



October 2018

Community Health Needs Assessment

Ochsner Medical Center – Baton Rouge

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Introduction

Ochsner Medical Center – Baton Rouge, a 150-bed hospital located in Baton Rouge, Louisiana is a non-profit hospital serving Ascension, East Baton Rouge, Iberville, Livingston and the surrounding parishes. Ochsner Medical Center – Baton Rouge has a rich history, a strong foundation of healthcare services along with a deep commitment to the health and well-being of its residents.

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 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 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 (PPACA) requiring that nonprofit hospitals conduct CHNAs every three years.

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 – Baton Rouge.

¹Tripp 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.

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.
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

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

Methodology

A comprehensive CHNA process performed by Ochsner Medical Center – Baton Rouge 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 about 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.³ 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. In total, six regional health profiles were compiled based on the locations and service areas of the participating hospitals. For the overall assessment process, the regional profiles were: Baton Rouge, Jefferson, New Orleans, North Shore, West Bank, and St. Anne (Raceland)/Lafourche region.

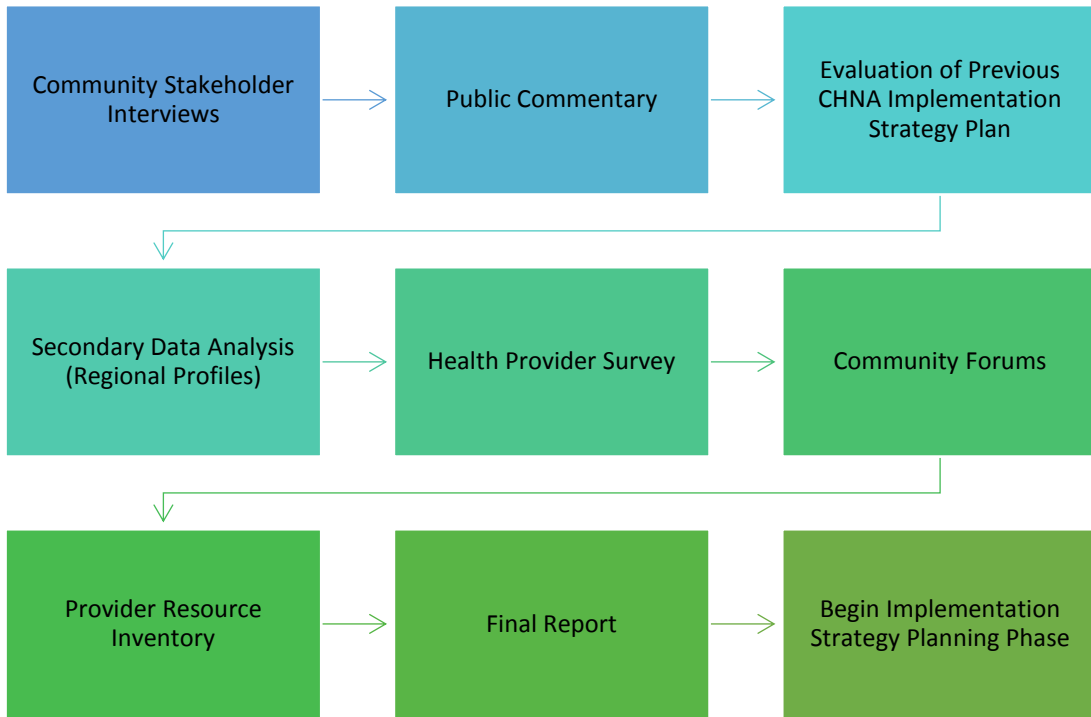
Additional data from Truven Health Analytics was supplied to gain a deeper understanding of community health care needs.⁴ The Community Needs Index (CNI), jointly developed by Dignity Health and Truven Health, assists in the process of gathering vital socioeconomic factors in the community. CNI is a 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 Health System.

³ For the Baton Rouge Regional Profile, 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.

⁴ 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.

The overall CHNA involved multiple steps that are depicted in the below flow chart.

Chart 1: CHNA Process Chart



Primary Service Area

In 2013, 2015, and 2018 a comprehensive CHNA was completed for Ochsner Medical Center – Baton Rouge. Tripp Umbach has completed three CHNA cycles for the hospital/health system, and benchmarking or trending data was provided to track and observe positive or negative movements in the primary and secondary data (where applicable).

The primary service area is defined by ZIP codes that contain a majority (80 percent) of inpatient discharges from a health care facility. In 2018, a total of 27 ZIP codes were identified for Ochsner Medical Center – Baton Rouge service area as containing a majority of inpatient discharges. Only one ZIP code was represented in West Baton Rouge Parish; therefore, for reporting purposes, Tripp Umbach did not include West Baton Rouge Parish in the Baton Rouge regional area profile.

The study area for the Ochsner Medical Center – Baton Rouge CHNA consisted of four parishes which held the majority of these ZIP codes. The parishes that represented Ochsner Medical Center – Baton Rouge included: Ascension, East Baton Rouge, Iberville, and Livingston parishes.

Thus, the CNI information compiled for analysis represented 27 ZIP codes as part of the Ochsner Medical Center – Baton Rouge CHNA and reflected areas with the largest number of residents who utilize health care services from Ochsner Medical Center – Baton Rouge.

The information collected from these specific ZIP codes will assist in future health care planning services, community benefit contributions, and programming efforts. Map 1 represents the primary service area of Ochsner Medical Center – Baton Rouge. (See Map 1.)

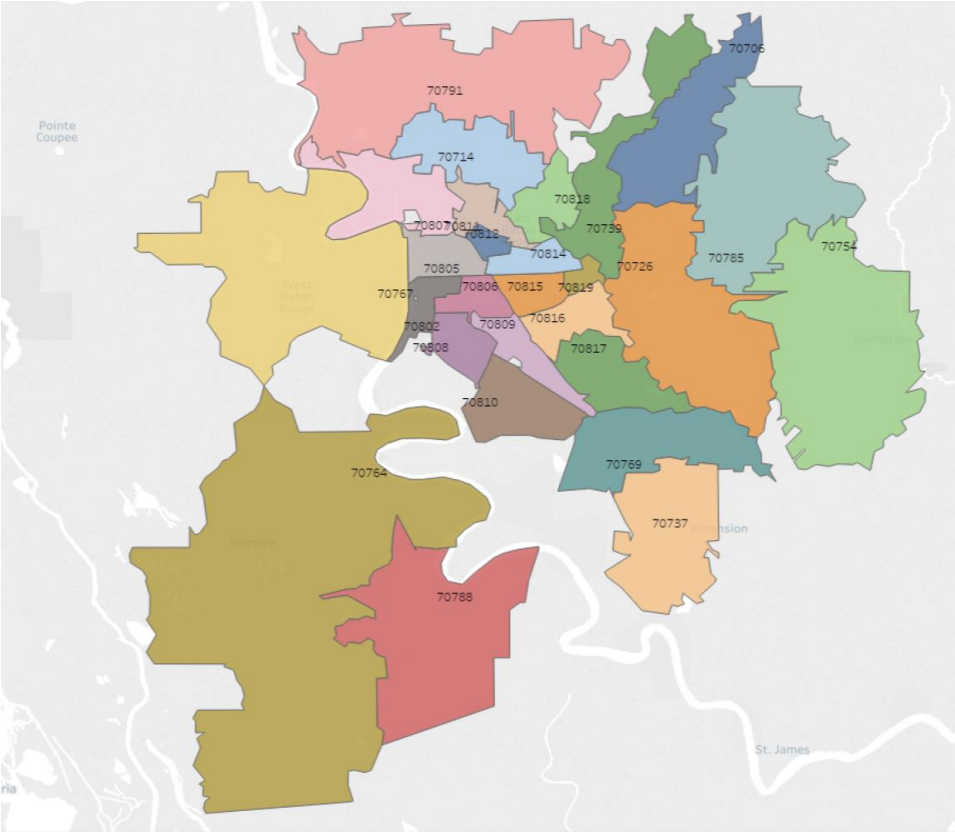
Table 1: Overall Study Area Profile

	ZIP Code	City	Parish
1.	70706	Denham Springs	Livingston
2.	70714	Baker	East Baton Rouge
3.	70726	Denham Springs	Livingston
4.	70737	Gonzales	Ascension
5.	70739	Greenwell Springs	East Baton Rouge
6.	70754	Livingston	Livingston
7.	70764	Plaquemine	Iberville
8.	70767	Port Allen	West Baton Rouge
9.	70769	Prairieville	Ascension
10.	70785	Walker	Livingston
11.	70788	White Castle	Iberville
12.	70791	Zachary	East Baton Rouge
13.	70802	Baton Rouge	East Baton Rouge
14.	70805	Baton Rouge	East Baton Rouge
15.	70806	Baton Rouge	East Baton Rouge

	ZIP Code	City	Parish
16.	70807	Baton Rouge	East Baton Rouge
17.	70808	Baton Rouge	East Baton Rouge
18.	70809	Baton Rouge	East Baton Rouge
19.	70810	Baton Rouge	East Baton Rouge
20.	70811	Baton Rouge	East Baton Rouge
21.	70812	Baton Rouge	East Baton Rouge
22.	70814	Baton Rouge	East Baton Rouge
23.	70815	Baton Rouge	East Baton Rouge
24.	70816	Baton Rouge	East Baton Rouge
25.	70817	Baton Rouge	East Baton Rouge
26.	70818	Baton Rouge	East Baton Rouge
27.	70819	Baton Rouge	East Baton Rouge

Source: Truven Health Analytics

Map 1: Ochsner Medical Center – Baton Rouge Study Area



Note: Map is not to scale.

Source: Truven Health Analytics

The study area for Ochsner Medical Center – Baton Rouge shows that the four parishes are projected to have a population growth from 2017-2022. The Baton Rouge Regional Study Area encompass 740,857 residents.

East Baton Rouge Parish encompasses 446,417 residents and is the largest parish in the study area, next to Livingston Parish with 136,402. From 2017 to 2022 the Baton Rouge Study Area is projected to experience a 3.47 percent increase in population (25,726 residents). Iberville Parish is projected to have a small population increase of 0.43 percent. (See Table 2).

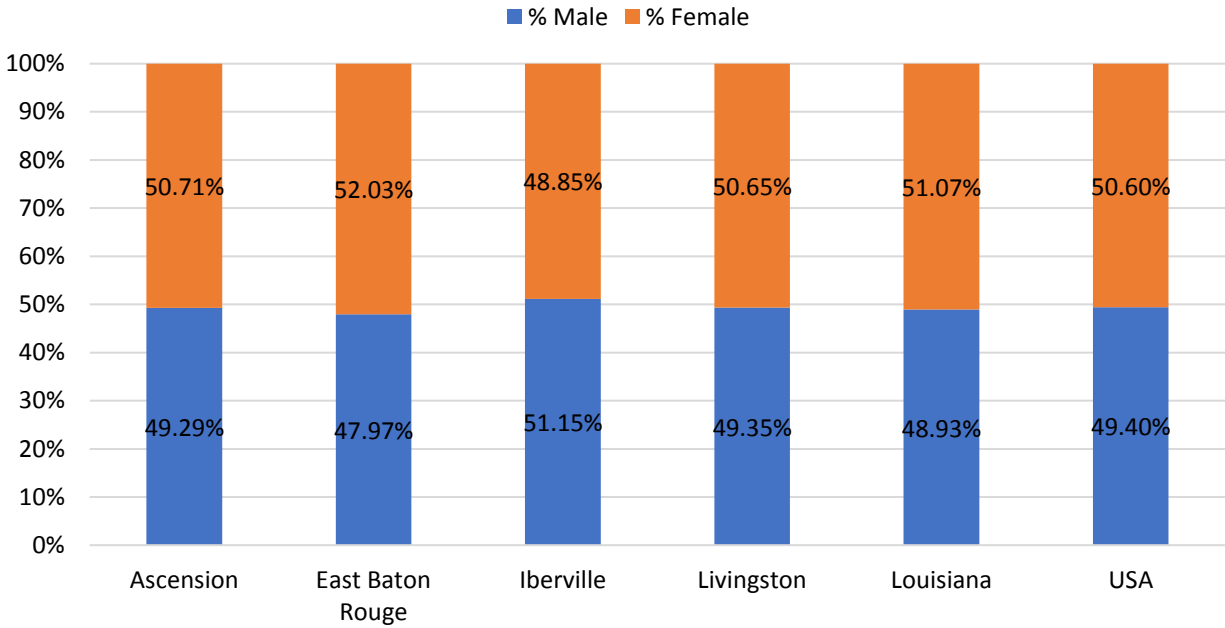
Table 2: Area Population Snapshot

	Ascension	East Baton Rouge	Iberville	Livingston	Louisiana	USA
2017 Total Population	123,674	446,417	34,364	136,402	4,706,135	325,139,271
2022 Projected Population	132,583	455,401	34,513	144,086	4,839,118	337,393,057
# Change	8,909	8,984	149	7,684	132,983	12,253,786
% Change	7.20%	2.01%	0.43%	5.63%	2.83%	3.77%

Source: Truven Health Analytics

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

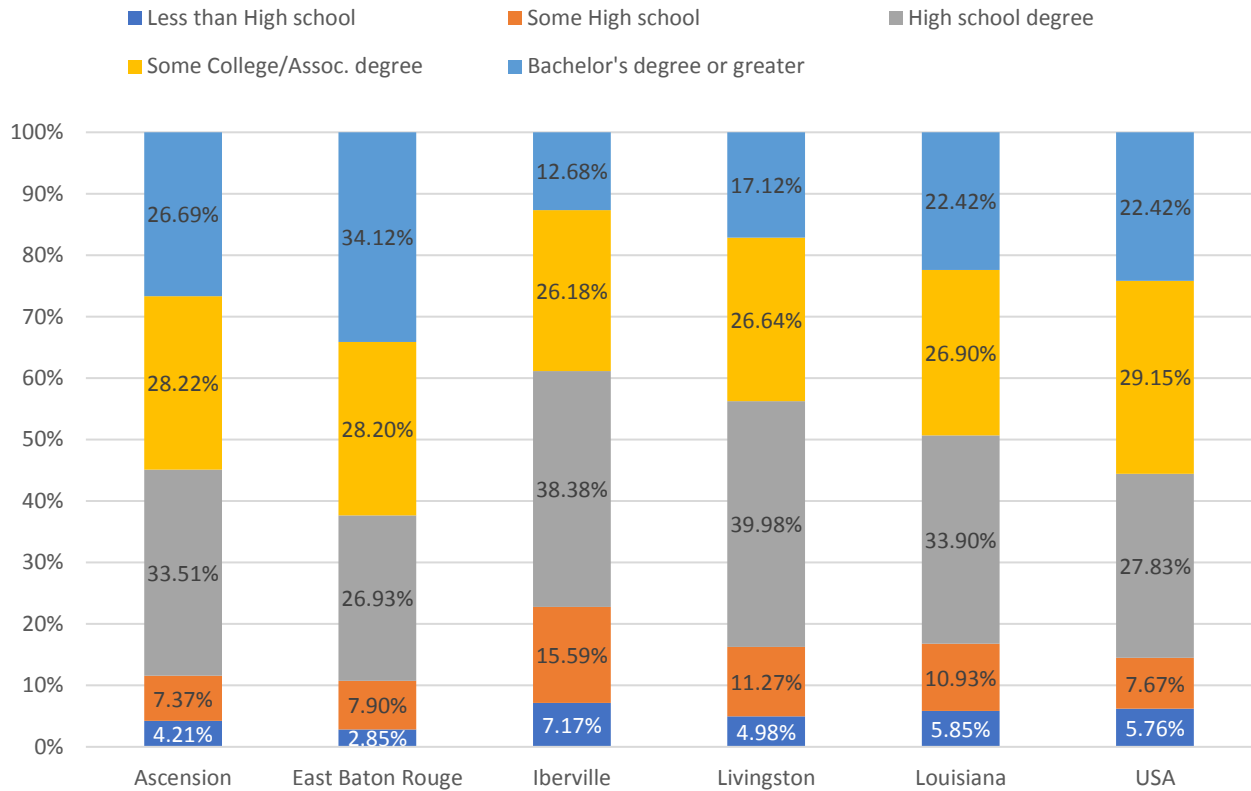
Chart 2: Gender



Source: Truven Health Analytics

Chart 3 illustrates the distribution of educational attainment among residents in the study area. Iberville Parish reports the highest rate of residents with 'Less than a high school' degree (7.17 percent). East Baton Rouge Parish reports the highest rate of residents with a bachelor's degree or higher at 34.12 percent. (See Chart 3.)

