Community Health Needs Assessment

Ochsner Medical Center
Ochsner Baptist Medical Center
Ochsner Medical Center – West Bank

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Introduction

Ochsner Medical Center is located on Jefferson Highway near Uptown New Orleans and includes acute and sub-acute facilities and centers of excellence: Ochsner Cancer Institute, Ochsner Multi-Organ Transplant Institute, and Ochsner Heart and Vascular Institute. Ochsner Medical Center is the main campus provider, with campuses in the East Bank and West Bank regions of Louisiana. Ochsner Baptist, a Campus of Ochsner Medical Center, serves East Bank communities, and Ochsner Medical Center – West Bank Campus (Ochsner West Bank) serves West Bank communities. For reporting purposes, Ochsner Baptist and Ochsner West Bank campuses are combined and included within Ochsner Medical Center main campus.

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 toward populations within the community. The execution of the implementation strategy plan is designed to increase and track the impact of each hospital's efforts.

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

The MHCNO CHNA was spread among 15 Louisiana parishes and two Mississippi counties. This large geographic area was broken into six regional areas to aid comparison and analysis of primary and secondary data through a regional approach. Ochsner Medical Center was included in the Jefferson Regional Profile, Ochsner Baptist within the New Orleans Regional Profile, and Ochsner West Bank within the West Bank Regional Profile. 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 of the community served by the hospital facilities, including those with special knowledge of public health issues and data related to underserved, hard-to-reach, vulnerable populations; and representatives of vulnerable populations served by each hospital.

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

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 PPACA, requiring that nonprofit hospitals conduct CHNAs every three years.

Data from government and social agencies provide a strong framework and a comprehensive view to the overall CHNA. The information collected, which includes socioeconomic information, health statistics, demographics, and mental health issues, is a snapshot of the health of residents in Southern Louisiana. The CHNA report is a summary of primary and secondary data collected for Ochsner Medical Center main, which includes Ochsner Baptist and Ochsner West Bank.

The requirements imposed by the IRS for tax-exempt hospitals and health systems 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 describe 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 affect 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 identified needs that the hospital intends to address, the reasons those needs were selected, and the means by which the hospital will undertake addressing the selected needs.[2]

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

Primary Service Area for Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank

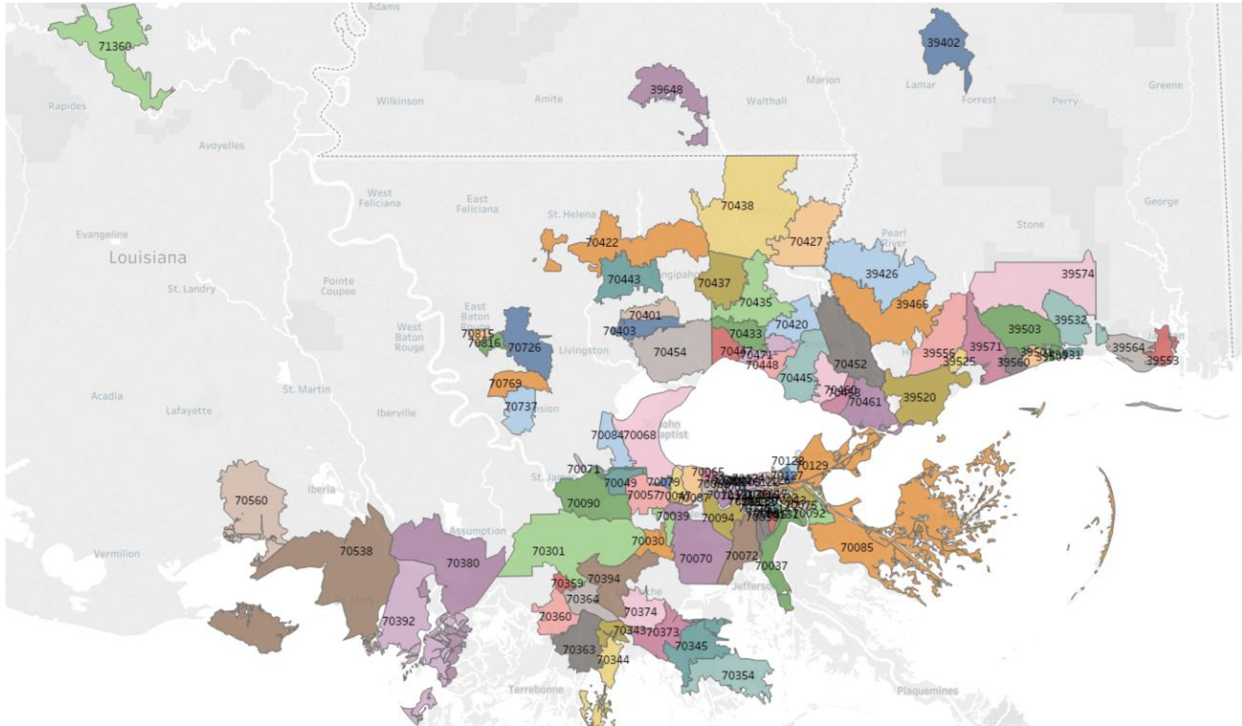
A comprehensive CHNA was completed for Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank which began in early 2018.

The primary service area for Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank was defined by ZIP codes that contain a majority (80 percent) of inpatient discharges from the health facility. In 2018, a total of 106 ZIP codes in 24 parishes/counties were identified for Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank service area as containing a majority of inpatient discharges. The CNI information is represented in the below map as well as on the following table. (See Map 1 and Table 1.)

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

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

Map 1: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank – Study Area



Note: Map is not to scale.

Source: Truven Health Analytics

Table 1: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank **– Study Area ZIP Codes**

ZIP Code	City	Parish/County
39402	Hattiesburg	Lamar County, MS
39426	Carriere	Pearl River County, MS
39466	Picayune	Pearl River County, MS
39501	Gulfport	Harrison County, MS
39503	Gulfport	Harrison County, MS
39507	Gulfport	Harrison County, MS
39520	Bay Saint Louis	Hancock County, MS
39525	Diamondhead	Hancock County, MS
39531	Biloxi	Harrison County, MS
39532	Biloxi	Harrison County, MS
39553	Gautier	Jackson County, MS
39556	Kiln	Hancock County, MS
39560	Long Beach	Harrison County, MS
39564	Ocean Springs	Jackson County, MS
39571	Pass Christian	Harrison County, MS
39574	Saucier	Harrison County, MS
39648	McComb	Pike County, MS
70001	Metairie	Jefferson Parish, LA
70002	Metairie	Jefferson Parish, LA
70003	Metairie	Jefferson Parish, LA
70005	Metairie	Jefferson Parish, LA
70006	Metairie	Jefferson Parish, LA
70030	Des Allemands	St. Charles Parish, LA
70032	Arabi	St. Bernard Parish, LA
70037	Belle Chasse	Plaquemines Parish, LA
70039	Boutte	St. Charles Parish, LA
70043	Chalmette	St. Bernard Parish, LA
70047	Destrehan	St. Charles Parish, LA
70049	Edgard	St. John the Baptist Parish, LA
70053	Gretna	Jefferson Parish, LA
70056	Gretna	Jefferson Parish, LA
70057	Hahnville	St. Charles Parish, LA
70058	Harvey	Jefferson Parish, LA
70062	Kenner	Jefferson Parish, LA
70065	Kenner	Jefferson Parish, LA
70068	LA Place	St. John the Baptist Parish, LA
70070	Luling	St. Charles Parish, LA
70071	Lutcher	St. James Parish, LA
70072	Marrero	Jefferson Parish, LA

ZIP Code	City	Parish/County
70075	Meraux	St. Bernard Parish, LA
70079	Norco	St. Charles Parish, LA
70084	Reserve	St. John the Baptist Parish, LA
70085	Saint Bernard	St. Bernard Parish, LA
70087	Saint Rose	St. Charles Parish, LA
70090	Vacherie	St. James Parish, LA
70092	Violet	St. Bernard Parish, LA
70094	Westwego	Jefferson Parish, LA
70113	New Orleans	Orleans Parish, LA
70114	New Orleans	Orleans Parish, LA
70115	New Orleans	Orleans Parish, LA
70116	New Orleans	Orleans Parish, LA
70117	New Orleans	Orleans Parish, LA
70118	New Orleans	Orleans Parish, LA
70119	New Orleans	Orleans Parish, LA
70121	New Orleans	Jefferson Parish, LA
70122	New Orleans	Orleans Parish, LA
70123	New Orleans	Jefferson Parish, LA
70124	New Orleans	Orleans Parish, LA
70125	New Orleans	Orleans Parish, LA
70126	New Orleans	Orleans Parish, LA
70127	New Orleans	Orleans Parish, LA
70128	New Orleans	Orleans Parish, LA
70129	New Orleans	Orleans Parish, LA
70130	New Orleans	Orleans Parish, LA
70131	New Orleans	Orleans Parish, LA
70301	Thibodaux	Lafourche Parish, LA
70343	Bourg	Terrebonne Parish, LA
70344	Chauvin	Terrebonne Parish, LA
70345	Cut Off	Lafourche Parish, LA
70354	Galliano	Lafourche Parish, LA
70359	Gray	Terrebonne Parish, LA
70360	Houma	Terrebonne Parish, LA
70363	Houma	Terrebonne Parish, LA
70364	Houma	Terrebonne Parish, LA
70373	Larose	Lafourche Parish, LA
70374	Lockport	Lafourche Parish, LA
70380	Morgan City	St. Mary Parish, LA
70392	Patterson	St. Mary Parish, LA
70394	Raceland	Lafourche Parish, LA
70401	Hammond	Tangipahoa Parish, LA
70403	Hammond	Tangipahoa Parish, LA
70420	Abita Springs	St. Tammany Parish, LA

ZIP Code	City	Parish/County
70422	Amite	Tangipahoa Parish, LA
70427	Bogalusa	Washington Parish, LA
70433	Covington	St. Tammany Parish, LA
70435	Covington	St. Tammany Parish, LA
70437	Folsom	St. Tammany Parish, LA
70438	Franklinton	Washington Parish, LA
70443	Independence	Tangipahoa Parish, LA
70445	Lacombe	St. Tammany Parish, LA
70447	Madisonville	St. Tammany Parish, LA
70448	Mandeville	St. Tammany Parish, LA
70452	Pearl River	St. Tammany Parish, LA
70454	Ponchatoula	Tangipahoa Parish, LA
70458	Slidell	St. Tammany Parish, LA
70460	Slidell	St. Tammany Parish, LA
70461	Slidell	St. Tammany Parish, LA
70471	Mandeville	St. Tammany Parish, LA
70538	Franklin	St. Mary Parish, LA
70560	New Iberia	Iberia Parish, LA
70726	Denham Springs	Livingston Parish, LA
70737	Gonzales	Ascension Parish, LA
70769	Prairieville	Ascension Parish, LA
70815	Baton Rouge	East Baton Rouge Parish, LA
70816	Baton Rouge	East Baton Rouge Parish, LA
71360	Pineville	Rapides Parish, LA

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

ZIP codes 39501 (Gulfport), 39648 (McComb), 70113 (New Orleans),70114 (New Orleans), and 70117 (New Orleans) reported a CNI score of 5.0 which indicated residents within these ZIP codes face high socioeconomic barriers to care.

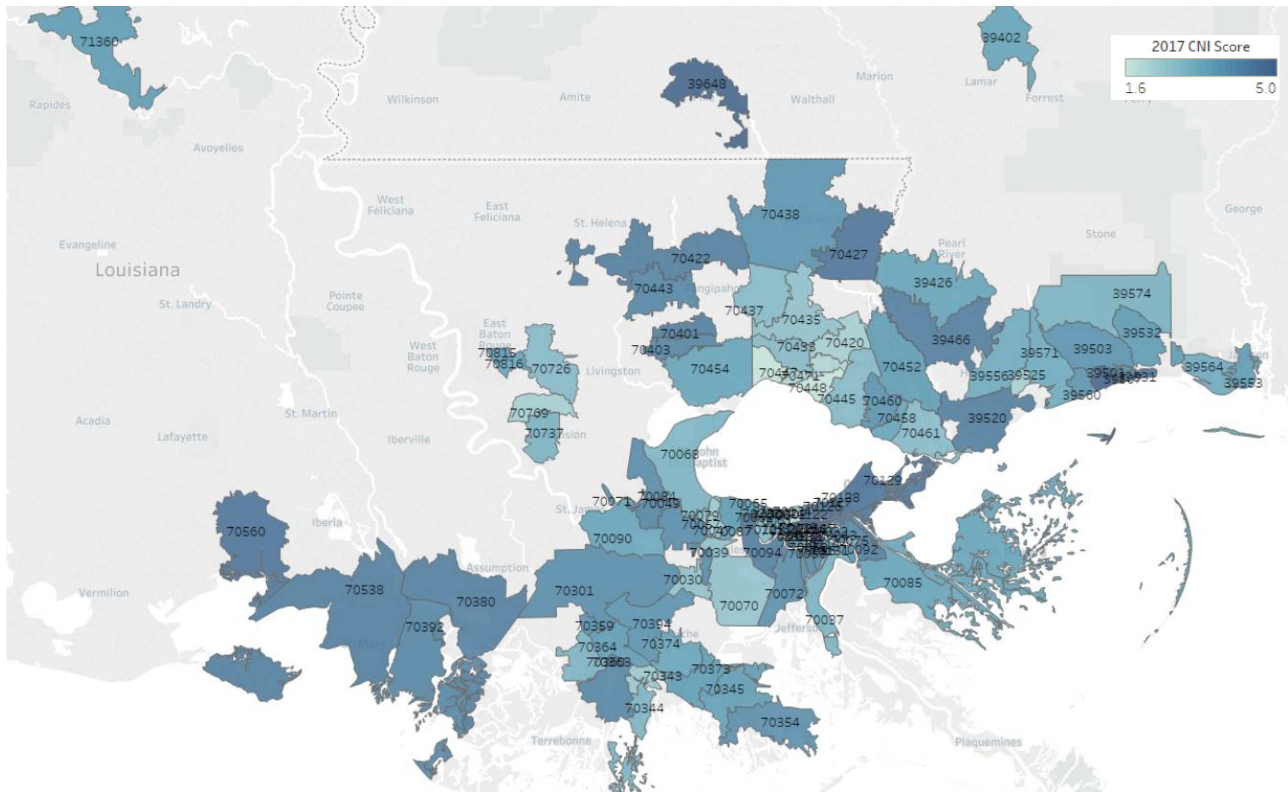
ZIP codes 70119, 70126, and 70127 in New Orleans reported the next highest CNI score of 4.8.

ZIP codes 39531 (Biloxi), 70053 (Gretna), 70062 (Kenner), 70116 (New Orleans), 70125 (New Orleans), 70129 (New Orleans), 70427 (Bogalusa), and 70560 (New Iberia) reported a CNI score of 4.6.

In 2017, there were 13 ZIP codes that held the most common CNI score of 3.6 which was found in: 39532 (Biloxi), 39553 (Gautier),70065 (Kenner),70087 (Saint Rose), 70115 (New Orleans),70121 (New Orleans), 70130 (New Orleans), 70345 (Cut Off), 70364 (Houma),70373 (Larose), 70452 (Pearl River), 70815 (Baton Rouge), and 71360 (Pineville).

Reviewing information related to Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank primary service area, ZIP codes 70447 (Madisonville) and 70448 (Mandeville) had a CNI score of 1.6; indicating residents face low socioeconomic barriers.

Map 2: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank – 2017 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 2: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank – 2017 CNI Data

ZIP Code	City	Parish/County	2017 CNI Score
39402	Hattiesburg	Lamar County, MS	3.4
39426	Carriere	Pearl River County, MS	3.4
39466	Picayune	Pearl River County, MS	4.4
39501	Gulfport	Harrison County, MS	5.0
39503	Gulfport	Harrison County, MS	3.8
39507	Gulfport	Harrison County, MS	4.2
39520	Bay Saint Louis	Hancock County, MS	4.4
39525	Diamondhead	Hancock County, MS	2.2
39531	Biloxi	Harrison County, MS	4.6
39532	Biloxi	Harrison County, MS	3.6
39553	Gautier	Jackson County, MS	3.6
39556	Kiln	Hancock County, MS	3.2
39560	Long Beach	Harrison County, MS	3.8
39564	Ocean Springs	Jackson County, MS	3.2
39571	Pass Christian	Harrison County, MS	3.2
39574	Saucier	Harrison County, MS	3.0
39648	McComb	Pike County, MS	5.0
70001	Metairie	Jefferson Parish, LA	3.4
70002	Metairie	Jefferson Parish, LA	4.0
70003	Metairie	Jefferson Parish, LA	3.0
70005	Metairie	Jefferson Parish, LA	2.8
70006	Metairie	Jefferson Parish, LA	3.2
70030	Des Allemands	St. Charles Parish, LA	2.6
70032	Arabi	St. Bernard Parish, LA	3.8
70037	Belle Chasse	Plaquemines Parish, LA	3.0
70039	Boutte	St. Charles Parish, LA	4.0
70043	Chalmette	St. Bernard Parish, LA	4.2
70047	Destrehan	St. Charles Parish, LA	2.4
70049	Edgard	St. John the Baptist Parish, LA	4.2
70053	Gretna	Jefferson Parish, LA	4.6
70056	Gretna	Jefferson Parish, LA	4.0
70057	Hahnville	St. Charles Parish, LA	4.0
70058	Harvey	Jefferson Parish, LA	4.0
70062	Kenner	Jefferson Parish, LA	4.6

ZIP Code	City	Parish/County	2017 CNI Score
70065	Kenner	Jefferson Parish, LA	3.6
70068	LA Place	St. John the Baptist Parish, LA	3.0
70070	Luling	St. Charles Parish, LA	2.6
70071	Lutcher	St. James Parish, LA	4.0
70072	Marrero	Jefferson Parish, LA	4.0
70075	Meraux	St. Bernard Parish, LA	3.0
70079	Norco	St. Charles Parish, LA	2.8
70084	Reserve	St. John the Baptist Parish, LA	4.0
70085	Saint Bernard	St. Bernard Parish, LA	3.4
70087	Saint Rose	St. Charles Parish, LA	3.6
70090	Vacherie	St. James Parish, LA	3.4
70092	Violet	St. Bernard Parish, LA	4.4
70094	Westwego	Jefferson Parish, LA	4.4
70113	New Orleans	Orleans Parish, LA	5.0
70114	New Orleans	Orleans Parish, LA	5.0
70115	New Orleans	Orleans Parish, LA	3.6
70116	New Orleans	Orleans Parish, LA	4.6
70117	New Orleans	Orleans Parish, LA	5.0
70118	New Orleans	Orleans Parish, LA	4.2
70119	New Orleans	Orleans Parish, LA	4.8
70121	New Orleans	Jefferson Parish, LA	3.6
70122	New Orleans	Orleans Parish, LA	4.2
70123	New Orleans	Jefferson Parish, LA	2.8
70124	New Orleans	Orleans Parish, LA	2.0
70125	New Orleans	Orleans Parish, LA	4.6
70126	New Orleans	Orleans Parish, LA	4.8
70127	New Orleans	Orleans Parish, LA	4.8
70128	New Orleans	Orleans Parish, LA	4.2
70129	New Orleans	Orleans Parish, LA	4.6
70130	New Orleans	Orleans Parish, LA	3.6
70131	New Orleans	Orleans Parish, LA	3.8
70301	Thibodaux	Lafourche Parish, LA	4.0
70343	Bourg	Terrebonne Parish, LA	2.4
70344	Chauvin	Terrebonne Parish, LA	3.0
70345	Cut Off	Lafourche Parish, LA	3.6
70354	Galliano	Lafourche Parish, LA	4.0
70359	Gray	Terrebonne Parish, LA	3.8

ZIP Code	City	Parish/County	2017 CNI Score
70360	Houma	Terrebonne Parish, LA	3.0
70363	Houma	Terrebonne Parish, LA	4.2
70364	Houma	Terrebonne Parish, LA	3.6
70373	Larose	Lafourche Parish, LA	3.6
70374	Lockport	Lafourche Parish, LA	3.4
70380	Morgan City	St. Mary Parish, LA	4.4
70392	Patterson	St. Mary Parish, LA	4.2
70394	Raceland	Lafourche Parish, LA	3.8
70401	Hammond	Tangipahoa Parish, LA	4.4
70403	Hammond	Tangipahoa Parish, LA	4.2
70420	Abita Springs	St. Tammany Parish, LA	2.2
70422	Amite	Tangipahoa Parish, LA	4.4
70427	Bogalusa	Washington Parish, LA	4.6
70433	Covington	St. Tammany Parish, LA	2.8
70435	Covington	St. Tammany Parish, LA	2.6
70437	Folsom	St. Tammany Parish, LA	2.8
70438	Franklinton	Washington Parish, LA	3.8
70443	Independence	Tangipahoa Parish, LA	4.2
70445	Lacombe	St. Tammany Parish, LA	2.8
70447	Madisonville	St. Tammany Parish, LA	1.6
70448	Mandeville	St. Tammany Parish, LA	1.6
70452	Pearl River	St. Tammany Parish, LA	3.6
70454	Ponchatoula	Tangipahoa Parish, LA	3.4
70458	Slidell	St. Tammany Parish, LA	3.4
70460	Slidell	St. Tammany Parish, LA	3.8
70461	Slidell	St. Tammany Parish, LA	2.8
70471	Mandeville	St. Tammany Parish, LA	2.0
70538	Franklin	St. Mary Parish, LA	4.4
70560	New Iberia	Iberia Parish, LA	4.6
70726	Denham Springs	Livingston Parish, LA	2.8
70737	Gonzales	Ascension Parish, LA	3.0
70769	Prairieville	Ascension Parish, LA	2.2
70815	Baton Rouge	East Baton Rouge Parish, LA	3.6
70816	Baton Rouge	East Baton Rouge Parish, LA	3.4
71360	Pineville	Rapides Parish, LA	3.6

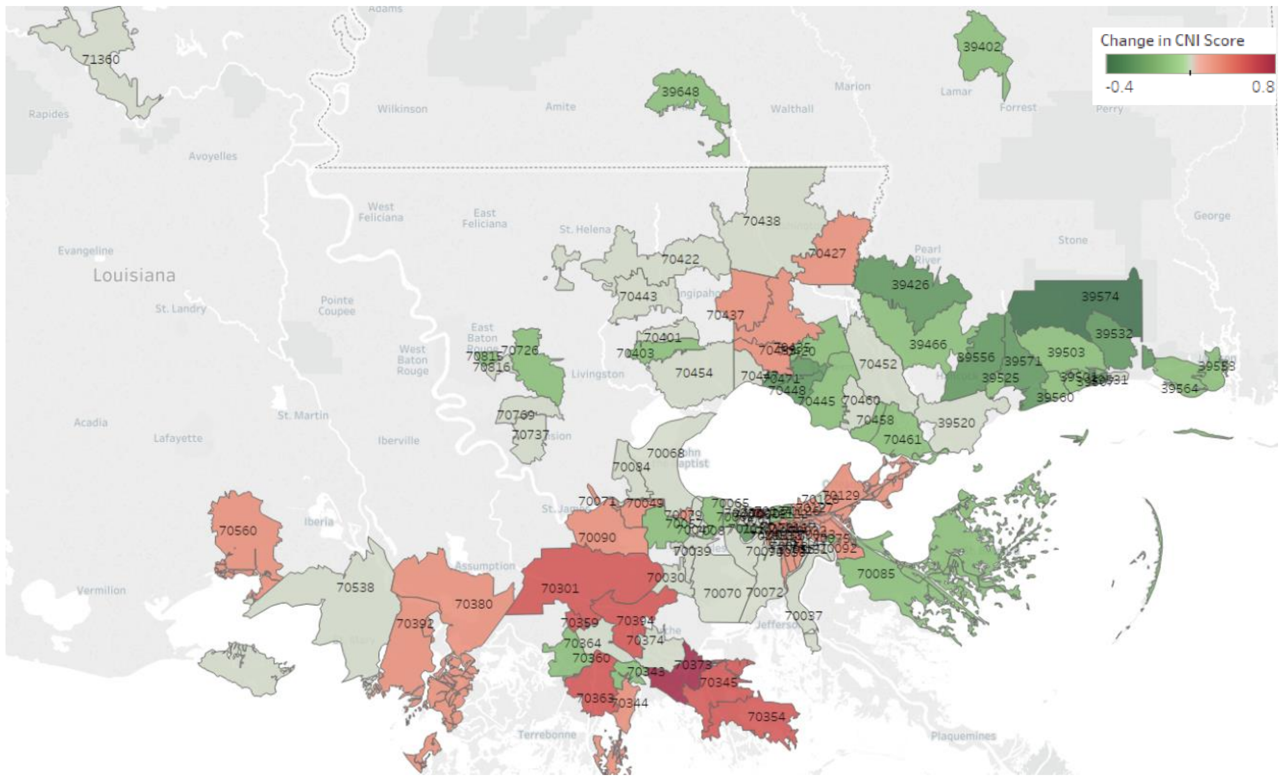
In reviewing scores from 2016 and 2017, the below map provides a geographic trending visual of the service area between the years. The light green to darker green color represents ZIP codes that have improved their overall CNI score. As the color changes certain ZIP codes face higher (worse) socioeconomic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

70373 - Larose reported the largest move between 2016 and 2017 with a 0.80 difference, indicating factors that contributed to residents facing more socioeconomic barriers to health care between the years. ZIP codes 70002 (Metairie), 70301 (Thibodaux), 70345 (Cut Off), 70354 (Galliano), 70363 (Houma), 70359 (Gray), and 70394 (Raceland) reported the next largest move at 0.60 difference.

