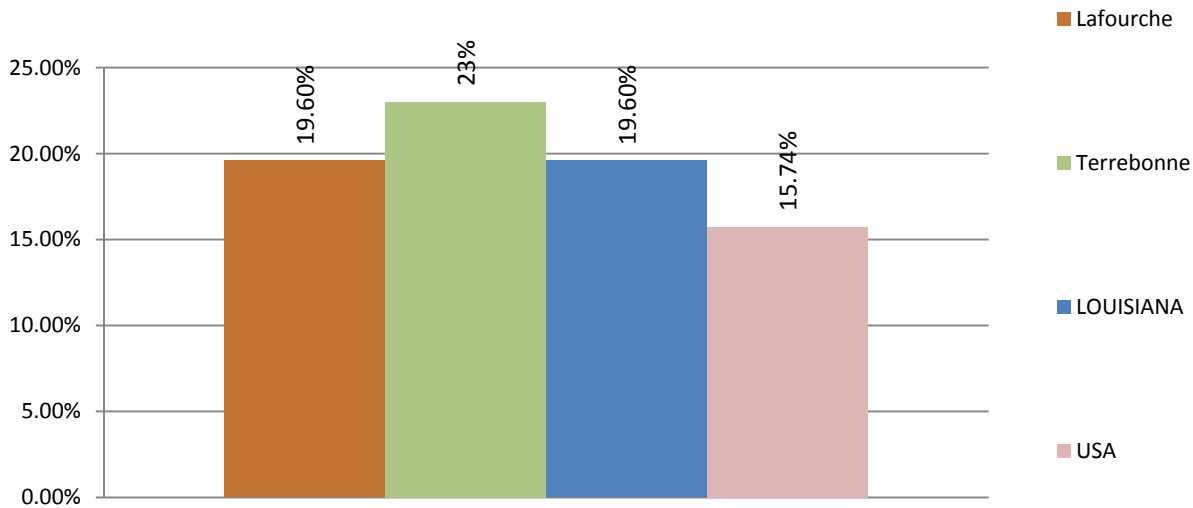
Percentage Adults with Poor Dental Health, 2006-2010



Poor Health

- Lafourche Parish reports a higher rate of poor general health than Terrebonne Parish (23% and 19.60% respectively).
- Both parishes, along with Louisiana, exceed the national rate of 15.74%.

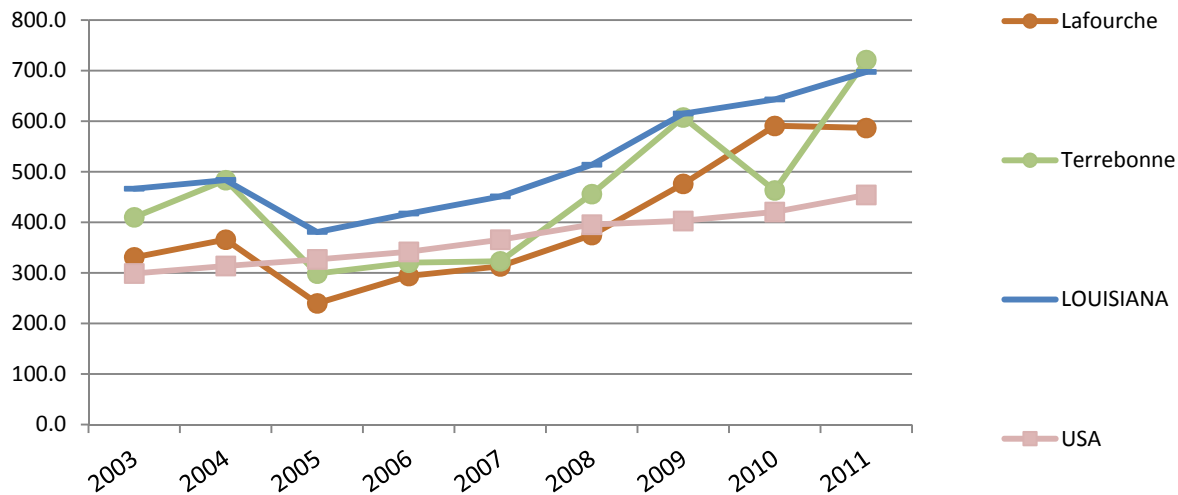
Poor General Health, Age-Adjusted Percentage, 2006-2012



Chlamydia Infection

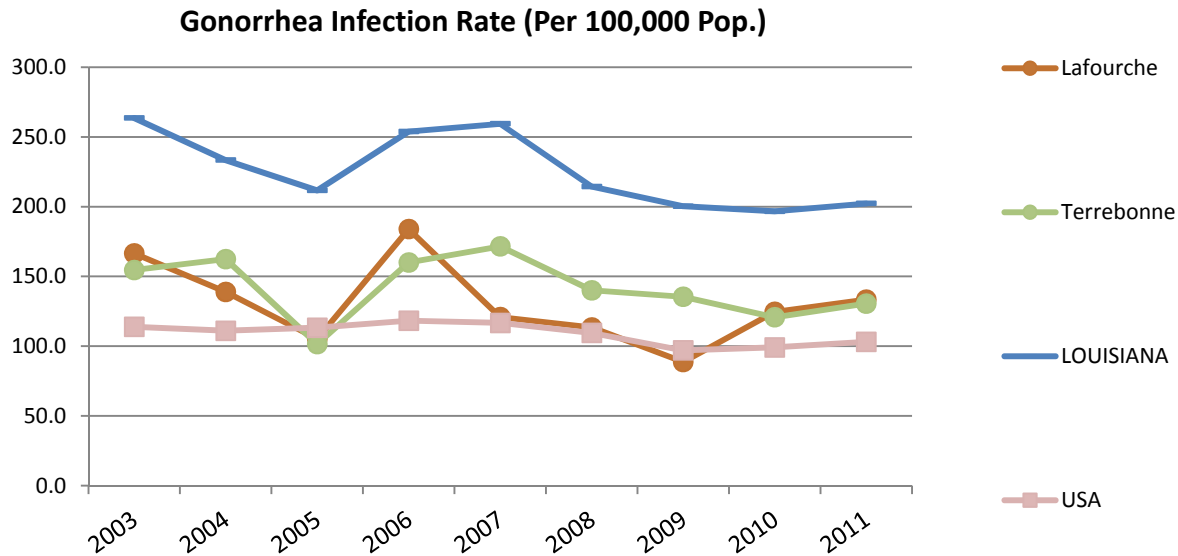
- Terrebonne Parish reports 134.5 per 100,000 population more cases of chlamydia infection than Lafourche Parish (721.1 and 586.6, respectively). The national chlamydia rate is 454.1 per 100,000 population.

Chlamydia Infection Rate (Per 100,000 Pop.)



Gonorrhea Infection

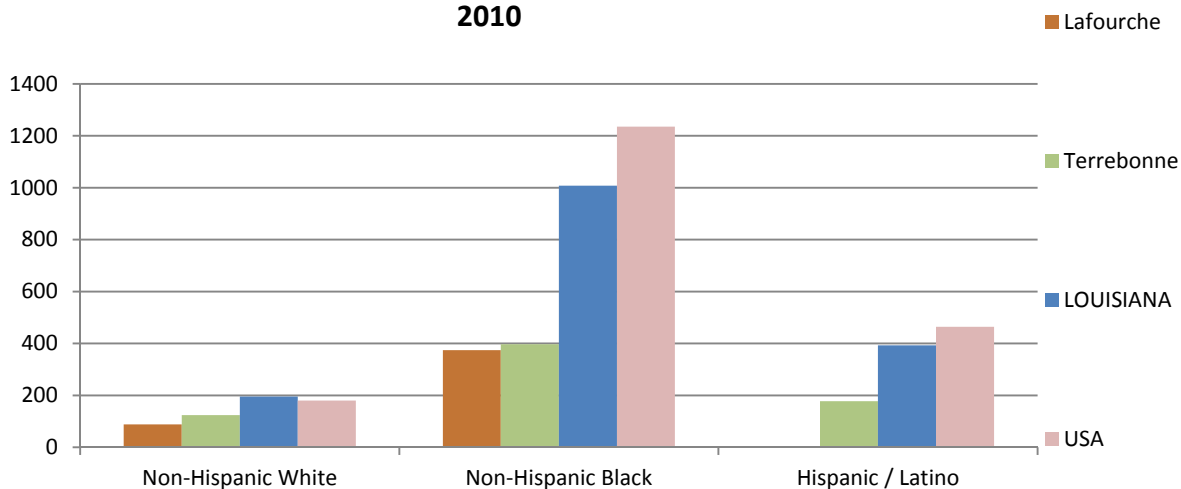
- Lafourche and Terrebonne Parishes report similar rates of gonorrhea infection; 133.4 and 130.5 per population, respectively. The national chlamydia rate is 103.09 per 100,000 population.



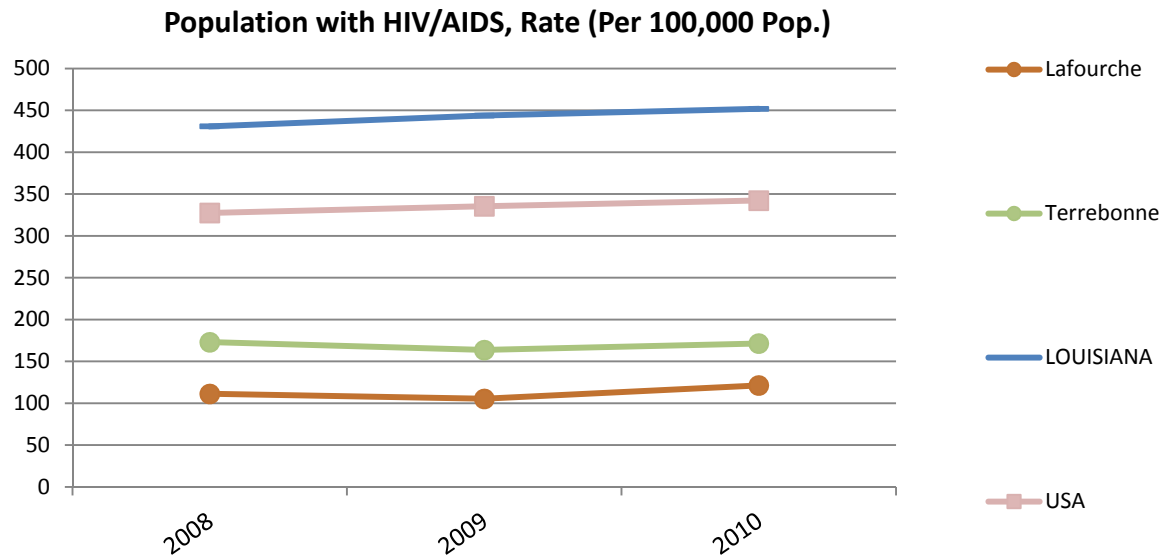
HIV/AIDS

- The Non-Hispanic Black population is the population that sees some of the highest rates of HIV/AIDS.
- Terrebonne Parish sees the highest rates of HIV/AIDS for the study area; 397.26 per 100,000 Non-Hispanic Black population has HIV/AIDS, 124.31 per 100,000 Non-Hispanic White, and 177.88 per 100,000 Hispanic/Latino population.

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

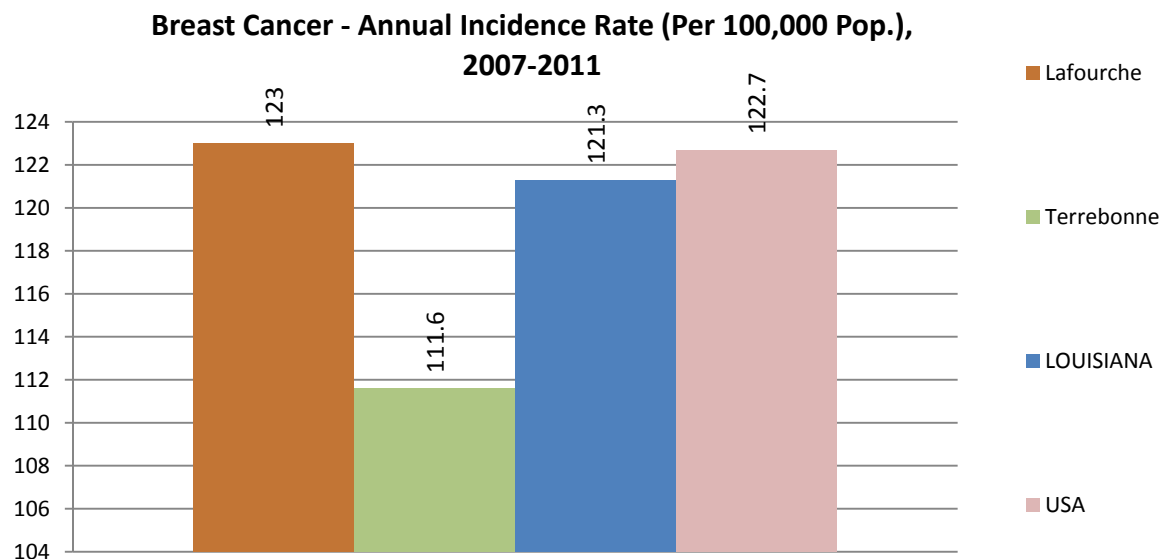


- HIV/AIDS rates remained steady for both Lafourche and Terrebonne Parishes; showing slight rises or declines between 2008 and 2010.



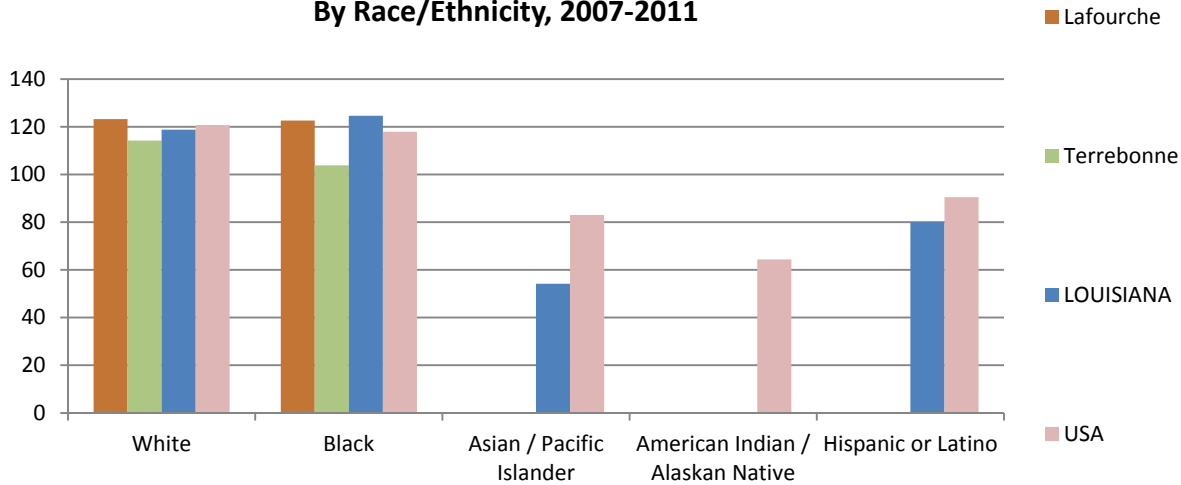
Breast Cancer

- Lafourche Parish reports the highest incidence rate of breast cancer for the study area at 123 per 100,000 population; this is similar to 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; both of the study area parishes, along with the state, report rates more than double this goal.



- The White population of Lafourche Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (123.2 per 100,000 pop.). Followed closely by its Black population (122.6 per 100,000 pop.).

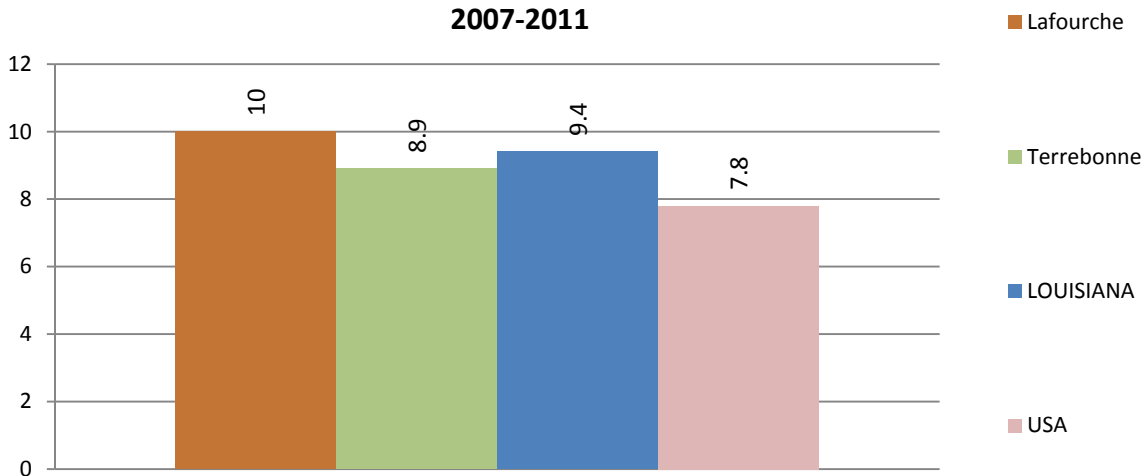
**Breast Cancer - Annual Incidence Rate (Per 100,000 pop.) -
 By Race/Ethnicity, 2007-2011**



Cervical Cancer

- Lafourche Parish reports the highest incidence rate of cervical cancer for the study area at 10 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; both of the study area parishes, Louisiana, and the nation report rates higher than this goal.