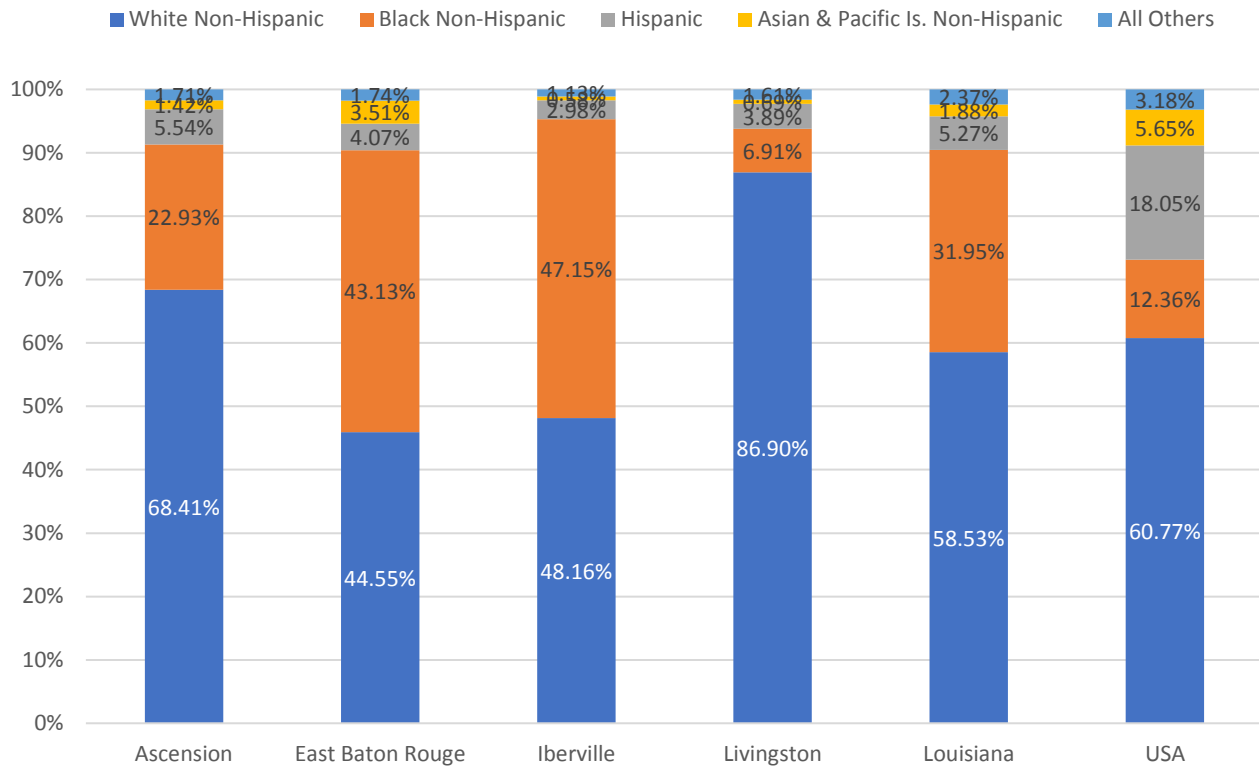
Chart 3: Education Level



Source: Truven Health Analytics

Chart 4 shows the diverse mixture of race/ethnicity represented in the study area. Data reveal a higher representation in Livingston Parish reports the highest white, Non-Hispanic population percentage at 86.90 percent. Iberville Parish reports the highest black, Non-Hispanic population across the study area at 47.15 percent. (See Chart 4.)

Chart 4: Race/Ethnicity

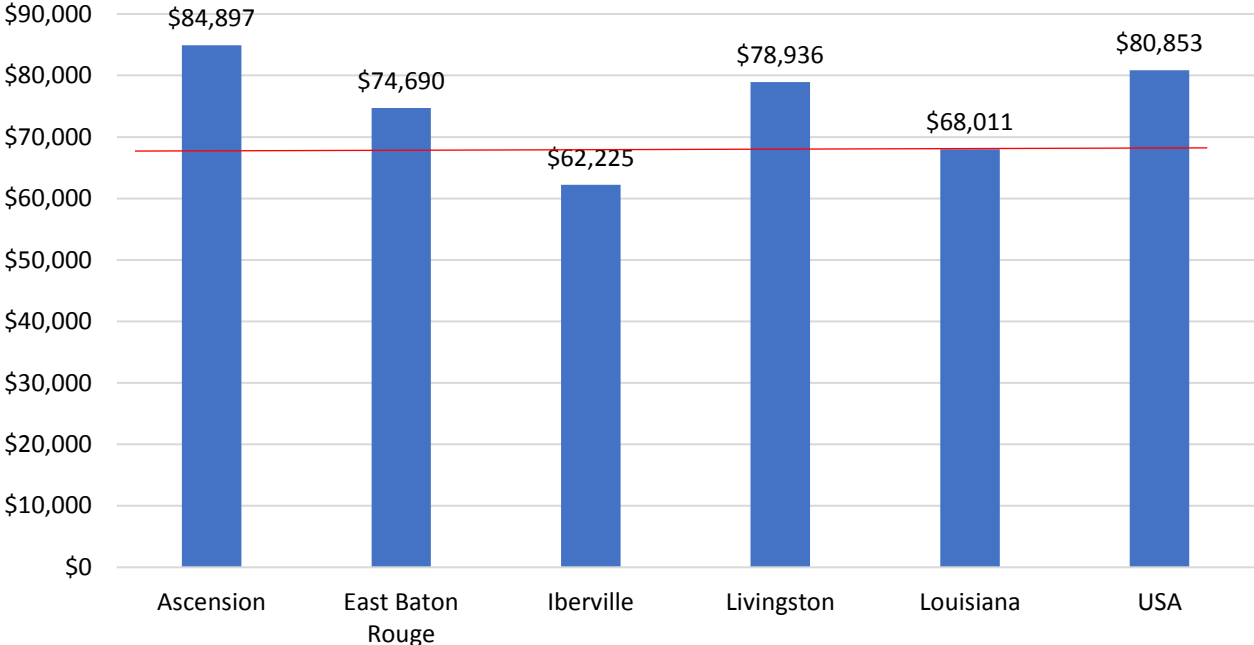


Source: Truven Health Analytics

Chart 5 reveals the breakdown of household income by parishes as Iberville Parish reports the lowest average household income of the entire study area at \$62,225; this is also lower than state (\$68,011) and national (\$80,853) averages. Ascension Parish reports the highest average household income at \$84,897. (See Chart 5.)

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

Chart 5: 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.

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 that included Ochsner Medical Center,

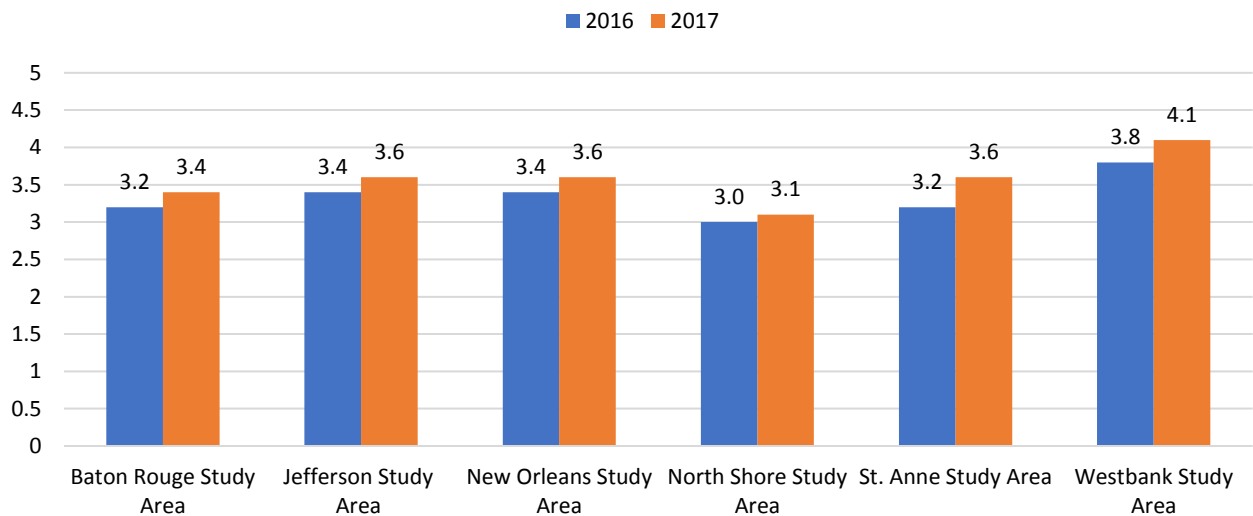
Ochsner Behavioral, Ochsner Kenner, and Ochsner Rehabilitation averaged 3.6; indicating that residents faced significant socioeconomic barriers to care. Ochsner St. Anne had a CNI score in 2017 of 3.6; while Ochsner Baton Rouge had a 2017 CNI of 3.4.

The New Orleans Study Area (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.

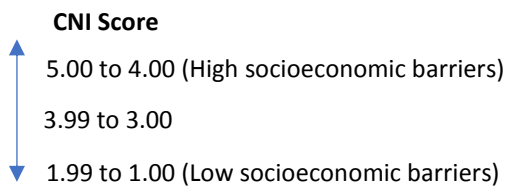
On the polar end, residents in the North Shore Study Area (includes Ochsner North Shore) report a lower score (3.1), indicating fewer socioeconomic barriers to care for residents.

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



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.”⁵ 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 – Baton Rouge 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 – Baton Rouge continues to contribute towards regional programming efforts, educational initiatives, and high-quality patient care to improve the health and security of its community. The needs of Ochsner Medical Center – Baton Rouge were closely aligned with the city’s CHNA needs; as such, the health system will continue to work in tandem with the city’s Health Initiative called: Healthy BR.

Healthy BR is a movement grounded on communication, coordination, and collaboration that promotes a better and healthier life for people in the city of Baton Rouge. In lieu of a local health department, the city of Baton Rouge has the Healthy BR initiative, which began 15 years ago under Mayor Kip Holden.⁶ To better manage the health of residents in the state of Louisiana, the Louisiana Department of Health divided the state into regions, as such, Baton Rouge and its surrounding parishes makeup Region 2. The state health department evaluates the region as a whole when they are identifying health issues.

Under this Initiative, Ochsner Medical Center – Baton Rouge, in partnership with over 90 hospitals, non-profit organizations, local businesses, schools, and governmental institutions, is joined in collaboration to significantly impact the city’s health priorities. Healthy BR works closely with key community stakeholders to work toward common goals to make Baton Rouge healthy.

⁵ Office of Disease Prevention and Health Promotion: <https://health.gov/news/blog-bayw/2010/10/healthy-communities-means-healthy-opportunities/>

⁶ Healthy BR: www.healthybr.com

As part of Healthy BR’s community needs assessment, a working group combined and analyzed local, state, and national data sources, assessed current programs, and identified gaps. The inclusionary process identified emerging trends not visible in historical data. Consultation with partner organizations, healthcare providers, and community members shaped the top 10 list of health priorities and reaffirmed the four central priorities of Healthy BR.

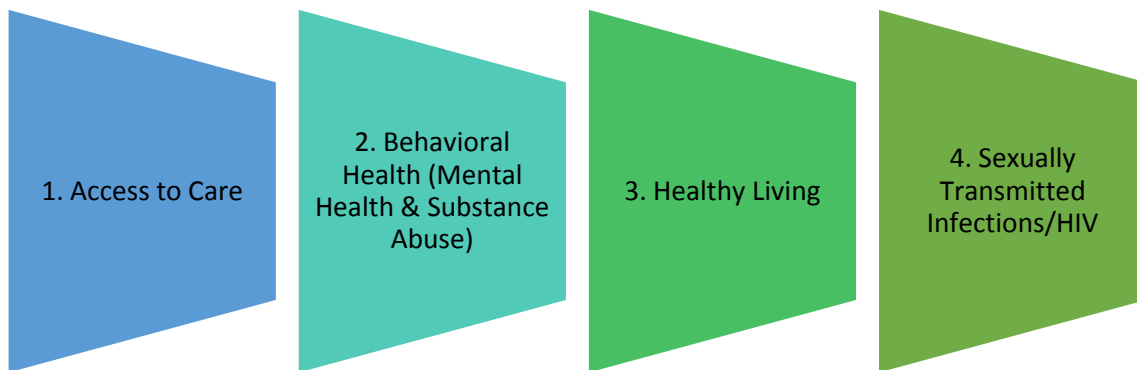
Following recommendations of the top 10 community needs, Healthy BR partnered with Humana’s Bold Goal Initiative to host the Baton Rouge Vision of Health 2021 in November 2017. More than 100 professional representatives from nonprofit, private, voluntary health, public health, public service and elected officials, insurance, and medical health care participated.

The community needs were validated by the more than 70 partner organizations of the Mayor’s Healthy City Initiative, as well as the Board of Directors of each hospital, and confirmed by constituent surveys. Ochsner Medical Center – Baton Rouge played a significant role in the identification process within Healthy BR’s initiative. As such, Ochsner Medical Center – Baton Rouge identified their 2018 CHNA needs in union with Healthy BR. The top four regional needs are:

- A. Access to Care
- B. Behavioral Health (Mental Health & Substance Abuse)
- C. Healthy Living
- D. Sexually Transmitted Infections (STIs)/HIV

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

Chart 7: Ochsner Medical Center – Baton Rouge Regional Community Health Needs 2018



Priority 1: 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.⁷ In 2016, Louisiana had 11,737 active physicians with 3,873 primary care physicians.⁸

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.⁹

In 2018, Ascension and East Baton Rouge parishes rank significantly well in clinical care (ranking of 2 in Ascension and 1 in East Baton Rouge). While, Iberville and Livingston are not in the top ten parishes within the state, their clinical ranking score still resonates well above the state median. 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. (See Table 3.)

⁷ Association of American Medical Colleges: https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/

⁸ Ibid.

⁹ Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

Table 3: Clinical Care

Louisiana (out of 64 parishes)	Ranking
Ascension	2
East Baton Rouge	1
Iberville	18
Livingston	16

Source: County Health Rankings and Roadmaps

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.¹⁰

Most Americans underuse preventive services and vulnerable populations with social, economic, or environmental disadvantages are even less likely to use these services.¹¹ 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.¹² Lack of job opportunities can reduce access to affordable health insurance. Both geographic and economic factors are impacting residents of the Ochsner Medical Center – Baton Rouge 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.

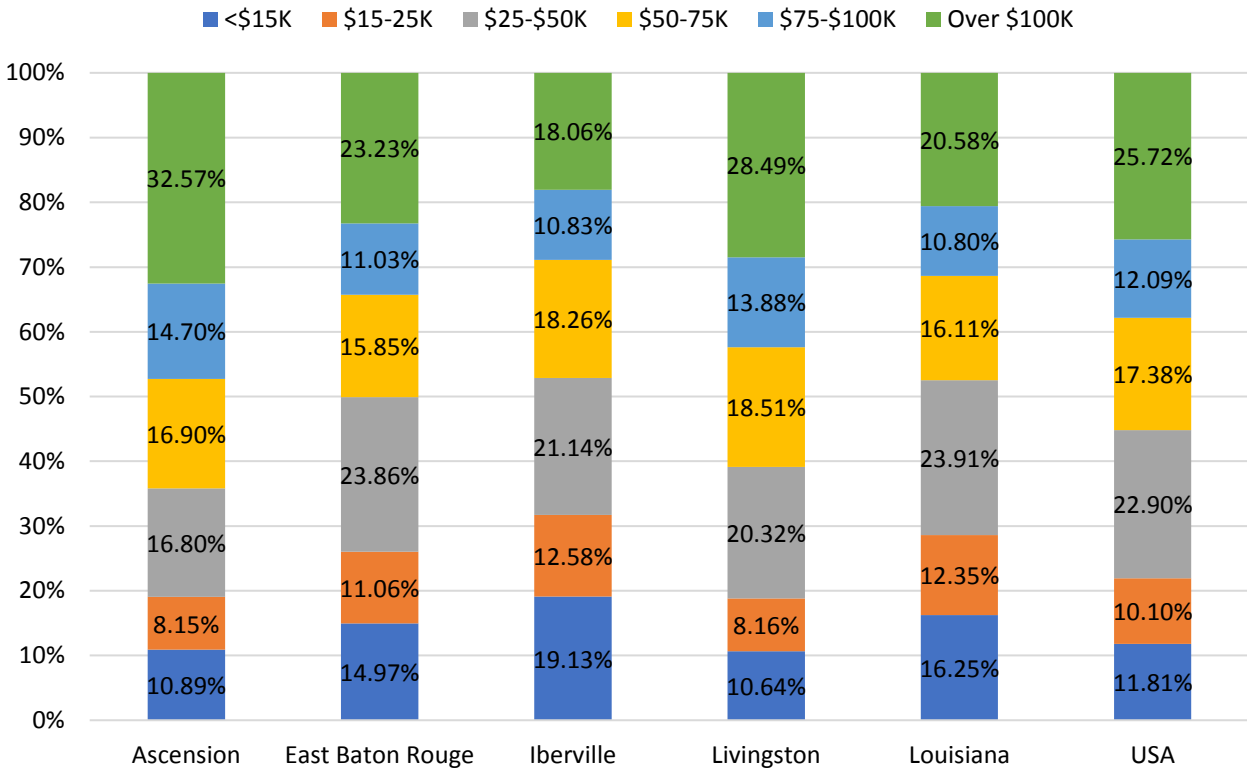
¹⁰ Healthy People 2020: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

¹¹ Centers for Disease Control and Prevention: www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html

¹² Ibid.

According to demographic data obtained from Truven Health Analytics, Iberville Parish reports high rates of households that earn less than \$15,000 per year (19.13 percent); higher than the state (16.25 percent) and nation (11.81 percent). (See Chart 8.)

Chart 8: Baton Rouge Study Area 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 Ochsner Baton Rouge service area experience issues with food access, substandard housing, and poverty. Close to half of low-income residents in Ascension Parish experience low food access. This percentage is higher than the state (26.32 percent) and nation (18.94 percent). Low-income residents in East Baton Rouge and Livingston also report low food access issues when compared to the state and nation.

There are more residents in East Baton Rouge who live 100 percent below the federal poverty level (FPL) (19.55 percent) and who also face problems related to housing units with one or more substandard conditions (32.71 percent) when compared to the other parishes in the study area. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. (See Table 4.)

Table 4: Social and Economic Factors

	Ascension	E. Baton Rouge	Iberville	Livingston	Louisiana	USA
Food Insecurity	11.20%	18.40%	18.58%	10.01%	17.30%	14.91%
Population Below 100% FPL	11.48%	19.55%	18.50%	14.48%	19.70%	15.11%
Food Access (Low Income & Low Food Access)	49.18%	29.16%	6.08%	28.69%	26.32%	18.94%
Occupied Housing Units with One or More Substandard Conditions	20.20%	32.71%	26.13%	21.68%	29.36%	33.75%

Source: Community Commons

Analyzing data from ZIP code 70807 in Baton Rouge (East Baton Rouge) reports that 59.71 percent of single families with children are living in poverty followed by residents in 70788 (West Castle) with 59.38 percent. ZIP code 70807 in Baton Rouge (East Baton Rouge Parish) reports the highest percentage of unemployed residents at 16.88 percent followed by ZIP code 70805 (Baton Rouge) reporting 13.66 percent unemployment rate. (See Table 5.)

ZIP codes 70805, 70807, and 70802 in Baton Rouge (East Baton Rouge Parish) reported high percentages of residents who were uninsured; thus, contributed to the high insurance ranking in 2017. (See Table 5).

