October 2018

Community Health Needs Assessment

Ochsner Medical Center - Kenner

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Introduction

Located in Kenner, Louisiana, Ochsner Medical Center – Kenner is an acute care community hospital servicing residents of Kenner and surrounding communities. With advantages of a large urban medical center in a community-based setting, Ochsner Medical Center – Kenner offers a full-range of services and award-winning care to meet all of a family's healthcare needs.

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and implementation strategies in order to improve the health and well-being being of residents within the communities served by the hospital(s). These strategies created by hospitals and institutions consist of programs, activities, and plans that are specifically targeted towards populations within the community. The execution of the implementation strategy plan is designed to increase and track the impact of each hospitals' efforts.

Tripp Umbach was contracted by Metropolitan Hospital Council of New Orleans (MHCNO) to conduct a CHNA for East Jefferson General Hospital, LCMC Health, Ochsner Health System, HCA Healthcare (Tulane Medical Center), Slidell Memorial Hospital, and St. Tammany Parish Hospital.[1] The overall CHNA involved multiple steps that are depicted in Chart 1. Additional information regarding each component of the project, and the results, can be found in the Appendices section of this report.

The MHCNO CHNA was spread among 15 Louisiana parishes and two Mississippi counties. This large geographic area was broken into six regional areas to aid comparison and analysis of primary and secondary data. Ochsner Medical Center – Kenner, Ochsner Medical Center Main, Ochsner Behavioral, and Ochsner Rehabilitation were included in the Jefferson Regional Profile, Ochsner West Bank was included in the West Bank Regional Profile, Ochsner North Shore was located in the North Shore Regional Profile, Ochsner Baptist was located in New Orleans, Ochsner St. Anne was located in the St. Anne Regional Profile, and Ochsner Baton Rouge was located in Baton Rouge.

The CHNA process undertaken by Ochsner Health System, along with East Jefferson General Hospital, LCMC Health, HCA Healthcare (Tulane Medical Center), Slidell Memorial Hospital, and St. Tammany Parish Hospital, with project management and consultation by Tripp Umbach, included input from representatives who represent the broad interests of the community served by the hospital facilities, including those with special knowledge of public health issues, data related to underserved, hard-to-reach, vulnerable populations, and representatives of vulnerable populations served by each hospital. Tripp Umbach worked closely with Working Group members to oversee and accomplish the assessment and its goals. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act.

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[1]Tripp Umbach worked closely with Working Group members composed of hospital administration leaders from participating hospitals and health systems. A complete Working Group member listing can be found in Appendix F.

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Data from government and social agencies provides a strong framework and a comprehensive piece to the overall CHNA. The information collected is a snapshot of the health of residents in Southern Louisiana, which encompassed socioeconomic information, health statistics, demographics, and mental health issues, etc. The CHNA report is a summary of primary and secondary data collected for Ochsner Medical Center - Kenner.

The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:

➢ Conduct a CHNA every three years.

➢ Adopt an implementation strategy to meet the community health needs identified through the assessment.

➢ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed, with the reasons why.

The Department of the Treasury and the IRS require a CHNA to include:

1. A description of the community served by the hospital facilities and how the description was determined.

2. A description of the process and methods used to conduct the assessment.

   - A description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.

   - A description of information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility.

   - Identification of organizations that collaborated with the hospital and an explanation of their qualifications.

3. A description of how the hospital organizations considered input from persons who represent the broad interests of the community served by the hospitals. In addition, the report must identify any individual providing input that has special knowledge of or expertise in public health. The report must also identify any individual providing input who is a "leader" or "representative" of populations.

4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.

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5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

6. A description of the needs identified that the hospital intends to address, the reasons those needs were selected, and the means by which the hospital will undertake to address the selected needs.[2]

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[2] The outcomes from the CHNA will be addressed through an implementation planning phase.

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Ochsner Medical Center – Kenner Primary Service Area

A comprehensive CHNA was completed for Ochsner Medical Center – Kenner which began in early 2018.

The primary service area for Ochsner Medical Center – Kenner was defined by ZIP codes that contain a majority (80 percent) of inpatient discharges from the health care facility. In 2018, a total of 26 ZIP codes were identified for Ochsner Medical Center – Kenner service area as containing a majority of inpatient discharges. The CNI information is represented in the below map as well as on the proceeding table (See Map 1 and Table 1).

Data from Truven Health Analytics was supplied to gain a deeper understanding of community health care needs.[3] The Community Needs Index (CNI), jointly developed by Dignity Health and Truven Health, assists in the process of gathering vital socioeconomic factors in the community. CNI is a strong indicator of a community's demand for various health care services. The CNI data will be used to quantify the implementation strategy efforts and plans for Ochsner Medical Center – Kenner.

Map 1: Ochsner Medical Center – Kenner – Study Area
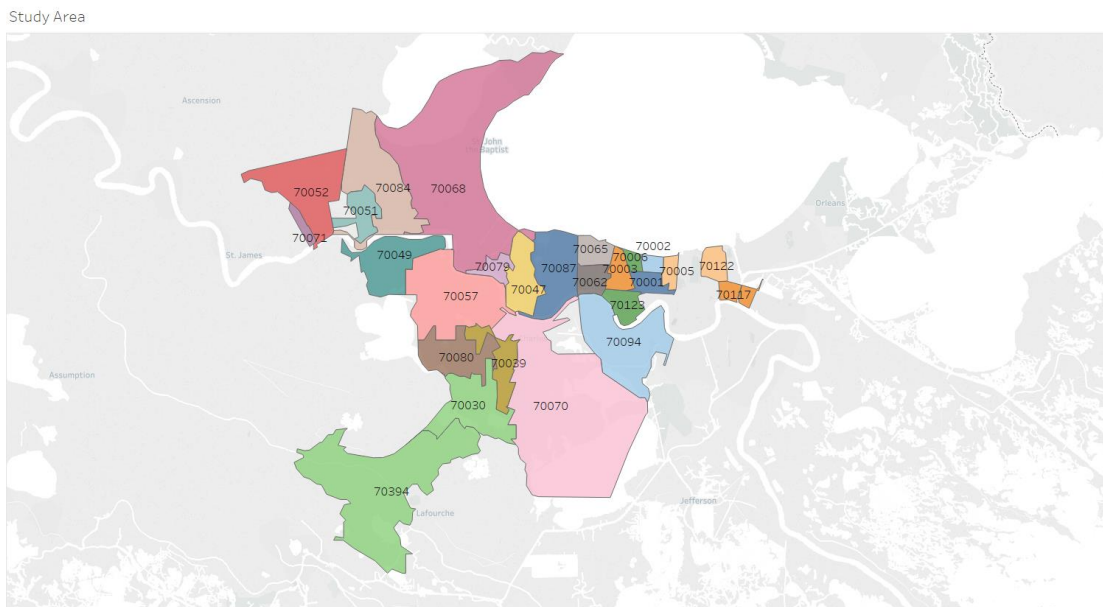
Note: Map is not to scale.
Source: Truven Health Analytics

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[3] Truven Health Analytics, formerly known as Thomson Reuters, is a multinational health care company that delivers information, analytic tools, benchmarks, research and services to a variety of organizations and companies. Truven Health Analytics uses: Demographic data, poverty data (from The Nielsen Company) and insurance coverage estimates (from Truven Health Analytics) to provide Community Needs Index (CNI) scores at the ZIP code level. Additional information on Truven Health Analytics can be found in the Appendices.

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Table 1: Ochsner Medical Center – Kenner – Study Area ZIP codes

|	ZIP Code	City	Parish
1.	70001	Metairie	Jefferson
2.	70002	Metairie	Jefferson
3.	70003	Metairie	Jefferson
4.	70005	Metairie	Jefferson
5.	70006	Metairie	Jefferson
6.	70030	Des Allemands	St. Charles
7.	70039	Boutte	St. Charles
8.	70047	Destrehan	St. Charles
9.	70049	Edgard	St. John the Baptist
10.	70051	Garyville	St. John the Baptist
11.	70052	Gramercy	St. James
12.	70057	Hahnville	St. Charles
13.	70062	Kenner	Jefferson
14.	70065	Kenner	Jefferson
15.	70068	LA Place	St. John the Baptist
16.	70070	Luling	St. Charles
17.	70071	Lutcher	St. James
18.	70079	Norco	St. Charles
19.	70080	Paradis	St. Charles
20.	70084	Reserve	St. John the Baptist
21.	70087	Saint Rose	St. Charles
22.	70094	Westwego	Jefferson
23.	70117	New Orleans	Orleans
24.	70122	New Orleans	Orleans
25.	70123	New Orleans	Jefferson
26.	70394	Raceland	Lafourche

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The CNI score is an average of five different barrier scores that measures various socioeconomic indicators of each community using the source data. The five barriers are income, culture, education, insurance, and housing. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

Reviewing information related to Ochsner Medical Center – Kenner's primary service area, ZIP code 70117 (New Orleans) had the highest 2017 CNI score at 5.0; while, 70051 (Garyville) and 70062 (Kenner) followed closely at 4.6 (more socioeconomic needs).

On the polar end, ZIP codes 70047 (Destrehan), 70030 (Des Allemands) and 70070 (Luling) had a CNI score of 2.4 and 2.6 respectively.

Map 2: Ochsner Medical Center - Kenner – 2017 CNI Map

City Zip Scores
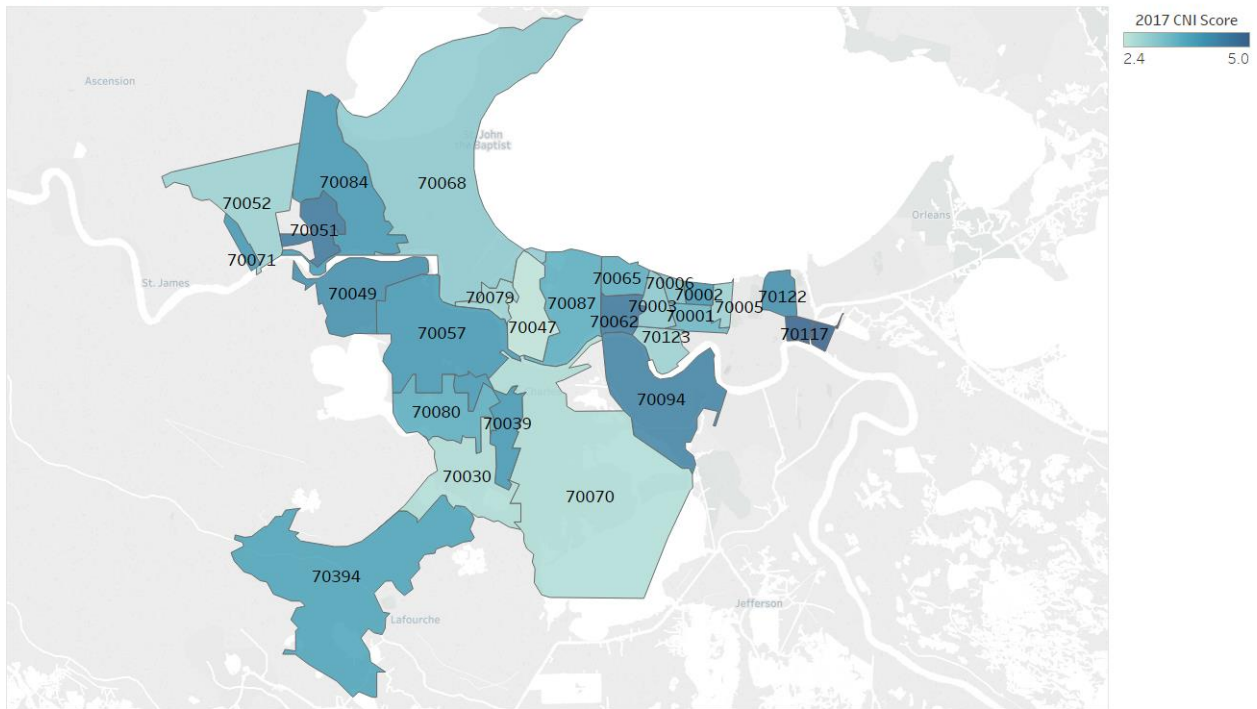
Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

1.99 to 1.00 (Low-socioeconomic barriers)

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A total of 20 of the 26 ZIP code areas (76.9 percent) for the Ochsner Medical Center – Kenner study area fell at or above the median score for the scale (3.0). Being above the median for the scale indicates that these ZIP code areas have more than the average number of barriers to health care access.

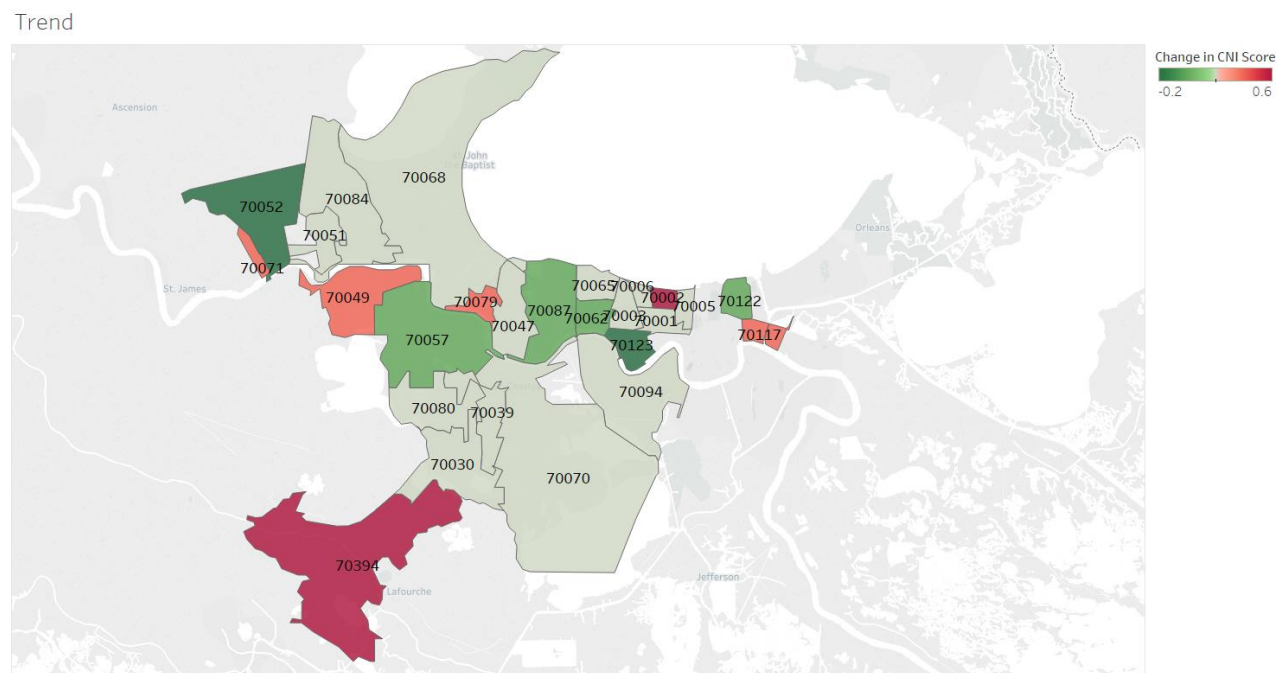**Table 2: Ochsner Medical Center - Kenner –CNI Scores**

ZIP Code	City	Parish	2017 CNI Score
70001	Metairie	Jefferson	3.4
70002	Metairie	Jefferson	4.0
70003	Metairie	Jefferson	3.0
70005	Metairie	Jefferson	2.8
70006	Metairie	Jefferson	3.2
70030	Des Allemands	St. Charles	2.6
70039	Boutte	St. Charles	4.0
70047	Destrehan	St. Charles	2.4
70049	Edgard	St. John the Baptist	4.2
70051	Garyville	St. John the Baptist	4.6
70052	Gramercy	St. James	2.8
70057	Hahnville	St. Charles	4.0
70062	Kenner	Jefferson	4.6
70065	Kenner	Jefferson	3.6
70068	LA Place	St. John the Baptist	3.0
70070	Luling	St. Charles	2.6
70071	Lutcher	St. James	4.0
70079	Norco	St. Charles	2.8
70080	Paradis	St. Charles	3.6
70084	Reserve	St. John the Baptist	4.0
70087	Saint Rose	St. Charles	3.6
70094	Westwego	Jefferson	4.4
70117	New Orleans	Orleans	5.0
70122	New Orleans	Orleans	4.2
70123	New Orleans	Jefferson	2.8
70394	Raceland	Lafourche	3.8

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In reviewing scores from 2016 and 2017, the map provides a geographic trending visual of the service area between the years. The light green to darker green color represents ZIP codes that have improved their overall CNI score. As the color changes certain ZIP codes face higher (worse) socioeconomic barriers (Map 3).

ZIP codes, 70002 (Metairie) and 70394 (Raceland) had the largest move between the years with 0.60 movement indicating factors have contributed to residents facing more socioeconomic barriers to health care.

ZIP codes 70049 (Edgard), 70117 (New Orleans), 70071 (Lutcher), and 70079 (Norco) in Jefferson and Lafourche parishes had the next largest change (0.40) between the years.

Map 3: Ochsner Medical Center - Kenner – CNI Trending Map

Note: Map is not to scale.

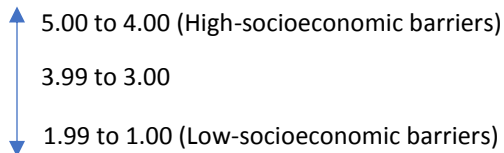Source: Truven Health Analytics

2017 CNI Score

5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

1.99 to 1.00 (Low-socioeconomic barriers)

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Table 3: Ochsner Medical Center - Kenner –Trending Scores

Zip Code	City	Parish	2017 CNI Score	2016 CNI Score	Difference
70001	Metairie	Jefferson	3.4	3.2	0.2
70002	Metairie	Jefferson	4.0	3.4	0.6
70003	Metairie	Jefferson	3.0	2.8	0.2
70005	Metairie	Jefferson	2.8	2.6	0.2
70006	Metairie	Jefferson	3.2	3.0	0.2
70030	Des Allemands	St. Charles	2.6	2.4	0.2
70039	Boutte	St. Charles	4.0	3.8	0.2
70047	Destrehan	St. Charles	2.4	2.2	0.2
70049	Edgard	St. John the Baptist	4.2	3.8	0.4
70051	Garyville	St. John the Baptist	4.6	4.4	0.2
70052	Gramercy	St. James	2.8	3.0	-0.2
70057	Hahnville	St. Charles	4.0	4.0	0.0
70062	Kenner	Jefferson	4.6	4.6	0.0
70065	Kenner	Jefferson	3.6	3.4	0.2
70068	LA Place	St. John the Baptist	3.0	2.8	0.2
70070	Luling	St. Charles	2.6	2.4	0.2
70071	Lutcher	St. James	4.0	3.6	0.4
70079	Norco	St. Charles	2.8	2.4	0.4
70080	Paradis	St. Charles	3.6	3.4	0.2
70084	Reserve	St. John the Baptist	4.0	3.8	0.2
70087	Saint Rose	St. Charles	3.6	3.6	0.0
70094	Westwego	Jefferson	4.4	4.2	0.2
70117	New Orleans	Orleans	5.0	4.6	0.4
70122	New Orleans	Orleans	4.2	4.2	0.0
70123	New Orleans	Jefferson	2.8	3.0	-0.2
70394	Raceland	Lafourche	3.8	3.2	0.6

Table 4: Ochsner Medical Center - Kenner – 2017 CNI Data

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
70001	Metairie	13.12%	19.18%	41.15%	5.46%	33.30%	11.67%	5.05%	5.64%	50.43%
70002	Metairie	11.68%	18.60%	49.80%	7.89%	42.08%	12.24%	6.77%	5.78%	46.68%
70003	Metairie	10.64%	16.72%	36.46%	3.97%	30.77%	12.34%	6.80%	4.64%	24.37%
70005	Metairie	8.57%	7.21%	24.68%	3.88%	17.53%	7.43%	5.00%	4.69%	37.11%
70006	Metairie	7.67%	13.62%	35.28%	5.92%	36.56%	10.30%	6.93%	4.39%	34.06%
70030	Des Allemands	5.73%	14.19%	38.92%	0.44%	14.35%	15.94%	5.23%	5.91%	13.89%
70039	Boutte	4.79%	20.00%	53.64%	0.91%	62.90%	15.97%	11.86%	5.23%	31.21%
70047	Destrehan	22.45%	8.62%	22.00%	1.58%	32.67%	8.76%	9.69%	3.52%	18.66%
70049	Edgard	26.44%	23.36%	45.16%	0.19%	95.09%	17.14%	15.95%	10.29%	22.62%
70051	Garyville	15.59%	41.82%	83.82%	0.32%	59.28%	22.37%	26.50%	8.08%	24.87%
70052	Gramercy	16.75%	16.47%	40.84%	0.11%	50.81%	12.75%	6.92%	4.45%	14.05%
70057	Hahnville	23.95%	30.38%	50.70%	0.67%	54.19%	23.91%	12.90%	7.25%	18.24%
70062	Kenner	26.27%	28.45%	48.83%	8.67%	63.36%	24.87%	12.35%	7.79%	48.96%
70065	Kenner	6.28%	13.98%	39.42%	6.92%	51.54%	12.03%	5.85%	4.29%	36.66%
70068	LA Place	13.60%	14.40%	22.33%	1.27%	60.43%	18.59%	8.40%	4.61%	19.26%
70070	Luling	4.94%	13.05%	34.77%	0.60%	24.26%	10.83%	6.45%	4.23%	17.01%
70071	Lutcher	26.29%	20.99%	49.71%	0.39%	52.79%	16.89%	14.47%	6.47%	20.84%
70079	Norco	11.35%	22.27%	54.90%	0.56%	14.97%	12.08%	4.73%	4.24%	19.54%
70080	Paradis	8.24%	11.98%	39.22%	0.46%	21.41%	17.44%	5.30%	6.13%	27.65%
70084	Reserve	11.82%	29.46%	50.28%	0.93%	58.74%	23.69%	13.44%	4.98%	24.16%
70087	Saint Rose	21.81%	13.46%	25.54%	3.07%	56.00%	16.75%	9.34%	5.68%	33.75%
70094	Westwego	14.81%	30.69%	47.97%	2.48%	58.35%	22.51%	11.64%	7.26%	30.95%
70117	New Orleans	28.71%	43.03%	54.89%	0.82%	78.11%	21.73%	11.48%	12.88%	50.26%
70122	New Orleans	20.43%	30.54%	48.50%	0.78%	86.55%	13.35%	11.03%	10.84%	38.16%
70123	New Orleans	11.01%	10.90%	27.96%	1.07%	21.30%	7.69%	3.21%	3.98%	39.96%
70394	Raceland	14.27%	25.92%	48.13%	1.26%	28.04%	23.85%	7.13%	5.45%	20.30%

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For the study area, ZIP code 70117 – New Orleans had a CNI score of 5.0 indicating significant barriers to health care access.

- ZIP code 70117 – New Orleans had the highest rates in the study area for seniors aged 65 or older living in poverty, children living in poverty, and residents who were uninsured.

- ZIP code 70062 – Kenner had the highest rates in the study area for residents with limited English and residents without a high school diploma.

- ZIP codes 70051 (Garyville) had the highest rates of impoverished single residents with children and residents who were unemployed.

- ZIP codes 70049 – Edgard had the highest rates of residents who self-identified as being a minority.

- 70001 in Metairie had the highest rates of residents who rent their homes (50.43 percent).

On the other end of the spectrum, the lowest CNI score for the study area is 2.4 in Destrehan (70047).

- ZIP code 70039 in Boutte reported the lowest rates for seniors aged 65 or older living in poverty (4.79 percent).

- ZIP code 70005 – Metairie reported the lowest rates of children living in poverty (7.21 percent) and those who had no high school diploma (7.43 percent).

- ZIP code 70047 – Destrehan reported the lowest rates of impoverished single residents with children (22.0 percent) and residents who were uninsured (3.52 percent).

- 70052 in Gramercy reported the lowest rate of residents with limited English (0.11 percent).

- Zip code 70030 in Des Allemands reported the lowest rates of residents who self-reported as being a minority (14.35 percent) and who rented their homes (13.89 percent).

- ZIP code 70123 had the lowest of residents who were unemployed.

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Methodology

A comprehensive CHNA process performed by Ochsner Medical Center - Kenner included the collection of primary and secondary data. Community organizations and leaders within the four-parish region were engaged to distinguish the needs of the community. Civic and social organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in the contribution of over 100 community stakeholders/leaders, organizations, and community groups.

The primary data collection consisted of several project component pieces. Community stakeholder interviews were conducted with individuals who represented a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health. Health provider surveys were collected to capture thoughts and opinions regarding health providers' community regarding the care and services they provide. Community representatives and stakeholders attended a community forum facilitated by Tripp Umbach to prioritize health needs, which will assist in the implementation and planning phase. A resource inventory was generated to highlight available programs and services within the service area. The resource inventory identifies available organizations and agencies that serve the region within each of the priority needs.

A robust regional profile (secondary data profile) was analyzed. The regional profile contained local, state, and federal data/statistics providing invaluable information on a wide-array of health and social topics.[4] Different socioeconomic characteristics, health outcomes, and health factors that affect residents' behaviors; specifically, the influential factors that impact the health of residents were reviewed and discussed with members of the Working Group and Tripp Umbach.

East Jefferson General Hospital, LCMC Health, Ochsner Health System, HCA Healthcare (Tulane Medical Center), Slidell Memorial Hospital, and St. Tammany Parish Hospital completed a community health needs assessment project through a collaborative partnership under the Metropolitan Hospital Council of New Orleans to identify the health needs of the communities they serve, while developing a deeper understanding of community needs and identifying community health priorities. The mission of the Metropolitan Hospital Council of New Orleans CHNA is to understand and plan for the current and future health needs of residents in its community. The community needs assessment process is a meaningful engagement and input was collected from a broad cross-section of community-based organizations, establishments, and institutions.

The health care environment is characterized by change and uncertainty. As change and uncertainty deepen, hospitals and health systems must continually enhance their ability to ensure value to their

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[4] For the regional profiles, Tripp Umbach cited the data years reflective of the year the CHNA was conducted. The data years from Community Commons vary for each data point. Some data points may be reflective of years prior to 2017. Tripp Umbach compiled and collected data that was currently available on the data sources' sites. Tripp Umbach provided data on specific outcome factors and measures that had "fresh" information.

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members and to assist diverse members with strategies and tools for improving the health of the population. Tripp Umbach facilitated the development of a comprehensive regional community health needs assessment approach for MHCNO and their partner hospitals to advance community health, promote wellness and prevention, and mobilize community partners to participate in addressing the health and well-being of the population. Tripp Umbach has found that community and regional CHNAs often bring about a greater understanding of the shared health issues across a community as well as opportunities for health systems and community organizations to share data and work collaboratively to address the health needs of the community.
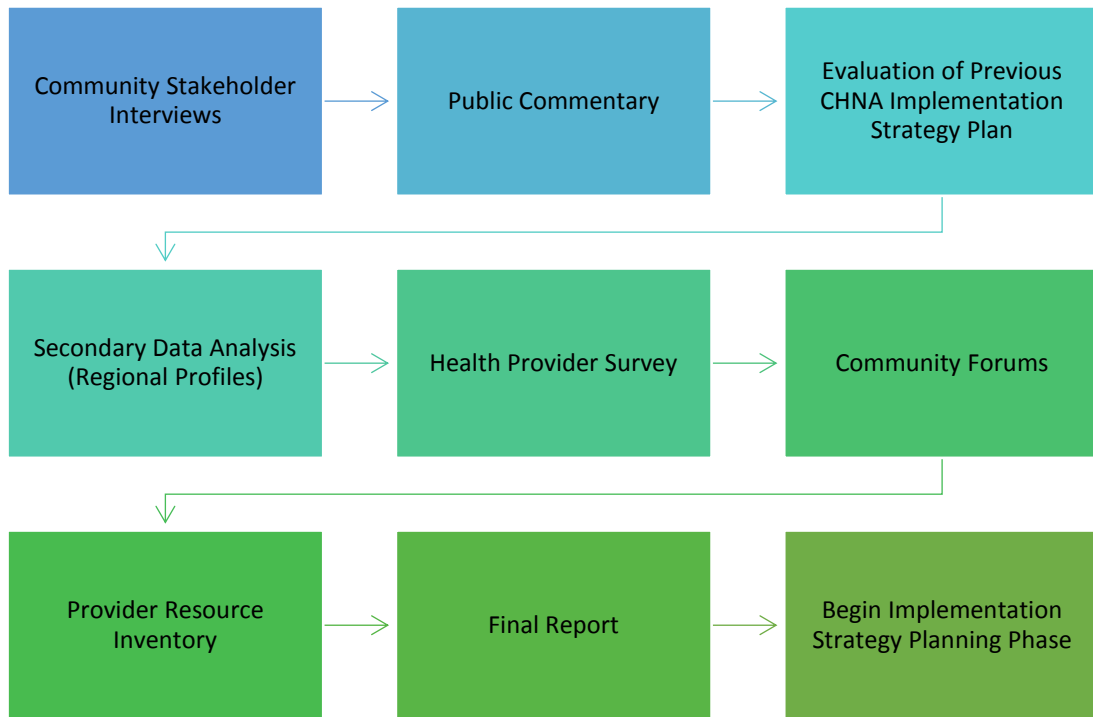
As such, the CHNA was developed through a regional approach. In total, six geographic or regional profiles emerged based on the location and primary service area of each participating hospital. The regional profiles were: Baton Rouge, Jefferson, New Orleans, North Shore, West Bank, and St. Anne (Raceland)/Lafourche region. Five community forums were conducted within the respective regional areas.[5]

Ochsner Health is located in St. Anne, Baton Rouge, Jefferson, New Orleans, North Shore, and West Bank regions; therefore, the results from the community forums were also reflective of the hospital/health institution within those respective regions. For reporting purposes, Tripp Umbach reported data based on a regional approach which encompassed ZIP codes and parishes which may not necessarily be reflective of Ochsner Health System specifically; however, the data and information is reflective of the health care institutions within those respective regions. A listing of facilities included in each region can be found in Appendix H.