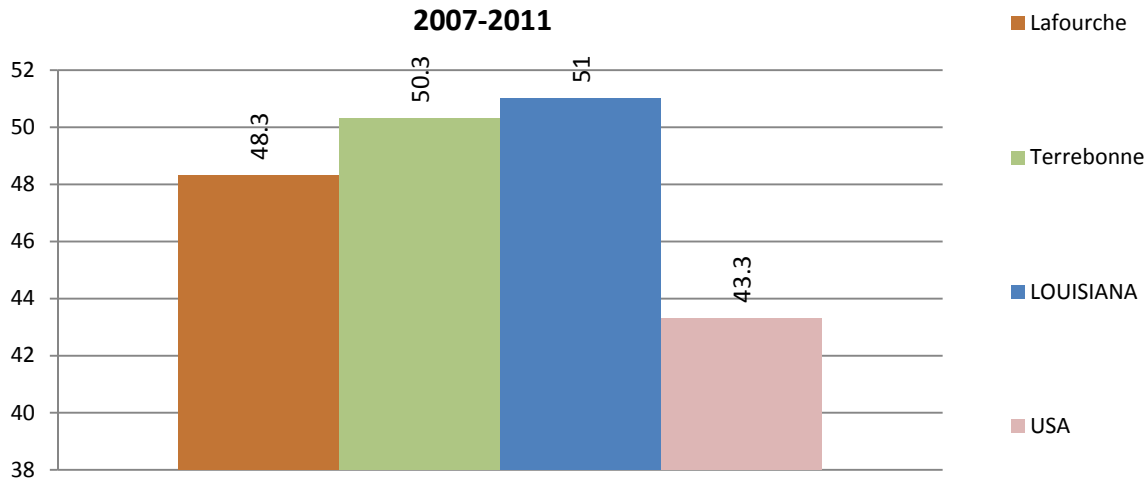
**Cervical Cancer - Annual Incidence Rate (Per 100,000 Pop.)
 2007-2011**



Colon and Rectum Cancer

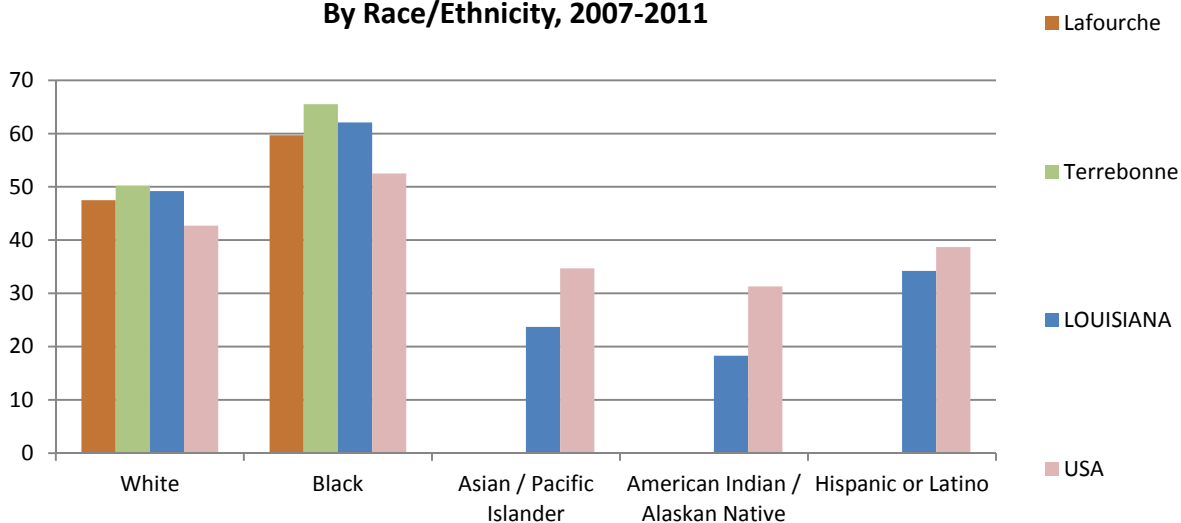
- Terrebonne Parish reports the highest incidence rate of colon and rectum cancer for the Ochsner St. Anne study area at 50.3 per 100,000 population; this is higher than the national rate of 43.3 per 100,000 pop.
- The Healthy People 2020 goal is for colon and rectum cancer incidence to be less than or equal to 38.7 per 100,000 population; both of the study area parishes, Louisiana, and the nation report rates higher than this goal.

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



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

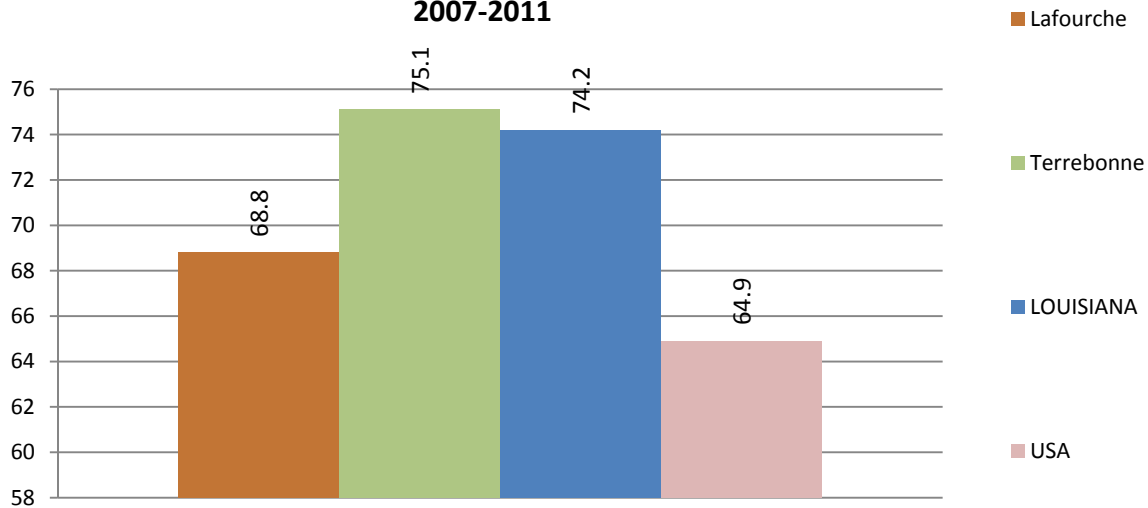
Colon and Rectum Cancer - Annual Incidence Rate (Per 100,000 pop.) - By Race/Ethnicity, 2007-2011



Lung Cancer

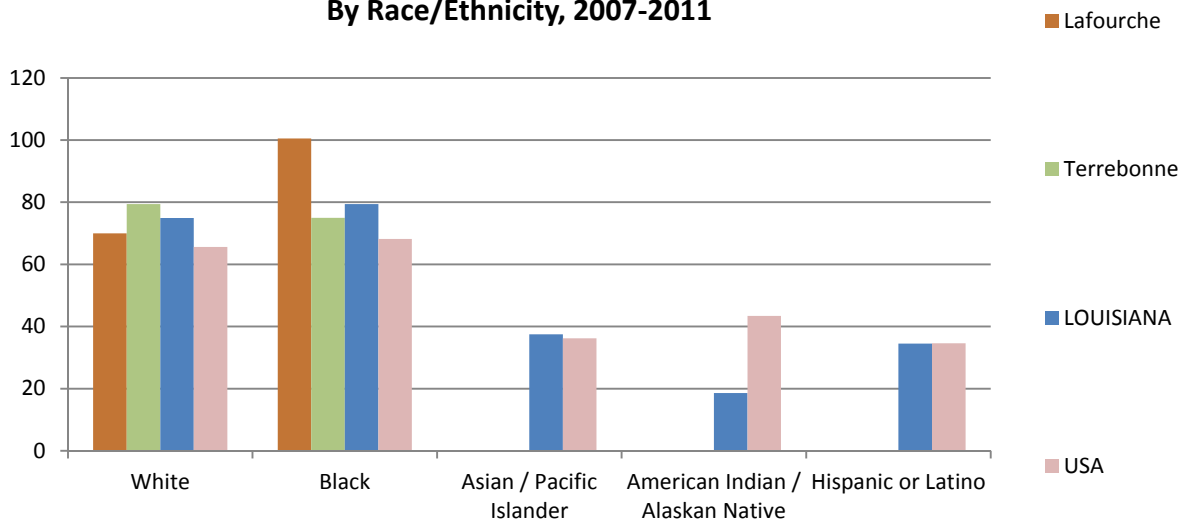
- Terrebonne Parish reports the highest incidence rate of lung cancer for the Ochsner St. Anne study area at 75.1 per 100,000 population followed by Lafourche Parish at 68.8; these values are higher than the national rate of 64.9 per 100,000 pop.

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



- The African-American/Black population in Lafourche Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (100.5 per 100,000 pop.).

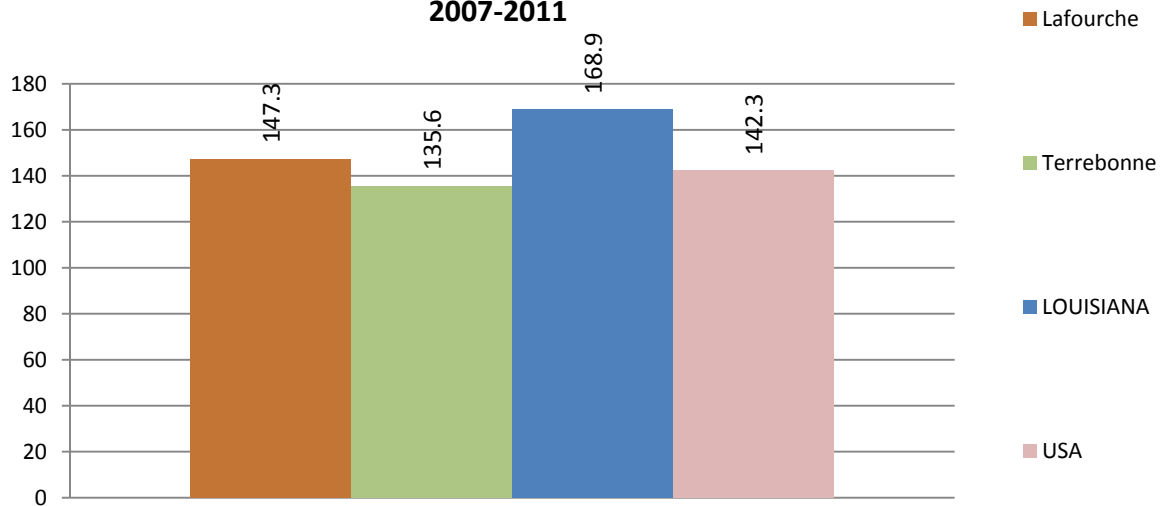
**Lung Cancer - Annual Incidence Rate (Per 100,000 pop.) -
 By Race/Ethnicity, 2007-2011**



Prostate Cancer

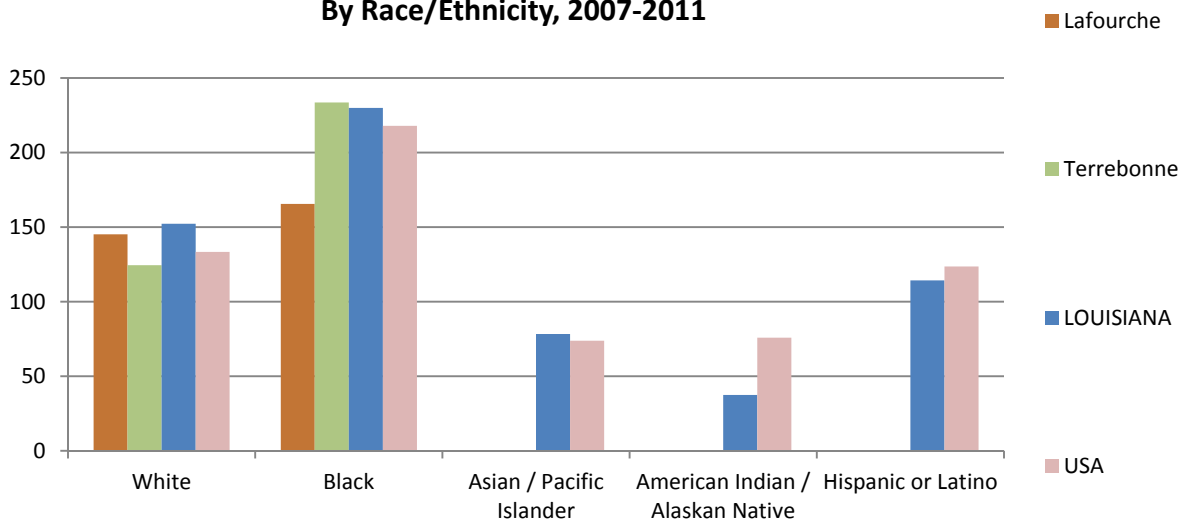
- Both parishes in the study area report similar incidence rates of prostate cancer per 100,000 population for the Ochsner St. Anne study area (Lafourche = 147.3; Terrebonne = 135.6); these values are close to the national rate of 142.3 per 100,000 pop.

**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 study area, the states, and nationally.

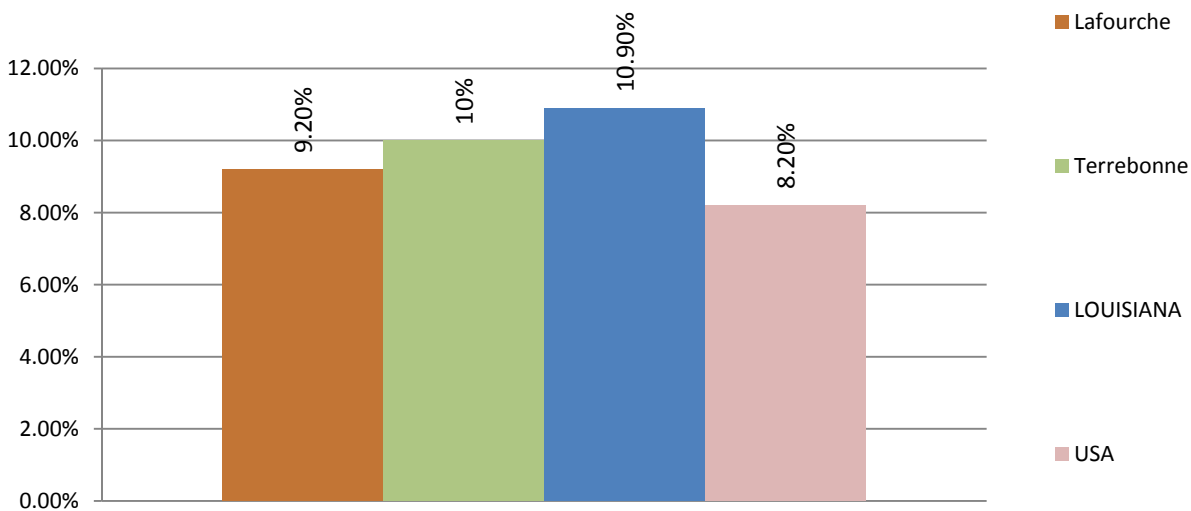
**Prostate Cancer - Annual Incidence Rate (Per 100,000 pop.) -
 By Race/Ethnicity, 2007-2011**



Low Birth Weight

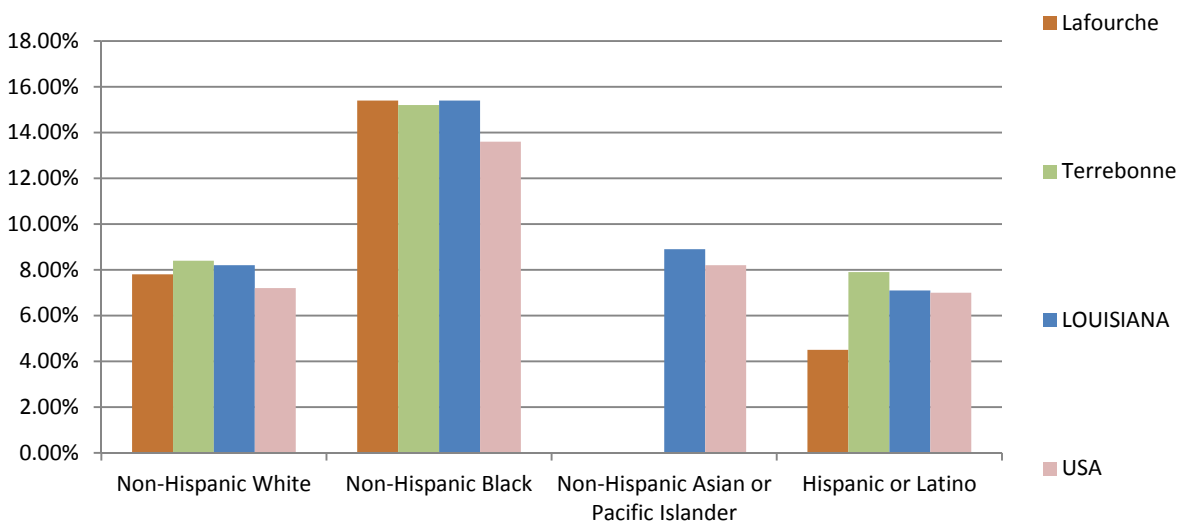
- Terrebonne Parish reports the highest rate of low-weight births for the study area at 10% followed closely by Lafourche Parish with 9.20%.
- Both parishes and Louisiana report higher rates of low-weight births than the national rate of 8.2%.
- The Healthy People 2020 goal is for low – weight births to be less than or equal to 7.8%; both parishes and state report rates higher than this goal.