39402 (Hattiesburg), 39466 (Picayune), 39501 (Gulfport), 39503 (Gulfport), 39525 (Diamondhead), 39553 (Gautier), 39560 (Long Beach), 39564 (Ocean Springs), 39648 (McComb), 70057 (Hahnville), 70062 (Kenner), 70075 (Meraux), 70085 (Saint Bernard), 70087 (Saint Rose), 70121(New Orleans), 70122 (New Orleans), 70124 (New Orleans), 70343 (Bourg), 70360 (Houma), 70403 (Hammond), 70420 (Abita Springs), 70445 (Lacombe), 70458 (Slidell), 70461 (Slidell), 70726 (Denham Springs), and 70815 (Baton Rouge) did not have a score change between the years.

39532 (Biloxi), 39556 (Kiln), 39571 (Pass Christian), 70448 (Mandeville), 39426 (Carriere), 39507 (Gulfport), 70123 (New Orleans), 70471 (Mandeville), and 39574 (Saucier) improved their ZIP code scores by -0.20 and -0.4. The move signifies factors between the years that have helped residents improve their accessibility to health care services. The move implies that small community changes have been implemented; therefore, benefiting community residents within those ZIP codes.

Map 3: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank – Trending Scores



Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

▲ 5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

▼ 1.99 to 1.00 (Low-socioeconomic barriers)

A total of 86 of the 106 ZIP code areas (81.1 percent) for the Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank study area were at or above the median score for the scale (3.0). Being above the median for the scale indicates that these ZIP code areas have more than the average number of barriers to health care access.

Table 3: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank – Trending Data

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
39402	Hattiesburg	Lamar County, MS	3.4	3.4	0.0
39426	Carriere	Pearl River County, MS	3.4	3.6	-0.2
39466	Picayune	Pearl River County, MS	4.4	4.4	0.0
39501	Gulfport	Harrison County, MS	5.0	5.0	0.0
39503	Gulfport	Harrison County, MS	3.8	3.8	0.0
39507	Gulfport	Harrison County, MS	4.2	4.4	-0.2
39520	Bay Saint Louis	Hancock County, MS	4.4	4.2	0.2
39525	Diamondhead	Hancock County, MS	2.2	2.2	0.0
39531	Biloxi	Harrison County, MS	4.6	4.4	0.2
39532	Biloxi	Harrison County, MS	3.6	3.8	-0.2
39553	Gautier	Jackson County, MS	3.6	3.6	0.0
39556	Kiln	Hancock County, MS	3.2	3.4	-0.2
39560	Long Beach	Harrison County, MS	3.8	3.8	0.0
39564	Ocean Springs	Jackson County, MS	3.2	3.2	0.0
39571	Pass Christian	Harrison County, MS	3.2	3.4	-0.2
39574	Saucier	Harrison County, MS	3.0	3.4	-0.4
39648	McComb	Pike County, MS	5.0	5.0	0.0
70001	Metairie	Jefferson Parish, LA	3.4	3.2	0.2
70002	Metairie	Jefferson Parish, LA	4.0	3.4	0.6
70003	Metairie	Jefferson Parish, LA	3.0	2.8	0.2
70005	Metairie	Jefferson Parish, LA	2.8	2.6	0.2
70006	Metairie	Jefferson Parish, LA	3.2	3.0	0.2
70030	Des Allemands	St. Charles Parish, LA	2.6	2.4	0.2
70032	Arabi	St. Bernard Parish, LA	3.8	3.4	0.4
70037	Belle Chasse	Plaquemines Parish, LA	3.0	2.8	0.2
70039	Boutte	St. Charles Parish, LA	4.0	3.8	0.2
70043	Chalmette	St. Bernard Parish, LA	4.2	3.8	0.4
70047	Destrehan	St. Charles Parish, LA	2.4	2.2	0.2
70049	Edgard	St. John the Baptist Parish, LA	4.2	3.8	0.4

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
70053	Gretna	Jefferson Parish, LA	4.6	4.4	**0.2**
70056	Gretna	Jefferson Parish, LA	4.0	3.6	**0.4**
70057	Hahnville	St. Charles Parish, LA	4.0	4.0	0.0
70058	Harvey	Jefferson Parish, LA	4.0	3.6	**0.4**
70062	Kenner	Jefferson Parish, LA	4.6	4.6	0.0
70065	Kenner	Jefferson Parish, LA	3.6	3.4	**0.2**
70068	LA Place	St. John the Baptist Parish, LA	3.0	2.8	**0.2**
70070	Luling	St. Charles Parish, LA	2.6	2.4	**0.2**
70071	Lutcher	St. James Parish, LA	4.0	3.6	**0.4**
70072	Marrero	Jefferson Parish, LA	4.0	3.8	**0.2**
70075	Meraux	St. Bernard Parish, LA	3.0	3.0	0.0
70079	Norco	St. Charles Parish, LA	2.8	2.4	**0.4**
70084	Reserve	St. John the Baptist Parish, LA	4.0	3.8	**0.2**
70085	Saint Bernard	St. Bernard Parish, LA	3.4	3.4	0.0
70087	Saint Rose	St. Charles Parish, LA	3.6	3.6	0.0
70090	Vacherie	St. James Parish, LA	3.4	3.0	**0.4**
70092	Violet	St. Bernard Parish, LA	4.4	4.0	**0.4**
70094	Westwego	Jefferson Parish, LA	4.4	4.2	**0.2**
70113	New Orleans	Orleans Parish, LA	5.0	4.8	**0.2**
70114	New Orleans	Orleans Parish, LA	5.0	4.6	**0.4**
70115	New Orleans	Orleans Parish, LA	3.6	3.4	**0.2**
70116	New Orleans	Orleans Parish, LA	4.6	4.2	**0.4**
70117	New Orleans	Orleans Parish, LA	5.0	4.6	**0.4**
70118	New Orleans	Orleans Parish, LA	4.2	3.8	**0.4**
70119	New Orleans	Orleans Parish, LA	4.8	4.4	**0.4**
70121	New Orleans	Jefferson Parish, LA	3.6	3.6	0.0
70122	New Orleans	Orleans Parish, LA	4.2	4.2	0.0
70123	New Orleans	Jefferson Parish, LA	2.8	3.0	**-0.2**
70124	New Orleans	Orleans Parish, LA	2.0	2.0	0.0
70125	New Orleans	Orleans Parish, LA	4.6	4.2	**0.4**
70126	New Orleans	Orleans Parish, LA	4.8	4.4	**0.4**
70127	New Orleans	Orleans Parish, LA	4.8	4.4	**0.4**
70128	New Orleans	Orleans Parish, LA	4.2	4.0	**0.2**
70129	New Orleans	Orleans Parish, LA	4.6	4.2	**0.4**
70130	New Orleans	Orleans Parish, LA	3.6	3.2	**0.4**
70131	New Orleans	Orleans Parish, LA	3.8	3.6	**0.2**
70301	Thibodaux	Lafourche Parish, LA	4.0	3.4	**0.6**
70343	Bourg	Terrebonne Parish, LA	2.4	2.4	0.0

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
70344	Chauvin	Terrebonne Parish, LA	3.0	2.6	0.4
70345	Cut Off	Lafourche Parish, LA	3.6	3.0	0.6
70354	Galliano	Lafourche Parish, LA	4.0	3.4	0.6
70359	Gray	Terrebonne Parish, LA	3.8	3.2	0.6
70360	Houma	Terrebonne Parish, LA	3.0	3.0	0.0
70363	Houma	Terrebonne Parish, LA	4.2	3.6	0.6
70364	Houma	Terrebonne Parish, LA	3.6	3.4	0.2
70373	Larose	Lafourche Parish, LA	3.6	2.8	0.8
70374	Lockport	Lafourche Parish, LA	3.4	3.2	0.2
70380	Morgan City	St. Mary Parish, LA	4.4	4.0	0.4
70392	Patterson	St. Mary Parish, LA	4.2	3.8	0.4
70394	Raceland	Lafourche Parish, LA	3.8	3.2	0.6
70401	Hammond	Tangipahoa Parish, LA	4.4	4.2	0.2
70403	Hammond	Tangipahoa Parish, LA	4.2	4.2	0.0
70420	Abita Springs	St. Tammany Parish, LA	2.2	2.2	0.0
70422	Amite	Tangipahoa Parish, LA	4.4	4.2	0.2
70427	Bogalusa	Washington Parish, LA	4.6	4.2	0.4
70433	Covington	St. Tammany Parish, LA	2.8	2.4	0.4
70435	Covington	St. Tammany Parish, LA	2.6	2.2	0.4
70437	Folsom	St. Tammany Parish, LA	2.8	2.4	0.4
70438	Franklinton	Washington Parish, LA	3.8	3.6	0.2
70443	Independence	Tangipahoa Parish, LA	4.2	4.0	0.2
70445	Lacombe	St. Tammany Parish, LA	2.8	2.8	0.0
70447	Madisonville	St. Tammany Parish, LA	1.6	1.4	0.2
70448	Mandeville	St. Tammany Parish, LA	1.6	1.8	-0.2
70452	Pearl River	St. Tammany Parish, LA	3.6	3.4	0.2
70454	Ponchatoula	Tangipahoa Parish, LA	3.4	3.2	0.2
70458	Slidell	St. Tammany Parish, LA	3.4	3.4	0.0
70460	Slidell	St. Tammany Parish, LA	3.8	3.6	0.2
70461	Slidell	St. Tammany Parish, LA	2.8	2.8	0.0
70471	Mandeville	St. Tammany Parish, LA	2.0	2.2	-0.2
70538	Franklin	St. Mary Parish, LA	4.4	4.2	0.2
70560	New Iberia	Iberia Parish, LA	4.6	4.2	0.4
70726	Denham Springs	Livingston Parish, LA	2.8	2.8	0.0
70737	Gonzales	Ascension Parish, LA	3.0	2.8	0.2
70769	Prairieville	Ascension Parish, LA	2.2	2.0	0.2
70815	Baton Rouge	East Baton Rouge Parish, LA	3.6	3.6	0.0

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
70816	Baton Rouge	East Baton Rouge Parish, LA	3.4	3.2	**0.2**
71360	Pineville	Rapides Parish, LA	3.6	3.4	**0.2**

For the study area, there are five ZIP code areas with CNI scores of 5.0, indicating significant barriers to health care access. These ZIP code areas are: 39501 (Gulfport), 39648 (McComb), 70113 (New Orleans), 70114 (New Orleans), and 70117 (New Orleans).

- ZIP code 70113 – New Orleans reported the highest rates in the study area for impoverished seniors 65 years old or older (42.79 percent), impoverished single residents with children (71.27 percent), and residents who rent their homes (77.80 percent).
- ZIP code 70116 – New Orleans reported the highest rates in the study area for children living in poverty (55.98 percent).
- ZIP code 39501 – Gulfport reported the highest rates in the study area for residents who were uninsured (27.16 percent).
- ZIP code 70129 – New Orleans reported the highest rates in the study area for residents who have limited English proficiency (18.19 percent).
- ZIP code 70128 – New Orleans reported the highest rates in the study area for residents who identify as being a minority (97.79 percent).
- ZIP code 70354 – Galliano reported the highest rates in the study area for residents without a high school diploma (36.26 percent).
- ZIP code 70538 – Franklin reported the highest rates in the study area for residents who were unemployed (18.19 percent).

On the other end of the spectrum, the lowest CNI score for the study area is 1.6 in 70447 (Madisonville) and 70448 (Mandeville).

- ZIP code 70447 – Madisonville reported the lowest rates for residents who were uninsured (2.05 percent) and residents who rent their homes (10.52 percent).
- ZIP code 70343 – Bourg reported the lowest rates for residents who were unemployed (1.96 percent).
- ZIP code 39525 – Diamondhead reported the lowest rates of impoverished seniors 65 years and older (4.09 percent)
- ZIP code 39426 – Carriere reported the lowest rates of residents who have limited English proficiency (0.06 percent).

- ZIP code 39556 – Kiln reported the lowest rates of residents who identify as being a minority (8.11 percent).
- ZIP code 70448 – Mandeville reported the lowest rates of impoverished children (3.28 percent) and impoverished single residents with children (9.05 percent).

Table 4: Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank – 2017 CNI Data

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
39402	Hattiesburg	9.09%	16.70%	36.17%	0.65%	34.50%	6.18%	6.07%	11.71%	37.76%
39426	Carriere	14.90%	28.12%	63.34%	0.06%	9.53%	14.98%	10.87%	11.68%	14.49%
39466	Picayune	14.33%	30.47%	60.69%	0.13%	24.14%	19.07%	11.95%	16.57%	27.01%
39501	Gulfport	23.81%	42.75%	57.58%	1.35%	66.44%	24.67%	14.03%	27.16%	54.83%
39503	Gulfport	10.05%	22.42%	42.02%	0.48%	39.04%	13.18%	8.67%	13.69%	29.23%
39507	Gulfport	14.79%	27.40%	45.90%	2.01%	31.80%	10.83%	7.95%	16.86%	46.56%
39520	Bay Saint Louis	10.55%	31.83%	45.69%	0.85%	22.62%	17.12%	14.34%	17.79%	34.27%
39525	Diamondhead	4.09%	17.10%	48.62%	0.21%	10.30%	3.48%	4.05%	5.78%	12.11%
39531	Biloxi	12.34%	28.26%	46.80%	2.28%	41.55%	14.01%	8.42%	17.03%	64.05%
39532	Biloxi	7.06%	13.35%	29.90%	1.92%	26.78%	11.97%	8.05%	9.75%	35.06%
39553	Gautier	6.05%	19.79%	31.99%	2.31%	45.12%	9.01%	9.48%	10.78%	30.26%
39556	Kiln	12.79%	19.93%	46.76%	0.20%	8.11%	17.25%	8.81%	12.75%	14.87%
39560	Long Beach	12.08%	18.81%	34.13%	1.79%	19.12%	13.69%	9.26%	12.54%	31.91%
39564	Ocean Springs	9.44%	13.99%	30.21%	0.80%	22.82%	7.00%	6.29%	8.57%	27.16%
39571	Pass Christian	11.63%	13.20%	28.03%	0.86%	22.39%	14.03%	8.19%	11.87%	18.01%
39574	Saucier	10.68%	17.70%	46.49%	0.40%	11.39%	15.19%	7.85%	11.86%	15.53%
39648	McComb	20.56%	33.05%	54.52%	1.23%	62.71%	22.07%	9.82%	18.51%	38.20%
70001	Metairie	13.12%	19.18%	41.15%	5.46%	33.30%	11.67%	5.05%	5.64%	50.43%
70002	Metairie	11.68%	18.60%	49.80%	7.89%	42.08%	12.24%	6.77%	5.78%	46.68%
70003	Metairie	10.64%	16.72%	36.46%	3.97%	30.77%	12.34%	6.80%	4.64%	24.37%
70005	Metairie	8.57%	7.21%	24.68%	3.88%	17.53%	7.43%	5.00%	4.69%	37.11%
70006	Metairie	7.67%	13.62%	35.28%	5.92%	36.56%	10.30%	6.93%	4.39%	34.06%
70030	Des Allemands	5.73%	14.19%	38.92%	0.44%	14.35%	15.94%	5.23%	5.91%	13.89%
70032	Arabi	9.95%	28.29%	38.66%	1.91%	36.71%	15.67%	9.76%	7.26%	32.44%
70037	Belle Chasse	13.61%	10.39%	23.90%	1.30%	26.64%	14.54%	3.80%	3.45%	32.94%
70039	Boutte	4.79%	20.00%	53.64%	0.91%	62.90%	15.97%	11.86%	5.23%	31.21%

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
70043	Chalmette	9.79%	25.91%	54.46%	3.12%	38.19%	15.55%	10.49%	7.27%	42.13%
70047	Destrehan	22.45%	8.62%	22.00%	1.58%	32.67%	8.76%	9.69%	3.52%	18.66%
70049	Edgard	26.44%	23.36%	45.16%	0.19%	95.09%	17.14%	15.95%	10.29%	22.62%
70053	Gretna	14.41%	35.04%	51.14%	6.59%	56.06%	24.37%	9.00%	8.45%	52.51%
70056	Gretna	9.32%	22.68%	45.59%	5.82%	63.48%	13.91%	5.95%	5.08%	40.17%
70057	Hahnville	23.95%	30.38%	50.70%	0.67%	54.19%	23.91%	12.90%	7.25%	18.24%
70058	Harvey	18.54%	24.38%	41.83%	5.47%	75.52%	19.97%	5.32%	6.98%	30.69%
70062	Kenner	26.27%	28.45%	48.83%	8.67%	63.36%	24.87%	12.35%	7.79%	48.96%
70065	Kenner	6.28%	13.98%	39.42%	6.92%	51.54%	12.03%	5.85%	4.29%	36.66%
70068	LA Place	13.60%	14.40%	22.33%	1.27%	60.43%	18.59%	8.40%	4.61%	19.26%
70070	Luling	4.94%	13.05%	34.77%	0.60%	24.26%	10.83%	6.45%	4.23%	17.01%
70071	Lutcher	26.29%	20.99%	49.71%	0.39%	52.79%	16.89%	14.47%	6.47%	20.84%
70072	Marrero	20.31%	25.43%	51.58%	2.53%	55.34%	21.84%	5.70%	6.78%	24.34%
70075	Meraux	8.41%	10.95%	37.56%	0.77%	28.33%	17.32%	7.77%	4.52%	17.12%
70079	Norco	11.35%	22.27%	54.90%	0.56%	14.97%	12.08%	4.73%	4.24%	19.54%
70084	Reserve	11.82%	29.46%	50.28%	0.93%	58.74%	23.69%	13.44%	4.98%	24.16%
70085	Saint Bernard	11.34%	21.41%	33.33%	0.08%	25.50%	25.32%	17.06%	7.23%	13.26%
70087	Saint Rose	21.81%	13.46%	25.54%	3.07%	56.00%	16.75%	9.34%	5.68%	33.75%
70090	Vacherie	10.17%	19.75%	48.61%	0.61%	56.41%	19.34%	12.02%	4.06%	15.12%
70092	Violet	10.63%	29.87%	60.08%	0.25%	59.90%	22.61%	15.16%	6.90%	21.31%
70094	Westwego	14.81%	30.69%	47.97%	2.48%	58.35%	22.51%	11.64%	7.26%	30.95%
70113	New Orleans	42.79%	51.97%	71.27%	3.91%	83.12%	29.66%	17.16%	17.68%	77.80%
70114	New Orleans	28.57%	42.40%	64.06%	1.46%	81.22%	20.36%	13.33%	12.30%	56.53%
70115	New Orleans	15.94%	22.43%	49.27%	1.73%	35.91%	8.32%	7.04%	7.19%	56.67%
70116	New Orleans	21.96%	55.98%	69.23%	2.08%	55.36%	14.20%	12.17%	10.32%	67.32%
70117	New Orleans	28.71%	43.03%	54.89%	0.82%	78.11%	21.73%	11.48%	12.88%	50.26%
70118	New Orleans	20.14%	28.24%	46.58%	1.30%	44.72%	11.21%	8.99%	9.94%	54.59%
70119	New Orleans	30.52%	45.70%	65.56%	3.28%	69.78%	17.00%	12.21%	12.15%	67.01%
70121	New Orleans	13.19%	19.80%	39.37%	4.10%	38.24%	14.04%	7.40%	5.14%	45.95%
70122	New Orleans	20.43%	30.54%	48.50%	0.78%	86.55%	13.35%	11.03%	10.84%	38.16%
70123	New Orleans	11.01%	10.90%	27.96%	1.07%	21.30%	7.69%	3.21%	3.98%	39.96%
70124	New Orleans	9.65%	4.19%	13.87%	1.16%	16.77%	3.10%	3.56%	4.00%	32.08%
70125	New Orleans	26.96%	39.76%	56.41%	1.98%	66.85%	15.52%	11.11%	11.62%	54.94%
70126	New Orleans	14.17%	49.95%	58.10%	1.23%	95.31%	17.31%	16.75%	14.36%	45.48%
70127	New Orleans	28.20%	45.51%	63.25%	1.56%	97.41%	15.18%	12.43%	13.61%	48.87%
70128	New Orleans	21.85%	33.29%	50.00%	2.22%	97.79%	14.20%	8.94%	10.20%	31.19%
70129	New Orleans	28.71%	39.05%	71.03%	18.19%	89.14%	29.40%	11.04%	10.41%	33.28%
70130	New Orleans	20.73%	19.70%	50.00%	1.29%	37.59%	8.12%	7.19%	6.97%	68.26%

