COMMUNITY HEALTH NEEDS ASSESSMENT

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OCHSNER MEDICAL CENTER BATON ROUGE

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Introduction

Ochsner Medical Center – Baton Rouge, a 140-bed hospital that includes six health centers and a team of more than 300 skilled physicians, conducted a comprehensive Community Health Needs Assessment (CHNA) in 2013.

This project represents an important initiative to identify and explore the ever changing healthcare landscape. Also, this report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that nonprofit hospitals conduct CHNA's every three years. The CHNA process undertaken by Ochsner Medical Center – Baton Rouge, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the communities served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with senior leadership from the hospital to accomplish the assessment.

The following is a list of organizations that participated in the community health needs assessment process in some way:

- Acadian Ambulance,
- American Heart Association,
- Baton Rouge City Government,
- Baton Rouge EMS,
- Cancer Services of Greater Baton Rouge,
- Council of Aging,
- Livingston Economic Development Council,
- Southern University (School of Nursing),
- St. Jeanne Vianney Catholic Church,
- St. George Fire Department and
- United Way
- Board of Trustees, Ochsner Medical Center Baton Rouge.

Community Definition

While community can be defined in many ways, for the purposes of this report, the Ochsner Medical Center – Baton Rouge region has been defined to include 21 zip code areas in three parishes that hold a large majority (80%) of the inpatient discharges. (See Figure 1 & Table 1)

Ochsner Medical Center – Baton Rouge Community Zip Codes

Table 1

Parish	Zip Code	OMC-BR 2012 Inpatient Discharges	Percent of Total
Livingston	70726	1,034	20.8%
East Baton Rouge	70816	461	9.3%
Livingston	70785	430	8.7%
East Baton Rouge	70815	259	5.2%
Livingston	70706	252	5.1%
Livingston	70754	186	3.8%
East Baton Rouge	70817	155	3.1%
East Baton Rouge	70814	111	2.2%
Ascension	70737	110	2.2%
Ascension	70769	103	2.1%
East Baton Rouge	70810	98	2.0%
East Baton Rouge	70802	96	1.9%
East Baton Rouge	70805	94	1.9%
East Baton Rouge	70806	84	1.7%
East Baton Rouge	70819	80	1.6%
East Baton Rouge	70818	78	1.6%
East Baton Rouge	70811	77	1.6%
East Baton Rouge	70808	73	1.5%
East Baton Rouge	70739	71	1.4%
East Baton Rouge	70809	66	1.3%
East Baton Rouge	70714	56	1.1%

Ochsner Medical Center – Baton Rouge Community Map

Figure 1

Consultant Qualifications

Ochsner Medical Center – Baton Rouge contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 21 years. Today more than one in five Americans lives in a community where Tripp Umbach has completed a community health assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books [1] on the topic of community health and has presented at more than 50 state and national community health conferences.

[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 and Objectives

The mission of the OMC-BR 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 OMC-BR, while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who were partners in the community health needs assessment.

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. The overall objective of the CHNA is summarized by the following areas:

- Obtaining information on population health status as well as socio-economic and environmental factors,
- Assuring that community members, including underrepresented residents, were included in the needs assessment process,
- Identifying key community health needs within the hospital's community along with an inventory of available resources within the community that may provide programs and services to meet such needs, and
- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA).

Methodology

Tripp Umbach facilitated and managed a comprehensive regional community health needs assessment on behalf of Ochsner Medical Center Baton Rouge resulting in the identification of top community health needs. The assessment process included input from persons who represent the broad interests of the communities served by the hospital facilities, including those with special knowledge and expertise of public health issues and the underserved community. No information gaps were identified that impacted the hospital's ability to assess the health needs of the community served.

Key data sources in the regional community health needs assessment included:

- **Community Health Assessment Planning:** A series of conference calls were facilitated by the consultants and the project team consisting of leadership from Ochsner Medical Center – Baton Rouge.

- **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the defined project area from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, and other additional data sources. (Data profile available upon request)

- **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with hospital leadership to identify leaders from organizations that have special knowledge and or expertise in public health, agencies with information relative to the health needs of the community and representatives of medically underserved, low-income, minority populations and populations with chronic disease needs in the community. Such persons were interviewed as part of the needs assessment planning process. A series of approximately 18 interviews were completed in March and April of 2013 with key stakeholders in the Baton Rouge metropolitan area. In order to maintain confidentiality of views expressed during the interviews, the names and titles of the individuals who participated will be reported to the IRS on form 990 Schedule H and made available upon request. (Regional key community stakeholder summary available upon request)

- **Identification of top regional community health needs:** Top regional community health needs were identified by analyzing secondary data and key stakeholder interviews input. The analysis process identified the health needs revealed in each data source. Tripp Umbach followed a process where the top needs identified in the assessment were supported by secondary data, where available and strong consensus provided by key community stakeholders.