Low Birth Weight, Percent of Total, 2006-2012



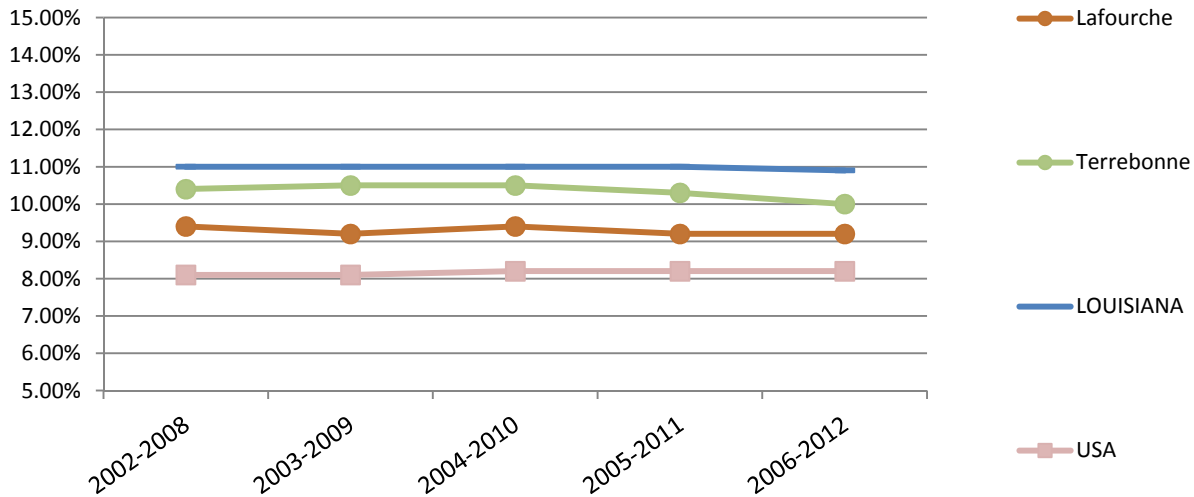
- The Non-Hispanic African-American/Black population sees higher rates of low-weight births as compared with other racial groups for the Ochsner St. Anne study area, the state, and nationally.

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



- Terrebonne Parish reports the highest rate of low-weight births for the study area in 2006-2012 (10%), but this rate has been steadily declining since 2002-2008.

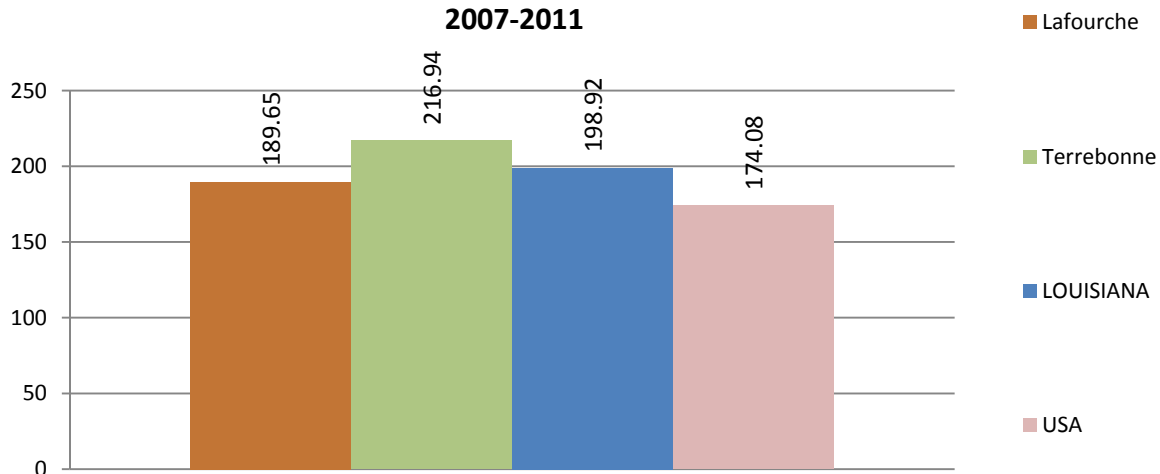
Low Birth Weight, Percent of Total - By Year



Mortality - Cancer

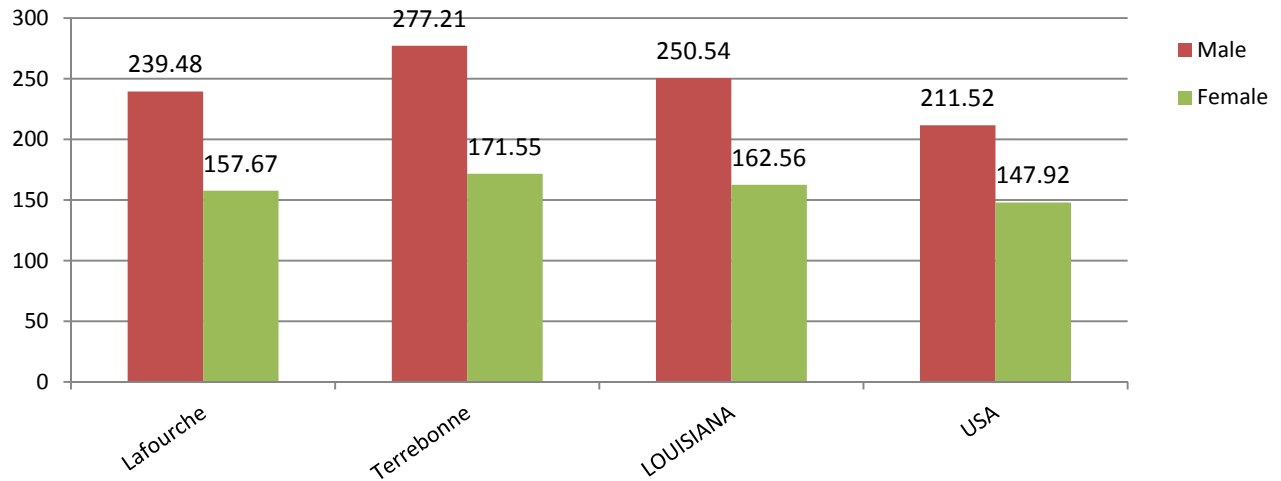
- Terrebonne Parish reports the highest rate of age-adjusted mortality due to cancer for the Ochsner St. Anne study area at 216.94 per 100,000 population.
- Both parishes in the study area report higher rates of mortality due to cancer than the national rate of 174.08 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to cancer to be less than or equal to 160.6 per 100,000 population; both of the study area parishes and state report rates higher than this goal.

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



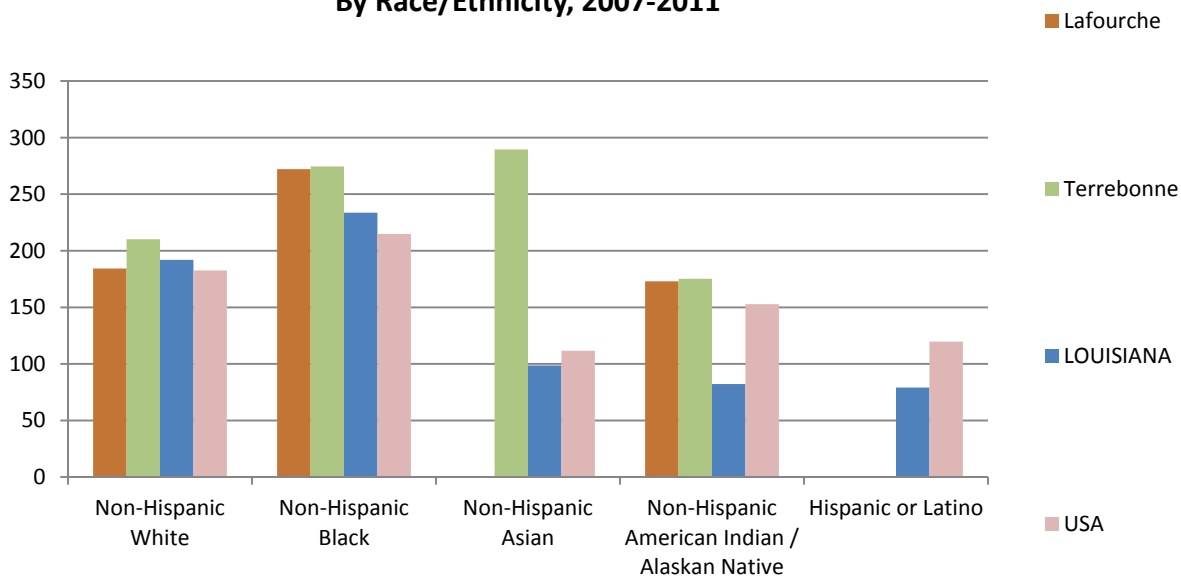
- Across the Ochsner St. Anne study area, both of the parishes, state, and nationally; men have higher mortality rates due to cancer than women.

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



- The Non-Hispanic Asian population of Terrebonne Parish reports the highest rate of mortality due to cancer for the study area with 289.51 per 100,000 population.

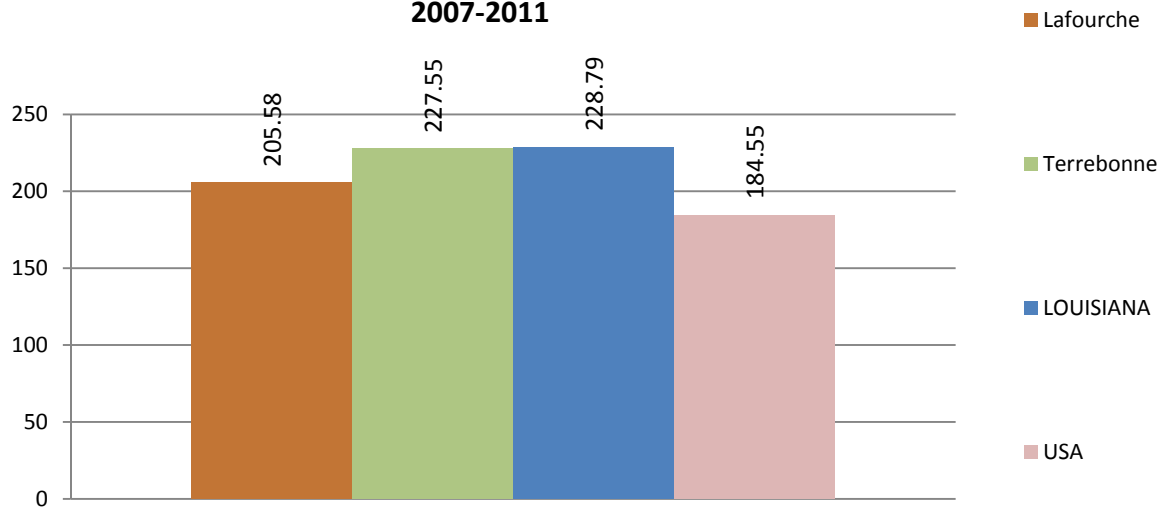
Mortality - Cancer - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Heart Disease

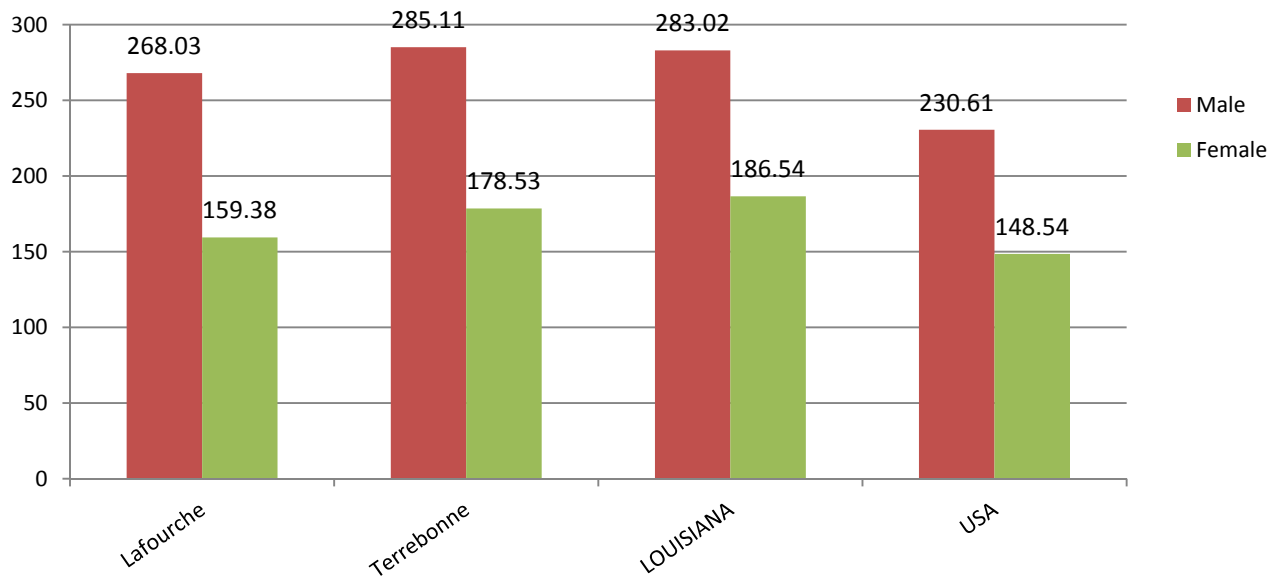
- Terrebonne Parish reports the highest rate of age-adjusted mortality due to heart disease for the Ochsner St. Anne study area at 227.55 per 100,000 population.

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



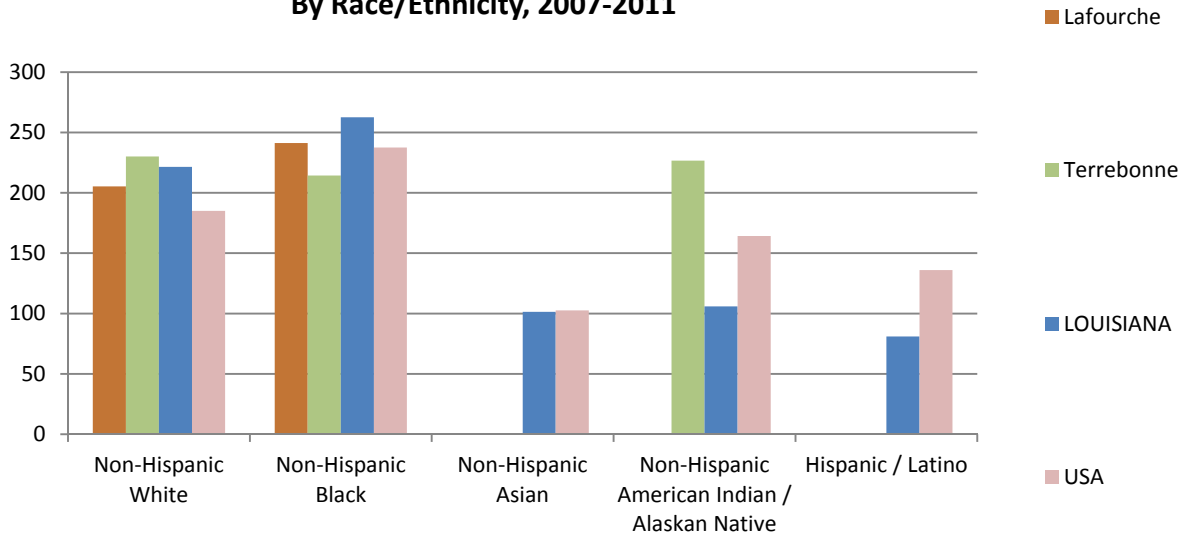
- On a national level and for all of the Ochsner St. Anne study area, men are more likely to die as a result of heart disease than women.

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



- The Non-Hispanic Black population of Lafourche Parish reports the highest rate of death due to heart disease across the study area at 241.25 per 100,000 population.

