October 2018

Community Health Needs Assessment

Ochsner St. Anne Hospital

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Introduction

Ochsner St. Anne Hospital, a 35-bed hospital located in Raceland, Louisiana, is a non- profit hospital serving Lafourche and the surrounding parishes. Founded in 1967, Ochsner St. Anne has a rich history, a strong foundation of healthcare services, and a deep commitment to the health and well-being of its residents.

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

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

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

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

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

- Conduct a CHNA every three years.

[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.

- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed, with the reasons why.

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

1. A description of the community served by the hospital facilities and how the description was determined.
2. A description of the process and methods used to conduct the assessment.
    - A description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.
    - A description of information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility.
    - Identification of organizations that collaborated with the hospital and an explanation of their qualifications.
3. A description of how the hospital organizations considered input from persons who represent the broad interests of the community served by the hospitals. In addition, the report must identify any individual providing input that has special knowledge of or expertise in public health. The report must also identify any individual providing input who is a "leader" or "representative" of populations.
4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
6. A description of the needs identified that the hospital intends to address, the reasons those needs were selected, and the means by which the hospital will undertake to address the selected needs.[2]

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

Methodology

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

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

A robust regional profile (secondary data profile) was analyzed. The regional profile contained local, state, and federal data/statistics providing invaluable information on a wide-array of health and social topics.[3] Different socioeconomic characteristics, health outcomes, and health factors that affect residents' behaviors; specifically, the influential factors that impact the health of residents were reviewed and discussed with members of the Working Group and Tripp Umbach. In total, six regional health profiles were compiled based on the locations and service areas of the participating hospitals. For the overall assessment process, the regional profiles were: Baton Rouge, Jefferson, New Orleans, North Shore, West Bank, and St. Anne (Raceland)/Lafourche region.

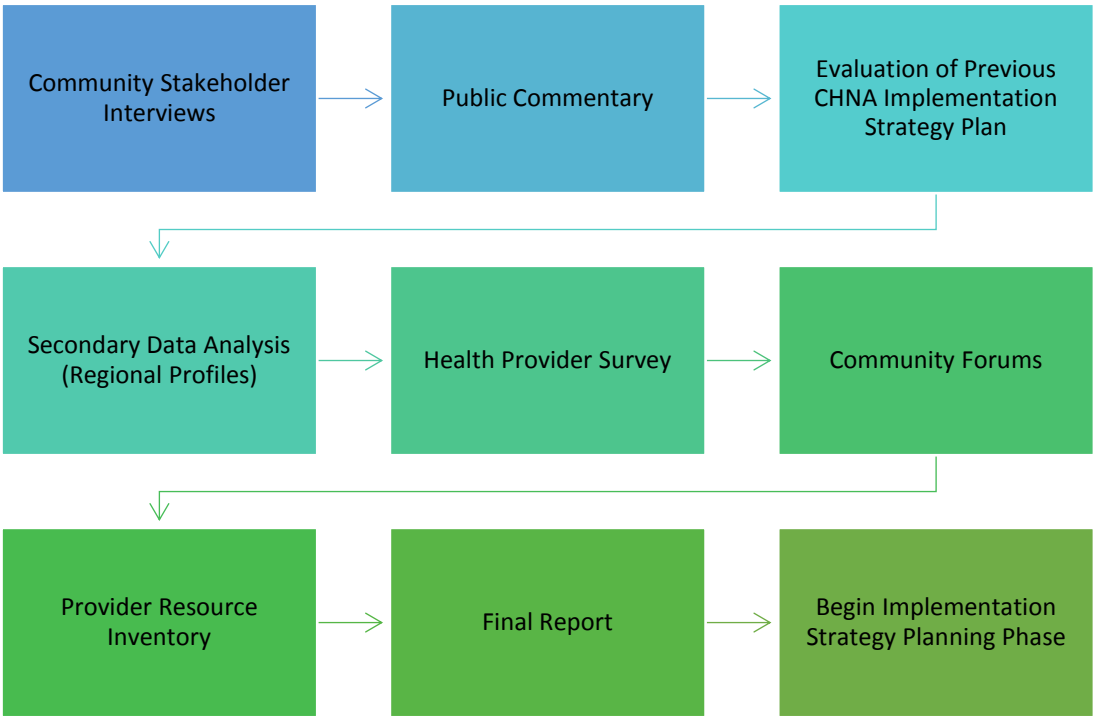
Additional data from Truven Health Analytics was supplied to gain a deeper understanding of community health care needs.[4] The Community Needs Index (CNI), jointly developed by Dignity Health and Truven Health, assists in the process of gathering vital socioeconomic factors in the community. CNI is a strong indicator of a community's demand for various health care services. The CNI data will be used to quantify the implementation strategy efforts and plans for Ochsner Health System.