- **Inventory of Community Resources:** Tripp Umbach completed an inventory of regional community resources available in the Baton Rouge metropolitan service area using resources identified by the hospital facilities, internet research and resource databases. Using the zip codes which define the Ochsner Medical Center – Baton Rouge community (refer to Table 1 presented on pages 4-5) more than 65 community resources were identified with the capacity to meet the three community health needs identified in the Ochsner Medical Center Baton Rouge CHNA. (Regional Community Resource Inventory available at www.ochsner.org/assessment)

- **Final Regional Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and an identification of top health needs as required by the IRS.

Key Terms:

- **Demographic Snapshots:** A snapshot of the Ochsner Medical Center – Baton Rouge community definition compared to parishes and state benchmarks.

- **Community Need Index Analysis (CNI):** Because the CNI considers multiple factors that are known to limit health care access, the tool provides an accurate and useful assessment method at identifying and addressing the disproportionate unmet health-related needs of neighborhoods (zip code level). The five prominent socio-economic barriers to community health quantified in CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socio-economic barriers to community health utilizing a 5 point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

- **County Health Rankings:** Each parish receives a summary rank for 37 various health measures associated with health outcomes, health factors, health behaviors, clinical care, social and economic factors, and the physical environment.

- **The Prevention Quality Indicators index (PQI)** was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the OMC-BR region and Louisiana. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

Key Community Health Needs

Tripp Umbach's independent review of existing data and in-depth interviews with stakeholders representing a cross-section of agencies resulted in the identification of three key regional health needs in the Ochsner Medical Center – Baton Rouge service area that are supported by secondary and/or primary data. The stakeholder process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the service area of Ochsner Medical Center – Baton Rouge. Key stakeholder input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.) and therefore is not factual and inherently subjective in nature. Key stakeholder participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. What follows is a collective summary of the substantial issues and concerns that were discussed by key stakeholder audiences and where relevant, supported by secondary data.

Needs identified include (not listed in any specific order):
1) Access to healthcare and medical services (i.e., primary, preventive, and mental)
2) Access to community/support services
3) Resident health and wellness (specific focus on chronic disease)

A summary of the top needs in the Ochsner Medical Center – Baton Rouge CHNA follows:

1. **ACCESS TO HEALTHCARE AND MEDICAL SERVICES (I.E., PRIMARY, PREVENTIVE, AND MENTAL)**

   Underlying factors: The need for access to affordable healthcare services and health prevention services was identified by secondary data and primary input from community stakeholders. The lack of receiving adequate levels of healthcare, which can be for various reasons, including a lack of health insurance and/or awareness, leads to resident's lack of preventive care and eventually can lead to the need for expensive, advanced stage medical services.

   Areas of specific focus identified in the needs assessment include access to primary/preventive care, lack of health insurance coverage, and access to mental health services.

   - *Access to Primary and Preventive Care*
     - Access to effective primary care, (outpatient or ambulatory treatment) and preventive care is related to a reduced need for hospitalization. While,

preventive education plays an important role in lessoning the impact of health-related complications. Stakeholders perceived access barriers to primary and preventive services and specifically, felt barriers regarding limited geriatric care and limited services for women and children health services.

- *Health Insurance Coverage*
  - While there are existing healthcare facilities and organizations that serve the community, stakeholders believed that one reason for barriers to accessing healthcare services is there is an indigent population (uninsured/underinsured) coupled with the closure of the area's charity hospital. Also mentioned was costly prescriptions and services that may not be accessible with current insurance coverage.

- *Access to Mental Health Services*
  - Stakeholders were under the impression mental health services may be limited in the areas of capacity to meet the demand for services.

Tripp Umbach used CNI scores, the PQI index and County Health Rankings to identify barriers and potentially avoidable hospitalizations as part of the CHNA. These areas present the highest community health risk as they have the greatest barriers to health care and generally have the poorest health among the region. Also, for instance, factors such as Educational Attainment are a very important measure in community health analysis as it is related to many other health determinants; occupation, income, access to healthcare, access to healthy food and recreational options, and ability to make healthy decisions.

Below, please find the following data specific to the OMC-BR region, including zip code/parish breakouts related to the identified need, 1) Access to healthcare and medical services (i.e., primary, preventive, and mental) :

- ❑ The OMC-BR Study Area, along with all of the study area parishes, project population increases within the next five years. The OMC-BR study area shows a rise of 3.9%; this is also consistent with Louisiana. Population increases are important to note, as demand for services will continue to increase.
  - East Baton Rouge Parish shows the largest percentage of their population as Black, Non-Hispanic (46.1%) and White, Non-Hispanic individuals at the second highest percentage (45.5%).
  - Nearly the entire population of zip code area 70805 is considered a minority (94%).

- Livingston Parish also stands out in that it shows a drastic majority White, Non-Hispanic population (89.5%); much larger than is seen for the other parishes or LA.