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
70131	New Orleans	10.37%	19.09%	40.51%	2.68%	74.44%	10.37%	8.64%	6.63%	42.45%
70301	Thibodaux	11.93%	20.21%	49.80%	0.99%	28.43%	21.71%	7.24%	5.97%	29.81%
70343	Bourg	19.69%	12.18%	17.89%	1.08%	15.60%	20.10%	1.96%	4.20%	11.11%
70344	Chauvin	16.75%	22.67%	21.05%	1.24%	14.65%	34.59%	10.42%	6.21%	15.93%
70345	Cut Off	14.64%	18.30%	46.63%	3.48%	21.53%	28.26%	9.28%	5.57%	19.63%
70354	Galliano	24.99%	27.46%	46.12%	6.10%	21.43%	36.26%	8.80%	7.57%	21.90%
70359	Gray	8.95%	24.23%	53.13%	2.14%	37.46%	26.38%	7.94%	6.02%	20.15%
70360	Houma	7.45%	15.07%	45.85%	0.93%	25.79%	12.88%	3.63%	3.79%	29.15%
70363	Houma	8.71%	32.94%	43.75%	1.18%	48.44%	31.69%	8.51%	6.73%	28.62%
70364	Houma	10.72%	24.61%	54.48%	1.97%	28.81%	19.16%	5.17%	5.33%	32.62%
70373	Larose	19.12%	21.22%	50.00%	3.78%	22.96%	28.64%	8.01%	6.48%	18.04%
70374	Lockport	17.82%	20.88%	50.93%	5.17%	14.61%	22.97%	4.14%	5.48%	24.64%
70380	Morgan City	15.70%	31.96%	58.23%	3.21%	34.09%	27.77%	10.88%	6.70%	32.00%
70392	Patterson	21.05%	17.86%	46.51%	0.58%	43.24%	25.40%	8.39%	6.17%	30.31%
70394	Raceland	14.27%	25.92%	48.13%	1.26%	28.04%	23.85%	7.13%	5.45%	20.30%
70401	Hammond	14.74%	30.00%	54.99%	1.49%	47.16%	15.87%	11.26%	9.03%	47.67%
70403	Hammond	14.67%	31.20%	55.08%	0.50%	40.66%	18.16%	9.57%	8.99%	34.59%
70420	Abita Springs	7.28%	12.74%	33.15%	1.06%	15.30%	12.67%	8.42%	4.54%	15.65%
70422	Amite	20.09%	32.89%	56.78%	0.80%	49.02%	23.72%	15.85%	8.87%	24.60%
70427	Bogalusa	16.85%	34.35%	64.14%	1.68%	39.02%	21.72%	17.00%	10.55%	31.68%
70433	Covington	8.52%	14.55%	44.35%	1.53%	18.21%	10.01%	6.86%	4.08%	22.21%
70435	Covington	10.47%	17.69%	50.32%	0.58%	14.67%	12.40%	6.38%	4.34%	12.40%
70437	Folsom	9.68%	18.21%	51.27%	1.13%	16.50%	13.59%	6.96%	4.36%	12.98%
70438	Franklinton	23.46%	18.88%	40.71%	0.84%	28.39%	24.02%	12.15%	8.26%	20.76%
70443	Independence	25.25%	32.84%	62.50%	1.56%	35.43%	22.98%	13.09%	9.34%	22.02%
70445	Lacombe	15.46%	14.89%	44.19%	0.87%	31.72%	18.66%	8.66%	4.46%	14.10%
70447	Madisonville	11.13%	5.40%	25.91%	0.22%	10.99%	4.24%	4.83%	2.05%	10.52%
70448	Mandeville	8.69%	3.28%	9.05%	0.67%	13.69%	5.20%	5.80%	2.64%	19.03%
70452	Pearl River	11.23%	28.11%	49.68%	0.51%	13.10%	20.50%	8.69%	6.30%	19.97%
70454	Ponchatoula	17.15%	15.85%	32.80%	0.23%	20.99%	13.52%	8.38%	6.43%	22.06%
70458	Slidell	12.83%	18.00%	50.09%	0.92%	26.74%	13.26%	7.78%	3.55%	26.36%
70460	Slidell	10.66%	22.56%	49.64%	1.06%	40.85%	17.06%	9.69%	5.01%	21.51%
70461	Slidell	11.38%	10.89%	26.85%	2.18%	33.45%	10.60%	8.55%	3.66%	24.05%
70471	Mandeville	14.80%	3.89%	10.36%	0.74%	11.67%	5.94%	4.42%	3.63%	26.07%
70538	Franklin	16.97%	28.24%	44.75%	1.46%	54.18%	23.40%	18.19%	7.80%	27.02%
70560	New Iberia	20.63%	24.70%	43.64%	2.69%	46.77%	25.90%	10.55%	6.99%	34.74%
70726	Denham Springs	9.18%	11.39%	28.93%	1.01%	17.08%	15.35%	7.18%	3.52%	24.39%
70737	Gonzales	9.27%	17.22%	40.87%	1.96%	36.44%	12.20%	6.07%	4.95%	23.50%

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
70769	Prairieville	10.34%	8.37%	36.59%	0.32%	22.13%	7.86%	4.70%	3.43%	11.72%
70815	Baton Rouge	8.43%	22.19%	44.81%	3.81%	67.05%	11.03%	7.68%	7.18%	34.00%
70816	Baton Rouge	8.50%	20.76%	41.43%	2.06%	56.86%	8.72%	5.36%	5.47%	49.71%
71360	Pineville	12.79%	19.49%	40.32%	0.52%	23.67%	14.70%	6.47%	6.64%	31.55%

Methodology

A comprehensive CHNA process was performed for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank included the collection of primary and secondary data. Community organizations and leaders within the eight-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 organizational structure of the Ochsner Medical Center main campus includes Ochsner Baptist and Ochsner Medical Center – West Bank for tax-reporting purposes. The analysis identified three separate and distinct geographic regions for each hospital. The Ochsner Medical Center main campus is located in the Jefferson Region, Ochsner Baptist is located in the New Orleans Region, and Ochsner West Bank is located in the West Bank Region. During the CHNA process, data were collected and analyzed individually for each of the three health facilities due to their distinct geographic regions. For reporting purposes, the Ochsner Medical Center main campus, Ochsner Baptist, and Ochsner Medical Center – West Bank are included within this document, and information related to the individual health facility will be reported along with their defined geographic region.

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 on the health providers' community regarding the care and services they provide. Community representatives and stakeholders attended a community forum facilitated by Tripp Umbach to prioritize health needs, which will assist in the implementation and planning phase. A resource inventory was generated to highlight available programs and services within the service area. The resource inventory identifies available organizations and agencies that serve the region within each of the priority needs.

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

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

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

The health care environment is characterized by change and uncertainty. As change and uncertainty deepen, hospitals and health systems must continually enhance their ability to ensure value to their members and to assist diverse members with strategies and tools for improving the health of the population. Tripp Umbach facilitated the development of a comprehensive regional community health needs assessment approach for MHCNO and their partner hospitals to advance community health, promote wellness and prevention, and mobilize community partners to participate in addressing health and well-being of the population. Tripp Umbach has found that community and regional CHNAs often bring about a greater understanding of the shared health issues across a community as well as opportunities for health systems and community organizations to share data and work collaboratively to address the health needs of the community.

As such, the CHNA was developed through a regional approach. In total, six geographic profiles emerged based on the location and primary service area of each participating hospital. The regional profiles were: Baton Rouge, Jefferson, New Orleans, North Shore, West Bank, and St. Anne (Raceland)/Lafourche region. Five community forums were conducted within the respective regional areas.[5]

Ochsner West Bank is located in the West Bank region, Ochsner North Shore is located in the North Shore region, Ochsner Baptist is located in the New Orleans region, Ochsner Behavioral, Ochsner Rehabilitation, Ochsner Kenner, and Ochsner Main are located in the Jefferson region, Ochsner St Anne is located in the St. Anne (Lafourche/Raceland) region, and Ochsner Baton Rouge is located in the Baton Rouge study regions; therefore, the results from the community forums were also reflective of the hospital/health institution within those respective regions. For reporting purposes, Tripp Umbach reported data based on a regional approach which encompassed parishes which may not necessarily be reflective of Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank

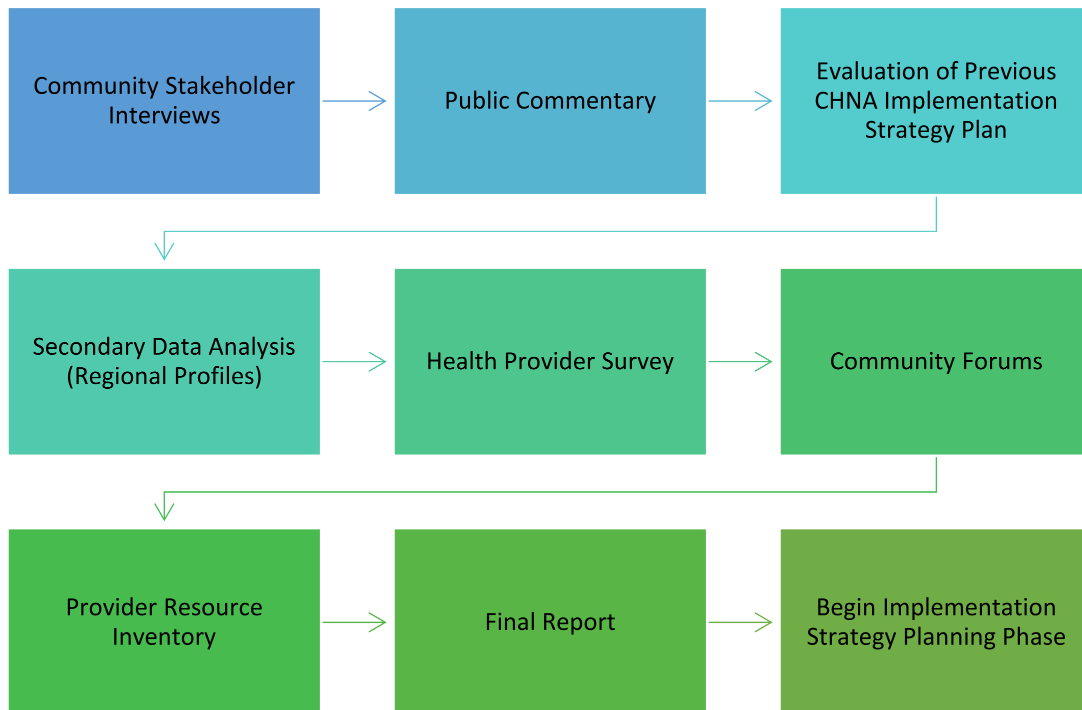
[5] A Baton Rouge community forum was not conducted by Tripp Umbach as the city of Baton Rouge is currently conducting an independent CHNA. Ochsner Medical Center – Baton Rouge is in a collaborative partnership with over 90 hospitals, non-profit organizations, local businesses, schools, and governmental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

specifically; however, the data and information is reflective of the health care institutions within those respective regions and those institutions participating in the MHCNO assessment process. A listing of facilities included in each region can be found in Appendix H.

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

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

Chart 1: CHNA Process Chart



Regional Service Area

The community health needs assessment for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank had benchmarking and or trending data supplied to track and observe movements in the primary and secondary data (where applicable).

The information presented within the report was defined through a regional approach. In 2018, the regional study area for the Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank CHNA consisted of eight parishes. They included Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, and Tangipahoa parishes. The overall study area parishes were representatives of the region from which the participating hospitals/health systems are located (i.e., West Bank, New Orleans, and Jefferson parishes).

The primary data collected and obtained from American Health Rankings, Community Commons, County Health Rankings and Roadmaps, Truven Health Analytics, the Louisiana Department of Health, The Data Center, etc. will assist in future health care planning services, community benefit contributions, and programming efforts.

Table 5 reports that the overall region shows that the eight parishes are projected to have a population growth from 2017 to 2022; with the exception of St. John the Baptist, which is expected to have a population decline of 542 residents.

Jefferson Parish contains 437,303 residents and is the largest parish in the study area; Orleans Parish is the second-largest with 399,567. (See Table 5.) St. Bernard Parish is expected to have the largest population change at 9.30 percent, or an increase of 4,390 residents.

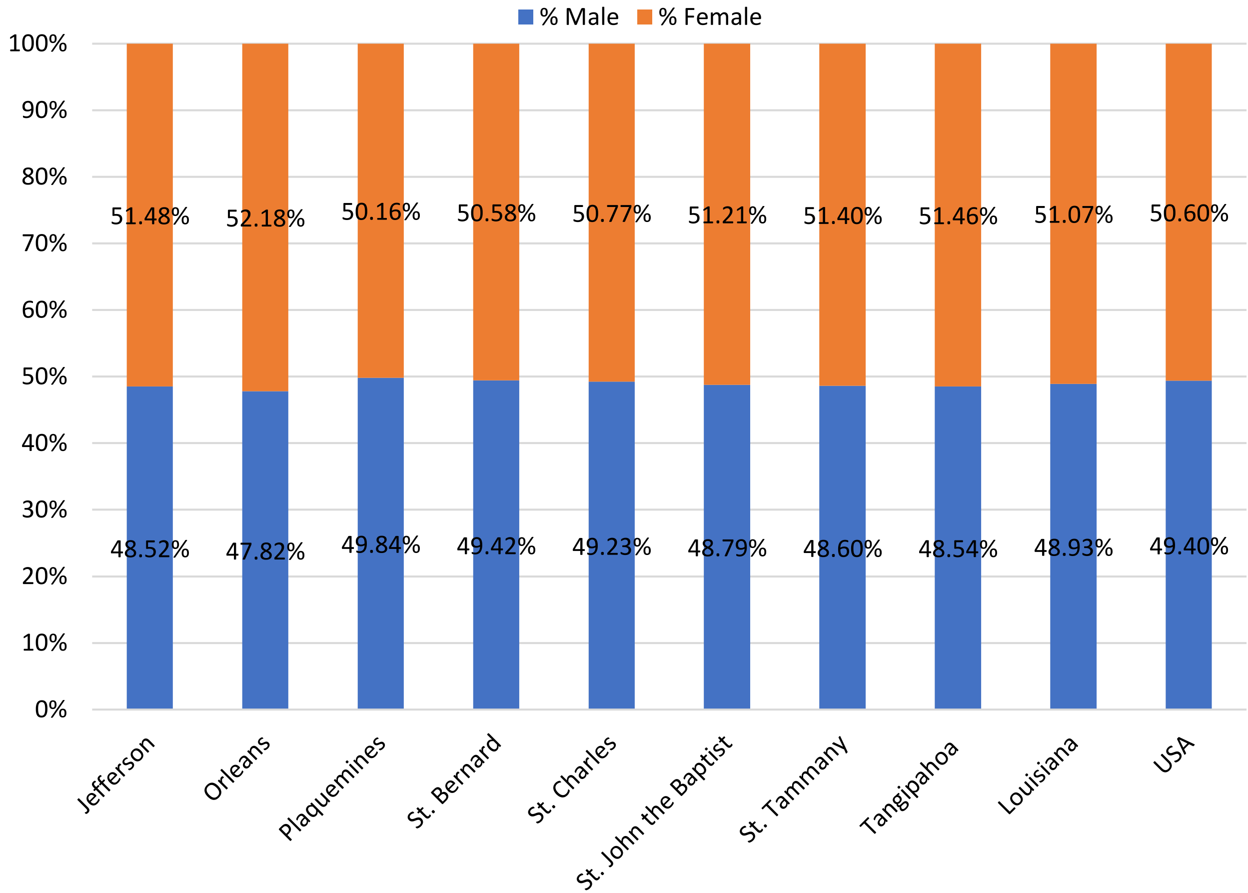
Table 5: Regional Study Area - Population Snapshot

	Jefferson	Orleans	Plaquemines Parish	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Tangipahoa	Louisiana	USA
2017 Total Population	437,303	399,567	23,658	47,213	51,155	44,436	254,916	139,216	4,706,135	325,139,271
2022 Projected Population	444,708	427,656	24,058	51,603	51,713	43,894	269,474	146,282	4,839,118	337,393,057
# Change	7,405	28,089	400	4,390	558	-542	14,558	7,066	132,983	12,253,786
% Change	1.69%	7.03%	1.69%	9.30%	1.09%	-1.22%	5.71%	5.08%	2.83%	3.77%

Source: Truven Health Analytics

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

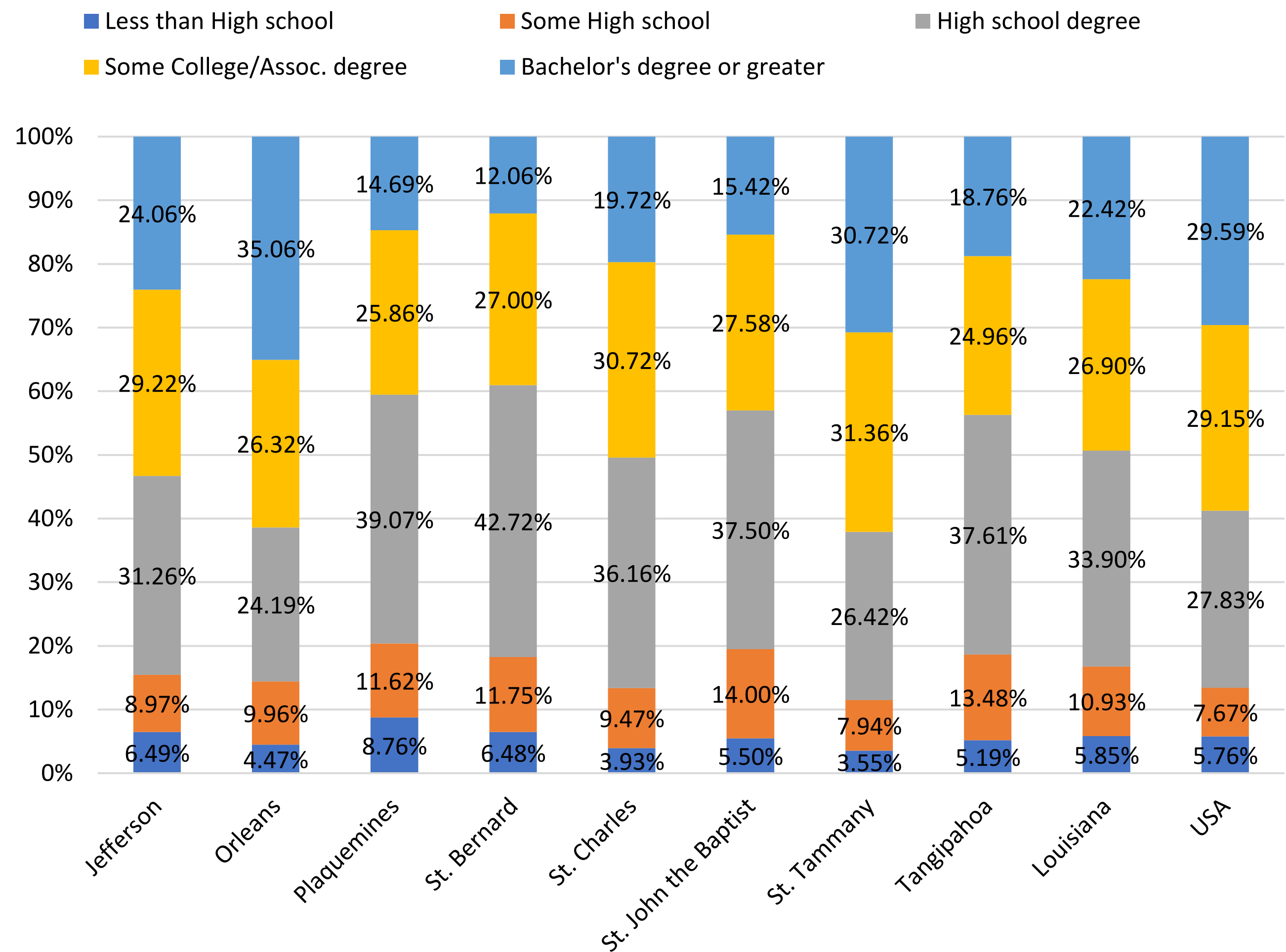
Chart 2: Regional Study Area - Gender



Source: Truven Health Analytics

Chart 3 illustrates the distribution of educational attainment among residents in the study area. St. Tammany Parish reports the lowest rate of residents with a “less than high school” diploma (3.55 percent) for the regional study area. St. Bernard Parish has the highest number of residents with a high school diploma (42.72 percent). Orleans Parish reports the highest rate of residents with a bachelor’s degree or higher (35.06 percent) for the study area; while residents in St. Bernard have the lowest (12.06 percent).