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

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

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

Chart 1: CHNA Process Chart



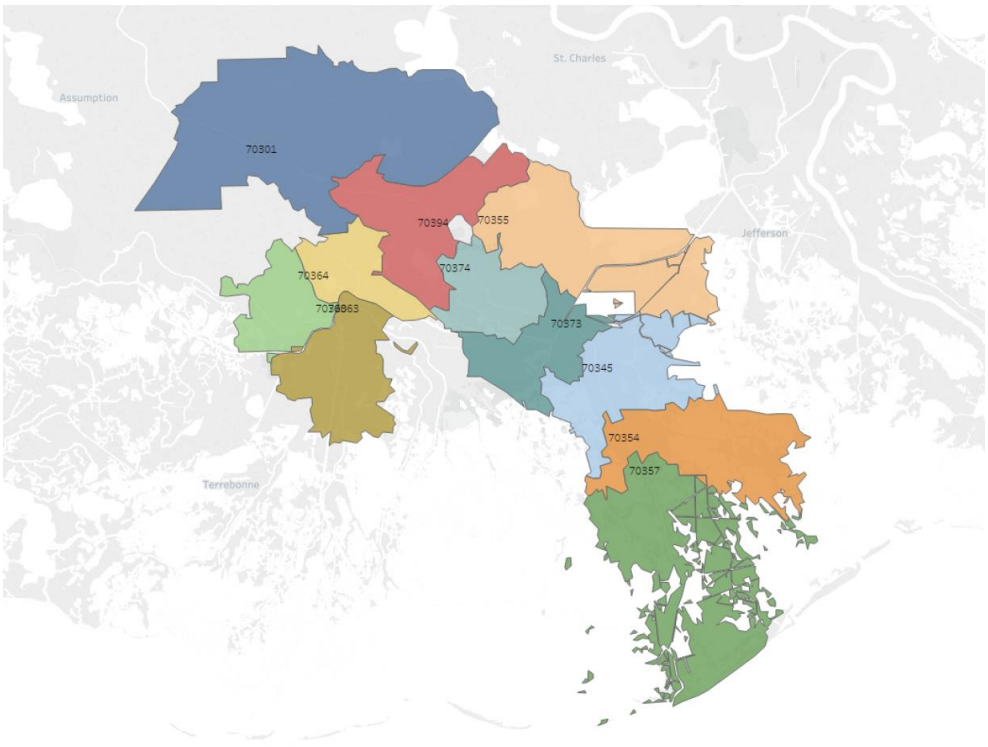
Primary Service Area

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

In 2018, a total of 11 ZIP codes were identified for the service area, compared to 16 in 2015, and 14 in 2013. The regional area profile contained CNI information on 11 ZIP codes as part of the St. Anne regional profile. The CHNA focused on the populations with the largest number of residents who utilize health care services from Ochsner St. Anne. These ZIP codes also reflect 80 percent of inpatient discharges. The information collected from these specific ZIP codes will assist in future health care planning services, community benefit contributions, and programming efforts.

The below map represents the primary service area of Ochsner St. Anne Hospital. The primary service area encompasses 11 ZIP codes within Southern Louisiana. (See Map 1.)

Map 1: Overall Service Area of Ochsner St. Anne – 2018 Regional Study Area Map



Note: Map is not to scale.

Source: Truven Health Analytics

Table 1: Overall Study Area Profile

	ZIP Code	City	Parish
1.	70301	Thibodaux	Lafourche
2.	70345	Cut Off	Lafourche
3.	70354	Galliano	Lafourche
4.	70355	Gheens	Lafourche
5.	70357	Golden Meadow	Lafourche
6.	70360	Houma	Terrebonne
7.	70363	Houma	Terrebonne
8.	70364	Houma	Terrebonne
9.	70373	Larose	Lafourche
10.	70374	Lockport	Lafourche
11.	70394	Raceland	Lafourche

Source: Truven Health Analytics

The study area for Ochsner St. Anne shows that the two parishes are projected to have a population growth from 2017-2022. Terrebonne Parish is expected to have the largest population growth with 3.0 percent compared to Lafourche Parish, which is expected to have a 2.3 percent growth. Overall, the entire Ochsner St. Anne regional study area is projected to have population growth in 2022 with 5,732 new residents to the region. (See Table 2.)

