OCHSNER ST. ANNE

GENERAL HOSPITAL

SEPTEMBER 2013

COMMUNITY HEALTH NEEDS ASSESSMENT

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Introduction

Ochsner St. Anne General Hospital, a 35-bed, not-for-profit medical center, 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 St. Anne General Hospital, 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:

- ❑ Central Lafourche High School,
- ❑ Community Board Member,
- ❑ Lockport Parish Council on Aging,
- ❑ Insurance Benefits,
- ❑ Raceland Sugar and
- ❑ Victory Life Church.

Community Definition

While community can be defined in many ways, for the purposes of this report, the Ochsner St. Anne General Hospital region has been defined to include 14 zip code areas in three parishes that hold a large majority (80%) of the inpatient discharges. (See Figure 1 & Table 1)
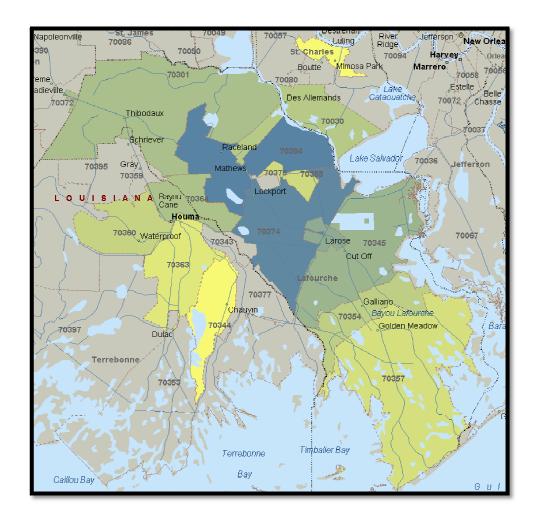
Ochsner St. Anne General Hospital Community Zip Codes

Table 1

Parish	Zip Code	Ochsner St. Anne 2012 Inpatient Discharges	Percent of Total
Lafourche	70394	286	23.5%
Lafourche	70374	237	19.5%
Lafourche	70373	91	7.5%
Lafourche	70345	68	5.6%
Lafourche	70301	53	4.4%
Terrebonne	70364	50	4.1%
St. Charles	70030	40	3.3%
Lafourche	70354	36	3.0%
Terrebonne	70360	31	2.6%
Lafourche	70355	24	2.0%
Lafourche	70357	21	1.7%
Terrebonne	70363	17	1.4%
St. Charles	70070	11	0.9%
Terrebonne	70344	11	0.9%

Ochsner St. Anne General Hospital Community Map

Figure 1

Consultant Qualifications

Ochsner St. Anne General Hospital 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.

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[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 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 Ochsner St. Anne General Hospital, while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who 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 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 communities served by the hospital facilities, including those with special knowledge and expertise of public health issues. Information gaps that potentially impacted the hospital's ability to fully assess the health needs of the community were a lower than expected response rate to community stakeholder participants in the interview process. During the St. Anne's CHNA process, Tripp Umbach reached out to a total of 23 key stakeholders throughout the St. Anne community via email and phone requesting their input associated with community needs. It was their goal to obtain input from all 23 stakeholders, however, after various attempts to secure time to speak with all 23 stakeholders, six interviews were completed

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 St. Anne General Hospital.

❑ **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 six interviews were completed in April and May of 2013 with key stakeholders in the bayou region. 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 bayou region using resources identified by the hospital facilities, internet research and resource databases. Using the zip codes which define the Ochsner St. Anne General Hospital community (refer to Table 1 presented on page 4) approx. 12 community resources were identified with the capacity to meet the three community health needs identified in the Ochsner St. Anne General Hospital 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 St. Anne General Hospital 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 Ochsner St. Anne General Hospital 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 health needs in the Ochsner St. Anne General Hospital 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 St. Anne General Hospital. 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 the key stakeholder audience 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 specialty)
2) Access to community/support services to sustain a healthy environment
3) Promotion of healthy lifestyles and behaviors (specific to chronic disease)

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 a general outlook of the Ochsner St. Anne service area (e.g., as defined for the purposes of this CHNA report) based on secondary data analysis conducted during the CHNA process that includes, data on age, race, income, and educational attainments rates.