- The average CNI score for the OMC-BR region is 3.1; this score falls above the average for the scale (2.5) indicating a higher than average number of barriers to healthcare access for the OMC-BR region. Specifically:
  - Zip code area 70802 in Baton Rouge stands out as a zip code area with high rates of CNI indicators; highest rate of renters (62.3%), uninsured residents (34.1%), unemployed residents (17.4%), 65+ residents living in poverty (36%), and married or single parents living with children in poverty (45.1% and 57.6% respectively).
  - Of the 15 zip codes with CNI scores below 3.0, the largest unemployment rate was 6.7%, while the largest uninsured rate was 11.1%.
  - The highest unemployment rate in the OMC-BR region is found in zip code area 70802 of Baton Rouge at 17.4%; this is more than one in every six work-eligible residents being unemployed.
  - Ascension Parish shows the highest rates of individuals living in poverty for a number of age ranges (i.e., 0-4, 5-17 and 45-64).
  - East Baton Rouge Parish shows the highest rates of individuals living in poverty aged 18-44.
  - Livingston Parish shows the highest rates of individuals living in poverty aged 65 and older.
    - Zip code area 70802 in East Baton Rouge Parish reports the highest rate of single parents living with children in poverty (57.6%) compared to the other zip code areas in the region.

- The OMC-BR study area, as well as the three parishes in the study area all show higher annual household incomes than the average seen across the entire state of Louisiana. Also, all of the parishes in the study area, as well as the OMC-BR study area report lower rates of household income below $25K annually than is seen for the average across Louisiana. However:
  - East Baton Rouge Parish shows the highest rate of household income below $15K annually, and
  - Ascension Parish shows the lowest annual household income across the study area parishes at only $59,178.

- Of the three parishes, Livingston Parish shows the highest rate of individuals with only some high school education or lower (16.9%); however, it is still lower than the rate seen for the state (18.4%).

- Livingston Parish shows the highest rate of uninsured individuals (17%).

- More than five times as many individuals living in East Baton Rouge Parish report lack of health insurance due to the 2005 hurricanes than the other two parishes in the study area (i.e., 15.5% report such behavior).

Specific health-related data -- OMC-BR Region shows:

- All of the parishes (as well as the OMC-BR region) show higher rates of Adult Asthma as compared to the state.
- Lung and Bronchus Cancers are the most prevalent across all of the OMC-BR parishes as well as for Louisiana, and the U.S.
- Breast and Prostate cancers are the next most prevalent cancers for the OMC-BR region, LA, and the U.S.
- LA, as well as the three parishes in the OMC-BR region, show higher rates of many of the gastro-related cancers (i.e., colon, pancreas, liver, etc.) than is seen nationally.
- For all three parishes in the study area, obesity rates have consistently risen year after year. All of the parishes report very similar rates of obesity (e.g., currently around one in every three individuals).
- Congestive Heart Failure showed the highest rate of preventable hospital admissions across all of the measures, followed by Bacterial Pneumonia.

Specific data breakouts for the study area Parish's follows:

- **Livingston Parish shows:**
  - Higher rankings (i.e., unhealthier) than other parishes in the study area for care measures (e.g., access to care and clinical care as well as for behavioral measures) and (tobacco use and alcohol use).
  - The highest rates of preventable hospitalizations as compared with the other parishes for:
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Lower Extremity Amputation
    - Bacterial Pneumonia

- Nearly double the rate of Brain and Other Nervous System cancers as compared with the other parishes of interest, LA, and the U.S. at 8.5 deaths per 100,000.
- Individuals with the highest rates of High Blood Pressure, Diabetes, and Stroke.

- **East Baton Rouge Parish shows:**
  - Higher PQI rates for both Short- and Long-term Diabetes measures than the other parishes and the state. Also, of the three parishes in the study area, East Baton Rouge shows the highest PQI rates for the heart-related measures.
  - Higher (i.e., unhealthier) rankings for social/environmental measures (e.g., social support and economic factors).
  - The highest rates of both breast and prostate cancers compared to the other parishes in the region, LA, and the U.S. (e.g., 29.9 deaths per 100,000 for breast and 27.2 for prostate).
  - East Baton Rouge Parish reports a higher infant mortality rate than is seen across the state.

- **Ascension Parish shows:**
  - The highest rates of individuals reporting going 'Nowhere' for healthcare. Across many of the parishes, the trend shows that individuals went to their doctor's office less after the hurricanes and chose to go 'nowhere' or hospital ERs more often after the hurricanes.
  - The highest at 31.8% of the population being obese.
    - The rate of increase in obesity for these parishes is noteworthy; in just 2004 the rate of obesity was at nearly a quarter of the population, five years later it has risen to one-third of the population.
  - Lower PQI rates for a majority of the measures compared to the other parishes of interest; except for Low Birth Weight.
    - 24% of Black Women in Ascension Parish did not receive early and adequate prenatal care.
  - Higher (i.e., unhealthier) rankings for environmental measures (e.g., built environment and physical environment).
  - The highest rate of lung and bronchus cancer (e.g., 72.4 deaths per 100,000) compared with the other parishes in the study area.
  - The highest rates of Asthma and Heart Attack or Myocardial Infarction.