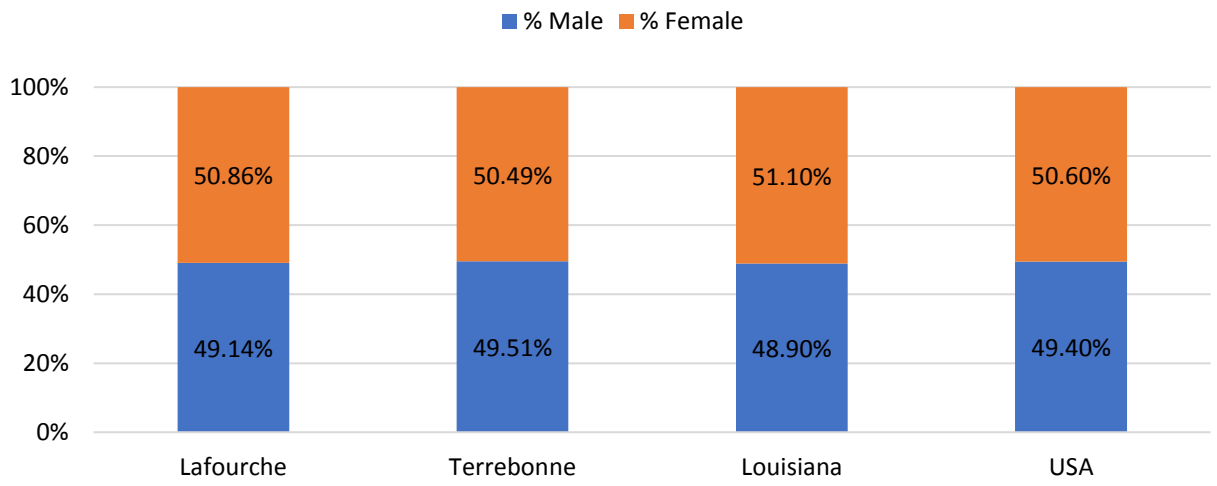
Table 2: Area Population Snapshot

	Lafourche	Terrebonne	Louisiana	USA
2017 Total Population	92,788	121,310	4,706,135	325,139,271
2022 Projected Population	94,908	124,922	4,839,118	337,393,057
# Change	2,120	3,612	132,983	12,253,786
% Change	2.3%	3.0%	2.8%	3.8%

Source: Truven Health Analytics

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

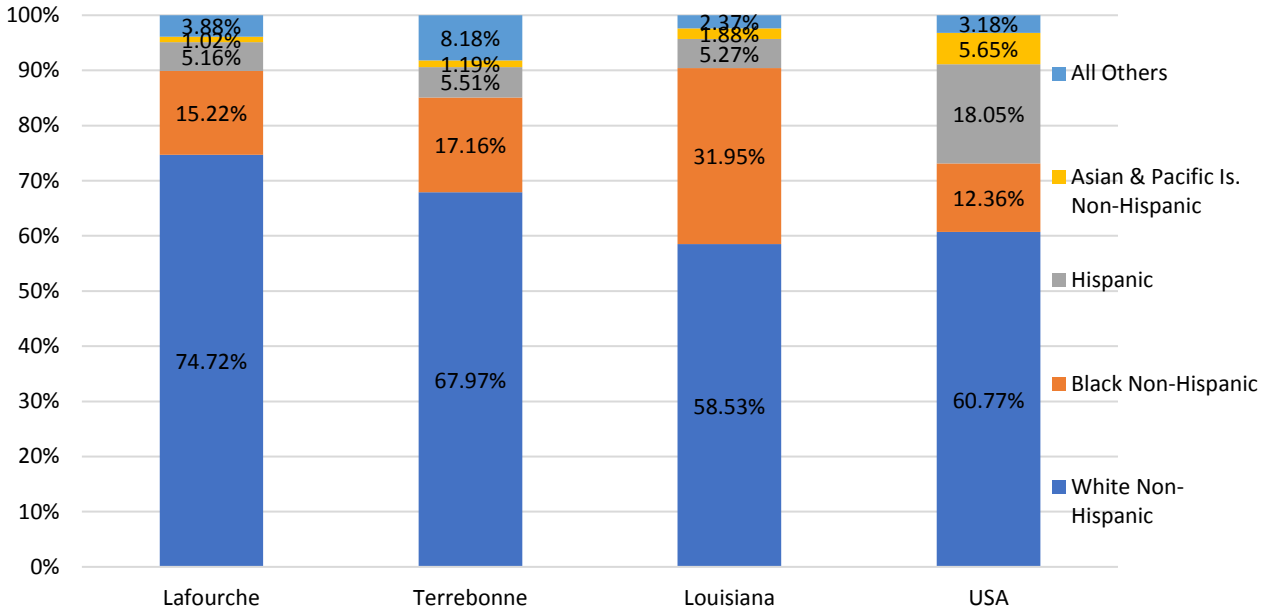
Chart 2: Gender



Source: Truven Health Analytics

Chart 3 illustrates the diverse mixture of race/ethnicity represented in the study area. The data reveal a higher representation in Lafourche Parish of white, Non-Hispanic population percentage at 74.72 percent. Terrebonne Parish reports the highest Black, Non-Hispanic population compared to Lafourche Parish at 17.16 percent and the highest Hispanic population at 5.51 percent. (See Chart 3.)