1. **ACCESS TO HEALTHCARE AND MEDICAL SERVICES (I.E., PRIMARY, PREVENTATIVE, AND SPECIALTY)**

   Underlying factors: The need for access to affordable healthcare services, including primary services, specialty services and health prevention services was identified by primary input from community stakeholders and supported by secondary data. The lack of receiving adequate levels of healthcare, which can be for various reasons, including a lack of health insurance due to affordability and navigation issues, cultural barriers and/or provider shortages, can lead 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 Care: including primary, preventive and specialty*
      - *Health Insurance Coverage*

   ❑ The average CNI score for the Ochsner St. Anne region is 3.7; this score falls above the average for the scale (2.5), indicating a higher than average number of barriers to healthcare access for the Ochsner St. Anne region. Specifically, the Houma neighborhood (70363) reports the highest CNI score in the Ochsner St. Anne study area at 4.4 out of the worst possible of 5.0. It is interesting to see that there is more than just the Houma neighborhood that reports the highest rates of the CNI measures. Two of the 14 zip codes within the Ochsner St. Anne region (14.3%) have a CNI score of 4.0 or greater (e.g., zip code areas 70363 (Houma) and 70301 (Thibodaux). 13 of the 14 zip codes have a CNI score above the average. 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.

   ❑ The Ochsner St. Anne study area reports a higher average annual household income than is seen for the state ($59,282 for Ochsner, $55,855 for LA).

      o Within the Ochsner St. Anne defined region as well as Lafourche and Terrebonne parishes; we see nearly 30% of the population earning $25,000 or less per year for a household.

      o Lafourche Parish, on the other hand, shows the largest percentage of households that make less than $15k per year in the study area (17.1%).

   Specifically:
      o Houma shows the highest rates of: unemployment (8.4%), minority residents (47.2%), and married parents with children living in poverty (29.5%).

- Golden Meadow (70357) reports the highest rates of: uninsured residents (17.8%), limited English residents (3.7%), residents with no high school diploma (43.1%), residents 65 and older living in poverty (31.9%).

- Galliano (70354) shows the highest rate of single mother with children living in poverty (62.9%).

- Terrebonne Parish reports 26% of children living in poverty.

❑ St. Charles Parish shows the highest rates of individuals living in poverty for a number of ages (5-17, 45-64 and 65+); more for the older populations. On the other hand, Lafourche Parish shows the highest rates of individuals living in poverty aged 0-4 and 18-44; more for the younger or middle-aged populations.

❑ The most popular form of health insurance across all of the parishes is private coverage.
- Individuals in St. Charles Parish report the highest rate of lack of insurance as a result of the hurricanes (11.9%). Individuals of Terrebonne Parish report the lowest rate (20.4%) possibly due to the fact that they were uninsured prior to the hurricanes.

❑ The most popular place for individuals across all parishes to go for healthcare is a doctor's office, with clinics and health centers being the second most common.
- Lafourche and St. Charles parishes showed rises in the rate of individuals going nowhere or to a hospital ER for care and declines in the rates of individuals going to the doctor or a clinic after the 2005 hurricanes.

❑ Black women in St. Charles and Terrebonne parishes receive early and adequate care at lower rates than white women (for Lafourche Parish it is equivalent).
- 18% of Black women in St. Charles Parish and 16% of Black women in Terrebonne Parish did not receive early and adequate prenatal care.

❑ Terrebonne Parish reports the highest rate of births to teens (for both black and white teens); 70.7 births per 1,000 females aged 15-19, this rate is much higher than the state.

❑ The Ochsner St. Anne study area, along with all of the study area parishes, project population increases within the next five years. The Ochsner St. Anne study area shows a rise in population of 3.9% by 2017; this is also consistent with Louisiana. The Ochsner St. Anne study areas as well as the parishes included in the study area report a majority of their population as White, Non-Hispanic.

- St. Charles Parish reports the largest Black, African-American population within the study area (27%) as well as the largest Hispanic population (5.4%).

- St. Charles Parish shows the most diversity with 27% of the population identifying as Black, Non-Hispanic and another 5.4% identifying as Hispanic (the two largest rates for the parishes and the Ochsner St. Anne study area).

❑ Approximately 23.9% of the residents of the Ochsner St. Anne study area show less than a high school degree. 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.