Overall, two ZIP codes 70805 and 70807 both in Baton Rouge (East Baton Rouge Parish) had a Community Needs Index (CNI) overall score of 5.0, which indicates that residents in these ZIP codes face high socioeconomic barriers to care. The most common score reported is 2.8. (See Table 5.)

Table 5: Ochsner Medical Center - Baton Rouge Regional Study Area – 2017 CNI Detailed Data

ZIP	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Unemployed	Uninsured	Rent	Income	Culture	Education	Insurance	House	2017 CNI
70805	Baton Rouge	East Baton Rouge	26.28%	41.23%	50.31%	0.71%	96.07%	23.64%	13.66%	11.87%	55.25%	5	5	5	5	5	5.0
70807	Baton Rouge	East Baton Rouge	30.18%	44.37%	59.71%	0.22%	96.54%	23.95%	16.88%	12.47%	50.25%	5	5	5	5	5	5.0
70802	Baton Rouge	East Baton Rouge	25.32%	40.92%	47.68%	1.14%	80.95%	20.45%	11.64%	12.76%	63.34%	4	5	5	5	5	4.8
70788	White Castle	Iberville	19.10%	34.03%	59.38%	0.96%	69.92%	26.18%	12.44%	10.05%	31.44%	5	5	5	4	4	4.6

ZIP	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Unemployed	Uninsured	Rent	Income	Culture	Education	Insurance	House	2017 CNI
70806	Baton Rouge	East Baton Rouge	14.10%	26.41%	51.39%	2.25%	57.47%	15.36%	11.11%	9.61%	56.83%	4	5	4	4	5	4.4
70764	Plaquemine	Iberville	18.09%	23.54%	43.04%	0.72%	48.17%	21.23%	7.79%	8.00%	23.99%	4	5	5	4	3	4.2
70767	Port Allen	West Baton Rouge	13.83%	25.88%	52.94%	1.11%	47.86%	19.62%	7.24%	6.39%	28.93%	4	5	5	3	4	4.2
70811	Baton Rouge	East Baton Rouge	19.43%	26.39%	47.78%	1.00%	87.32%	16.79%	9.55%	7.48%	27.58%	4	5	4	4	4	4.2
70812	Baton Rouge	East Baton Rouge	28.93%	29.28%	49.73%	2.06%	96.95%	18.05%	11.82%	9.27%	28.88%	4	5	4	4	4	4.2
70814	Baton Rouge	East Baton Rouge	9.20%	17.90%	34.89%	1.93%	88.07%	10.11%	8.24%	5.74%	25.86%	3	5	3	3	4	3.6
70815	Baton Rouge	East Baton Rouge	8.43%	22.19%	44.81%	3.81%	67.05%	11.03%	7.68%	7.18%	34.00%	3	5	3	3	4	3.6
70714	Baker	East Baton Rouge	10.22%	20.08%	41.30%	0.41%	72.77%	12.02%	7.41%	6.44%	24.66%	3	5	3	3	3	3.4
70816	Baton Rouge	East Baton Rouge	8.50%	20.76%	41.43%	2.06%	56.86%	8.72%	5.36%	5.47%	49.71%	3	5	2	2	5	3.4
70737	Gonzales	Ascension	9.27%	17.22%	40.87%	1.96%	36.44%	12.20%	6.07%	4.95%	23.50%	3	4	3	2	3	3.0
70785	Walker	Livingston	11.39%	17.93%	37.15%	0.11%	9.80%	17.45%	7.55%	4.50%	19.96%	3	3	4	2	3	3.0
70810	Baton Rouge	East Baton Rouge	5.60%	15.19%	43.63%	1.28%	44.23%	5.49%	4.12%	4.92%	31.51%	3	5	1	2	4	3.0
70726	Denham Springs	Livingston	9.18%	11.39%	28.93%	1.01%	17.08%	15.35%	7.18%	3.52%	24.39%	2	3	4	2	3	2.8
70754	Livingston	Livingston	16.49%	12.62%	43.21%	0.05%	7.87%	21.13%	4.79%	4.36%	17.07%	3	2	5	2	2	2.8
70808	Baton Rouge	East Baton Rouge	7.87%	7.65%	17.56%	0.58%	23.70%	3.87%	4.40%	7.37%	42.31%	1	4	1	3	5	2.8
70809	Baton Rouge	East Baton Rouge	7.29%	11.88%	22.65%	0.83%	30.44%	4.56%	3.69%	4.62%	45.71%	2	4	1	2	5	2.8
70819	Baton Rouge	East Baton Rouge	3.72%	13.47%	33.52%	3.62%	67.92%	10.45%	3.87%	4.04%	24.25%	2	5	3	1	3	2.8
70791	Zachary	East Baton Rouge	9.03%	11.11%	23.87%	0.21%	42.61%	9.17%	5.21%	4.56%	18.23%	2	5	2	2	2	2.6

ZIP	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Unemployed	Uninsured	Rent	Income	Culture	Education	Insurance	House	2017 CNI
70706	Denham Springs	Livingston	12.28%	11.01%	41.13%	0.49%	8.90%	11.65%	5.57%	3.85%	12.12%	3	3	3	2	1	2.4
70818	Baton Rouge	East Baton Rouge	5.16%	11.96%	32.41%	0.15%	20.01%	7.99%	5.44%	4.51%	17.76%	2	4	2	2	2	2.4
70739	Greenwell Springs	East Baton Rouge	8.20%	12.79%	36.07%	0.35%	14.93%	7.55%	5.05%	5.18%	15.40%	3	3	2	2	1	2.2
70769	Prairieville	Ascension	10.34%	8.37%	36.59%	0.32%	22.13%	7.86%	4.70%	3.43%	11.72%	3	4	2	1	1	2.2
70817	Baton Rouge	East Baton Rouge	4.64%	4.97%	11.66%	0.53%	27.38%	4.51%	4.53%	2.32%	22.82%	1	4	1	1	3	2.0

Source: Truven Health Analytics

County Health Rankings and Roadmaps reported Iberville Parish Social and Economic Factors ranking decreased (improved) from 2015 to 2018 (56; in 2015 to 47; 2 in 018); East Baton Rouge Parish improved one ranking score from 17 to 18; while Ascension and Livingston parishes rank score remained the same (2; Ascension and 9 Livingston).

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 current year 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.

Supplemental information from Healthy BR’s CHNA report related to access to care provided an additional framework to the needs of the region. Healthy BR used the Institute for Healthcare Improvement’s Triple Aim to guide hospital and public health officials in creating plans to improve patient experience and the health of the population, while reducing cost of care:

- A partnership with the Louisiana Healthcare Quality Forum facilitated a Health Information Exchange to collect emergency room data. This data allows the coalition to identify frequent users and tailor patient navigation programs to their needs.

- Several urgent care centers are strategically located throughout EBRP to alleviate use of hospital emergency departments for non-emergent situations. Each hospital has nursing call centers or hotlines. Residents report concerns or symptoms; a nurse will provide education and guidance on appropriate resources for care.
- Seven school-based health centers are operated by Our Lady of the Lake Children’s Hospital through a wholly-owned subsidiary, Health Centers in Schools. This unique concept provides the only totally integrated primary/mental health care model in the state of Louisiana. Health Center teams are comprised of nurse practitioners, registered nurses, licensed clinical social workers, and medical assistants (also called clinic coordinators). In school year 2017-18, the school-based centers were available to almost 4,300 students. Of those students, 74% or 3,200 students registered in the health center.
- The EBRP Emergency Medical Services’ Mobile Integrated Health program works to reduce utilization of emergency departments, lower readmission rates, and improve patient outcomes. The goal of the program is to provide support to residents who would normally call 911 for a non-emergent situation. The program has found that calls can be reduced by providing the patient with support in navigating the complicated healthcare system. Community paramedics evaluate obstacles to care for patients and connect them with appropriate resources. Their efforts have reduced the number of 911 calls, transports to the emergency room, and hours spent by non-emergent patients in emergency departments. In 2017, 36 patients enrolled in the program. Program results:
 - Patients called 911 63% less often.
 - Patients were transported to the hospital 67% less frequently.
 - When patients called 911 and were not transported to the hospital, 93% of the issues were resolved by the program.
 - EMS reduced 70 percent of costs associated with transporting a patient to the ER.
 - Time spent with a patient who does not need to be transported to an ER was reduced by 62 percent, freeing valuable resources for emergencies.

Ensuring that all residents have access to and take advantage of the quality health care resources available in the Ochsner Medical Center – Baton Rouge service area, and do so appropriately, 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. The Healthy BR Initiative continues to be instrumental in furthering these goals. It is essential that health care organizations, community and faith-based organizations, business leaders, and civic authorities in the region remain committed to exchanging ideas and strategies and forming partnerships 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 Providers

The Health Resources and Services Administration (HRSA), as an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving access to health care for the tens of millions of Americans who are medically underserved or face barriers to needed care.¹³ The number and availability of Federally Qualified Health Centers (FQHCs) in the community is vital as they provide health care to vulnerable populations. FQHCs receive additional funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. Data from Community Commons reports East Baton Rouge having nine facilities, four in Iberville, two in Livingston, and one in Ascension; as the State of Louisiana has 165. Iberville Parish has a favorable performance; while Ascension, East Baton Rouge, and Livingston have a less favorable performance.¹⁴ (See Table 6.)

Table 6: Federally Qualified Health Centers

	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Ascension	1	0.93
East Baton Rouge	9	2.04
Iberville	4	11.98
Livingston	2	1.56
Louisiana	165	3.64
U.S.	8,329	2.67

Source: Community Commons

Health professionals surveyed during the CHNA process still observe residents having difficulty finding care; specifically, around behavioral health. 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 disagreed (21.4 percent) and strongly disagreed (9.2 percent) that residents have access to dental care.

When comparing years 2015 and 2018, County Health Rankings and Roadmaps data shows increased numbers of primary care physicians per 100,000 population in both Ascension (2710:1) and Iberville (4,140:1) parishes. Top U.S. performers in 2018 are 1,030:1. (See Table 7.)

Between the years, a number of dentists have decreased in East Baton Rouge, Iberville, and Livingston parishes; going from 1,455:1 to 1,400:1 in East Baton Rouge, 2,781:1 to 2,530:1 in Iberville, and 3,943:1 to 3,420:1 in Livingston parishes. (See Table 7.)

¹³ Health Resources & Services Administration: www.hrsa.gov/about/strategic-plan/introduction.html

¹⁴ Community Commons: www.communitycommons.org

It is also important to note the decrease in the number of preventable hospital stays between the years in Ascension, East Baton Rouge, and Livingston parishes and the State of Louisiana. Preventive hospital stays increased in Iberville Parish going from 37 in 2015 to 44 in 2018. In 2018, top U.S. performers report 35 preventable hospital stays per 1,000 Medicare enrollees. (See Table 7.)

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.¹⁵ 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 7.)

Table 7: County Health Rankings and Roadmaps Clinical Care (2015 Figures on top; 2018 figures on bottom)

	Ascension	East Baton Rouge	Iberville	Livingston	Louisiana	Top U.S. Performers
Primary Care Physicians	2,246:1 2,710:1	1,143:1 1,110:1	3,021:1 4,140:1	5,278:1 5,100:1	1,555:1 1,530:1	1,045:1 1,030:1
Dentists	3,575:1 3,580:1	1,455:1 1,400:1	2,781:1 2,530:1	3,943:1 3,420:1	1,976:1 1,880:1	1,377:1 1,280:1
Mental Health Providers	1,875:1 1,120:1	736:1 340:1	4,767:1 500:1	5,156:1 1,360:1	977:1 420:1	412:1 330:1
Preventable Hospital Stay (per 1,000 Medicare enrollees)	52 34	44 33	37 44	70 53	80 66	41 35

Source: County Health Rankings and Roadmaps

Hospitals and individual providers will need to continually assess their capacity to serve the residents of Ochsner Medical Center- Baton Rouge’s service area.

Health Insurance Coverage

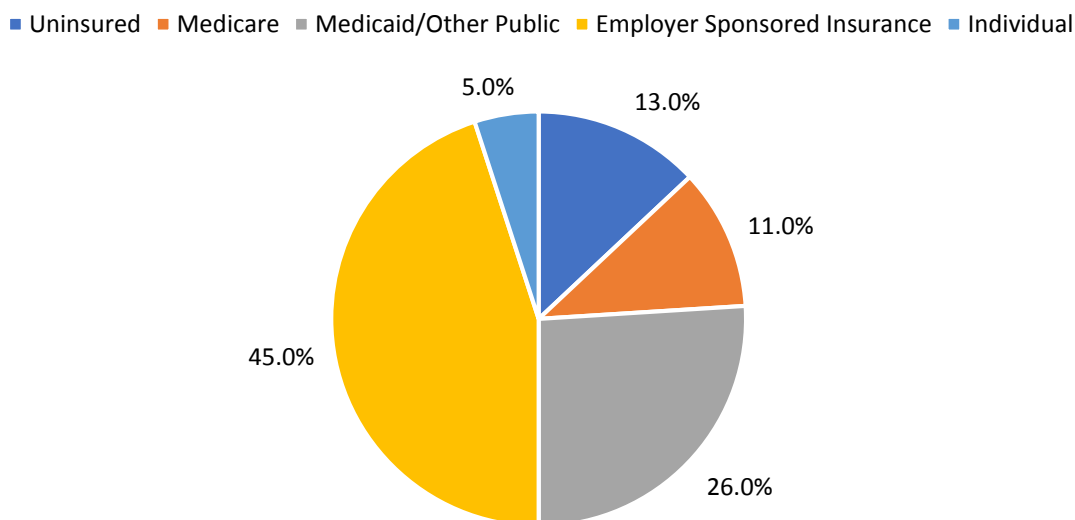
While not the only barrier to obtaining health care, being uninsured is by all indications the most significant one. Having health insurance is a prerequisite for routine access to health care. It is

¹⁵ 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

associated with better health outcomes for adults and improves the likelihood of disease screening and early detection, the management of chronic illness, and the effective treatment of acute conditions. Those without health insurance or without insurance for particular types of services face serious, sometimes insurmountable barriers to necessary and appropriate care.¹⁶

Louisiana had the one of the highest uninsured rates (13.0 percent) in 2014. Half (50 percent) of Louisianans were covered under private health insurance, with 45.0 percent of Louisianans covered by employer-sponsored insurance and the remaining 5.0 percent covered by individual coverage. Over one quarter (26.0 percent) were covered by Medicaid/other public coverage and 11.0 percent were covered by Medicare. (See Chart 9.)¹⁷

Chart 9: Health Insurance Coverage of the Total Population in Louisiana 2014



Source: Henry J. Kaiser Family Foundation

Of the over half million beneficiaries enrolled in Medicare, nearly a third (30.0 percent) were enrolled in Medicare Advantage plans in 2015.

Individuals who were uninsured in 2014 were primarily low-income, in working families, and white non-Hispanic. Because most elderly Louisianans are covered by Medicare, most uninsured are nonelderly (under age 65). The majority of nonelderly, uninsured Louisianans in 2014 had at least one full-time

¹⁶ National Center for Biotechnology Information: www.ncbi.nlm.nih.gov/books/NBK221227/

¹⁷ Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

worker in their household (65.0 percent) and had income below 400 percent of the federal poverty level (FPL, 85.0 percent).¹⁸

More than one-quarter of residents in Iberville Parish receive Medicaid; this percentage is higher than the state (26.17 percent) and nation (21.62 percent). According to Community Commons data, 15.85 percent of residents in Ascension Parish, 21.54 percent of East Baton Rouge Parish residents, and 21.34 percent of residents in Livingston receive Medicaid. Medicaid expansion in Louisiana has improved access to affordable health insurance and prescription coverage for many residents in the service area. Broken down further by age, 12.51 percent of residents aged 18-64 and 17.85 percent aged 65 and older in Iberville Parish received Medicaid.¹⁹

Community Commons data reported that residents in Ascension (17.02 percent), East Baton Rouge (21.86 percent), and Iberville (17.56 percent) reported low percentages of adults who do not have a regular doctor; these percentages are lower than State of Louisiana (24.0 percent) and the nation (22.07 percent). Residents in Livingston Parish (24.39 percent) report higher percentages than the state and the nation.

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is significant because access to regular primary care is important to preventing major health issues and emergency department visits.

Having the ability to access care is vital for the uninsured, underinsured, disenfranchised, and marginalized populations. Residents who fall within these categories tend to receive less medical care and have poor health outcomes, as the lack of health insurance is a financial burden. Creating a pathway of accessible and affordable health services is vital to improving and keeping the health outcomes of community residents positive.

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.²⁰ 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

¹⁸ Ibid.

¹⁹ Community Commons: www.communitycommons.org

²⁰ World Health Organization: www.who.int/features/factfiles/mental_health/en/

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.²¹

Mental health is important at every stage of life, from childhood and adolescence through adulthood.²² 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.²³

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.²⁴

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 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 10.)

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 10.)