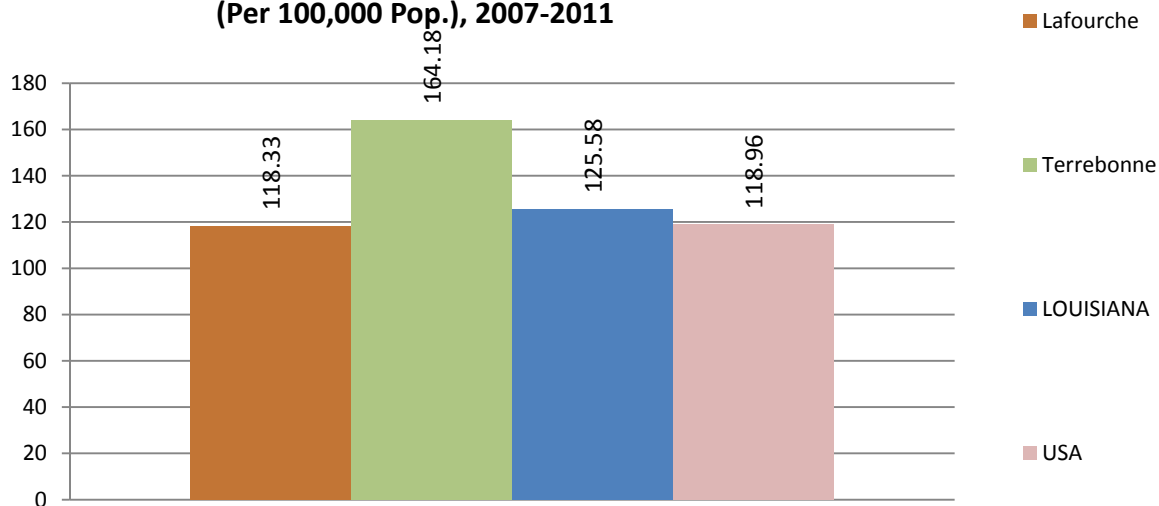
Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Ischemic Heart Disease

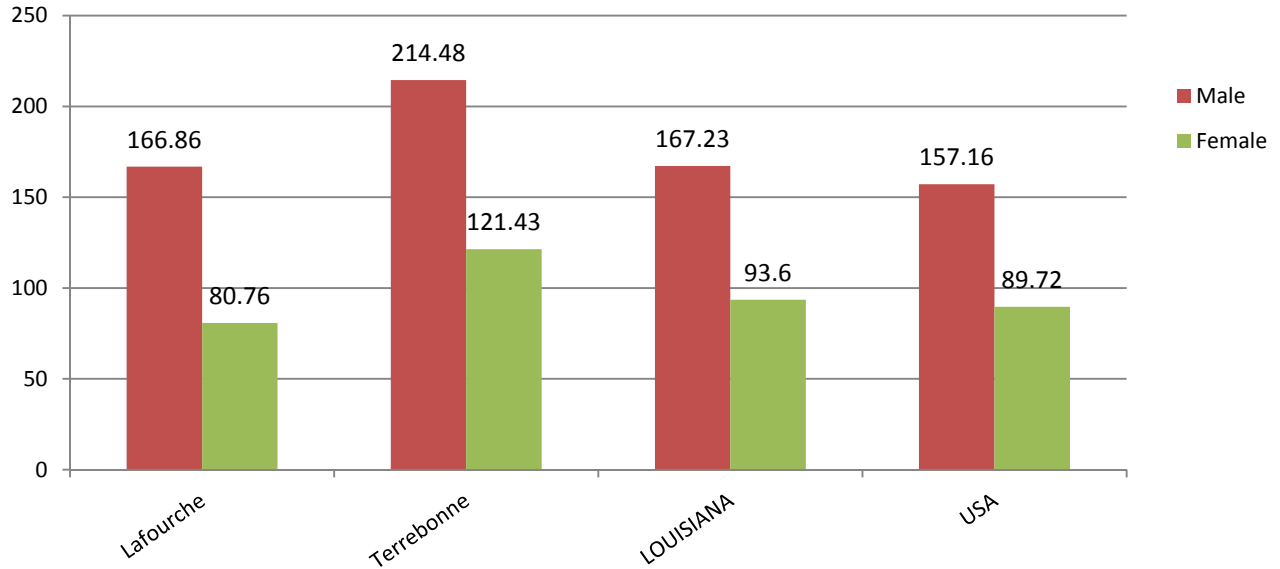
- Terrebonne Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the Ochsner St. Anne study area at 164.18 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to ischemic heart disease to be less than or equal to 103.4 per 100,000 population; both of the study area parishes and state report rates higher this HP2020 Goal.

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



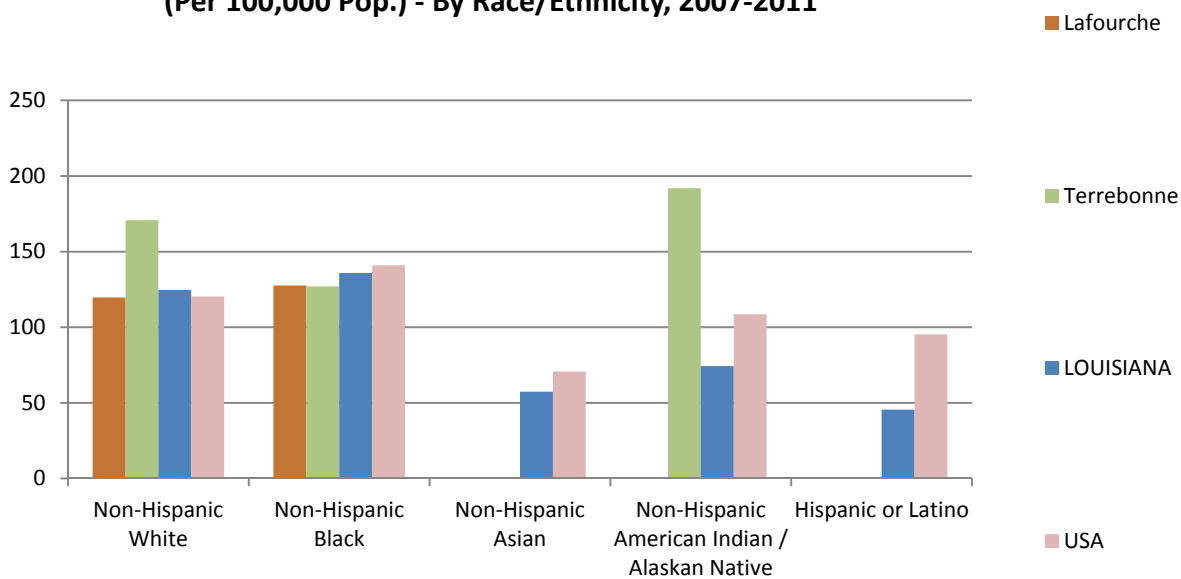
- On a national level and for all of the study area parishes/counties, men are more likely to die as a result of ischemic heart disease than women.

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



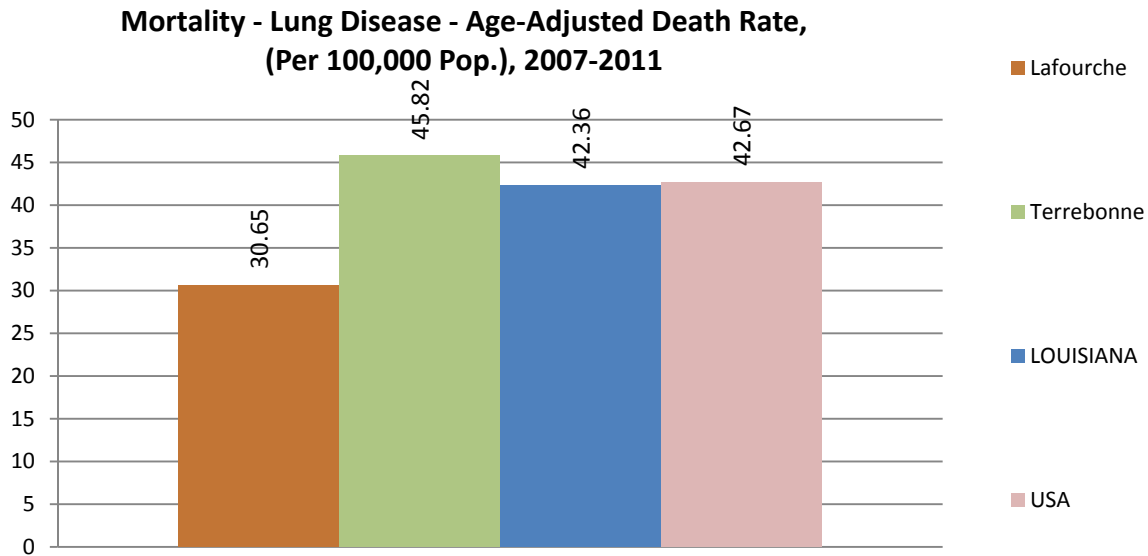
- Non-Hispanic White residents of Terrebonne Parish report the highest rate of death due to ischemic heart disease for the study area at 170.79 per 100,000 population.

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

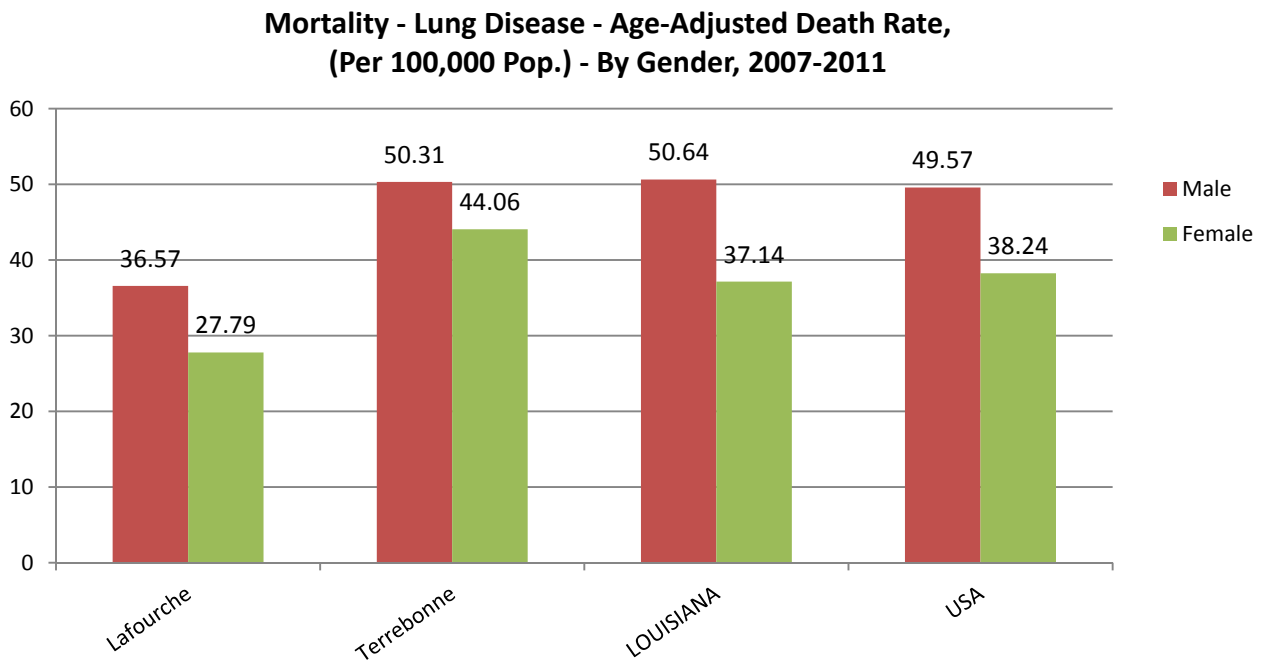


Mortality – Lung Disease

- Terrebonne Parish reports the highest rate of mortality due to lung disease for the study area at 45.82 per 100,000 population; this is higher than the national rate of 42.67.

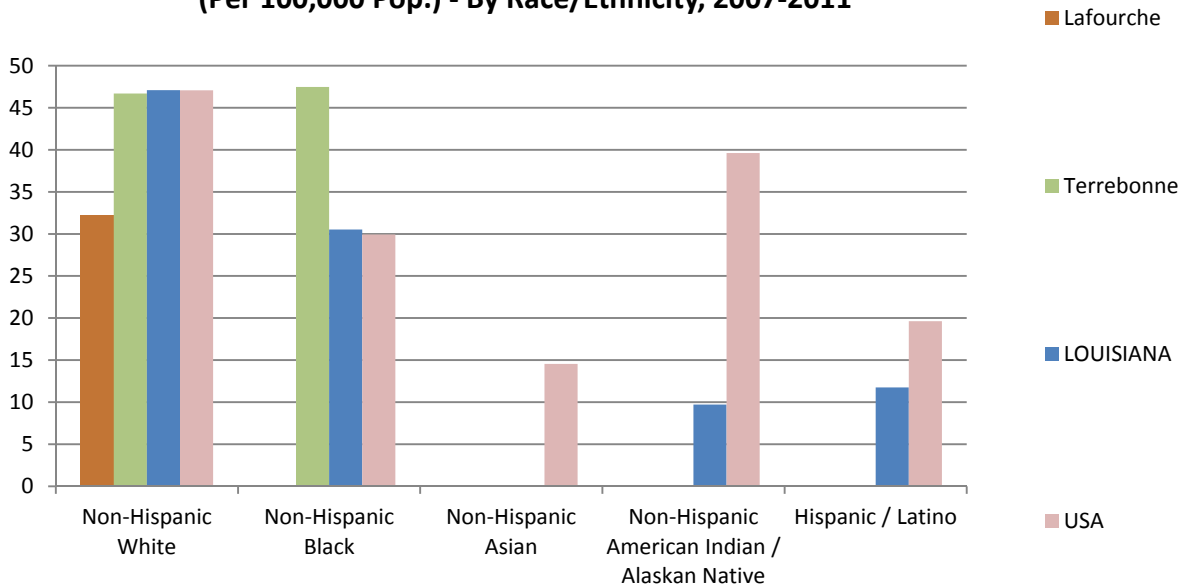


- On a national level and for all of the study area parishes, men are more likely to die as a result of lung disease than women.



- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of death as a result of lung disease for the Ochsner St. Anne study area at 47.48 per 100,000 population.

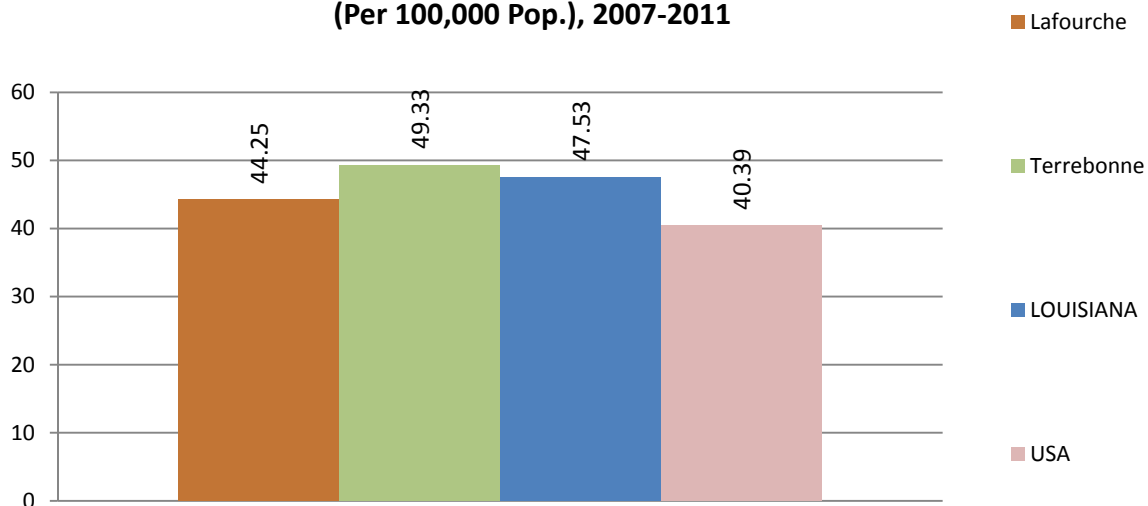
**Mortality - Lung Disease - Age-Adjusted Death Rate,
(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Stroke

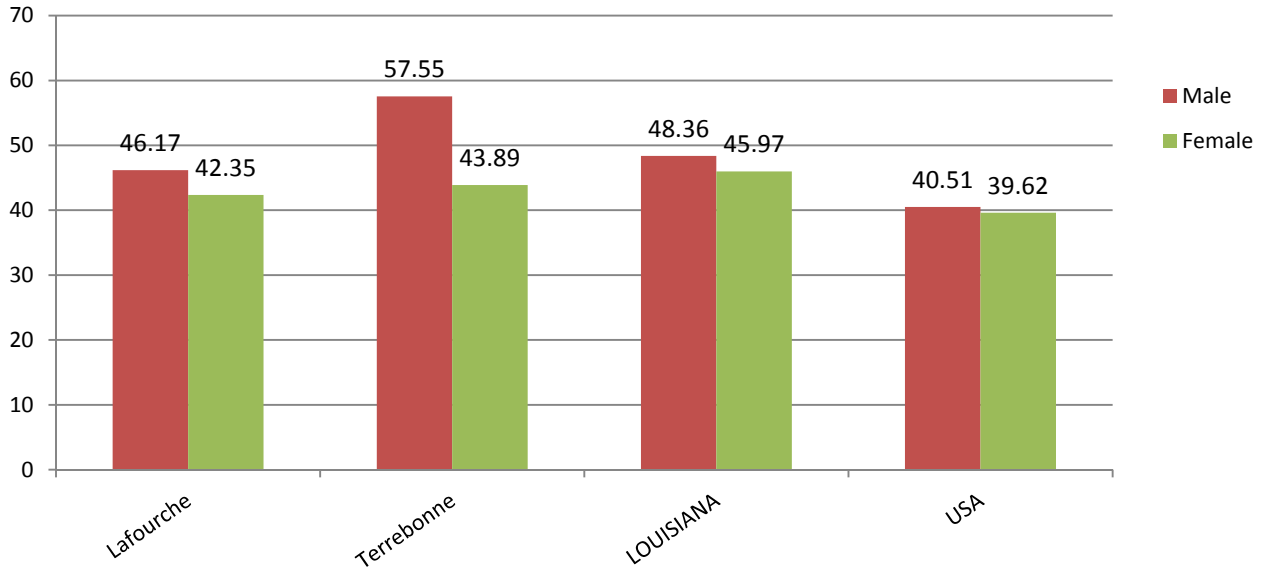
- Terrebonne Parish reports the highest rate of age-adjusted mortality due to stroke for the study area at 49.33 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to stroke to be less than or equal to 33.8 per 100,000 population; both of the study area parishes and state report rates higher this HP2020 Goal.