❑ The Ochsner St. Anne Region shows:
  - Of the three parishes in the study area, St. Charles Parish can be considered the healthiest and Terrebonne the unhealthiest.
  - Specifically:
    - Lafourche Parish shows the highest (unhealthiest) ranking for Access to care.
    - Terrebonne Parish holds three measures ranked in the top 10 unhealthiest for the state: Diet and Exercise (64, worst in the state), Alcohol Use (60), and Health Behaviors (57).

❑ The Ochsner St. Anne region shows a majority (nine of the 14, 64.3%) of the PQI measures lower than is seen for the state; indicating conditions in which the zip code areas in the Ochsner St. Anne region report fewer preventable hospitalizations than the state.
  - On the other hand, there are five PQI measures in which the hospital study area reports higher rates of preventable hospitalizations, these include: Angina without Procedure, Dehydration, Adult Asthma, Congestive Heart Failure, and Low Birth Weight.
  - The Ochsner St. Anne region reports a much higher PQI rate for Low Birth Weight than is seen for the state indicating preventable hospitalizations.
  - Congestive Heart Failure showed the highest rate of preventable hospital admissions for the study area across all of the measures, followed by Low Birth Weight.

- ❑ Specifically:
  - o Lafourche Parish shows the highest rates of preventable hospitalizations as compared with the other parishes and the state for:
    - ▪ COPD
    - ▪ Adult Asthma
    - ▪ Angina without Procedure
    - ▪ Low Birth Weight
    - ▪ Dehydration
    - ▪ Urinary Tract Infection
  - o While many of the parishes report lower preventable hospitalizations than the state for the diabetes PQI measures, St. Charles Parish reports a much higher PQI rate than the state for Lower Extremity Amputations among Diabetic Patients.
  - o St. Charles Parish also reports the highest PQI value for Congestive Heart Failure; higher than the state, the Ochsner St. Anne study area and the other parishes in the study area

- ❑ Lung and Bronchus Cancers are the most prevalent across all of the Ochsner St. Anne study area parishes as well as for Louisiana, and the U.S. All of the parishes in the St. Anne study area report higher Lung and Bronchus cancer rates than the U.S.; Terrebonne Parish shows the highest rate (63.3 deaths per 100,000). Breast Cancer is, by far, the female-related cancer with the highest prevalence. All of the parishes in the study area report higher rates of Breast Cancer than is seen for the U.S.
  - o Terrebonne Parish also reports the highest rates of many of the 'other' cancers such as Non-Hodgkin Lymphoma, Brain and Other Nervous System, and Melanoma of the Skin as compared with the other parishes in the Ochsner St. Anne study area.
  - o St. Charles Parish reports the highest rate of Leukemia for the study area at 11.3 deaths per 100,000; the state rate is 7.2 and national rate is 7.1.

- ❑ Terrebonne Parish shows the highest rate (7.1%) of head of households with a serious mental health condition, this rate is more than double the rate seen for Lafourche Parish (3.2%). The rate for St. Charles Parish is also high, nearly double the rate seen for Lafourche Parish (6.3% for St. Charles).
  - o More than one in every 10 individuals in Region 3 report having a serious psychological distress in the past year (this rate is higher than is seen for the state).

The eight community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

❑ Stakeholder interview findings support secondary data that residents' access to healthcare and medical services, including preventive services, are important community health priorities.

Barriers Associated with Access to Care: including primary, specialty, and preventive

❑ Stakeholders believed there is an overall lack of funding and resources that is geared toward providing adequate primary healthcare services and prevention education. Stakeholders stated preventive education and general access to healthcare go hand and hand. Specifically, stakeholders perceived a lack of education and services available to promote healthy living options and routines.

❑ Stakeholders believed there is a need for a more comprehensive hospital that offers more surgical options.

❑ Stakeholders perceived there are limited job opportunities throughout the community that provide adequate coverage for health services and medication. Stakeholders also believed lack of access to healthcare is due to jobs that don't offer insurance. Some stakeholders stated they are not aware of any free clinics in the area.

❑ Stakeholders believed there is a lack of behavioral health services and overall mental health is not seen as a primary health care issue.   Specifically, stakeholders felt there is a lack of behavioral health and primary-care services positioned to meet the needs of persons living in the southern part of Lafourche Parish.