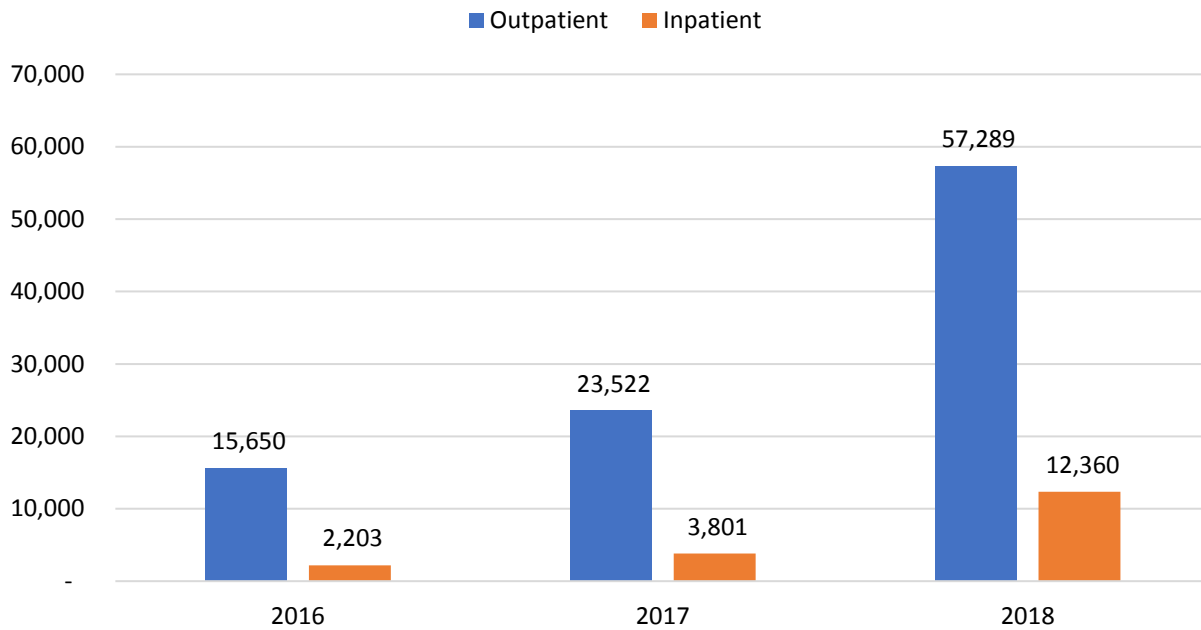
²¹ National Alliance on Mental Illness: www.nami.org/Learn-More/Mental-Health-Conditions

²² U.S. Department of Health & Human Services: www.mentalhealth.gov/basics/what-is-mental-health

²³ Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders

²⁴ Substance Abuse and Mental Health Services Administration: www.samhsa.gov/wellness-initiative

Chart 10: Mental Health: Adults receiving Mental Health Services as of May 2018

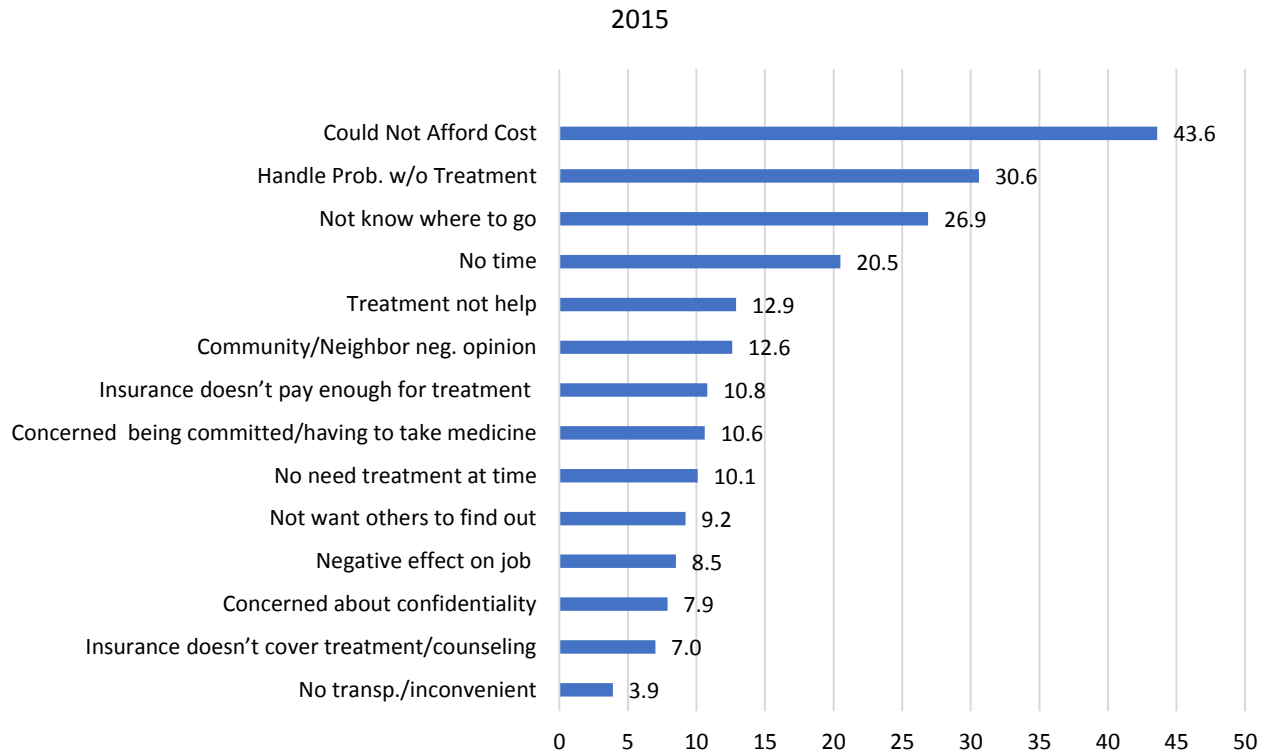


Source: Louisiana Department of Health

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).²⁵ (See Chart 11.)

²⁵ 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 11: Reasons Not Receiving Mental Health Services (Adults Aged 18 or Older)



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.

All of the community leaders interviewed as part of the CHNA data collection process identified mental health as one of their top health concerns with the population they serve. It was reported that behavioral health (mental and substance abuse) can affect all age groups and encompasses individuals of all demographics as the diseases has wide-reaching effects on physical health, education, employment, and daily life. The need for such services continues to grow as traumatic life events, especially natural disasters, have had a negative impact physically and emotionally on community residents.

Accessibility accounts for one of the main reasons why residents face challenges in receiving care. Institutions closing along with funding cuts have reduced access to behavioral health and substance abuse services. In addition, the location of such services deters utilization as residents are unwilling to travel outside of their neighborhoods. Services are limited for individuals who seek care, especially for low income and working poor populations.

Overall, it was noted that mental health was a major issue and expressed that there has not been enough to focus to treat the disease. Community stakeholders suggested coordination of programs and services among hospitals and other organizations to ensure initiatives are not duplicated, thereby, stretching already limited funding dollars. The availability and accessibility of behavioral health services is essential to the maintenance and well-being of community residents. It is important to lift restrictions and lessen barriers to services for families and residents struggling with behavioral health and substance abuse issues.

Community Commons data demonstrates the impact unmet mental health and substance abuse needs has had on residents of the Ochsner Medical Center – Baton Rouge service area by reporting high rates for several key health outcome measures; drug overdose deaths, homicide deaths, premature deaths, and suicides. Livingston Parish (29.9) data report high drug overdose rates when compared to the state (17.6) and nation (15.6); as well as high suicide rates (19.2; Livingston Parish) when compared to the state (5.8) and nation (13.0). (See Table 8.)

East Baton Rouge Parish (17.0) reports twice the number of homicides and Iberville Parish reports high premature death rates (10,929) when compared to the state (6.0; 5.5) and nation (9,587; 7,222). (See Table 8.)

Iberville Parish reports 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 Support²⁶

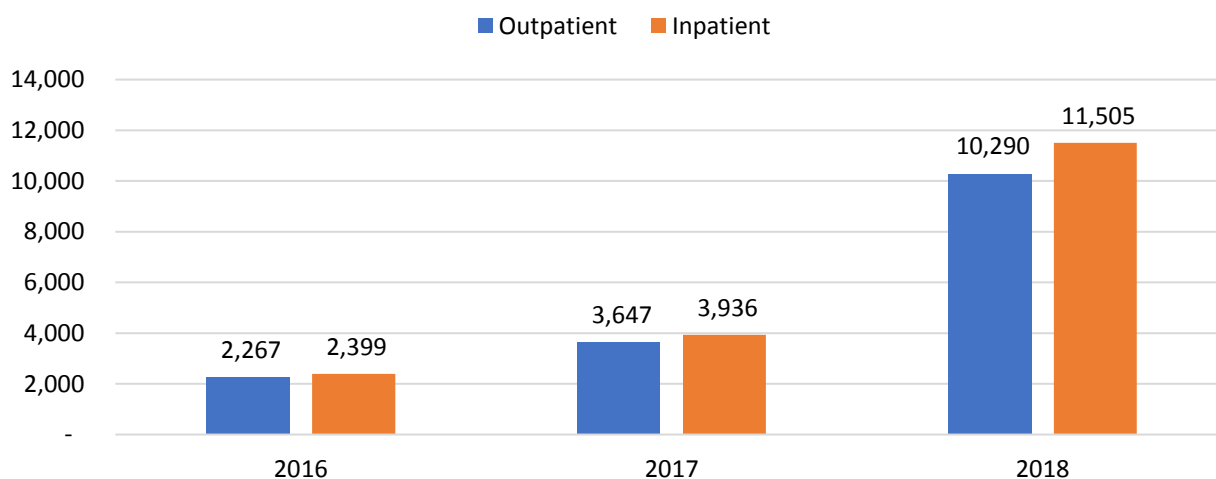
	Ascension	East Baton Rouge	Iberville	Livingston	Louisiana	USA
Drug Overdose Death Rate (per 100,000 pop.)	14.5	14.4	--	29.9	17.6	15.6
Homicide Death Rate (per 100,000 pop.)	6.8	17.0	--	5.1	6.0	5.5
Premature Death Rate (per 100,000 pop.)	7,034	9,790	10,929	9,441	9,587	7,222
Suicide Rate (per 100,000 pop.)	12.5	10.4	---	19.2	5.8	13.0
Lack of Social or Emotional Support	21.5%	20.5%	18.9%	20.4%	21.7%	20.7%

Source: Community Commons

²⁶ 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 was 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 12.)

Chart 12: Substance Abuse: Adults Using Service as of May 2018



Source: The Louisiana Department of Health

Within the Ochsner Medical Center – Baton Rouge service area, mental health and substance abuse were identified as priority community health needs in Healthy BR’s 2012 and 2015 CHNAs. In an effort to alleviate these issues and improve outcomes, Baton Rouge’s Mayor’s Healthy City Initiative (MHCI) partners are working together to address the great need related to mental health and substance abuse care and treatment in the community through the following strategies:

- Healthy BR members are collaborating to educate primary care and emergency room physicians on the use of new screening tools and referral resources for individuals with mental health and substance abuse diagnoses. Healthy BR continues to participate in ongoing dialogue to address the mental health crisis in the Parish Prison, including the creation of referral resources. Healthy BR also participates in the region-wide Behavioral Health Collaborative to resolve population health issues related to mental health and addiction.
- The Center for Adult Behavioral Health Services and the Margaret Dumas Mental Health Center provides mental health services to adults in EBRP. Child services are provided at the Center for Children’s Behavioral Health and in over 20 schools throughout the parish. These clinics are part of the Capital Area Human Services District (CAHSD), which operates three full-time and six

satellite mental health clinics serving a seven-parish area that includes EBRP. CAHSD provides licensed, full-time mental health professionals to the Parish Jail and in several additional primary care settings.

- The Center for Adult Behavioral Health Services also provides addiction recovery services to adults in East Baton Rouge. This clinic is part of the Capital Area Human Services District (CAHSD) that operates two full-time outpatient addiction recovery clinics serving a seven-parish area that includes EBR. They also operate the Capital Area Recovery Program for adult male substance abusers and treatment of co-occurring disorders. Children and adolescents can be seen at their Children’s Behavioral Health Services Clinic or at school based satellites. CAHSD also provides staff within the Parish Prison.

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.²⁷ Individuals with unmet mental health and substance abuse 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 within 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. Ochsner Medical Center – Baton Rouge’s collaboration and commitment to the needs of the region is demonstrated through their active participation in the Healthy BR Initiative; ultimately, impacting the health of their community and the residents in a positive manner.

Lack of Mental Health Providers/Facilities

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.²⁸

Table 8 depicts the ratio of available mental health providers to one resident within the area. Ascension, East Baton Rouge, Iberville, and Livingston parishes report improved mental health provider rates from 2015 to 2018. In 2018, Ascension, Iberville, and Livingston parishes report insufficient mental health provider figures when compared to the state.

East Baton Rouge reports a sufficient mental health provider rate at 340:1; close to being classified as a top U.S. performer in this category. The shortage of mental health providers highlights what residents currently face and will continue to face without intervention. The ability to secure treatment and

²⁷ Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders/co-occurring

²⁸ Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

services is greatly impacted by the shortfall of mental health providers in the Ochsner Medical Center - Baton Rouge regional area.²⁹ (See Table 9.)

Table 9: Mental Health Providers and Preventable Hospital Stay at Parish Level (2015 Figures on top; 2018 figures on bottom)

	Ascension	East Baton Rouge	Iberville	Livingston	Louisiana	Top U.S. Performers
Mental Health Providers	1,875:1 1,120:1	736:1 340:1	4,767:1 500:1	5,156:1 1,360:1	977:1 420:1	412:1 330:1
Preventable Hospital Stay (per 1,000 Medicare enrollees)	52 34	44 33	37 44	70 53	80 66	41 35

Source: County Health Rankings and Roadmaps

Collaborative efforts among providers and the rest of the community is needed to maximize the impact of the work being done in the community to stretch funding dollars. Innovative approaches with community collaboration and partnerships is essential to continue to establish mental health prevention and early intervention programs for those in need.

Priority 3: Healthy Living

Healthy living is the knowledge of healthy behaviors and healthy choices and the ability incorporate those behaviors into everyday living. Healthy living is a cornerstone of good overall health and a significant determinate of health outcomes. Many of the health issues plaguing the nation today (e.g., chronic disease, obesity, and substance abuse) are a result of people either lacking knowledge or the inability to practice healthy behaviors.

Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight and obesity affecting men, women, and children in all segments of our society.³⁰ Public health agencies and federal, state, and local governments are constantly monitoring the health habits of Americans and researching ways to not only promote healthy living but make the healthy choice the easy choice as well.

Statistics released by the CDC indicate that the prevalence of obesity was 39.8 percent and affected about 93.3 million US adults, and the medical cost for people who have obesity was \$1,429 higher than those of normal weight. The estimated annual medical cost of obesity in the US was \$147 billion in 2008 US dollars. The CDC has also made connections between educational attainment and obesity. Overall,

²⁹ County Health Rankings and Roadmaps: www.countyhealthrankings.org

³⁰ Office of Disease Prevention and Health Promotion: www.cnpp.usda.gov/sites/default/files/dietary_guidelines_for_americans/ExecSumm.pdf

men and women with college degrees had lower obesity prevalence compared to those with less education. Socioeconomic factors also influence obesity prevalence. Among women, obesity prevalence was lower in the highest income group than in the middle- and lowest-income groups. Among non-Hispanic black women, there was no difference in obesity prevalence by income.³¹

The World Health Organization 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.³²

WHO works to eliminate trans-fats from the world’s food supply as well as reduce the amount of salt found in many commercially prepared foods. Diets that are high in salt (sodium chloride) have long been associated with high blood pressure. High blood pressure raises the risk for heart disease, stroke, kidney failure, and other health problems.³³ Most trans-fat is formed through an industrial process that adds hydrogen to vegetable oil, which causes the oil to become solid at room temperature. Trans-fat is considered by many doctors to be the worst type of fat you can eat. Unlike other dietary fats, trans-fat — also called trans-fatty acids — both can raise LDL ("bad") cholesterol and lower HDL ("good") cholesterol. A diet laden with trans-fat increases the risk of heart disease, the leading killer of men and women.³⁴

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.³⁵

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.³⁶ Louisiana ranked in the bottom 10 for several measures related to healthy living. (See Table 10.)

Table 10: 2017 America’s Health Rankings

America’s Health Rankings Measure	2017
Overall Behaviors	50
Diabetes	42
Heart Disease	45

³¹ Centers for Disease Control: www.cdc.gov/obesity/data/adult.html

³² World Health Organization: www.who.int/news-room/fact-sheets/detail/healthy-diet

³³ National Institutes of Health: www.nih.gov/news-events/nih-research-matters/high-salt-diet-affects-brains-mice

³⁴ The Mayo Clinic: www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/trans-fat/art-20046114

³⁵ Centers for Disease Control: www.cdc.gov/nccdphp/dnpao/state-local-programs/profiles/louisiana.html

³⁶ America’s Health Rankings: www.americashealthrankings.org/

America's Health Rankings Measure	2017
Obesity	46
Physical Inactivity	43
Preventable Hospitalizations	47
Smoking	47

Source: America's Health Rankings

At the parish level, County Health Rankings and Roadmaps indicate a marked disparity in the healthy behaviors measure in Iberville Parish. Iberville ranked 40th out of the 64 parishes in Louisiana, while Ascension, East Baton Rouge, and Livingston all ranked in the top 10. (See Table 11.) All parishes ranked poorly for the physical environment measure; including Ascension Parish which ranked in the top 5 in all other measures (62nd of 64 parishes).

Table 11: 2018 County Health Rankings and Roadmaps

	Ascension	East Baton Rouge	Iberville	Livingston
Health Outcomes	3	26	42	14
Health Factors	3	5	38	8
Mortality (length of life)	3	26	49	23
Morbidity (quality of life)	3	25	39	7
Health Behaviors	4	3	40	8
Clinical Care	2	1	18	16
Social and Economic Factors	2	18	47	9
Physical Environment	62	32	48	41

Source: County Health Rankings and Roadmaps

The Louisiana Department of Health compiles death statistics in accordance with WHO regulations requiring member nations to classify causes of death. The data below illustrates the impact that poor diet and physical inactivity is having on residents of the Ochsner Medical Center - Baton Rouge service area. The top two principal causes of death for all the parishes in the study area are diseases of the heart and malignant neoplasms.³⁷ Both causes of death can be attributed, at least in part, to poor diet and physical inactivity. (See Table 12.)

³⁷ Louisiana Department of Health:
http://ldh.la.gov/assets/oph/CenterRS/healthstats/New_Website/Death/D09T26_1.pdf

Table 12: Principal Causes of Death, by Parish of Residence, 2009 (Rate per 100,000 population)

	Ascension	East Baton Rouge	Iberville	Livingston	Louisiana
Disease of Heart	161.1	169.7	152.1	178.4	222.0
Malignant Neoplasms	141.0	164.7	200.8	165.3	198.1
Accidents	49.9	33.3	48.7	54.6	45.1
Cerebrovascular Diseases	33.6	49.4	54.8	30.9	44.9
Chronic Lower Respiratory Diseases	35.5	28.9	79.1	40.7	41.3

Source: Louisiana Department of Health

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 indicate 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.³⁸ 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.³⁹

The US Department of Health and Human Services guidelines recommend engaging in regular physical activity to promote cardiovascular health and muscle fitness.⁴⁰ 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.⁴¹ 150 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).