Tripp Umbach provided benchmarking or trending data to track and observe movements in the primary and secondary data (where applicable). The overall CHNA involved multiple steps, which are depicted in the below flow chart.

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[5] A Baton Rouge community forum was not conducted by Tripp Umbach as the city of Baton Rouge is currently conducting an independent CHNA. Ochsner Medical Center – Baton Rouge is in a collaborative partnership with over 90 hospitals, non-profit organizations, local businesses, schools, and governmental institutions to significantly impact the city's health priorities under the Healthy BR Initiative. Healthy BR is working towards common goals to make Baton Rouge a healthier city as well as being an example of population health management. The final identified needs from the Healthy BR Initiative was reflective for Ochsner Medical Center – Baton Rouge.

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Chart 1: CHNA Process Chart

The CNI information compiled for analysis represented the Jefferson Study Area which consisted of 62 ZIP codes located across Jefferson, Orleans, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany parishes. The information collected from these specific ZIP codes will assist in future health care planning services, community benefit contributions, and programming efforts. (See Map 4.)

Map 4: Jefferson Region - Study Area

Note: Map is not to scale.

Source: Truven Health Analytics

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The study area shows that the six parishes are projected to have a population growth from 2017-2022. The Jefferson Study Area encompass 1,234,590 residents.

Jefferson Parish encompasses 437,303 residents and is the largest parish in the study area, next to Orleans Parish with 399,567. From 2017 to 2022 the Jefferson Region is projected to experience a 23.6 percent overall increase in population or 54,458 residents. St. John the Baptist is projected to have a population decrease of -1.22 percent or -542 residents. (See Table 5.)

Table 5: Jefferson Region- Area Population Snapshot

	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	USA
2017 Total Population	437,303	399,567	47,213	51,155	44,436	254,916	4,706,135	325,139,271
2022 Projected Population	444,708	427,656	51,603	51,713	43,894	269,474	4,839,118	337,393,057
# Change	7,405	28,089	4,390	558	-542	14,558	132,983	12,253,786
% Change	1.69%	7.03%	9.30%	1.09%	-1.22%	5.71%	2.83%	3.77%

Source: Truven Health Analytics

The representation of males and females in the overall study area and the state are similar. (See Chart 2.)

Chart 2: Jefferson Region - Gender

Source: Truven Health Analytics

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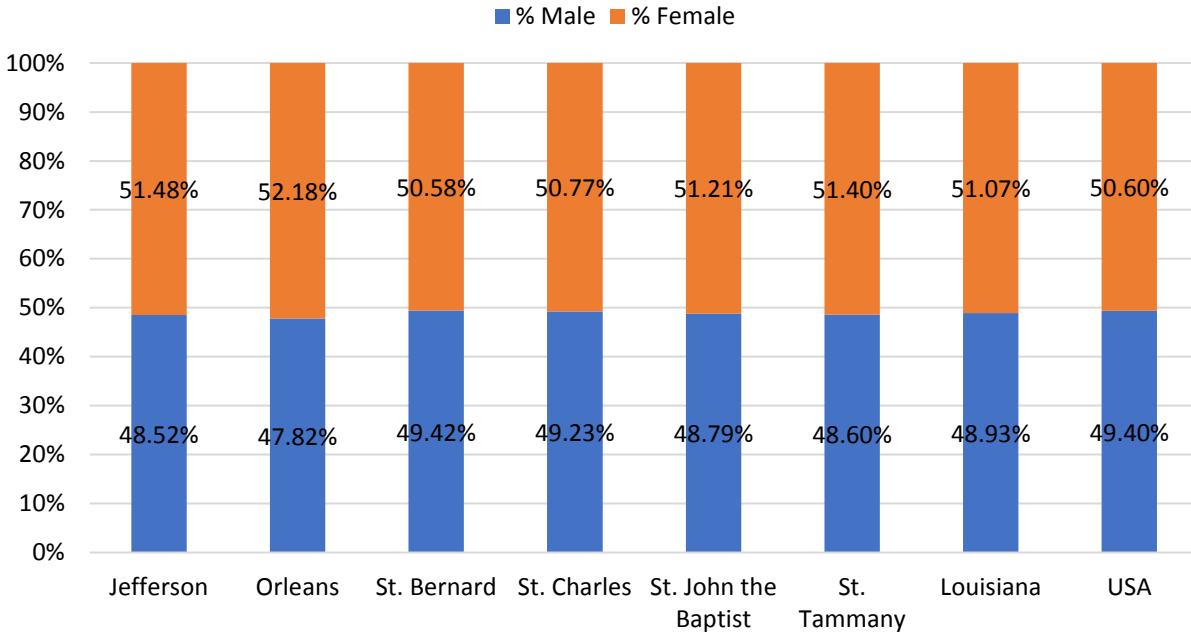
Chart 3 illustrates the distribution of educational attainment among residents in the study area. St. Tammany Parish reports the lowest rate of residents with 'Less than a high school' degree (3.55 percent) for the study area. St. Bernard Parish has the highest number of residents with a high school degree (42.72 percent). Orleans Parish reports the highest rate of residents with a bachelor's degree or higher (35.06 percent) for the study area. (See Chart 3.)
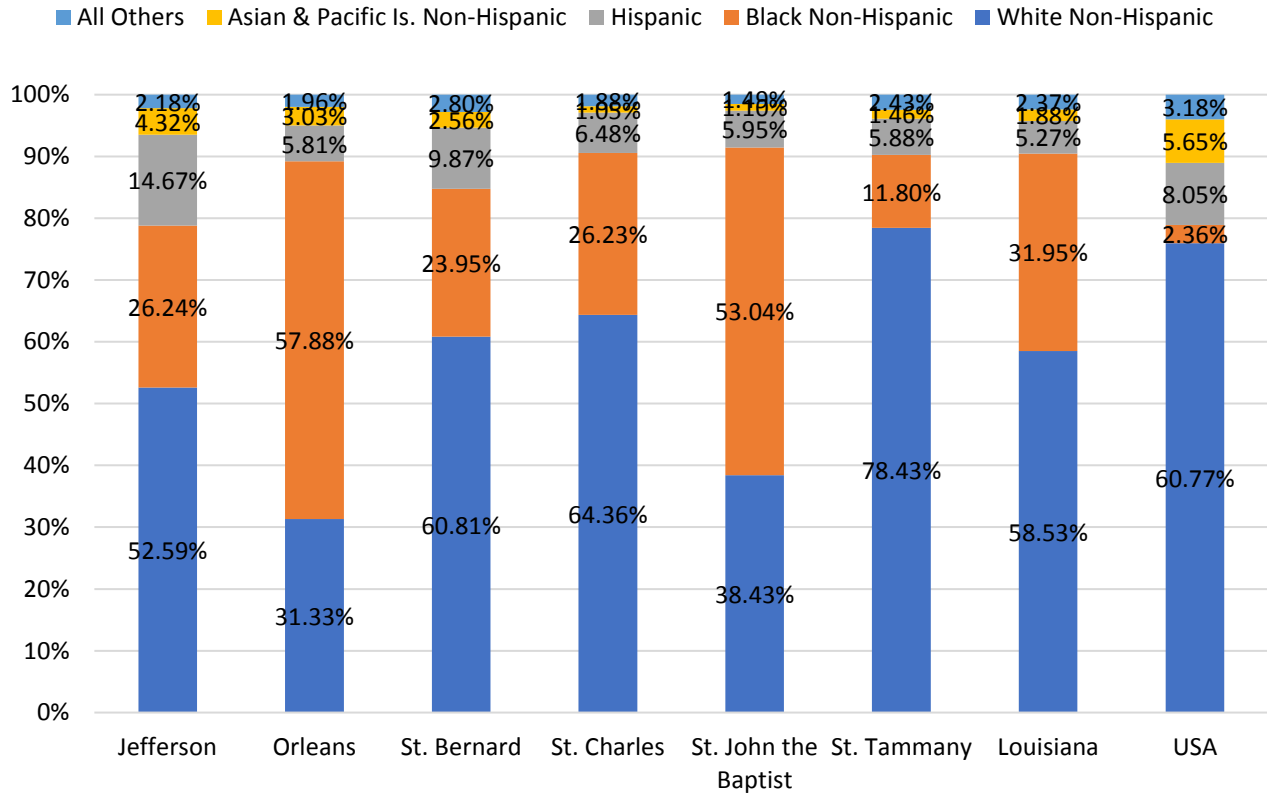
Chart 3: Jefferson Study Area - Education Level
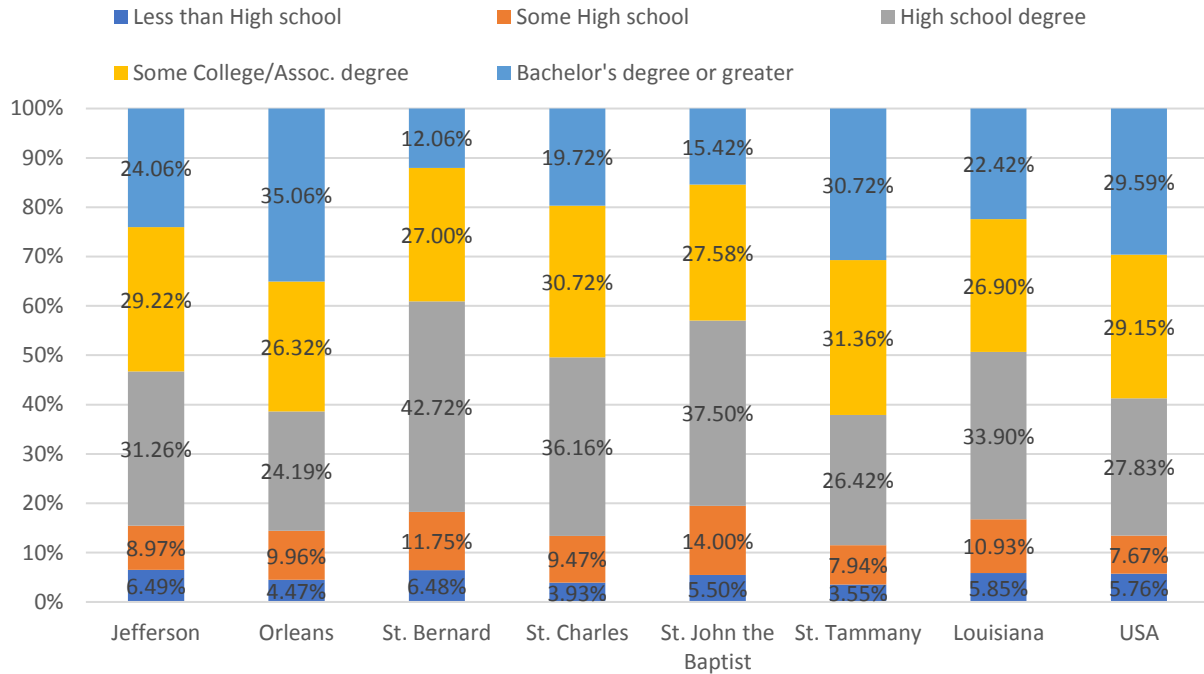
Source: Truven Health Analytics

Chart 4 shows the diverse mixture of race/ethnicity represented in the study area. Orleans Parish reports the largest black, non-Hispanic population percentage for the study area (57.88 percent); while St. John the Baptist reports the next highest percent of black, non-Hispanics (53.04 percent). St. Tammany Parish reports the highest white, non-Hispanic population across the study area at 78.43 percent; higher than the state (58.53 percent) and nation (60.77 percent). (See Chart 4.)

**Chart 4: Jefferson Study Area - Race/Ethnicity**

Legend: ■ All Others ■ Asian & Pacific Is. Non-Hispanic ■ Hispanic ■ Black Non-Hispanic ■ White Non-Hispanic

Category	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	USA
All Others	2.18%	1.96%	2.80%	1.88%	1.49%	2.43%	2.37%	3.18%
Asian & Pacific Is. Non-Hispanic	4.32%	3.03%	2.56%	1.05%	1.10%	1.46%	1.88%	5.65%
Hispanic	14.67%	5.81%	9.87%	6.48%	5.95%	11.80%	5.27%	8.05%
Black Non-Hispanic	26.24%	57.88%	23.95%	26.23%	53.04%		31.95%	2.36%
White Non-Hispanic	52.59%	31.33%	60.81%	64.36%	38.43%	78.43%	58.53%	60.77%

Source: Truven Health Analytics

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Chart 5 reveals the breakdown of household income by parishes as St. Bernard Parish reports the lowest average household income of the entire study area at $61,301; this is also lower than state ($68,011) and national ($80,853) averages. St. Tammany Parish reports the highest average household income at $88,573.

Note: The red line provides a visual where the state income average lies.

Chart 5: Jefferson Study Area - **Average Household Income**
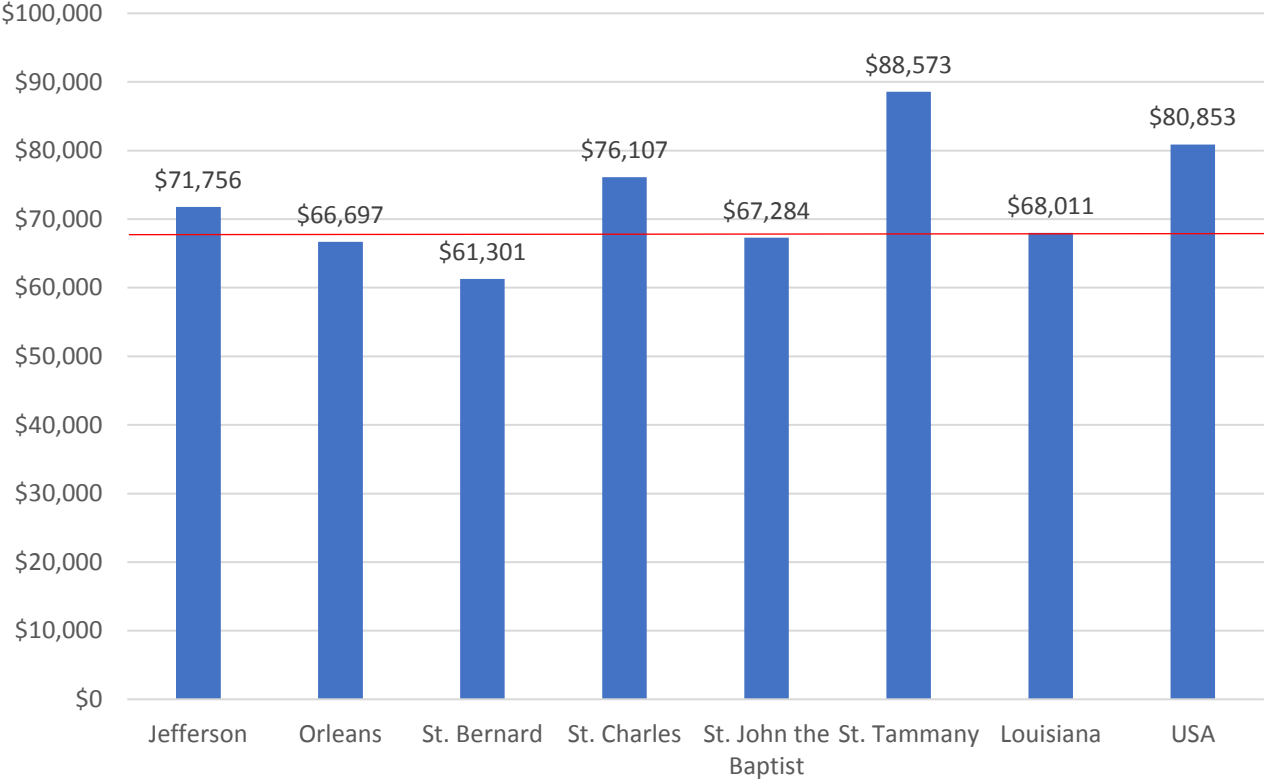
Source: Truven Health Analytics

CNI scores obtained by Truven Health Analytics were analyzed for the ZIP codes that make up the Ochsner Medical Center – North Shore service area. This analysis is an important part of the study. The CNI ZIP code summary provides valuable background information to begin addressing and planning for the community's current and future needs. The CNI provides greater ability to diagnose community needs as it explores ZIP code areas with significant barriers to health care access.

A CNI score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with greatest need. It is important to note that a low score (e.g., 1.0) does not imply that attention should not be given to that neighborhood; rather, hospital leadership should explore and identify the specific strategies employed to ensure a low neighborhood score.

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Examining the CNI scores of 2017, Chart 6 shows the average CNI score for each of the six study regions under the overall MHCNO scope. The Jefferson Study Area included Ochsner Medical Center, Ochsner Behavioral, Ochsner Kenner, and Ochsner Rehabilitation averaged 3.6; indicating that residents faced significant socioeconomic barriers to care. Ochsner St. Anne had a CNI score in 2017 of 3.6; while Ochsner Baton Rouge had a 2017 CNI of 3.4.

The New Orleans Study Area (which includes Ochsner Baptist) also reported an average CNI score of 3.6. The West Bank Study Area (includes Ochsner West Bank) reported the highest average CNI score at 4.1; indicating that residents face the highest socioeconomic barriers to care when compared to the remaining study areas.

On the polar end, residents in the North Shore Study Area (which includes Ochsner North Shore) report a lower score (3.1), indicating fewer socioeconomic barriers to care for residents.

Overall, all of the study regions increased their CNI scores from 2016 to 2017 and continue to report scores above the median for the CNI scale, with North Shore Study Area reporting the lowest score (3.1) and the West Bank Study Area reporting the highest (4.1).

Chart 6: Average CNI Scores of MHCNO Regional Profiles

Source: Truven Health Analytics

CNI Score

5.00 to 4.00 (High socioeconomic barriers)

3.99 to 3.00
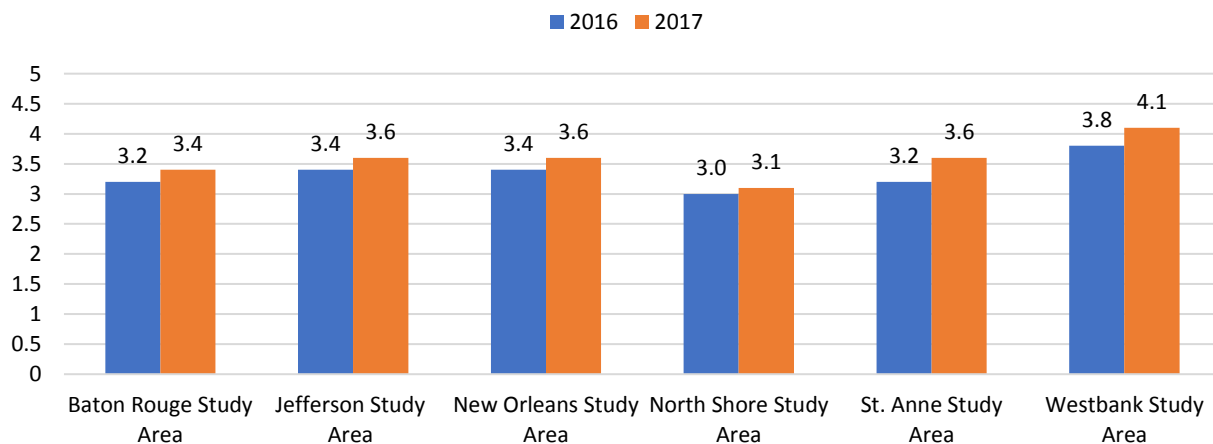
1.99 to 1.00 (Low socioeconomic barriers)
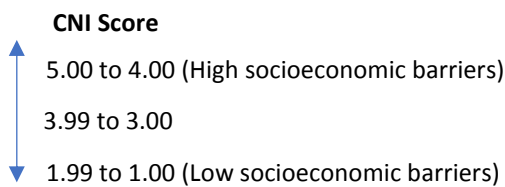
Key Community Needs

According to the Office of Disease Prevention and Health Promotion, a healthy community is "A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."[6] This idyllic description of a healthy community also has access to health services, ample employment opportunities, high-quality education, affordable, clean housing options, and a safe physical environment. The reduction of poor health outcomes and poor health behaviors are essential in order to build a healthy community. Collaboration and teamwork from community groups, health care institutions, government leaders, and social and civic organizations can also improve the health status of a community. Healthy partnerships can lead to building a strong community infrastructure which addresses and provides services to prevent and stem preventable diseases.

With the implementation of the PPACA, the pathway to affordable and obtainable health insurance services has been made accessible to once uninsured residents in Southern Louisiana. Coordinating health services and reducing health care costs are components in the execution of the PPACA. Accessibility and better care coordination to health services can be delivered through health care institutions and regional partners. Ochsner Medical Center - Kenner and their commitment to delivering high-quality health care services in collaboration with regional agencies and organizations can capitalize on existing resources to further expand community assets.

Ochsner Medical Center - Kenner continues to contribute towards regional programming efforts, educational initiatives, and high-quality patient care to improve the health and security of its community. Ochsner Medical Center - Kenner continues their obligation and devotion to their region not only with the completion of their CHNA but also with the implementation strategies and planning efforts involving strong partnerships with community organizations, health institutions, and regional partners through a comprehensive implementation strategy plan. Ochsner Medical Center - Kenner is a strong economic driver in Southern Louisiana with a strong focus on improving the health of the residents in their community and surrounding regions.

In the summer of 2018, key need areas were identified during the CHNA process through the gathering of primary and secondary data. The identified needs were:

A. Education

B. Behavioral Health (Mental Health & Substance Abuse)

C. Access to Care

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[6] Office of Disease Prevention and Health Promotion: https://health.gov/news/blog-bayw/2010/10/healthy-communities-means-healthy-opportunities/

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The identified community needs are depicted in order of priority in the chart below (See Chart 7.)

Chart 7: Ochsner Medical Center - Kenner Community Health Needs 2018

1. Education	2. Behavioral Health (Mental Health & Substance Abuse)	3. Access to Care

Priority 1: Education

Education is essential to successfully managing all aspects of life including health care needs, nutrition and food preparation, financial health needs, and basic life skills. Education provides the necessary tools to make informed decisions; where to look for information, determine its validity, and how to interpret and best apply it to the decision at hand. Typically, this knowledge is attained through a combination of trusted sources (e.g., home, school, and community); and continues to evolve as we live through experiences and increased exposure to the world. Today copious amounts of information are just a click away. Sifting through and deciphering what is true is a daunting task; especially, when experiencing a crisis.

Education plays a critical role in overall public health. Individuals without basic education and life skills are more likely to experience lifelong disadvantages such as lack of job opportunities, poor health outcomes, increased likelihood to engage in risky health behaviors, and a general inability to be self-supporting/productive and or to be a contributing member of society.

Education about health in schools is instrumental to laying a foundation of basic health knowledge and life skills to improve overall public health. Hungry or sick children do not perform well in classrooms compared to their healthy counterparts. Public health policies like the free/reduced-price lunch and free/low-cost health programs help to close these gaps. Physical education as part of a school's curriculum provides valuable knowledge regarding the importance of physical activity and other healthy behaviors to stay healthy.[7]

Nationally, 84 percent of students graduated from high school on time in 2016 and this percentage varies by race/ethnicity (see Chart 8). At the state level, 79 percent of students in Louisiana graduated from high school on time in 2016.[8]

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[7] National Center for Biotechnology Information: www.ncbi.nlm.nih.gov/pmc/articles/PMC4691207/#R9
[8] National Center for Education Statistics: https://nces.ed.gov/programs/coe/indicator_coi.asp

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Chart 8: Adjusted cohort graduation rate (ACGR) for public high school students, by race/ethnicity: 2015–16.
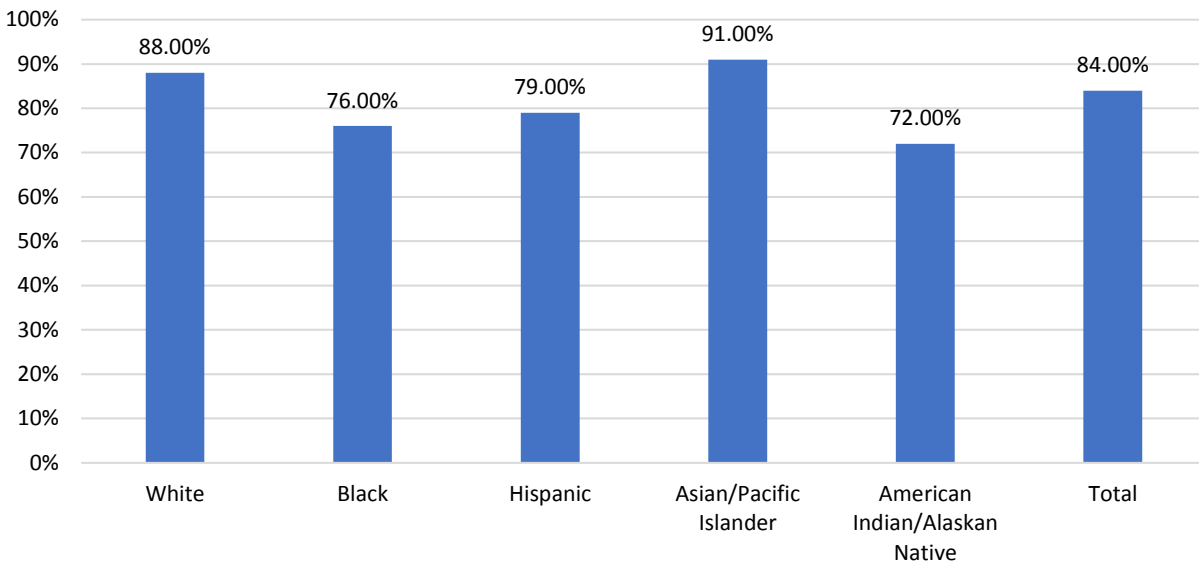
Source: U.S. Department of Education, Office of Elementary and Secondary Education

Reading and comprehension skills are important to helping us understand and interact with the world around us. The Nation's Report Card is the largest continuing and nationally representative assessment of what our nation's students know and can do in subjects such as mathematics, reading, science, and writing. Standard administration practices are implemented to provide a common measure of student achievement. The National Assessment of Educational Progress (NAEP) is a congressionally mandated project administered by the National Center for Education Statistics (NCES), within the U.S. Department of Education and the Institute of Education Sciences (IES).[9] The NAEP reading scale ranges from zero to 500.