Chart 3: Race/Ethnicity

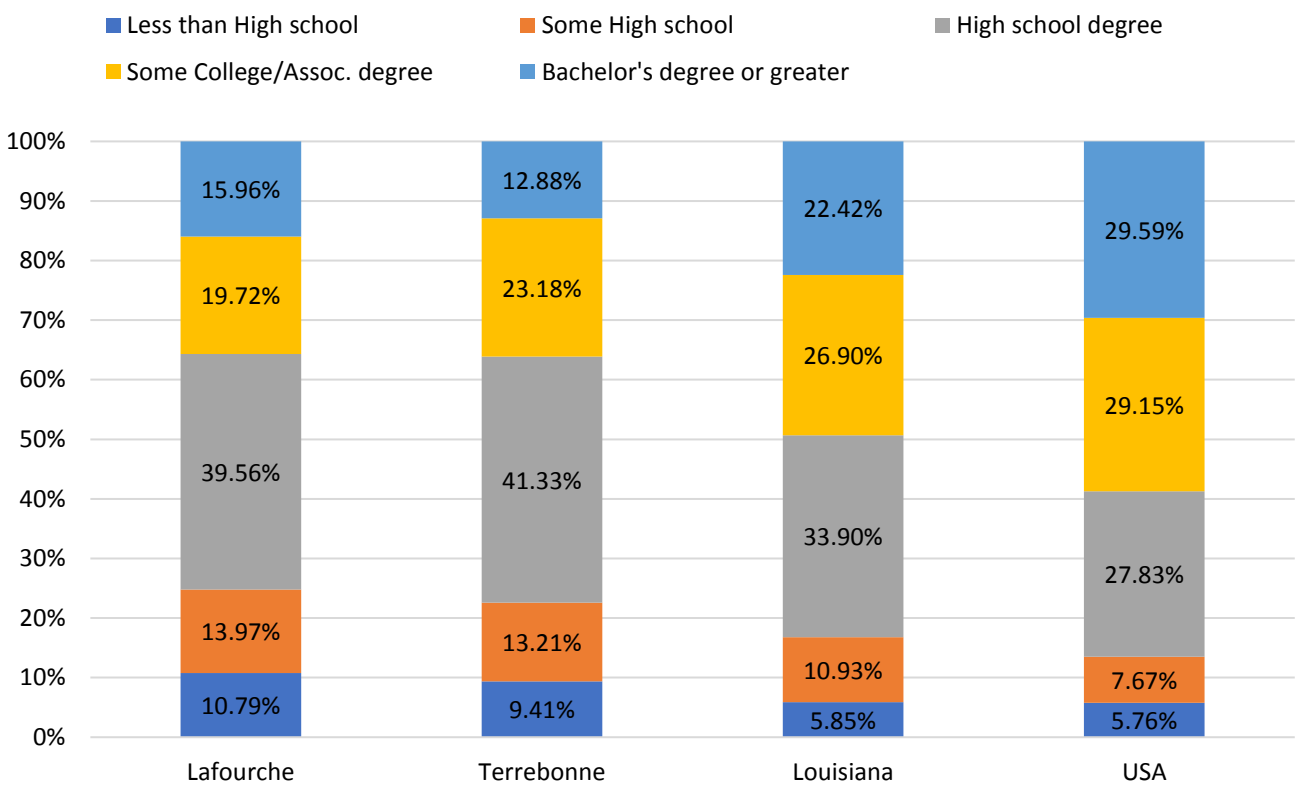


Source: Truven Health Analytics

Chart 4 illustrates the distribution of educational attainment among residents in the study area. Lafourche Parish reports the highest rate of residents with 'Less than a high school' degree (10.79 percent) which is much higher than the state (5.85 percent) and national (5.76 percent) rates.

Terrebonne Parish also has the lowest rate of residents with a bachelor's degree or greater at 12.88 percent; this is lower than state (22.42%) and national (29.59%) rates. (See Chart 4.)

Chart 4: Education Level

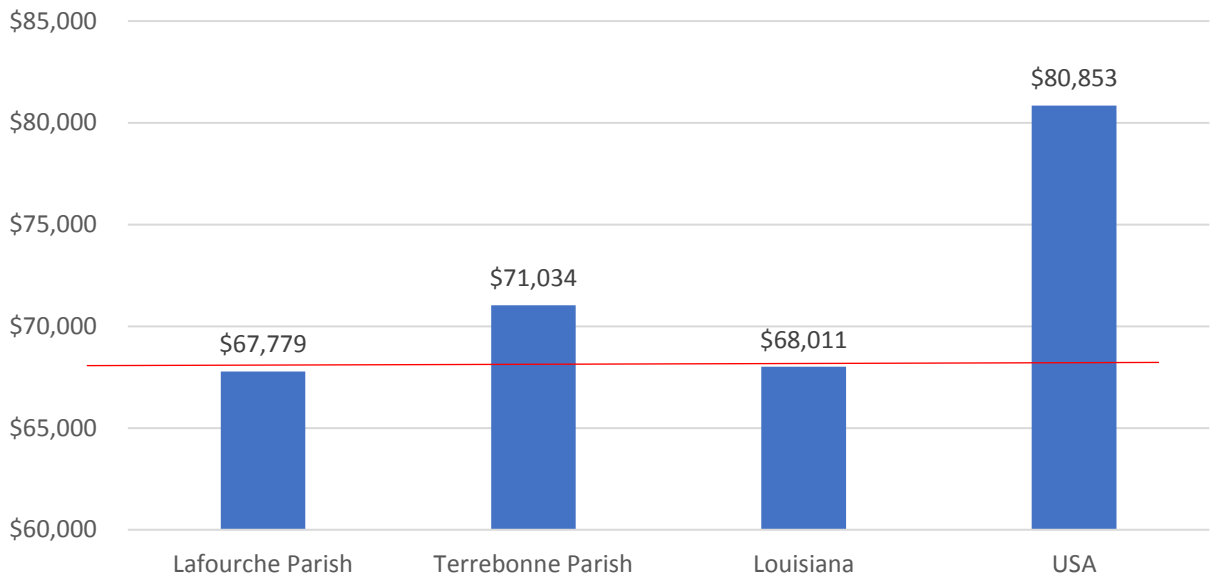


Source: Truven Health Analytics

Chart 5 reveals the breakdown of household income by parishes as Terrebonne Parish reports the highest average household income at $71,034; this is higher than the state average. Lafourche Parish reports $67,779 as an average household income.