³⁸ American Public Health Association: <https://apha.org/what-is-public-health/generation-public-health/our-work/healthy-choices>

³⁹ Louisiana Department of Health: <http://ldh.la.gov/assets/docs/BayouHealth/ACT210RS2013522.pdf>

⁴⁰ Office of Disease Prevention and Health Promotion: <https://health.gov/paguidelines/guidelines/chapter1.aspx>

⁴¹ Office of Disease Prevention and Health Promotion: <https://health.gov/paguidelines/guidelines/chapter2.aspx>

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.⁴²

In 2017, the State of Louisiana ranked 13th in fruit consumption and eighth in vegetable consumption in America's Health Rankings. According to the community health needs assessment completed by the City of Baton Rouge, efforts are being made to incorporate education on healthy eating habits into the school system. The Louisiana State University Agricultural Center reports there are 55 school-based community gardens in East Baton Rouge Parish and Baton Rouge General sponsored a teaching garden at an elementary school to teach students about food sources and the benefits of eating more fruits and vegetables.

Despite dramatic declines in the U.S. smoking rate, cigarette use remains the leading cause of preventable disease and death in the nation. The health consequences related to tobacco use can be deadly. Tobacco use is associated with increased risk factors for cardiovascular disease, hypertension, stroke, and some forms of cancer. In 2016, 5.5 percent of all adults (37.8 million people) - 17.5 percent of males, 13.5% of females - were current cigarette smokers.

According to the CDC, nearly 40 million US adults still smoke cigarettes and 4.7 million middle and high school students use at least one tobacco product, including electronic cigarettes.⁴³ Smoking leads to disease and disability and harms nearly every organ of the body. Smoking costs the United States billions of dollars each year and is the leading cause of preventable deaths. The CDC does not feel state spending on tobacco prevention and control meets recommended levels to prevent the thousands of young people that start smoking cigarettes every day.⁴⁴

Since 1964, approximately 2,500,000 nonsmokers have died from health problems caused by exposure to secondhand smoke. Tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer. Secondhand smoke is known to cause ear infections, asthma attacks, respiratory infections, and increases the risk of sudden infant death syndrome (SIDS) in children. In adults, secondhand smoke can increase the risk of heart disease, lung cancer, and stroke. It is estimated that secondhand smoke caused nearly 34,000 heart disease deaths each year from 2005 to 2009 among adult nonsmokers in the United States.⁴⁵

The 2015 National Survey on Drug Use and Health conducted by SAMHSA concluded more than 15.1 million adults aged 18 and older had an alcohol use disorder.⁴⁶ Excessive alcohol use is the nation's third-leading cause of preventable death, causing approximately 80,000 deaths per year in the United

⁴² Centers for Disease Control: www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm

⁴³ Centers for Disease Control: www.cdc.gov/tobacco/data_statistics/index.htm

⁴⁴ Centers for Disease Control: www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm

⁴⁵ Centers for Disease Control: www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

⁴⁶ National Institute of Alcohol Abuse and Alcoholism: www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics

States and contributing to a range of health and social problems, including automobile crashes and drowning, heart disease, hypertension, cancers such as breast and oral-pharyngeal, interpersonal violence, HIV infection, unplanned pregnancy, alcohol poisoning, and fetal alcohol spectrum disorders. These negative consequences for individuals, families, communities, and society at large cost the United States approximately \$223.5 billion in 2006.⁴⁷

Community leaders indicated that residents can't afford to make the healthy choice; health care, healthy foods, and gym memberships are expensive. Many communities are lacking proper sidewalks and other infrastructure such as bike paths and safe outdoor spaces that would make it easier to engage in physical activity.

Development of health care facilities within the parish is not equal; facilities are migrating to the southern part of the parish. Stakeholders mentioned concerns about the unequal development, specifically, residents in the north do not have the same access to health resources.

Stakeholders also indicated that education on how and why a healthy lifestyle is important to improving overall wellness is lacking in the community. Making it easier for residents to make the healthy choice will benefit the entire community; creating a healthier workforce to improve economic development by attracting companies to locate in the area, decreasing the drain on health resources, and improving social determinates of health. Baton Rouge has a strong industrial infrastructure and needs a healthy workforce.

Healthy BR is an initiative with the purpose of fostering a movement based on communication, coordination, and collaboration that promotes a better and healthier life for all people in the City of Baton Rouge.⁴⁸ Healthy BR serves as the conduit through which healthcare organizations, city and state agencies, for-profit businesses, educational institutions, faith-based organizations, and non-profit agencies join forces to positively impact community health.⁴⁹ The initiative partners with hospitals to conduct their own ongoing assessment of community health needs to identify health concerns and how best to alleviate disparities within the community. Healthy BR is aggressively working with policy makers and the medical community to discourage tobacco use (and reduce second-hand smoke exposure) in Baton Rouge. Several initiatives are being enacted around the city to ban smoking and increase resident access to smoking cessation programs.

Communities across Louisiana are working hard to encourage healthy living with the 5210 Every Day program. This program provides information on healthy choices, the risks of unhealthy choices, and simple ways to incorporate healthy behaviors into everyday life.⁵⁰

⁴⁷ Centers for Disease Control: www.cdc.gov/pcd/issues/2013/12_0090.htm

⁴⁸ Healthy BR: www.healthybr.com

⁴⁹ 2018 Community Health Needs Assessment East Baton Rouge Parish: www.healthybr.com/assets/uploads/docs/2018_CHNA_with_web_version_8-28-18.pdf

⁵⁰ Louisiana Department of Health: <http://ldh.la.gov/index.cfm/page/1613>

The region with participation from state and local organizations are proactively addressing the health needs of its community residents, creating pathways to ensure residents are physically and mentally well.

The Healthy BR CHNA reported that EBRP involvements included the restructure of the environment to promote physical activity, increasing the availability of healthy food options and increasing cigarette and alcohol taxes to discourage smoking and alcohol consumption.

Community partners also provided community screenings, education, and screening tools:

- Baton Rouge General has provided 225 screenings for stroke at community events since 2015.
- Lane Regional Medical Center provides free annual heart screenings and CPR training to local businesses, schools, and churches. Lane also provides free Automated External Defibrillator devices to churches and schools.
- Lane Regional Medical Center has earned full accreditation with PCI (Percutaneous Coronary Intervention) from the American College of Cardiology (ACC).
- Baton Rouge General and Ochsner Medical Center – Baton Rouge partnered with the American Heart Association to provide CPR kits to local schools.
- Through attendance at over 75 community events, Ochsner Medical Center – Baton Rouge provided over 500 blood pressure screenings in 2017.
- In 2017, Ochsner Medical Center – Baton Rouge began enrolling EBRP residents into its cutting-edge Hypertension Digital Medicine Program. This program has helped patients control their blood pressure from home.
- Our Lady of the Lake has provided 1,006 community based screenings for stroke risk, blood pressure, glucose, cholesterol, and BMI in 2017.
- Woman’s provides blood pressure monitors to at-risk patients. Nurses contact patients at home to ensure compliance. From March to December 2017, case managers visited 1,123 patients with hypertension and called each patient a minimum of two times to follow-up after discharge.
- MHCI partner hospitals offered diabetes prevention and management programs. Baton Rouge General, Our Lady of the Lake, and Woman’s offer diabetes management programs accredited by the American Association of Diabetes Educators. Lane Regional Medical Center and Ochsner Medical Center – Baton Rouge’s diabetes management programs are also accredited by the American Diabetes Association.

MHCI partners and lawmakers have been instrumental in supporting community-wide initiatives to reduce smoking rates, resulting in a three percent decline in adult smoking from 2011 to 2015.

- Baton Rouge General Medical Center, Lane Regional Medical Center, Ochsner Health System, Our Lady of the Lake Regional Medical Center, Mary Bird Perkins – Our Lady of the Lake Cancer Center, Woman’s Hospital, Blue Cross Blue Shield of Louisiana and all BREC parks are “Tobacco Free/Smoke Free” environments.

- The Smoking Cessation Trust partners with Baton Rouge General, Cardiovascular Institute of the South, Mary Bird Perkins, Ochsner Health System, and Our Lady of the Lake Physicians to offer free smoking cessation assistance.
- All restaurants and workplaces within EBRP have been smoke-free since 2007.
- Local hospitals partnered with Healthy BR on the Smoke-Free East Baton Rouge coalition. This initiative, designed to protect employees, especially in bars and casinos, from the dangers of secondhand smoke was passed by EBRP Metro Council and bans smoking in these businesses effective June 1, 2018.

The proactive and collaborative nature of Healthy BR creates seamless efforts for health care organizations in the region to foster positive and encouraging healthy outcomes. This comprehensive approach bridges and promotes health community efforts providing context and meaning to communities looking to close gaps in health disparities.

Priority 4: Sexually Transmitted Infections

Sexually transmitted infections (STIs) have long been an underestimated opponent in the public health battle. A 1997 Institute of Medicine (IOM) report described STDs as, “hidden epidemics of tremendous health and economic consequence in the United States,” and stated that the “scope, impact, and consequences of STDs are under-recognized by the public and healthcare professionals.”⁵¹ Nearly two decades later, those facts remain unchanged.

As recently as August 2018, researchers at the Center for Disease Control and Prevention (CDC) reported that sexually transmitted diseases are on the rise in America. It is noted that nearly 2.3 million cases of chlamydia, gonorrhea and syphilis were diagnosed in the U.S. in 2017, surpassing the record set in 2016 by more than 200,000. (See Table 13.)

CDC researchers found that gonorrhea diagnoses increased by 67 percent — from 333,004 to 555,608 — in just five years. The sharpest increase was in men, in whom cases nearly doubled, going from 169,130 in 2013 to 322,169 in 2017. Though increases were also seen in women, they weren’t quite as dramatic, rising 18 percent over the same time period of time.⁵² Syphilis diagnoses, which rose by 76 percent, from 17,375 to 30,644, were mostly in men. Syphilis in women is of great concern because of the effects it can have on developing fetuses.

The chlamydia rate held relatively steady with more than 1.7 million cases diagnosed in 2017, just a few percentage points above where it was in 2013. Nevertheless, the chlamydia rate continues to be of

⁵¹ Eng TR, Butler WT, editors; Institute of Medicine (US). Summary: The hidden epidemic: confronting sexually transmitted diseases. Washington (DC): National Academy Press; 1997. p. 43.
<https://www.cdc.gov/std/stats15/foreword.htm>

⁵² National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
www.cdc.gov/nchhstp/newsroom/2018/press-release-2018-std-prevention-conference.html

concern because the disease can scar a woman’s reproductive organs, leaving her infertile. The largest group of infections were in women and girls ages 15 to 24.

Table 13: STD Diagnoses among Key U.S. Populations, 5-Year Trends

	2013	2014	2015	2016	2017*
Chlamydia	1,401,906	1,441,789	1,526,658	1,598,354	1,708,569
Young women (Ages 15-24)	715,983	709,170	724,709	735,027	771,340
Gonorrhea	333,004	350,062	395,216	468,514	555,608
Among women	163,208	16,2608	173,514	197,499	232,587
Among men	169,130	186,943	221,070	270,033	322,169
Primary & Secondary Syphilis	17,375	19,999	23,872	27,814	30,644
Among men who have sex with men	10,451	12,226	14,229	16,149	17,736
Combined cases	1,752,285	1,811,850	1,945,746	2,094,682	2,294,821

*Preliminary Data

Source: Centers for Disease Control and Prevention

Annual HIV infections and diagnoses are declining in the United States. The declines may be due to targeted HIV prevention efforts. However, progress has been uneven, and annual infections and diagnoses have increased among some groups. There were an estimated 38,500 new HIV infections in 2015. Among all populations in the United States, the estimated number of annual infections declined 8 percent from 2010 (41,800) to 2015 (38,500).⁵³

Studies have shown that all of these infections can lead to long-term health consequences, including infertility and the transmission of HIV. Another unfortunate outcome of these infections is the stigmatization of entire subgroups across the country.

In the United States, HIV diagnoses are not evenly distributed across states and regions. Southern states accounted for more than half of new HIV diagnoses in 2016, while making up 38 percent of the national population.⁵⁴ In all regions of the United States, the majority of people who receive an HIV diagnosis live

⁵³ Source: CDC. Estimated HIV incidence and prevalence in the United States, 2010-2015. *HIV Surveillance Supplemental Report* 2018;23(1). <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

⁵⁴ a Regions defined by the US Census Bureau and used in CDC’s National HIV Surveillance System:

Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT

Midwest: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI

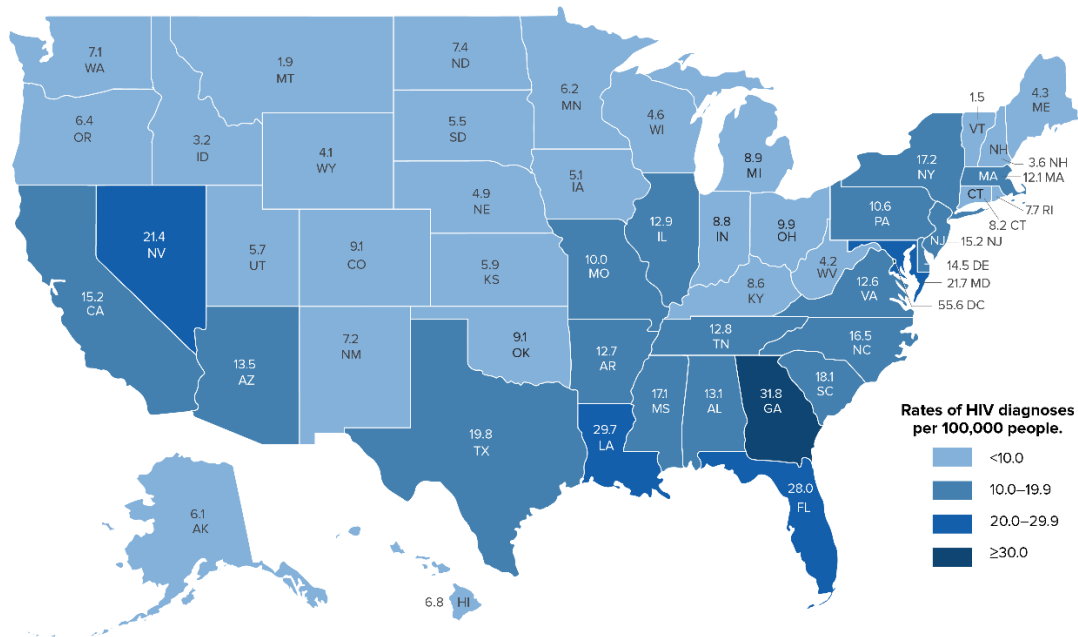
South: AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY.

<https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>

in urban areas. But in the South, 23 percent of new HIV diagnoses are in suburban and rural areas, and in the Midwest, 21 percent are suburban or rural—higher proportions than in the North and West. The South’s larger and more geographically dispersed population of people living with HIV creates unique challenges for prevention and treatment. (See Map 2.)

Map 2: Rates of HIV Diagnoses among Adults and Adolescents in the U.S. by State, 2016



Source: Centers for Disease Control and Prevention

STDs are a substantial health challenge facing the United States. CDC estimates that nearly 20 million new sexually transmitted infections occur every year, accounting for almost \$16 billion in health care costs annually. Many cases of chlamydia, gonorrhea, and syphilis continue to go undiagnosed and unreported, and data on several additional STDs – such as human papillomavirus and herpes simplex virus, are not routinely reported to CDC. As a result, national surveillance data captures only a fraction of America’s STD burden. However, the data presented in the 2016 STD Surveillance Report provide important insight into the scope, distribution, and trends in STD diagnoses in the country.

STI prevention and control has widespread public health benefits. Left untreated, STIs increase the risk of HIV transmission during unprotected sexual contact and lead to complications, such as pelvic inflammatory disease (PID), infertility, ectopic pregnancy, miscarriage, fetal death, and congenital infection.

As previously noted, while most of these STIs will not cause harm, some have the potential to cause serious health problems, especially if not diagnosed and treated early. Young people (ages 15-24) are

particularly affected, accounting for half (50 percent) of all new STIs, although they represent just 25 percent of the sexually experienced population.

Beyond the impact on an individual's health, STDs are also an economic drain on the U.S. healthcare system. Data suggest the direct cost of treating STDs in the U.S. is nearly \$16 billion annually.⁵⁵ STD public health programs are increasingly facing challenges and barriers in achieving their mission. In 2012, 52 percent of state and local STD programs experienced budget cuts.

In addition, CDC conservatively estimates that the lifetime cost of treating eight of the most common STIs contracted in just one year is \$15.6 billion. Because some STIs – especially HIV – require lifelong treatment and care, they are by far the costliest. In addition, HPV is particularly costly due to the expense of treating HPV-related cancers. However, the annual cost of curable STIs is also significant (\$742 million). Among these, chlamydia is most common and therefore the costliest.⁵⁶

State of Louisiana

The CDC's 2016 Sexually Transmitted Diseases Surveillance Report, which was released in late September 2017, STDs increased across the United States for the third year in a row, and Louisiana ranked second-highest for each of the three diseases measured. Louisiana was also named the state with the second-highest rate of HIV diagnoses. According to Louisiana Department of Health Office of Public Health STD/HIV Program report, in September 2017:

Chlamydia

- Louisiana had the 2nd highest chlamydia rate in the United States in 2016 and 31,727 persons were diagnosed with chlamydia for a rate of 677.7 per 100,000, a 2 percent decrease from 2015. The national rate of chlamydia was 497.3 per 100,000.

Syphilis

- Louisiana had the second-highest number of syphilis cases reported in 2016, with a rate of 16.1 cases per 100,000. The national rates for syphilis in 2016 were 8.7 cases per 100,000 people.

Gonorrhea

- Louisiana came in second for its gonorrhea rate, with 230.8 cases per 100,000 people. The 2016 national rate was 145.8 cases per 100,000 people.