The 2017 Reading State Snapshot Report revealed that the average reading score of eighth grade students in Louisiana was 257; lower than the national average score of 265. When compared to the rest of the United States, Louisiana's average reading score was lower than 41 other states/jurisdictions, not significantly different from nine, and only higher than the District of Columbia. The 2017 report also indicated score gaps among different student groups as well. Black students had an average score that was 27 points lower than white students. Hispanic students had an average score that was 16 points lower than that of white students. Students who were eligible for free/reduced-price school lunch, an

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[9] US Department of Education: www.nationsreportcard.gov/about.aspx

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indicator of low family income, had an average score that was 24 points lower than students who were not eligible. This performance gap was not significantly different from that in 1998 (20 points).[10]

In recognition of the serious lack of educational performance among students in Louisiana school districts, the Louisiana Department of Education created and implemented the Louisiana Believes initiative. Louisiana Believes is a cohesive academic plan that raises expectations and educational outcomes for students through five priority areas: Access to quality early childhood education, Academic alignment in every school and classroom, Teacher and leader preparation, Pathways to college or a career, and Supporting struggling schools. As a result of this focus, over the past five years, Louisiana has seen an increase in student performance in every measure both locally and nationally.[11]

Focusing on Jefferson Region, secondary data related to education from Truven Health Analytics shows that statistics vary widely from parish to parish and neighborhood to neighborhood. For example, Orleans Parish reports both the highest percentage of residents without a high school diploma (in ZIP code 70113 – New Orleans) at 29.66 percent and the lowest percentage (3.00 percent) in ZIP code 70148 – New Orleans. CNI rankings in the study area for education range from 1 (best ranking) to 5 (worst ranking). However, a majority of the ZIP codes scored at the higher end of the scale. CNI data illustrates a significant number of residents in the Jefferson Region that do not have or have not followed a path to education.

Chart 9 also illustrates marked differences in resident education among the six parishes included in the study area. For instance, 35.06 percent of residents in Orleans Parish have a bachelor's degree or greater verses only 12.06 percent of residents in St. Bernard Parish. Overall, 16.78 percent of Louisiana residents do not have a high school degree. St. John the Baptist and St. Bernard fare worse than the overall State of Louisiana with 19.50 percent and 18.23 percent, respectively, residents without a high school degree. Of the six parishes in the study area, only two parishes (St. Charles and St. Tammany) have less residents without a high school degree than both Louisiana and the nation.

[10] The Nation's Report Card:
https://nces.ed.gov/nationsreportcard/subject/publications/stt2017/pdf/2018039LA8.pdf
[11] Louisiana Department of Education: www.louisianabelieves.com/resources/about-us

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Chart 9: Education
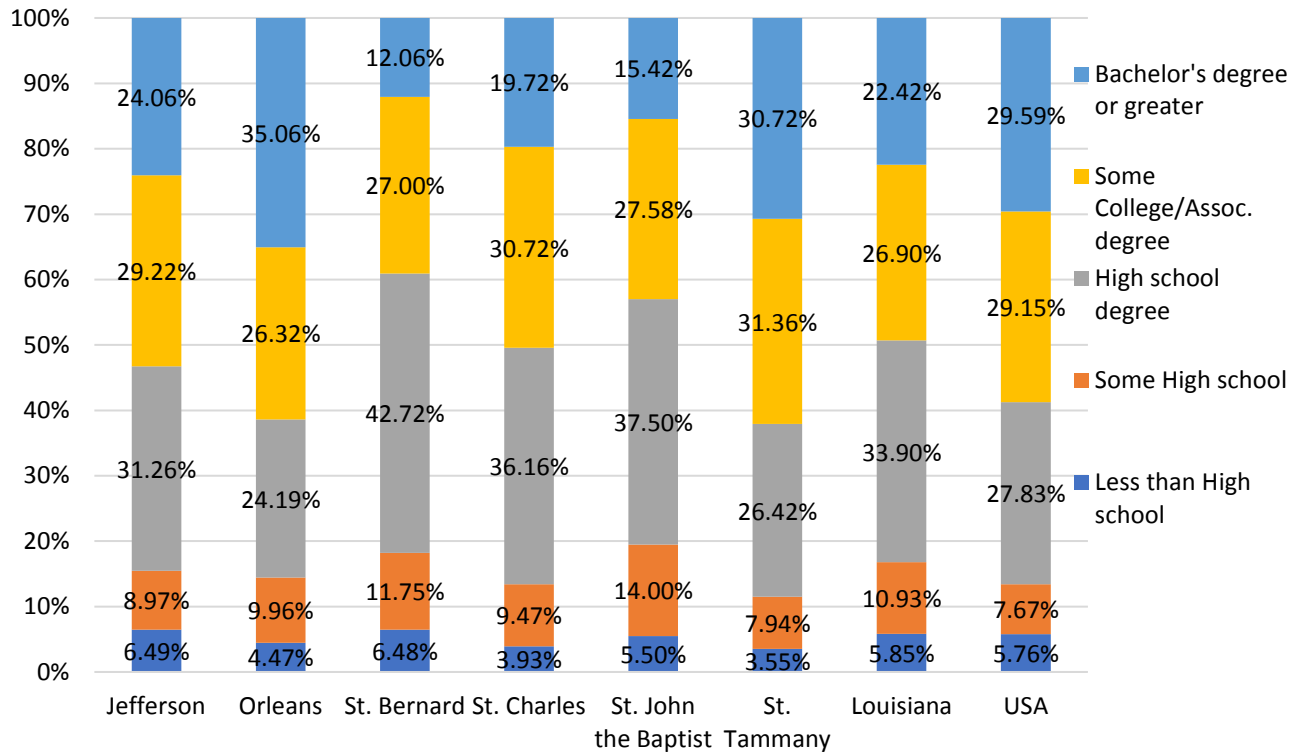
Source: Truven Health Analytics

Education is a crucial component in overcoming social determinants of health. Continuing to increase pathways to higher education and opportunities to develop skills valued by business and industry is important to mitigate the effects that social determinants of health have on residents of the Jefferson Region.

Health Education

Health education information related to chronic diseases can help reduce mortality and morbidity rates if lifestyles changes were also applied. Providing information to residents could motivate and encourage citizens to improve and maintain their health, prevent disease, and reduce risky behaviors. Information related to diet, exercise, and disease prevention can help individuals make positive healthy long-term decisions.

County Health Rankings and Roadmaps reports in 2018 a ranking of 9 for Jefferson Parish, 39 for Orleans Parish, 31 for St. Bernard Parish, 8 for St. Charles Parish, 22 for St. John the Baptist Parish and 2 for St. Tammany Parish for health outcomes (see Chart 10). The overall rankings in health outcomes represent how healthy counties (parishes) are within the state. The ranks are based on two types of measures:

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how long people live and how healthy people feel while alive. If rankings are to improve, health education, specifically concerning diet, exercise, and disease management, is vital to managing health conditions and practicing healthy behaviors. Changing health behaviors requires community residents to be committed and armed with adequate information in order to modify their current living habits.

Chart 10: 2018 County Health Rankings and Roadmaps Health Outcomes[12]

Health Outcomes
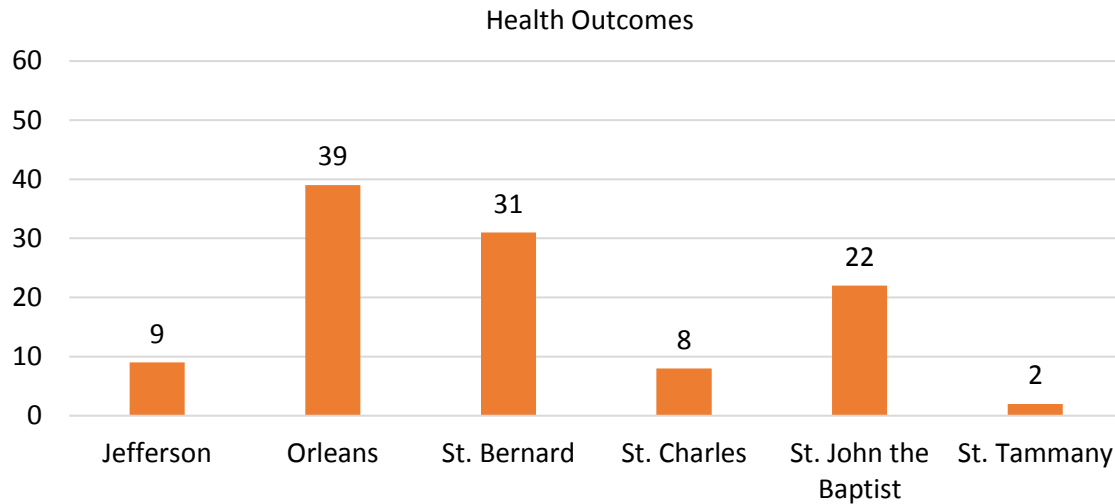
Source: County Health Rankings and Roadmaps

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[12] County Health Rankings are out of 65 parishes in Louisiana. By ranking the health of nearly-every county in the nation, the County Health Rankings and Roadmaps help communities understand what influences how healthy residents are and how long they will live. The comparisons provide context and demonstrate that where you live, and many other factors including race/ethnicity, can deeply impact one's ability to live a healthy life. The Rankings provide a snapshot of the parishes' health. A low-ranking score signifies a parish that does well in specific measures when compared to the remaining parishes in the state.

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Easy to understand programs designed around nutrition and healthy living could assist residents in understanding the long-term benefits of healthy living as the goal of health programs is to modify and establish healthy behaviors. Overall, education plays a significantly large role in how residents can improve health outcomes in that by attaining even a basic education (i.e., a high school degree) residents are better able to grasp the concepts of health education and the benefits of incorporating healthy behaviors into daily life.

Nutrition

The Office of Disease Prevention and Health Promotion reports that three-fourths of the population in the United States' eating pattern is low in vegetables, fruits, dairy, and healthy fats. More than half of the population is meeting or exceeding total grain and total protein foods recommendations and are not meeting the recommendations for the subgroups within each of these food groups. Most Americans exceed the recommendations for added sugars, saturated fats, and sodium. In addition, many people overconsume calories; leading to a high percentage of the population being overweight or obese. More than two-thirds of all adults and one-third of all children and youth in the United States are either overweight or obese.[13]

According to the American Public Health Association (APHA), chronic diseases such as heart disease, diabetes, and obesity are among the most common and costly health conditions impacting the nation's health. Such conditions account for seven out of 10 deaths annually, while managing and treating chronic disease eats up more than three-quarters of the country's health care costs. The APHA goes on to report that chronic diseases are not inevitable but often entirely preventable and are associated with unhealthy and risky behaviors; identifying just four behaviors as the root cause of a large portion of the nation's chronic disease burden. The four behaviors are physical inactivity, poor diet, smoking, and binge drinking.[14] The Louisiana Department of Health's Diabetes and Obesity Action Report showed that Louisiana Medicaid insurers paid more than $118 million in 2015 for claims related to members identified as obese and more than nine million dollars for claims related to hospitalizations with diabetes as the primary diagnosis.[15]

Community Commons data shows that residents within the Jefferson Region service area continue to struggle with high rates of obesity. The percentage of obese adults in Jefferson, St. Bernard, and St. Tammany parishes rose from 2015 to 2018. Jefferson saw the largest increase; going from 32.00 percent in 2015 to 35.40 percent in 2018. Only Orleans Parish saw a reduction in obesity percentages from the 2015 CHNA; going from 32.00 percent in 2015 to 31.70 percent in 2018. (See Chart 11.)

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[13] Office of Disease Prevention and Health Promotion: https://health.gov/dietaryguidelines/2015/guidelines/chapter-2/current-eating-patterns-in-the-united-states/
[14] American Public Health Association: https://apha.org/what-is-public-health/generation-public-health/our-work/healthy-choices
[15] Louisiana Department of Health: http://ldh.la.gov/assets/docs/BayouHealth/ACT210RS2013522.pdf

In response to rising obesity rates and the associated health risks, there are several initiatives across the State of Louisiana that target obesity, including Healthy Eating, Drinking Water, Physical Activity, and Physical Educations in schools.[16]

Chart 11: Obese Adults
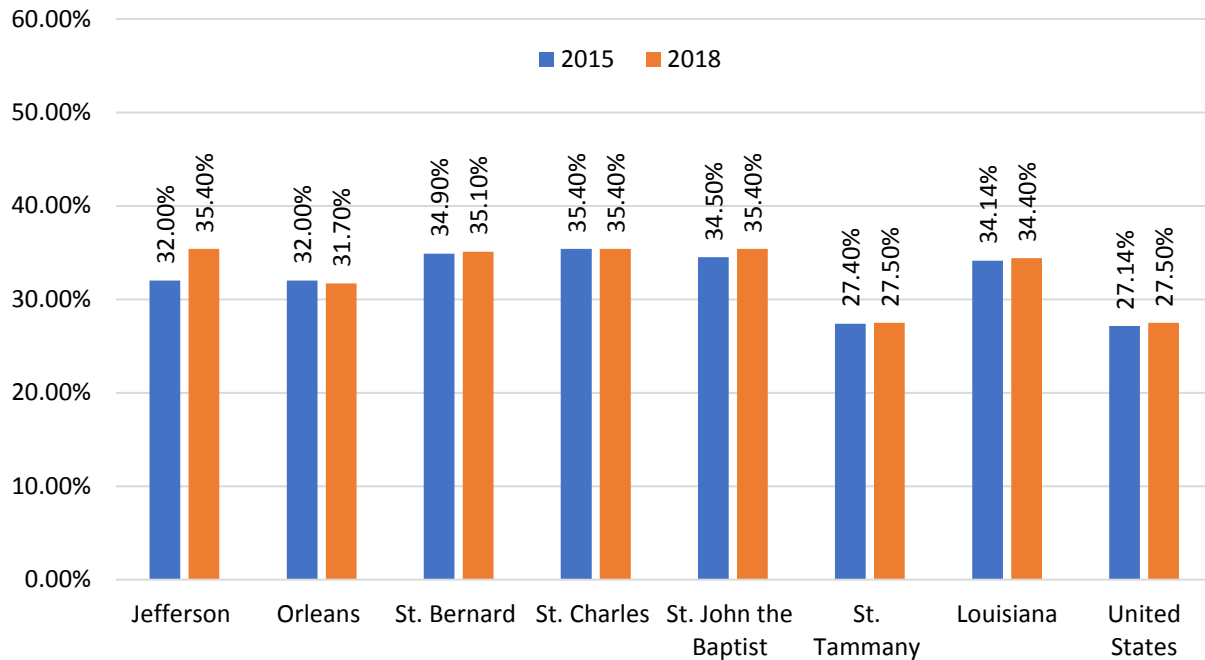
Source: Community Commons

The US Department of Health and Human Services guidelines recommend engaging in regular physical activity to promote cardiovascular health and muscle fitness.[17] Research shows that a total amount of 150 minutes a week of moderate-intensity aerobic activity, such as brisk walking, consistently reduces the risk of many chronic diseases and other adverse health outcomes.[18] 150 minutes per week breaks down to just 25 minutes per day, six days a week. In some communities, engaging in physical activity is limited due to lack of opportunities (e.g., walking trails, bicycle paths, and sports fields) and unsafe conditions (e.g., sidewalks, crime, and poor lighting).

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[16]The State of Obesity: https://stateofobesity.org/states/la/
[17] Office of Disease Prevention and Health Promotion: https://health.gov/paguidelines/guidelines/chapter1.aspx
[18] Office of Disease Prevention and Health Promotion: https://health.gov/paguidelines/guidelines/chapter2.aspx

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Eating more fruits and vegetables provides valuable nutrients your body can use to reduce risks for heart disease, stroke, and some cancers and helps manage body weight when consumed in place of more energy-dense foods. Consumption of fruits and vegetables is low across all states.[19]

Changes in behavior is often difficult and installing positive behaviors requires more discipline. Individuals who are overweight and or obese require a lifestyle change. The American Heart Association recommends obese patients participate in a medically supervised weight loss program two or three times a month for at least six months. The treatment plan for weight loss involves eating fewer calories than your body needs, getting aerobic exercise for 30 minutes most days of the week and learning the skills to change unhealthy behaviors.[20] There are ample strategies and methods available which can assist those who are looking to lose weight and the most basic plans includes the incorporation of a healthy diet and physical activity.

The World Health Organization (WHO) advises that a healthy diet helps protect against malnutrition in all its forms, as well as non-communicable diseases (NCDs), including diabetes, heart disease, stroke, and cancer. Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development, and may have longer-term health benefits, like reducing the risk of becoming overweight or obese and developing NCDs later in life.[21]

Almost half of adults in Louisiana (47.5 percent) reported consuming fruit less than one time per day and 32.7 percent reported consuming vegetables less than one time per day. Less than half of adults achieved the equivalent of at least 150 minutes of moderate intensity physical activity per week.[22]

America's Health Rankings provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental, and socioeconomic data to determine national health benchmarks and state rankings.[23] In 2017, the State of Louisiana ranked 13th in fruit consumption and eighth in vegetable consumption in America's Health Rankings. While these rankings are not poor, there is room for improvement. Unfortunately, Louisiana ranked in the bottom 10 for seven measures related to conditions impacted by nutrition and risky health behaviors. (See Table 6.)

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[19] Centers for Disease Control: www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm
[20] American Heart Association: www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp#.W3rw9S2ZNm8
[21] World Health Organization: www.who.int/news-room/fact-sheets/detail/healthy-diet
[22] Centers for Disease Control: www.cdc.gov/nccdphp/dnpao/state-local-programs/profiles/louisiana.html
[23] America's Health Rankings: www.americashealthrankings.org/

Table 6: 2017 America's Health Rankings

America's Health Rankings Measure	2017
Overall Behaviors	50
Diabetes	42
Heart Disease	45
Obesity	46
Physical Inactivity	43
Preventable Hospitalizations	47
Smoking	47

Source: America's Health Rankings

According to community leaders, residents in the Kenner region suffer from chronic diseases such as high blood pressure, diabetes, and cardiovascular diseases. Lack of affordable health care, unhealthy lifestyles, cultural differences and language are significant barriers to diagnosing and managing these conditions. A large part of the problem is awareness of how healthy choices and preventive health care can decrease complications surrounding chronic disease while increasing quality of life.

Diets high in unhealthy fats, high in salt and low in fresh produce contribute to the prevalence and hinder management of chronic diseases. Adding healthy options to restaurant menus, teaching healthy cooking classes and providing affordable opportunities for physical activity in the community will increase quality of life and the health of the entire community.

The Hispanic community can be resistant to seeking care due to cultural stigmas. Language barriers make it difficult for residents to understand their condition and follow treatment plans.

Community-based organizations, together with hospital leadership and city government, work tirelessly to educate at-risk populations on nutrition and navigating the health care system. Unfortunately, low literacy and significant language barriers inhibit comprehension and decrease the effectiveness of disseminated health information.

In response to the growing obesity problem in the state, Louisiana was awarded $1,156,686 in funding by the CDC's Division of Nutrition, Physical Activity and Obesity for programs related to state and public health actions, high obesity, and REACH. Louisiana applied the bulk of the award, $1,013,567, to high obesity programing conducted by Louisiana State University. The remaining balance went to the Louisiana Department of Health to be used towards state public health actions.[24] Louisiana State University enacted several initiatives to promote healthy eating and active living in parishes that have more than 40 percent prevalence of adult obesity. Louisiana High Obesity Program (HOP) identified Madison, St. Helena, Tensas, and West Feliciana parishes for the HOP.[25]

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[24] Centers for Disease Control: www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html
[25] Centers for Disease Control: www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/high-obesity-program/Lousiana-062018-508.pdf

The Louisiana Department of Health used the CDC's funding to launch Well-Ahead Louisiana WellSpot Designation Program to encourage and support organizations in creating healthier workplaces. Well-Ahead promotes chronic disease prevention efforts where Louisiana residents live, work, learn, and play. As of September 2017, 187 organizations started a worksite wellness program as a result of WellAhead. Examples include: Franciscan Missionaries of Our Lady Health System adopted a healthy vending policy ensuring at least 50 percent of vending options are healthy and Rainbow Child Care Center and 31 other WellSpots created a healthy meeting policy to make healthy food options available during employee meetings and events.[26]

With continued collaboration between state and local governing bodies, health care systems, workplaces, and community and faith-based organizations residents of Louisiana will be able to make the necessary changes to improve nutrition, stem the current obesity epidemic, and live longer, healthier lives.

Food Preparation

The way in which food is prepared and consumed greatly affects its nutritional value. A popular example in American culture is the potato. Its nutritional value depends on how it is prepared. When baked or boiled, potatoes are low in fat and calories and are a good source of healthy vitamins and nutrients like vitamins C and B6 and dietary fiber. However, when fried or mashed with large amounts of salt and high fat dairy, the nutritional value is reduced to almost zero.

The way we prepare and eat food often begins at home at an early age, being transferred from generation to generation and is heavily influenced by individual culture. Therefore, a challenge to shift from unhealthy methods to healthier methods. The food culture of the southern United States, including Louisiana, includes lots of fried foods and high sugar beverages.

Louisiana is one of eight states referred to by public health authorities as The Stroke Belt. The Stroke Belt is a region of the southern United States where studies show that the risk of stroke is 34 percent higher than the general population in other areas of the country. Researchers believe that high rates of obesity, cigarette smoking, and high blood pressure account for the increased risk of death from cardiovascular disease.[27]

Repeated and ongoing exposure to healthy food preparation methods at an early age increases the likelihood of children carrying these behaviors into adulthood and stemming the obesity epidemic currently affecting the United States. Educational and health care institutions can play an important role in food preparation education for children. Instilling healthy methods of food preparation at an early age

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[26] Louisiana Department of Health: www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/louisiana-worksite-wellness-success-story.pdf
[27] Heart Attack and Stroke Prevention Center: www.thepreventioncenter.com/cardiovascular-disease/stroke-belt/

is vital to ensuring the next generation is equipped to make healthy choices. For this same reason, it is also important to educate parents and caregivers of children on healthy food preparation methods.

Again, education level is a determining factor of how receptive individuals, especially adults with low educational attainment, will be to learn new behaviors and assimilate those behaviors into their daily routine. With education, adults can be made to see the major disservice done to children through unhealthy eating and how children are being set on a path doomed to obesity and chronic disease in adulthood.

Personalized Care

When we speak about personalized medicine it refers specifically to the use of genetics and genomics. An example of personalized medicine includes the use of specific tumor markers to guide therapy for breast cancer.[28] Due to recent technological advances in human genome mapping, the medical community has the capability to use a person's DNA to enable more accurate medical predictions and tailor care plans to specific individuals and specific diseases.[29] Personalized care is a broader platform that includes genetics but also includes any additional biologic information that helps foresee risk for disease(s) or how a patient will respond to treatments. Overall, personalized medicine allows health professionals to target treatment plans to specific individuals and specific diseases.

Personalized care increases the likelihood of patient compliance in that when a patient sees and feels positive results from following care plans and therapies, they are more likely to comply with medications and treatments. Patient compliance is mandatory to improve a health condition especially if it is chronic. In fact, without patient compliance in the instance of chronic disease, health will continue to deteriorate increasing consumption of health care resources and dollars; and, ultimately, the patient will die prematurely. Louisiana, and the Jefferson Region service area in particular, both continue to report high-rates of preventable hospital events and years of potential life lost.

St. Bernard Parish has the highest rate of preventable hospital events at 92.2 per 1,000 Medicare enrollees and was the only parish in the study area that saw an increase from 2015 to 2018. Orleans was the only parish with a rate of preventable hospital events below the nation (49.9 per 1,000 Medicare enrollees); Jefferson did follow closely at 50.0. Louisiana, along with a majority of the study area, reported rates well above the nation (see Chart 12.)

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[28] Cleveland Clinic: https://health.clevelandclinic.org/what-is-personalized-healthcare/
[29] Personalized Medicine Coalition: www.personalizedmedicinecoalition.org/Userfiles/PMC-Corporate/file/pmc_the_case_for_personalized_medicine.pdf

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Chart 12: Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)
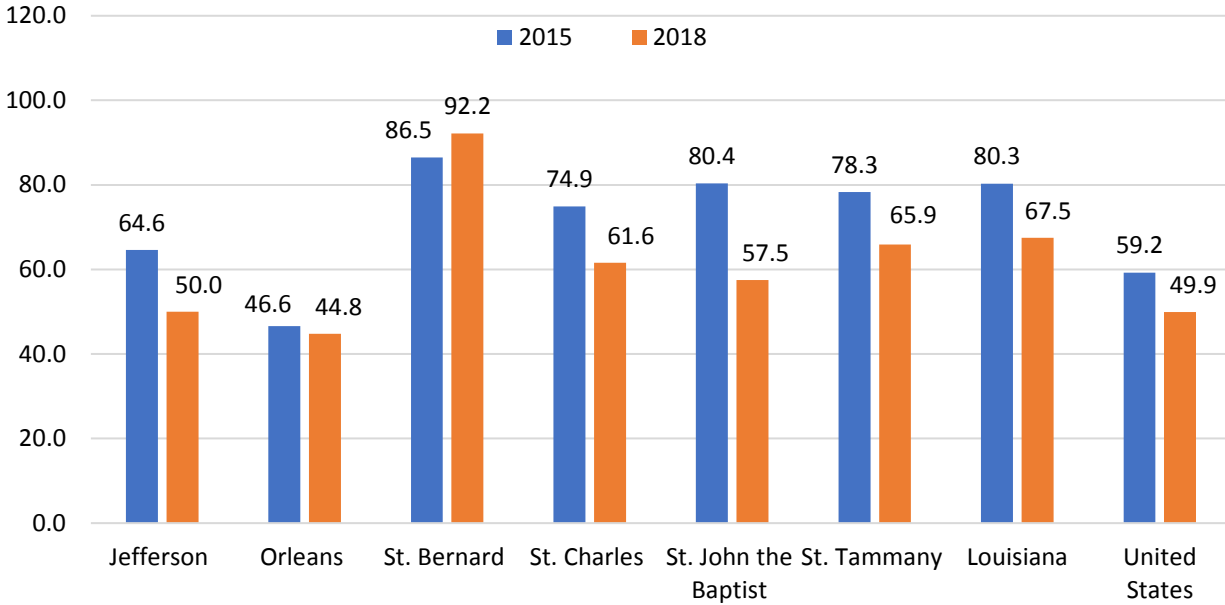
Source: Community Commons

For 2018, the years of potential life lost per 100,000 population in Louisiana was 9,587; higher than the nation by 2,365 years (7,222 per 100,000 population). Orleans and St. Bernard parishes reported rates higher than the overall state rate. Five of the six parishes in the study area did report a decrease from the 2015 rate. However, these parishes continue to report rates well above the nation. St. Tammany, while slight, did see a reduction in years of potential life lost from 7,253 in 2015 to 7,240 in 2018. (See Chart 13.)

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Chart 13: Years of Potential Life Lost (per 100,000 population)
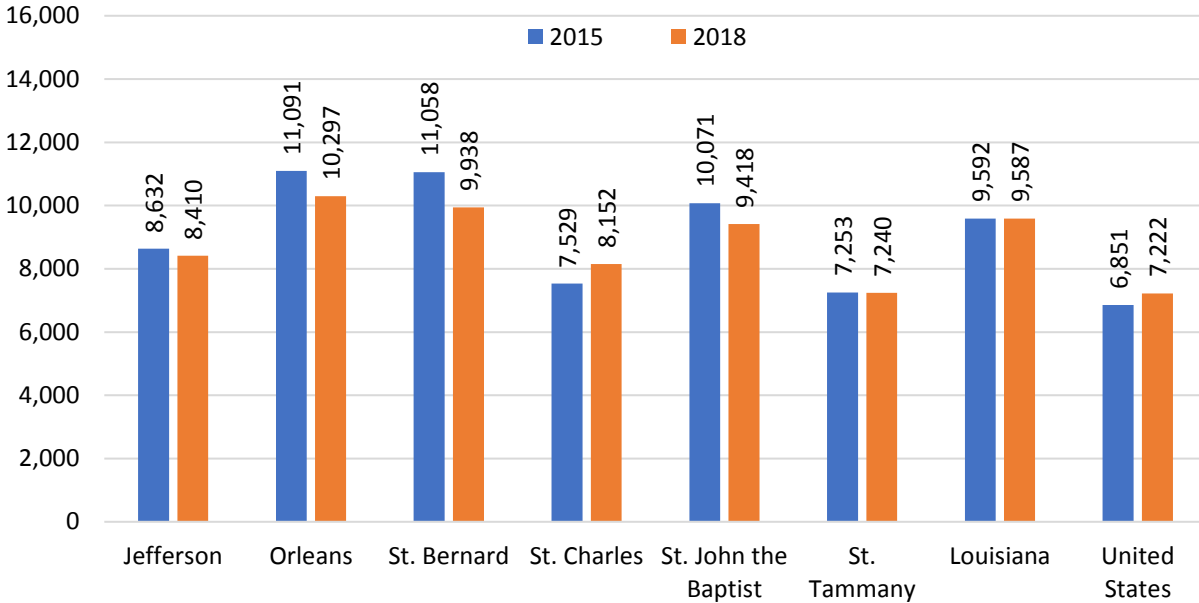
Source: Community Commons

The financial consequence of nonadherence is estimated to be in the hundreds of billions of US dollars. In addition to the financial burden, nonadherence is also a risk factor for very serious and often fatal complications; as many as 125,000 deaths each year. Factors influencing patient adherence are many and varied; patients misunderstand instructions or execute them incorrectly, patients forget, or just outright ignore health advice. The relationship between provider and patient is a can be a determining factor in patient compliance. It is important that providers realistically asses a patient's level of knowledge and understanding of the treatment plan and based on that assessment clearly and effectively communicate information. [30]

Not many adults have a long, established relationship with their health provider, making it difficult to know a patient well enough to determine the best strategy to ensure patient adherence. Providers have access to research and studies compiling many, varied ways to approach a non-compliant patient and not all strategies work for all patients. It is important that practitioners take the time to have open discussions with non-compliant patients to encourage a partnership approach to strategizing ways to encourage adherence.