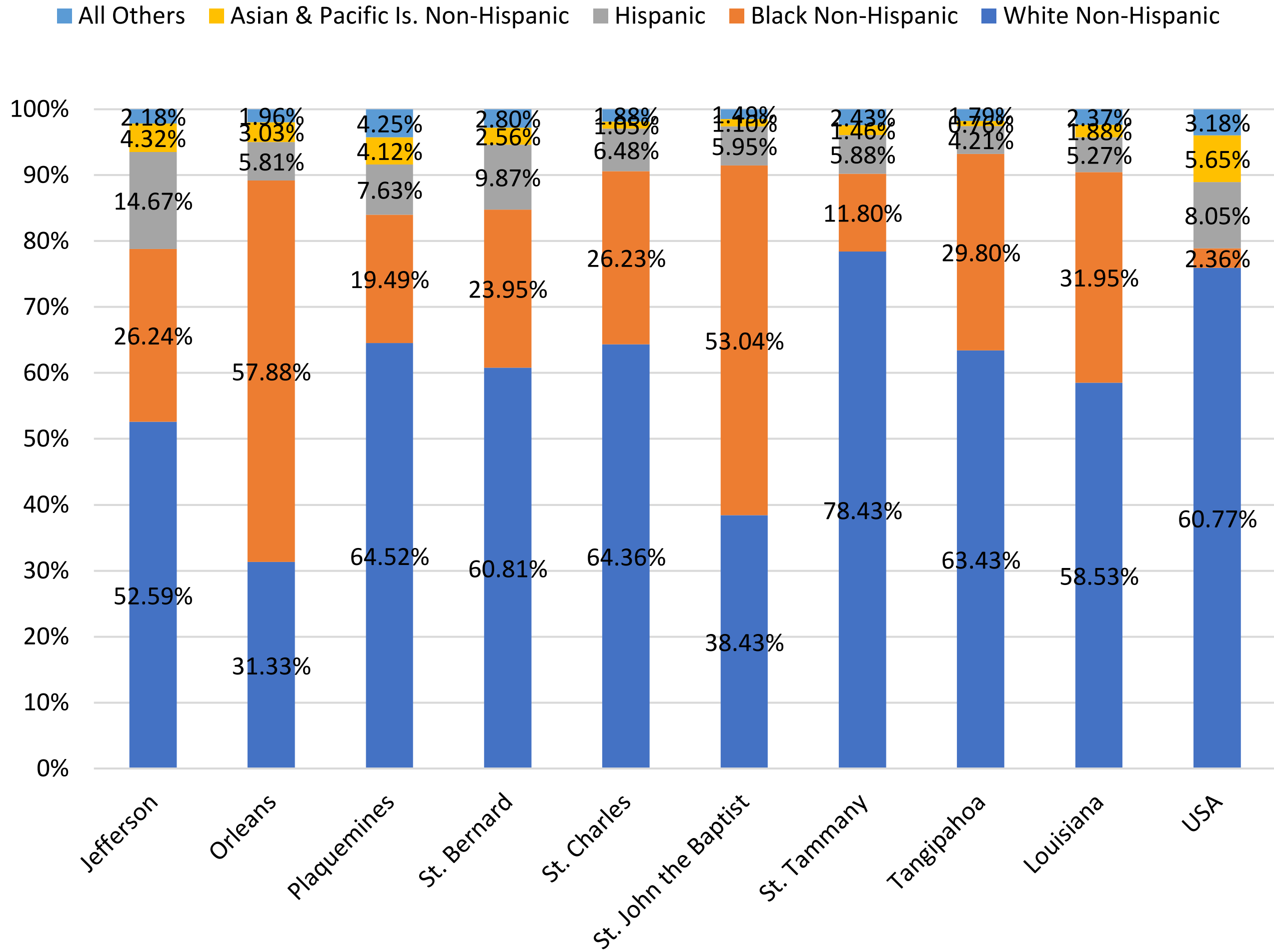
Chart 3: Regional Study Area - Education Level



Source: Truven Health Analytics

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

Chart 4: Regional Study Area - Race/Ethnicity

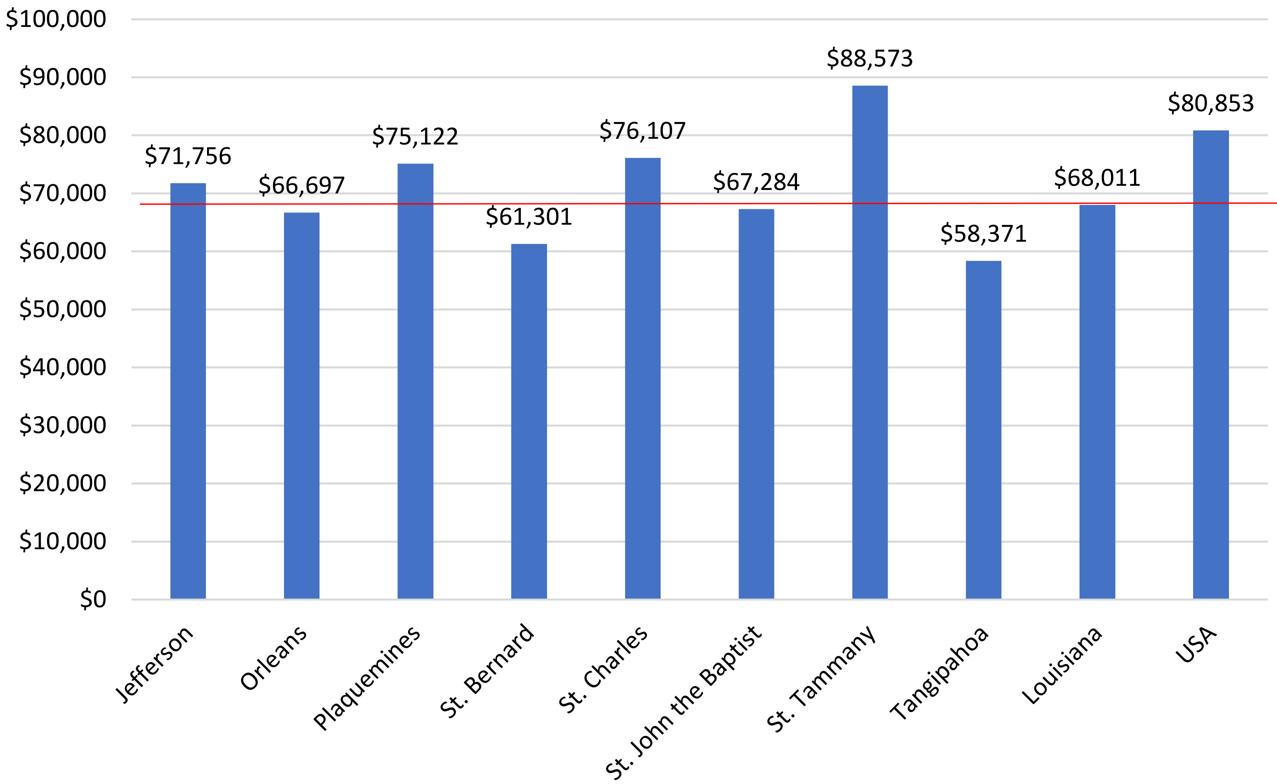


Source: Truven Health Analytics

Tangipahoa Parish reports the lowest average household income of the entire study area at $58,371; this is also lower than state ($68,011) and national ($80,853) averages. St. Tammany Parish reports the highest average household income at $88,573. (See Chart 5.)

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

Chart 5: Regional Study Area - Average Household Income



Source: Truven Health Analytics

CNI scores obtained by Truven Health Analytics were analyzed for the ZIP codes that make up the service regions. 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.

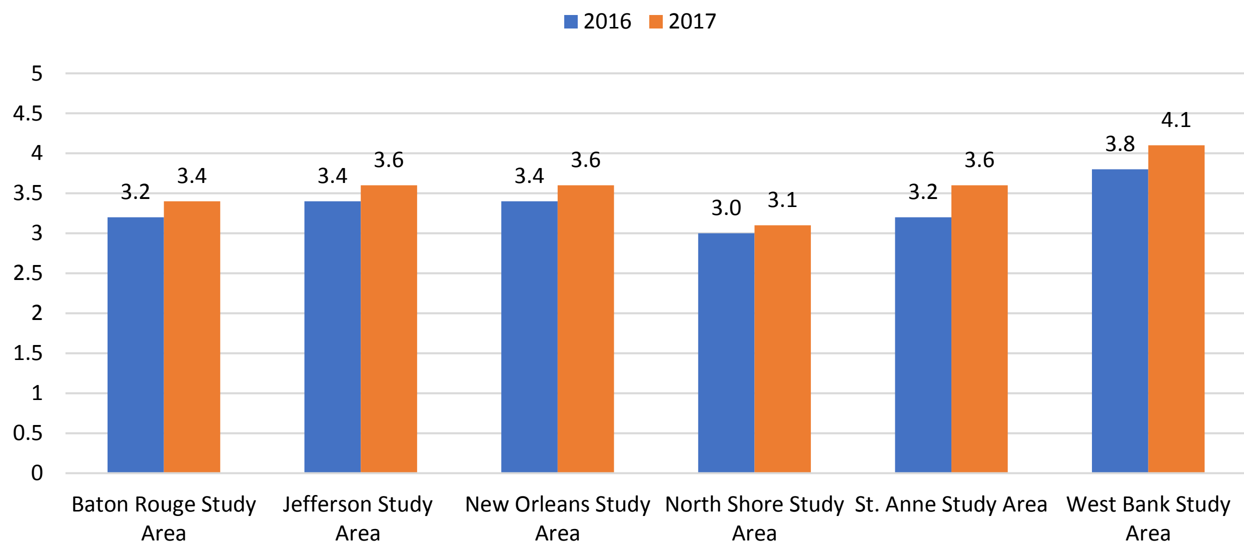
Examining the CNI scores of 2017, Chart 6 shows the average CNI score for each of the six study regions under the overall MHCNO scope. The Jefferson Study Area that included Ochsner Medical Center, Ochsner Behavioral, Ochsner Kenner, and Ochsner Rehabilitation averaged 3.6; indicating that residents 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.

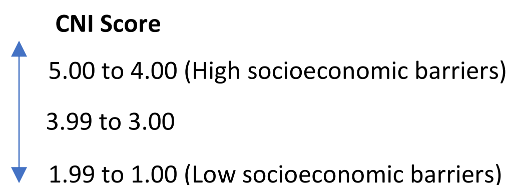
On the polar end, residents in the North Shore Study Area (includes Ochsner North Shore) report a lower score (3.1), indicating fewer socioeconomic barriers to care for residents.

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."[6] This idyllic description is for a healthy community that 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 that addresses and provides services to impede 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, Ochsner Baptist, and Ochsner West Bank 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, Ochsner Baptist, and Ochsner West Bank contribute toward regional programming efforts, educational initiatives, and high-quality patient care to improve the health and security of the community. Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank continue their obligation and devotion to their region not only with the completion of their CHNA but also with the implementation strategies and planning efforts involving strong partnerships with community organizations, health institutions, and regional partners through a comprehensive implementation strategy plan. Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank are strong economic drivers in Southern Louisiana with a strong focus on improving the health of the residents in their community and surrounding regions.

The Ochsner Medical Center main campus is located in Jefferson Parish, Ochsner Baptist is located in Orleans Parish, and Ochsner Medical Center – West Bank is located in Jefferson Parish; the needs for each of the hospitals varied as a result of the primary and secondary data collected. While there are differences in each of the need areas, there was more commonality from all three regions combined.

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

Therefore, for the purposes of the 2018 CHNA, the needs were accumulated into three specific key areas.

The identified needs for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank were:

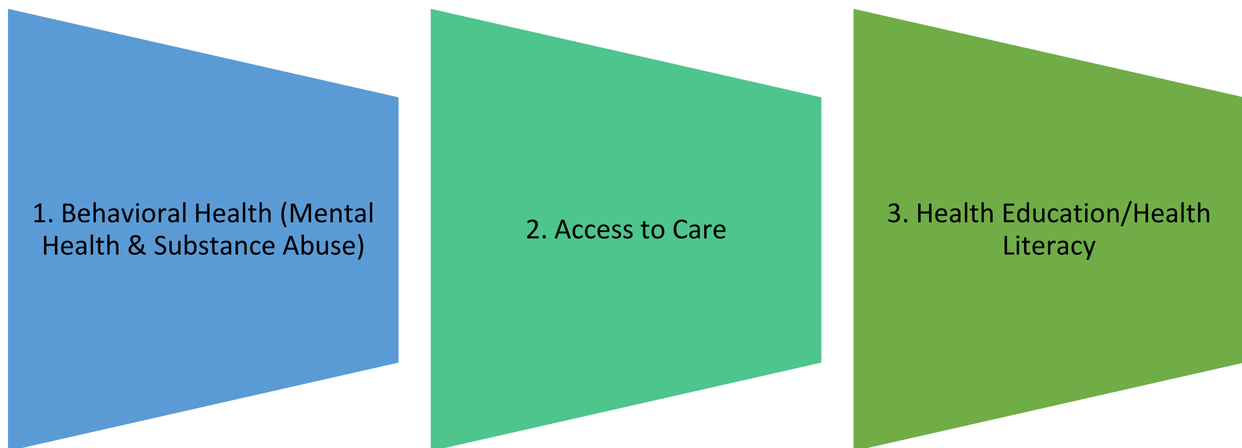
A. Behavioral health (mental health and substance abuse)

B. Access to care

C. Health education/health literacy

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

Chart 7: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank Community Health Needs 2018



Priority 1: 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.[7] Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Good mental health is freedom from depression, anxiety, and other psychological issues.

Having a behavioral health condition is not the result of one event. Research suggests multiple, linking causes. Genetics, environment, and lifestyle influence 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. Biochemical processes and circuits and basic brain structure may play a role, too.[8]

Mental health is important at every stage of life, from childhood and adolescence through adulthood.[9] Families and individuals throughout the United States, and Southern Louisiana in particular, 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.[10]

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.[11]

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 affects 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.

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[7] World Health Organization: www.who.int/features/factfiles/mental_health/en/

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

[9] U.S. Department of Health and Human Services: www.mentalhealth.gov/basics/what-is-mental-health

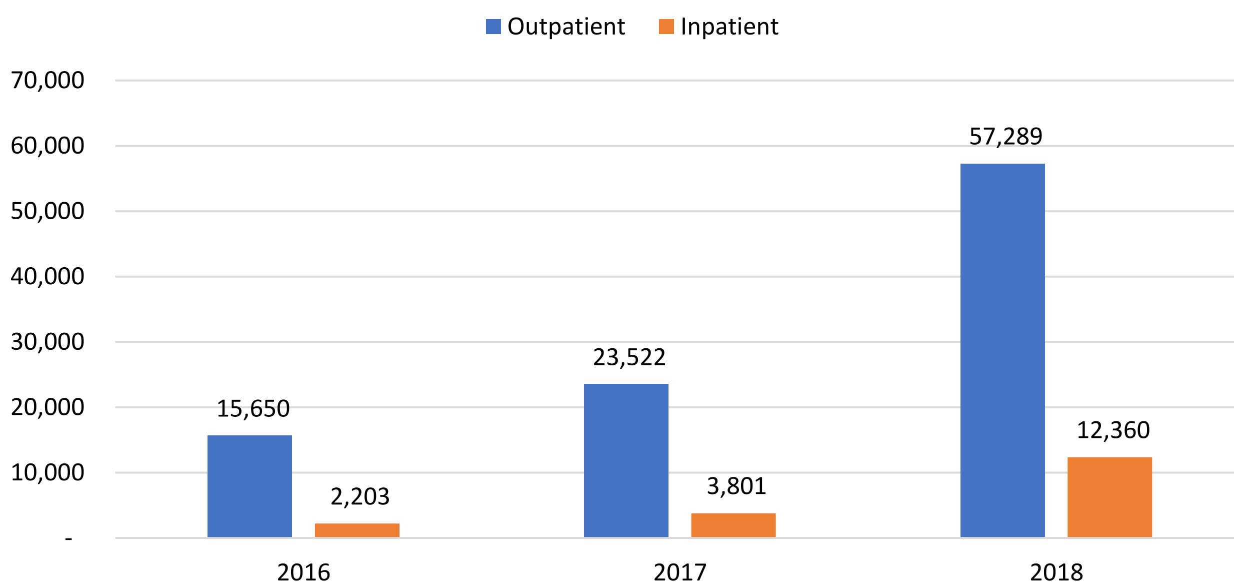
[10] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders

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

Data obtained from the Louisiana Department of Health (LDH) showed that in May 2018, 57,289 adults obtained outpatient mental health services in the state. The number of adults obtaining care has increased significantly over the years. From 2016 to 2017, there was a roughly 50 percent increase in the number of adults obtaining outpatient mental health services (from 15,650 to 23,522); while from 2017 to 2018, there was a 140 percent increase in the number of adults seen for outpatient services (from 23,522 to 57,289). (See Chart 8.)

Upon 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. The number of adults obtaining mental health care services tripled in 2018 (12,360) from 2017. (See Chart 8.)

Chart 8: Mental Health: Adults receiving Mental Health Services as of May 2018



Source: Louisiana Department of Health

SAMHSA's 2016 National Survey on Drug Use and Health revealed the reasons not receiving mental health services for adults 18 and older included, the care they needed was due to cost (43.6 percent)(this was their main reason), followed by "can handle problem without treatment" (30.6 percent), and "did not know where to go for services" (26.9 percent).[12] (See Chart 9.)

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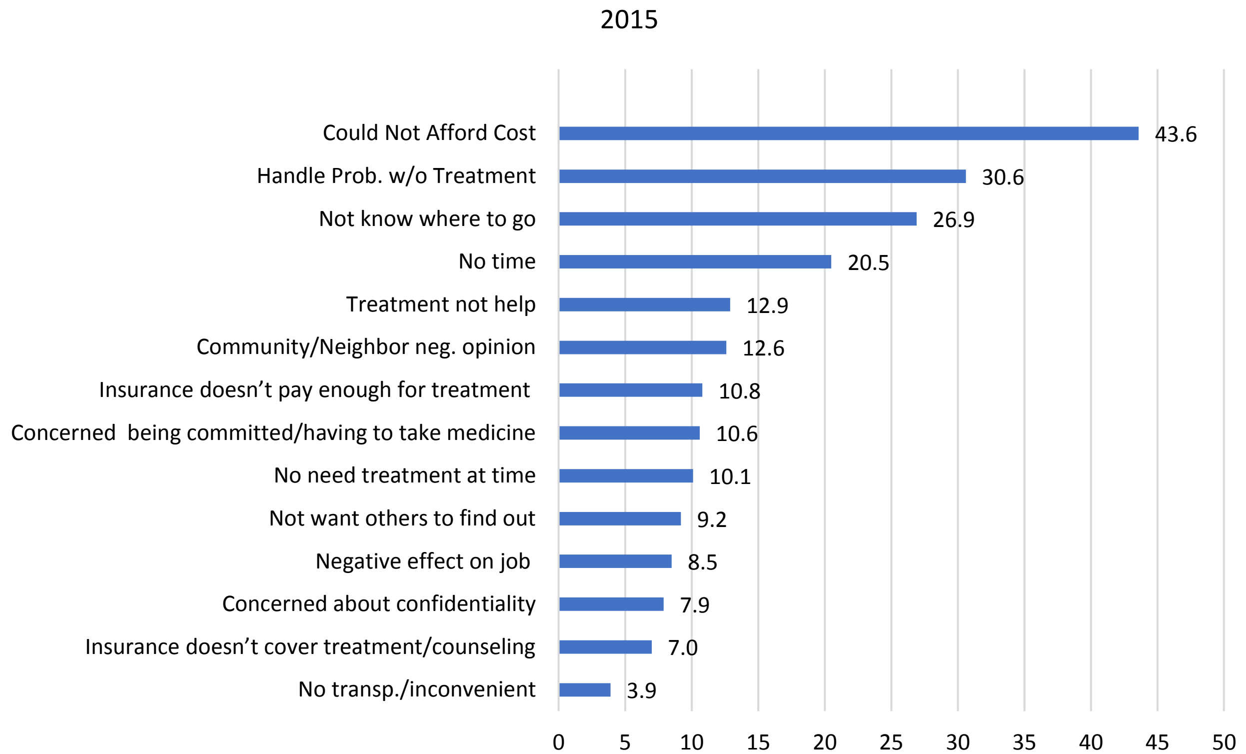
[12] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015.htm

Chart 9: 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.

Suicide

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

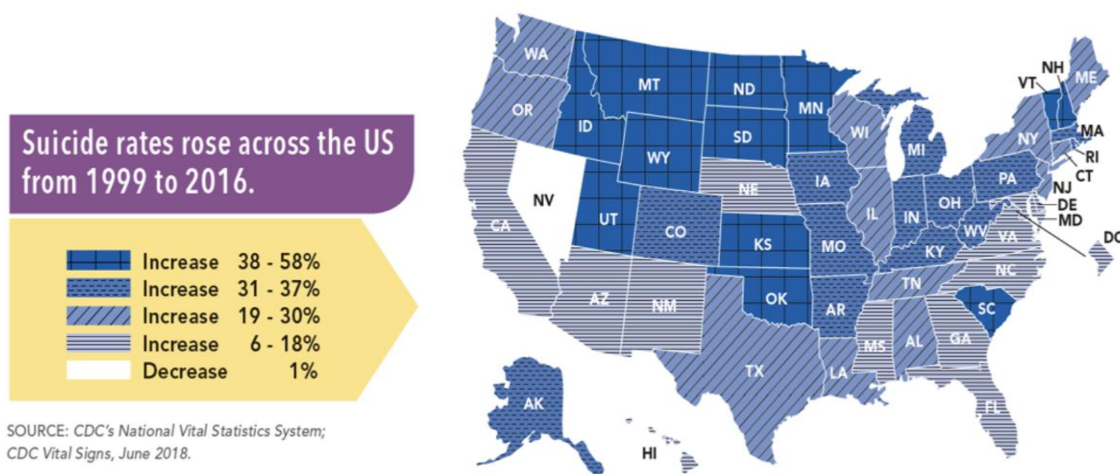
According to SAMHSA, in 2013, the highest number of suicides among both men and women occurred among those aged 45 to 54. The highest rates of suicide (suicides per 100,000) occurred among men

aged 75 and up and among women aged 45 to 54. Suicide was the second leading cause of death for young people ages 15 to 24 and for those aged 25 to 34.[13]

Having suicidal thoughts is a significant concern; however, having severe suicidal thoughts increases the risk of an individual attempting suicide. In 2014, an estimated 9.4 million adults in the U.S. (3.9 percent) aged 18 or older had serious thoughts of suicide in the past year. People aged 18 to 25 reported the highest percentage, followed by people aged 26 to 49, then by people aged 50 or older. Among high school students, more than 17 percent (approximately 2.5 million ninth through 12th graders) have seriously considered suicide, more than 13 percent have made a suicide plan, and more than 8 percent have attempted suicide.[14]

According to the Centers for Disease Control and Prevention (CDC), suicide is a leading cause of death as rates have steadily increased in nearly every state from 1999 through 2016. Louisiana saw an increase of 29.3 percent from 1999 to 2016.[15] (See Map 4.)

Map 4: Suicide in the U.S.



Source: Centers for Disease Control and Prevention

[13] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/suicide-prevention

[14] Ibid.

[15] Centers for Disease Control and Prevention: www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1

Community Commons data demonstrates the impact unmet mental health and substance abuse needs has had on residents of the regional study area by reporting high rates for several key health outcome measures: drug overdose deaths, homicide deaths, premature deaths, suicides, and lack of emotional support. Data from Orleans (38.2) and St. John the Baptist (28.9) parishes reveal the homicide rates are roughly three times higher when compared to the state (6.0) and nation (5.5). (See Table 6.)

Jefferson (27.4), Orleans (27.3), Plaquemines (26.2), St. Bernard (34.2), St. Charles (22.2), St. Tammany, (25.4), and Tangipahoa (19.7) parishes report high drug overdose rates when compared to the state (17.6) and nation (15.6). St. John the Baptist reports the lowest rates (15.1) in the study area. (See Table 6.)

Data also reveal high suicide rates in Jefferson (12.4), Orleans (9.9), St. Bernard (15.4), St. Charles (13.2), St. John the Baptist (10), St. Tammany (15.7), and Tangipahoa (15.7) parishes when compared to the state (5.8) and nation (13). (See Table 6.) The Healthy People 2020 goal is to be under or equal to 10.2 per 100,000 population.

St. Charles (19.3 percent), St. John the Baptist (20.5 percent), and St. Tammany (18.1 percent) parishes report lower percentages of residents who lack social or emotional support when compared to the state (21.7 percent) and the nation (20.7 percent). Close to one-third of residents in St. Bernard Parish (29.5 percent) lack social or emotional support.

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 6.)