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



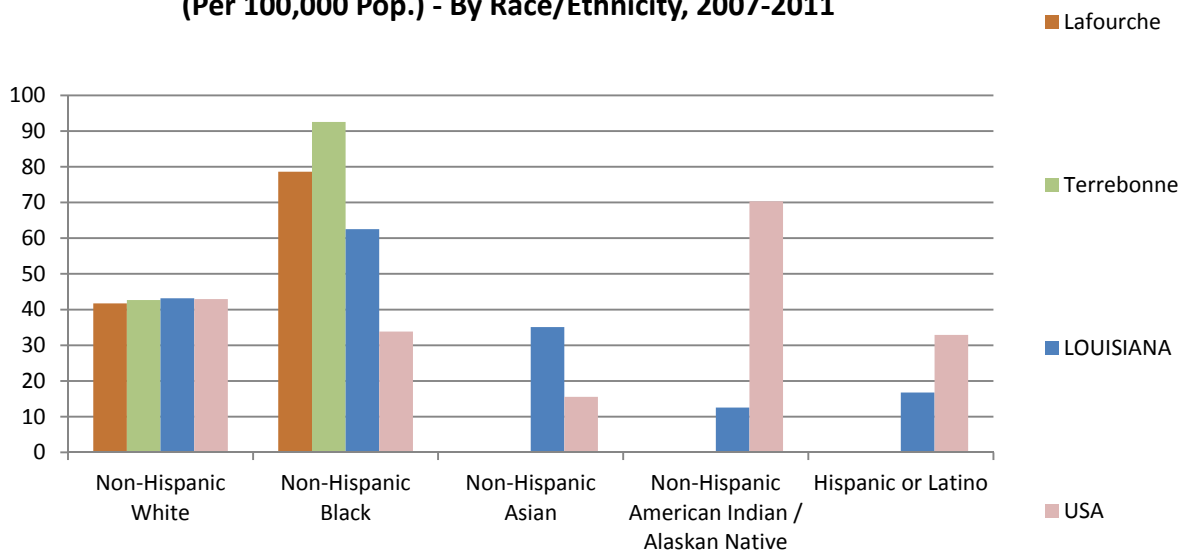
- On a national level, men are more likely to die as a result of stroke than women (40.51 per 100,000 pop. vs. 39.62); the same is true for the Ochsner St. Anne study area.

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



- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of death as a result of stroke for the study area at 92.56 per 100,000 population.

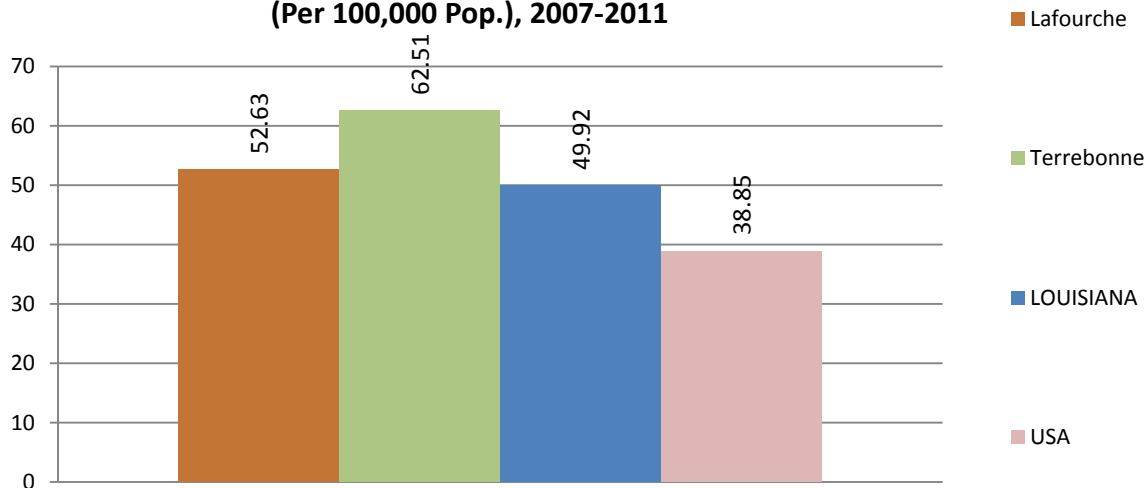
**Mortality - Stroke - Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Mortality – Unintentional Injury

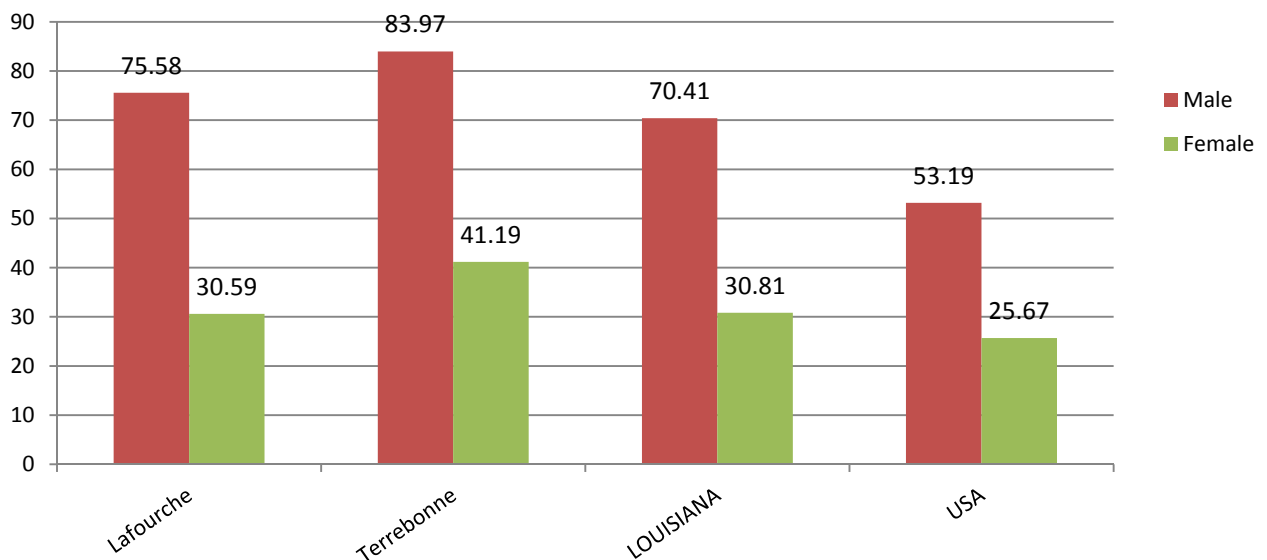
- Terrebonne Parish reports the highest rate of age-adjusted mortality due to unintentional injury for the Ochsner St. Anne study area at 62.51 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to unintentional injury to be less than or equal to 36.0 per 100,000 population; both parishes in the study area and the state report rates higher than this goal.

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



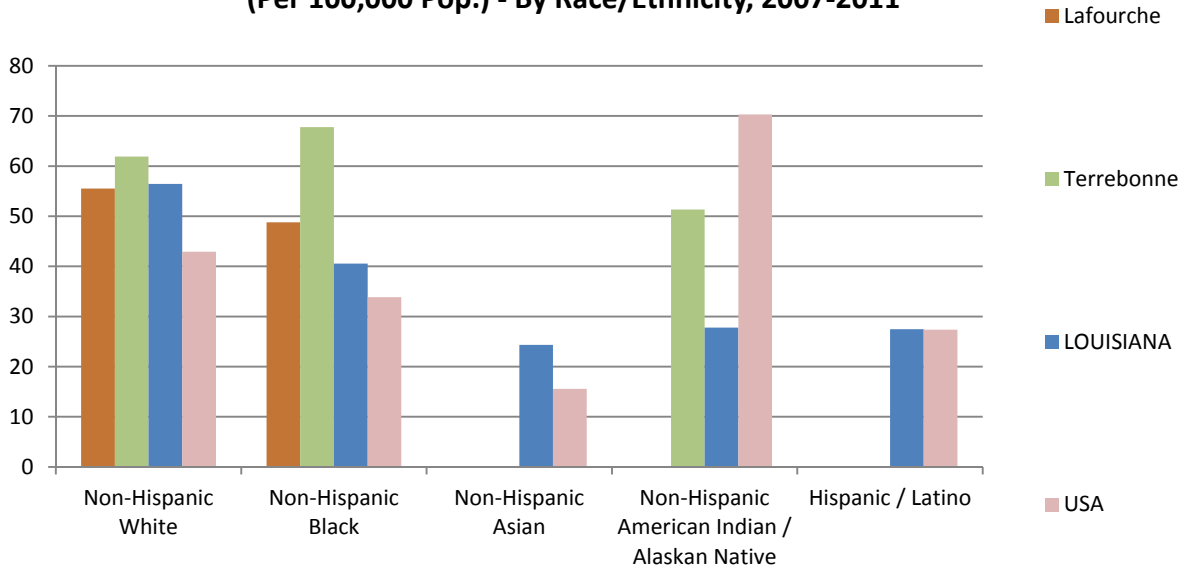
- On a national level and across all of the study area parishes, men are more likely to die as a result of unintentional injury than women.

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



- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of mortality due to unintentional injury for the Ochsner St. Anne study area at 67.78 per 100,000 population.

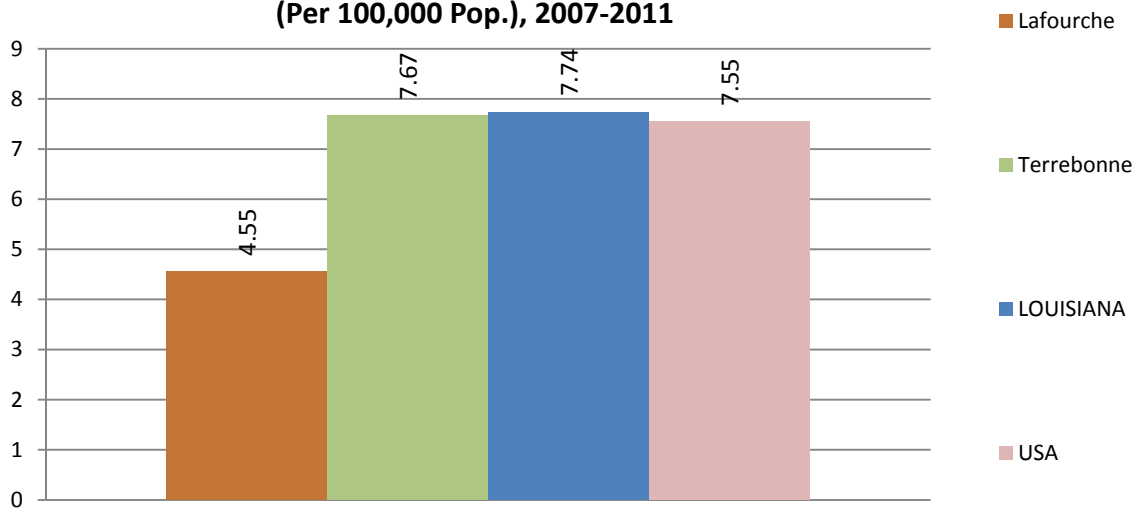
Mortality - Unintentional Injury - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



Mortality – Motor Vehicle Accident

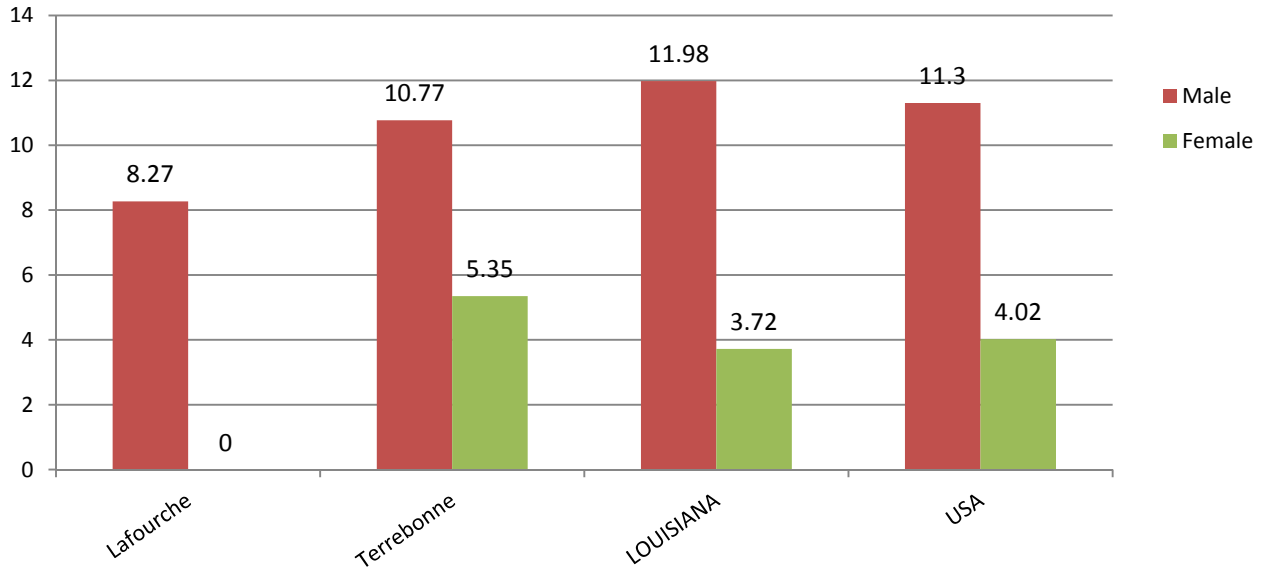
- Terrebonne Parish reports the highest rate of deaths due to motor vehicle accidents for the study area at 7.67 per 100,000 population; this is slightly higher than the national rate of 7.55 per 100,000 population.

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



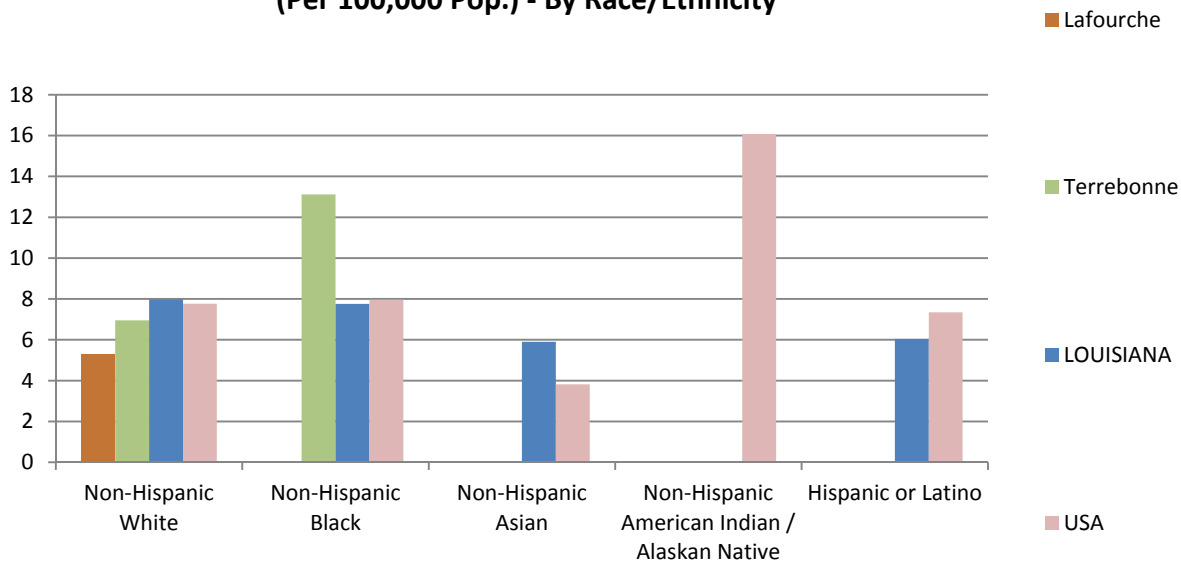
- Men are more likely to die as a result of a motor vehicle accident than women.