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[30] National Center for Biotechnology Information: www.ncbi.nlm.nih.gov/pmc/articles/PMC1661624/

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Life Skills and Financial Management

Skills related to financial management are just as important in a household living at or below the federal poverty level as one living above; perhaps more so. Health care is costly, and many individuals postpone or avoid health care because of the costs involved; whether it be due to high co-pays and deductibles or having to pay the full cost out of pocket. Many lack the skills or education to find employment that offers health insurance or a sustainable wage.

How to educate heads of households on developing sound financial plans should be part of the overall health conversation. Financial stability is an important component of overall health. Being in financial crisis can be just as devastating to a family as a physical or mental health crisis. Financial crisis can sometimes be a cause of a physical or mental health crisis due to increased stress or not being able to purchase lifesaving medications.

The United Way studied the growing number of households that do not earn enough to afford basic necessities. This population, referred to as ALICE (Asset Limited, Income Constrained, Employed). The ALICE Project spans 15 states, one of which is Louisiana, representing nearly 40 percent of the US population. For each state, The ALICE report calculates the number of households that cannot afford a household survival budget, a basic budget that includes the cost of housing, child care, food, transportation, and health care. The state reports have identified millions of Americans that, despite living above the Federal Poverty Level, still cannot afford these five basic needs.

The ALICE Threshold is the average income a household needs to afford basic necessities as defined by the Household Survival Budget for each county in each state. The ALICE threshold includes both the ALICE population and poverty-level households. In 2014, 41 percent of the 152,788 households in New Orleans were below the ALICE Threshold. Approximately, 38 percent of Louisiana families with heads of household aged 25 to 64 earn below the ALICE Threshold. This is interesting because ages 25 to 64 are considered to be prime working years; when an individual should be able to meet monthly expenses and fund financial plans for future living expenses. Reduced wages, unemployment, underemployment and lack of cost of living increases in wages are all factors causing significant increases in the number of families meeting ALICE criteria.

Data gathered for the Greater New Orleans Community Data Center Report showed, by parish, the percentages of working aged residents in the study area that struggle with poverty (see Chart 14.)[31]

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[31] Source: Greater New Orleans Community Data Center 's Report – Poverty in Southeast Louisiana Post-Katrina: https://www.datacenterresearch.org/reports_analysis/poverty-in-southeast-louisiana/

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Chart 14: Working-Age Population in Poverty
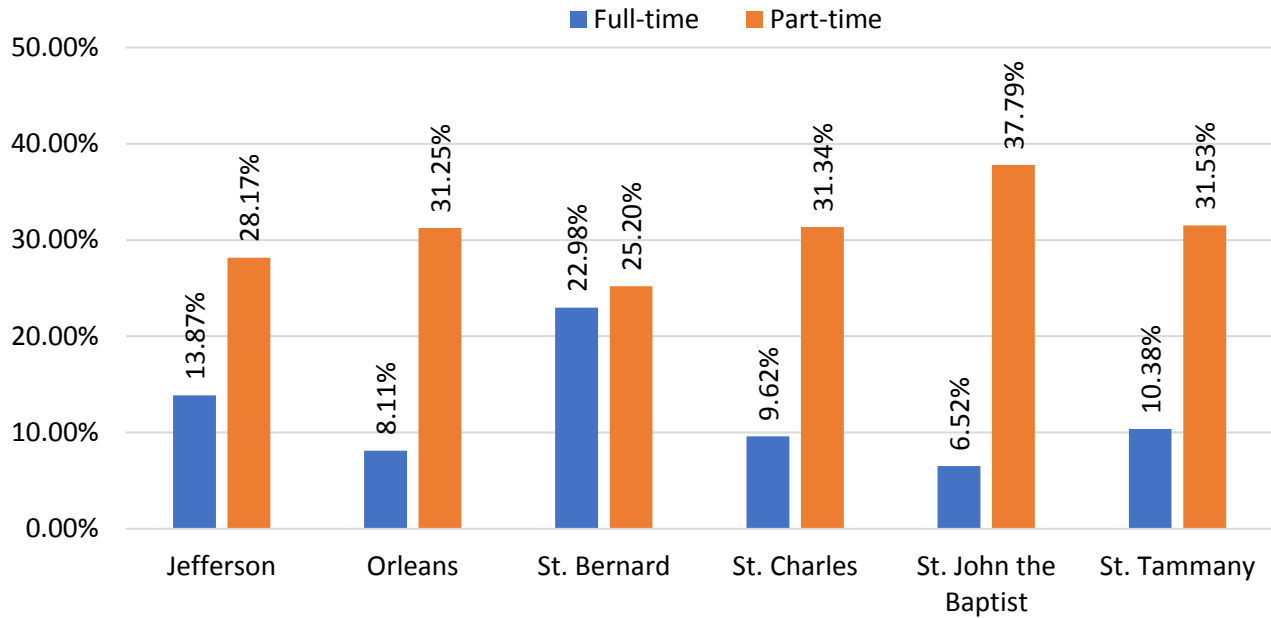
Source: Greater New Orleans Community Data Center 's Report

Table 7 depicts supporting CNI data related to poverty and unemployment in the Jefferson Region.

ZIP code 70051-Garyville in St. John the Baptist Parish reported 83.82 percent of residents (highest for the study area), are single parents with children living in poverty. The same ZIP code represented the highest percentage of unemployed residents at 26.50 percent.

Residents in ZIP code 70113 (Orleans) reported a high percentage of seniors aged 65 and older living in poverty (42.79 percent); followed by 32.03 percent of residents in 70112 (Orleans).

Further examination of data from Truven Health Analytics revealed the average household income in St. Bernard and St. John the Baptist parishes fall under the state income average of $68,011. (See Chart 15.) The low average household income aligns with single parents with children poverty rates in St. John the Baptist Parish.

Table 7: Community Need Index Poverty and Unemployment Data

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Unemployed
70001	Metairie	Jefferson	13.12%	19.18%	41.15%	5.05%
70002	Metairie	Jefferson	11.68%	18.60%	49.80%	6.77%
70003	Metairie	Jefferson	10.64%	16.72%	36.46%	6.80%
70005	Metairie	Jefferson	8.57%	7.21%	24.68%	5.00%
70006	Metairie	Jefferson	7.67%	13.62%	35.28%	6.93%
70030	Des Allemands	St. Charles	5.73%	14.19%	38.92%	5.23%
70031	Ama	St. Charles	0.78%	6.88%	23.26%	3.54%
70032	Arabi	St. Bernard	9.95%	28.29%	38.66%	9.76%
70039	Boutte	St. Charles	4.79%	20.00%	53.64%	11.86%
70043	Chalmette	St. Bernard	9.79%	25.91%	54.46%	10.49%
70047	Destrehan	St. Charles	22.45%	8.62%	22.00%	9.69%
70049	Edgard	St. John the Baptist	26.44%	23.36%	45.16%	15.95%
70051	Garyville	St. John the Baptist	15.59%	41.82%	83.82%	26.50%
70053	Gretna	Jefferson	14.41%	35.04%	51.14%	9.00%
70056	Gretna	Jefferson	9.32%	22.68%	45.59%	5.95%
70057	Hahnville	St. Charles	23.95%	30.38%	50.70%	12.90%
70058	Harvey	Jefferson	18.54%	24.38%	41.83%	5.32%
70062	Kenner	Jefferson	26.27%	28.45%	48.83%	12.35%
70065	Kenner	Jefferson	6.28%	13.98%	39.42%	5.85%
70068	LA Place	St. John the Baptist	13.60%	14.40%	22.33%	8.40%
70070	Luling	St. Charles	4.94%	13.05%	34.77%	6.45%
70072	Marrero	Jefferson	20.31%	25.43%	51.58%	5.70%
70075	Meraux	St. Bernard	8.41%	10.95%	37.56%	7.77%
70079	Norco	St. Charles	11.35%	22.27%	54.90%	4.73%
70080	Paradis	St. Charles	8.24%	11.98%	39.22%	5.30%
70084	Reserve	St. John the Baptist	11.82%	29.46%	50.28%	13.44%
70085	Saint Bernard	St. Bernard	11.34%	21.41%	33.33%	17.06%
70087	Saint Rose	St. Charles	21.81%	13.46%	25.54%	9.34%
70092	Violet	St. Bernard	10.63%	29.87%	60.08%	15.16%
70094	Westwego	Jefferson	14.81%	30.69%	47.97%	11.64%
70112	New Orleans	Orleans	32.03%	60.81%	72.00%	16.56%
70113	New Orleans	Orleans	42.79%	51.97%	71.27%	17.16%
70114	New Orleans	Orleans	28.57%	42.40%	64.06%	13.33%
70115	New Orleans	Orleans	15.94%	22.43%	49.27%	7.04%
70116	New Orleans	Orleans	21.96%	55.98%	69.23%	12.17%
70117	New Orleans	Orleans	28.71%	43.03%	54.89%	11.48%
70118	New Orleans	Orleans	20.14%	28.24%	46.58%	8.99%

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Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Unemployed
70119	New Orleans	Orleans	30.52%	45.70%	65.56%	12.21%
70121	New Orleans	Jefferson	13.19%	19.80%	39.37%	7.40%
70122	New Orleans	Orleans	20.43%	30.54%	48.50%	11.03%
70123	New Orleans	Jefferson	11.01%	10.90%	27.96%	3.21%
70124	New Orleans	Orleans	9.65%	4.19%	13.87%	3.56%
70125	New Orleans	Orleans	26.96%	39.76%	56.41%	11.11%
70126	New Orleans	Orleans	14.17%	49.95%	58.10%	16.75%
70127	New Orleans	Orleans	28.20%	45.51%	63.25%	12.43%
70128	New Orleans	Orleans	21.85%	33.29%	50.00%	8.94%
70129	New Orleans	Orleans	28.71%	39.05%	71.03%	11.04%
70130	New Orleans	Orleans	20.73%	19.70%	50.00%	7.19%
70131	New Orleans	Orleans	10.37%	19.09%	40.51%	8.64%
70148	New Orleans	Orleans	6.35%	18.18%	50.00%	4.55%
70420	Abita Springs	St. Tammany	7.28%	12.74%	33.15%	8.42%
70433	Covington	St. Tammany	8.52%	14.55%	44.35%	6.86%
70435	Covington	St. Tammany	10.47%	17.69%	50.32%	6.38%
70437	Folsom	St. Tammany	9.68%	18.21%	51.27%	6.96%
70445	Lacombe	St. Tammany	15.46%	14.89%	44.19%	8.66%
70447	Madisonville	St. Tammany	11.13%	5.40%	25.91%	4.83%
70448	Mandeville	St. Tammany	8.69%	3.28%	9.05%	5.80%
70452	Pearl River	St. Tammany	11.23%	28.11%	49.68%	8.69%
70458	Slidell	St. Tammany	12.83%	18.00%	50.09%	7.78%
70460	Slidell	St. Tammany	10.66%	22.56%	49.64%	9.69%
70461	Slidell	St. Tammany	11.38%	10.89%	26.85%	8.55%
70471	Mandeville	St. Tammany	14.80%	3.89%	10.36%	4.42%

Source: Truven Health Analytics

Chart 15: Average Household Income
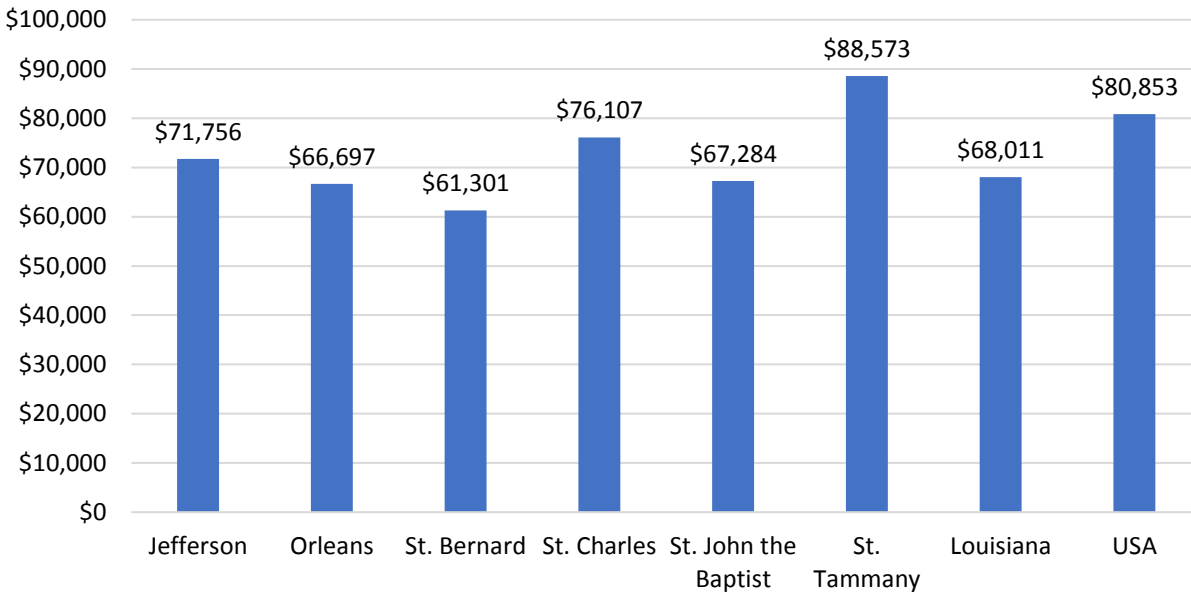
Source: Truven Health Analytics

According to the United Way, a family consisting of two adults with two children in child care living in Louisiana needs an operating budget of $46,020 to cover the basic necessities of housing, child care, food, health care, and transportation – plus taxes and miscellaneous costs. Most ALICE households do not qualify for Medicaid and cannot afford even Bronze Marketplace premiums and deductibles. Many of these households opt to pay the penalty for not having health insurance because it is the cheapest option. However, choosing this option does not improve health care in any way for these families and is an example of the difficult choice these households are forced to make.[32]

Two adults working 40 hours per week at ten dollars per hour gross $41,600 annually; this is almost $4,500 less than the ALICE threshold for a Louisiana family of two adults and two children. Minimum wage in Louisiana is $7.25 per hour. Legislation to raise the minimum wage continues to be defeated in Louisiana government.[33] This coupled with limited job opportunities and low educational attainment in the region inhibits community members from financial stability and self-sustainability.

Residents of Louisiana must have financial management skills if they are to stretch limited income to include health care costs and build assets to increase financial stability. Educational institutions can further this goal by offering classes and coursework that includes financial management especially

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[32] The United Way: www.dropbox.com/s/8rs2iurjqwyioic/16UW%20ALICE%20Report_MultiStatesSummery_12.23.16_Lowres.pdf?dl=0

[33] NOLA.com: www.nola.com/politics/index.ssf/2018/03/minimum_wage_equal_pay_john_be.html

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related to household budgeting, analyzing income versus expenses, food purchasing, and discerning trusted sources of financial advice and information.

Priority 2: Behavioral Health (Mental Health and Substance Abuse)

Mental disorders and substance use disorders affect people of all racial groups and socioeconomic backgrounds. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.[34] Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Having good mental health also includes the way you feel about yourself, the quality of relationships and the manner in how those relationships are managed. Good mental health is freedom from depression, anxiety, and other psychological issues. It also refers to the overall coping mechanisms of an individual.

Having a behavioral health condition is not the result of one event. Research suggests multiple, linking causes. Genetics, environment, and lifestyle influences whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime.[35]

Mental health is important at every stage of life, from childhood and adolescence through adulthood.[36] Families and individuals throughout the United States, and in particular, Southern Louisiana are susceptible to the rise of mental illness and substance abuse. In 2014, according to SAMHSA's National Survey on Drug Use and Health, an estimated 43.6 million (18.1 percent) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4 percent) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.[37]

People with serious mental and/or substance use disorders often face higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease; elevated risk factors due to high rates of smoking, substance misuse, obesity, and unsafe sexual practices; increased vulnerability due to poverty, social isolation, trauma and violence, and incarceration; lack of coordination between mental and primary health care providers; prejudice and discrimination; side effects from psychotropic medications; and, an overall lack of access to health care, particularly preventive care.[38]

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[34] World Health Organization: www.who.int/features/factfiles/mental_health/en/
[35] National Alliance on Mental Illness: www.nami.org/Learn-More/Mental-Health-Conditions
[36] U.S. Department of Health & Human Services: www.mentalhealth.gov/basics/what-is-mental-health
[37] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders
[38] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/wellness-initiative

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More and more providers are approaching patient health with an integrated care model because they realize the importance of treating the whole individual. Behavioral health impacts physical health and vice versa. With proper monitoring and treatment, individuals suffering from behavioral health issues can lead healthy, productive lives and be contributing members of the community. The difficulty lies in identifying these issues and linking these individuals with behavioral health services.

Data obtained from the Louisiana Department of Health (LDH) showed in May of 2018, 57,289 adults obtained outpatient mental health services in the state. The number of adults obtaining care has increased significantly over the years. Between 2016 and 2017, there was a roughly 50 percent increase in the number of adults obtaining outpatient mental health services (from 15,650 to 23,522 respectively); while in 2017 there was a 140 percent increase in the number of adults seen for outpatient services (from 23,522 to 57,289 respectively). (See Chart 16.)

Reviewing additional data, the number of adults receiving inpatient mental health services at a psychiatric facility as of May 2018 also rose steadily through the years. From 2017, the number of adults obtaining mental health care services tripled in 2018 (12,360). (See Chart 16.)

Chart 16: Mental Health: Adults receiving Mental Health Services as of May 2018
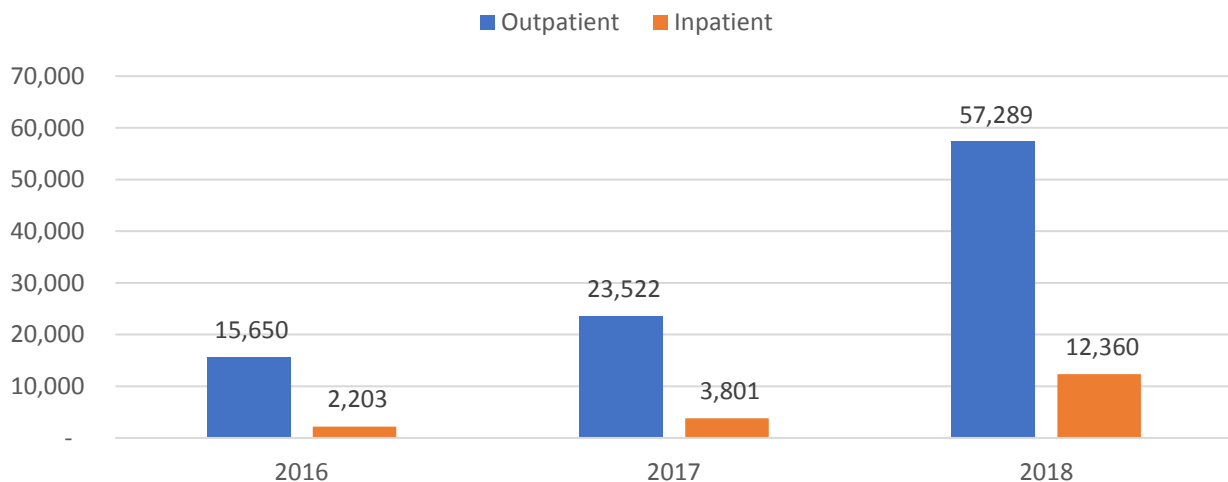
Source: Louisiana Department of Health

Reasons for not receiving mental health services according to SAMHSA's 2016 National Survey on Drug Use and Health revealed that cost (43.6 percent) was the main reason why adults 18 and older did not receive services, followed by "can handle problem without treatment" (30.6 percent), and "did not know where to go for services" (26.9 percent).[39] (See Chart 17.)

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[39] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015.htm

Chart 17: Reasons Not Receiving Mental Health Services (Adults Aged 18 or Older)

2015

Reason	Value
Could Not Afford Cost	43.6
Handle Prob. w/o Treatment	30.6
Not know where to go	26.9
No time	20.5
Treatment not help	12.9
Community/Neighbor neg. opinion	12.6
Insurance doesn't pay enough for treatment	10.8
Concerned being committed/having to take medicine	10.6
No need treatment at time	10.1
Not want others to find out	9.2
Negative effect on job	8.5
Concerned about confidentiality	7.9
Insurance doesn't cover treatment/counseling	7.0
No transp./inconvenient	3.9

Source: Substance Abuse and Mental Health Services Administration

Data from the provider health surveys revealed mental health and substance abuse services were the top two responses that were missing that would improve the health of residents in the community (14.4 percent and 11.2 percent respectively). More than one-third (37.7 percent) disagreed and 29.1 percent strongly disagreed that residents had access to mental/behavioral health providers in their region.

Suicide

Suicide is a major issue across the country and it is continuing to grow. Much of the increases driven by suicides occur in mid-life and are committed be men. Typically, having a mental health condition contributes to suicide; however, suicide is rarely caused by a single factor. Additional environmental factors can contribute to suicide such as unemployment, relationships, money issues, substance abuse, housing problems etc.

According to SAMHSA, in 2013, the highest number of suicides among both men and women occurred among those aged 45 to 54. The highest rates of suicides (suicides per 100,000) occurred among men

aged 75 and up and among women aged 45 to 54. Suicide was the second leading cause of death for young people ages 15 to 24 and for those aged 25 to 34. [40]

Having suicidal thoughts is a significant concern; however, having severe suicidal thoughts increases the risk of an individual attempting suicide. In 2014, an estimated 9.4 million adults (3.9 percent) aged 18 or older had serious thoughts of suicide in the past year. People aged 18 to 25 reported the highest percentage, followed by people aged 26 to 49, then by people aged 50 or older. Among high school students, more than 17.0 percent (approximately 2.5 million ninth through twelfth graders) have seriously considered suicide, more than 13.0 percent have made a suicide plan, and more than 8.0 percent have attempted suicide.[41]

According to the Centers for Disease Control and Prevention suicide is a leading cause of death as rates have steadily increased in nearly every state from 1999 through 2016. Louisiana saw an increase of 29.3 percent from 1999 to 2016.[42] (See Map 5.)

Map 5: Suicide in the U.S.
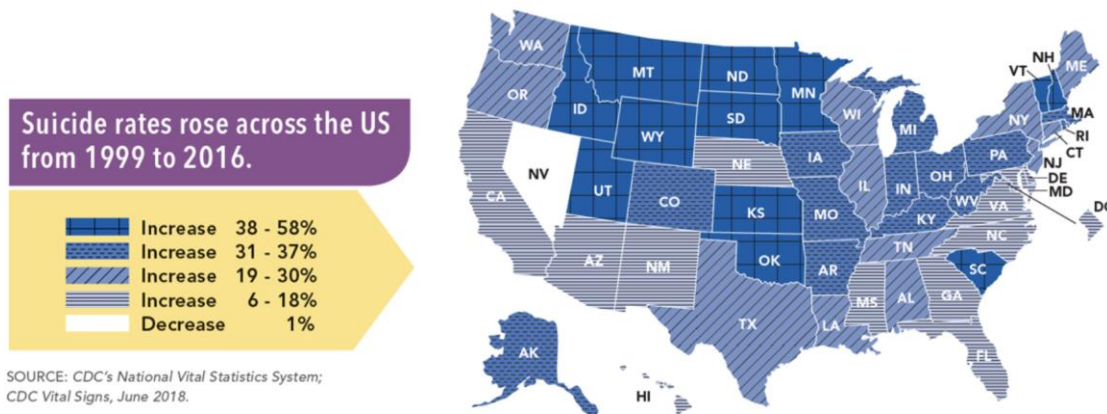
Source: Centers for Disease Control and Prevention

Community Commons data demonstrates the impact unmet mental health and substance abuse needs has had on residents of the Jefferson Region service area by reporting high rates for several key health outcome measures; drug overdose deaths, homicide deaths, premature deaths, suicides, and lack of emotional support. High rates in Orleans (38.2) and St. John the Baptist (28.9) parishes reveal the homicide rates are roughly three times higher when compared to the state (6.0) and nation (5.5). (See Table 8.)

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[40] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/suicide-prevention
[41] Ibid.
[42] Centers for Disease Control and Prevention: www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1

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Jefferson (27.4), Orleans (27.3), St. Bernard (34.2), St. Charles (22.2), and St. Tammany (25.4) parishes report high drug overdose rates when compared to the state (17.6) and nation (15.6). St. John the Baptist (15.1) reports the lowest rates in the Jefferson Regional Study Area. (See Table 8.)

Data also reveal high suicide rates in Jefferson (12.4), Orleans (9.9), St. Bernard (15.4), St. Charles (13.2), St. John the Baptist (10.0), and St. Tammany (15.7) parishes when compared to the state (5.8) and nation (13.0). St. Tammy Parish reports low suicide rates in the study area (4.3). (See Table 5.) The Healthy People 2020 goal is to be under or equal to 10.2 per 100,000 population.

St. Charles (19.3 percent), St. John the Baptist (20.5 percent), and St. Tammany (18.1 percent) parishes report lower percentages of residents who lack social or emotional support when compared to the state (21.7 percent) and the nation (20.7 percent). This indicator reports adults 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. (See Table 8.)

Table 8: Health Outcomes & Social and Economic Support[43]

	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	USA
Drug Overdose Death Rate (per 100,000 pop.)	27.4	27.3	34.2	22.2	15.1	25.4	17.6	15.6
Homicide Death Rate (per 100,000 pop.)	13.5	38.2	8.6	8.5	28.9	4.3	6.0	5.5
Premature Death Rate (per 100,000 pop.)	8,410	10,297	9,938	8,152	9,418	7,240	9,587	7,222
Suicide Rate (per 100,000 pop.)	12.4	9.9	15.4	13.2	10.0	15.7	5.8	13.0
Lack of Social or Emotional Support	23.6%	24.5%	29.5%	19.3%	20.5%	18.1%	21.7%	20.7%

Source: Community Commons

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[43] Community Commons: www.communitycommons.org

The Louisiana Department of Health metrics related to substance abuse shows the number of adults receiving substance abuse services, both inpatient and outpatient, has increased exponentially since 2016. In May of 2018, 10,290 adults obtained outpatient substance abuse services in the state. The number of adults obtaining care has increased significantly over the years. Between 2016 and 2017, there an increase in the number of adults obtaining outpatient substance abuse services (from 2,267 to 3,647 respectively); in 2017 there was a 2.8 percent increase in the number of adults seen for outpatient services (from 3,647 to 10,290 respectively). (See Chart 18.)