Table 6: Health Outcomes & Social and Economic Support[16]

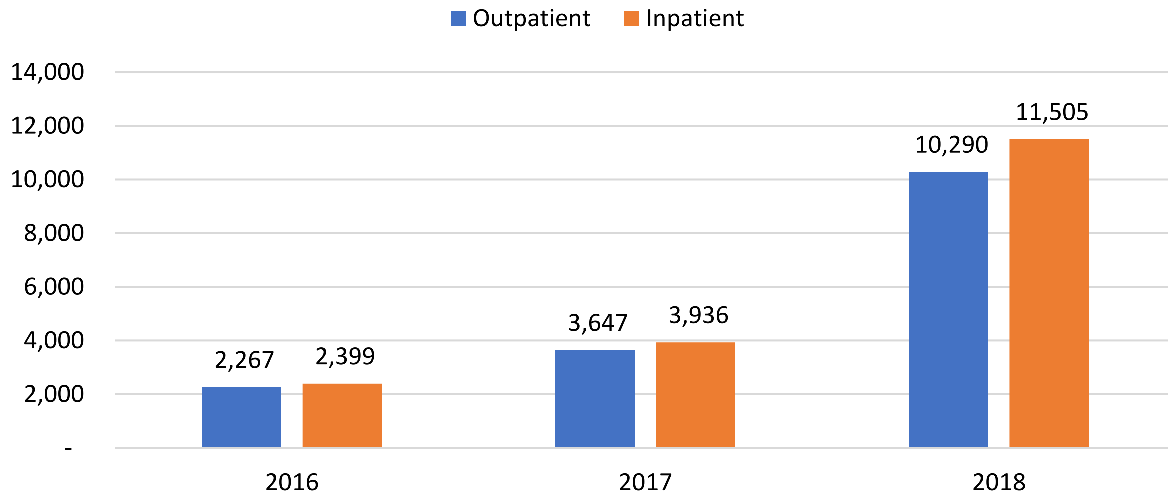
2018	Jefferson	Orleans	Plaquemines	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Tangipahoa	Louisiana	USA
Drug Overdose Death Rate (per 100,000 pop.)	27.4	27.3	26.2	34.2	22.2	15.1	25.4	19.7	17.6	15.6
Homicide Death Rate (per 100,000 pop.)	13.5	38.2	--	8.6	8.5	28.9	4.3	10.4	6.0	5.5
Premature Death Rate (per 100,000 pop.)	8,410	10,297	8,245	9,938	8,152	9,418	7,240	10,131	9,587	7,222
Suicide Rate (per 100,000 pop.)	12.4	9.9	--	15.4	13.2	10.0	15.7	15.7	5.8	13.0
Lack of Social or Emotional Support	23.6%	24.5%	21.5%	29.5%	19.3%	20.5%	18.1%	22.6%	21.7%	20.7%

Source: Community Commons

The LDH metrics related to substance abuse show the number of adults receiving substance abuse services, both inpatient and outpatient, has increased exponentially since 2016. In May 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); while in 2017 to 2018, there was a 2.8 percent increase in the number of adults seen for outpatient services (from 3,647 to 10,290). (See Chart 10.)

[16] Community Commons: www.communitycommons.org

Chart 10: Substance Abuse: Adults Using Service as of May 2018



Source: The Louisiana Department of Health

The consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.[17] Individuals with unmet behavioral health needs are not always capable of recognizing they have a problem or seeking care. Oftentimes, this responsibility falls on the patient's support network or points of contact 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.

Residents who try to seek assistance for their conditions often face barriers related to finding a health professional, long waiting periods to be seen by a professional, traveling long distances for care, financial burden, overall health system navigation, and stigma related to having a mental health issue. Education and awareness can impact and remove some stereotypes in order to limit these barriers to care.

Community leaders from Ochsner Medical Center reported that health services related to behavioral health and substance abuse are severely lacking in the hospital's service area, much like the rest of the state. Stakeholders stated that services are limited for residents with health insurance and nonexistent for those without insurance. As the population holds a high percentage of low-income individuals and families, the availability of behavioral health services decreases exponentially.

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

Resources in this area continue to be reduced through diminishing funding and lack of mental health providers, while the need for such services soars. There are not enough inpatient beds to handle the severe cases of mental illness. Suicide rates are increasingly high and there are not enough providers in the region to offer the necessary care.

According to community leaders, stigma around mental illness, particularly among minorities, continues to deter residents from seeking treatment. The need for education, awareness, and treatment of mental illness and substance abuse is dire.

Community leaders from Ochsner West Bank echoed similar sentiments related to the availability of mental health services and awareness and education around mental illness and treatment. It was also reported that residents are not aware of the services available in the community. Campaigns to promote awareness of mental health programs will require collaboration among all providers in the community.

In 2015, former LDH Secretary Kathy H. Kliebert stated that "being there and showing care and concern for someone who is vulnerable to suicide is invaluable. We should all reserve judgment and understand that suicide is often caused by a disease we can't see, but we can look for the warning signs. Louisiana Department of Health is aware of the significant problem related to suicide. As such, the department implemented a proactive approach in preventing suicide by urging residents to look for warning signs so that they may connect those individuals with prevention resources."[18]

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

There is strong evidence that a comprehensive public health approach is effective in reducing suicide rates. Released by the U.S. Surgeon General in 2012, the National Strategy for Suicide Prevention is intended to guide suicide prevention actions in the United States. The strategy provides guidance for schools, businesses, health systems, clinicians, and others, and emphasizes the role every American can play in protecting their friends, family members, and colleagues from suicide.[19]

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

Suicide does not discriminate, as it effects people from all ethnic, race, and socioeconomic groups. Identifying those who are at risk, reducing their environmental problems, promoting factors that

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[18] Louisiana Department of Health: http://ldh.la.gov/index.cfm/newsroom/detail/3515

[19] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/suicide-prevention

improve their coping skills, and providing professional help are measures that can reduce suicide rates in the region.

Lack of Services (Mental Health Providers)

There is unmet need for health care providers in Louisiana. As of April 2014, Louisiana had 118 primary care Health Professional Shortage Areas (HPSA), 102 dental HPSAs, and 109 mental health HPSAs. Louisiana has less than half (42 percent) of the number of mental health care providers needed to adequately serve the population, compared to just over half (51 percent) for the nation as a whole.[20]

Table 7 depicts the ratio of available mental health providers to residents within the area. Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, and Tangipahoa parishes report improved mental health provider rates from 2015 to 2018. Orleans (240:1) and St. Bernard (280:1) parishes are top U.S. performers, having mental health provider rates lower than 330:1. The shortage of mental health providers highlights what residents currently face and will continue to face without intervention. The ability to secure treatment and services is affected by the shortfall of mental health providers in the regional service area.[21]

Table 7: Mental Health Providers at Parish Level (2015 Figures on top; 2018 figures on bottom)

	Jefferson	Orleans	Plaquemines	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Tangipahoa	Louisiana	Top U.S. Performers
2015	790:1	492:1	1,812:1	334:1	1,879:1	1,509:1	816:1	1,140:1	977:1	412:1
2018	470:1	240:1	1,380:1	280:1	880:1	440:1	520:1	570:1	420:1	330:1

Source: County Health Rankings and Roadmaps

Primary data from community stakeholders reported that the region needs more affordable mental health facilities. Presently, it is difficult for residents who are underinsured or without insurance to secure mental health services. Mental health care services are virtually non-existent, especially for

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

[21] County Health Rankings and Roadmaps: www.countyhealthrankings.org

vulnerable populations as mental illnesses and substance abuse continue to rise. It was noted that insurance and transportation are major barriers to residents seeking mental health services.

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.

Drug Use and Abuse

In addition to the growing behavioral health problem in the study region, there is an increased use of drugs. Drug use and its consequences touch every sector of our society. Drug use affects our health and has a significant effect on the criminal justice system. Drug use also endangers the future of our youth. Addiction is a chronic disease, difficult to control as well as difficult to break. Individuals who take drugs do so for many reasons, including environmental influences, genetics, to escape reality, etc. An essential role the community can implement to stem its use is to provide programs to encourage prevention and reinforcement of keeping drugs and alcohol out of neighborhoods and schools; therefore, providing a safe and secure environment for all community residents. Prevention is a cost-effective approach to promoting safe and healthy communities.

SAMHSA reported in its 2016 National Drug Use and Health Survey that 28.6 million residents 12 years or older were current illicit drug users. Marijuana is the most commonly used drug in the U.S. with 24 million users in 2013, followed by 3.3 million people misusing prescription pain relievers. In addition, 20.1 million Americans aged 12 or older had a substance abuse disorder, with 15.1 million abusing alcohol specifically. In 2016, 1.4 percent aged 12 or older (3,755) received substance use treatment in the past year. Only 1.4 percent aged 26 or older (2,950) received treatment.[22]

Louisiana's percentage of illicit drug dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2013–2014. In Louisiana, about 112,000 individuals aged 12 or older (2.9% of all individuals in this age group) per year in 2013–2014 were dependent on or abused illicit drugs within the year prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014.[23] (See Chart 11.)

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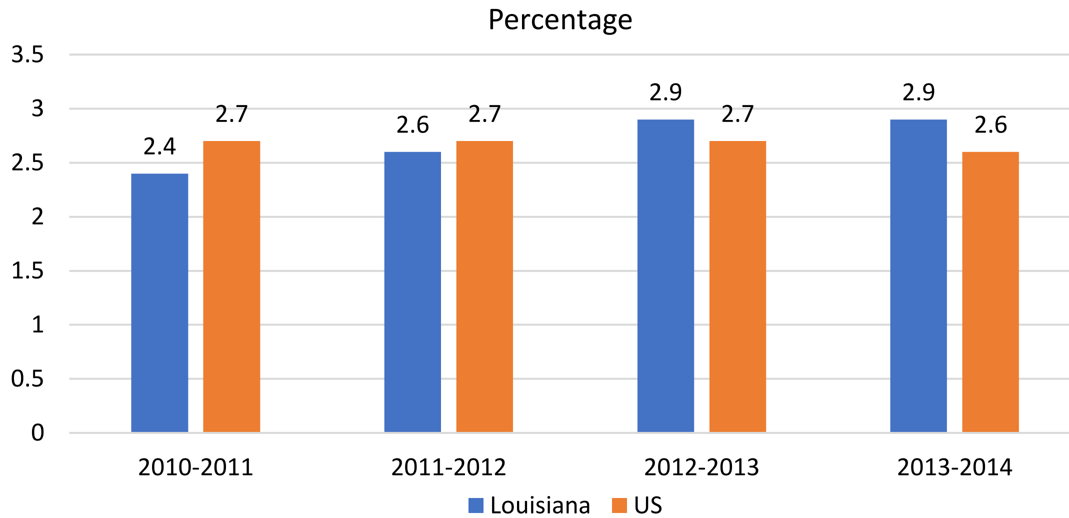
[22] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/2016_ffr_1_slideshow_v5.pdf

[23] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf

Chart 11: Substance Use – Illicit Drug Dependence or Abuse



Source: Substance Abuse and Mental Health Services Administration

Data reveal that Louisiana is experiencing a high number of drug overdose deaths. The CDC reported the age-adjusted rate of drug overdose deaths in Louisiana in 2014 was 16.9 per 100,000, higher than the national rate of 14.7 per 100,000. Unlike the 6.5 percent national increase in drug overdose–related deaths between 2013 and 2014, the rate in Louisiana decreased 5.1 percent over that same period.[24]

Substance abuse has reached epidemic levels in communities across the nation; especially within vulnerable populations. Drug abuse can alter a person's thinking and judgment, leading to health risks including addiction, drugged driving, infectious disease, and potential harm of unborn babies.[25] Drug abuse often co-occurs with mental health issues, with one exacerbating the other. Due to the complex nature of co-occurring disorders, providers have difficulty diagnosing and treating both disorders effectively. Further compounding the issue, patients often also present with physical health issues.

Successful treatment of drug abuse is, most often, a lifelong process. Treatment is intensive and expensive and requires a significant investment of time and effort on behalf of health professionals, social services, community-based organizations, and the patient's support network, not to mention the patients themselves. Oftentimes, people around the individual require mental health and social services

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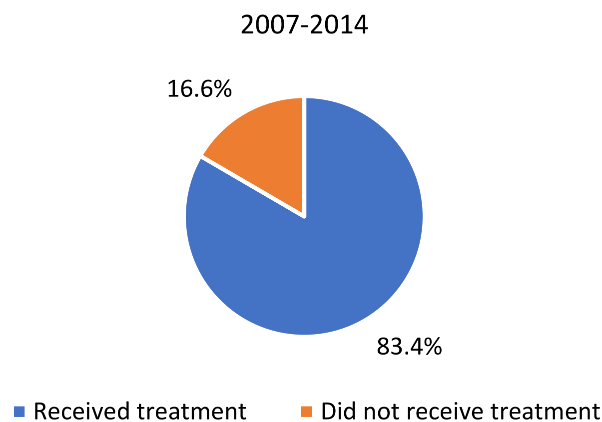
[24] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

[25] National Institute on Drug Abuse: www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

as well. Additionally, substance abuse treatment often requires multiple attempts to be deemed successful.

In Louisiana, in the past year treatment for illicit drug use among individuals Aged 12 or older with illicit drug dependence or abuse, about 17,000 individuals (16.6 percent) per year from 2007 to 2014 did not received treatment for their illicit drug use. (See Chart 12.)[26]

Chart 12: Past Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Louisiana (Annual Average, 2007–2014)



Source: National Institute on Drug Abuse

Among individuals needing substance use treatment who unsuccessfully sought it, the lack of adequate health insurance or an inability to afford the cost of treatment was the most often cited reason for not getting it.[27] Many agencies struggle with funding sources to meet the needs of the ever-increasing population requiring assistance with substance abuse. This problem requires a concerted effort on behalf of the entire community of service providers to support individuals with substance abuse issues by coordinating resources and increasing community outreach.

Drug addiction is treatable and can be successfully managed. Parents, teachers, community leaders, social and civic organizations, and health care institutions all play a vital role in educating residents and preventing drug use and addiction.

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[26] Ibid.

[27] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/newsroom/press-announcements/201509170900

Priority 2: Access to Care

Characteristically, access to care refers to the utilization of health care services or the ability of people to obtain health care services. Disparities in health service access can negatively affect an individual's quality of life. High cost of services, transportation issues, and availability of providers are some of the top barriers to or problems with 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). The study estimates a shortfall by 2030 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.[28] In 2016, Louisiana had 11,737 active physicians, with 3,873 primary care physicians.[29]

St. Bernard Parish did not rank well in the state in terms of clinical care, according to the 2018 County Health Rankings and Roadmaps report. (See Table 8). Clinical care ranking considers the availability of health services and the quality of those services. It also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and percentage of the population that receives a yearly dental examination.

Table 8: 2018 County Health Rankings and Roadmaps Clinical Care

Louisiana (out of 64 parishes)	Ranking 2018
Jefferson	14
Orleans	7
Plaquemines	31
St. Bernard	40
St. Charles	9
St. John the Baptist	20
St. Tammany	3
Tangipahoa	33

Source: County Health Rankings and Roadmaps

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.

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[28] Association of American Medical Colleges: https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/
[29] Ibid.

Louisiana's FQHCs saw over 303,000 patients and provided nearly 1.1 million patient visits in 2014. Over one-third (37 percent) of their patients were uninsured and two-fifths (40 percent) had Medicaid coverage. Nearly all (93 percent) had incomes below 200 percent federal poverty line, including over three-quarters (77 percent) who had income below 100 percent federal poverty line.[30]

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. [31]

Most Americans underuse preventive services, and vulnerable populations with social, economic, or environmental disadvantages are even less likely to use these services.[32] 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, contribute to how residents obtain care. Geography affects the number of providers that are available to patients in a given area, as transportation options are limited for some residents. Economically, health problems affect productivity, resulting in 69 million workers reporting missed days due to illness each year.[33] Lack of job opportunities can reduce access to affordable health insurance. Both geographic and economic factors are affecting residents of the regional service area. While there are quality health care resources available to residents within the service area, many residents either cannot afford health services or have limited transportation options to obtain the services they need.

According to demographic data obtained from Truven Health Analytics, Orleans (36.46 percent), St. Bernard (26.46 percent), and Tangipahoa (31.62 percent) parishes report more residents earning less than $25,000 per year when compared to the remaining parishes and the nation (21.91 percent). (See Chart 13).

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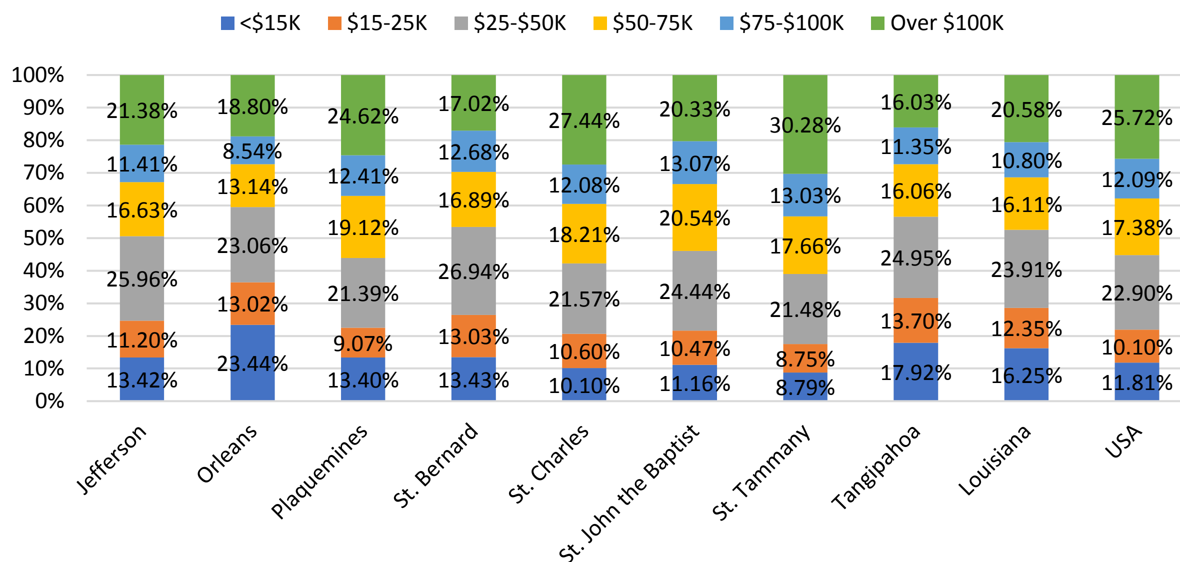
[30] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/
[31] Healthy People 2020: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[32] Centers for Disease Control and Prevention: www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html
[33] Ibid.

The average household income for Orleans ($66,697), St. Bernard ($61,301), St. John the Baptist ($67,284), and Tangipahoa ($58,371) parishes is less than the household income for the state of Louisiana ($68,011) as well as the nation ($80,853), thereby adding challenges for residents who seek health services.

Chart 13: Regional 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 regional service area experience issues with food insecurity, food access, substandard housing, and poverty.

Residents in Orleans (23.71 percent) and St. John the Baptist (18.17 percent) parishes face higher food insecurity issues when compared to the other parishes in the study area, the state (17.30 percent), and the nation (14.91 percent).

Plaquemines (52.16 percent), St. Bernard (44.77 percent), and St. Charles (46.11 percent), face higher food access issues when compared to the remaining parishes, the state (19.70 percent), and the nation (15.11 percent). Jefferson Parish (14.18 percent) reports the lowest food access issue when compared to the remaining parishes.

Orleans (26.21 percent) and Tangipahoa (22.26 percent) parishes have higher populations living 100 percent below the federal poverty line when compared to the state (19.70 percent) and the nation (15.11 percent).

Jefferson (33.79 percent), Orleans (43.69 percent), and St. Bernard (30.88 percent) parishes are also faced with higher occupied housing units with one or more substandard conditions. A family's household income is greatly woven into how they are able to live, eat, and obtain safe, clean, and affordable housing. (See Table 9.)

Table 9: Social and Economic Factors

	Jefferson	Orleans	Plaquemines	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Tangipahoa	Louisiana	U.S.
Food Insecurity	14.08%	23.71%	12.78%	13.82%	12.26%	18.17%	10.27%	17.26%	17.30%	14.91%
Population Below 100% FPL	16.09%	26.21%	17.16%	20.11%	12.55%	18.17%	11.12%	22.26%	19.70%	15.11%
Food Access (Low Income & Low Food Access)	14.18%	20.05%	52.16%	44.77%	46.11%	34.35%	24.89%	40.50%	26.32%	18.94%
Occupied Housing Units w/ one + Substandard Conditions	33.79%	43.69%	28.01%	30.88%	23.31%	29.14%	28.38%	30.50%	29.36%	33.75%

Source: Community Commons

Analyzing data from the regional study area, ZIP codes 70113; (41.79 percent New Orleans), 70112, (60.81 percent New Orleans), and 70051 in St. John the Baptist Parish (83.82 percent Garyville) report high percentages of residents who are seniors living in poverty, children living in poverty, or single residents living in poverty with children. New Orleans residents in 70113 (29.66 percent) also have high percentages of residents with no high school diploma, as well as residents who are unemployed (17.16 percent). The high percentages contribute to the overall CNI ZIP code score signifying increased barriers residents face when seeking care.

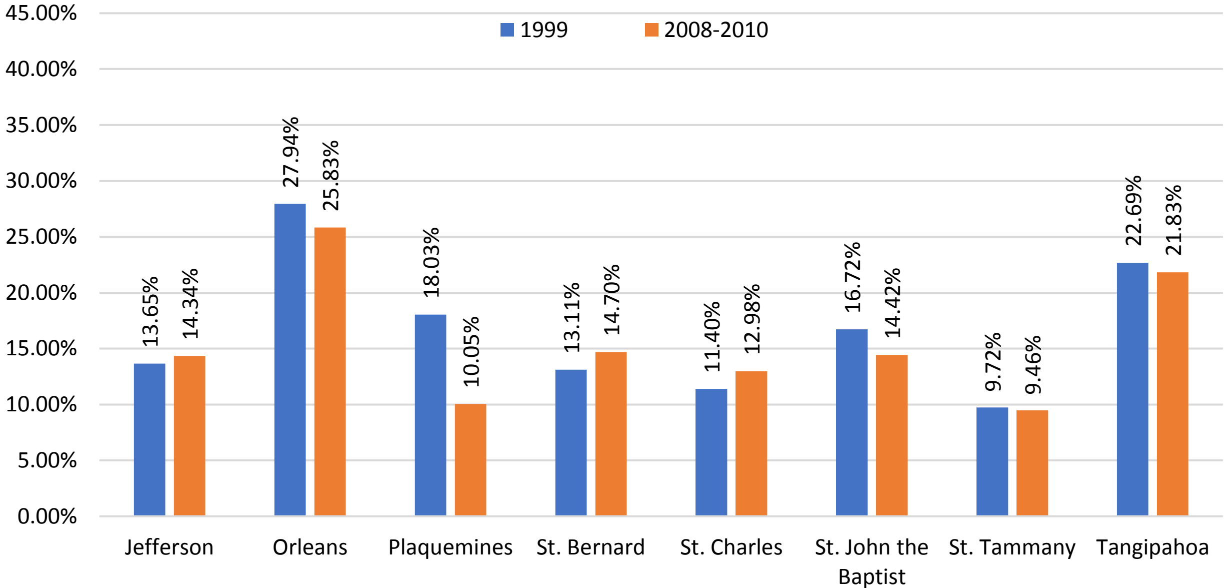
Social and economic factors significantly influence resident's health, clinical care options, and the environment where residents live. The inability to afford healthy food, the inability to obtain health care services, and the lack of education perpetuate the cyclic nature of poverty and poor health outcomes.