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

Chart 5: Average Household Income



Source: Truven Health Analytics

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

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

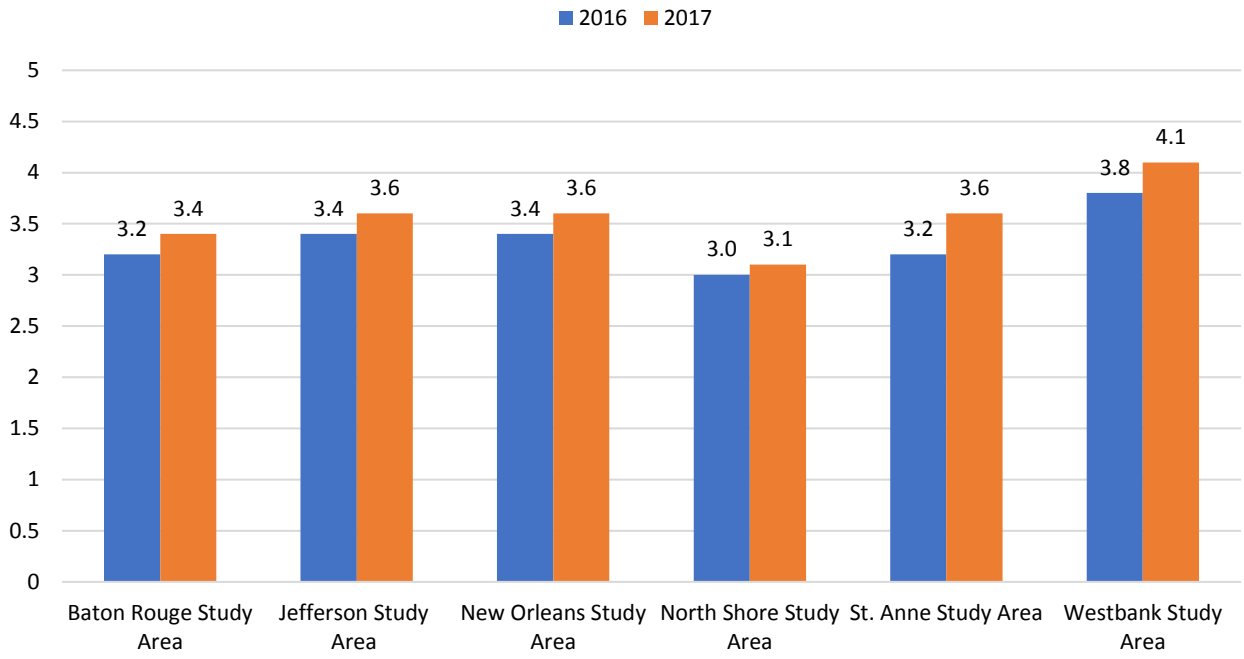
Examining the CNI scores of 2017, Chart 6 shows the average CNI score for each of the six study regions under the overall MHCNO scope. The Jefferson Study Area that included Ochsner Medical Center, Ochsner Behavioral, Ochsner Kenner, and Ochsner Rehabilitation averaged 3.6; indicating that residents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

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

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

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

Chart 6: Average CNI Scores of MHCNO Regional Profiles



Source: Truven Health Analytics

CNI Score

5.00 to 4.00 (High socioeconomic barriers)

3.99 to 3.00

1.99 to 1.00 (Low socioeconomic barriers)

Key Community Needs

According to the Office of Disease Prevention and Health Promotion, a healthy community is "A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."[5] This idyllic description of a healthy community also has access to health services, ample employment opportunities, high quality education, affordable, clean housing options, and a safe physical environment. The reduction of poor health outcomes and poor health behaviors are essential in order to build a healthy community. Collaboration and teamwork from community groups, health care institutions, government leaders, and social and civic organizations can also improve the health status of a community. Healthy partnerships can lead to building a strong community infrastructure which addresses and provides services to prevent and stem preventable diseases.

With the implementation of the PPACA, the pathway to affordable and obtainable health insurance services has been made accessible to once uninsured residents in Southern Louisiana. Coordinating health services and reducing health care costs are components in the execution of the PPACA. Accessibility and better care coordination to health services can be delivered through health care institutions and regional partners. Ochsner St. Anne Hospital 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 St. Anne continues to contribute towards regional programming efforts, educational initiatives, and high-quality patient care to improve the health and security of its community. Ochsner St. Anne Hospital continues their obligation and devotion to their region not only with the completion of their CHNA but also with the implementation strategies and planning efforts involving strong partnerships with community organizations, health institutions, and regional partners through a comprehensive implementation strategy plan. Ochsner St. Anne Hospital is a strong economic driver in Southern Louisiana with a strong focus on improving the health of the residents in their community and surrounding regions.