⁵⁵ Owusu-Edusei K Jr, Chesson HW, Gift TL, et al. The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sex Transm Dis.* 2013 Mar;40(3):197–201. doi: 10.1097/OLQ.0b013e318285c6d2. https://journals.lww.com/stdjournal/fulltext/2013/03000/The_Estimated_Direct_Medical_Cost_of_Selected.3.aspx

⁵⁶ Centers for Disease Control and Prevention: www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf

HIV/AIDS

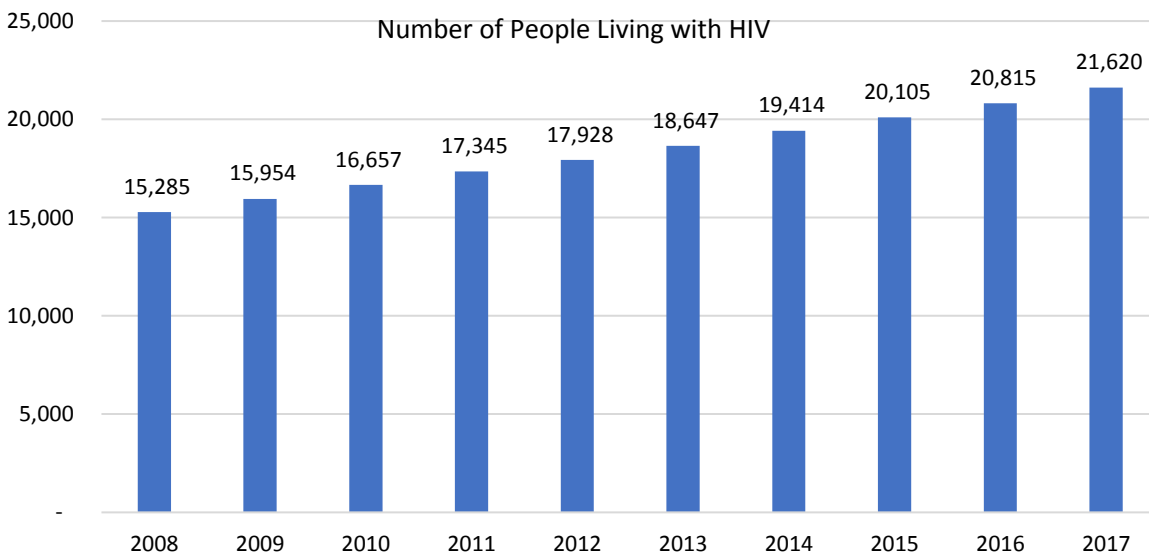
- HIV data was not included in the 2016 Sexually Transmitted Diseases Surveillance Report, but the 2015 data put Louisiana again at number two for most HIV diagnoses per capita, reporting 29.2 per 100,000 people. Washington, D.C., is home to the highest rate of HIV diagnoses with a rate of 66.1.

STDs continue to pose a significant impact to the health of the population of Louisiana. Louisiana consistently ranks in the five states with the highest rates of sexually transmitted diseases (STDs). STD rates in Louisiana are much higher than rates in other southern states as well. The reported rates and increasing trends of these three conditions highlight a growing problem for the health of many Louisianans that increases the risk for contracting other infections, such as HIV.

According to the Louisiana HIV, AIDS, and Early Syphilis Surveillance Report Quarterly Report published as recently as March 31, 2018, there is a steady increase in the number of people living with HIV in Louisiana. (See Chart 13):

- In 2016, Louisiana ranked 3rd in the nation for HIV case rates (24.6 per 100,000 population).
- In 2017, 1,056 new HIV cases were diagnosed in Louisiana.
- As of March 31, 2018, a total of 21,910 persons were living with HIV infection (PLWH) in Louisiana.

Chart 13: 10-Year Trends in Persons Living with HIV Infection Louisiana, 2008-2017



Source: Louisiana HIV, AIDS and Early Syphilis Surveillance

Social Determinants of Health

Research has shown that a person's social circumstance has the single largest impact on their HIV outcomes.⁵⁷ It is important to encourage individual responsibility for one's health and it is critical to address the social and economic factors that impact the choices a person makes to engage in healthy behaviors. In the sections below, we identify social circumstances that are driving these outcomes in Louisiana.

During stakeholder interviews, it was noted that high poverty rates, lack of access to care, substance abuse, high crime rates and low education rates contribute to the continuing prevalence of STIs and HIV. The 2016 STD/HIV Surveillance Report issued by the State of Louisiana Department of Health Office of Public Health, notes the following demographic and risk characteristics of individuals with HIV and STD infections in Louisiana.

In 2015, the crime rate in Louisiana was 37.0 percent higher than the national average rate. Property crimes accounted for 86.0 percent of the crime rate and violent crimes accounted for 14.0 percent of the crime rate. Of the 50 states, the Louisiana incarceration rate ranked 1st with 776 per 100,000 adults incarcerated. Louisiana's incarceration rate was more than double the national rate of 385 incarcerated adults per 100,000. As of December 31, 2015, the Louisiana prison population was 36,377 among nine state facilities. An additional 31,000 inmates can be found in the parish jail system⁵⁸.

In the 2016 United Health Foundation's America's Health Rankings report, Louisiana ranked 49th out of 50 in overall health. This national health survey compares multiple health outcomes and health determinants in all states. The low-place ranking is predominately due to the state having a high percentage of adults who smoke, high percentage of children in poverty, high rates of obesity, high rates of premature death, and high infant mortality rates.

The Parishes of Louisiana

STDs continue to pose a significant impact to the health of the population of Louisiana. Louisiana consistently ranks in the five states with the highest rates of sexually transmitted diseases (STDs)⁵⁹. The reported rates of these STDs for the state were all significantly higher than the U.S. average, with primary and secondary syphilis rates doubling the U.S. rate. STD rates in Louisiana are much higher than rates in other southern states as well. The reported rates and increasing trends of these three conditions highlight a growing problem for the health of many Louisianans that increases the risk for contracting other infections, such as HIV.

⁵⁷ Centers for Disease Control and Prevention; HIV/AIDS Surveillance Report.

www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf

⁵⁸ Louisiana Department of Health; Office of Public Health:

http://ldh.la.gov/assets/oph/HIVSTD/std/STDAnnualReports/2016_STDHIV_SurveillanceReport_Final.pdf

⁵⁹ County Health Rankings and Roadmaps: www.countyhealthrankings.org/app/louisiana/2018/rankings/

The parishes of primary focus include Ascension, East Baton Rouge, Iberville, and Livingston. Based on the 2017 Louisiana Health Report Card, Iberville is the only of the three focus parishes that has a rate lower than the state and national level for the increase in STIs from 2007-2016. East Baton Rouge had a rate higher than the national level, but lower than the state level.

- The number of sexually transmitted infections/chlamydia cases per 100,000 in the state of Louisiana rose 35 percent from 2007-2015.
- The number of sexually transmitted infections/chlamydia cases per 100,000 in The United States rose 23 percent from 2007-2015.

Ascension

Ascension parish experienced a higher rate of increase in cases of sexually transmitted disease than the state and national rates.

- The number of sexually transmitted infections cases per 100,000 in Ascension Parish rose 42 percent from 2007-2015.

East Baton Rouge

East Baton Rouge experienced a higher rate of increase in cases of sexually transmitted diseases than the national rate; however, it remained lower than the state rate.

- The number of sexually transmitted infections cases per 100,000 in Baton Rouge Parish rose 33 percent from 2007-2015.

Iberville

Iberville experienced a lower rate of increase in cases of sexually transmitted diseases than the national rate and the state rate.

- The number of sexually transmitted infections cases per 100,000 in Iberville Parish rose 21 percent from 2007-2015.

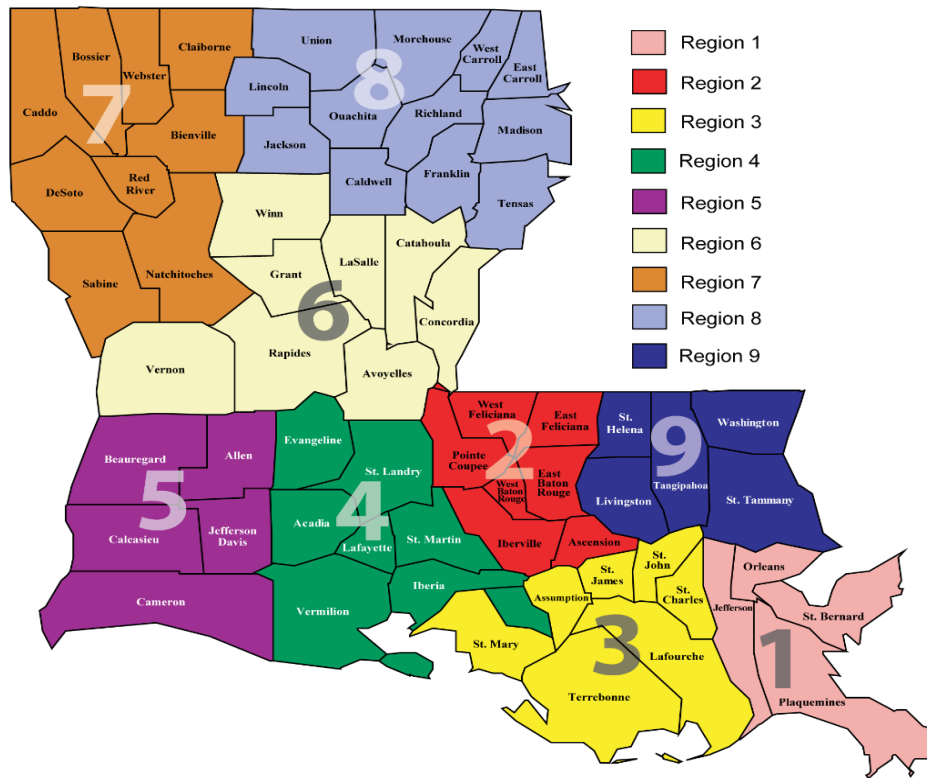
Livingston

Livingston experienced a higher rate of increase in cases of sexually transmitted diseases than the national rate and the state rate.

- The number of sexually transmitted infections cases per 100,000 in Livingston Parish rose 50 percent from 2007-2015.

The Louisiana Department of Health separates the state by nine regions. (See Map 3.)

Map 3: Louisiana Department of Health Regions



Source: Louisiana Department of Health

The parishes of focus are included in the following regions:

Region 2: East Baton Rouge

- Ascension
- Iberville
- East Baton Rouge

Region 9: Hammond/Slidell

- Livingston

The following table (see Table 14) shows a comparison among parishes in Louisiana for cases of STDs and HIV. It can be noted that Region 1 has the highest rates of chlamydia, new HIV cases, and people living with HIV or AIDS (PLWHA) in the state. Region 8 has the highest rates of primary and secondary syphilis and gonorrhea in the state. The following data and maps were provided by the STD/HIV program in the Office of Public Health.

Table 14: Geographic Distribution of Cases of STDs and HIV in Louisiana in 2016

Geographic Distribution of Cases of STDs and HIV; Louisiana 2016					
Parish	Chlamydia	Gonorrhea	P&S Syphilis	HIV Diagnosis	PLWHA
Louisiana**	31,272	10,783	750	1,135	21,064
Region 1: New Orleans	7,942	2,900	216	354	7,282
Jefferson	2,980	835	65	110	1,975
Orleans	4,609	1,953	144	236	5,078
Plaquemines	88	19	4	1	43
St. Bernard	265	93	3	7	186
Region 2: East Baton Rouge	4,052	1,513	106	233	5,017
Ascension	472	136	3	16	247
East Baton Rouge	3,270	1,284	98	184	3,980
East Feliciana	111	28	3	7	188
Iberville	199	65	2	12	290
Pointe Coupee	114	23	3	4	55
West Baton Rouge	144	49	8	8	107
West Feliciana	60	15	0	2	150
Region 3: Houma	981	309	21	59	886
Assumption	97	23	2	1	35
Lafourche	447	141	13	11	157
St. Charles	276	95	2	5	118
St. James	161	50	4	7	73
St. John the Baptist	362	131	6	18	178
St. Mary	324	73	4	6	93
Terrebonne	758	273	25	11	232
Region 4: Lafayette	2,552	853	48	111	1,616
Acadia	352	105	3	12	122
Evangeline	196	62	2	9	97
Iberia	627	195	8	13	126
Lafayette	1,377	491	35	44	762
St. Landry	528	192	8	16	293
St. Martin	331	106	5	10	117
Vermilion	263	76	8	7	99
Region 5: Lake Charles	1,221	381	18	38	1,616
Allen	92	19	1	2	216
Beauregard	129	23	0	2	52
Calcasieu	987	338	17	31	692
Cameron	13	1	0	0	3
Jefferson Davis	155	47	3	3	60

Geographic Distribution of Cases of STDs and HIV; Louisiana 2016					
Region 6: Alexandria	557	159	3	59	946
Avoyelles	261	89	1	3	173
Catahoula	48	5	0	0	28
Concordia	120	37	0	2	48
Grant	128	28	2	2	49
La Salle	55	7	0	4	42
Rapides	1,046	390	24	43	508
Vernon	319	66	3	5	71
Winn	89	38	0	0	27
Region 7: Shreveport	3,084	955	135	139	1,862
Bienville	124	29	4	1	30
Bossier	651	160	22	23	249
Caddo	2,204	735	108	94	1,205
Claiborne	105	31	1	3	95
De Soto	176	48	3	2	52
Natchitoches	335	83	4	7	122
Red River	68	18	1	1	16
Sabine	88	17	1	2	15
Webster	272	73	4	6	78
Region 8: Monroe	289	88	8	72	1,088
Caldwell	31	16	0	0	19
East Carroll	34	8	2	0	23
Franklin	129	25	1	7	52
Jackson	95	39	5	2	21
Lincoln	511	146	9	5	103
Madison	137	38	4	3	41
Morehouse	248	103	6	4	69
Ouachita	1,496	631	40	38	630
Richland	165	70	2	9	47
Tensas	18	8	1	0	31
Union	116	39	1	4	37
West Carroll	53	6	2	0	15
Region 9: Hammond/Slidell	2,505	750	16	70	1,344
Livingston	450	149	4	13	222
St. Helena	35	8	0	1	20
St. Tammany	900	242	9	28	496
Tangipahoa	1,120	351	3	21	409
Washington	267	99	4	7	197

Source: Louisiana Department of Health

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5. *** Louisiana total includes cases with unknown parish † the totals include cases with other and unknown race.

Community leaders recognize the increase in the number of STIs in the state and in the parishes of Ascension, East Baton Rouge, Iberville, and Livingston. Among the recommendations for improving health outcomes, leaders are recommending that a local health department be created to increase awareness around sexually transmitted infections/HIV and behavioral health.

High poverty rates, lack of access to care, substance abuse, high crime rates, and low education rates contribute to the continuing prevalence of STIs and HIV. Baton Rouge is number one in some STI measures according to stakeholders. Three of the five leaders interviewed mentioned STIs and HIV as a top health concern for residents of their communities.

Lowering the rates of STIs and HIV in the community will need to be a collaborative effort. Stakeholders recommended enlisting schools and faith-based organizations, among others, to combat the rising statistics. Educating the public and providing screenings accessible for all community members will work to reduce the spread of STIs and HIV. Current offerings are not sufficient to protect the public.

Data collected during the Healthy BR CHNA process in 2012 and 2015 also illustrated a great need to identify avenues to reduce rates of HIV/STIs. Both the 2012 and 2015 CHNAs included HIV/STIs as a priority community need. Healthy BR has already implemented several programs in an effort to reduce HIV/STI rates and ensure residents are armed with information to protect themselves and seek care when needed.

In 2017, the Louisiana Department of Health Office of Public Health formed the Region 2 STD/HIV Task Force. Among the participants are OLOL, Woman's, members of the Louisiana Primary Care Association (LPCA) and Healthy BR. Healthy BR partnered with the Public Health Foundation, Catholic Health Association, and community partners to develop a community HIV roadmap.

In August 2017, Healthy BR, Baton Rouge Ryan White Program, and ViiV Healthcare hosted a workshop for healthcare providers from a variety of clinical sites including Ryan White-funded clinics, private practice, public health, and the State Department of Health. The workshop focused on the HIV continuum of care; specifically, re-engaging clients that have been previously linked to care, retaining clients, clinician community collaboration, and policy/legal barriers to retention in care. Planning efforts to address the STI/HIV infection rate and to offer support for those with a disease were provided through many initiatives.

Conclusion

Ochsner Medical Center - Baton Rouge completed their third-round regional area CHNA. Ochsner Medical Center - Baton Rouge can 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 needs of Ochsner Medical Center – Baton Rouge were closely aligned with the city's CHNA needs; as such, the health system will continue to work in tandem with the city's Health Initiative called: Healthy BR. Ochsner Medical Center – Baton Rouge played a significant role in the identification process within the Healthy BR's initiative.

Ochsner Medical Center – Baton Rouge, in partnership with over 90 hospitals, non-profit organizations, local businesses, schools, and governmental institutions, are joined in collaboration to significantly impact the city's health priorities. 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 - Baton Rouge 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 - Baton Rouge's leadership in reducing the challenges residents often face when seeking services.

Ochsner Medical Center - Baton Rouge 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 - Baton Rouge will address the identified needs and viewed them as positive and encouraging changes. Ochsner Medical Center - Baton Rouge 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 - Baton Rouge 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 - Baton Rouge 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.

The top community needs were the results of the Baton Rouge Vision of Health 2021 held in November 2017 where more than 100 professional representatives from nonprofit, private, voluntary health, public health, public service and elected officials, insurance, and medical health care participated.



APPENDICES

Appendix A: General Description of Ochsner Medical Center – Baton Rouge

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 Baton Rouge delivers quality healthcare for families throughout our region. With our 150-bed hospital, 13 health centers, and team of more than 200 skilled providers, Ochsner is known for comprehensive, convenient care.

At Ochsner we are always looking to innovate the patient experience with new cutting-edge technology. At our fully accredited hospital offers private rooms, 24-hour emergency care, a newly renovated Family Birthing Center and alternate deliveries, such as water births, and the area's only certified nurse midwife program. Ochsner Baton Rouge has advanced specialty care such as open-heart surgery and orthopedic procedures.