Education level largely determines employment choices, which in turn largely determines income level. These factors influence the probability of being able to afford to live in a health-supporting physical environment, such as housing without lead paint or other safety hazards, in a safe community, and at a sufficient distance from industrial polluting sites.

County Health Rankings and Roadmaps reported Jefferson (24 in 2015; 20 in 2018), Orleans (48; 33), St. Bernard (32; 23), St. John the Baptist (35; 28), and Tangipahoa (46; 35) parishes improved their Social and Economic Factors ranking from 2015 to 2018. Both St. Charles (5; 5) and St. Tammany (3; 3) parishes remained the same between the years.

Additional data from the Greater New Orleans Community Data Center Report show that poverty levels have improved in Orleans, St. John, and St. Tammany parishes between 1999 and 2008–2010. Residents in St. John the Baptist saw the largest decline of 16.72 percent of impoverished residents to 14.42 percent in reporting years 1999 and 2008–2010. Residents in Jefferson, St. Bernard, and St. Charles parishes saw an increase in residents who live in poverty in the same reporting years. (See Chart 14.)

Chart 14: Total Population in Poverty



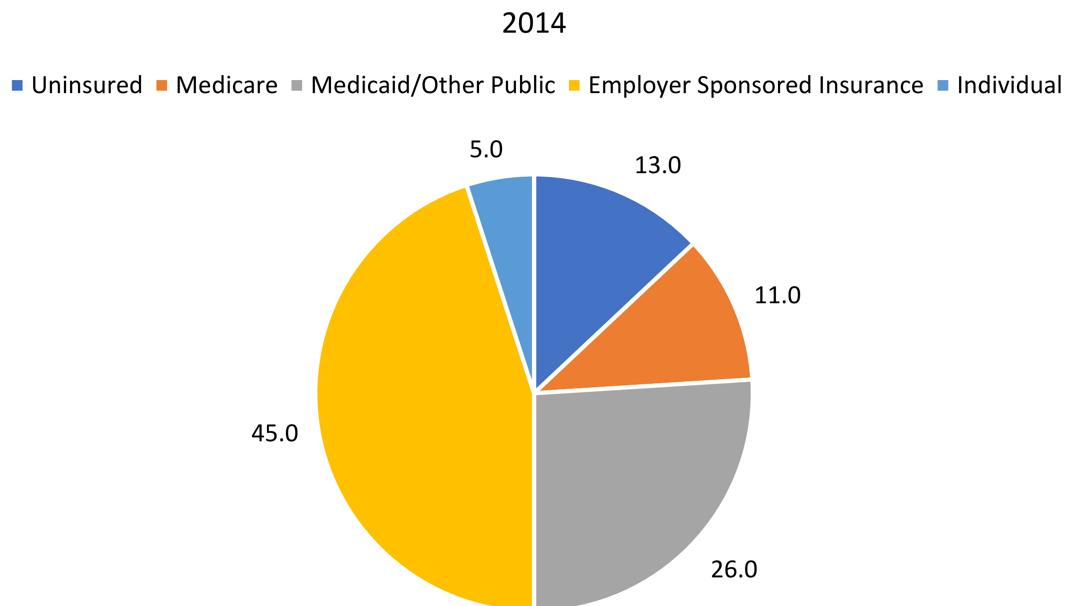
Source: Greater New Orleans Community Data Center Report

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 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.[34]

Louisiana had the one of the highest uninsured rates (13 percent) in 2014. Half (50 percent) of Louisianans were covered under private health insurance, with 45 percent of Louisianans covered by employer-sponsored insurance, and the remaining 5 percent covered by individual coverage. Over one quarter (26 percent) were covered by Medicaid/other public coverage and 11 percent were covered by Medicare.[35] (See Chart 15.)

Chart 15: Health Insurance Coverage of the Total Population in Louisiana



Source: Henry J. Kaiser Family Foundation

[34] National Center for Biotechnology Information: www.ncbi.nlm.nih.gov/books/NBK221227/

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

Of the over half million beneficiaries enrolled in Medicare, nearly a third (30 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 non-elderly, uninsured Louisianans in 2014 had at least one full-time worker in their household (65 percent) and had income below 400 percent of the federal poverty level (FPL, 85 percent).[36]

According Community Commons data, Orleans (31.94 percent), St. Bernard (29.62 percent), St. John the Baptist (28.11 percent), and Tangipahoa (30.75 percent) parish residents receive Medicaid; these percentages are higher than the state (26.17%). Medicaid expansion in Louisiana has improved access to affordable health insurance and prescription coverage for many residents in the regional service area. However, Community Commons data also reported high percentages of uninsured residents in both Jefferson and Plaquemines parishes (17.58 percent and 17.22 percent, respectively); these percentages are higher than the state (15.25 percent) and the nation (12.08 percent).

Per 100,000 population, Community Commons reported that Jefferson (3.5 per 100,000 population), St. Bernard (2.8 per 100,000 population), and St. Tammany (0.9 per 100,000 population) parishes report low rates of FQHCs when compared to Louisiana (3.64 per 100,000 population). FQHCs encourage populations without insurance or the means to pay out of pocket to access health services. Improving access to affordable health insurance is vital to the health and wellness of residents in the regional service area.

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

For the 2018 study, when asked to rate the health of the community where they provide care or services, only 11.6 percent of health professional survey respondents felt their community was healthy; 37.8 percent felt the community was unhealthy and 11 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.

- Community leaders from Ochsner Medical Center reported that access to health care was the most discussed issue affecting community health in the service area. Community leaders noted that income and racial disparities, insurance coverage, transportation, and health literacy most influence residents' access to health care.

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[36] Ibid.

- Expansion of Medicaid in Louisiana has improved access to health care for many low-income residents and those living in poverty, especially in the area of primary care. One community leader indicated that many residents have not been able to successfully establish a relationship with a primary care physician, thereby limiting their ability to access health services. Access has been expanded with the increase of Federally Qualified Health Centers (FQHCs), but transportation remains a substantial barrier. Many residents are not able to successfully navigate the complex health care system and case management services, and community health workers are in great demand.
- Preventive care is an issue with the underserved populations due to lack of awareness among community members regarding its long- and short-term benefits. Community-based organizations are working to overcome gaps in health literacy and, despite available resources in the community, uninsured, underinsured, and those insured through Medicaid have limited access to specialty care.
- While stakeholders agree that much has improved in the hospital service area around access to care, there are still barriers to address. Collaboration across all disciplines, including hospitals, community-based organizations, faith-based organizations, government, and the private sector will be required to improve transportation, dissemination of information, and increase funding streams that will allow all community members to take advantage of health resources available in the region.

Community stakeholders representing the Ochsner Baptist region reported that much improvement has been made around access to affordable health care with the Louisiana CHIP program and the ACA as well as the expansion of local hospitals and addition of community clinics. Health outcomes are improving.

- Community leaders agree that most health care services, with the exception of mental health and dental care, are readily available in the community. However, there are still many issues to address. Residents continue to access health care in response to sickness and injury, rather than well visits and preventive services. Undocumented workers are fearful of seeking health care due to immigration issues and cultural bias, and some residents are still unable to afford health care services.

Access to health care is essential for a healthy community. Many community-based organizations in the hospital service area are working toward improving access to health care. Unfortunately, much of the work being done is occurring in silos; therefore, the ideal opportunity exists to create partnerships and collaboration.

Ensuring that all residents have access to and take advantage of the quality health care resources available in the regional service area will improve community health, stretch funding dollars by reducing health care costs, and potentially make the region more attractive to businesses looking to expand or relocate. It is essential that health care organizations, community and faith-based organizations,

business leaders, and civic authorities work together to continually assess community health needs and address those needs collaboratively to ensure all members of the community have access to the quality health care resources available in the region.

Health Screenings and Prevention

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

Recommended screening tests depends on age, sex, gender, history, etc., as these are important elements residents must remember in order to maintain a healthy status. Residents can be screened for certain diseases. They include certain types of cancer, high blood pressure or high cholesterol, diabetes, osteoporosis, sexually transmitted diseases (STDs), and mental health conditions, like depression.[37]

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

In 2010–2014, data revealed Louisiana's breast cancer mortality rate is higher than in the rest of the country. In Louisiana, 123.2 people per 100,000 were diagnosed with breast cancer, while the national average was 123.5 per 100,000; however, an average of 24.2 Louisiana residents per 100,000 died each year from this disease, while the national average was 21.2 deaths per 100,000.

The Greater New Orleans Area, Capital Area, Bayou Parishes, Acadiana, Central Louisiana, and Northeast Louisiana have the highest breast cancer death rates in the state. (See Chart 16). Breast cancer does not discriminate, as black women are significantly more likely to die from breast cancer than the rest of the country.[38]

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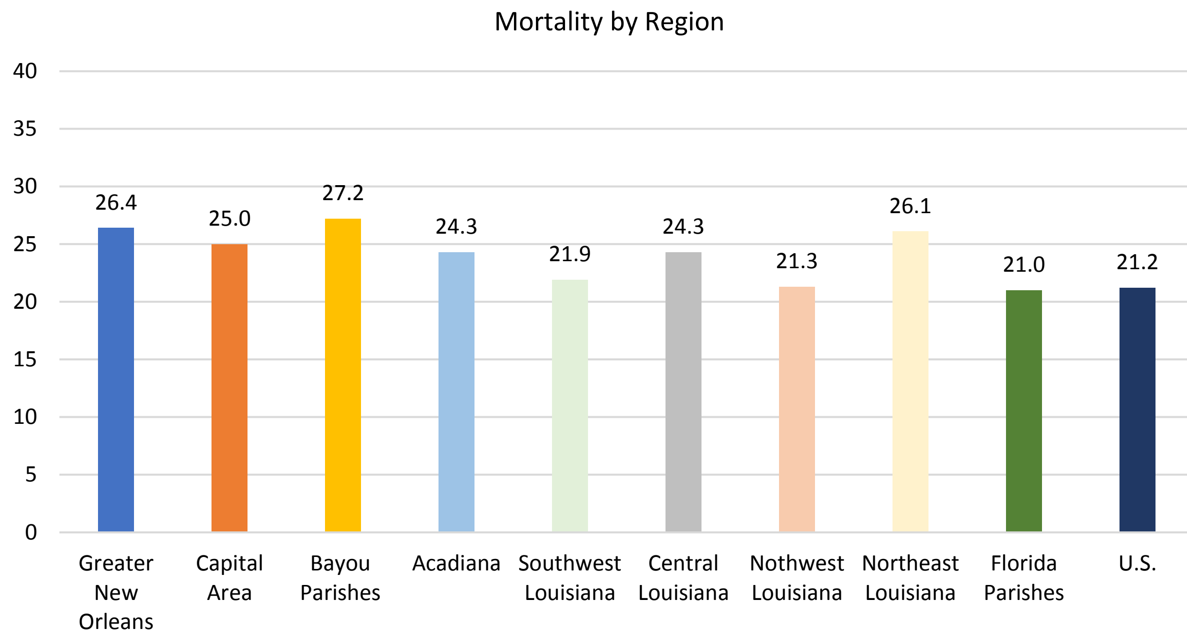
[37] Office of Disease Prevention and Health Promotion: https://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-screened

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

Chart 16: Average Annual Breast Cancer Mortality by Region 2010-2014 (per 100,000 population)[39]



Source: Louisiana Cancer Prevention

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

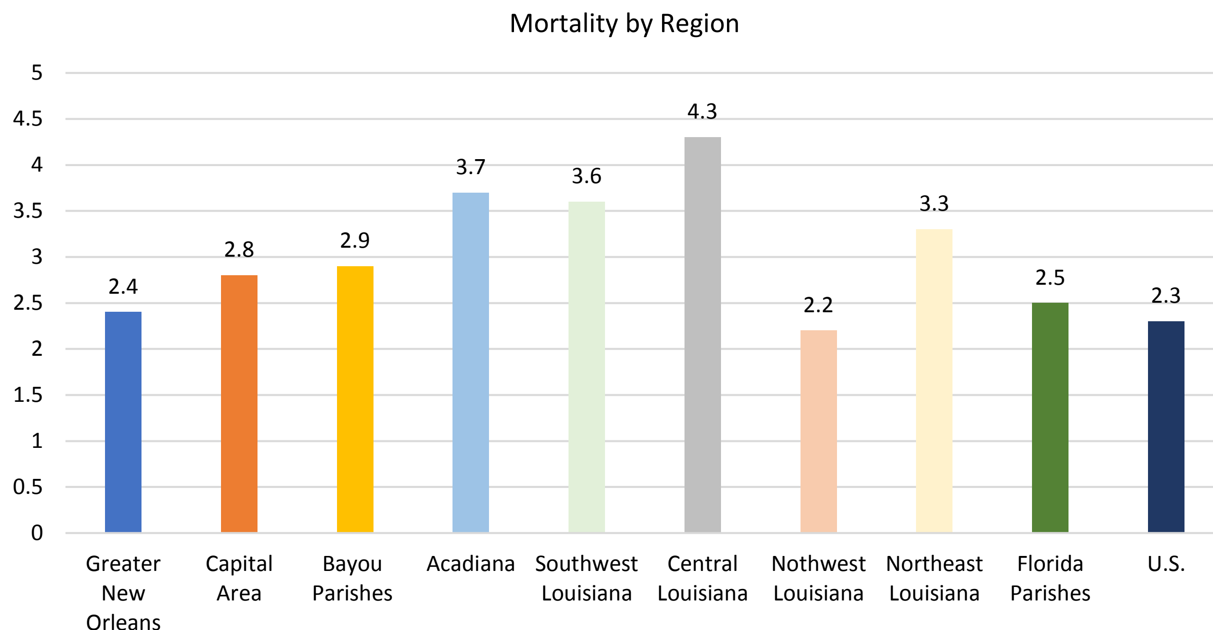
Screening for cervical cancer is fairly simple and require no down time. However, a multitude of reasons contribute to why these screenings are not often obtained. Some reasons include insurance coverage, fear, lack of screening information (knowledge), apathy, having a physician, and traveling for health services. Cervical cancer can be easier to treat when it is found early. It was also reported that cervical cancer is an expensive cancer to treat. Despite having insurance coverage, residents still pay higher

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

health insurance premiums for treatment and follow-up care. Therefore, it is important for women between the ages of 21 and 64 to have a cervical cancer screening each year.

Chart 17 provides a mortality snapshot of cervical cancer patents. The chart depicts residents in Central Louisiana (4.3 per 100,000 population) and Acadiana (3.7 per 100,000 population) reporting the highest rates of those who died from cervical cancer between 2010 and 2014.

Chart 17: Average Annual Cervical Cancer Mortality by Region 2010–2014 (per 100,000 population)[40]



Source: Louisiana Cancer Prevention

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

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

Seeking and obtaining information related to screenings is vital in order to maintain and preserve a healthy life. Health screenings can help build relationships between healthy behaviors and health

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[40] Ibid.

outcomes as community residents have an increased desire to be proactive and take charge of their health status.

Access to health care is a culmination of many factors, including, geographic, economic, cultural, and social.[41] Economic, cultural, and social factors can reduce and, in some cases, eliminate access to needed medical services, despite an existing adequate ratio of providers and transportation to those providers.

For patients to get timely, appropriate, affordable, and quality care, they must be able to navigate the health care system. When the system is too burdensome, patients may delay or neglect to schedule needed care or will seek care in inappropriate but more easily accessible settings, such as emergency departments. Certain populations may experience greater challenges when navigating the health care system, which leads to increased health disparities and decreased access to necessary health care services.

Health care systems have become laden with complexity. While patients are dealing with unexpected medical diagnoses requiring the expertise of multiple health care professionals, procedures, and doctor visits, they must also address barriers such as transportation, financial and insurance issues, cultural beliefs, and language barriers. Trying to address all of these factors may present insurmountable barriers to accessing services appropriately.

Priority 3: Health Education/Health Literacy

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

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

Education about health in schools is instrumental to laying a foundation of basic health knowledge and life skills to improve overall public health. Hungry or sick children do not perform well in classrooms compared to their healthy counterparts. Public health policies like the free/reduced-price lunch and

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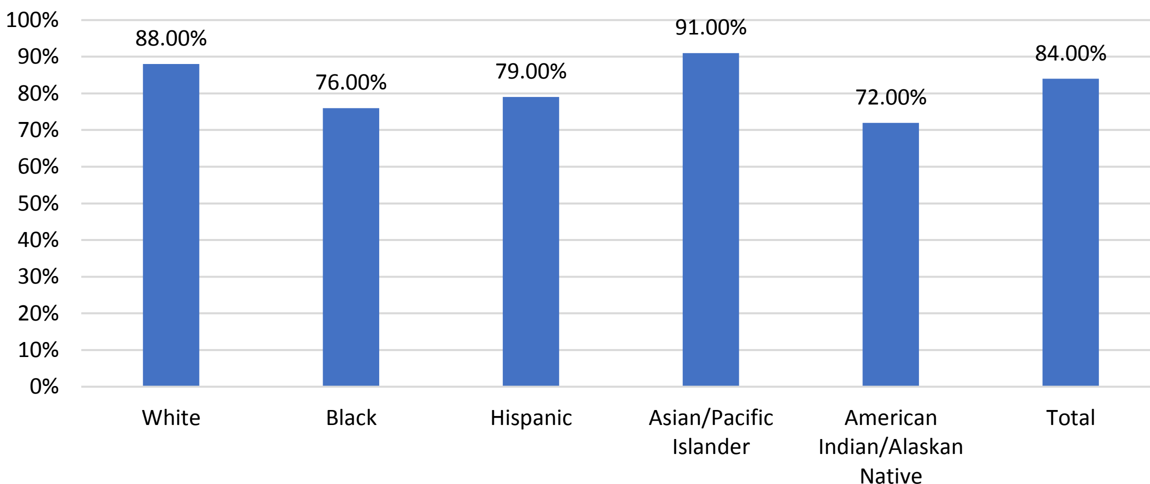
[41] Rand Corporation: www.rand.org/topics/health-care-access.html

free/low-cost health programs help to close these gaps. Physical education as part of a school's curriculum provides valuable knowledge regarding the importance of physical activity and other healthy behaviors to stay healthy.[42]

Nationally, 84 percent of students graduated from high school on time in 2016, and this percentage varies by race/ethnicity. (See Chart 18.) At the state level, 79 percent of students in Louisiana graduated from high school on time in 2016.[43]

Chart 18: Adjusted Cohort Graduation Rate (ACGR) for Public High School Students, by Race/Ethnicity: 2015–16.



Source: U.S. Department of Education, Office of Elementary and Secondary Education, Consolidated State Performance Report, 2015–16.

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

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[42] National Center for Biotechnology Information: www.ncbi.nlm.nih.gov/pmc/articles/PMC4691207/#R9

[43] National Center for Education Statistics: https://nces.ed.gov/programs/coe/indicator_coi.asp

of Education and the Institute of Education Sciences (IES).[44] The NAEP reading scale ranges from zero to 500.

The 2017 Reading State Snapshot Report revealed that the average reading score of eighth grade students in Louisiana was 257; lower than the national average score of 265. When compared to the rest of the United States, Louisiana's average reading score was lower than 41 other states/jurisdictions, not significantly different from nine, and only higher than the District of Columbia. The 2017 report also indicated score gaps among different student groups as well. Black students had an average score that was 27 points lower than white students' scores. Hispanic students had an average score that was 16 points lower than white students. Students who were eligible for free/reduced-price school lunch, an indicator of low family income, had an average score that was 24 points lower than students who were not eligible. This performance gap was not significantly different from that in 1998 (20 points).[45]

Focusing on education in the study area, secondary data from Truven Health Analytics show that statistics vary widely from parish to parish and neighborhood to neighborhood. For example, Lafourche Parish reported the highest percentage of residents without a high school diploma in ZIP code 70354 – Gallianno at 36.26 percent; followed by residents in ZIP codes 70344 and 70363 in Terrebonne Parish. ZIP code 70124 in New Orleans reported the lowest rates of residents without a high school diploma (3.10 percent).

CNI rankings for education range from 1 (best ranking) to 5 (worst ranking). However, a majority of the ZIP codes scored at the higher end of the scale. Of the 106 ZIP codes that make up the primary service area for Ochsner Medical Center, Ochsner Baptist, and Ochsner Medical Center – West Bank, 85.8 percent (91 ZIP codes) scored 3 or above for education; indicating that education is a socioeconomic barrier in the region. CNI data illustrated a significant number of residents in the study area that do not have or have not followed a path to education.

In recognition of the serious lack of educational performance among students in Louisiana school districts, the Louisiana Department of Education created and implemented the Louisiana Believes initiative. Louisiana Believes is a cohesive academic plan that raises expectations and educational outcomes for students through five priority areas: access to quality early childhood education, academic alignment in every school and classroom, teacher and leader preparation, pathways to college or a career, and supporting struggling schools. As a result of this focus, over the past five years, Louisiana has seen an increase in student performance in every measure, both locally and nationally.[46]

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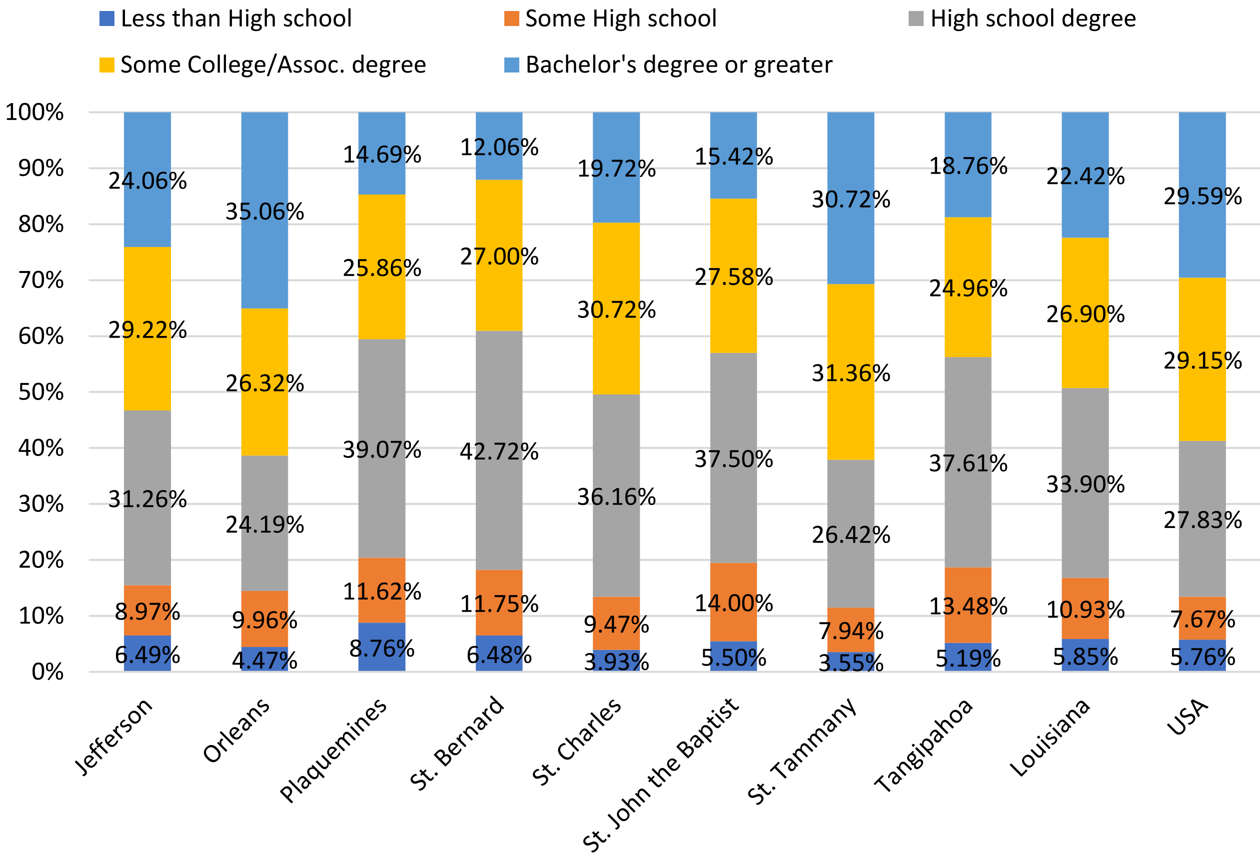
[44] US Department of Education: www.nationsreportcard.gov/about.aspx

[45] The Nation's Report Card: https://nces.ed.gov/nationsreportcard/subject/publications/stt2017/pdf/2018039LA8.pdf

[46] Louisiana Department of Education: www.louisianabelieves.com/resources/about-us

Data at the parish level in Chart 19 illustrates marked differences in resident education among the eight parishes included in the study area. For instance, more than one-third (35.06 percent) of residents in Orleans Parish have a bachelor's degree or greater verses only 12.06 percent of residents in St. Bernard Parish. Overall, 16.78 percent of Louisiana residents do not have a high school diploma. Plaquemines (20.83 percent), St. John the Baptist (19.50 percent), St. Bernard (18.23 percent), and Tangipahoa (18.67 percent) fare worse than the overall state of Louisiana (16.78 percent), with respect to residents without a high school diploma. Of the eight parishes in the study area, only two parishes, St. Charles (13.40 percent) and St. Tammany (11.49 percent), have fewer residents without a high school diploma than both Louisiana (16.78 percent) and the nation (13.43 percent).