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



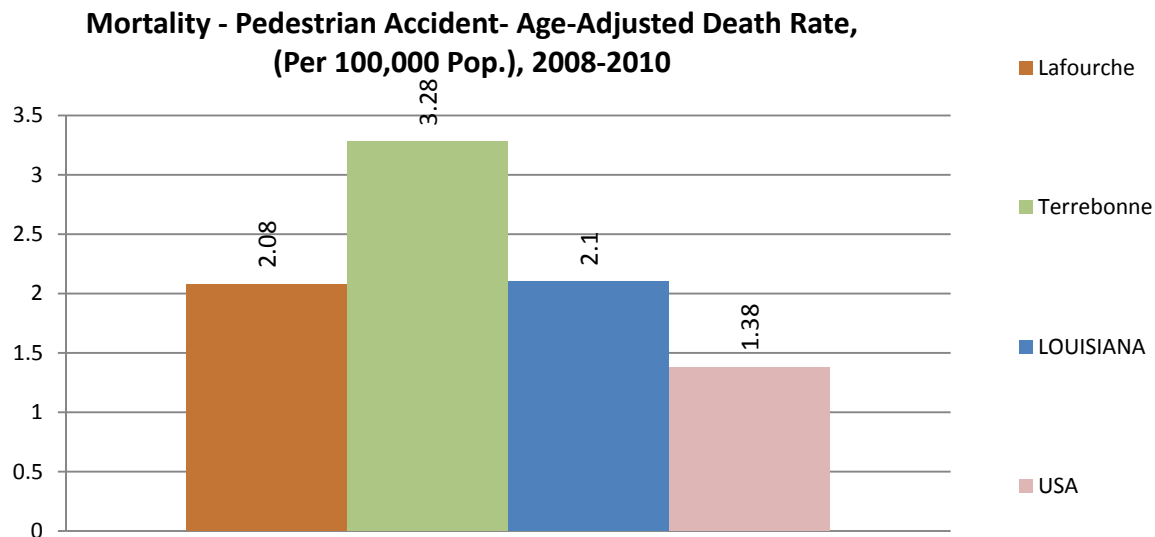
- The Non-Hispanic Black population of Terrebonne reports the highest rate of death due to motor vehicle accident at 13.12 per 100,000 population.

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



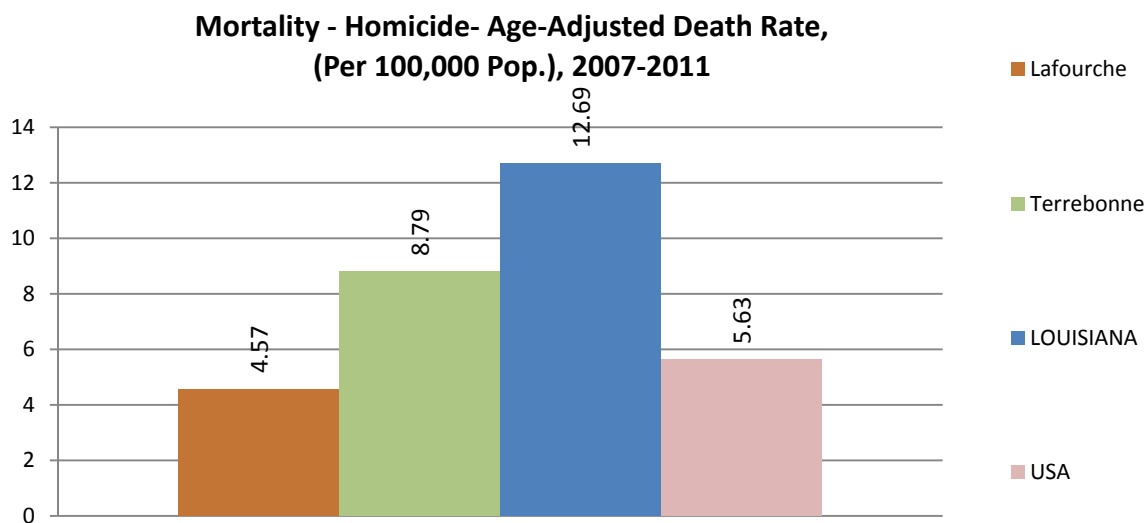
Mortality – Pedestrian Accident

- Terrebonne Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the study area at 3.28 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; both parishes and the state report rates higher than this HP2020 Goal.

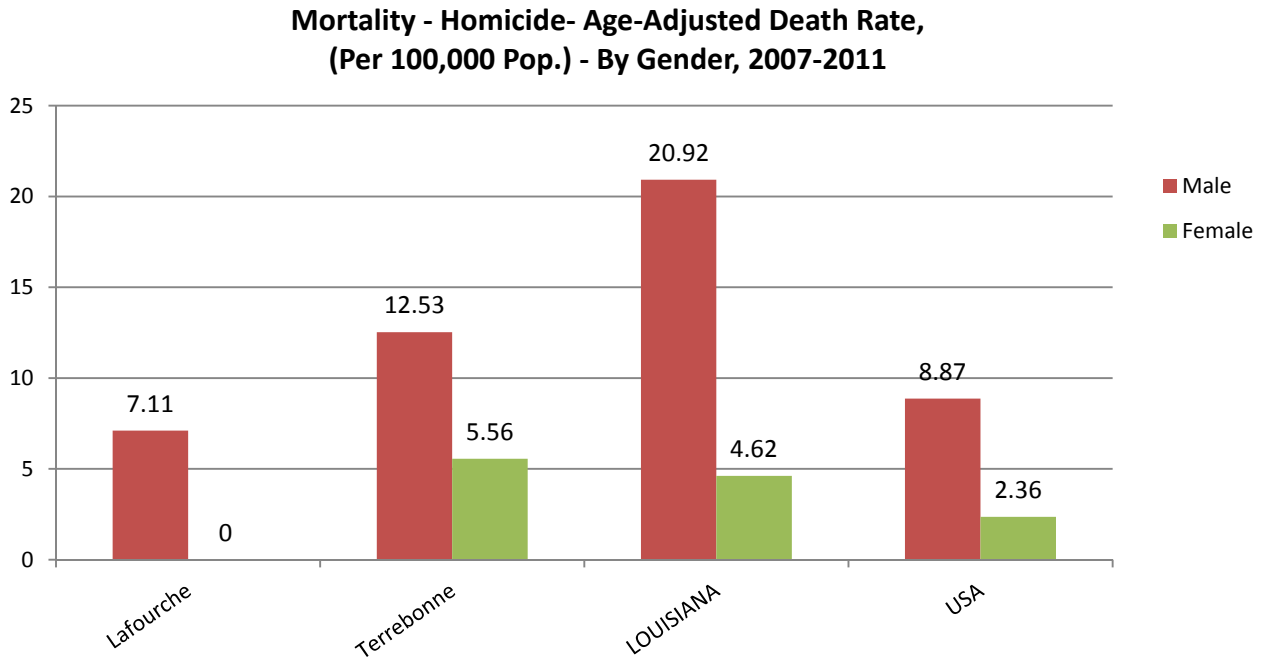


Mortality – Homicide

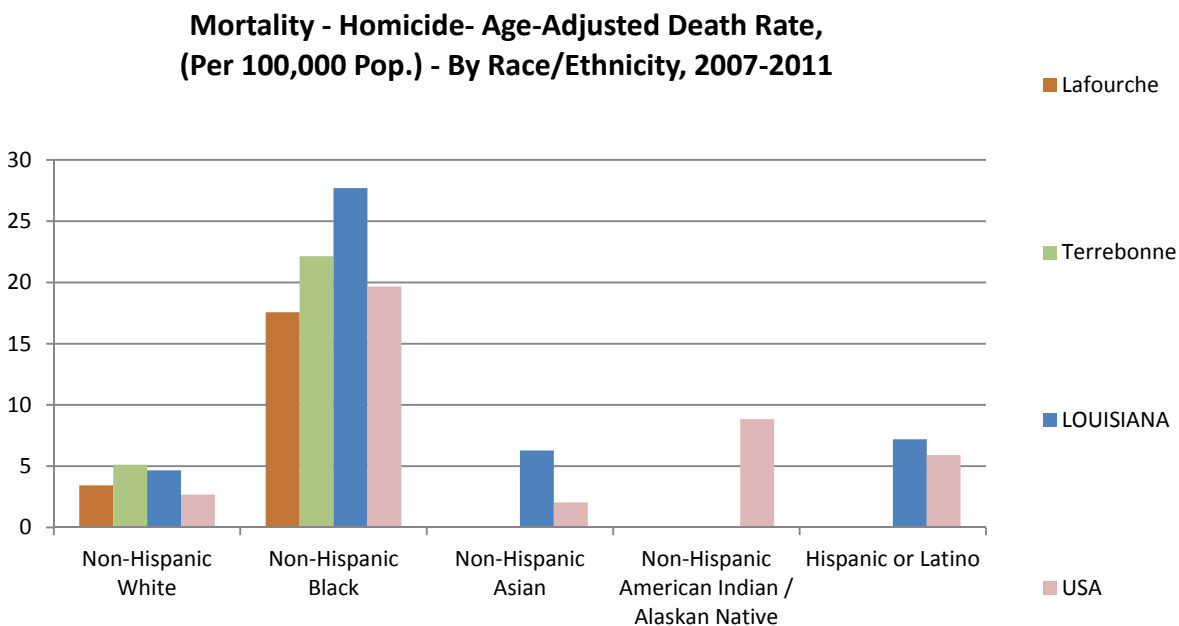
- Terrebonne Parish reports the highest rate of age-adjusted mortality due to homicide for the study area at 8.79 per 100,000 population; this rate is higher than the national rate (5.63) and Lafourche Parish.
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; Lafourche Parish reports a rate already lower than this HP2020 Goal.



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



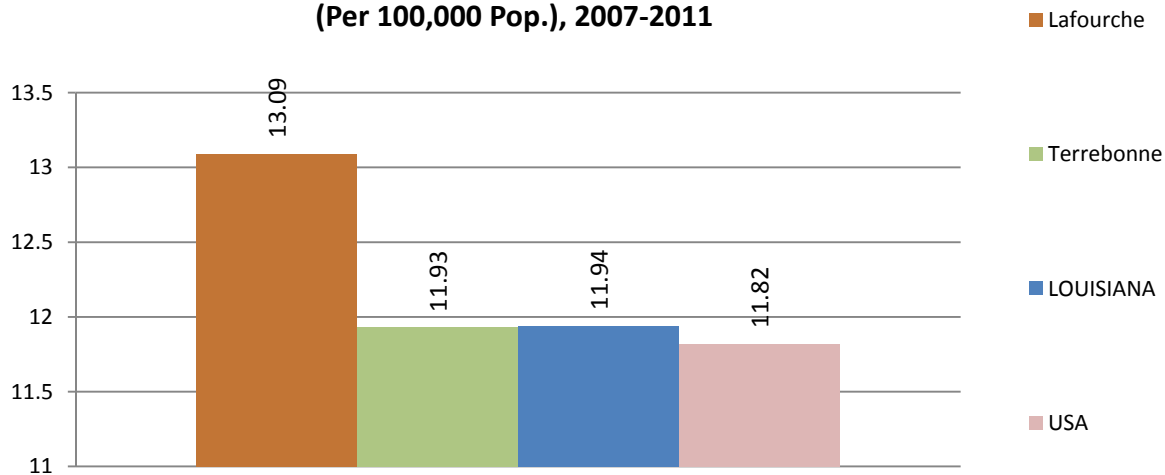
- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of death as a result of homicide across the Ochsner St. Anne study area at 22.14 per 100,000 population.



Mortality – Suicide

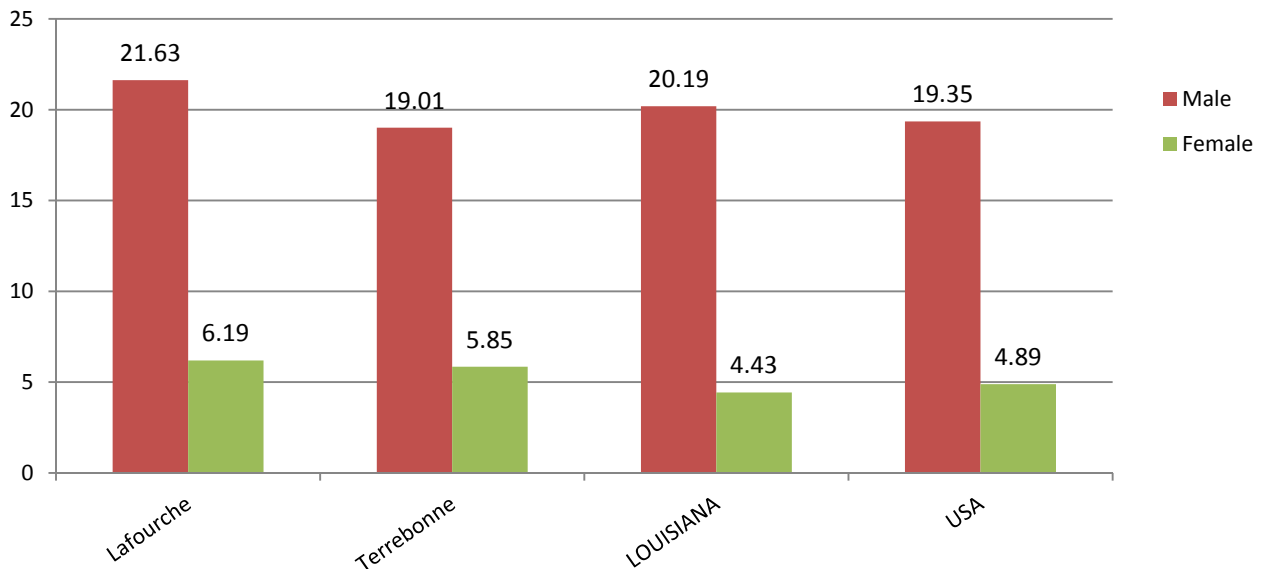
- Lafourche Parish reports the highest rate of age-adjusted mortality due to suicide for the Ochsner St. Anne study area at 13.09 per 100,000 population; this rate is higher than the national rate (11.82) and Lafourche Parish.
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; both parishes in the study area and Louisiana report rates higher than this HP2020 Goal.

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



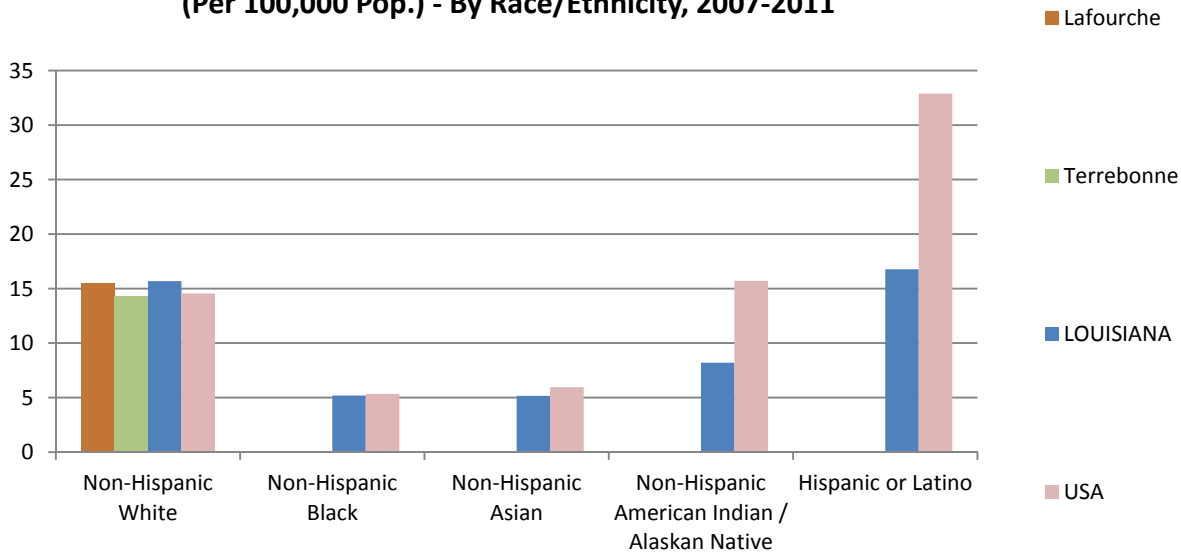
- Men are more likely than women to die as a result of a suicide.

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



- The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
- For the study area, the Non-Hispanic White population of Lafourche Parish reports the highest rate of suicide at 15.51 per 100,000 population.