- Ochsner is the only fully integrated multi-specialty group practice in Baton Rouge to include a hospital facility.
- Largest area certified nurse midwife program and the first hospital in Louisiana to receive the prestigious international recognition as a Baby-Friendly designated birth facility.
- Ochsner Medical Center – Baton Rouge (OMCBR) named to the 2018 IBM Watson Health's 100 Top Hospitals®. Formerly known as the Truven Health Analytics® 100 Top Hospitals, the study highlights the best-performing hospitals in the U.S.
- OMCBR received the Patient Safety Excellence Award™ in the Healthgrades 2018 Report to the Nation.
- Named a GYN Epicenter for robotic-assisted surgery, due in part to vast experience and quality outcomes using the da Vinci® Surgical System.
- One of only 10 hospitals in the United States to receive both the 2017 Top Hospitals Everest Award® and the 100 Top Hospitals Award® by Truven Health Analytics.

- Ochsner Health System was recognized by Becker’s Healthcare as one of the “150 Top Places to Work in Healthcare” for 2017.
- OMCBR was the only hospital in Louisiana to receive the 2017 Distinguished Hospital Award for Clinical Excellence™ from Healthgrades. The distinction places OMCBR in the top 5 percent for clinical excellence among more than 4,500 hospitals nationwide.
- Becker's Hospital Review announced OMCBR as the only Louisiana hospital named to the 2016 "100 Great Community Hospitals" list.

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

Appendix B: Ochsner Medical Center – Baton Rouge Community Definition

A community can be defined in many different ways and in 2018, the community served by Ochsner Medical Center Baton Rouge represents a total of 27 ZIP codes which represents 80 percent of the inpatient discharges for the hospital. The ZIP codes fall into 4 parishes: Ascension, East Baton Rouge, Iberville, and Livingston parishes (the parishes with the largest number of ZIP codes that make up the study). (See Table 15.)

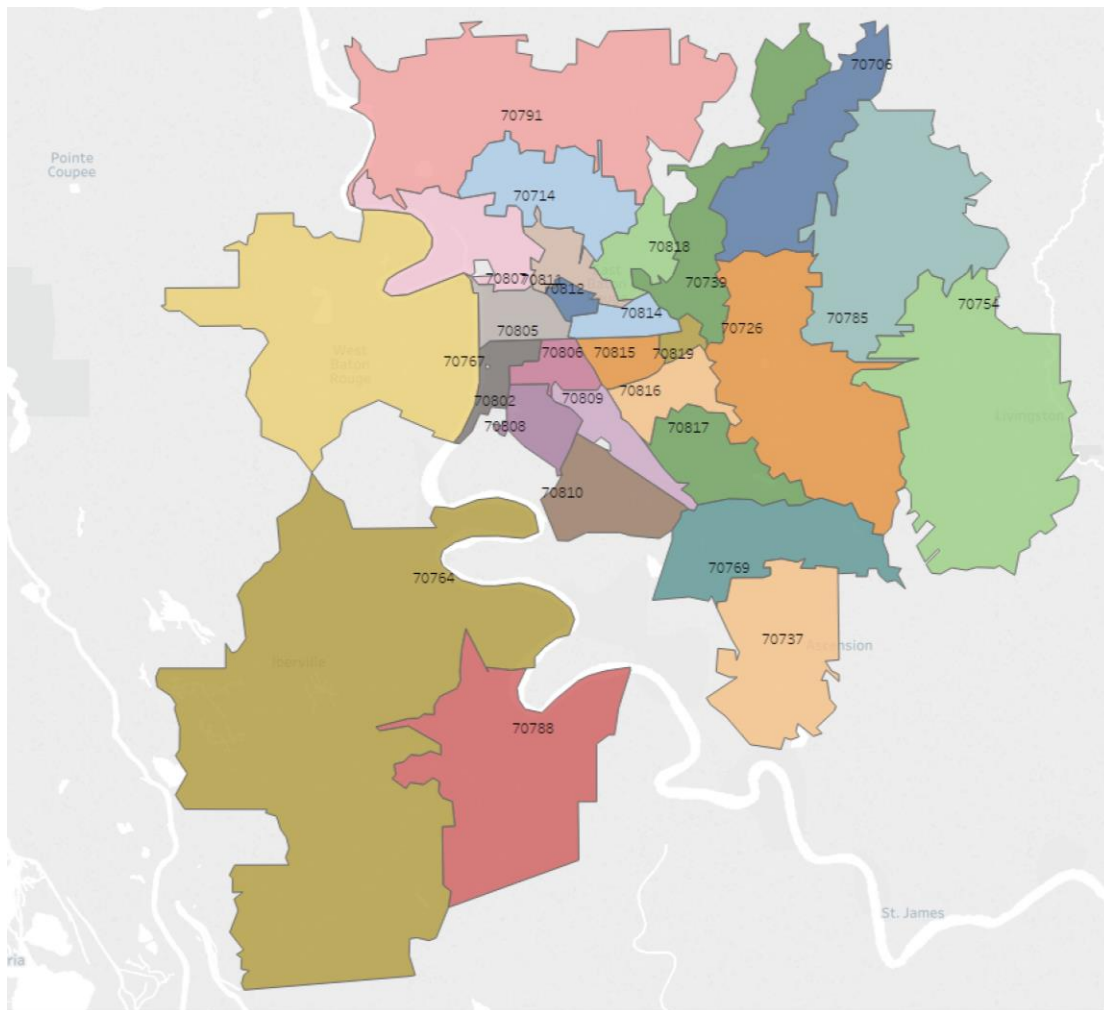
The ZIP codes that represent Ochsner Medical Center – Baton Rouge is also depicted in a geographic representation on Map 4.

Table 15: Ochsner Medical Center Baton Rouge ZIP codes

	ZIP Code	City	Parish
1.	70706	Denham Springs	Livingston
2.	70714	Baker	East Baton Rouge
3.	70726	Denham Springs	Livingston
4.	70737	Gonzales	Ascension
5.	70739	Greenwell Springs	East Baton Rouge
6.	70754	Livingston	Livingston
7.	70764	Plaquemine	Iberville
8.	70767	Port Allen	West Baton Rouge
9.	70769	Prairieville	Ascension
10.	70785	Walker	Livingston
11.	70788	White Castle	Iberville
12.	70791	Zachary	East Baton Rouge
13.	70802	Baton Rouge	East Baton Rouge
14.	70805	Baton Rouge	East Baton Rouge
15.	70806	Baton Rouge	East Baton Rouge
16.	70807	Baton Rouge	East Baton Rouge
17.	70808	Baton Rouge	East Baton Rouge
18.	70809	Baton Rouge	East Baton Rouge
19.	70810	Baton Rouge	East Baton Rouge
20.	70811	Baton Rouge	East Baton Rouge
21.	70812	Baton Rouge	East Baton Rouge
22.	70814	Baton Rouge	East Baton Rouge
23.	70815	Baton Rouge	East Baton Rouge
24.	70816	Baton Rouge	East Baton Rouge
25.	70817	Baton Rouge	East Baton Rouge
26.	70818	Baton Rouge	East Baton Rouge

	ZIP Code	City	Parish
27.	70819	Baton Rouge	East Baton Rouge

Map 4: Ochsner Medical Center – Baton Rouge Study Area



Note: Map is not to scale

Source: Truven Health Analytics

Ochsner Baton Rouge Population and Demographics Snapshot

- Overall, the Baton Rouge Regional Study Area encompasses 740,857 residents.
- East Baton Rouge Parish encompasses 446,417 residents and is the largest parish in the study area.
- From 2017 to 2022 the Baton Rouge Study Area is projected to experience a 3.47 percent increase in population (25,726 people).
- Iberville Parish is projected to have a small population increase of 0.43 percent.
- East Baton Rouge Parish reports a larger percentage of 18-24-year-olds (13.51 percent) than the state (9.80 percent) and national (9.75 percent) norms.
- Livingston Parish reports the highest white, Non-Hispanic population percentage at 86.90 percent.
- Iberville Parish reports the highest black, Non-Hispanic population across the study area at 47.15 percent.
- Iberville parish reports the highest rate of residents with 'Less than a high school' degree (7.17 percent).
- East Baton Rouge Parish reports the highest rate of residents with a bachelor's degree or higher at 34.12 percent.
- Iberville Parish reports high rates of households that earn less than \$15,000 per year (19.13 percent).
- Ascension Parish reports the highest rates of households earning over \$100k (32.57 percent).
- Iberville Parish reports the lowest average household income of the entire study area at \$62,225; also, lower than state and national averages.

Appendix C: Primary and Secondary Data Overview

Process Overview

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

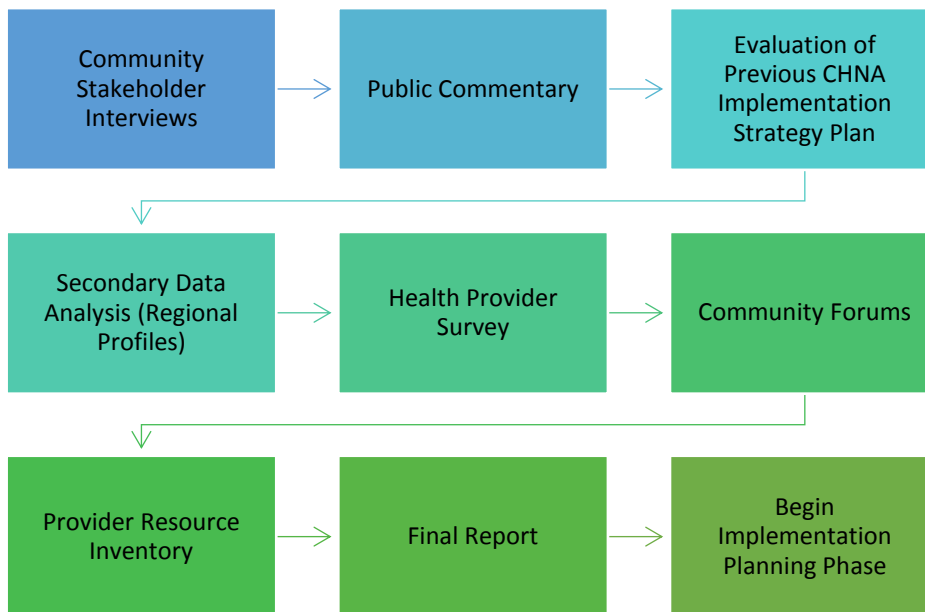
Civic and social organizations, government officials, educational institutions, and community-based organizations participated in the assessment to assist Ochsner Medical Center Baton Rouge evaluate the needs of the community. The 2018 assessment included primary and secondary data collection that incorporated 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 Baton Rouge 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 Baton Rouge 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 Baton Rouge.

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

Chart 14: CHNA Process



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 Baton Rouge.

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. Mental Health/Behavioral Health and Substance Abuse
2. Obesity
3. Sexually Transmitted Infections (STI)/Human Immunodeficiency Virus (HIV)
4. Diabetes
5. Healthy Living

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 Baton Rouge. 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,” three survey respondents reported that it did and two had not reviewed the 2015 CHNA.

Three survey respondents reported that the assessment reviewed did exclude community members or organizations that should have been involved in the assessment; the remaining respondents had not reviewed the 2015 CHNA. Respondents identified as excluded: grassroots organizations, Our Lady of the Lake, Baton Rouge General, Pennington Research Center, LSU, businesses (i.e., Exxon, Turner Industries), home health care, rehabilitation facilities, BREC, and Healthy Baton Rouge.

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,” three of the five 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 know, one did not answer, and two had not reviewed the 2015 CHNA.

According to respondents, the CHNA and the ISP benefited them and their community in the following manner:

- Overall not much has changed since 2015, some due to the Mayor’s Office Initiative.

Evaluation of Previous Planning Efforts

Ochsner Medical Center – Baton Rouge submitted an evaluation matrix to highlight and measure specific strategies that were developed. The Implementation Strategy Plan is a roadmap for how hospitals and communities are addressing the community health needs identified in the CHNA.

The purpose of the implementation strategy evaluation is for hospitals and community leaders to review and assess progress on the strategies and goals identified in the previous Implementation Strategy Plan to address community health needs. The evaluation of the previous Implementation Strategy plan is used to build the new Implementation Strategy plan – combining and updating goals from the previous plan with new ideas and strategies.

A. HIV and other STDs

Outcomes/Results

- Working with Mayor’s Healthy City Initiative to adopt “Opt Out” testing in Ochsner Baton Rouge Emergency Department- target date is slotted for 2019.
- New physician hired who is champion of HIV/AIDS, prescribes PrEP and participates in system meetings in these topics.

B. Obesity

Outcomes/Results

- Offers Diabetes, Weight Loss and Wellness programs, and healthy eating/talks in the community.
- Promotes 52010+10 program at clinics
- Holds Farmer's market every other month at Ochsner medical Center Baton Rouge.
- Ochsner Eat Fit offered in Baton Rouge, improving access to healthy meals and providing nutrition information.
 - Free smartphone app with listings of partner restaurants, nutrition facts, and calendar of events.
 - Monthly cooking demos at local markets.

C. Overuse of Emergency Departments

Outcomes/Results

- Increased Urgent Care facilities and added capacity to existing clinics.
- Educated patients on differing levels of care and how to access them.
- Offers Ochsner on call 24/7 nurse line.

D. Mental Health and Substance Abuse

Outcomes/Results

- Increased number of psychiatric providers at Ochsner Medical Center Baton Rouge.
- Ochsner representative serves on council for ICARE organization which works on mental health issues in the community.
- Continued to provide inpatient psychiatric services at Ochsner Medical Center Jefferson Highway, Ochsner St. Anne Hospital, St. Charles General Hospital and Chabert Hospital.
- Provided Psychiatric Telemedicine services in Ochsner-BR Emergency Department to decrease wait times for patients needing consultation.

In addition, as part of Ochsner Health System's initiatives, Ochsner BR worked to address additional need:

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 OHS 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.
- Support Emergency Departments and staff with decision support for acute stroke patients.

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 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 Baton Rouge; 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.

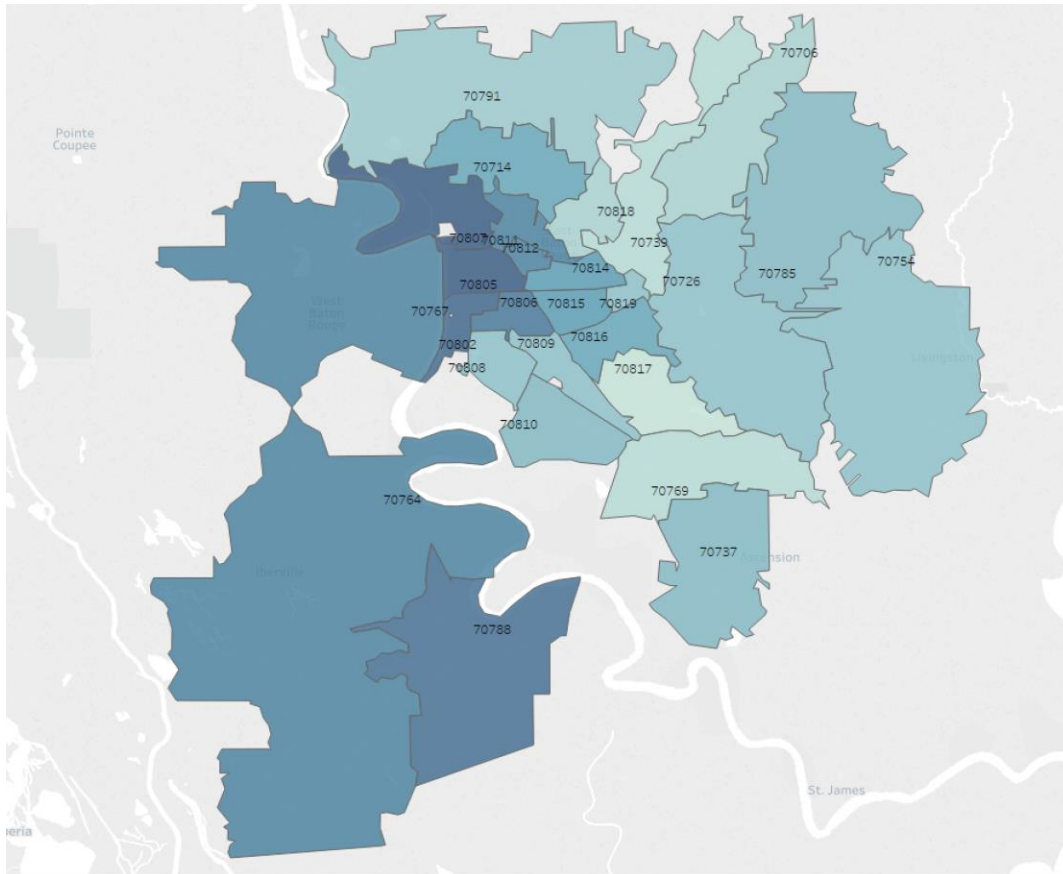
Tripp Umbach obtained data through Truven Health Analytics to quantify the severity of health disparities for ZIP codes in Ochsner Medical Center Baton Rouge's service area. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies.

The Community Need Index (CNI) data source was also 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.

Ochsner Baton Rouge provides services to communities throughout Southern Louisiana. The community health assessment fell into four parishes: Ascension, East Baton Rouge, Iberville, and Livingston parishes.

In 2017, of the 27 ZIP codes within the Baton Rouge study area, ZIP codes 70805 and 70807 in Baton Rouge report the highest CNI score at 5.0 in 2017. (See Map 5).

Map 5: Ochsner Medical Center – Baton Rouge Overall Study Area (11 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)

Table 16 illustrates the specific breakout from each ZIP code within the study area. ZIP code 70805 (Baton Rouge) in East Baton Rouge and 70807 Baton Rouge reported a 5.0 CNI score; while on the polar end ZIP code 70817 (Baton Rouge) in East Baton Rouge Parish reported a 2.0 CNI score.