❑ Stakeholders perceived there are 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. Stakeholders also mentioned they believed there is a lack of ambulatory services.

Health Insurance Coverage

❑ Stakeholders perceived a lack of access to obtaining adequate medical coverage, which can include: an issue due to lack of education, lack of funding, and lack of public transportation for residents.

❑ Stakeholders felt there is a lack of affordable healthcare and medications. Many employers do not offer health insurance. Those that can and do, still have employees who can't afford to pay their share of the premium along with very high deductibles.

❑ Community stakeholders mentioned the following target populations in reference to the aforementioned perceived problems and/or barriers:
   o The particular aforementioned issues can affect everyone in the community. However, cancer certainly affects the aging population at a greater rate. This group needs targeted for screenings for early detection and the younger population needs more preventative services available, such as learning about healthy eating/activities.
   o Children, especially those of single parents
   o Senior citizens are the most vulnerable
   o The overall community needs to have more services available to them in terms of preventative healthcare measures.
   o Low income population

❑ Community stakeholders perceive the following as emerging community needs in the service area:
   o Diabetes which relates to the obesity issue
   o There has been a rise in the HIV/AIDS population
   o Mental health, especially issues derived from abusing synthetic drugs, is becoming a greater community concern/issue
   o There is a need for increased specialty care services, including pediatric, oncology, and dental, directed to residents in the southern part of Lafourche Parish.

❑ 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? Out of eight responses, three stakeholders responded they believed there aren't adequate resources available in

the service area to address the aforementioned issues/problems. Two stakeholders do believe adequate resources are available and one stakeholder believed there were some resources but not enough to meet all identified needs. The stakeholders whom believed there aren't adequate resources available in the service area specifically mentioned the following:

- o No, there is not. There are opportunities for programs to expand and grow but again due to lack of finances this makes it difficult.
- o Not entirely. St. Anne's is centrally located but needs to offer a broader range of services and hire additional physicians.
- o While there are some resources available, there is not a sufficient amount of services available to meet the current and future demand. By conducting community and regional meetings designed to identify obstacles and solutions, agencies may initiate plans of action to address these concerns.

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 community services exists that are 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 further ascertained through existing directories and the development of a provider inventory, while access to these services by community members is not always quantified by secondary data.

   ✓ **Areas of specific focus** identified in the needs assessment include:
   - *Access to Public Transportation*
   - *Economic Challenges*

   Below, please find the following data specific to the Ochsner St. Anne region, including zip code/parish breakouts related to the identified need, 2) Access to community/support services to sustain a healthy and safe environment:

   ❑ The Ochsner St. Anne study area shows a rise in population of 3.9% by 2017; this is also consistent with Louisiana.

   ❑ Terrebonne Parish reports the highest rankings across the environmental measures for Family and Social Support (rank of 51 out of the unhealthiest being 64).

- Lafourche Parish reports a rate more than double seen across the state of black youth in the juvenile justice system (25.5 per 1,000 youth aged 10-20 compared to 11.1 for the state).

❑ Ochsner St. Anne defined region as well as Lafourche and Terrebonne parishes; we see nearly 30% of the population earning $25,000 or less per year for a household.

❑ Lafourche Parish, on the other hand, shows the largest percentage of households that make less than $15k per year in the study area (17.1%).

❑ Houma shows the highest rates of: unemployment (8.4%), minority residents (47.2%), and married parents with children living in poverty (29.5%).

❑ Golden Meadow (70357) reports the highest rates of: uninsured residents (17.8%), limited English residents (3.7%), residents with no high school diploma (43.1%), residents 65 and older living in poverty (31.9%).

❑ Galliano (70354) shows the highest rate of single mother with children living in poverty (62.9%).

❑ Terrebonne Parish shows the highest rental rate at 19.0%.

The eight community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

❑ Stakeholder interview findings display residents' access to community/support services is an important community health priority.

Access to Public Transportation

❑ Stakeholders believed a lack of public transportation services for low income and indigent populations, particularly those without benefits exists. Stakeholders perceived the lack of public transportation presents an obstacle to residents to engaging in programs and services. Specifically, stakeholder felt this obstacle exists for programs and services that are designed to assist individuals with behavioral health needs.