Chart 19: Education



Source: Truven Health Analytics

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

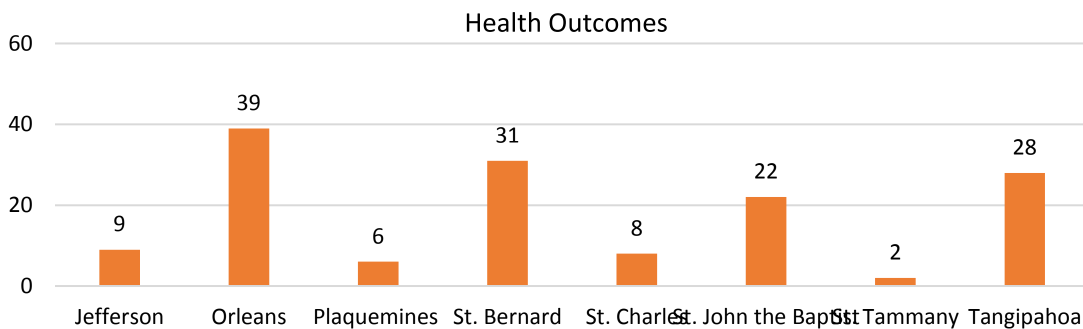
Health Education

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

County Health Rankings and Roadmaps reports in 2018 a ranking of nine for Jefferson Parish, 39 for Orleans Parish, six for Plaquemines, 31 for St. Bernard Parish, eight for St. Charles Parish, 22 for St. John the Baptist Parish, two for St. Tammany Parish, and 28 for Tangipahoa Parish for health outcomes. (See Chart 20.)[47]

The overall rankings in health outcomes represent how healthy counties (parishes) are within the state. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. If rankings are to improve, health education, specifically concerning diet, exercise, and disease management, is vital to managing health conditions and practicing healthy behaviors. Changing health behaviors requires community residents to be committed and armed with adequate information in order to modify their current living habits.

Chart 20: 2018 County Health Rankings and Roadmaps Health Outcomes



Source: County Health Rankings and Roadmaps

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

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

Nutrition

The Office of Disease Prevention and Health Promotion reports that roughly three-fourths of the U.S. population's eating patterns are low in vegetables, fruits, dairy, and healthy fats. More than half of the population is meeting or exceeding total grain and total protein foods recommendations and are not meeting the recommendations for the subgroups within each of these food groups. Most Americans exceed the recommendations for added sugars, saturated fats, and sodium. In addition, many people overconsume calories; leading to a high percentage of the population being overweight or obese. More than two-thirds of all adults and one-third of all children and youth in the United States are either overweight or obese.[48]

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 affecting the nation's health. Such conditions account for seven out of 10 deaths annually, while managing and treating chronic disease eats up more than three-quarters of the country's health care costs. The APHA goes on to report that chronic diseases are not inevitable but often entirely preventable and are associated with unhealthy and risky behaviors. Four behaviors are identified the root cause of a large portion of the nation's chronic disease burden: physical inactivity, poor diet, smoking, and binge drinking.[49] The LDH'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 $9 million for claims related to hospitalizations with diabetes as the primary diagnosis.[50]

Community Commons data show that residents within the regional study area continue to struggle with high rates of obesity. The percentage of obese adults in Jefferson, St. Bernard, and St. Tammany parishes rose between 2015 and 2018. Jefferson saw the largest increase; going from 32 percent in 2015

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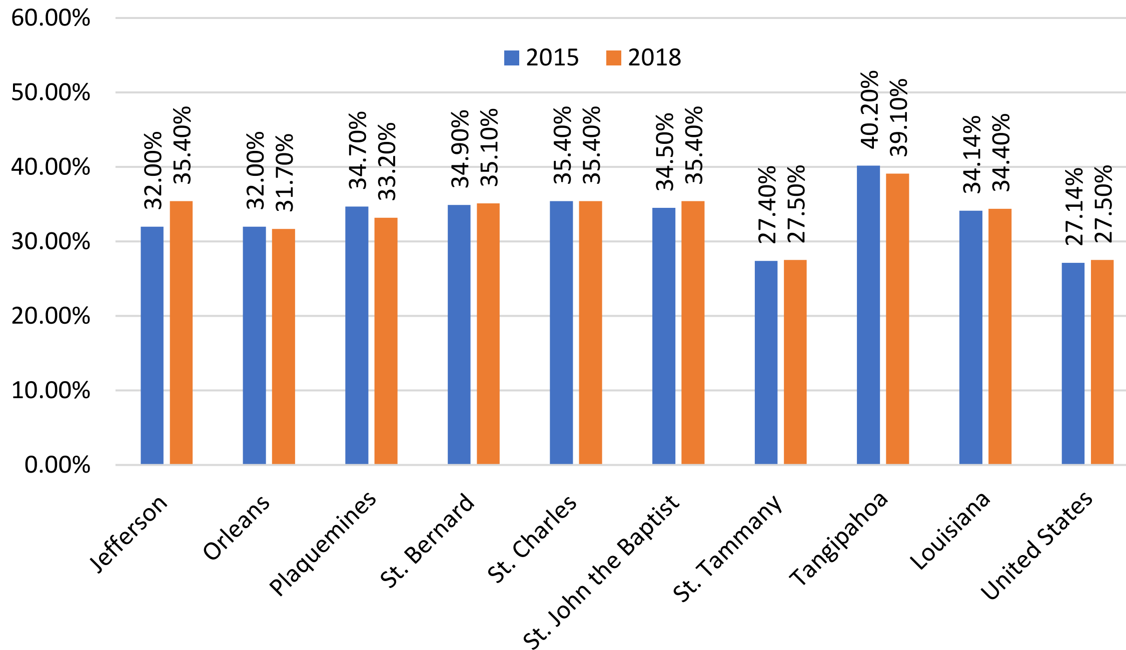
[48] Office of Disease Prevention and Health Promotion: https://health.gov/dietaryguidelines/2015/guidelines/chapter-2/current-eating-patterns-in-the-united-states/
[49] American Public Health Association: https://apha.org/what-is-public-health/generation-public-health/our-work/healthy-choices
[50] Louisiana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

to 35.40 percent in 2018. Orleans (32.0; 31.7), Plaquemines (34.7; 33.2), and Tangipahoa (40.2; 39.1) parishes saw a reduction in obesity percentages between 2015 and 2018. (See Chart 21.)

In response to rising obesity rates and the associated health risks, there are several initiatives across the state of Louisiana that target obesity, including healthy eating, drinking water, physical activity, and physical educations in schools.[51]

Chart 21: Obese Adults



Source: Community Commons

The U.S. Department of Health and Human Services guidelines recommend engaging in regular physical activity to promote cardiovascular health and muscle fitness.[52] 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.[53] Activity equaling 150 minutes

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[51]The State of Obesity: https://stateofobesity.org/states/la/

[52] Office of Disease Prevention and Health Promotion: https://health.gov/paguidelines/guidelines/chapter1.aspx

[53] Office of Disease Prevention and Health Promotion: https://health.gov/paguidelines/guidelines/chapter2.aspx

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).

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.[54]

Changes in behavior is often difficult, and instilling positive behaviors requires more discipline. Individuals who are overweight and/or obese require a lifestyle change. The American Heart Association recommends obese patients participate in a medically supervised weight-loss program two or three times a month for at least six months. The treatment plan for weight loss involves eating fewer calories than your body needs, getting aerobic exercise for 30 minutes most days of the week, and learning the skills to change unhealthy behaviors.[55] There are ample strategies and methods available to assist those who are looking to lose weight, and the most basic plans include the incorporation of a healthy diet and physical activity.

The World Health Organization (WHO) advises that a healthy diet helps protect against malnutrition in all its forms, as well as non-communicable diseases (NCDs), including diabetes, heart disease, stroke, and cancer. Healthy dietary practices start early in life — breastfeeding fosters healthy growth and improves cognitive development, and may have longer-term health benefits, like reducing the risk of becoming overweight or obese and developing NCDs later in life.[56]

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.[57]

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.[58] In 2017, the state of Louisiana ranked 13th in fruit consumption and eighth in vegetable consumption in America's Health Rankings. While these rankings are not poor, there is room for improvement. Louisiana ranked in the bottom 10 for seven measures related to conditions affected by nutrition and risky health behaviors. (See Table 10.)

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

Table 10: 2017 America's Health Rankings

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

Source: America's Health Rankings

In response to the growing obesity problem in the state, Louisiana was awarded $1,156,686 in funding by the CDC's Division of Nutrition, Physical Activity and Obesity for programs related to state and public health actions, high obesity, and REACH[59]. Louisiana applied the bulk of the award, $1,013,567, to high obesity programming conducted by Louisiana State University. The remaining balance went to the Louisiana Department of Health to be used toward state public health actions.[60] Louisiana State University enacted several initiatives to promote healthy eating and active living in parishes that have more than 40 percent prevalence of adult obesity. Louisiana High Obesity Program (HOP) identified Madison, St. Helena, Tensas, and West Feliciana parishes for the HOP.[61]

The LDH used the CDC's funding to launch the Well-Ahead Louisiana WellSpot Designation Program to encourage and support organizations in creating healthier workplaces. Well-Ahead promotes chronic disease–prevention efforts where Louisiana residents live, work, learn, and play. As of September 2017, 187 organizations started a worksite wellness program as a result of Well-Ahead. Examples include: Franciscan Missionaries of Our Lady Health System adopted a healthy vending policy ensuring at least 50 percent of vending options are healthy, and Rainbow Child Care Center and 31 other WellSpots created a healthy meeting policy to make healthy food options available during employee meetings and events.[62]

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[59] REACH is a national program administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities.
[60] Centers for Disease Control and Prevention: www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html
[61] Centers for Disease Control and Prevention: www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/high-obesity-program/Lousiana-062018-508.pdf
[62] Louisiana Department of Health: www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/louisiana-worksite-wellness-success-story.pdf

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

Food Preparation

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

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

Louisiana is one of eight states referred to by public health authorities as The Stroke Belt. The Stroke Belt is a region of the southern United States where studies show that the risk of stroke is 34 percent higher than the general population in other areas of the country. Researchers believe that high rates of obesity, cigarette smoking, and high blood pressure account for the increased risk of death from cardiovascular disease.[63]

Repeated and ongoing exposure to healthy food preparation methods at an early age increases the likelihood of children carrying these behaviors into adulthood and stemming the obesity epidemic currently affecting the United States. Educational and health care institutions can play an important role in food preparation education for children. Instilling healthy methods of food preparation at an early age is vital to ensuring the next generation is equipped to make healthy choices. For this same reason, it is also important to educate parents and caregivers of children on healthy food preparation methods.

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

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[63] Heart Attack and Stroke Prevention Center: www.thepreventioncenter.com/cardiovascular-disease/stroke-belt/

Personalized Care

When we speak about personalized medicine, it refers specifically to the use of genetics and genomics. An example of personalized medicine includes the use of specific tumor markers to guide therapy for breast cancer.[64] Due to recent technological advances in human genome mapping, the medical community has the capability to use a person's DNA to enable more accurate medical predictions and tailor care plans to specific individuals and specific diseases.[65] Personalized care is a broader platform that includes genetics but also includes any additional biologic information that helps foresee risk for disease(s) or how a patient will respond to treatments. Overall, personalized medicine allows health professionals to target treatment plans to specific individuals and specific diseases.

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

In 2018, St. Bernard Parish has the highest rate of preventable hospital events at 92.2 per 1,000 Medicare enrollees and was the only parish in the study area that saw an increase from data reported in 2015. Orleans was the only parish with a rate of preventable hospital events below the nation (49.9 per 1,000 Medicare enrollees); Jefferson followed closely at 50. Louisiana, along with a majority of the study area, reported rates well above the nation. (See Chart 22.)

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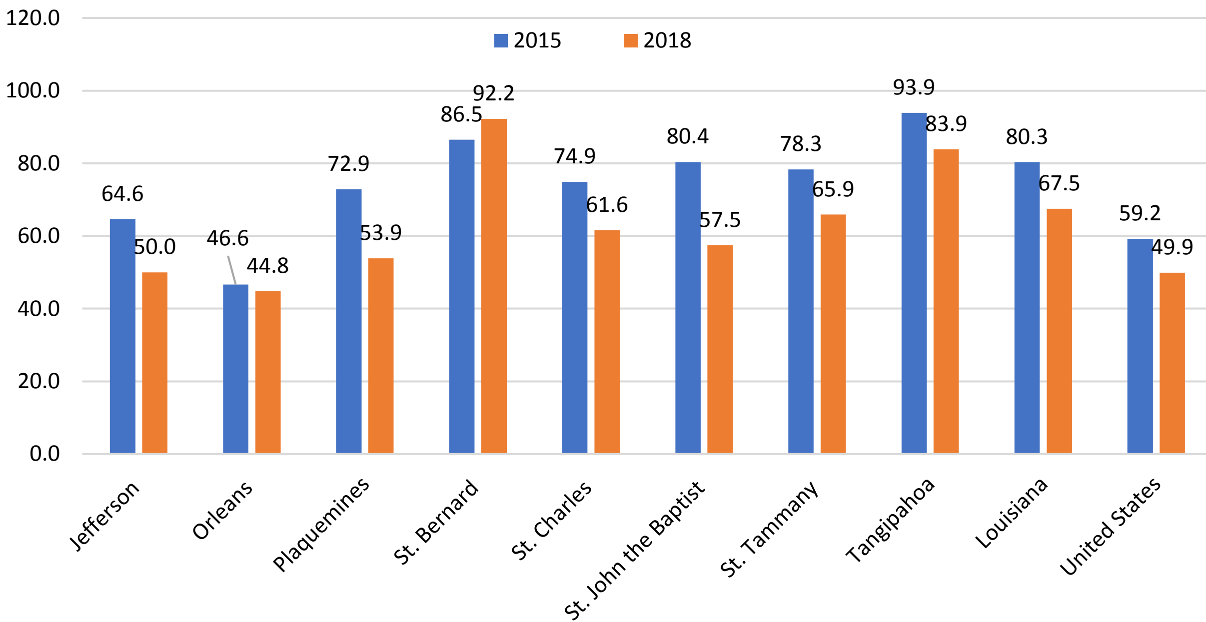
[64] Cleveland Clinic: https://health.clevelandclinic.org/what-is-personalized-healthcare/

[65] Personalized Medicine Coalition: www.personalizedmedicinecoalition.org/Userfiles/PMC-Corporate/file/pmc_the_case_for_personalized_medicine.pdf

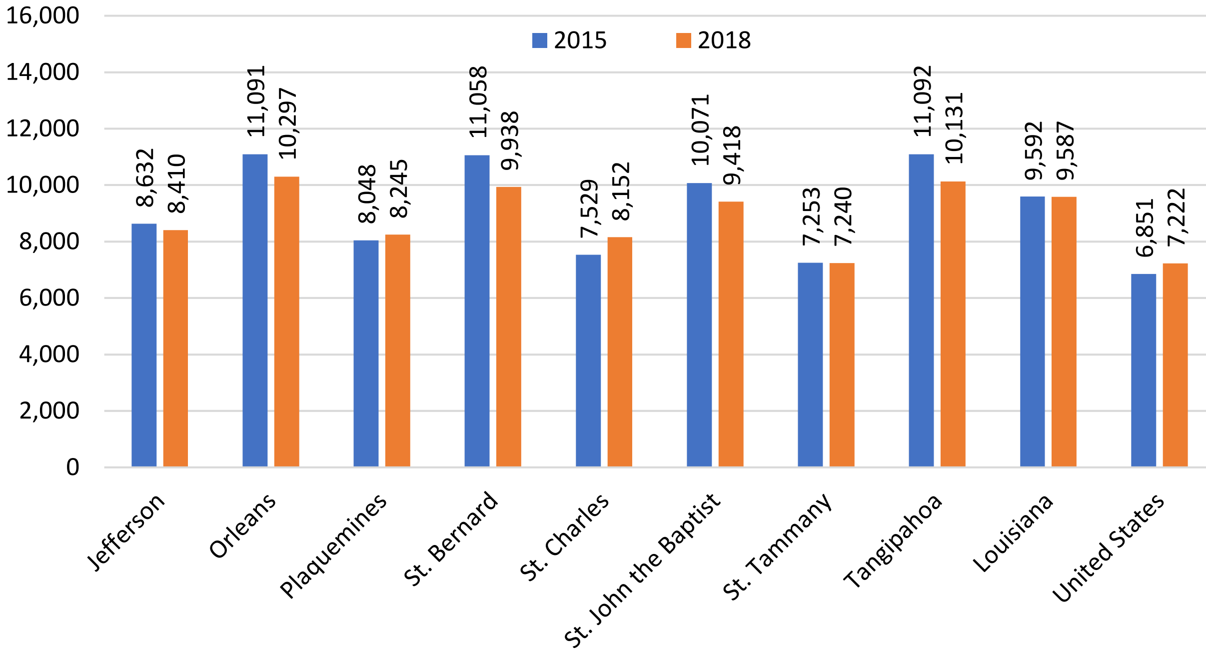
Chart 22: Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Source: Community Commons

For 2018, the years of potential life lost per 100,000 population in Louisiana was 9,587; higher than the nation by 2,365 years (7,222 per 100,000 population). Orleans, St. Bernard, and Tangipahoa parishes reported rates higher than the overall state rate. Six of the eight parishes in the study area reported a decrease from the 2015 rate. However, these parishes continue to report rates well above the nation. St. Tammany, while slight, saw a reduction in years of potential life lost from 7,253 in 2015 to 7,240 in 2018. (See Chart 23.)

Chart 23: Years of Potential Life Lost (per 100,000 population)



Source: Community Commons

The financial consequence of non-adherence is estimated to be in the hundreds of billions of U.S. dollars. In addition to the financial burden, non-adherence is also a risk factor for very serious and often fatal complications; as many as 125,000 deaths each year. Factors influencing patient adherence are many and varied — patients misunderstand instructions or execute them incorrectly, patients forget, or they just outright ignore health advice. The relationship between provider and patient can be a determining factor in patient compliance. It is important that providers realistically assess a patient's level of knowledge and understanding of the treatment plan and, based on that assessment, clearly and effectively communicate information.[66]

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

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

discussions with non-compliant patients to encourage a partnership approach to strategizing ways to encourage adherence.