Alcohol and Drug Use data, specific to Parish:

- Regions 2 and 9[1] show higher rates of alcohol use, binge alcohol use, and alcohol dependence than is seen for the state.
    - 8.6% of the population of Regions 2 and 9 report needing but not receiving treatment for alcohol dependence; this may be due to limited resources of the individual or of their community.
    - Ascension Parish shows the only parish ranking in the top 10 unhealthiest (e.g., alcohol use ranked 55 out of the worst possible 64).
    - High rankings (i.e., unhealthy levels) for the state for Tobacco Use and Alcohol Use.

- Regions 2 and 9 shows higher rates of other drug use (illicit drugs, marijuana, cocaine, pain relievers) than is seen across the state.
    - Individuals in the defined regions report needing but not receiving treatment for illicit drug dependence at a higher rate than is seen for the state (e.g., 3.15% report this need).

- Livingston Parish shows a much higher suicide death rate than of the three parishes in the study area, as well as higher than the state (e.g., 15.5 deaths per 100,000 for Livingston Parish).

The twelve community stakeholders interviewed perceived the following problems and/or barriers for residents in the service area:

- Access to healthcare:
    - Limited access to mental health and psychiatric services
    - Lack of geriatric care for the aging population
    - Limited services for women and children health services

- Community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

  Access to Primary and Preventive Care

    - Patient Education: need more health fairs to make people aware of how to handle and manage their healthcare; (i.e., teach people how to get

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[1] (Regions 2 & 9 (Data presented together): Region 2: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana and Region 9: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington)

involved in their own care, help them understand what's available to them and how to prevent health-related issues)

- Some stakeholders perceived the need for a quality women's clinic (e.g., have to travel a long distance for OB/GYN services); not aware of any pediatricians nearby; would also be good to have a women's shelter involved as well
- Children's health (i.e., growing number of children with a multitude of health needs that requires specific services)
- Growing need for geriatric healthcare services
  - Age/aging of population (i.e., large population aging to 65+); improve home healthcare services, along with quality of care being improved;
  - Not enough facilities to accommodate the aging population;
- Specific to the west side; do not have the medical facilities to handle the ever growing population
- Increased training for care providers and more care providers

Health Insurance Coverage

- Increased healthcare navigation (i.e., helping people understand what is available to them and how to access resources; this is for everyone, employed and unemployed)

Access to Mental Health Services

- Negative effects of closure of mental health clinics and hospitals
- Need for outpatient and inpatient psychiatric facilities (e.g., after Katrina, this service was never improved); mental health is a large issue (e.g., 3-4 transports to North Louisiana each day for people to receive necessary mental health-related services)
- Mental health and the negative stigma that can reduce availability of related resources

❑ Community stakeholders mentioned the following target populations in reference to the aforementioned perceived problems and/or barriers:

- Youth population (i.e., help them understand how to better take care of themselves by developing life skills, being active and healthy living starting at a young age)
- Minority population

- Indigent population, especially with the closure of the area's charity hospital
- Very rural areas with limited access to healthcare (i.e., residents in the southern and northern central part of the parish lacking resources)
- Cancer-specific population
- Middle-aged and senior citizens with mental health issues (i.e., delivery of specific healthcare services is influx due to the state-operated mental health hospital that is being closed)
- The aging population (i.e., Baton Rouge has a rather large underserved/underprivileged population)

- Community stakeholders perceive the following as emerging community needs in the service area:
  - There is an increasing mental health issue
  - The changing environment regarding the Affordable Healthcare Act and with changes specifically in LA with Medicaid negatively affects individuals and agencies financially
  - A need for more emphasis on training mid-level healthcare professionals (i.e., nurse practitioners)
  - A need for a program related to making prescriptions more affordable to patients and a better mechanism by doctors to ensure that medications are not only affordable, but also accessible
  - The community as a whole needs more education on preventative measures (i.e., healthy nutritional options and physical activity options/benefits)
  - Closing of Earl K. Long Hospital affected healthcare access; more mobile clinics need to be implemented in order to cover this gap

- In response to the perceived problems and/or barriers that were identified, community stakeholders were asked to share if they believe there are adequate local/regional resources available to address these identified problems and/or barriers and if no, what are their recommendations?
  - No resources from a preventive basis
  - Overall, funding is limited, particularly given state budget cuts which are focused on education and health; definite lack of resources and access to healthcare in north Baton Rouge and rural areas
  - Absolutely not, closest psychiatric facilities about 4 hours away; Need more psychiatrists available in the East Baton Rouge Parish

- There are a few healthcare clinics in the area; Putting a clinic in Port Vincent would be very helpful (high traffic area, would make it easier for workers in that area to go to a clinic). Can be hard to get around in the Port Vincent area because it's not a city grid, most of population is along the interstate and the nearest hospital is 45 minutes away. Having a small outpatient ER would help; Need more doctors in the Port Vincent area (i.e., general practitioners).