Chart 18: Substance Abuse: Adults Using Service as of May 2018
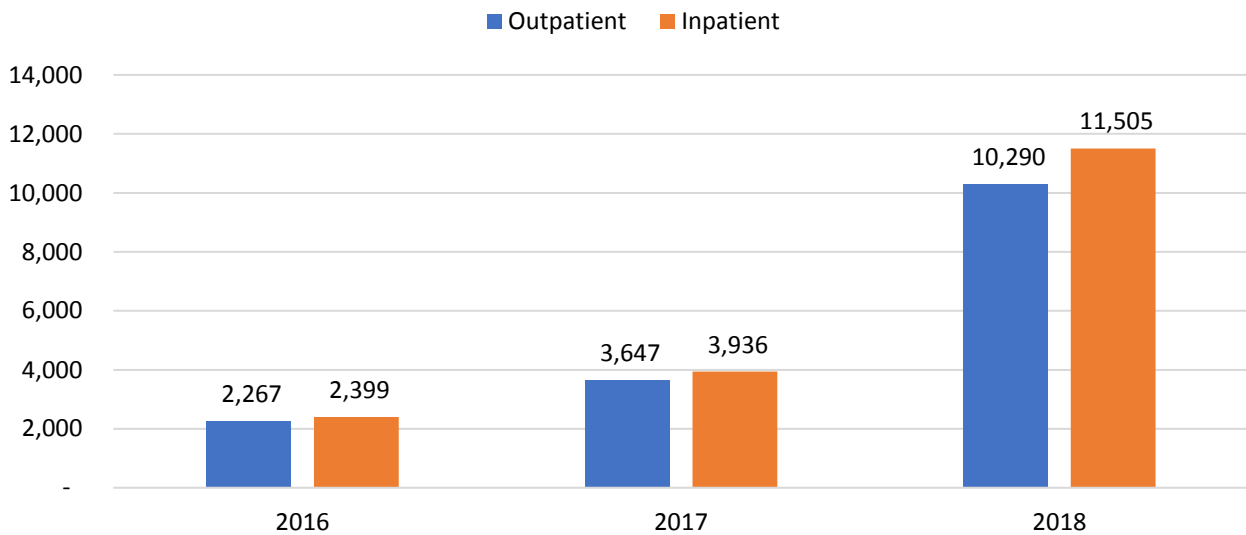
Source: The Louisiana Department of Health

The consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.[44] Individuals with unmet behavioral health needs are not always capable of recognizing they have a problem or seeking care. Oftentimes, this responsibility falls on the patient's support network or points of contact with the health care system or other community-based organizations. Better coordination of services and collaborative efforts among all members of the medical community and county and community service organizations would improve the disconnect occurring in identifying mental health and substance abuse needs and linking residents with services.

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[44] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders/co-occurring

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Lack of Services (Mental Health Providers)

There is unmet need for health care providers in Louisiana. As of April 2014, Louisiana had 118 primary care Health Professional Shortage Areas (HPSA), 102 dental HPSAs, and 109 mental health HPSAs. Louisiana has less than half (42.0 percent) of the number of mental health care providers needed to adequately serve the population, compared to just over half (51.0 percent) for the nation as a whole.[45]

Table 6 depicts the ratio of available mental health providers to one resident within the area. Jefferson, Orleans, St. Bernard St. Charles, St. John the Baptist, St. Tammany parishes report improved mental health provider rates from 2015 to 2018. Orleans (240:1) and St. Bernard (280:1) parishes are top U.S. performers having mental health provider rates lower than the state and nation. The shortage of mental health providers highlights what residents currently face and will continue to face without intervention. The ability to secure treatment and services is impacted by the shortfall of mental health providers in the Jefferson Region.[46]

There were improvements in Jefferson, Orleans, St. Charles, St. John the Baptist, and St. Tammany parishes related to preventable hospital stays. While the parishes are not U.S. top performers the measures have improved signifying metrics that have aided residents in the reduction in the number of stays.

Preventable hospital stays measure the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. The measure looks at people who were discharged from the hospital for conditions that, with appropriate care, can normally be treated without the need for a hospital stay. Examples of these conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration.[47] Proper diagnosis, along with primary care treatment from a health professional, and addressing the needs of the patient population who are at risk of readmissions have played a role in the reduction of hospital stays. (See Table 9.)

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[45] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/
[46] County Health Rankings and Roadmaps: www.countyhealthrankings.org
[47] County Health Rankings and Roadmaps: www.countyhealthrankings.org/learn/explore-health-rankings/what-and-why-we-rank/health-factors/clinical-care/quality-of-care/preventable-hospital-stays

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Table 9: Mental Health Providers and Preventable Hospital Stay at Parish Level

	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	Top U.S. Performers
Mental Health Providers 2015	790:1	492:1	334:1	1,879:1	1,509:1	816:1	977:1	412:1
Mental Health Providers 2018	470:1	240:1	280:1	880:1	440:1	520:1	420:1	330:1
Preventable Hospital Stay (per 1,000 Medicare enrollees) 2015	65	47	87	75	80	78	80	41
Preventable Hospital Stay (per 1,000 Medicare enrollees) 2018	49	43	88	57	37	61	66	35

Source: County Health Rankings and Roadmaps

Mental health affects all aspects of one's life, including, health, relationships, employment and environment. Undiagnosed and left untreated, mental illness contributes to poverty, homelessness and high rates of suicide, all of which are impacting community members in the Jefferson Region service area. According to community stakeholders, residents have very little access to mental health services as there is only one mental health facility in the entire region, limiting services for many. Community leaders agree that focusing on increasing access to mental health services should be a priority to improve health outcomes.

Residents who try to seek assistance for their conditions often face barriers related to finding a health professional, long waiting periods to securing an appointment, traveling long distances for care, the overall financial burden, health system navigation, and stigma related to having a mental health issue. Education and awareness can impact and remove some stereotypes in order to obtain the help residents seek.

In 2015, former Louisiana Department of Health's Secretary Kathy H. Kliebert stated that "being there and showing care and concern for someone who is vulnerable to suicide is invaluable. We should all reserve judgment and understand that suicide is often caused by a disease we can't see, but we can look for the warning signs." LDH is aware of the significant problem related to suicide. As such, the

department implemented a proactive approach in preventing suicide by urging residents to look for warning signs so that they may connect those individuals with prevention resources.[48]

Mental disorders are risk factors for suicide. Additional experiences with violence, abuse, bereavement, isolation etc. are also associated with suicidal behavior. A pro-active approach by offering a sympathetic, non-judgmental ear can be effective. Active listening and positive engagement are an important part of reaching out; as well as linking the individual to receiving professional services for appropriate and follow-up care.

There is strong evidence that a comprehensive public health approach is effective in reducing suicide rates. Released by the U.S. Surgeon General in 2012, the National Strategy for Suicide Prevention is intended to guide suicide prevention actions in the United States. The strategy provides guidance for schools, businesses, health systems, clinicians, and others, and emphasizes the role every American can play in protecting their friends, family members, and colleagues from suicide.[49]

Community partnerships with government, public health, health care, employers, education, and community organizations can assist in the prevention of suicide with continued measures, efforts, and initiatives.

Suicide does not discriminate as it effects people from all ethnic, races, and socioeconomic groups. Identifying those who are at risk, reducing their environmental problems, promote factors that improve their coping skills, and providing professional help are measures that can reduce suicide rates in the region.

Priority 3: Access to Care

Characteristically, access to care refers to the utilization of health care services or the ability in which people can obtain health care services. Disparities in health service access can negatively impact and affect an individual's quality of life. High cost of services, transportation issues, and availability of providers are some of the top barriers or problems to accessing health care services.

Across the U.S., a predicted shortage of as many as 120,000 physicians by 2030 will serve as an access issue according to the Association of American Medical Colleges (AAMC). By 2030, the study estimates a shortfall of between 14,800 and 49,300 primary care physicians. At the same time, there will be a shortage in non-primary care specialties of between 33,800 and 72,700 physicians.[50] In 2016, Louisiana had 11,737 active physicians with 3,873 primary care physicians.[51]

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[48] Louisiana Department of Health: http://ldh.la.gov/index.cfm/newsroom/detail/3515
[49] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/suicide-prevention
[50] Association of American Medical Colleges: https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/
[51] Ibid.

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St. Bernard Parish in the study area did not rank in the top one-third within the state of Louisiana. St. Bernard Parish do not rank well in the state in terms of clinical care according to the 2018 County Health Rankings and Roadmaps report. (See Table 10.) The clinical care category takes into consideration the ease of accessing care and the quality of care once accessed. Clinical care ranking considers the availability of health services and the quality of those services, it also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and percentage of the population that receives a yearly dental examination.

Table 10: Clinical Care

Louisiana (out of 64 parishes)	Ranking 2018
Jefferson	14
Orleans	7
St. Bernard	40
St. Charles	9
St. John the Baptist	20
St. Tammany	3

Source: County Health Rankings

Closing the gaps of disparities, Louisiana's safety net providers play a vital role in delivering health care to the state's underserved and disenfranchised populations. Louisiana's community health centers provide access to primary and preventive services for low-income and underserved residents. Louisiana is home to 30 federally qualified health centers (FQHCs), which operate 162 sites throughout the state. Louisiana's FQHCs saw over 303,000 patients and provided nearly 1.1 million patient visits in 2014. Over one-third (37.0 percent) of their patients were uninsured and two-fifths (40.0 percent) had Medicaid coverage. Nearly all (93.0 percent) had incomes below 200 percent federal poverty line, including over three-quarters (77.0 percent) who had income below 100 percent federal poverty line.[52]

Access to comprehensive, high-quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. The Patient Protection and Affordable Care Act (PPACA) of 2010 improved access to health care by providing health insurance for 20 million adults. Despite this increase, significant disparities still exist with all levels of access to care by sex, age, race, ethnicity, education, and family income. [53]

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[52] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/
[53] Healthy People 2020: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

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Most Americans underuse preventive services and vulnerable populations with social, economic, or environmental disadvantages are even less likely to use these services.[54] Both routine preventive and regular primary care are essential to good health; providers are able to detect and treat health issues early; preventing complications, chronic conditions, and hospitalizations. Individuals without insurance or the financial means to pay out of pocket are less likely to take advantage of routine preventive and primary care. These individuals consume more public health dollars and strain the resources of already overburdened facilities dedicated to free and low-cost care.

The level of access a community has to health care has a tremendous impact on the community's overall health. Several factors including, geography, economics, and culture, etc., contribute to how residents obtain care. Geography impacts the number of providers that are available to patients in a given area as transportation options are limited to some residents. Health problems affect productivity resulting in 69 million workers reporting missed days due to illness each year.[55] Lack of job opportunities can reduce access to affordable health insurance. Both geographic and economic factors are impacting residents of the Jefferson Region service area. While there are quality health care resources available to residents within the service area, many residents either cannot afford health services or are limited in transportation options to obtain the services they need.

According to demographic data obtained from Truven Health Analytics, Orleans (36.46 percent) and St. Bernard (26.46 percent) parishes both report higher levels of residents earning less than $25,000 per year when compared to the remaining parishes and the nation (21.91 percent). (See Chart 19.)

The average household income for Orleans ($66,697), St. Bernard ($61,301), St. John the Baptist ($67,284) parishes fall under the household income for the State of Louisiana ($68,011) as well as the nation ($80,853); thereby, adding challenges for residents who seek health services.

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[54] Centers for Disease Control and Prevention:
www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html
[55] Ibid.

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Chart 19: Jefferson Region - Household Income
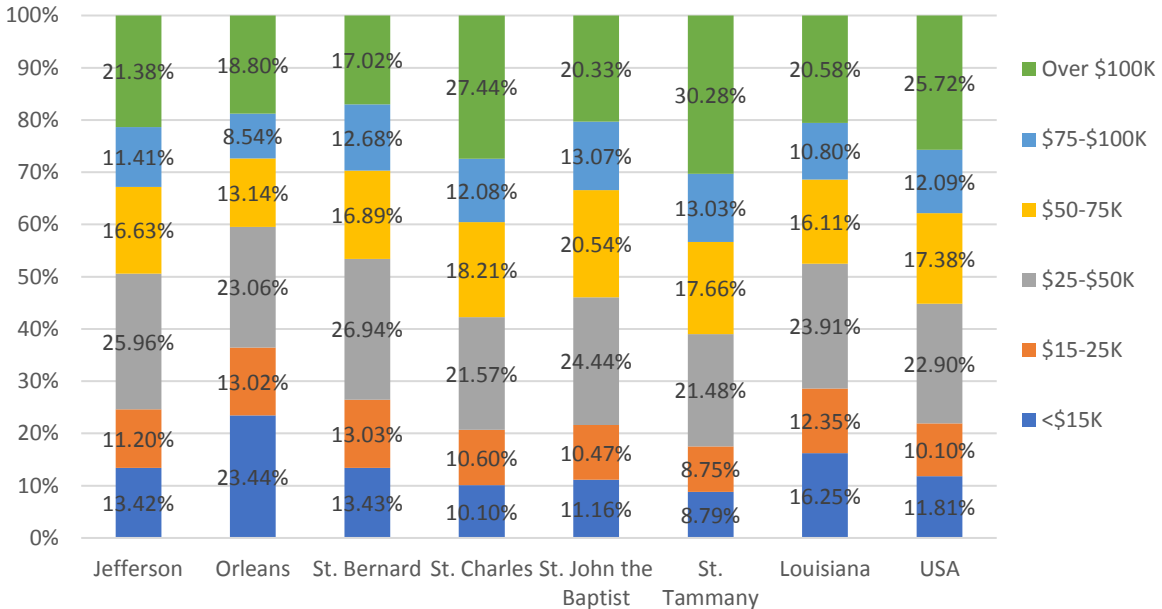
Source: Truven Health Analytics

A family's income level is a determining factor to many aspects of life such as where they live, what they eat, and how and when they access health care. As illustrated by data compiled by Community Commons, many residents in the Jefferson Region service area experience issues with food insecurity, food access, substandard housing, and poverty.

Residents in Orleans (23.71 percent) and St. John the Baptist (18.17 percent) parishes face higher food insecurity issues when compared to the other parishes in the study area, the state (17.30 percent), and the nation (14.91 percent). St. Bernard (44.77 percent), St. Charles (46.11 percent), and St. John the Baptist also face higher food access issues when compared to the remaining parishes, the state (19.70 percent), and the nation (15.11 percent).

Orleans and St. Bernard parishes have higher populations living 100 percent below the federal poverty line when compared to the state (19.70 percent) and the nation (15.11 percent). Jefferson (33.79 percent), Orleans (43.69 percent), and St. Bernard (30.88 percent) parishes are also faced with higher occupied housing units with one or more substandard conditions. A family's household income is greatly woven into how they are able to live, eat, and obtain safe, clean, and affordable housing. (See Table 11.)

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Table 11: Social and Economic Factors

	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	U.S.
Food Insecurity	14.08%	23.71%	13.82%	12.26%	18.17%	10.27%	17.30%	14.91%
Population Below 100% FPL	16.09%	26.21%	20.11%	12.55%	18.17%	11.12%	19.70%	15.11%
Food Access (Low Income & Low Food Access)	14.18%	20.05%	44.77%	46.11%	34.35%	24.89%	26.32%	18.94%
Occupied Housing Units with One or More Substandard Conditions	33.79%	43.69%	30.88%	23.31%	29.14%	28.38%	29.36%	33.75%

Source: Community Commons

Analyzing data from the regional study area, ZIP codes 70113; (41.79 percent New Orleans), 70112, (60.81 percent New Orleans), and 70051 (83.82 percent Garyville) report high percentages of residents who are seniors living in poverty, children living in poverty, or single residents living in poverty with children.

New Orleans residents in 70113 (29.66 percent) also have high percentages of residents with no high school diploma, as well as residents who are unemployed (17.16 percent). The high percentages contribute to the overall CNI ZIP code score residents face when seeking care. (See Table 12.)

Table 12: Jefferson Region Study Area – 2017 CNI Detailed Data

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-Employed	Un-Insured	Rent
70113	New Orleans	Orleans	42.79%	51.97%	71.27%	3.91%	83.12%	29.66%	17.16%	17.68%	77.80%
70129	New Orleans	Orleans	28.71%	39.05%	71.03%	18.19%	89.14%	29.40%	11.04%	10.41%	33.28%
70085	Saint Bernard	St. Bernard	11.34%	21.41%	33.33%	0.08%	25.50%	25.32%	17.06%	7.23%	13.26%
70062	Kenner	Jefferson	26.27%	28.45%	48.83%	8.67%	63.36%	24.87%	12.35%	7.79%	48.96%
70053	Gretna	Jefferson	14.41%	35.04%	51.14%	6.59%	56.06%	24.37%	9.00%	8.45%	52.51%
70057	Hahnville	St. Charles	23.95%	30.38%	50.70%	0.67%	54.19%	23.91%	12.90%	7.25%	18.24%
70084	Reserve	St. John the Baptist	11.82%	29.46%	50.28%	0.93%	58.74%	23.69%	13.44%	4.98%	24.16%
70092	Violet	St. Bernard	10.63%	29.87%	60.08%	0.25%	59.90%	22.61%	15.16%	6.90%	21.31%
70094	Westwego	Jefferson	14.81%	30.69%	47.97%	2.48%	58.35%	22.51%	11.64%	7.26%	30.95%
70051	Garyville	St. John the Baptist	15.59%	41.82%	83.82%	0.32%	59.28%	22.37%	26.50%	8.08%	24.87%
70072	Marrero	Jefferson	20.31%	25.43%	51.58%	2.53%	55.34%	21.84%	5.70%	6.78%	24.34%

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-Employed	Un-Insured	Rent
70117	New Orleans	Orleans	28.71%	43.03%	54.89%	0.82%	78.11%	21.73%	11.48%	12.88%	50.26%
70452	Pearl River	St. Tammany	11.23%	28.11%	49.68%	0.51%	13.10%	20.50%	8.69%	6.30%	19.97%
70114	New Orleans	Orleans	28.57%	42.40%	64.06%	1.46%	81.22%	20.36%	13.33%	12.30%	56.53%
70058	Harvey	Jefferson	18.54%	24.38%	41.83%	5.47%	75.52%	19.97%	5.32%	6.98%	30.69%
70112	New Orleans	Orleans	32.03%	60.81%	72.00%	2.36%	68.25%	19.93%	16.56%	14.28%	88.48%
70445	Lacombe	St. Tammany	15.46%	14.89%	44.19%	0.87%	31.72%	18.66%	8.66%	4.46%	14.10%
70068	LA Place	St. John the Baptist	13.60%	14.40%	22.33%	1.27%	60.43%	18.59%	8.40%	4.61%	19.26%
70080	Paradis	St. Charles	8.24%	11.98%	39.22%	0.46%	21.41%	17.44%	5.30%	6.13%	27.65%
70075	Meraux	St. Bernard	8.41%	10.95%	37.56%	0.77%	28.33%	17.32%	7.77%	4.52%	17.12%
70126	New Orleans	Orleans	14.17%	49.95%	58.10%	1.23%	95.31%	17.31%	16.75%	14.36%	45.48%
70049	Edgard	St. John the Baptist	26.44%	23.36%	45.16%	0.19%	95.09%	17.14%	15.95%	10.29%	22.62%
70460	Slidell	St. Tammany	10.66%	22.56%	49.64%	1.06%	40.85%	17.06%	9.69%	5.01%	21.51%
70119	New Orleans	Orleans	30.52%	45.70%	65.56%	3.28%	69.78%	17.00%	12.21%	12.15%	67.01%
70087	Saint Rose	St. Charles	21.81%	13.46%	25.54%	3.07%	56.00%	16.75%	9.34%	5.68%	33.75%
70039	Boutte	St. Charles	4.79%	20.00%	53.64%	0.91%	62.90%	15.97%	11.86%	5.23%	31.21%
70030	Des Allemands	St. Charles	5.73%	14.19%	38.92%	0.44%	14.35%	15.94%	5.23%	5.91%	13.89%
70032	Arabi	St. Bernard	9.95%	28.29%	38.66%	1.91%	36.71%	15.67%	9.76%	7.26%	32.44%
70043	Chalmette	St. Bernard	9.79%	25.91%	54.46%	3.12%	38.19%	15.55%	10.49%	7.27%	42.13%
70125	New Orleans	Orleans	26.96%	39.76%	56.41%	1.98%	66.85%	15.52%	11.11%	11.62%	54.94%
70127	New Orleans	Orleans	28.20%	45.51%	63.25%	1.56%	97.41%	15.18%	12.43%	13.61%	48.87%
70116	New Orleans	Orleans	21.96%	55.98%	69.23%	2.08%	55.36%	14.20%	12.17%	10.32%	67.32%
70128	New Orleans	Orleans	21.85%	33.29%	50.00%	2.22%	97.79%	14.20%	8.94%	10.20%	31.19%
70121	New Orleans	Jefferson	13.19%	19.80%	39.37%	4.10%	38.24%	14.04%	7.40%	5.14%	45.95%
70056	Gretna	Jefferson	9.32%	22.68%	45.59%	5.82%	63.48%	13.91%	5.95%	5.08%	40.17%
70437	Folsom	St. Tammany	9.68%	18.21%	51.27%	1.13%	16.50%	13.59%	6.96%	4.36%	12.98%
70122	New Orleans	Orleans	20.43%	30.54%	48.50%	0.78%	86.55%	13.35%	11.03%	10.84%	38.16%
70458	Slidell	St. Tammany	12.83%	18.00%	50.09%	0.92%	26.74%	13.26%	7.78%	3.55%	26.36%
70420	Abita Springs	St. Tammany	7.28%	12.74%	33.15%	1.06%	15.30%	12.67%	8.42%	4.54%	15.65%
70435	Covington	St. Tammany	10.47%	17.69%	50.32%	0.58%	14.67%	12.40%	6.38%	4.34%	12.40%

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Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-Employed	Un-Insured	Rent
70003	Metairie	Jefferson	10.64%	16.72%	36.46%	3.97%	30.77%	12.34%	6.80%	4.64%	24.37%
70002	Metairie	Jefferson	11.68%	18.60%	49.80%	7.89%	42.08%	12.24%	6.77%	5.78%	46.68%
70079	Norco	St. Charles	11.35%	22.27%	54.90%	0.56%	14.97%	12.08%	4.73%	4.24%	19.54%
70065	Kenner	Jefferson	6.28%	13.98%	39.42%	6.92%	51.54%	12.03%	5.85%	4.29%	36.66%
70001	Metairie	Jefferson	13.12%	19.18%	41.15%	5.46%	33.30%	11.67%	5.05%	5.64%	50.43%
70118	New Orleans	Orleans	20.14%	28.24%	46.58%	1.30%	44.72%	11.21%	8.99%	9.94%	54.59%
70070	Luling	St. Charles	4.94%	13.05%	34.77%	0.60%	24.26%	10.83%	6.45%	4.23%	17.01%
70461	Slidell	St. Tammany	11.38%	10.89%	26.85%	2.18%	33.45%	10.60%	8.55%	3.66%	24.05%
70131	New Orleans	Orleans	10.37%	19.09%	40.51%	2.68%	74.44%	10.37%	8.64%	6.63%	42.45%
70006	Metairie	Jefferson	7.67%	13.62%	35.28%	5.92%	36.56%	10.30%	6.93%	4.39%	34.06%
70433	Covington	St. Tammany	8.52%	14.55%	44.35%	1.53%	18.21%	10.01%	6.86%	4.08%	22.21%
70031	Ama	St. Charles	0.78%	6.88%	23.26%	0.45%	44.62%	8.99%	3.54%	4.91%	14.18%
70047	Destrehan	St. Charles	22.45%	8.62%	22.00%	1.58%	32.67%	8.76%	9.69%	3.52%	18.66%
70115	New Orleans	Orleans	15.94%	22.43%	49.27%	1.73%	35.91%	8.32%	7.04%	7.19%	56.67%
70130	New Orleans	Orleans	20.73%	19.70%	50.00%	1.29%	37.59%	8.12%	7.19%	6.97%	68.26%
70123	New Orleans	Jefferson	11.01%	10.90%	27.96%	1.07%	21.30%	7.69%	3.21%	3.98%	39.96%
70005	Metairie	Jefferson	8.57%	7.21%	24.68%	3.88%	17.53%	7.43%	5.00%	4.69%	37.11%
70471	Mandeville	St. Tammany	14.80%	3.89%	10.36%	0.74%	11.67%	5.94%	4.42%	3.63%	26.07%
70448	Mandeville	St. Tammany	8.69%	3.28%	9.05%	0.67%	13.69%	5.20%	5.80%	2.64%	19.03%
70447	Madisonville	St. Tammany	11.13%	5.40%	25.91%	0.22%	10.99%	4.24%	4.83%	2.05%	10.52%
70124	New Orleans	Orleans	9.65%	4.19%	13.87%	1.16%	16.77%	3.10%	3.56%	4.00%	32.08%
70148	New Orleans	Orleans	6.35%	18.18%	50.00%	0.61%	58.14%	3.00%	4.55%	13.97%	46.58%

Source: Truven Health Analytics

County Health Rankings and Roadmaps report that Jefferson (24;20), Orleans (48;33), St. Bernard (32;23), and St. John the Baptist (35;28) parishes improved their Social and Economic Factors ranking (gotten better) from 2015 to 2018. Both St. Charles (5;5) and St. Tammany (3;3) parishes remained the same between the years.

Additional data from the Greater New Orleans Community Data Center Report shows that poverty levels have improved in Orleans, St. John, and St. Tammany parishes between 1999 and 2008-2010. Residents in St. John the Baptist saw the largest decline of 16.72 percent of impoverished residents to 14.42

percent in reporting years 1999 and 2008-2010. Residents in Jefferson, St. Bernard, St. Charles, saw an increased in residents who live in poverty in the same reporting years. (See Chart 20.)

Chart 20: Total Population in Poverty
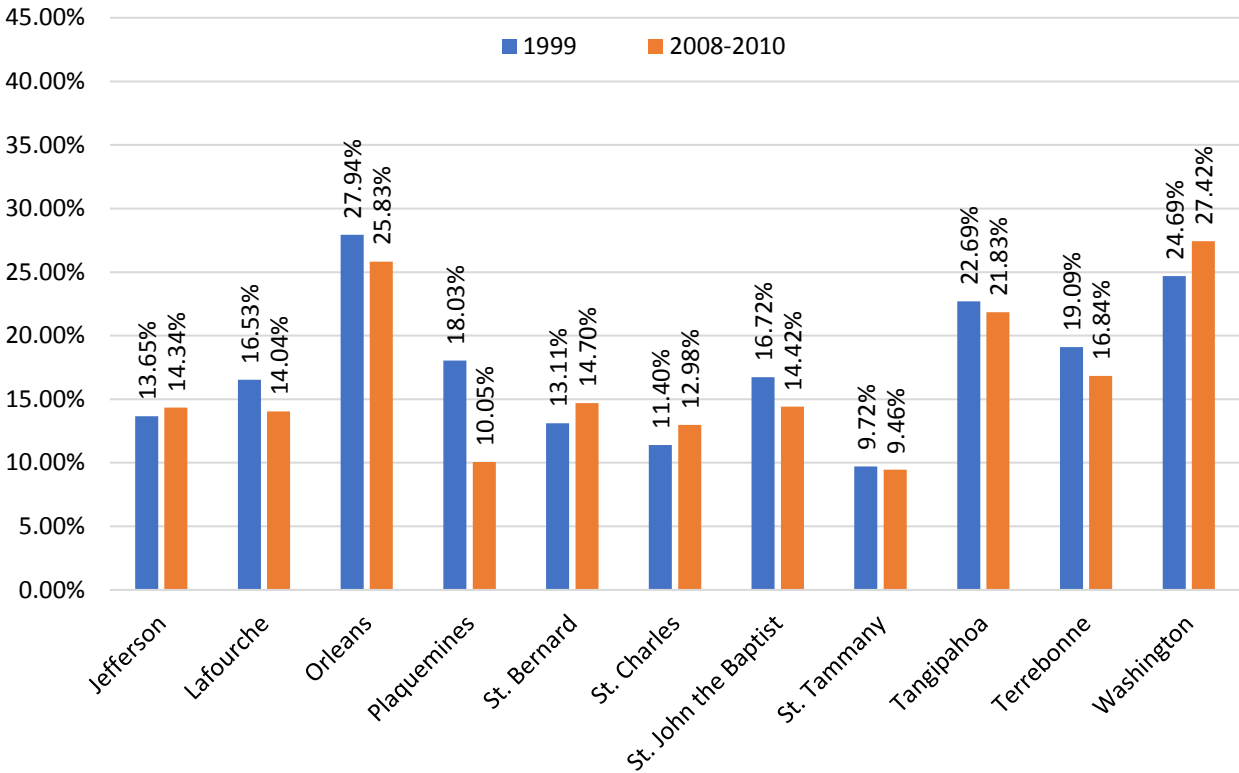
Source: Greater New Orleans Community Data Center Report

As part of the CHNA process, Tripp Umbach worked with members of the Working Group to develop a survey for health providers in the service area to offer valuable input regarding the changing community health needs. The provider health survey was created to collect thoughts and opinions about the health providers' community regarding the care and services through the eyes of the provider.

For the 2018 study, when asked to rate the health of the community where they provide care or services, only 11.6 percent of health professional survey respondents felt their community was healthy; 37.8 percent felt the community was unhealthy and 11.0 percent felt the community was very unhealthy. In the same survey, 17.7 percent of health professionals named access to health care as one of their top five health concerns affecting residents in the community and 14.1 percent identified access to care as one of the top five factors contributing to health concerns affecting residents.