Life Skills and Financial Management

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

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

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

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

Data gathered for the Greater New Orleans Community Data Center Report showed, by parish, the percentages of working-age residents in the study area that struggle with poverty. (See Chart 24.)[67]

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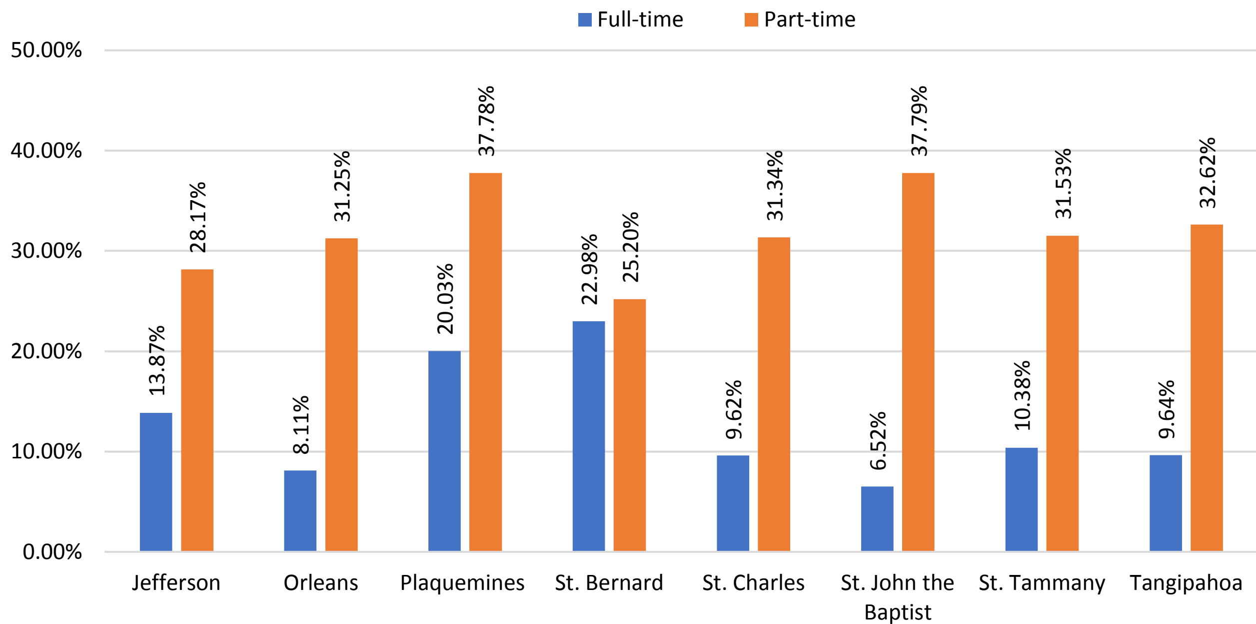
[67] Source: Greater New Orleans Community Data Center 's Report – Poverty in Southeast Louisiana Post-Katrina: https://www.datacenterresearch.org/reports_analysis/poverty-in-southeast-louisiana/

Chart 24: Working-Age Population in Poverty

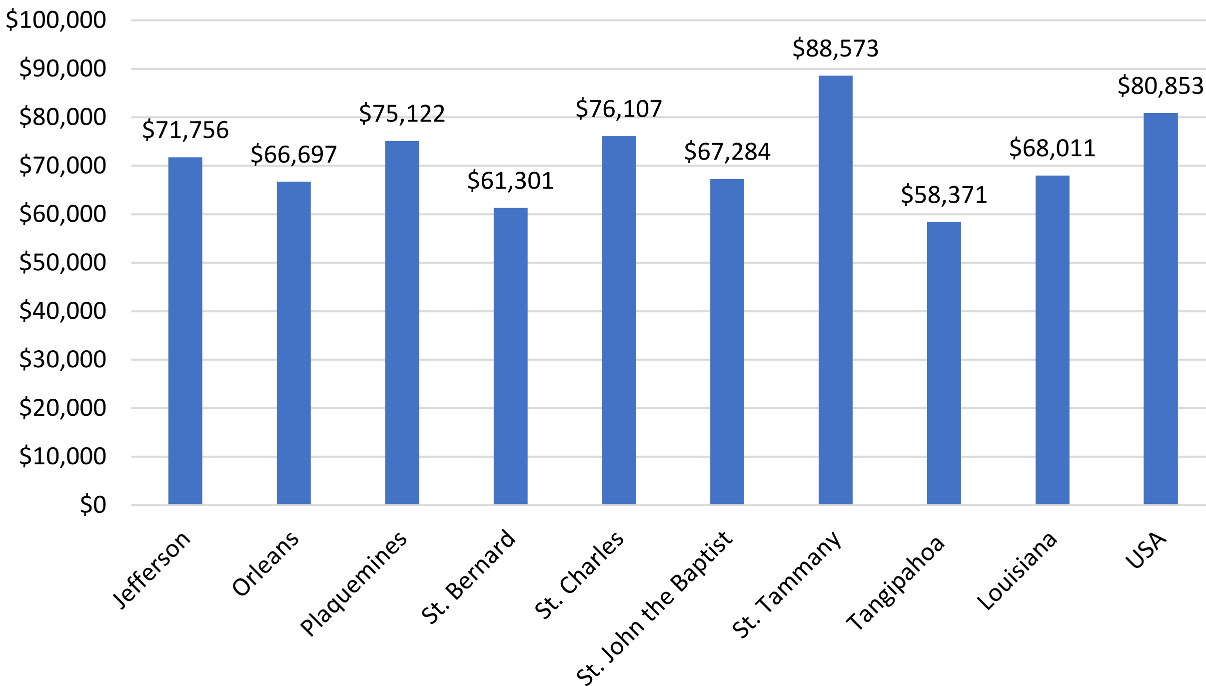


Source: Greater New Orleans Community Data Center ’s Report

Supporting CNI data related to poverty and unemployment in the study area reported that 42.79 percent of residents in ZIP code 70113 (New Orleans) have the highest rates of impoverished seniors and the highest rates of impoverished single parents with children (71.27 percent). ZIP code 70116 in New Orleans (55.98 percent) reported the highest rates of impoverished children. ZIP code 70538 Franklin in St. Mary Parish reported the highest rates of unemployed residents (18.19 percent).

Further examination of data from Truven Health Analytics reveals the average household income in St. Bernard and St. John the Baptist parishes fall under the state income average of $68,011. (See Chart 25.)

Chart 25: Average Household Income



Source: Truven Health Analytics

According to the United Way, a family consisting of two adults with two children in child care living in Louisiana needs an operating budget of $46,020 to cover the basic necessities of housing, child care, food, health care, and transportation — plus taxes and miscellaneous costs. Most ALICE households do not qualify for Medicaid and cannot afford even Bronze Marketplace premiums and deductibles. Many of these households opt to pay the penalty for not having health insurance because it is the cheapest option. However, choosing this option does not improve health care in any way for these families and is an example of the difficult choice these households are forced to make.[68]

Two adults working 40 hours per week at $10 per hour gross $41,600 annually; this is almost $4,500 less than the ALICE threshold for a Louisiana family of two adults and two children. Minimum wage in Louisiana is $7.25 per hour. Legislation to raise the minimum wage continues to be defeated in the

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

Louisiana government.[69] This, coupled with limited job opportunities and low educational attainment in the region, inhibits community members from financial stability and self-sustainability.

Residents of Louisiana must have financial management skills if they are to stretch limited income to include health care costs and build assets to increase financial stability. Educational institutions can further this goal by offering classes and coursework that includes financial management specifically related to household budgeting, analyzing income versus expenses, food purchasing, and discerning trusted sources of financial advice and information.

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

Conclusion

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

The collection and analysis of primary and secondary data armed the Working Group with sufficient data and resources to identify key health needs. Local, regional, and statewide partners understand the CHNA is an important factor toward future strategies that will improve the health and well-being of residents in their region. Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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 Medical Center, Ochsner Baptist, and Ochsner West Bank will begin the framework for the implementation strategy phase and its ongoing evaluation.

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

Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank took into consideration the ability to address the region's identified needs and viewed the overall short- and long-term effects of undertaking the task. Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank will address the identified needs and view them as positive and encouraging changes. Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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 and organizations, and 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, Ochsner Baptist, and Ochsner West Bank 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, Ochsner Baptist, and Ochsner West Bank will continue to work closely with community partners, as the CHNA report is the first step in an ongoing process to reduce the gaps of health disparities.

APPENDICES

Ochsner

Appendix A: General Description of Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank

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

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

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

Ochsner Medical Center is located on Jefferson Highway near Uptown New Orleans and includes acute and sub-acute facilities and centers of excellence: Ochsner Cancer Institute, Ochsner Multi-Organ Transplant Center, and Ochsner Heart and Vascular Institute.

As a 767-bed acute care hospital, Ochsner Medical Center offers the opportunity to learn and provide patient care at a magnet facility with three Centers of Excellence, all the while gaining exposure to complex medical cases. This campus is also one of six training sites in the world for robotic surgery and is nationally known for many skilled physicians.

Ochsner Medical Center is a part of Ochsner Health System, a non-profit, academic, multi-specialty health care system. The commitment to patient care, education and research, and a unique, coordinated neighborhood-based system provides health care with peace of mind by putting the needs of all patients first. Ochsner Health continuously meets the ever-changing needs of patients and community through electronically linked hospitals and health centers. Patient electronic medical records are available from any Ochsner location, allowing for the most consistent patient care, both for routine health needs and more complex medical conditions.

Ochsner Baptist is fully accredited and staffed by more than 600 trusted, skilled physicians and specialists — many practicing at Ochsner Baptist for decades. Featuring all-private inpatient rooms, an intensive care unit, state-of-the-art operating rooms, and two cardiac catheterization labs, the hospital is located in the heart of New Orleans.

Ochsner Baptist is home to the Women's Pavilion, a state-of-the-art facility overlooking Uptown New Orleans. The Ochsner Baptist Women's Pavilion makes it easier for women of all ages to connect to the

expert care they need throughout their life. From standard and specialized obstetric and gynecological needs and gynecological robotic surgery, to high-risk maternal fetal medicine physicians. Ochsner Baptist offers private labor and delivery and postpartum rooms, as well as alternative birthing options.

Ochsner Baptist is also home to a health center with physician offices such as primary care, urology, orthopedics, back and spine services, and pain management.

Ochsner Medical Center – West Bank is a 180-bed general medical and surgical acute care facility, located on the mighty Mississippi River. The medical center offers comprehensive medical services provided by a multidisciplinary team including more than 500 board-certified or board-eligible physicians, a highly trained nursing staff and other skilled allied-health professionals.

Since becoming a member of the Ochsner family in October 2006, the medical center has made great strides in bringing more comprehensive and technologically advanced services to the community. A robust electronic medical records system was implemented, and a six-bed outpatient chemotherapy administration area was likewise outfitted to meet the needs of West Bank residents requiring chemotherapy, blood transfusions, injections, and other cancer-related drug therapy. Advanced Wound Care services with a multidisciplinary approach to healing is a unique service for the West Bank.

As a nationally recognized top 100 hospital through *U.S. News & World Report*, Ochsner Medical Center is working to improve patient care, patient outcomes, and safety in ways that can be documented and adopted as daily practice.

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

Appendix B: Regional Study Area Definition

In 2018, a comprehensive CHNA was completed for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank. The final CHNA needs were defined through a regional approach focusing on eight parishes. They included: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, and Tangipahoa parishes. The overall study area parishes were representatives of the region from which the participating hospitals/health systems are located (i.e. West Bank, New Orleans, and Jefferson regions).

The information below represents the region.

Regional Study Area Population and Demographics Snapshot:

- Overall, the regional study area encompasses 1,397,464 residents.
- The study area for regional study area shows seven out of eight parishes are projected to have a population growth from 2017 to 2022; St. John the Baptist is expected to have a population decline of 542 residents.
- Jefferson Parish encompasses 437,303 residents and is the largest parish in the study area, followed by Orleans Parish with 399,567.
- St. Bernard Parish is expected to have the largest population change at 9.3 percent, or an increase of 4,390 residents.
- St. Tammany Parish reports the lowest rate of residents with “less than a high school” diploma (3.55 percent) for the regional study area. St. Bernard Parish has the highest number of residents with a high school diploma (42.72 percent). Orleans Parish reports the highest rate of residents with a bachelor’s degree or higher (35.06 percent) for the study area; while residents in St. Bernard have the lowest (12.06 percent).
- Orleans Parish reports the largest black, non-Hispanic population percentage for the study area (57.88 percent); while St. John the Baptist reports the next-highest percent of black, non-Hispanics (53.04 percent). St. Tammany Parish reports the highest white, non-Hispanic population across the study area at 78.43 percent; higher than the state (58.53 percent) and nation (60.77 percent).
- Tangipahoa Parish reports the lowest average household income of the entire study area at $58,371; this is also lower than state ($68,011) and national ($80,853) averages. St. Tammany Parish reports the highest average household income at $88,573.

Appendix C: Primary and Secondary Data Overview

Process Overview

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

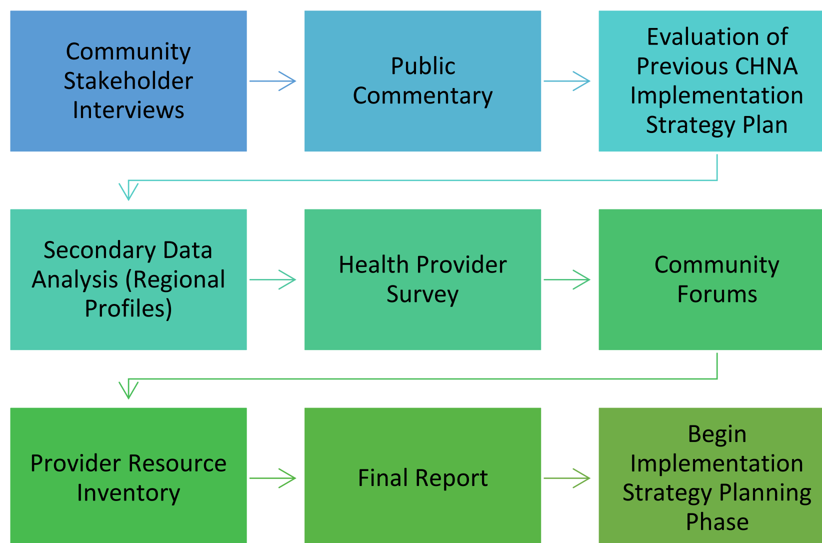
Civic and social organizations, government officials, educational institutions, and community-based organizations participated in the assessment to assist Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank with evaluating the needs of the community. The 2018 assessment included primary and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

Tripp Umbach collected primary and secondary data through the identification of key community health needs in the region. Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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, Ochsner Baptist, Ochsner West Bank, and Tripp Umbach worked diligently to collect, analyze, review, and discuss the results of the CHNA, concluding with the identification and prioritization of the community's needs for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank.

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

Chart 26: 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 in 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; 15 key stakeholders were identified and represented Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank.

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).

Ochsner Medical Center Key Themes:

1. Access to Care
2. Chronic Disease
3. Mental/Behavioral Health/Substance Abuse

Ochsner Baptist Key Themes:

1. Children and Families
2. Healthy Behaviors
3. Access to Care
4. Overall Environment

Ochsner West Bank Key Themes:

1. Healthy Behaviors
2. Chronic Disease
3. Mental Health

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, Ochsner Baptist, and Ochsner West Bank. 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 15 community stakeholders related to the public commentary survey. The comments below are a summary of stakeholders' feedback regarding the former documents.

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

Ochsner Medical Center Results:

When asked if the assessment "included input from community members or organizations," four of the five survey respondents reported that the assessment did include input from appropriate members/organizations and one had not reviewed the 2015 CHNA.

Two survey respondents reported that the assessment reviewed did exclude community members or organizations that should have been involved in the assessment; two respondents did not feel any community members or organizations were excluded; one respondent did not review the 2015 CHNA. Community members or organizations identified as being excluded were 504 Health Network – Collaboration of Safety Net Health providers, Covenant House, and Baptist Community Health Ministries.

In response to the question, "Are there needs in the community related to health (e.g., physical health, mental health, medical services, dental services, etc.) that were not represented in the CHNA," two respondents agreed that the needs identified in the 2015 CHNA represented the needs of the community; two respondents felt needs were missing; and the remaining respondent had not reviewed the 2015 CHNA. The missing health needs from the CHNA was chronic disease and a focus on health equity.

Four survey respondents indicated that the ISP was directly related to the needs identified in the CHNA and one had not reviewed the 2015 CHNA.

Ochsner Baptist Key Results:

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

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

In response to the question, "Are there needs in the community related to health (e.g., physical health, mental health, medical services, dental services, etc.) that were not represented in the CHNA" two respondents agreed that the needs identified in the 2015 CHNA represented the needs of the community; one respondent felt needs were missing, and the remaining respondents had not reviewed the 2015 CHNA. The missing health need was identified as childhood education.

Three survey respondents indicated that the ISP was directly related to the needs identified in the CHNA and two had not reviewed the 2015 CHNA.

Ochsner West Bank Key Results:

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

None of the survey respondents reported that the assessment reviewed did exclude community members or organizations that should have been involved in the assessment; three respondents did not review the 2015 CHNA.

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," one respondent agreed the needs identified in the 2015 CHNA represented the needs of the community; one respondent felt needs were missing; and the remaining respondents had not reviewed the 2015 CHNA. The missing health needs were not identified.

Two survey respondents indicated that the ISP was directly related to the needs identified in the CHNA and three had not reviewed the 2015 CHNA.

Evaluation of Previous Planning Efforts

Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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 2016 Implementation Strategy Plan to address community health needs.

A. Increase Access to Health Care

Outcomes/Results

- Offered free career exploration programs to all local schools and students through job shadow program and school/community organization on-campus field trips. Performed pre-and post-knowledge-based assessments for each program.
- Maintained recognized student attrition rate in Ochsner sponsored programs. Increased the growth of new/renewed affiliate educational programs. Maintained student enrollment in Ochsner clinical school/University of Queensland medical school program.
- Continued access for Ochsner Health System Epic providers to shared external health records.
- Facilitated and provided education and enrollment assistance for health insurance policies available at Louisiana Federally Facilitated Marketplace for communities — for new policies and renewal policies.
- Continued implementation of eICU software services across region.
- Partnered with Terrebonne to offer safety net to uninsured/underinsured population.
- Continued providing existing clinic services in all regions.
- Continue Partnership with Loyola University's Student Health Center by Providing Provider (Advanced Practice Clinician or MD Coverage).

B. Improve Resource Awareness and Health Literacy

Outcomes/Results

- Provided local resource information to Aunt Bertha.
- Continued education to Ochsner departments on use of community calendar for posting events using internal communication avenues.
- Utilized language access vendor for interpretation services (phone and/or video) available at all locations, including American Sign Language.
- Utilized online software to access patient educational materials in multiple languages through Epic EMR.
- Utilized multiple forums and avenues for Ochsner providers to educate the community on current health topics.

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

Outcomes/Results

- Utilized Virgin Pulse (VP) to track and incent employees for healthy behaviors.
- Developed and implement standardized discharge education process and materials to improve patient understanding of illness, expectation and resources.
- Maintained active participation on Jefferson Parish Public School System Health Advisory Committee developing innovative solutions for current issues in adolescent health and supporting health education for staff and students.
- Publicized available skill check off sessions through the Ochsner Health system. Offered skill check off sessions monthly and as needed. Also offered AHA First Aid Classes.
- Provide Medical Assistant Academy to increase scope of practice and certify community members as clinical medical assistants.
- Launched IMPACT program and measured key performance indicators, job satisfaction, engagement, and retention for targeted areas.
- Provided worksite wellness services to local employers. Offered incentives and health coaching services for healthy behaviors, based on employee need. Assessed opportunities to increase partnerships with additional employers.

D. <u>Access to Healthy Options and Behaviors that Impact Health</u>

Outcomes/Results

- Offered Tobacco Cessation Clinics in all regions: Baton Rouge, Northshore, Kenner, West Bank, Baptist, Jefferson Highway, St. Anne.
- Attended Health Fairs, special events, and sign up events to refer people to the clinic.
- Facilitated Smoking Cessation Treatment Options through the State's 1-800-QUIT- NOW and the "Trust."
- Continue to grow awareness and attendance at high schools.
- Offered lunch time hallway station in hospital with pamphlets, posters, general information, healthy recipes, to promote health and educate according to National Health Topics, monthly.
- Educate community on prenatal health, labor, delivery options, mom and baby post-delivery care, car seat safety, safe sitting, and parenting.
- Continued monthly pregnant teen support groups at John Ehret School Based Clinic.
- Sponsored and participated in community events to promote health and wellness.
- Conducted patient educational seminars on pertinent health conditions at community locations.

- Hosted large scale health fairs in high-traffic centrally placed locations providing education, screenings and nurse consultations focused on Cancer, Men's Health, Women's Health and Adolescent Health.
- Sponsored and supported key community events focused on high priority health topics, innovative health interventions and disease research aligned with the Ochsner service lines and community goals.

E. Behavioral Health and Substance Abuse

Outcomes/Results

- Continued to provide inpatient psychiatric services at Ochsner Medical Center Jefferson Highway, Ochsner St. Anne Hospital, St. Charles General Hospital and Chabert Hospital.
- Partnered with Jefferson Parish public school system to provide primary and mental health services in two school-based health centers.

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, Ochsner Baptist, and Ochsner West Bank; 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 the Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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.

Health Provider Survey

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

On July 10–11 and July 31, 2018, Tripp Umbach facilitated public input sessions (community forum) with leaders from community, government, civic, and social organizations, and other key community leaders at the Corpus Christi Church-Epiphany Resource Center, Jefferson Parish Library – East Bank Regional Library, and Woodmere Community Center. The purpose of the community forum was to present the CHNA findings, which included existing data, in-depth community stakeholder interviews results, and results from the health provider survey, and to obtain input regarding the needs and concerns of the community overall. Community leaders discussed the data, shared their visions and plans for health improvement in their communities, and identified and prioritized the top community health needs in their region. With input received from forum participants, community stakeholders prioritized and identified top priority areas.

Ochsner Medical Center Results:

A. Education
B. Behavioral Health (Mental Health and Substance Abuse)
C. Access to Care

Ochsner Baptist Key Results:

A. Behavioral Health (Mental Health and Substance Abuse)
B. Health Literacy
C. Access to Care

Ochsner West Bank Key Results:

A. Access to Care
B. Behavioral Health (Mental Health and Substance Abuse)
C. Health Education

The Ochsner Medical Center main campus is located in Jefferson Parish, Ochsner Baptist is located in Orleans Parish, and Ochsner Medical Center – West Bank is located in the West Bank region. The needs from each of the hospital's communities varied slightly as demonstrated from the primary and secondary data collected. Commonality among the different needs were identified for each of the need areas and across all three regions. Therefore, for the purposes of the 2018 CHNA, the community needs

were accumulated into three specific priority areas. The identified needs for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank were:

A. Behavioral Health (Mental Health and Substance Abuse);

B. Access to Care; and

C. Health Education/Health Literacy.

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 the Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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), consensus with community stakeholders results, and survey 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 ultimately result in the development of an implementation plan that will meet system and IRS standards.

Appendix D: Community Stakeholder Interviewees

Tripp Umbach completed 15 interviews with community stakeholders representing Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank 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 11: Community Stakeholders for Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank (Listed Alphabetically by Last Name)

Name	Organizations
Ochsner Medical Center	
Wendy Beron	Methodist Health System Foundation, Inc.
Natalie Jayroe	Second Harvest Food Bank
Joseph Kanter MD, MPH	New Orleans Health Department
Mark Keiser	Access Health Louisiana
Flint Mitchell	Louisiana Children's Research Center for Development and Learning
Ochsner Baptist	
Melanie Bronfin	Louisiana Policy Institute for Children
Liz Burpee	Broad Community Connections
Sophie Hoffman Vorhoff	Friends of Lafitte Greenway
Maria Huete	Junior League of New Orleans
Dr. Anthony Recasner	Agenda for Children
Ochsner West Bank	
Chance Doyle	Café Hope
Will Giannobile	Boys & Girls Clubs West Bank
Brian North	Fifth District Savings Bank
Alvin Rose	Second Baptist Church
Jodi Taylor	Belle Chasse YMCA

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

Table 12: 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 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 & Girls Clubs West Bank
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	Louisiana Children's Research Center for Development and Learning

Name	Organizations for Ochsner Health System
Brian North	Fifth District Savings Bank
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 13: 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

	Organization Name
19.	CCOSJ
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

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

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

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

Appendix F: Working Group Members

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

Table 14: Working Group Members (Listed aphabetically 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 5, that 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 percent each) in the CNI score. An overall score of 1 indicates a ZIP code with the least need, while a score of 5 represents a ZIP code with the most need.

Data Sources

- Demographic data, The Nielsen Company
- Poverty data, The Nielsen Company
- Insurance coverage estimates, Truven Health Analytics

Applications and Caveats

- CNI scores are not calculated for non-populated ZIP codes. These include such areas as national parks, public spaces, post office boxes, and large unoccupied buildings.
- CNI scores for ZIP codes with small populations (especially less than 100 people) may be less accurate. This is due to the fact that the sample of respondents to the 2010 census is too small to provide accurate statistics for such ZIP codes.

Appendix H: Regional Groupings

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

Table 15: Regional Groupings

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

Appendix I: Tripp Umbach

Consultants

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

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

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