2. ACCESS BARRIERS TO COMMUNITY/SUPPORT SERVICES

Underlying factors: Underlying factors identified by primary input from key stakeholders: Need for access to community/support services. There is a need for programs and services to support healthy lifestyles. While the reality exists that community services supporting residents are available, stakeholders indicated there may be a gap between the availability of services and access to these services due to various factors, including lack of public transportation, financial barriers, lack of adequate dissemination of information, etc. The number of community services can be ascertained through existing directories and the development of a provider inventory, while access to these services by community members is not quantified by secondary data.

Areas of specific focus identified in the needs assessment include access to community and support services specific to prevention education and awareness and funding for community services.

- *Prevention Education and Awareness*
  - Stakeholders believed prevention education was limited in communities. Stakeholders were under the impression preventive services may have decreased in some areas due to reduced funding/limited financial resources.

- *Limited Number of Community Services due to Funding*
  - Stakeholders felt the community provides many services, but they also perceive a decrease in some available community services (i.e., public transportation, medical services, and healthy food) due to funding cuts and increased demand.

The twelve community stakeholders interviewed perceived the following problems and/or barriers for residents in the service area:

- Access to community/support services:
  - Lack of access to education regarding preventive care and healthy living

- Lack of access to healthy food
- Public transportation is limited

- Community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

  Prevention Education and Awareness

  - The community as a whole (i.e., all age groups, socioeconomic levels) needs more education on preventative measures, such as healthy nutritional options and physical activity benefits/options
  - Patient education (i.e., need more health fairs to make people aware of how to handle and manage their healthcare; teach people how to get involved in their own care, help them understand what's available to them and how to address preventable health-related issues)
  - Need more mental health screenings and specific education related to mental health topic with both youth and adult population.

  Limited Number of Community Services due to Funding

  - Increased access and affordability of healthy foods; need to identify areas that have no access to fresh fruit/veggies within a couple miles from their home and provide access.
  - Not enough resources available to the public, although some hospitals do have clinics around the area that partner with universities (i.e., Martin Luther King Center); there has been negative effects of the closure of the charity hospital (i.e., LSU Earl K. Long Medical Center). The closest facility for that area is an additional 10 miles away.
  - Overall, funding is limited, particularly given state budget cuts which are focused on education and health; definite lack of resources and access to healthcare in north Baton Rouge and rural areas
  - Need to be more resources available such as the Mayor's initiative, which has implemented Bike Day (e.g., part of "Healthy BR")
  - Need more resources in regard to healthcare and keeping the community healthy; limitations of the government make way for faith-based institutions to step in and help.
  - Mass transit is underdeveloped in the parish, which creates issues getting healthy food and getting to work; work is in progress, but will take time
  - Population grew rapidly over the past decade and the area wasn't fully prepared to take on the added amount of people; transportation makes

it difficult to access certain areas of the parish (e.g., only one 4-lane highway running north-south).
    - Expand the ambulance services throughout the entire parish
    - Public school system is poor (e.g., a lot of private schools popping up due to parents wanting more options outside of the public school system)

- Community stakeholders perceive the following as emerging community needs in the service area:
    - A number of private schools opening in the area to fill the gap that the weakened public school system is creating.
    - Ambulance services and the public transportation system need expanded.

- In response to the perceived problems and/or barriers that were identified, community stakeholders were asked to share if they believe there are adequate local/regional resources available to address these identified problems and/or barriers and if no, what are their recommendations?

    - Yes, many faith-based organizations are stepping up to do more for the community, also, Together Baton Rouge and Greater Baton Rouge Food Bank provide free food 2x/month on Saturdays. These organizations also work with schools to educate students and parents about healthy eating and healthy lifestyles. Fresh Beginnings program is a new initiative that is a mobile farmer's market and is trying to make fresh foods available to the community.
    - The stakeholders that believe there are not adequate community resources to resolve the previously identified problems/issues cited: Not enough services are available to the public, the hospital needs to get more involved with community events, make services more accessible, add more preventative programs, have psychiatrists on staff at the hospital and more in the area overall.

3. RESIDENTS HEALTH AND WELLNESS (SPECIFIC TO CHRONIC DISEASES)

Underlying factors: identified by secondary data and primary input from community stakeholders: Need for improved health and wellness of residents (specific to chronic diseases and infectious diseases). 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 discussed accountability issues that are coupled with lack of awareness and education. Stakeholders focused their discussion on target populations such as the underserved/uninsured, children and elderly, and the working poor.