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It was reported that access to quality and affordable health care is vital to a healthy community. Community stakeholders discussed the importance of quality care and the various barriers residents face when seeking health care which includes culture, affordability and language.

According to stakeholders, many residents who are not eligible for Medicaid are still unable to afford health insurance. While the Medicaid expansion has allowed more residents to be insured, those residents who qualify for Medicaid have difficulty finding a health care provider. Health care providers are constrained by the reduction in Medicaid reimbursement. Providers that continue to accept new patients despite the reduction have difficulty keeping up with the demand for services, causing residents to wait long periods for appointments and crowded waiting rooms.

Culture also plays a role in how an individual makes decisions regarding their health care. For example, cultural differences make it difficult for members of the Hispanic community to understand and follow treatment plans. Many patients use home remedies which sometimes interfere with treatment plans prescribed by medical personnel. Stigma around health conditions like heart disease and mental illness prevent this population from seeking professional health care. While there have been some improvements, language barriers continue to render health education and outreach ineffectively in the community. Community stakeholders believe in order to be effective, education regarding the importance of obtaining health care from medical professionals must be conveyed and crafted in a manner that is easy to comprehend and in a language that is easy to comprehend.

Stakeholders mentioned that the aging population as well as undocumented residents face barriers to accessing health care. Undocumented residents feel it is too risky to go to medical facilities. Community-based organizations provide basic health services via mobile clinics set up in the community, but care is substandard to what would be received at a doctor's office. The large aging population may eventually outpace the supply of geriatric primary and preventive care providers, limiting access to care for the elderly population.

Many community-based organizations are actively involved in outreach efforts to minority and low-income populations to increase access to health care. However, stakeholders feel these efforts need to be in a collaborative manner which include involvement from health institutions, schools, city government, and private sectors in order to increase funding streams and outreach efforts.

Ensuring that all residents have access to and take advantage of the quality health care resources available in the Jefferson Region service area will improve community health, stretch funding dollars by reducing health care costs, and potentially make the region more attractive to business looking to expand or relocate. It is essential that health care organizations, community and faith-based organizations, business leaders, and civic authorities work together to continually assess community health needs and address those needs collaboratively to ensure all members of the community have access to the quality health care resources available in the region.

Health Screenings and Prevention

Access to care also includes access to health screening for prevention. Screenings for health and wellness help residents become and remain in a positive state of physical and mental well-being. Health screenings check for diseases and health conditions before there are any signs or symptoms. Screenings also help flag and signal issues; therefore, intervention programs from a health care professional can assist residents combat their disease/ailment quicker and with greater ease. Screenings help ensure that residents stay in good physical and mental health. Maintaining healthy routines and management plans are examples of interventions for prevention, health, and wellness.

Recommended screening tests depends on age, sex, gender, history etc. as these are important elements residents must remember in order to maintain a healthy status. Residents can be screened for certain diseases. They include: Certain types of cancer, high blood pressure or high cholesterol, diabetes, osteoporosis, sexually transmitted diseases (STDs), Mental health conditions, like depression.[56]

The importance of screenings can be portrayed through examples related to cancer. The Louisiana Healthcare Connection recommends three specific screenings as of January 2018 for Louisianans (cervical, breast, and STDs) as they currently hold high mortality rates.

In 2010-2014, data reveal Louisiana's breast cancer mortality rate is statistically significantly higher than the rest of the country. 123.2 people per 100,000 were diagnosed with breast cancer, while the national average was 123.5 per 100,000. An average of 24.2 Louisiana residents per 100,000 died each year from this disease, while the national average was 21.2 deaths per 100,000. (See Chart 21.)

The Greater New Orleans Area, Capital Area, Bayou Parishes, Acadiana, Central Louisiana and Northeast Louisiana have the highest breast cancer death rates in the state. Breast cancer does not discriminate as black women are significantly higher to die from breast cancer than the rest of the country. (See Chart 21.)

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[56] Office of Disease Prevention and Health Promotion: https://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-screened

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Chart 21: Average Annual Breast Cancer Mortality by Region 2010-2014 (per 100,000 population)[57]

Mortality by Region
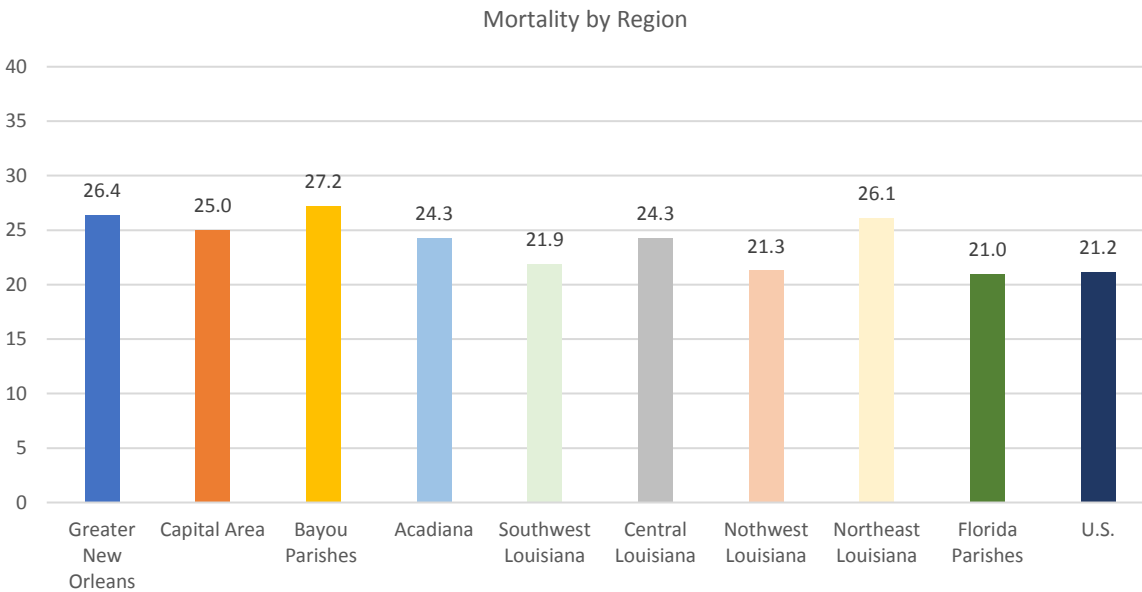
Source: Louisiana Cancer Prevention

Examining additional data, Louisiana has the sixth highest rate of cervical cancer in the U.S. Data from 2010-2014 reported that 8.9 residents per 100,000 were diagnosed with cervical cancer, while the national average was 7.5 per 100,000. Unfortunately, an average of 2.9 Louisiana residents per 100,000 died each year from this disease, while the national average was 2.3 deaths per 100,000. Cervical cancer is a killer of women in all races; as Louisiana black women have significantly higher cervical cancer incidence and death rates than the rest of the country. White females in the state have a 7.9 incidence rate and 2.5 mortality rate vs. 11.5 incidence and 4.2 per 100,000 for black women in Louisiana.

Screenings for cervical cancer is fairly simple and require no down time. However, a multitude of reasons contribute to why these screenings are not often obtained. Some reasons include: insurance coverage, fear, lack of screening information (knowledge), apathy, having a physician, traveling for health services etc. Cervical cancer can be easier to treat when it is found early. It was also reported that cervical cancer is an expensive cancer to treat. Having insurance coverage, residents still pay higher health insurance premiums and treatment and follow-up care. Therefore, it is important for women between the ages of 21 and 64 to have a cervical cancer screening each year.

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[57] Louisiana Cancer Prevention: http://louisianacancer.org/cervical-cancer/

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Chart 22 provides a mortality snapshot of cervical cancer patents. The chart depicts residents in Central Louisiana (4.3 per 100,000 population) and Acadiana (3.7 per 100,000 population) reporting the highest rates of those who pasted from cervical cancer between 2010-2014.

Chart 22: Average Annual Cervical Cancer Mortality by Region 2010-2014 (per 100,000 population)[58]
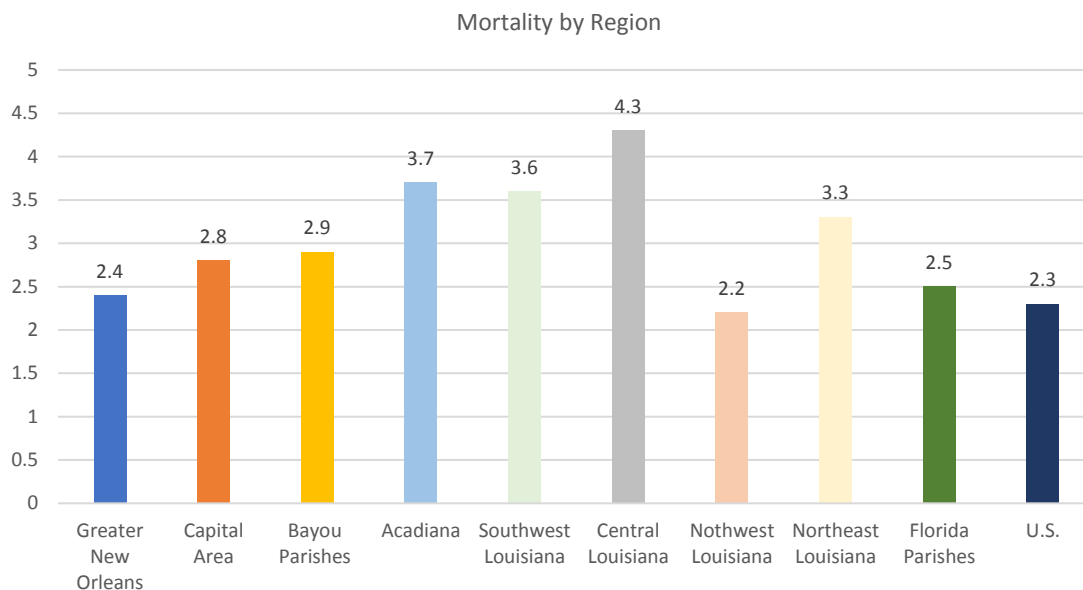

Source: Louisiana Cancer Prevention

Prevention measures related to exercising, eating well, avoiding tobacco and excessive alcohol use, as well as obtaining regular health screenings from a health care provider can prevent diseases and improve the quality of life for an individual.

Preventive screenings assess and reduce patients' risk for diseases and conditions. Overall, screenings in particular, related to the above aforementioned diseases reduce risk factors in residents. Health screenings reduce disease and improve health at a national level. Community programs aimed at offering preventive screenings and prevention measures at a grassroots approach can help reduce the community's health problems.

Seeking and obtaining information related to screenings is vital in order to maintain and preserve a healthy life. Health screenings can help build relationships between healthy behaviors and health outcomes as community residents have an increased desire to be proactive and take charge of their health status.

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[58] Ibid.

Conclusion

Ochsner Medical Center - Kenner will continue to work to close the gaps in health disparities and continue to improve health services for residents by leveraging the region's resources and assets; while existing and newly developed strategies can be successfully developed. Results from the CHNA in conjunction with the final Implementation Strategy Plan will build upon an existing infrastructure of previous community health improvement efforts as these plans will enhance new developments.

The collection and analysis of primary and secondary data armed the Working Group with sufficient data and resources to identify key health needs. Local, regional, and statewide partners understand the CHNA is an important factor towards future strategies that will improve the health and well-being of residents in their region. Ochsner Medical Center - Kenner will work closely with community organizations and regional partners to effectively address and resolve the identified needs. As the completion of the 2018 CHNA is finalized, an internal planning team from Ochsner Health System will begin the framework for the implementation strategy phase and its ongoing evaluation.

Community stakeholders and health providers are specific groups who have knowledge, relationships, and treat the underserved, disenfranchised, and hard-to-reach populations. Data from these specific groups have and will continue to assist Ochsner Medical Center – Kenner's leadership in reducing the challenges residents often face when seeking services.

Ochsner Medical Center - Kenner took into consideration the ability to address the regions identified needs and viewed the overall short and long-term effects of undertaking the task. Ochsner Medical Center - Kenner will address the identified needs and viewed them as positive and encouraging changes. Ochsner Medical Center - Kenner will complete the necessary action and implementation steps of newly formed activities or revise strategies to assist the community's underserved and disenfranchised residents. Future community partnerships and collaboration with other health institutions, organizations, involvement from government leaders, civic organizations, and stakeholders are imperative to the success of addressing the region's needs. The available resources and the ability to track progress related to the implementation strategies will be managed by the health system along with other hospital departments at Ochsner Medical Center - Kenner to meet the region's need. Tackling the region's needs is a central focus hospital leadership will continue to measure throughout the years. Ochsner Medical Center - Kenner will continue to work closely with community partners as the CHNA report is the first step to an ongoing process to reducing the gaps of health disparities.

APPENDICES

Appendix A: General Description of Ochsner Medical Center - Kenner

Founded in 1942 by five physicians, Ochsner Health System is one of the largest independent academic health systems in the United States and Louisiana's largest not-for-profit health system. With 30 hospitals owned, managed and affiliated, more than 80 health centers and urgent care centers, more than 18,000 employees, over 1,200 physicians in more than 90 medical specialties and subspecialties, Ochsner is Louisiana's largest health system.

In addition, each year, more than 273 medical residents and fellows work in 27 different Ochsner-sponsored ACGME accredited residency training programs. Ochsner also hosts more than 550 medical students, 150 advanced practice providers, 1,200 nursing students and 575 allied health students with over 4,200 student months of education in clinical rotations annually. In 2009, Ochsner partnered with the University of Queensland Medical School to create the University of Queensland – Ochsner Clinical School.

Ochsner is the only Louisiana hospital recognized by U.S. News & World Report as a "Best Hospital" in four different specialty categories. Ochsner conducts more than 700 clinical research studies annually and is proud to provide a tobacco-free environment for our employees and our patients.

Ochsner Medical Center - Kenner is a 131 acute care bed community hospital servicing the residents of Kenner and surrounding communities. With advantages of a large urban medical center in a community-based setting, the hospital offers a full-range of services and award-winning care to meet all of a family's healthcare needs.

Services offered include 24-hour Level II emergency care, maternity and women's services, an advanced-technology Outpatient Diagnostic and Therapy Center, an Infusion Center, a renowned Wound Care and Hyperbarics program and more. Ochsner Medical Center - Kenner is also home to one of the largest multidisciplinary Neuroendocrine Tumor Programs in the U.S., attracting patients from around the globe.

The hospital is supported by several satellite health centers offering primary care, urgent care and specialty care appointments, as well as other clinical services. Since opening in 1985, the facility continues to grow and achieve excellence in all aspects of healthcare, from total patient satisfaction to clinical expertise and exceptional outcomes.

Ochsner Medical Center – Kenner is recognized by the Joint Commission for demonstrating the greatest level of commitment to the care of stroke patients through its Advanced Certification for Primary Stroke Centers.

For a complete list of services, *visit www.ochsner.org.*

Appendix B: Jefferson Region Community Definition

In 2018, the region of Jefferson which is served by Ochsner Medical Center Main, Ochsner Behavioral, Ochsner Kenner, Ochsner Rehabilitation, East Jefferson General Hospital, and Tulane Lakeside represented a total of 62 ZIP codes. The ZIP codes fall into six parishes. The data encompasses Jefferson, Orleans, St. Bernard, St. Charles, St. Tammany, and Tangipahoa parishes. (See Table 13).

Table 13: Jefferson Region ZIP codes

	ZIP Code	City	Parish
1.	70001	Metairie	Jefferson
2.	70002	Metairie	Jefferson
3.	70003	Metairie	Jefferson
4.	70005	Metairie	Jefferson
5.	70006	Metairie	Jefferson
6.	70030	Des Allemands	St. Charles
7.	70031	Ama	St. Charles
8.	70032	Arabi	St. Bernard
9.	70039	Boutte	St. Charles
10.	70043	Chalmette	St. Bernard
11.	70047	Destrehan	St. Charles
12.	70049	Edgard	St. John the Baptist
13.	70051	Garyville	St. John the Baptist
14.	70053	Gretna	Jefferson
15.	70056	Gretna	Jefferson
16.	70057	Hahnville	St. Charles
17.	70058	Harvey	Jefferson
18.	70062	Kenner	Jefferson
19.	70065	Kenner	Jefferson
20.	70068	LA Place	St. John the Baptist
21.	70070	Luling	St. Charles
22.	70072	Marrero	Jefferson
23.	70075	Meraux	St. Bernard
24.	70079	Norco	St. Charles
25.	70080	Paradis	St. Charles
26.	70084	Reserve	St. John the Baptist
27.	70085	Saint Bernard	St. Bernard
28.	70087	Saint Rose	St. Charles
29.	70092	Violet	St. Bernard
30.	70094	Westwego	Jefferson

Ochsner Medical Center - Kenner

	ZIP Code	City	Parish
31.	70112	New Orleans	Orleans
32.	70113	New Orleans	Orleans
33.	70114	New Orleans	Orleans
34.	70115	New Orleans	Orleans
35.	70116	New Orleans	Orleans
36.	70117	New Orleans	Orleans
37.	70118	New Orleans	Orleans
38.	70119	New Orleans	Orleans
39.	70121	New Orleans	Jefferson
40.	70122	New Orleans	Orleans
41.	70123	New Orleans	Jefferson
42.	70124	New Orleans	Orleans
43.	70125	New Orleans	Orleans
44.	70126	New Orleans	Orleans
45.	70127	New Orleans	Orleans
46.	70128	New Orleans	Orleans
47.	70129	New Orleans	Orleans
48.	70130	New Orleans	Orleans
49.	70131	New Orleans	Orleans
50.	70148	New Orleans	Orleans
51.	70420	Abita Springs	St. Tammany
52.	70433	Covington	St. Tammany
53.	70435	Covington	St. Tammany
54.	70437	Folsom	St. Tammany
55.	70445	Lacombe	St. Tammany
56.	70447	Madisonville	St. Tammany
57.	70448	Mandeville	St. Tammany
58.	70452	Pearl River	St. Tammany
59.	70458	Slidell	St. Tammany
60.	70460	Slidell	St. Tammany
61.	70461	Slidell	St. Tammany
62.	70471	Mandeville	St. Tammany

The map below is a geographic visual of the service area.

Map 6: Jefferson Region – Study Area Map
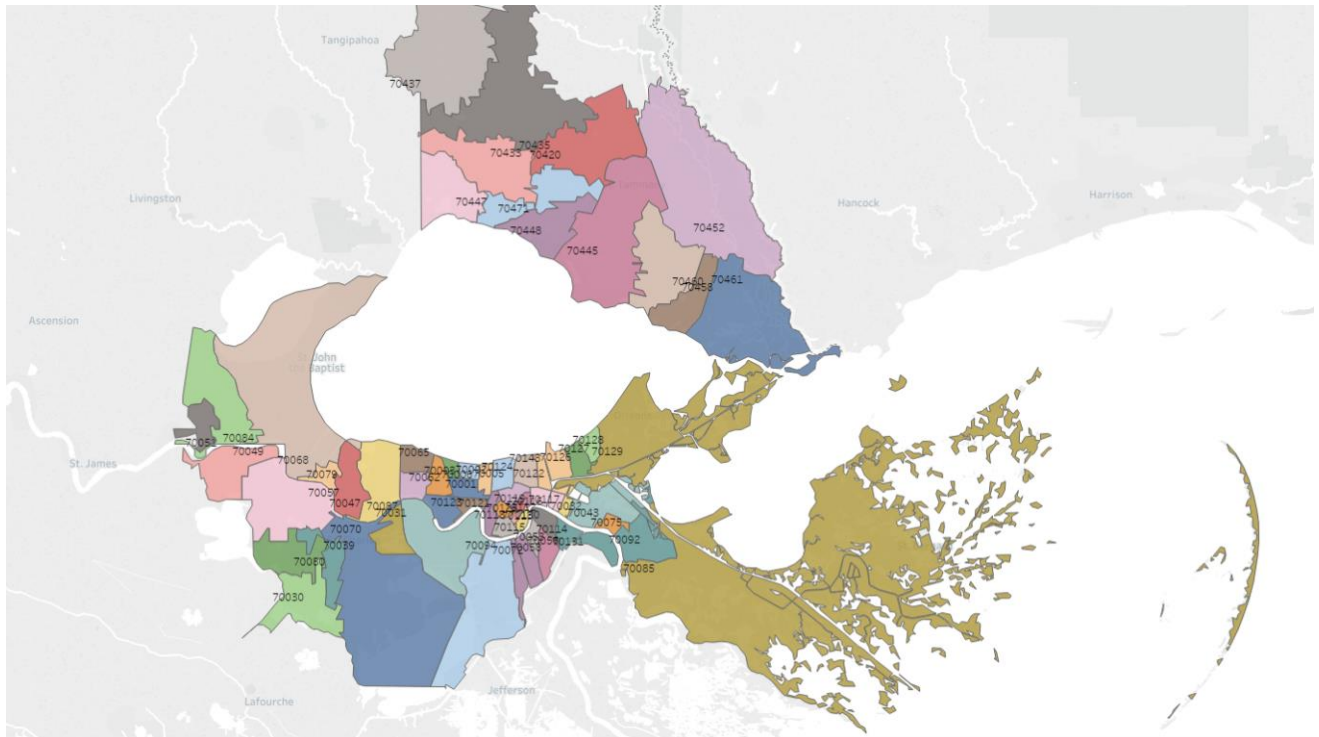
Note: Map is not to scale.

Source: Truven Health Analytics

Overall Jefferson Region - Population and Demographics Snapshot

- Overall, the Jefferson Region encompass 979,674 residents.

- Jefferson Parish encompasses 437,303 residents and is the largest parish in the study area.

- St. Bernard Parish is expected to have a 9.30% (4,390 people) population growth, higher than the other parishes in the study area, the state, and the nation.

- From 2017 to 2022 St. John the Baptist Parish is projected to experience a population decrease of -1.22% (-542 people).

- From 2017 to 2022 the study area is projected to grow in population by 39,900 people.

- Jefferson and St. Tammany parishes report a high number of residents ages 65 and older (16.20 percent and 16.17 percent respectively) when compared to the rest of the parishes, the state, and the nation.

- Orleans Parish reports the largest black, non-Hispanic population percentage for the study area (57.88 percent); while St. John the Baptist also represents a large percentage (53.04 percent).

- St. Tammany Parish reports the largest white, non-Hispanic population across the study area at 78.43 percent; higher than the state (58.53 percent) and nation (60.77 percent).

- St. Tammany Parish reports the lowest rate of residents with 'Less than a high school' degree (3.55 percent) for the study area; while Orleans Parish reports the highest rate of residents with a bachelor's degree or higher (35.06 percent) for the study area.

- Orleans Parish reports high rates of households that earn less than $15,000 per year (23.44 percent).

- St. Tammany Parish reports the highest rate of residents earning over $100,000 (30.28 percent).

- St. Tammany Parish reports the highest household income at $88,573 when compared to the other Jefferson study area parishes, the state, and the nation.

- St. Bernard Parish reports the lowest average household income in the Jefferson Regional Profile Study Area ($61,301).

Appendix C: Primary and Secondary Data Overview

Process Overview

Ochsner Medical Center - Kenner completed a wide-scale comprehensive community-focused CHNA to better serve the residents of Southern Louisiana. Ochsner Medical Center - Kenner with other health care systems and hospitals within the Metropolitan Hospital Council of New Orleans participated in the assessment process.

Civic and social organizations, government officials, educational institutions, and community-based organizations participated in the assessment to assist Ochsner Medical Center - Kenner evaluate the needs of the community. The 2018 assessment included primary and secondary data collection that incorporated public comments, community stakeholder interviews, a health provider survey, and a community forum.

Tripp Umbach collected primary and secondary data through the identification of key community health needs in the region. Ochsner Medical Center - Kenner will develop an Implementation Strategy Plan that will highlight and identify ways the hospital will meet the needs of the community it serves.

Ochsner Medical Center - Kenner and Tripp Umbach worked diligently to collect, analyze, review, and discuss the results of the CHNA, concluding in the identification and prioritization of the community's needs for Ochsner Medical Center - Kenner.

The overall process and the project components in the CHNA are depicted in the flow chart below.

Chart 23: CHNA Process

Ochsner Medical Center - Kenner
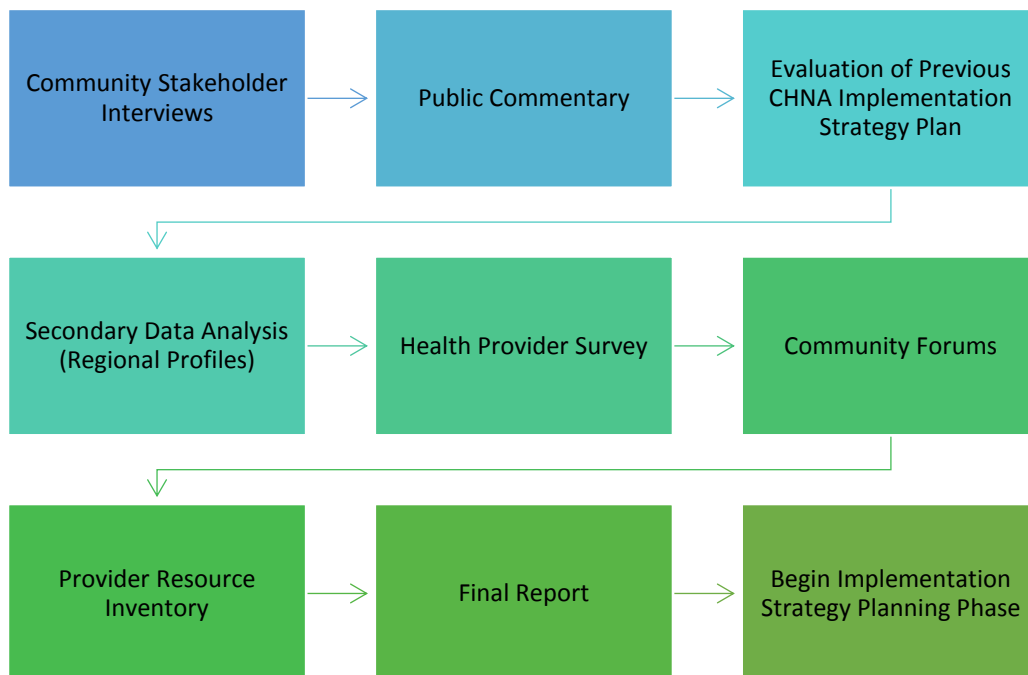
Community Stakeholder Interviews

As part of the CHNA phase, telephone interviews were completed with community stakeholders in the service area to better understand the changing community health environment. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, suggestions on secondary data resources to review and examine, and other information relevant to the study.

As part of the CHNA project, telephone interviews were completed with community stakeholders to better understand the changing community health environment. Community stakeholder interviews were conducted during February 2018 and continued through April 2018. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds including: 1) public health experts; 2) professionals with access to community health related data; 3) representatives of underserved populations; 4) government leaders; and 5) religious leaders.

In total, 91 interviews were conducted with community leaders and stakeholders within the MHCNO project; 45 key stakeholders were interviewed as part of Ochsner Health System; five key stakeholders were identified and represented Ochsner Medical Center - Kenner.

The qualitative data collected from community stakeholders are the opinions, perceptions, and insights of those who were interviewed as part of the CHNA process. The information provided insight and added great depth to the qualitative data.

Within the interview and discussion process, overall health needs, themes, and concerns were presented. Within each of the overarching themes, additional topics fell under each category. Below are key themes community stakeholders communicated from the most discussed to the least discussed (in descending order).

1. Access to Health Care
2. Mental Health
3. Chronic Diseases
4. Overall Environment

Public Commentary Collection

As part of the CHNA Tripp Umbach solicited comments related to the 2015 CHNA and Implementation Strategy Plan (ISP) on behalf of Ochsner Medical Center - Kenner. The solicitation of feedback was obtained from community stakeholders identified by the Working Group. Observations offered community representatives the opportunity to react to the methods, findings, and subsequent actions taken as a result of the previous 2015 CHNA and implementation planning process. Stakeholders were posed questions developed by Tripp Umbach and reviewed by the Working Group. Feedback was collected from five community stakeholders related to the public commentary survey. The public comments below are a summary of stakeholder's feedback regarding the former documents.

The collection period for the survey began late February 2018 and continued through April 2018.

When asked if the assessment "included input from community members or organizations," two of the five survey respondents reported that it did and three had not reviewed the 2015 CHNA.

One survey respondent reported that the assessment reviewed did exclude community members or organizations that should have been involved in the assessment; one respondent did not feel any community members or organizations were excluded; three respondents did not review the 2015 CHNA. No specific community members or organizations were identified as excluded.