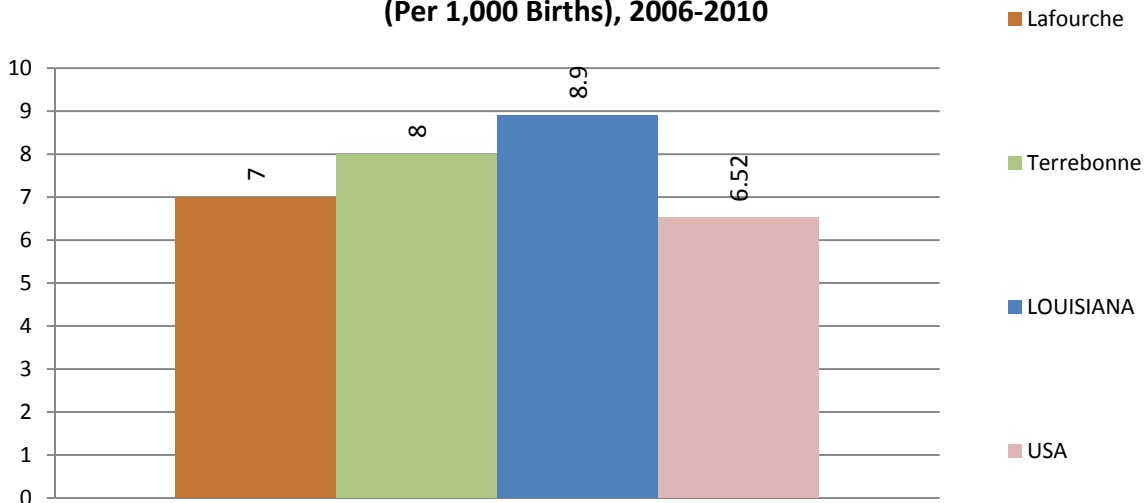
**Mortality - Suicide- Age-Adjusted Death Rate,
 (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011**



Infant Mortality Rate

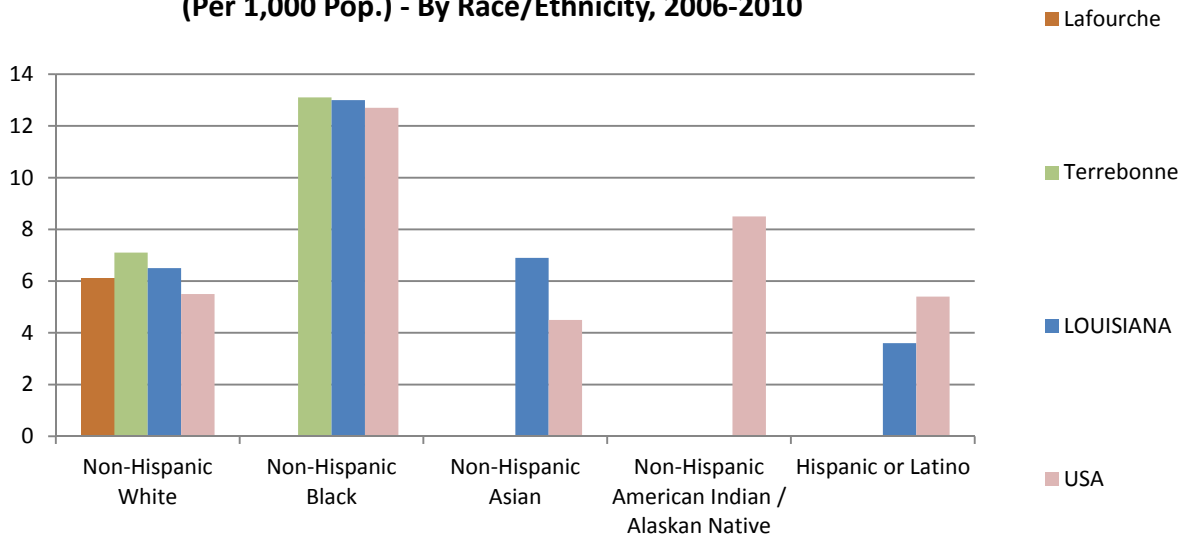
- Terrebonne Parishes reports the highest rate of infant mortality due for the Ochsner St. Anne study area at 8 per 1,000 births; this rate is higher than the national rate of 6.52 per 1,000 births. Lafourche follows closely with 7 per 1,000 births.
- The Healthy People 2020 goal is for infant mortality to be less than or equal to 6.0 per 1,000 births; both parishes report rates higher than this HP2020 Goal.

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



- The Non-Hispanic Black population of Terrebonne Parish reports the highest rate of infant mortality for the study area at 13.1 per 1,000 births.

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

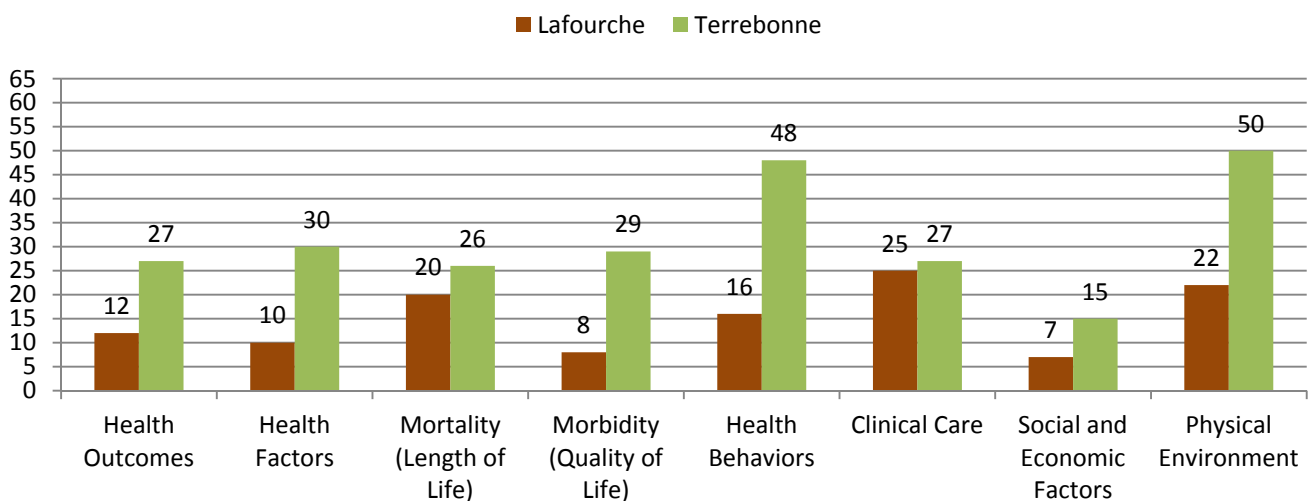


County Health Rankings

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

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. 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.



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

Key Findings from County Health Rankings:

- ✓ Terrebonne Parish reports higher County Health Rankings than Lafourche across all of the measures.
- ✓ Terrebonne Parish reports relatively unhealthy county health rankings for:
 - Physical Environment – Rank of 50 (15th worst parish in the state)
 - Health Behaviors - Rank of 48 out of worst possible 64
- ✓ Lafourche Parish ranks above average (average for the State of Louisiana being 32, the median between 1 and 64) for all of the County Health Ranking measures indicating generally healthier than a majority of the other parishes in the state.
 - It is important to note that both Lafourche and Terrebonne parishes report many “healthier” than average county health rankings for the state (better than the median).

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).

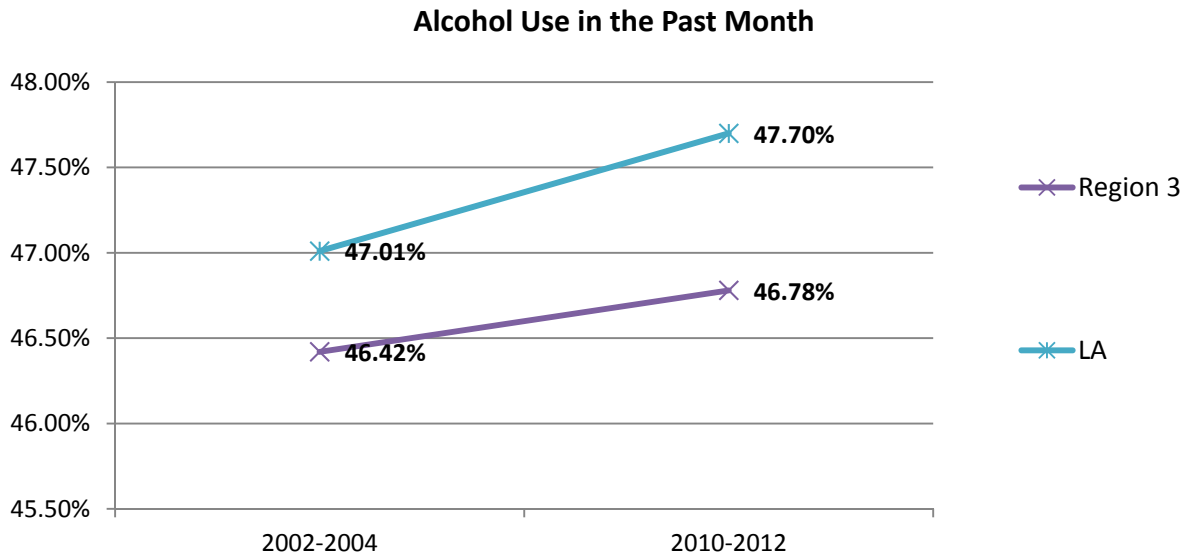
The Substate Regions for Louisiana are defined as such:

- 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.

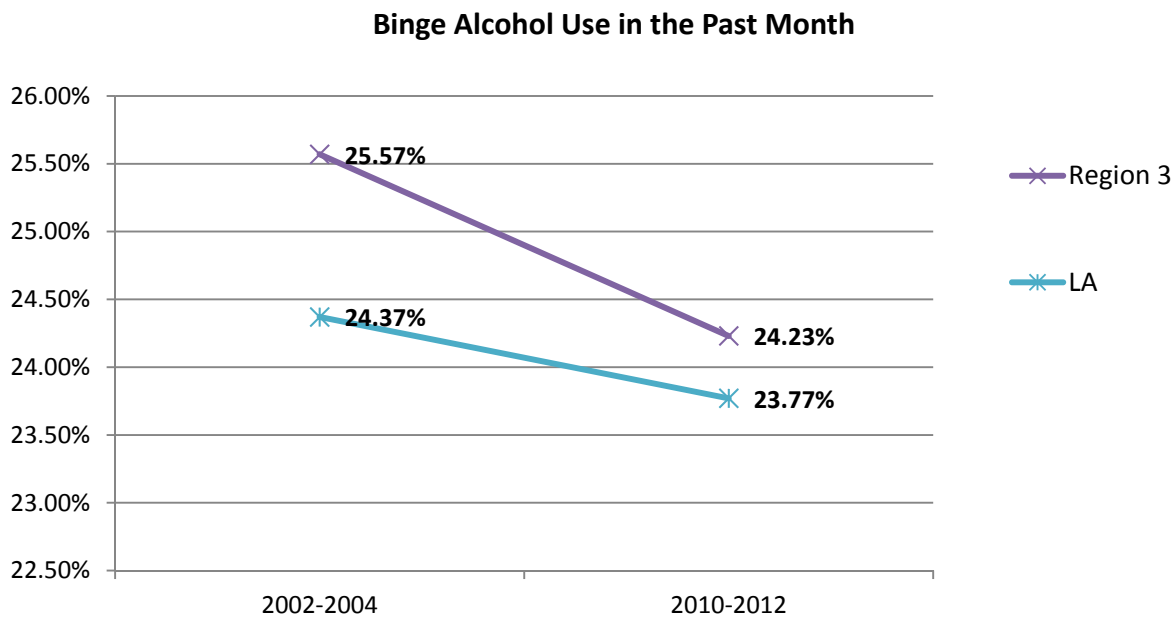
Alcohol Use in the Past Month

- Both Region 3 (which includes Lafourche and Terrebonne parishes) and the State of Louisiana have seen rises in the rates of alcohol use in the past month from the 2002-2004 study to the 2010-2012 study.



Binge Alcohol Use in the Past Month

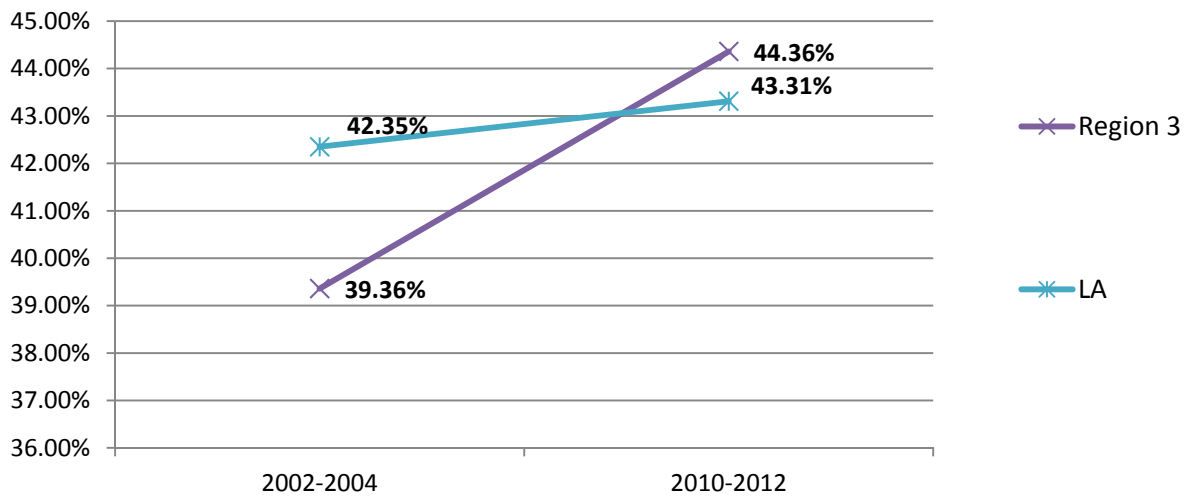
- Region 3 has seen a decline in binge alcohol use from 25.57% in 2002-2004 to 24.23% in 2010-2012.



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

- Both Region 3 (which includes Lafourche and Terrebonne parishes) and the State of Louisiana have seen rises in the rate of perception of great risk of drinking five or more alcoholic drinks once or twice a week from the 2002-2004 study to the 2010-2012 study.

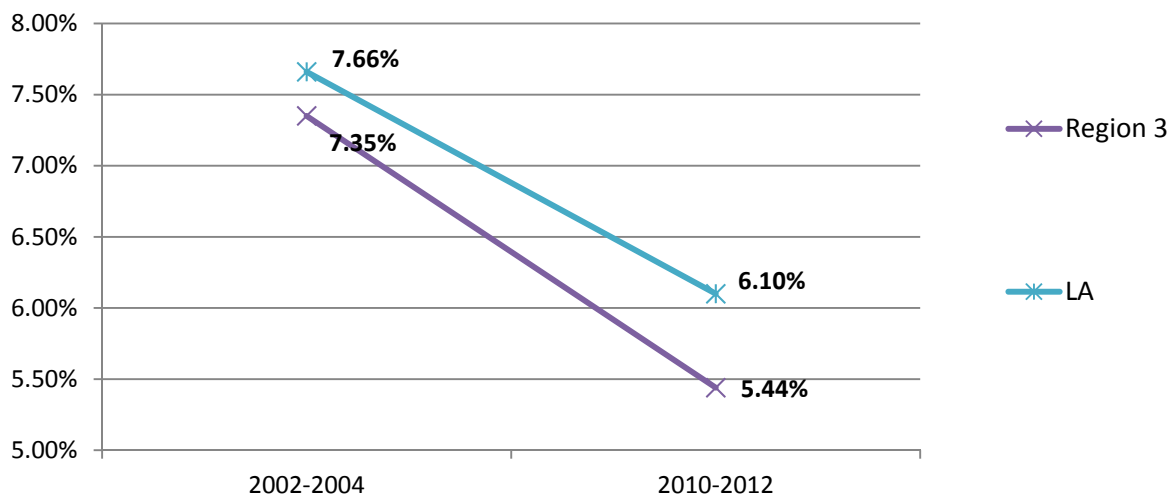
Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks



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

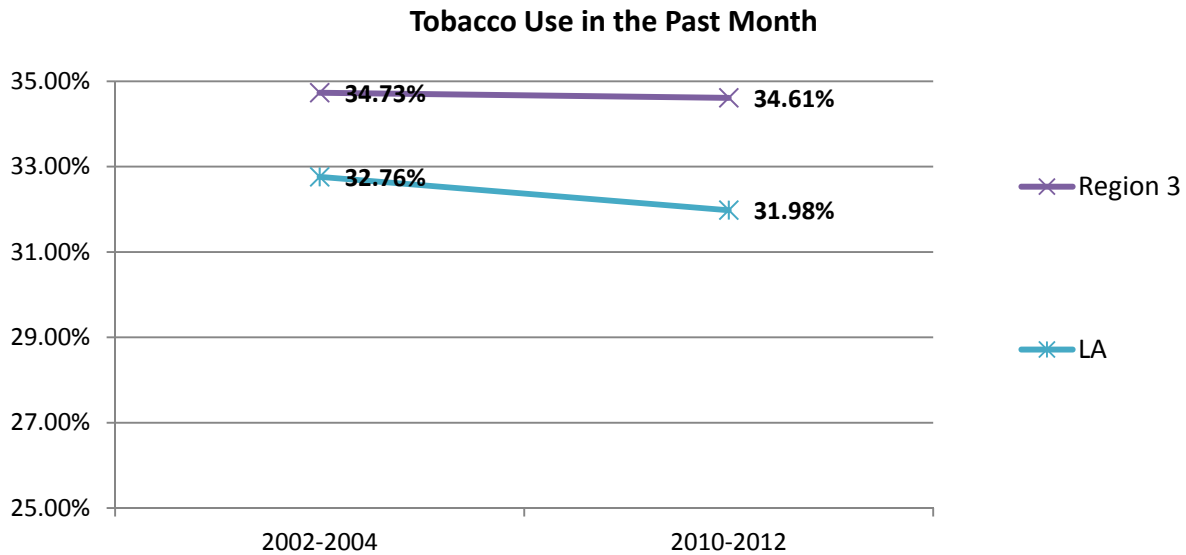
- Region 3 reports lower rates than the state and a declining rate of residents who report needing but not receiving treatment for alcohol use in the past year.