Areas of specific focus identified in the needs assessment include resident's health and wellness specific to Prevention and Health Education focused on Prevention of Chronic Diseases – Especially Diabetes and Obesity and Prevention and Health Education focused on HIV/AIDS.

Prevention and Health Education focused on Prevention of Chronic Diseases – Especially Diabetes and Obesity

- Stakeholders perceived the health status of many residents to be poor due to the limited education available and/or received on how to promote healthy living, specifically regarding chronic diseases. According to national data provided by the Centers for Disease Control and Prevention (CDC), diabetes is becoming more common in the United States. From 1980 through 2011, the number of Americans with diagnosed diabetes has more than tripled (from 5.6 million to 20.9 million).

Prevention and Health Education focused on HIV/AIDS

- Stakeholders perceived the health status of many residents to be poor due to the limited education available and/or received on how to promote healthy living, specifically regarding HIV/AIDS. The NO/AIDS Task Force released the numbers from the CDC's HIV Surveillance Report for 2010. The report defines the AIDS rate for cities and metro areas according to the number of cases per 100,000 population. In 2010, Baton Rouge had the highest rate in the country, with 33.7 cases per 100,000 people. Among cities, Baton Rouge and New Orleans ranked second and third in rates of HIV infection per 100,000 people, with 43 and 36.9, respectively.

Below, please find the following data specific to the OMC-BR region, including zip code/parish breakouts related to the identified need, 3) Residents health and wellness.

- East Baton Rouge Parish shows the largest percentage of their population as Black, Non-Hispanic (46.1%) and White, Non-Hispanic individuals at the second highest percentage (45.5%).
    - Nearly the entire population of zip code area 70805 is considered a minority (94%).
    - Livingston Parish also stands out in that it shows a drastic majority White, Non-Hispanic population (89.5%); much larger than is seen for the other parishes or LA.

- The average CNI score for the OMC-BR region is 3.1; this score falls above the average for the scale (2.5) indicating a higher than average number of barriers to healthcare access for the OMC-BR region. Specifically:
    - Zip code area 70802 in Baton Rouge stands out as a zip code area with high rates of CNI indicators; highest rate of renters (62.3%), uninsured residents (34.1%), unemployed residents (17.4%), 65+ residents living in poverty (36%), and married or single parents living with children in poverty (45.1% and 57.6% respectively). These areas present the highest community health risk as they have the greatest barriers to health care and generally have the poorest health among the region.
    - Ascension Parish shows the highest rates of individuals living in poverty for a number of age ranges (i.e., 0-4, 5-17 and 45-64).
    - East Baton Rouge Parish shows the highest rates of individuals living in poverty aged 18-44.
    - Livingston Parish shows the highest rates of individuals living in poverty aged 65 and older.

- Of the three parishes, Livingston Parish shows the highest rate of individuals with only some high school education or lower (16.9%); however, it is still lower than the rate seen for the state (18.4%). Educational attainment is a very important measure in community health analysis as it is related to many other health determinants; occupation, income, access to healthcare, access to healthy food and recreational options, and ability to make healthy decisions.

- Ascension Parish reports some of the largest households with 0.3% having nine individuals residing in one home. East Baton Rouge Parish also reports 1.1% of their population that reports living with eight individuals in the household.

- Livingston Parish shows the highest rate of uninsured individuals (17%).

- More than five times as many individuals living in East Baton Rouge Parish report lack of health insurance due to the 2005 hurricanes than the other two parishes in the study area (e.g., 15.5% report such behavior).

Specific health-related data -- OMC-BR Region shows:

- All of the parishes, as well as the OMC-BR region, show higher rates of Adult Asthma as compared to the state.
- Lung and Bronchus Cancers are the most prevalent across all of the OMC-BR parishes as well as for Louisiana, and the U.S.
- Breast and Prostate cancers are the next most prevalent cancers for the OMC-BR region, LA, and the U.S.
- LA, as well as the three parishes in the OMC-BR region, show higher rates of many of the gastro-related cancers (i.e., colon, pancreas, liver, etc.) than is seen nationally.
- For all three parishes in the study area, obesity rates have consistently risen year after year. All of the parishes report very similar rates of obesity (e.g., currently around one in every three individuals).
- Congestive Heart Failure showed the highest rate of preventable hospital admissions across all of the measures, followed by Bacterial Pneumonia.

Specific data breakouts for the study area Parish's follows:

- **Livingston Parish shows:**
  - Higher rankings (i.e., unhealthier) than other parishes in the study area for care measures (e.g., access to care and clinical care as well as for behavioral measures) and (tobacco use and alcohol use).
  - The highest rates of preventable hospitalizations as compared with the other parishes for:
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Lower Extremity Amputation
    - Bacterial Pneumonia
  - Individuals with the highest rates of High Blood Pressure, Diabetes, and Stroke within the study area.