In the summer of 2018, key need areas were identified during the CHNA process through the gathering of primary and secondary data. Each of the prioritized areas has subcategories, which further illustrate the identified need. It is important to note the subcategories under key need #3 (Chronic Diseases) are not chronic diseases but are contributing factors and or are risk factors responsible for the illness. The CHNA report presents data related to these risks and contributing factors that play a role in having a chronic disease.

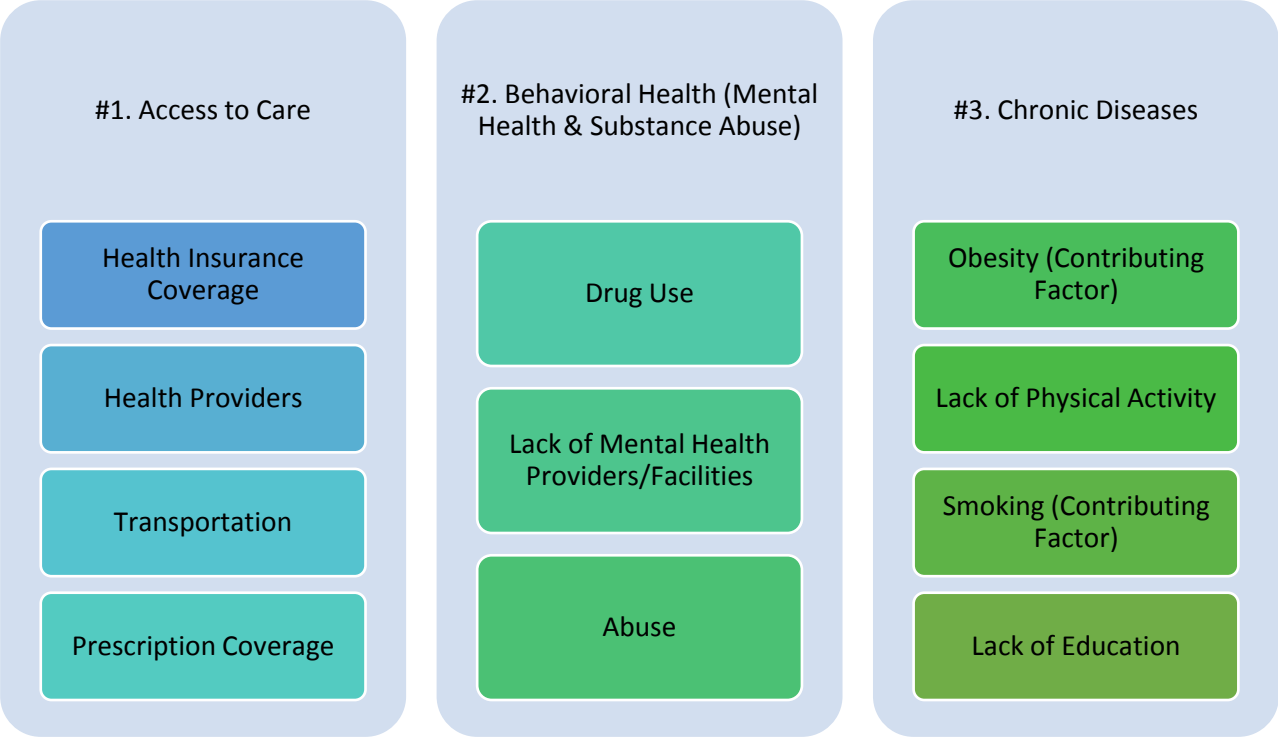
[5] Office of Disease Prevention and Health Promotion: https://health.gov/news/blog-bayw/2010/10/healthy-communities-means-healthy-opportunities/

The identified needs were:

A. Access to Care
B. Behavioral Health (Mental Health & Substance Abuse)
C. Chronic Diseases

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

Chart 7: Ochsner St. Anne Hospital Regional Identified Community Health Needs 2018



Priority 1: Access to Care

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

Across the U.S., a predicted shortage of as many as 120,000 physicians by 2030 will serve as an access issue according to the Association of American Medical Colleges (AAMC). By 2030, the study estimates a shortfall of between 14,800 and 49,300 primary care physicians. At the same time, there will be a shortage in non-primary care specialties of between 33,800 and 72,700 physicians.[6] In 2016, Louisiana had 11,737 active physicians with 3,873 primary care physicians.[7]

Lafourche and Terrebonne parishes in the study area do not rank in the top one-third within the state of Louisiana. These parishes did not rank well in the state in terms of clinical care according to the 2018 County Health Rankings and Roadmaps report. (See Table 3). The clinical care category takes into consideration the ease of accessing care and the quality of care once accessed. Clinical care ranking considers the availability of health services and the quality of those services, it also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and percentage of the population that receives a yearly dental examination.