❑ Overall, stakeholders believed a lack of public transportation limits opportunities for employment, getting to medical appointments and involvement in activities etc.

❑ Stakeholder believed that the expansion of the ambulance services throughout the entire parish needs to take place.

Economic Challenges

❑ Stakeholders perceived there is a lack of quality job opportunities offered throughout the community. Stakeholder believed many employers do not offer health insurance and those employers that can and do, still have employees who can't afford to pay their share of the premium along with very high deductibles.

❑ Community stakeholders perceive the following as emerging community needs in the service area:
  o Lack of public transportation and employment opportunities make it difficult for people to be successful.

❑ 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?

  o The stakeholders that believe there are not adequate community resources to resolve the previously identified problems/issues cited:
    ▪ The community has moved away from being involved members and agencies do not get involved with the community. Instead, individuals have to go to the agencies and this is difficult for certain groups.
    ▪ There are opportunities for programs to expand and grow but again due to overall lack of finances this makes it difficult.

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

   Underlying factors: identified by secondary data and primary input from community stakeholders: Need for improved promotion of healthy lifestyles and behaviors (specific to chronic 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 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:
   - *Prevention and Health Education and Resident Accountability*

   Below, please find the following data specific to the Ochsner St. Anne region, including zip code/parish breakouts related to the identified need, 3) improved promotion of healthy lifestyles and behaviors (specific to chronic and infectious diseases) and accountability issues.

   ❑ The average CNI score for the Ochsner St. Anne region is 3.7; this score falls above the average for the scale (2.5), indicating a higher than average number of barriers to healthcare access for the Ochsner St. Anne region. Specifically, the Houma neighborhood (70363) reports the highest CNI score in the Ochsner St. Anne study area at 4.4 out of the worst possible of 5.0. It is interesting to see that there are more than just the Houma neighborhood that reports the highest rates of the CNI measures. Two of the 14 zip codes within the Ochsner St. Anne region (14.3%) have a CNI score of 4.0 or greater (e.g., zip code areas 70363 (Houma) and 70301 (Thibodaux). 13 of the 14 zip codes have a CNI score above the average. 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.

   ❑ Approximately 23.9% of the residents of the Ochsner St. Anne study area show less than a high school degree. 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.

   Specifically:
   - ○ Houma shows the highest rates of: unemployment (8.4%), minority residents (47.2%), and married parents with children living in poverty (29.5%).

- o Golden Meadow (70357) reports the highest rates of: uninsured residents (17.8%), limited English residents (3.7%), residents with no high school diploma (43.1%), residents 65 and older living in poverty (31.9%).

- o Galliano (70354) shows the highest rate of single mother with children living in poverty (62.9%).

- o Terrebonne Parish reports 26% of children living in poverty.

❑ Terrebonne Parish holds three measures ranked in the top 10 unhealthiest for the state: Diet and Exercise (64, worst in the state), Alcohol Use (60), and Health Behaviors (57).

❑ Individuals in St. Charles Parish show the highest rate of residents with High Blood Pressure (27.2%) for the study area.

❑ Individuals in Terrebonne Parish show the highest rates of residents with Diabetes, Asthma, and Coronary Heart Disease for the study area.

❑ Most current data (2009) shows:
- o From 2004 to 2009, Lafourche, St. Charles, and Terrebonne parishes have shown rises in the rates of diabetes for the residents.
- o Terrebonne Parish with the highest rate of diabetes at 12.4%, followed by Lafourche Parish at 12% and St. Charles Parish a bit lower at 10.1%.
- o Obesity trends for the Lafourche and Terrebonne parishes in the Ochsner St. Anne study area remained relatively low and stable until the year 2007 in which rates jumped drastically (St. Charles Parish saw consistent rates).
- o For 2009, St. Charles saw 32.2% of their population as obese.
- o With the large jump in obesity, Lafourche and Terrebonne parishes now see more than one-third of their population as obese (35.7% and 38.9% respectively).
- o In alignment with the obesity trends seen for Lafourche and Terrebonne Parishes, we also see the trend of rising physical inactivity in these parishes, the relationship is evident.