- **East Baton Rouge Parish shows:**
  - Higher PQI rates for both Short- and Long-term Diabetes measures than the other parishes and the state. Also, of the three parishes in the study

area, East Baton Rouge shows the highest PQI rates for the heart-related measures.
    - Higher (i.e., unhealthier) rankings for social/environmental measures (e.g., social support and economic factors).
    - East Baton Rouge Parish shows some of the lowest rates of the chronic conditions measured in the Louisiana Health survey compared with the other two counties in the study area, however, since 2006, Diabetes rates have risen.

- **Ascension Parish shows:**
    - The highest rates of individuals reporting going 'Nowhere' for healthcare. Across many of the parishes, the trend shows that individuals went to their doctor's office less after the hurricanes and chose to go 'nowhere' or hospital ERs more often after the hurricanes.
    - The highest at 31.8% of the population being obese.
        - The rate of increase in obesity for these parishes is noteworthy; in just 2004 the rate of obesity was at nearly a quarter of the population, five years later it has risen to one-third of the population.
    - Lower PQI rates for a majority of the measures compared to the other parishes of interest; except for Low Birth Weight.
        - 24% of Black Women in Ascension Parish did not receive early and adequate prenatal care.
    - Higher (i.e., unhealthier) rankings for environmental measures (built environment and physical environment).
    - The highest rate of lung and bronchus cancer (e.g., 72.4 deaths per 100,000) compared with the other parishes in the study area.
    - The highest rates of Asthma and Heart Attack or Myocardial Infarction.

Alcohol and Drug Use data, specific to Parish:

- Regions 2 and 9 show higher rates of alcohol use, binge alcohol use, and alcohol dependence than is seen for the state.
    - 8.6% of the population of Regions 2 and 9 report needing but not receiving treatment for alcohol dependence; this may be due to limited resources of the individual or of their community.
    - Ascension Parish shows the only parish ranking in the top 10 unhealthiest (e.g., alcohol use ranked 55 out of the worst possible 64).
    - High rankings (i.e., unhealthy levels) for the state for Tobacco Use and Alcohol Use.

- Regions 2 and 9 shows higher rates of other drug use (i.e., illicit drugs, marijuana, cocaine, pain relievers) than is seen across the state.
  - Individuals in the defined regions report needing but not receiving treatment for illicit drug dependence at a higher rate than is seen for the state (e.g., 3.15% report this need).

- Livingston Parish shows a much higher suicide death rate than the other three parishes in the study area as well as higher than the state (e.g., 15.5 deaths per 100,000 for Livingston Parish).

The twelve community stakeholders interviewed perceived the following problems and/or barriers for residents in the service area:

  - The health and wellness of residents:
    - High obesity rates lead to a myriad of health issues (i.e., increased blood pressure, cardiovascular disease, etc.)
    - High rates of patients diagnosed with HIV/AIDS

- Community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Prevention and Health Education focused on Prevention of Chronic Diseases – Especially Diabetes and Obesity

  - Patient education (i.e., need more health fairs to make people aware of how to handle and manage their healthcare; teach people how to get involved in their own care, help them understand what's available to them and how to prevent health-related issues)
  - Louisiana is #1 in obesity rankings and all related diseases caused by obesity issues, specifically within the youth population
  - Heart disease issues, which is also part of the existing obesity problem
  - Growing number of children with a multitude of health needs that requires specialty services

Prevention and Health Education focused on HIV/AIDS

  - Baton Rouge is #1 in the nation for HIV/AIDS (e.g., Baton Rouge is the highest in the nation per capita diagnosis of HIV)

- Community stakeholders mentioned the following target populations in reference to the aforementioned perceived problems and/or barriers:
  - Obese Population (i.e., adult, youth and minority population)
  - Children (i.e., Higher concentration of African-American and Hispanic children population who are apart of lower income families in the downtown area)
  - Uninsured and working poor populations
  - Elderly populations

- Community stakeholders perceive the following as emerging community needs in the service area:
  - The HIV/AIDS population in the region is increasing
  - Changing environment in regard to Affordable Healthcare Act and with changes specifically in LA with Medicaid which affects individuals and providers.

- In response to the perceived problems and/or barriers that were identified, community stakeholders were asked to share if they believe there are adequate local/regional resources available to address these identified problems and/or barriers and if no, what are their recommendations?
  - There are some healthcare facilities available. The area has primarily been a rural area that is transitioning into more of a populated and expanded area. As it continues to grow and the population increases, it is foreseen that there will be a need for more healthcare facilities. Currently, it is believed there are no free clinics in certain districts but there are some in the downtown Baton Rouge area.
  - Need more resources in regard to healthcare and keeping the community healthy; limitations of the government make way for faith-based institutions to step in and help.
  - Need to provide more preventative education and access to healthy foods. Need to identify areas that have no access to fresh fruit/veggies within a mile from their home
  - Need more mental health screenings and education regarding this topic with both the youth and adult population.
  - BR in good position with healthcare and overall is a great community. Faith-based organizations are doing good things; the United Way and Red Cross are doing a great job providing services. The area has adequate

walk-in clinics. However, the indigent population is left out, especially with closure of local charity hospital.