Table 16: Ochsner Medical Center - Baton Rouge Regional Study Area (CNI Score Breakouts)

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minorit.	No HS Dip.	Unempl.	Uninsur.	Rent
70805	Baton Rouge	East Baton Rouge	26.28%	41.23%	50.31%	0.71%	96.07%	23.64%	13.66%	11.87%	55.25%
70807	Baton Rouge	East Baton Rouge	30.18%	44.37%	59.71%	0.22%	96.54%	23.95%	16.88%	12.47%	50.25%
70802	Baton Rouge	East Baton Rouge	25.32%	40.92%	47.68%	1.14%	80.95%	20.45%	11.64%	12.76%	63.34%
70788	White Castle	Iberville	19.10%	34.03%	59.38%	0.96%	69.92%	26.18%	12.44%	10.05%	31.44%
70806	Baton Rouge	East Baton Rouge	14.10%	26.41%	51.39%	2.25%	57.47%	15.36%	11.11%	9.61%	56.83%
70764	Plaquemine	Iberville	18.09%	23.54%	43.04%	0.72%	48.17%	21.23%	7.79%	8.00%	23.99%
70767	Port Allen	West Baton Rouge	13.83%	25.88%	52.94%	1.11%	47.86%	19.62%	7.24%	6.39%	28.93%
70811	Baton Rouge	East Baton Rouge	19.43%	26.39%	47.78%	1.00%	87.32%	16.79%	9.55%	7.48%	27.58%
70812	Baton Rouge	East Baton Rouge	28.93%	29.28%	49.73%	2.06%	96.95%	18.05%	11.82%	9.27%	28.88%
70814	Baton Rouge	East Baton Rouge	9.20%	17.90%	34.89%	1.93%	88.07%	10.11%	8.24%	5.74%	25.86%
70815	Baton Rouge	East Baton Rouge	8.43%	22.19%	44.81%	3.81%	67.05%	11.03%	7.68%	7.18%	34.00%
70714	Baker	East Baton Rouge	10.22%	20.08%	41.30%	0.41%	72.77%	12.02%	7.41%	6.44%	24.66%
70816	Baton Rouge	East Baton Rouge	8.50%	20.76%	41.43%	2.06%	56.86%	8.72%	5.36%	5.47%	49.71%
70737	Gonzales	Ascension	9.27%	17.22%	40.87%	1.96%	36.44%	12.20%	6.07%	4.95%	23.50%
70785	Walker	Livingston	11.39%	17.93%	37.15%	0.11%	9.80%	17.45%	7.55%	4.50%	19.96%
70810	Baton Rouge	East Baton Rouge	5.60%	15.19%	43.63%	1.28%	44.23%	5.49%	4.12%	4.92%	31.51%
70726	Denham Springs	Livingston	9.18%	11.39%	28.93%	1.01%	17.08%	15.35%	7.18%	3.52%	24.39%
70754	Livingston	Livingston	16.49%	12.62%	43.21%	0.05%	7.87%	21.13%	4.79%	4.36%	17.07%
70808	Baton Rouge	East Baton Rouge	7.87%	7.65%	17.56%	0.58%	23.70%	3.87%	4.40%	7.37%	42.31%
70809	Baton Rouge	East Baton Rouge	7.29%	11.88%	22.65%	0.83%	30.44%	4.56%	3.69%	4.62%	45.71%
70819	Baton Rouge	East Baton Rouge	3.72%	13.47%	33.52%	3.62%	67.92%	10.45%	3.87%	4.04%	24.25%
70791	Zachary	East Baton Rouge	9.03%	11.11%	23.87%	0.21%	42.61%	9.17%	5.21%	4.56%	18.23%
70706	Denham Springs	Livingston	12.28%	11.01%	41.13%	0.49%	8.90%	11.65%	5.57%	3.85%	12.12%

Zip	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minorit.	No HS Dip.	Unempl.	Uninsur.	Rent
70818	Baton Rouge	East Baton Rouge	5.16%	11.96%	32.41%	0.15%	20.01%	7.99%	5.44%	4.51%	17.76%
70739	Greenwell Springs	East Baton Rouge	8.20%	12.79%	36.07%	0.35%	14.93%	7.55%	5.05%	5.18%	15.40%
70769	Prairieville	Ascension	10.34%	8.37%	36.59%	0.32%	22.13%	7.86%	4.70%	3.43%	11.72%
70817	Baton Rouge	East Baton Rouge	4.64%	4.97%	11.66%	0.53%	27.38%	4.51%	4.53%	2.32%	22.82%

(continued)

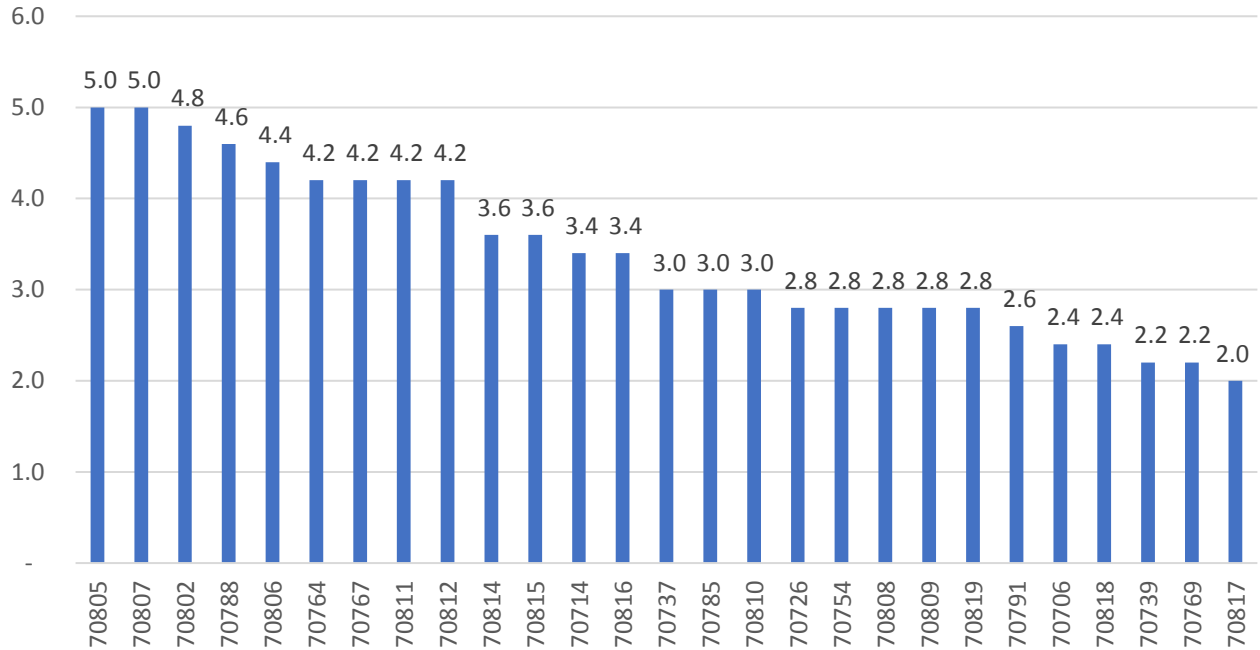
Table 17: Ochsner Medical Center - Baton Rouge Regional Study Area (CNI Scores)

Zip	City	Parish	Income	Culture	Education	Insurance	Housing	2017 CNI Score
70805	Baton Rouge	East Baton Rouge	5	5	5	5	5	5.0
70807	Baton Rouge	East Baton Rouge	5	5	5	5	5	5.0
70802	Baton Rouge	East Baton Rouge	4	5	5	5	5	4.8
70788	White Castle	Iberville	5	5	5	4	4	4.6
70806	Baton Rouge	East Baton Rouge	4	5	4	4	5	4.4
70764	Plaquemine	Iberville	4	5	5	4	3	4.2
70767	Port Allen	West Baton Rouge	4	5	5	3	4	4.2
70811	Baton Rouge	East Baton Rouge	4	5	4	4	4	4.2
70812	Baton Rouge	East Baton Rouge	4	5	4	4	4	4.2
70814	Baton Rouge	East Baton Rouge	3	5	3	3	4	3.6
70815	Baton Rouge	East Baton Rouge	3	5	3	3	4	3.6
70714	Baker	East Baton Rouge	3	5	3	3	3	3.4
70816	Baton Rouge	East Baton Rouge	3	5	2	2	5	3.4
70737	Gonzales	Ascension	3	4	3	2	3	3.0
70785	Walker	Livingston	3	3	4	2	3	3.0
70810	Baton Rouge	East Baton Rouge	3	5	1	2	4	3.0
70726	Denham Springs	Livingston	2	3	4	2	3	2.8
70754	Livingston	Livingston	3	2	5	2	2	2.8
70808	Baton Rouge	East Baton Rouge	1	4	1	3	5	2.8
70809	Baton Rouge	East Baton Rouge	2	4	1	2	5	2.8
70819	Baton Rouge	East Baton Rouge	2	5	3	1	3	2.8
70791	Zachary	East Baton Rouge	2	5	2	2	2	2.6
70706	Denham Springs	Livingston	3	3	3	2	1	2.4
70818	Baton Rouge	East Baton Rouge	2	4	2	2	2	2.4
70739	Greenwell Springs	East Baton Rouge	3	3	2	2	1	2.2
70769	Prairieville	Ascension	3	4	2	1	1	2.2
70817	Baton Rouge	East Baton Rouge	1	4	1	1	3	2.0

There are 13 ZIP codes that are above the 3.0 median for the Baton Rouge regional area profile.

ZIP code 70805 and 70807 in Baton Rouge reports the highest CNI score of the study area at 5.0 (high socioeconomic barriers to care). ZIP code 70817 in Baton Rouge reports the lowest CNI score of the study area at 2.0 (fewer barriers to care).

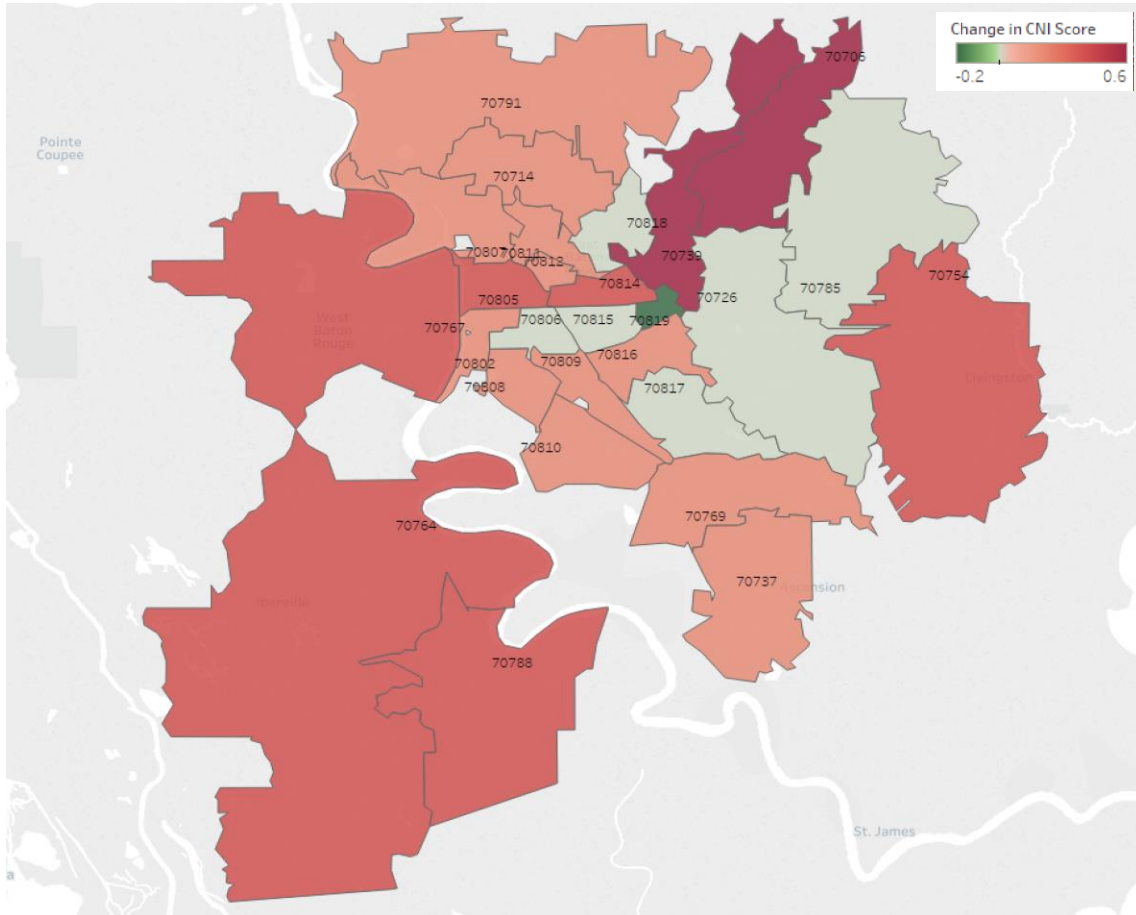
Chart 16: Ochsner Medical Center - Baton Rouge Overall Study Area 2017 (Overview)



Source: Truven Health Analytics

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 6.)

Map 6: Ochsner Medical Center – Baton Rouge 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)

Table 18 shows specific trending information related to the 27 ZIP codes in the Ochsner Medical Center – Baton Rouge study area.

- 20 experienced a rise in their CNI score from 2016 to 2017, indicating a shift to more socioeconomic barriers to care.
- 6 ZIP codes remained the same from 2016 to 2017.
- One ZIP code area (70819 – Baton Rouge) experienced a decline in their CNI score from 2016 to 2017, indicating a shift to fewer socioeconomic barriers to care.
- ZIP code areas 70706 and 70739 – Denham Springs and Greenwell Springs experienced the largest rises in CNI score (going from 1.8 to 2.4 in Denham Springs and going from 1.6 to 2.2 in Greenwell Springs).

Table 18: Ochsner Medical Center – Baton Rouge ZIP Code CNI List – 2016 to 2017 Comparison/Trend

Zip	City	Parish	2016 CNI Score	2017 CNI Score	Difference
70739	Greenwell Springs	East Baton Rouge	1.6	2.2	(0.60)
70706	Denham Springs	Livingston	1.8	2.4	(0.60)
70764	Plaquemine	Iberville	3.8	4.2	(0.40)
70767	Port Allen	West Baton Rouge	3.8	4.2	(0.40)
70805	Baton Rouge	East Baton Rouge	4.6	5.0	(0.40)
70754	Livingston	Livingston	2.4	2.8	(0.40)
70814	Baton Rouge	East Baton Rouge	3.2	3.6	(0.40)
70788	White Castle	Iberville	4.2	4.6	(0.40)
70737	Gonzales	Ascension	2.8	3.0	(0.20)
70769	Prairieville	Ascension	2.0	2.2	(0.20)
70791	Zachary	East Baton Rouge	2.4	2.6	(0.20)
70802	Baton Rouge	East Baton Rouge	4.6	4.8	(0.20)
70807	Baton Rouge	East Baton Rouge	4.8	5.0	(0.20)
70810	Baton Rouge	East Baton Rouge	2.8	3.0	(0.20)
70811	Baton Rouge	East Baton Rouge	4.0	4.2	(0.20)
70812	Baton Rouge	East Baton Rouge	4.0	4.2	(0.20)
70714	Baker	East Baton Rouge	3.2	3.4	(0.20)
70808	Baton Rouge	East Baton Rouge	2.6	2.8	(0.20)
70809	Baton Rouge	East Baton Rouge	2.6	2.8	(0.20)
70816	Baton Rouge	East Baton Rouge	3.2	3.4	(0.20)

Zip	City	Parish	2016 CNI Score	2017 CNI Score	Difference
70726	Denham Springs	Livingston	2.8	2.8	-
70785	Walker	Livingston	3.0	3.0	-
70806	Baton Rouge	East Baton Rouge	4.4	4.4	-
70815	Baton Rouge	East Baton Rouge	3.6	3.6	-
70817	Baton Rouge	East Baton Rouge	2.0	2.0	-
70818	Baton Rouge	East Baton Rouge	2.4	2.4	-
70819	Baton Rouge	East Baton Rouge	3.0	2.8	0.20

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 about 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).
- 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

Ochsner Medical Center – Baton Rouge together with over 90 hospitals, non-profit organizations, local businesses, schools, and governmental institutions are joined in collaboration to significantly impact the city's health priorities under the Healthy BR Initiative. Healthy BR brought together key stakeholders to work toward common goals designed to make Baton Rouge a healthier city as well as being an example of population health management.

As part of Healthy BR's community needs assessment process, the initiate identified emerging trends. Consultation with partner organizations, healthcare providers, and community members shaped the top 10 list of health priorities and reaffirmed the four central priorities of Healthy BR. Subject-matter experts presented information on each of the top ten health community needs:

- The Problem/Opportunity
- What work is in progress?
- How has our community been impacted?
- Past accomplishments
- Milestones to be accomplished and
- How success would be measured?

Following presentations on each community need, facilitated group brainstorm sessions were held to discuss SDOH impact, potential resources and partnerships, possible interventions, and new or current work related to each community need.

Multiple steps were implemented to ensure data was carefully analyzed and reviewed as part of the CHNA process. In summary, the top four significant community needs were chosen by evaluating primary and secondary data for trends by the CHNA work group.

Ochsner Medical Center – Baton Rouge identified their 2018 CHNA needs in union with Healthy BR. The top four regional needs are:

- A. Access to care
- B. Behavioral health (Mental Health & Substance Abuse)
- C. Health Living

D. Sexually Transmitted Infections (STI)/HIV

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 – Baton Rouge’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 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 – Baton Rouge 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 19: Community Stakeholders for Ochsner Medical Center – Baton Rouge Region (Listed alphabetically by last name)

Name	Organization
George Bell	Capital Area United Way
Ron Erickson	Central Chamber of Commerce
Bill Golden	Ochsner Health System Board of Trustees
Jared Hymowitz	City of Baton Rouge
Suzy Sonnier	Baton Rouge Health District

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

Table 20: 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
William Giannobile	Boys and Girls Club Westbank

Name	Organizations for Ochsner Health System
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 21: 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

	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
53.	Jewish Family Services

	Organization Name
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
86.	New Orleans Chamber of Commerce
87.	New Orleans Council on Aging

	Organization Name
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
119.	South Central Planning & Development Commission (SCPDC)
120.	St. John Council
121.	St. John Volunteer Citizen

	Organization Name
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 22: 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).
- 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: 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.