Table 3: Clinical Care

Louisiana (out of 64 parishes)	Ranking
Lafourche	28
Terrebonne	37

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. Louisiana's FQHCs saw over 303,000 patients and provided nearly 1.1 million patient visits in 2014. Over one-third (37.0 percent) of their patients were uninsured and two-fifths (40.0 percent) had Medicaid coverage. Nearly all (93.0 percent) had incomes below 200 percent federal poverty line, including over three-quarters (77.0 percent) who had income below 100 percent federal poverty line.[8]

[6] Association of American Medical Colleges: https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/
[7] Ibid.
[8] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

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. [9]

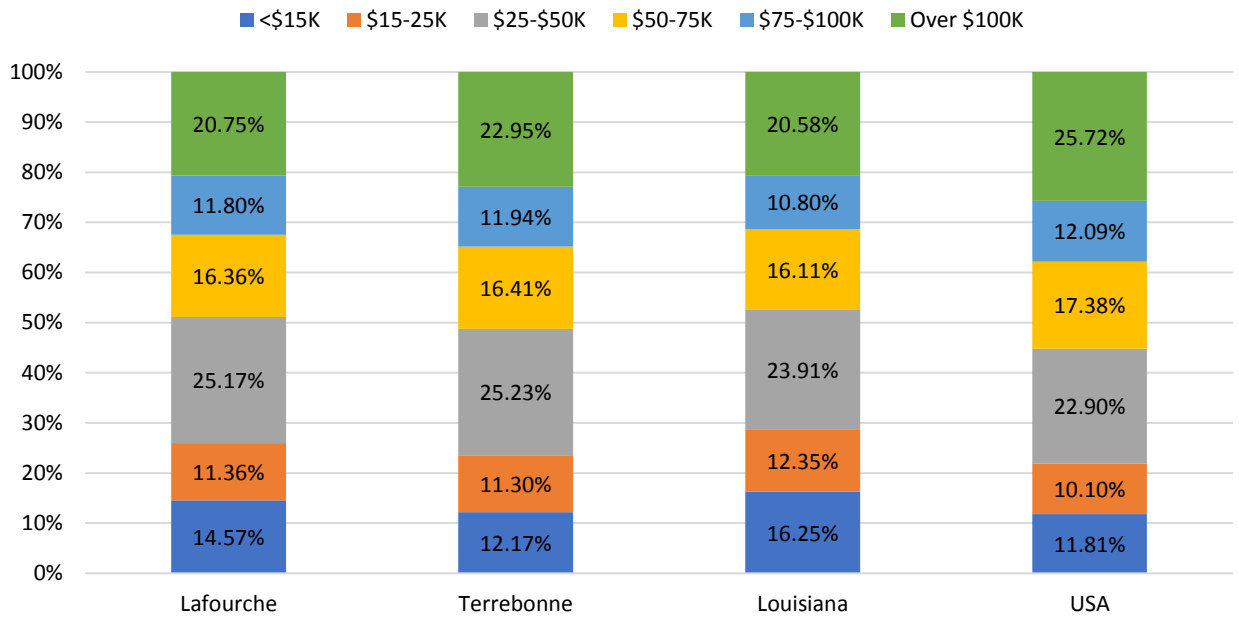
Most Americans underuse preventive services and vulnerable populations with social, economic, or environmental disadvantages are even less likely to use these services.[10] Both routine preventive and regular primary care are essential to good health; providers are able to detect and treat health issues early; preventing complications, chronic conditions, and hospitalizations. Individuals without insurance or the financial means to pay out of pocket are less likely to take advantage of routine preventive and primary care. These individuals consume more public health dollars and strain the resources of already overburdened facilities dedicated to free and low-cost care.

The level of access a community has to health care has a tremendous impact on the community's overall health. Several factors including, geography, economics, and culture, etc., contribute to how residents obtain care. Geography impacts the number of providers that are available to patients in a given area as transportation options are limited to some residents. Health problems affect productivity resulting in 69 million workers reporting missed days due to illness each year.[11] Lack of job opportunities can reduce access to affordable health insurance. Both geographic and economic factors are impacting residents of the Ochsner St. Anne service area. While there are quality health care resources available to residents within the service area, many residents either cannot afford health services or are limited in transportation options to obtain the services they need.

According to demographic data obtained from Truven Health Analytics, Lafourche and Terrebonne parishes both report higher levels of residents earning less than $25,000 per year than the nation. (See Chart 8).

[9] Healthy People 2020: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[10] Centers for Disease Control and Prevention: www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html
[11] Ibid.

Chart 8: St. Anne Hospital Regional Household Income



Source: Truven Health Analytics

A family's income level is a determining factor to many aspects of life such as where they live, what they eat, and how and when they access health care. As illustrated by data compiled by Community Commons, many residents in the Ochsner St. Anne service area experience issues with food access, substandard housing, and poverty. Slightly less than one-third (32.54 percent) of Lafourche Parish and 28.77 percent of Terrebonne Parish residents who are low- income experience low food access; this is higher than the State of Louisiana (26.32 percent) and the nation (18.94 percent). (See Table 4.)