In response to the question, "Are there needs in the community related to health (e.g., physical health, mental health, medical services, dental services, etc.) that were not represented in the CHNA," two respondents agreed the needs identified in the 2015 CHNA represented the needs of the community; the remaining respondents had not reviewed the 2015 CHNA.

One survey respondent indicated that the ISP was directly related to the needs identified in the CHNA; while one did not answer, and three had not reviewed the 2015 CHNA.

According to respondents, the CHNA and the ISP benefited them and their community in the following manner (in no specific order):

The CHNA is a good approach to identify community health needs but as the health care landscape continues to change, some needs are the same today as they were in 2015.

Evaluation of Previous Planning Efforts

A. Increase Access to Healthcare

    Outcomes/Results

    - Offered free career exploration programs to all local schools and students through job shadow program and school/community organization on-campus field trips. Performed pre-and post-knowledge-based assessments for each program.

    - Maintained recognized student attrition rate in Ochsner sponsored programs. Increased the growth of new/renewed affiliate educational programs. Maintained student enrollment in Ochsner clinical school/University of Queensland medical school program.

    - Continued access for Ochsner Health System Epic providers to shared external health records.

    - Facilitated and provided education and enrollment assistance for health insurance policies available at Louisiana Federally Facilitated Marketplace for communities - for new policies and renewal policies.

    - Continued implementation of eICU software services across region.

    - Continued providing existing clinic services in all regions.

Ochsner Medical Center - Kenner

- Continue Partnership with Jefferson Parish School System for School Based Health Clinic at Bonnabel HS (advanced practice clinician and MD coverage).

B. Improve Resource Awareness and Health Literacy

- Provided local resource information to Aunt Bertha.

- Continued education to Ochsner departments on use of community calendar for posting events using internal communication avenues.

- Utilized language access vendor for interpretation services (phone and/or video) available at all locations, including American Sign Language.

- Utilized online software to access patient educational materials in multiple languages through Epic EMR.

- Utilized multiple forums and avenues for Ochsner providers to educate the community on current health topics.

C. Access to Health Care and Health Options and Resource Awareness and Health Literacy

- Utilized Virgin Pulse (VP) and GO 365 to track and incent employees for healthy behaviors.

- Developed and implement standardized discharge education process and materials to improve patient understanding of illness, expectation and resources.

- Maintained active participation on Jefferson Parish Public School System Health Advisory Committee developing innovative solutions for current issues in adolescent health and supporting health education for staff and students.

- Publicized available skill check off sessions through the Ochsner Health system. Offered skill check off sessions monthly and as needed. Also offered AHA First Aid Classes.

- Provide Medical Assistant Academy to increase scope of practice and certify community members as clinical medical assistants.

- Launched IMPACT program and measured key performance indicators, job satisfaction, engagement, and retention for targeted areas.

- Provided worksite wellness services to local employers. Offered incentives and health coaching services for healthy behaviors, based on employee need. Assessed opportunities to increase partnerships with additional employers.

D. Access to Healthy Options and Behaviors that Impact Health

- Offered Tobacco Cessation Clinics in all regions: Baton Rouge, Northshore, Kenner, LaPlace, West Bank, Baptist, Jefferson Highway, St. Anne.

- Attended Health Fairs, special events, and sign up events to refer people to the clinic.

- Facilitated Smoking Cessation Treatment Options through the State's 1-800-QUIT- NOW and the "Trust."

- Continue to grow awareness and attendance at high schools.

- Provided land and support for community garden in partnership with Vineyard Church.

- Ochsner Eat Fit provides healthy food options at restaurants and other venues.

  o Mobile app shows restaurant locations, nutrition information, recipes and events.

  o Cooking demonstrations provided at local groceries and community events.

- Educated community on prenatal health, labor, delivery options, mom and baby post-delivery care, car seat safety, safe sitting, and parenting.

- Sponsored and participated in community events to promote health and wellness.

- Conducted patient educational seminars on pertinent health conditions at community locations.

- Hosted large scale health fairs in high-traffic centrally placed locations providing education, screenings and nurse consultations focused on Cancer, Men's Health, Women's Health and Adolescent Health.

- Sponsored and supported key community events focused on high priority health topics, innovative health interventions and disease research aligned with the Ochsner service lines and community goals.

E. Behavioral Health and Substance Abuse

Outcomes/Results

- Continued to provide inpatient psychiatric services at Ochsner Medical Center Jefferson Highway, Ochsner St. Anne Hospital, St. Charles General Hospital and Chabert Hospital.

- Partnered with Jefferson Parish public school system to provide primary and mental health services in two school-based health centers.

- Partnership with Acadia Health to repurpose River Parish hospital as inpatient behavioral health hospital (opened in December 2018).

Secondary Data Collection

Tripp Umbach collected and analyzed secondary data from multiple sources, including Community Need Index (CNI), Community Commons Data, County Health Rankings and Roadmaps, Greater New Orleans Community Data Center's Report, and the Louisiana Department of Health. The regional data profile includes information from multiple health, social, and demographics sources. ZIP code analysis was also completed to illustrate community health needs at the local level. Tripp Umbach used secondary data sources to compile information related to disease prevalence, socioeconomic factors, and behavioral habits. Data were benchmarked against state and national trends, where applicable.

The information provided in the secondary data profile does not replace existing local, regional, and national sites but rather provides a comprehensive (but not all-inclusive) overview that complements and highlights existing and changing health and social behaviors of community residents for the health system, social, and community health organizations involved in the CHNA. A robust secondary data report was compiled for Ochsner Medical Center - Kenner; select information collected from the report has been presented throughout the CHNA. Data specifically related to the identified needs were used to support the key health needs.

Tripp Umbach obtained data through Truven Health Analytics to quantify the severity of health disparities. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies.

The Community Need Index (CNI) data source was used in the health assessment. CNI considers multiple factors that are known to limit health care access; the tool is useful in identifying and addressing the disproportionate and unmet health-related needs of neighborhoods. The five prominent socioeconomic barriers to community health quantified in the CNI are income barriers, cultural/language barriers, educational barriers, insurance barriers, and housing barriers. Additional information related to CNI can be found in Appendix G.

A score of 5.0 represents a ZIP code area with the most socioeconomic barriers (high need); while a score of 1.0 indicates a ZIP code area with the lowest socioeconomic barriers (low need). A low score is the ultimate goal; however, ZIP codes with a low score should not be overlooked; rather communities should identify what specific entities are succeeding which ensures a low score.

Map 7 is the regional primary service area (study area) for the Jefferson Region.

Ochsner Medical Center - Kenner

Map 7: Jefferson Region - Study Area (62 ZIP codes – CNI Map)
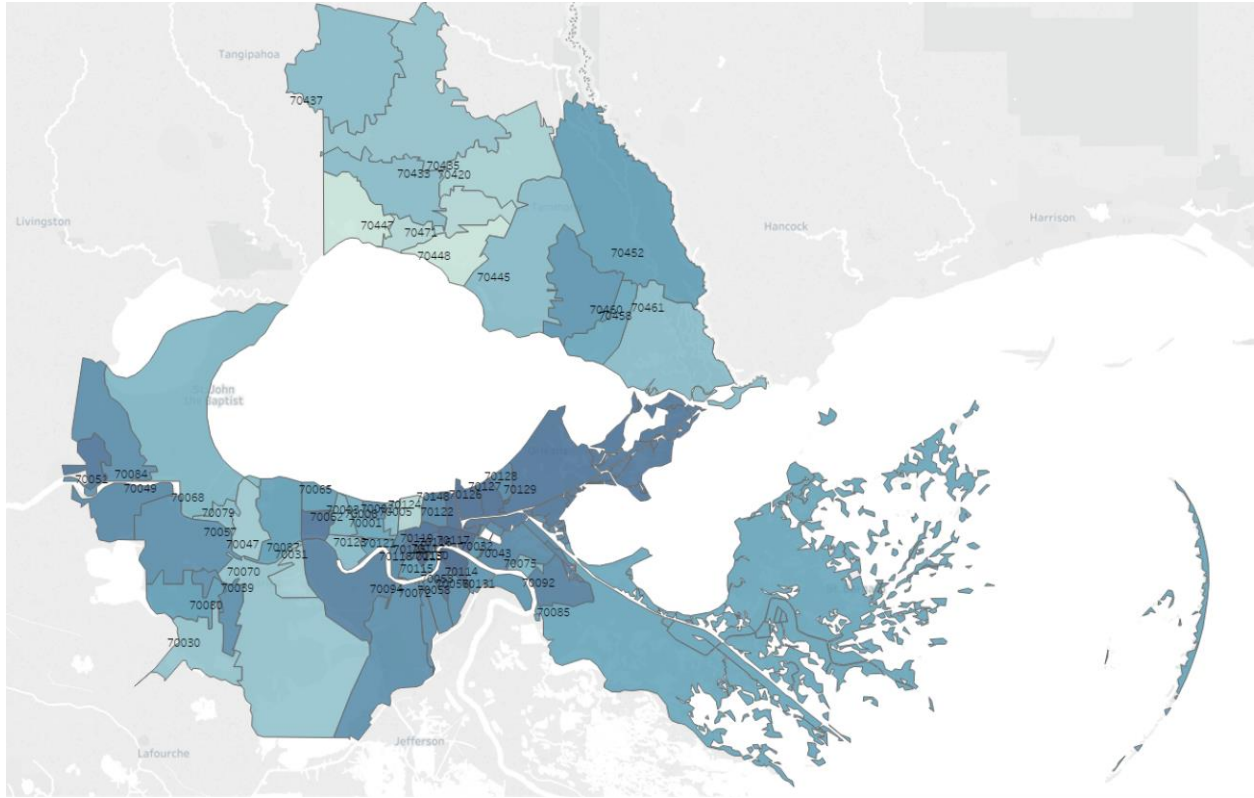
Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

▲ 5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

▼ 1.99 to 1.00 (Low-socioeconomic barriers)

ZIP codes 70112, 70113, 70114, 70117 in New Orleans reported a CNI score of 5.0 (high socioeconomic barriers to care) in 2017; while ZIP codes 70447 and 70448 in Madisonville and Mandeville report a CNI score of 1.6 (low socioeconomic barriers to care). There are 42 ZIP codes that are above the median of 3.0 in 2017.

Table 14 reported the specific breakout and measures from each ZIP code within the study area.

Table 14: Jefferson Region - Study Area (CNI Score Breakouts)

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-Employed	Un-Insured	Rent
70001	Metairie	Jefferson	13.12%	19.18%	41.15%	5.46%	33.30%	11.67%	5.05%	5.64%	50.43%
70002	Metairie	Jefferson	11.68%	18.60%	49.80%	7.89%	42.08%	12.24%	6.77%	5.78%	46.68%
70003	Metairie	Jefferson	10.64%	16.72%	36.46%	3.97%	30.77%	12.34%	6.80%	4.64%	24.37%
70005	Metairie	Jefferson	8.57%	7.21%	24.68%	3.88%	17.53%	7.43%	5.00%	4.69%	37.11%
70006	Metairie	Jefferson	7.67%	13.62%	35.28%	5.92%	36.56%	10.30%	6.93%	4.39%	34.06%
70030	Des Allemands	St. Charles	5.73%	14.19%	38.92%	0.44%	14.35%	15.94%	5.23%	5.91%	13.89%
70031	Ama	St. Charles	0.78%	6.88%	23.26%	0.45%	44.62%	8.99%	3.54%	4.91%	14.18%
70032	Arabi	St. Bernard	9.95%	28.29%	38.66%	1.91%	36.71%	15.67%	9.76%	7.26%	32.44%
70039	Boutte	St. Charles	4.79%	20.00%	53.64%	0.91%	62.90%	15.97%	11.86%	5.23%	31.21%
70043	Chalmette	St. Bernard	9.79%	25.91%	54.46%	3.12%	38.19%	15.55%	10.49%	7.27%	42.13%
70047	Destrehan	St. Charles	22.45%	8.62%	22.00%	1.58%	32.67%	8.76%	9.69%	3.52%	18.66%
70049	Edgard	St. John the Baptist	26.44%	23.36%	45.16%	0.19%	95.09%	17.14%	15.95%	10.29%	22.62%
70051	Garyville	St. John the Baptist	15.59%	41.82%	83.82%	0.32%	59.28%	22.37%	26.50%	8.08%	24.87%
70053	Gretna	Jefferson	14.41%	35.04%	51.14%	6.59%	56.06%	24.37%	9.00%	8.45%	52.51%
70056	Gretna	Jefferson	9.32%	22.68%	45.59%	5.82%	63.48%	13.91%	5.95%	5.08%	40.17%
70057	Hahnville	St. Charles	23.95%	30.38%	50.70%	0.67%	54.19%	23.91%	12.90%	7.25%	18.24%
70058	Harvey	Jefferson	18.54%	24.38%	41.83%	5.47%	75.52%	19.97%	5.32%	6.98%	30.69%
70062	Kenner	Jefferson	26.27%	28.45%	48.83%	8.67%	63.36%	24.87%	12.35%	7.79%	48.96%
70065	Kenner	Jefferson	6.28%	13.98%	39.42%	6.92%	51.54%	12.03%	5.85%	4.29%	36.66%
70068	LA Place	St. John the Baptist	13.60%	14.40%	22.33%	1.27%	60.43%	18.59%	8.40%	4.61%	19.26%
70070	Luling	St. Charles	4.94%	13.05%	34.77%	0.60%	24.26%	10.83%	6.45%	4.23%	17.01%
70072	Marrero	Jefferson	20.31%	25.43%	51.58%	2.53%	55.34%	21.84%	5.70%	6.78%	24.34%
70075	Meraux	St. Bernard	8.41%	10.95%	37.56%	0.77%	28.33%	17.32%	7.77%	4.52%	17.12%
70079	Norco	St. Charles	11.35%	22.27%	54.90%	0.56%	14.97%	12.08%	4.73%	4.24%	19.54%
70080	Paradis	St. Charles	8.24%	11.98%	39.22%	0.46%	21.41%	17.44%	5.30%	6.13%	27.65%
70084	Reserve	St. John the Baptist	11.82%	29.46%	50.28%	0.93%	58.74%	23.69%	13.44%	4.98%	24.16%
70085	Saint Bernard	St. Bernard	11.34%	21.41%	33.33%	0.08%	25.50%	25.32%	17.06%	7.23%	13.26%
70087	Saint Rose	St. Charles	21.81%	13.46%	25.54%	3.07%	56.00%	16.75%	9.34%	5.68%	33.75%
70092	Violet	St. Bernard	10.63%	29.87%	60.08%	0.25%	59.90%	22.61%	15.16%	6.90%	21.31%
70094	Westwego	Jefferson	14.81%	30.69%	47.97%	2.48%	58.35%	22.51%	11.64%	7.26%	30.95%
70112	New Orleans	Orleans	32.03%	60.81%	72.00%	2.36%	68.25%	19.93%	16.56%	14.28%	88.48%
70113	New Orleans	Orleans	42.79%	51.97%	71.27%	3.91%	83.12%	29.66%	17.16%	17.68%	77.80%

Ochsner Medical Center - Kenner

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-Employed	Un-Insured	Rent
70114	New Orleans	Orleans	28.57%	42.40%	64.06%	1.46%	81.22%	20.36%	13.33%	12.30%	56.53%
70115	New Orleans	Orleans	15.94%	22.43%	49.27%	1.73%	35.91%	8.32%	7.04%	7.19%	56.67%
70116	New Orleans	Orleans	21.96%	55.98%	69.23%	2.08%	55.36%	14.20%	12.17%	10.32%	67.32%
70117	New Orleans	Orleans	28.71%	43.03%	54.89%	0.82%	78.11%	21.73%	11.48%	12.88%	50.26%
70118	New Orleans	Orleans	20.14%	28.24%	46.58%	1.30%	44.72%	11.21%	8.99%	9.94%	54.59%
70119	New Orleans	Orleans	30.52%	45.70%	65.56%	3.28%	69.78%	17.00%	12.21%	12.15%	67.01%
70121	New Orleans	Jefferson	13.19%	19.80%	39.37%	4.10%	38.24%	14.04%	7.40%	5.14%	45.95%
70122	New Orleans	Orleans	20.43%	30.54%	48.50%	0.78%	86.55%	13.35%	11.03%	10.84%	38.16%
70123	New Orleans	Jefferson	11.01%	10.90%	27.96%	1.07%	21.30%	7.69%	3.21%	3.98%	39.96%
70124	New Orleans	Orleans	9.65%	4.19%	13.87%	1.16%	16.77%	3.10%	3.56%	4.00%	32.08%
70125	New Orleans	Orleans	26.96%	39.76%	56.41%	1.98%	66.85%	15.52%	11.11%	11.62%	54.94%
70126	New Orleans	Orleans	14.17%	49.95%	58.10%	1.23%	95.31%	17.31%	16.75%	14.36%	45.48%
70127	New Orleans	Orleans	28.20%	45.51%	63.25%	1.56%	97.41%	15.18%	12.43%	13.61%	48.87%
70128	New Orleans	Orleans	21.85%	33.29%	50.00%	2.22%	97.79%	14.20%	8.94%	10.20%	31.19%
70129	New Orleans	Orleans	28.71%	39.05%	71.03%	18.19%	89.14%	29.40%	11.04%	10.41%	33.28%
70130	New Orleans	Orleans	20.73%	19.70%	50.00%	1.29%	37.59%	8.12%	7.19%	6.97%	68.26%
70131	New Orleans	Orleans	10.37%	19.09%	40.51%	2.68%	74.44%	10.37%	8.64%	6.63%	42.45%
70148	New Orleans	Orleans	6.35%	18.18%	50.00%	0.61%	58.14%	3.00%	4.55%	13.97%	46.58%
70420	Abita Springs	St. Tammany	7.28%	12.74%	33.15%	1.06%	15.30%	12.67%	8.42%	4.54%	15.65%
70433	Covington	St. Tammany	8.52%	14.55%	44.35%	1.53%	18.21%	10.01%	6.86%	4.08%	22.21%
70435	Covington	St. Tammany	10.47%	17.69%	50.32%	0.58%	14.67%	12.40%	6.38%	4.34%	12.40%
70437	Folsom	St. Tammany	9.68%	18.21%	51.27%	1.13%	16.50%	13.59%	6.96%	4.36%	12.98%
70445	Lacombe	St. Tammany	15.46%	14.89%	44.19%	0.87%	31.72%	18.66%	8.66%	4.46%	14.10%
70447	Madisonville	St. Tammany	11.13%	5.40%	25.91%	0.22%	10.99%	4.24%	4.83%	2.05%	10.52%
70448	Mandeville	St. Tammany	8.69%	3.28%	9.05%	0.67%	13.69%	5.20%	5.80%	2.64%	19.03%
70452	Pearl River	St. Tammany	11.23%	28.11%	49.68%	0.51%	13.10%	20.50%	8.69%	6.30%	19.97%

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Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-Employed	Un-Insured	Rent
70458	Slidell	St. Tammany	12.83%	18.00%	50.09%	0.92%	26.74%	13.26%	7.78%	3.55%	26.36%
70460	Slidell	St. Tammany	10.66%	22.56%	49.64%	1.06%	40.85%	17.06%	9.69%	5.01%	21.51%
70461	Slidell	St. Tammany	11.38%	10.89%	26.85%	2.18%	33.45%	10.60%	8.55%	3.66%	24.05%
70471	Mandeville	St. Tammany	14.80%	3.89%	10.36%	0.74%	11.67%	5.94%	4.42%	3.63%	26.07%

Table 15 reported the specific CNI score from each ZIP code within the study area.

Table 15: Jefferson Region Study Area (CNI Score Breakouts)

Zip	City	Parish	Income	Culture	Education	Insurance	House	2017 CNI Score
70112	New Orleans	Orleans	5	5	5	5	5	5.0
70113	New Orleans	Orleans	5	5	5	5	5	5.0
70114	New Orleans	Orleans	5	5	5	5	5	5.0
70117	New Orleans	Orleans	5	5	5	5	5	5.0
70119	New Orleans	Orleans	5	5	4	5	5	4.8
70126	New Orleans	Orleans	5	5	4	5	5	4.8
70127	New Orleans	Orleans	5	5	4	5	5	4.8
70051	Garyville	St. John the Baptist	5	5	5	5	3	4.6
70053	Gretna	Jefferson	4	5	5	4	5	4.6
70062	Kenner	Jefferson	4	5	5	4	5	4.6
70116	New Orleans	Orleans	5	5	4	4	5	4.6
70125	New Orleans	Orleans	5	5	4	4	5	4.6
70129	New Orleans	Orleans	5	5	5	4	4	4.6
70092	Violet	St. Bernard	5	5	5	4	3	4.4
70094	Westwego	Jefferson	4	5	5	4	4	4.4
70043	Chalmette	St. Bernard	4	4	4	4	5	4.2
70049	Edgard	St. John the Baptist	4	5	4	5	3	4.2
70118	New Orleans	Orleans	4	5	3	4	5	4.2
70122	New Orleans	Orleans	4	5	3	4	5	4.2
70128	New Orleans	Orleans	4	5	4	4	4	4.2
70002	Metairie	Jefferson	4	5	3	3	5	4.0
70039	Boutte	St. Charles	4	5	4	3	4	4.0
70056	Gretna	Jefferson	4	5	4	2	5	4.0
70057	Hahnville	St. Charles	4	5	5	4	2	4.0
70058	Harvey	Jefferson	3	5	5	3	4	4.0
70072	Marrero	Jefferson	4	5	5	3	3	4.0

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Zip	City	Parish	Income	Culture	Education	Insurance	House	2017 CNI Score
70084	Reserve	St. John the Baptist	4	5	5	3	3	4.0
70032	Arabi	St. Bernard	3	4	4	4	4	3.8
70131	New Orleans	Orleans	3	5	3	3	5	3.8
70148	New Orleans	Orleans	4	5	1	4	5	3.8
70460	Slidell	St. Tammany	4	5	4	3	3	3.8
70065	Kenner	Jefferson	3	5	3	2	5	3.6
70080	Paradis	St. Charles	3	4	4	3	4	3.6
70087	Saint Rose	St. Charles	2	5	4	3	4	3.6
70115	New Orleans	Orleans	4	4	2	3	5	3.6
70121	New Orleans	Jefferson	3	4	4	2	5	3.6
70130	New Orleans	Orleans	4	4	2	3	5	3.6
70452	Pearl River	St. Tammany	4	3	5	3	3	3.6
70001	Metairie	Jefferson	3	4	3	2	5	3.4
70085	Saint Bernard	St. Bernard	3	4	5	4	1	3.4
70458	Slidell	St. Tammany	4	4	3	2	4	3.4
70006	Metairie	Jefferson	3	4	3	2	4	3.2
70003	Metairie	Jefferson	3	4	3	2	3	3.0
70068	LA Place	St. John the Baptist	2	5	4	2	2	3.0
70075	Meraux	St. Bernard	3	4	4	2	2	3.0
70005	Metairie	Jefferson	2	3	2	2	5	2.8
70079	Norco	St. Charles	4	3	3	2	2	2.8
70123	New Orleans	Jefferson	2	4	2	1	5	2.8
70433	Covington	St. Tammany	3	3	3	2	3	2.8
70437	Folsom	St. Tammany	4	3	4	2	1	2.8
70445	Lacombe	St. Tammany	3	4	4	2	1	2.8
70461	Slidell	St. Tammany	2	4	3	2	3	2.8
70030	Des Allemands	St. Charles	3	3	4	2	1	2.6
70070	Luling	St. Charles	2	4	3	2	2	2.6
70435	Covington	St. Tammany	4	3	3	2	1	2.6
70031	Ama	St. Charles	2	5	2	2	1	2.4
70047	Destrehan	St. Charles	2	4	2	2	2	2.4
70420	Abita Springs	St. Tammany	2	3	3	2	1	2.2
70124	New Orleans	Orleans	1	3	1	1	4	2.0
70471	Mandeville	St. Tammany	1	3	1	1	4	2.0
70447	Madisonville	St. Tammany	2	3	1	1	1	1.6
70448	Mandeville	St. Tammany	1	3	1	1	2	1.6

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In total, 62 ZIP codes were analyzed for the Jefferson Region study area. ZIP codes 70112, 70113, 70114, 70117 reported a CNI score of 5.0 (high socioeconomic barriers to care) in 2017; while ZIP codes 70447 and 70448 report a CNI score of 1.6 (low socioeconomic barriers to care). (See Chart 24.) There are 45 ZIP codes that are above the median of 3.0 in 2017.

Chart 24: Jefferson Region – Study Area (Overview)

ZIP code	CNI score
70112	5.0
70113	5.0
70114	5.0
70117	5.0
70119	4.8
70126	4.8
70127	4.8
70051	4.6
70053	4.6
70062	4.6
70116	4.6
70125	4.6
70129	4.6
70092	4.4
70094	4.4
70043	4.2
70049	4.2
70118	4.2
70122	4.2
70128	4.2
70002	4.0
70039	4.0
70056	4.0
70057	4.0
70058	4.0
70072	4.0
70084	4.0
70032	3.8
70131	3.8
70148	3.8
70460	3.8
70065	3.6
70080	3.6
70087	3.6
70115	3.6
70121	3.6
70130	3.6
70452	3.6
70001	3.4
70085	3.4
70458	3.4
70006	3.2
70003	3.0
70068	3.0
70075	3.0
70005	2.8
70079	2.8
70123	2.8
70433	2.8
70437	2.8
70445	2.8
70461	2.8
70030	2.6
70070	2.6
70435	2.6
70031	2.4
70047	2.4
70420	2.2
70124	2.0
70471	2.0
70447	1.6
70448	1.6

Source: Truven Health Analytics

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In reviewing scores from 2017 and 2016, the map provides a geographic trending visual of the service area between the years. The green color represents ZIP codes that have improved their overall CNI score. As the color changes to darker red, certain ZIP codes face higher socioeconomic barriers. (See Map 8.)

Map 8: Jefferson Region Study Area CNI - Trend Map
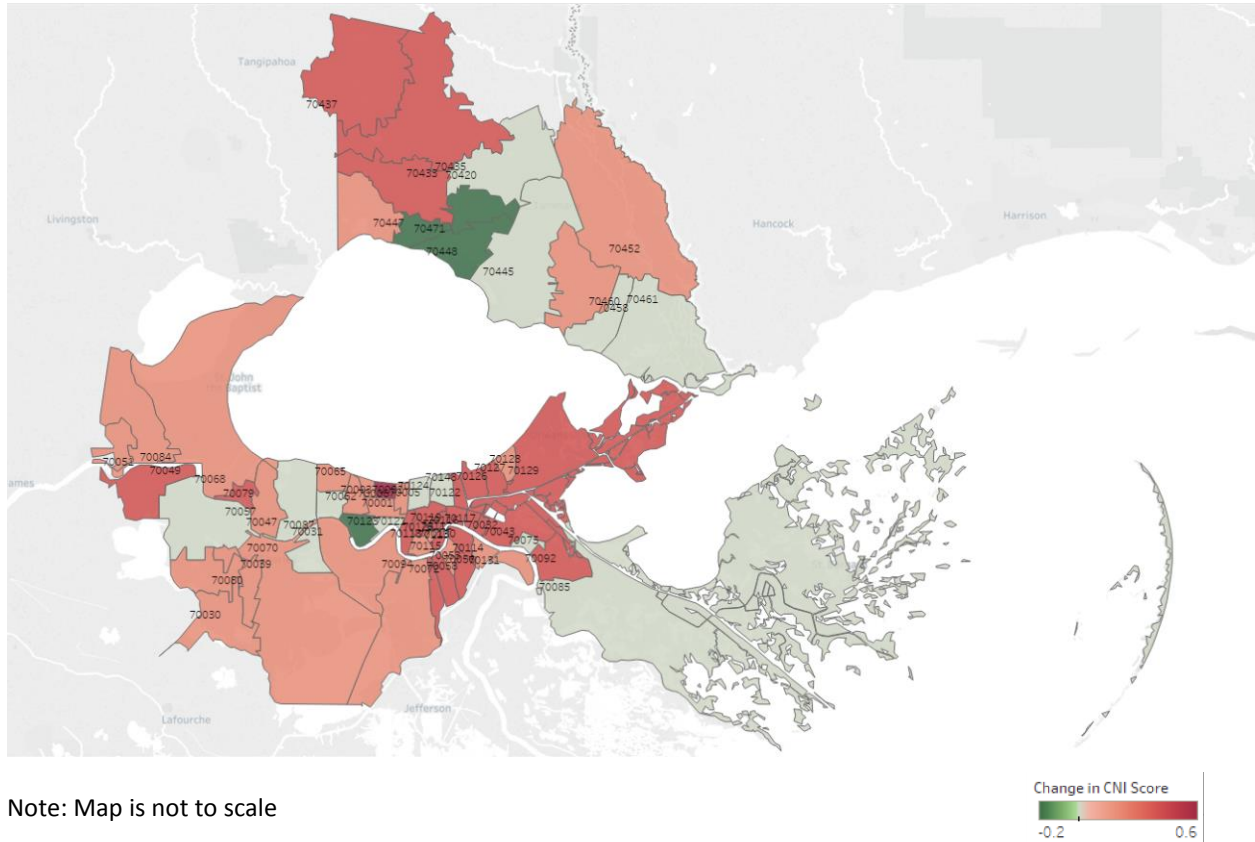
Note: Map is not to scale

Source: Truven Health Analytics

2017 CNI Score

5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

1.99 to 1.00 (Low-socioeconomic barriers)

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Table 16 shows specific trending information related to the 62 ZIP codes in the Jefferson Region study area. Across the Jefferson Region study area:

- 45 ZIP codes experienced a rise in their CNI score from 2016 to 2017, indicating a shift to more barriers to health care access (red values).