❑ Even though Region 3 (i.e., Region 3: Assumption, **Lafourche, St. Charles**, St. James, St. John the Baptist, St. Mary, **Terrebonne**) reports a higher rate of the perception of risk among residents of drinking more than five drinks per week, the rate of binge drinking is higher for this region than is seen for the state (25.57% compared to 24.37% for the state).

- While the rate is lower than is seen for the state, 7.35% of the population of Region 3 report needing but not receiving treatment for alcohol dependence; this may be due to limited resources of the individual or of their community.

❑ Region 3, which includes Lafourche, St. Charles, and Terrebonne, reports higher rates of tobacco use and lower rates of the perception of risk of smoking than is seen for the state.

❑ Region 3 reports higher cocaine and non-medical use of pain-relievers than is seen for the state, but lower marijuana usage rates than the state.
  - Residents of Region 3 report needing but not receiving care for illicit drug use than is seen for the state (3.16%).

❑ More than one in every 10 individuals in Region 3 report having a serious psychological distress in the past year (this rate is higher than is seen for the state).

  - Terrebonne Parish shows the highest rate (7.1%) of head of households with a serious mental health condition, this rate is more than double the rate seen for Lafourche Parish (3.2%). The rate for St. Charles Parish is also high, nearly double the rate seen for Lafourche Parish (6.3% for St. Charles).

The eight community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Prevention and Health Education and Resident Accountability

❑ Stakeholders perceived an overall lack of access to education regarding preventive care. Ultimately, stakeholders believed there is a lack of education and services available to citizens for healthy living options and routines. Overall, stakeholder believed there is a general lack of knowledge about healthy life style choices, mixed with overall health not being a priority to some residents.

❑ Stakeholders felt heart-related issues exist and some are due to obesity. Stakeholders stated this is due to the dietary choices of the community, which these poor choices are generational and go back for decades.

❑ 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)

- o Children
- o Uninsured and working poor populations
- o Elderly populations
- o The overall community needs to have more services available to them in terms of preventative healthcare measures.

- ❑ Community stakeholders perceive the following as emerging community needs in the service area:
    - o Diabetes which relates to the obesity issue
    - o There has been a rise in the HIV/AIDS population
    - o Mental health, especially issues derived from abusing synthetic drugs, is becoming a greater community concern/issue

- ❑ 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?
    - o The local government is doing what they can to promote healthy initiatives. St. Anne's community steps up, as do some local school districts in ensuring healthy options are available to the community.
    - o In terms of cancer, the local Relay for Life organization is very active in the community. Specifically, they try to work with the community to get information out regarding preventative measures.
    - o While there are some resources available, there is not a sufficient amount of services available to meet the current and future demand. By conducting community and regional meetings designed to identify obstacles and solutions, agencies may initiate plans of action to address these concerns.

Conclusions and Recommended Next Steps

The majority of community needs identified through the Ochsner St. Anne General Hospital 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 Ochsner St. Anne region is 3.7; this score falls above the average for the scale (2.5), indicating a higher than average number of barriers to healthcare access for the Ochsner St. Anne region. Specifically, the Houma neighborhood (70363) reports the highest CNI score in the Ochsner St. Anne study area at 4.4 out of the worst possible of 5.0. 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. Houma shows the highest rates of: unemployment (8.4%), minority residents (47.2%), and married parents with children living in poverty (29.5%). Golden Meadow (70357) reports the highest rates of: uninsured residents (17.8%), limited English residents (3.7%), residents with no high school diploma (43.1%), and residents 65 and older living in poverty (31.9%). 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 specialty)
   ✓ **Areas of specific focus** identified in the needs assessment include:
      - *Access to Care: including primary, preventive and specialty*
      - *Health Insurance Coverage*

2) Access to community/support services to sustain a healthy environment
   ✓ **Areas of specific focus** identified in the needs assessment include:
      - *Access to Public Transportation*
      - *Economic Challenges*

3) Promotion of healthy lifestyles and behaviors (specific to chronic disease
   ✓ **Areas of specific focus** identified in the needs assessment include:

- *Prevention and Health Education and Resident Accountability*

Ochsner St. Anne General Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. Ochsner St. Anne General Hospital 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 diabetes. 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 St. Anne General Hospital 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.

- ❑ 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.