- Pennington Biomedical Research Center does research regarding diabetes. This is a great facility that no one has partnered with that focuses on diabetes and also obesity.

Conclusions and Recommended Next Steps

The majority of community needs identified through the Ochsner Medical Center Baton Rouge community health needs assessment process are not directly related to the provision of traditional medical services provided by community hospitals. However, the top needs identified in this assessment do “translate” into a wide variety of health related issues that may ultimately require hospital services. Common themes throughout the assessment speak to the need to increase access to affordable healthcare services, while simultaneously building a culture that supports healthy behaviors both at the individual and community levels. Larger scale issues like healthcare funding and the organization of public service agencies has been found to have a trickledown effect on neighborhoods and individuals. For example, the average CNI score for the OMC-BR region is 3.1; this score falls above the average for the scale (2.5) indicating a higher than average number of barriers to healthcare access for the OMC-BR region. Specifically, zip code area 70802 in Baton Rouge stands out as a zip code area with high rates of CNI indicators; highest rate of renters (62.3%), uninsured residents (34.1%), and unemployed residents (17.4%). These areas present the highest community health risk as they have the greatest barriers to health care and generally have the poorest health among the region. An increase in residents who are under/unemployed ultimately causes a decrease in their purchasing power. Individuals and families living in poverty is a large concern for certain areas of the region. Economic barriers often lead to the lack of preventive care, resulting in the need for more serious hospital services when care is ultimately provided.

Stakeholders perceive a decrease in available community services (i.e., public transportation, support services etc.) due to funding cuts. Furthermore, lack of public transportation and healthy living options can ultimately lead to inadequate diets contributing to chronic health conditions.

Needs identified include (not listed in any specific order):

1) Access to healthcare and medical services (i.e., primary, preventive, and mental)
    - **Areas of specific focus** identified in the needs assessment include access to primary/preventive care, lack of health insurance coverage, and access to mental health services.

2) Access to community/support services
    - **Areas of specific focus** identified in the needs assessment include access to prevention education and awareness and limited number of community services due to funding.

3) Resident health and wellness (specific focus on chronic disease)
    - **Areas of specific focus** identified in the needs assessment include resident’s health and wellness specific to Prevention and Health Education focused on Prevention of Chronic Diseases – Especially Diabetes and Obesity and Prevention and Health Education focused on HIV/AIDS.

Ochsner Medical Center Baton Rouge, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow this assessment. Ochsner Medical Center Baton Rouge currently provides numerous services throughout the study area, but they also recognize it is vital that ongoing communication and a strategic process follow this assessment. Collaboration and partnership are strong in the region. It is important to expand existing partnerships and build additional partnerships with multiple regional organizations to develop strategies to address the top identified needs. There are consistent areas of focus in the region as it relates to improved access to healthcare, behaviors that impact health, and community support services. The area is faced with poverty, chronic illness, limited educational attainment in some areas, mental health issues and substance abuse. Strategic discussions among hospital leadership as well as regional leadership will need to consider the interrelationship of the chronic issues facing the area, specifically obesity and HIV/AIDS. It will be important to determine the cost, effectiveness, future impact and limitations of any best practices methods. Implementation plans will have to give top priority to those strategies that will have the greatest influence in more than one need area to effectively address the needs of residents. Tripp Umbach recommends the following actions be taken by Ochsner Medical Center Baton Rouge in close partnership with community organizations over the next four to six months.

Additional data and greater detail related to an inventory of available resources within the community that may provide programs and services to meet such needs is available upon request.

Recommended Action Steps:

- ❑ Results are presented widely to community residents (i.e., made available via the internet through the hospital website).
- ❑ Take an inventory of available resources in the communities that are available to address the top community health needs identified by the community health needs assessment.
- ❑ Implement a comprehensive “grass roots” engagement strategy to build upon the resources that already exist in the communities and the energy of and commitment of community leaders that have been engaged in the community health needs assessment process.
- ❑ Develop “Working Groups” to focus on specific strategies to address the identified needs in the community health needs assessment.
- ❑ Attraction of outside funding and implementation of actions to address the top health needs on a regional level.
- ❑ Work at the hospital level and with local participating organizations to translate the top identified community health issues into individual hospital and community level strategic planning and community benefits programs.

- Within three years' time conduct an updated community health needs assessment to evaluate community effectiveness on addressing top needs and to identify new community needs.