- 13 ZIP codes remained the same from 2016 to 2017.

- Four ZIP codes experienced a decline in their CNI score from 2016 to 2017, indicating a shift to fewer barriers to health care access (green values).

- ZIP code 70002 – Metairie experienced the largest rise (+0.6) in CNI score (going from 3.4 in 2016 to 4.0 in 2017).

Table 16: Jefferson Region - Study Area ZIP Code Trending Scores

Zip	City	Parish	2016 CNI Score	2017 CNI Score	Difference
70002	Metairie	Jefferson Parish	3.4	4.0	(0.6)
70032	Arabi	St. Bernard Parish	3.4	3.8	(0.4)
70043	Chalmette	St. Bernard Parish	3.8	4.2	(0.4)
70049	Edgard	St. John the Baptist Parish	3.8	4.2	(0.4)
70056	Gretna	Jefferson Parish	3.6	4.0	(0.4)
70058	Harvey	Jefferson Parish	3.6	4.0	(0.4)
70079	Norco	St. Charles Parish	2.4	2.8	(0.4)
70092	Violet	St. Bernard Parish	4.0	4.4	(0.4)
70112	New Orleans	Orleans Parish	4.6	5.0	(0.4)
70114	New Orleans	Orleans Parish	4.6	5.0	(0.4)
70116	New Orleans	Orleans Parish	4.2	4.6	(0.4)
70117	New Orleans	Orleans Parish	4.6	5.0	(0.4)
70118	New Orleans	Orleans Parish	3.8	4.2	(0.4)
70119	New Orleans	Orleans Parish	4.4	4.8	(0.4)
70125	New Orleans	Orleans Parish	4.2	4.6	(0.4)
70126	New Orleans	Orleans Parish	4.4	4.8	(0.4)
70127	New Orleans	Orleans Parish	4.4	4.8	(0.4)
70129	New Orleans	Orleans Parish	4.2	4.6	(0.4)
70130	New Orleans	Orleans Parish	3.2	3.6	(0.4)
70433	Covington	St. Tammany Parish	2.4	2.8	(0.4)
70435	Covington	St. Tammany Parish	2.2	2.6	(0.4)
70437	Folsom	St. Tammany Parish	2.4	2.8	(0.4)
70001	Metairie	Jefferson Parish	3.2	3.4	(0.2)
70003	Metairie	Jefferson Parish	2.8	3.0	(0.2)
70005	Metairie	Jefferson Parish	2.6	2.8	(0.2)
70006	Metairie	Jefferson Parish	3.0	3.2	(0.2)
70030	Des Allemands	St. Charles Parish	2.4	2.6	(0.2)
70039	Boutte	St. Charles Parish	3.8	4.0	(0.2)

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Zip	City	Parish	2016 CNI Score	2017 CNI Score	Difference
70047	Destrehan	St. Charles Parish	2.2	2.4	(0.2)
70051	Garyville	St. John the Baptist Parish	4.4	4.6	(0.2)
70053	Gretna	Jefferson Parish	4.4	4.6	(0.2)
70065	Kenner	Jefferson Parish	3.4	3.6	(0.2)
70068	LA Place	St. John the Baptist Parish	2.8	3.0	(0.2)
70070	Luling	St. Charles Parish	2.4	2.6	(0.2)
70072	Marrero	Jefferson Parish	3.8	4.0	(0.2)
70080	Paradis	St. Charles Parish	3.4	3.6	(0.2)
70084	Reserve	St. John the Baptist Parish	3.8	4.0	(0.2)
70094	Westwego	Jefferson Parish	4.2	4.4	(0.2)
70113	New Orleans	Orleans Parish	4.8	5.0	(0.2)
70115	New Orleans	Orleans Parish	3.4	3.6	(0.2)
70128	New Orleans	Orleans Parish	4.0	4.2	(0.2)
70131	New Orleans	Orleans Parish	3.6	3.8	(0.2)
70447	Madisonville	St. Tammany Parish	1.4	1.6	(0.2)
70452	Pearl River	St. Tammany Parish	3.4	3.6	(0.2)
70460	Slidell	St. Tammany Parish	3.6	3.8	(0.2)
70031	Ama	St. Charles Parish	2.4	2.4	0.0
70057	Hahnville	St. Charles Parish	4.0	4.0	0.0
70062	Kenner	Jefferson Parish	4.6	4.6	0.0
70075	Meraux	St. Bernard Parish	3.0	3.0	0.0
70085	Saint Bernard	St. Bernard Parish	3.4	3.4	0.0
70087	Saint Rose	St. Charles Parish	3.6	3.6	0.0
70121	New Orleans	Jefferson Parish	3.6	3.6	0.0
70122	New Orleans	Orleans Parish	4.2	4.2	0.0
70124	New Orleans	Orleans Parish	2.0	2.0	0.0
70420	Abita Springs	St. Tammany Parish	2.2	2.2	0.0
70445	Lacombe	St. Tammany Parish	2.8	2.8	0.0
70458	Slidell	St. Tammany Parish	3.4	3.4	0.0
70461	Slidell	St. Tammany Parish	2.8	2.8	0.0
70123	New Orleans	Jefferson Parish	3.0	2.8	0.2
70148	New Orleans	Orleans Parish	4.0	3.8	0.2
70448	Mandeville	St. Tammany Parish	1.8	1.6	0.2
70471	Mandeville	St. Tammany Parish	2.2	2.0	0.2

Source: Truven Health Analytics

Health Provider Survey

Tripp Umbach employed a health provider survey methodology to survey providers within the region. A provider health survey was created to collect thoughts and opinions regarding health providers' community regarding the care and services they provide. Each hospital organization within the MHCNO collaboration sent emails to their health providers requesting survey participation. A survey link was also posted in an internal company newsletter to increase response rates. The survey data collection period ran on Survey Monkey from March thru May 2018. In total, a sample size of 176 surveys were collected.

Key Points:

- Jefferson (13.5 percent), Orleans (13.4 percent), St. Tammany (11.5 percent), St. Charles (6.2 percent), and St. Bernard (5.6 percent) parishes were the top five parishes where survey respondents reported they serve.

- A majority of survey respondents identified themselves as being a physician specialist (30.6 percent), 26.6 percent were primary care physicians, 19.1 percent were nurses.

- Hospital facility (39.3 percent) or doctor's office (26.6 percent) were the top two types of facilities where survey respondents provided care.

- The top three specific population's survey respondents that have focused care are: all populations (14.9 percent), seniors/elderly (9.5 percent), and low income/poor (8.4 percent).

- Overall, close to one-half of survey respondents reported the community in which they provide care or services as being unhealthy (37.8 percent)/very unhealthy (11 percent).

- More than half of survey respondents strongly agreed (30.3 percent) and agreed (37.7 percent) that residents have access to high-quality primary care providers.

- More than half of survey respondents strongly agreed (26.3 percent) and agreed (37.7 percent) that residents have access to specialists.

- More than half of survey respondents disagreed (37.7 percent) and strongly disagreed (29.1 percent) that residents have access to mental/behavioral health providers.

- Close to one-third of survey respondents disagree (21.4 percent) and strongly disagree (9.2 percent) that residents have access to dental care.

- More than half of survey respondents strongly agree (17.1 percent) and agree (36.6 percent) that residents have access to vision care.

- More than one-third of respondents disagreed (26.4 percent) and strongly disagreed (14.4 percent) that residents have available transportation options for medical appointments and other services.

- There was strong agreement (22.9 percent) and agreement (38.3 percent) that residents have access to health facilities where interpreter services/bilingual providers are available (61.3 percent).

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- More than half of survey respondents strongly agree (12 percent) and agree (39.4 percent) that there are ample employment opportunities in the community where they practice.

- More than half of survey respondents strongly agreed (17.1 percent) and agreed (35.4 percent) the community where they practice is a safe place to live.

- 50.9 percent of survey respondents reported that there are safe, clean, and affordable housing options in the community.

- Close to one quarter of respondents (24.9 percent) disagreed that quality public education is available in the community.

- The top five health concerns affecting residents in the community according to health providers are: chronic diseases (19.9 percent), access to health care (17.7 percent), obesity/poor diet/lack of exercise (14.1 percent), mental health (12.2 percent) and substance abuse (6.4 percent).

- The top five reported health factors that contribute to the health concerns are: Health literacy/overall education (16.2 percent), obesity/poor diet/lack of exercise (11 percent), access to health care (14.1 percent), unemployment/poverty (10.8 percent), and mental health/lack of mental health services (5.6 percent).

- Mental health services (14.4 percent) and substance abuse services (11.2 percent) were the top two resources/services that are missing from the community that would improve the health of residents.

- Conversely, vision care (1.7 percent) and emergency care (0.7 percent) were not seen as important resources/services that are missing from that community that would improve the health of residents.

- More than half of survey respondents (55.7 percent) were female, while 41.4 percent were male.

- Close to one-third of survey respondents (29.1 percent) are 55 and older.

- More than one-third of survey respondents plan to retire in 15 or more years (44 percent).

- A majority of survey respondents are white/Caucasian (83.1 percent).

- More than half of survey respondents have a medical degree (55.7 percent) followed by a college or master's degree (16.7 percent).

Community Forum

On July 11, 2018, Tripp Umbach facilitated a public input session (community forum) with leaders from community, government, civic, and social organizations, and other key community leaders at Jefferson Parish Library - East Bank Regional Library. The purpose of the community forum was to present the CHNA findings, which included existing data, in-depth community stakeholder interviews results, and results from the health provider survey, and to obtain input regarding the needs and concerns of the community overall. Community leaders discussed the data, shared their visions and plans for community

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health improvement in their communities, identified and prioritized the top community health needs in their region. With input received from forum participants, community stakeholders prioritized and identified top priority areas. They included: education, behavioral health (mental health & substance abuse), and access to care. Each of the prioritized areas has subcategories, which further illustrate the identified need.

A. Education

- Health Education

- Nutrition

- Personalized Care

- Food Preparation

- Financial Managements

- Life Skills

B. Behavioral Health (Mental Health & Substance Abuse)

- Suicide

- Lack of Services (Mental Health Providers/Facilities)

C. Access to Care

- Health Screenings

- Prevention

Provider Resource Inventory

An inventory of programs and services specifically related to the key prioritized needs was cataloged by Tripp Umbach. The inventory highlights programs and services within the focus area. The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the prioritized needs. It provides program descriptions, contact information, and the potential for coordinating community activities by creating linkages among agencies. The provider inventory was provided as a separate document due to its interactive nature, and is available on Ochsner Medical Center - Kenner's website.

Final Report

A final report was developed that summarized key findings from the assessment process including the final prioritized community needs. Top community health needs were identified by analyzing secondary data, primary data collected from key stakeholder interviews, a health provider survey, and a

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community forum. Tripp Umbach provided support to the prioritized needs with secondary data (where available), and consensus with community stakeholders results, and surveys results.

Implementation Planning

With the completion of the community health needs assessment, an implementation phase will begin with the onset of work sessions facilitated by Tripp Umbach. The work sessions will maximize system cohesion and synergies, during which leaders from Ochsner Health System will be guided through a series of identified processes. The planning process will result in the development of an implementation plan that will meet system and IRS standards.

Appendix D: Community Stakeholder Interviewees

Tripp Umbach completed five interviews with community stakeholders representing Ochsner Medical Center - Kenner to gain a deeper understanding of community health needs from organizations, agencies and government officials that have day-to-day interactions with populations in greatest need. Interviews provide information about the community's health status, risk factors, service utilizations and community resource needs, as well as gaps and service suggestions.

Listed below in alphabetic order by last name are the community stakeholders interviewed for the community needs assessment.

Table 17: Community Stakeholders for Ochsner Medical Center - Kenner (Listed alphabetically by last name)

Name	Organizations
Paul Bergeron	Ochsner Medical Center - Kenner Hospital Board
Patty Glaser	Kenner Discovery Health Sciences Academy
Marcel Gonzalez	Gulf Coast Bank & Trust Company
Michael Ince	City of Kenner
Rafael Saddy	City of Kenner

Listed below in alphabetic order by last name are the community stakeholders who were interviewed overall for Ochsner Health System.

Table 18: Overall Community Stakeholders for Ochsner Health System (Listed alphabetically by last name)

Name	Organizations for Ochsner Health System
Steven Aguillard	Capital Area Human Services
Robert Bailey	Limb Up
George Bell	United Way
Paul Bergeron	Ochsner Medical Center-Kenner
Wendy Beron	Methodist Health System Foundation, Inc.
Melanie Bronfin, JD	Louisiana Policy Institute for Children
Liz Burpee	Broad Community Connections
LeslieAnn Cioti	Jefferson Parish Council on Aging
Chad Davis	Acadian Ambulance Services
Chance Doyle	Café Hope
Rochelle Head-Dunham	Metropolitan Human Services District
Rachel Edelman	22nd Judicial District Court
Ron Erickson	Central Chamber of Commerce

Name	Organizations for Ochsner Health System
William Giannobile	Boys and Girls Club Westbank
Patty Glaser	Kenner Discovery Health Sciences Academy
Bill Golden	Ochsner Health System Board of Trustees
Marcel Gonzalez	Gulf Coast Bank & Trust Company
Arthur "Chip" Grant, MD	St. Thomas Health Center
Sharon Guidry	Lockport City Council
Maria Huete	Junior League of New Orleans
Jared Hymowitz	City of Baton Rouge
Michael C. Ince, MPA	City of Kenner
Natalie Jayroe	Second Harvest Food Bank
Joseph Kanter, MD, MPH	New Orleans Health Department
Mark Keiser	Access Health Louisiana
James R. Kelly	Covenant House New Orleans
Leslie Landry	Northshore Community Foundation
Keith Liederman, PhD	Kingsley House
William Magee	River Parish Behavioral Center
Jarod Martin	Central Lafourche High School
Flint Mitchell, PhD	LA Children's Research Center for Development and Learning
Brian North	Fifth District Savings and Loan
Charles Preston, MD	St. Tammany Coroner's Office
Nick Richard	The National Alliance on Mental Illness
Dr. Anthony Recasner	Agenda for Children
Leslie Robichaux	Good Samaritan Food Bank
Mary Brooks Rodrigue	John J. Hainkel, Jr. Home & Rehabilitation Center
Alvin Rose	Second Baptist Church
Rafael Saddy, Sr.	City of Kenner
Suzy Sonnier	Baton Rouge Health District
Leonard St. Pierre	Hospital Service District #2
Jodi Taylor	Belle Chasse YMCA
Roselle M. Ungar, CFRE	Jewish Family Services
Sophie Harris Vorhoff	Friends of Lafitte Greenway
Dee Wild	Volunteers of America

Appendix E: Community Organizations and Partners

Metropolitan Hospital Council of New Orleans along with its hospital partners, East Jefferson General Hospital, HCA Healthcare (Tulane Medical Center), LCMC Health, Ochsner Health System, Slidell Memorial Hospital, and St. Tammany Parish Hospital came together to gain a better understanding of the health needs of the community they serve.

Ochsner Health System is a leading health care provider dedicated to understanding community needs, offering high-quality programs to address the region's needs, and promoting population wellness. The primary data collected in the CHNA provided valuable input and ongoing dedication to assisting Ochsner Health System and its health care partners in identifying community health priorities; building on a foundation to develop strategies that will address the needs of residents in Southern Louisiana.

The table below lists community organizations that assisted Ochsner Health System and its hospital partners with the primary data collection through community stakeholder interviews, completing a health provider survey, and or attending a regional forum.

Table 19: Community Organizations and Partners

	Organization Name
1.	504HealthNet
2.	Acadian Ambulance Service
3.	Access Health Louisiana
4.	Agenda for Children
5.	American Cancer Society
6.	American Heart Association/American Stroke Association
7.	Andrea's Restaurant
8.	Backyard Gardeners Network
9.	Baton Rouge Health District
10.	Belle Chasse YMCA
11.	Boys & Girls Clubs West Bank
12.	Broad Community Connections
13.	Bryan Bell Metropolitan Leadership Forum
14.	Bureau of Chronic Disease Prevention and Health Promotion
15.	Bureau of Family Health
16.	Café Hope
17.	Caffin Avenue SDA Church
18.	Capital Area Human Services
19.	CCOSJ

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	Organization Name
20.	Central Chamber of Commerce
21.	Central Lafayette High School
22.	Children's Bureau New Orleans
23.	City of Baton Rouge
24.	City of Covington
25.	City of Kenner
26.	City of Mandeville
27.	City of New Orleans Emergency Medical Services
28.	City of Slidell
29.	Civic Coalition West Bank
30.	Council on Aging of St. Tammany
31.	Covenant House New Orleans
32.	Covington Food Bank
33.	Crescent Dental
34.	Daughters of Charity
35.	East Jefferson General Hospital
36.	East St. Tammany Chamber of Commerce
37.	EXCELth Family Health Center
38.	Fifth District Savings Bank
39.	Friends of Lafitte Greenway
40.	Gheens Needy Family
41.	Gin Wealth Management Partners
42.	Good Samaritan Food Bank
43.	Gulf Coast Bank & Trust Company
44.	Health Guardians of Catholic Charities Archdiocese of New Orleans
45.	Hospital Service District
46.	HUB International Gulf South
47.	Humana
48.	Humana Bold Goal
49.	JEFFCAP
50.	Jefferson Chamber of Commerce
51.	Jefferson Parish Council on Aging
52.	Jefferson Parish Public School System

	Organization Name
53.	Jewish Family Services
54.	John J. Hainkel, Jr. Home & Rehabilitation Center
55.	Junior League of New Orleans
56.	Kenner Discovery Health Sciences Academy
57.	Kingsley House
58.	Lafourche Behavioral Health Center
59.	Lafourche Fire Department District #1
60.	Lafourche Hospital Service District #2
61.	Lafourche Parish Government
62.	Lafourche Parish School Board
63.	Lafourche Parish Sheriff's Office
64.	Lakeview Regional Medical Center
65.	LCMC Health
66.	LCMC Health – Children's Hospital
67.	LCMC Health – New Orleans East Hospital
68.	LCMC Health – Touro Infirmary
69.	LCMC Health – University Medical Center
70.	LCMC Health – West Jefferson Medical Center
71.	Limb Up
72.	Lockport City Council
73.	Louisiana Children's Research Center for Development and Learning
74.	Louisiana Department of Health
75.	Louisiana Organ Procurement Agency
76.	Louisiana Policy Institute for Children
77.	Louisiana Public Health Institute
78.	Louisiana Public Health Institute
79.	Louisiana State University Agricultural Center
80.	Louisiana State University Health Sciences Center
81.	Louisiana State University/University Medical Center
82.	Market Umbrella
83.	Martin Luther King, Jr. Task Force & West Bank African American Churches
84.	Methodist Health System Foundation, Inc.
85.	Metropolitan Human Services District

	Organization Name
86.	New Orleans Chamber of Commerce
87.	New Orleans Council on Aging
88.	New Orleans Emergency Medicine
89.	New Orleans Health Department
90.	New Orleans Mission/Giving Hope Retreat
91.	New Pathways New Orleans
92.	Newman, Mathis, Brady & Spedale
93.	NOLA Business Alliance
94.	Northshore Community Foundation
95.	Northshore Healthcare Alliance
96.	Nurse Family Partnership
97.	Ochsner Baptist Medical Center
98.	Ochsner Health System
99.	Ochsner Health System Board of Trustees
100.	Ochsner Medical Center – Baton Rouge
101.	Ochsner Medical Center – Kenner
102.	Ochsner Medical Center – Kenner Hospital Board
103.	Ochsner Medical Center – North Shore
104.	Ochsner Medical Center – West Bank
105.	Ochsner Rehabilitation Hospital in partnership with Select Medical
106.	Ochsner St. Anne Hospital
107.	One Haven Inc.
108.	People's Health
109.	Rainbow Child Care Center, Inc.
110.	Ready Responders
111.	Regina Coeli Child Development Center
112.	River Parish Behavioral Center
113.	River Place Behavioral Health a service of Ochsner Health System
114.	SAIRP
115.	Salvation Christian Fellowship
116.	Second Baptist Church
117.	Second Harvest Food Bank
118.	Slidell Memorial Hospital

	Organization Name
119.	South Central Planning & Development Commission (SCPDC)
120.	St. John Council
121.	St. John Volunteer Citizen
122.	St. Tammany Coroner's Office
123.	St. Tammany Department of Health & Human Services
124.	St. Tammany Parish Clerk of Court; 22nd Judicial District Court
125.	St. Tammany Parish Government Health & Human Services
126.	St. Tammany Parish Hospital
127.	St. Thomas Health Center
128.	Susan G. Komen
129.	The Blood Center
130.	The Haven
131.	The Louisiana Campaign for Tobacco-Free Living
132.	The Metropolitan Hospital Council of New Orleans
133.	The National Alliance on Mental Illness
134.	TPRC
135.	Tulane Lakeside Hospital for Women and Children
136.	Tulane Medical Center
137.	U.S. House of Representatives
138.	UMCNO Forensics
139.	United Healthcare
140.	United Way
141.	United Way for Greater New Orleans
142.	United Way of Southeast Louisiana
143.	UNITY of Greater New Orleans
144.	Vacherie-Gheens Community Center
145.	VIET
146.	Volunteers of America
147.	Well-Ahead Louisiana Region 9
148.	West Jefferson Medical Center
149.	West Jefferson Medical Center Foundation Director
150.	West Jefferson Medical Center; Auxiliary

Appendix F: Working Group Members

The CHNA was overseen by a committee of representatives from the sponsoring organizations. Members of the Working Group and the organizations they represent are listed in alphabetical order by last name.

Table 20: Working Group Members (Listed alphabetically by last name)

Name	Organization
Jennifer Berger, MBA	Manager, Marketing & Communications Business Development Slidell Memorial Hospital
Avery Corenswet, MHA, BSN, RN	Vice President of Community Outreach Ochsner Health System
Melissa Hodgson, ABC, APR	Director of Communication St. Tammany Parish Hospital
Jennifer E. McMahon	Executive Director The Metropolitan Hospital Council of New Orleans
Charlotte Parent, RN, MHCM	Assistant Vice President Community Affairs Network Navigation LCMC Health
Tom Patrias, FACHE	Chief Operating Officer Tulane Health System
Megan Perry	Marketing & Communications Coordinator Business Development Slidell Memorial Hospital
John Sartori	Director of Marketing Communications East Jefferson General Hospital
Ha T. Pham	Principal Tripp Umbach
Barbara Terry	Senior Advisor Tripp Umbach

Appendix G: Truven Health Analytics

Community Needs Index (CNI) Overview

Not-for-profit and community-based health systems have long considered a community's needs to be a core component of their mission of service to local communities. While specific initiatives designed to address health disparities vary across local communities (outreach to migrant farm workers, asthma programs for inner city children, etc.), the need to prioritize and effectively distribute hospital resources is a common thread among all providers.

Given the increased transparency of hospital operations (quality report cards, financial disclosures, etc.), community benefit efforts need to become increasingly strategic and targeted in order to illustrate to a variety of audiences how specific programs have been designed and developed. While local community needs assessments will always play a central role in this process, they are often voluminous, difficult to communicate, and may lack necessary qualitative and statistical justification for choosing specific communities as having the "greatest need."

Because of such challenges, Dignity Health and Truven Health Analytics jointly developed a Community Need Index (CNI) in 2004 to assist in the process of gathering vital socioeconomic factors in the community. The CNI is strongly linked to variations in community health care needs and is a strong indicator of a community's demand for various health care services.

Based on a wide-array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The CNI should be used as part of a larger community need assessment and can help pinpoint specific areas that have greater need than others. The CNI should be shared with community partners and used to justify grants or resource allocations for community initiatives.

Methodology

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

1. Income Barrier

- Percentage of households below poverty line, with head of household age 65 or older.

- Percentage of families, with children under age 18, below poverty line.

- Percentage of single female-headed families, with children under age 18, below poverty line.

2. Cultural Barrier

- Percentage of population that is a minority (including Hispanic ethnicity).

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- Percentage of population, over age five, which speaks English poorly or not at all.

3. Education Barrier

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

4. Insurance Barrier

- Percentage of population in the labor force, age 16 or older, without employment.

- Percentage of population without health insurance.

5. Housing Barrier

- Percentage of households renting their home.

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

For the two barriers with only one statistic each (education and housing), Truven Health used only the single statistic listed to calculate the barrier score. For the three barriers with more than one component statistic (income, cultural, and insurance), Truven Health analyzed the variation and contribution of each statistic for its barrier; Truven Health then weighted each component statistic appropriately when calculating the barrier score.

Once each ZIP code is assigned its barrier scores from 1 to 5, all five barrier scores for each ZIP code are averaged together to yield the CNI score. Each of the five barrier scores receives equal weight (20.0 percent each) in the CNI score. An overall score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

Data Sources

- Demographic Data, The Nielsen Company

- Poverty Data, The Nielsen Company

- Insurance Coverage Estimates, Truven Health Analytics

Applications and Caveats

- CNI scores are not calculated for non-populated ZIP codes. These include such areas as national parks, public spaces, post office boxes, and large unoccupied buildings.

- CNI scores for ZIP codes with small populations (especially less than 100 people) may be less accurate. This is due to the fact that the sample of respondents to the 2010 census is too small to provide accurate statistics for such ZIP codes.

Appendix H: Regional Groupings

The table below represents the areas that were representative of each hospital within the MHCNO project.

Table 21: Regional Groupings

Region	Hospital/Health Care Institution
West Bank	LCMC West Jefferson Medical Center
	Ochsner Medical Center – West Bank
North Shore	Ochsner Medical Center – North Shore
	Slidell Memorial Hospital
	St. Tammany Parish Hospital
	Tulane Lakeview Regional Medical Center
New Orleans	LCMC Children's Hospital
	LCMC New Orleans East Hospital (NOEH)
	LCMC Touro Infirmary
	LCMC University Medical Center (UMC)
	Ochsner Medical Center - Baptist
Jefferson	East Jefferson General Hospital
	Ochsner Medical Center - Kenner
	Ochsner Medical Center – Main
	Ochsner Rehabilitation Hospital
	River Place Behavioral Health - Ochsner Medical Center
	Tulane Lakeside Hospital
St. Anne (Raceland/Lafourche)	Ochsner Medical Center – St. Anne
Baton Rouge	Ochsner Medical Center – Baton Rouge

Appendix I: Tripp Umbach

Consultants

The Metropolitan Hospital Council of New Orleans (MHCNO) along with its partners, East Jefferson General Hospital, LCMC Health, Ochsner Health System, HCA Healthcare (Tulane Medical Center), Slidell Memorial Hospital, and St. Tammany Parish Hospital, contracted with Tripp Umbach, a private health care consulting firm with offices throughout the United States, to complete a community health needs assessment (CHNA) and implementation strategy planning phase. Tripp Umbach has worked with more than 300 communities in all 50 states. In fact, more than one in five Americans lives in a community where our firm has worked.

From community needs assessment protocols to fulfilling the new Patient Protection and Affordable Care Act (PPACA) IRS 990 requirements, Tripp Umbach has turned needs assessments into practical action plans with sound implementation strategies, evaluation processes, and funding recommendations for hundreds of communities. Tripp Umbach has conducted more than 400 community health needs assessments and has worked with over 800 hospitals.

Changes introduced as a result of the PPACA have placed an increased level of importance on population health and well-being and on collaborative efforts between providers, public health agencies, and community organizations to improve the overall health of communities.

Tripp Umbach

Ochsner Medical Center - Kenner