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



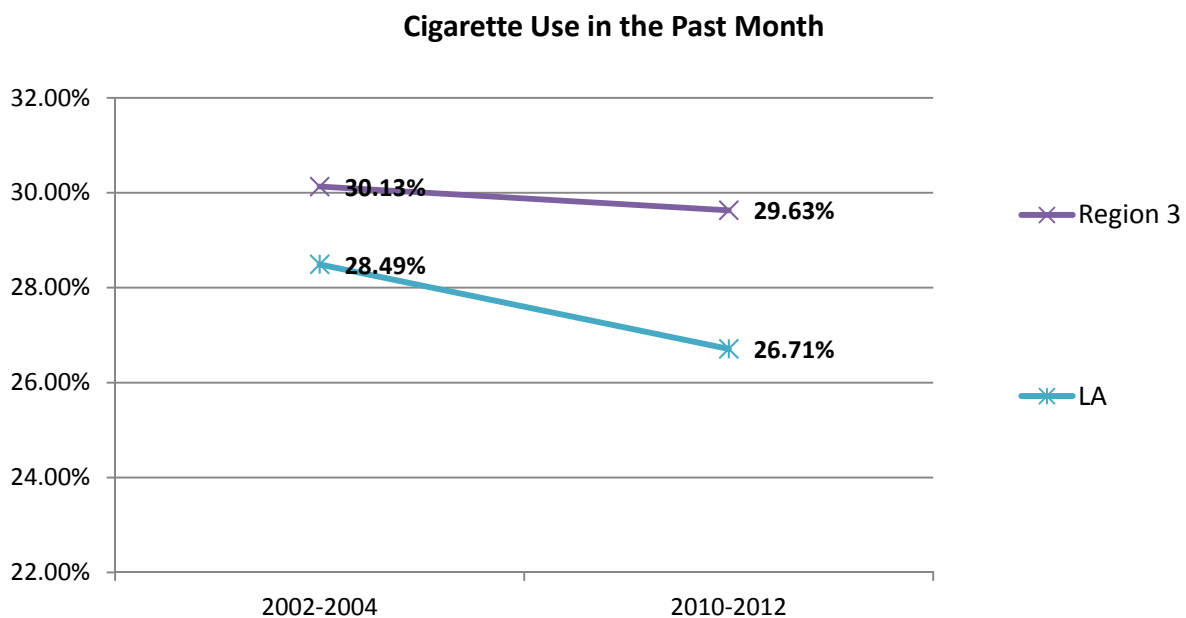
Tobacco Use in the Past Month

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



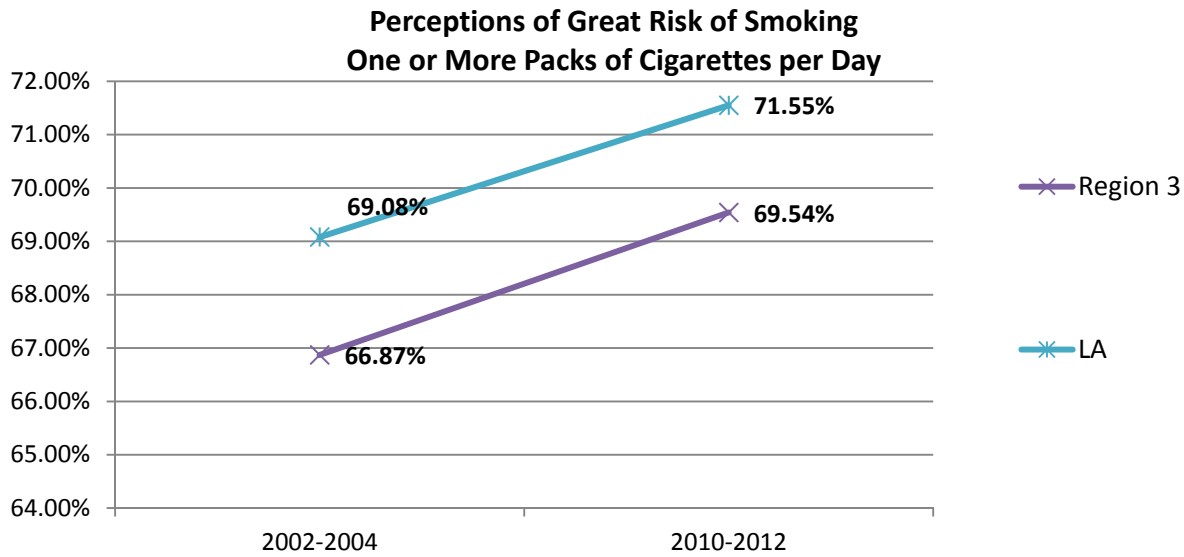
Cigarette Use in the Past Month

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



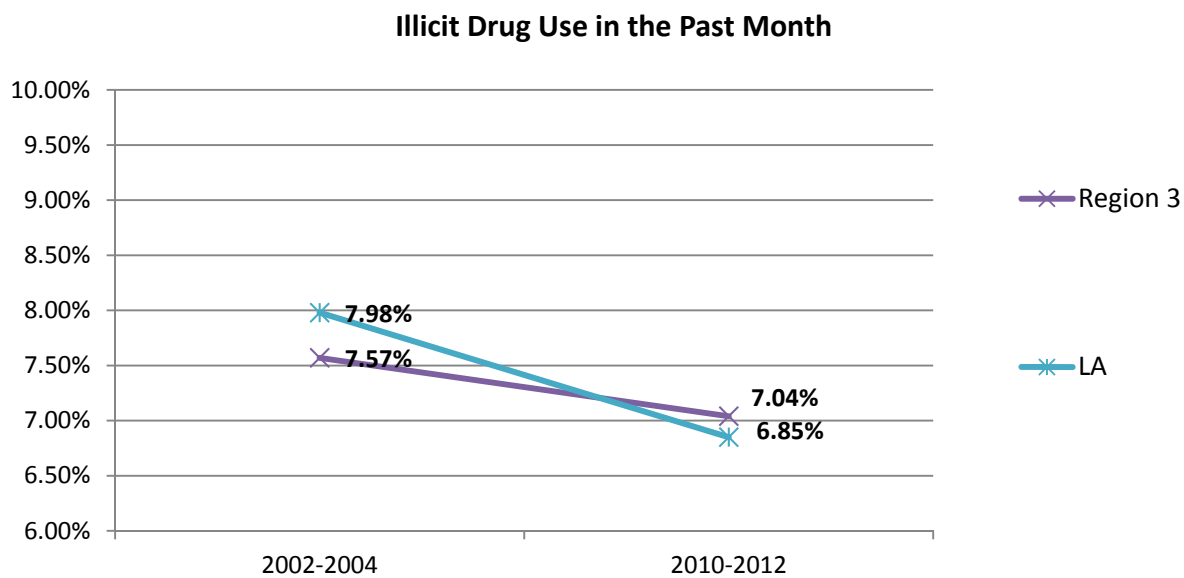
Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day

- Region 3 reports the lowest rate (correlating to the higher usage) of perceptions of great risk of smoking one or more packs of cigarettes per day;



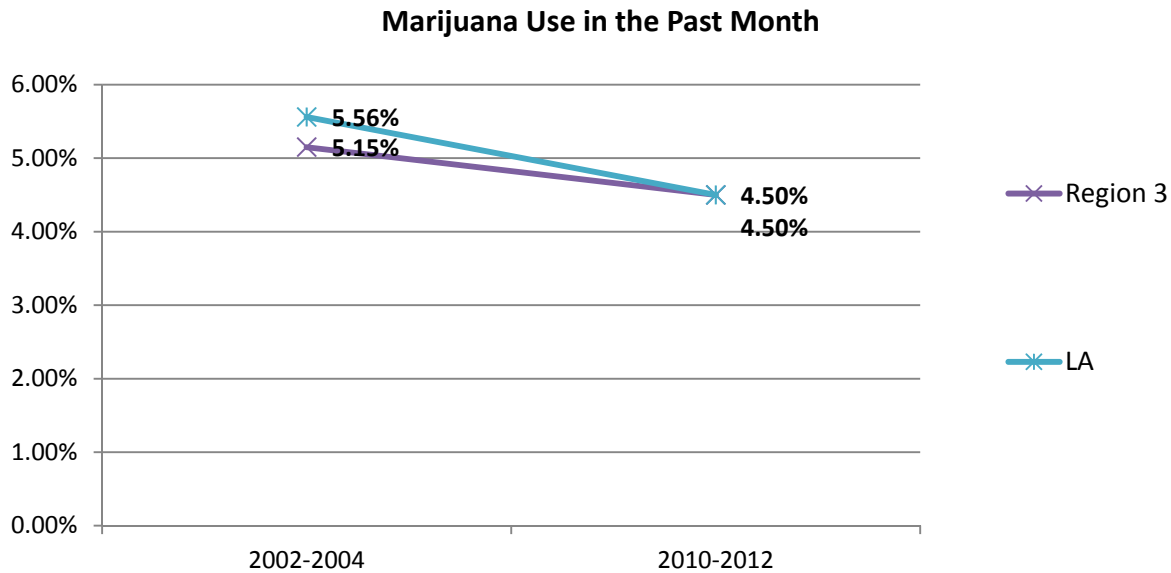
Illicit Drug Use in the Past Month

- Both Region 3 and the state have seen declines in the rates of illicit drug use; both going from around 8% to now around 7%.



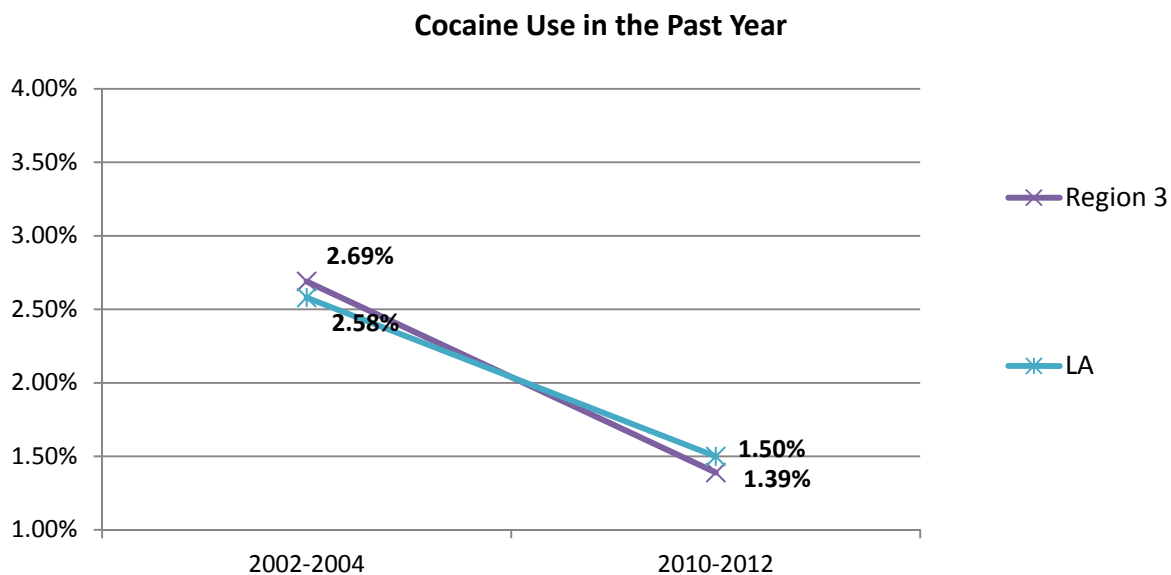
Marijuana Use in the Past Month

- In the most recent analysis, 2010-2012, both Region 3 and the state report 4.5% of the relevant population (age 12 and older), have used marijuana in the past month.



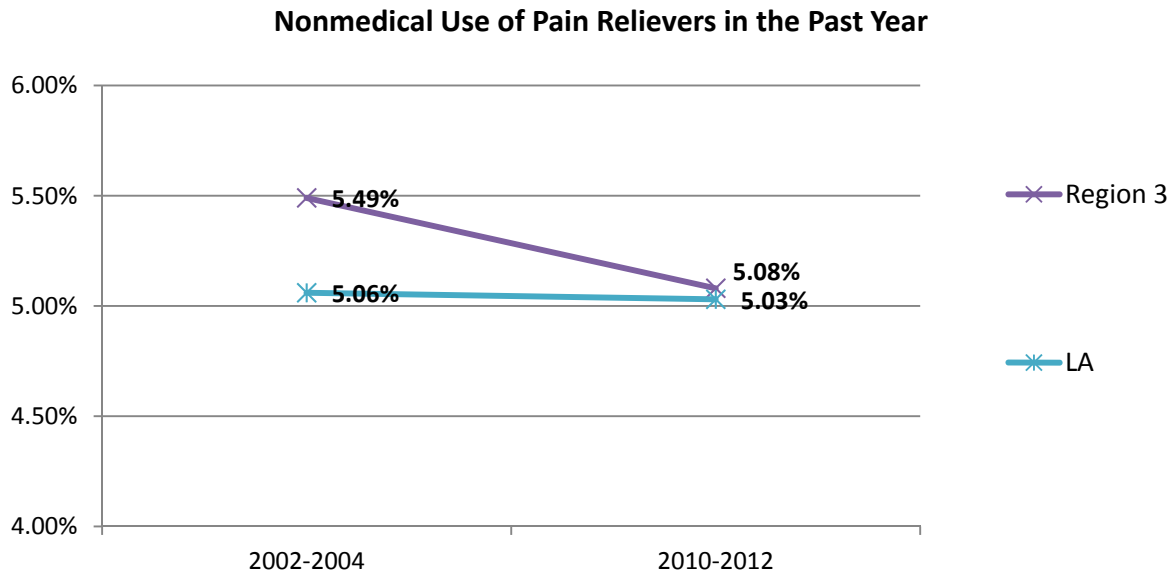
Cocaine Use in the Past Year

- In 2010-2012, Region 3 reported 1.39% of the relevant population having used cocaine in the past year. This is down from 2.69% in 2002-2004 and has fallen below the rate seen across the state (1.5%).



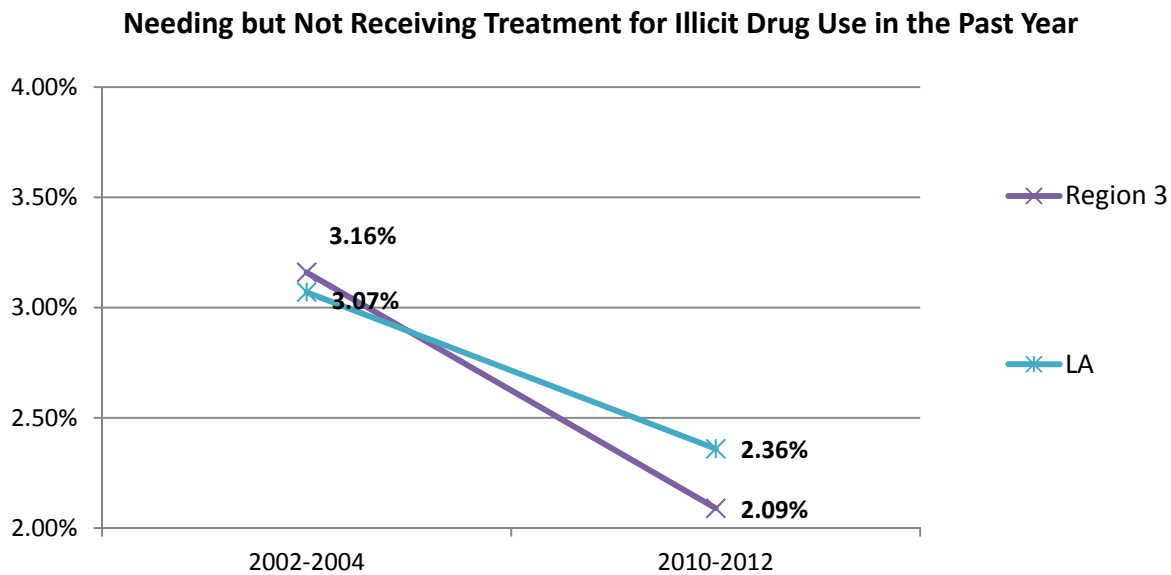
Nonmedical Use of Pain Relievers in the Past Year

- Region 3 experienced a decline in the rate of nonmedical use of pain relievers in the past year from 5.49% in 2002-2004 to 5.08% in 2010-2012. The state rate remained relatively consistent, going from 5.06% to 5.03%



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

- Both region 3 and the state have seen declines in the rates of residents reporting that they needed but did not receive treatment for illicit drug use in the past year from 2002-2004 to 2010-2012.



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