Table 4: Social and Economic Factors

	Lafourche	Terrebonne	Louisiana	USA
Food Insecurity	11.27%	13.00%	17.30%	14.90%
Population Below 100% FPL	15.40%	20.20%	19.70%	15.11%
Food Access (Low Income & Low Food Access)	32.54%	28.77%	26.32%	18.94%
Occupied Housing Units with One or More Substandard Conditions	21.28%	24.86%	29.36%	33.75%

Source: Community Commons

Analyzing data from ZIP code 70357 in Golden Meadow (Lafourche Parish) reports that 61.54 percent of single families with children are living in poverty followed by residents in 70364 (Houma) with 54.48

percent. ZIP code 70345 in Cut Off (Lafourche Parish) reports the highest percentage of unemployed residents at 9.28 percent followed by ZIP code 70354 (Galliano) reporting 8.80 percent unemployment rate. Only one of the 11 ZIP codes, 70360 in Houma (Terrebonne Parish), in the service area did not experience an increase in its Community Needs Index score from 2016 to 2017; it remains at 3.0. (See Table 5.)

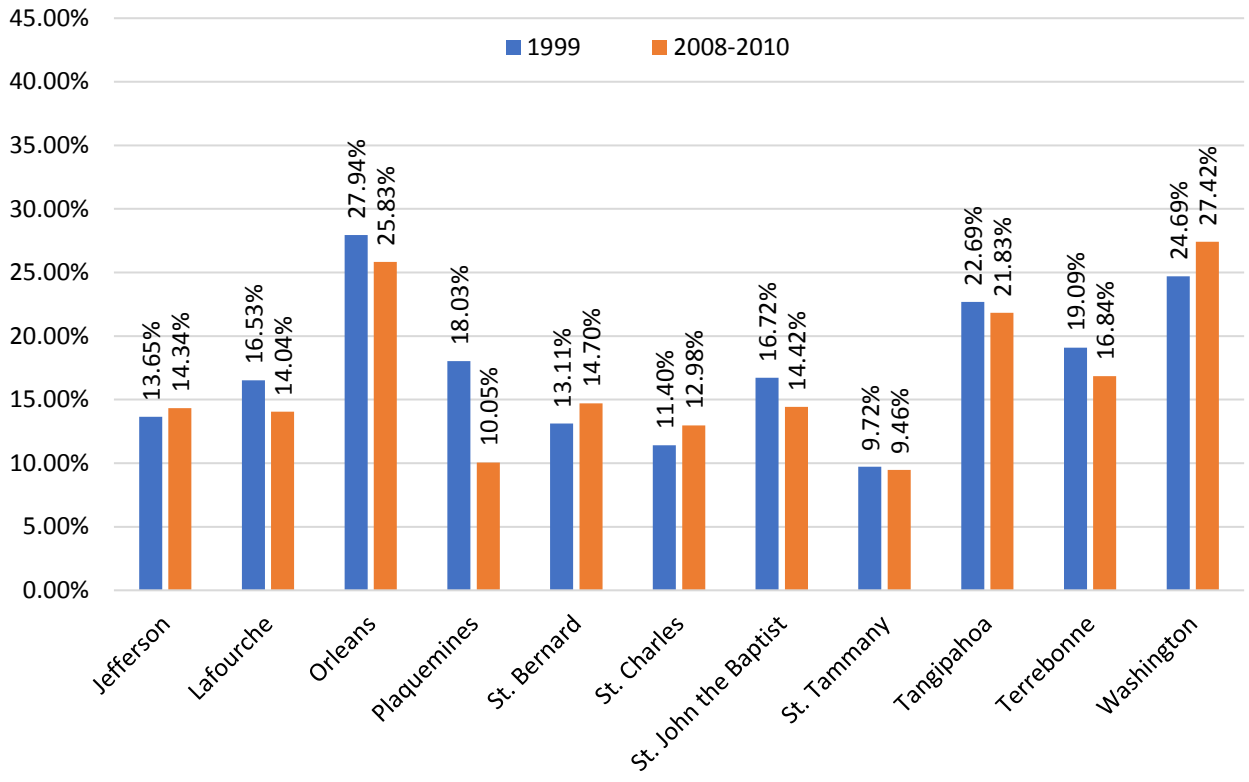
Table 5: St. Anne Regional Study Area – 2017 CNI Detailed Data

ZIP	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limit English	Minority	No HS Diploma	Unemployed	Uninsured	Rent	Income	Culture	Education	Insurance	House	2017 CNI Score
70357	Golden Meadow	Lafourche	20.20%	17.63%	61.54%	5.47%	22.88%	38.98%	6.04%	5.82%	27.44%	5	4	5	3	4	4.2
70363	Houma	Terrebonne	8.71%	32.94%	43.75%	1.18%	48.44%	31.69%	8.51%	6.73%	28.62%	4	5	5	3	4	4.2
70301	Thibodaux	Lafourche	11.93%	20.21%	49.80%	0.99%	28.43%	21.71%	7.24%	5.97%	29.81%	4	4	5	3	4	4.0
70354	Galliano	Lafourche	24.99%	27.46%	46.12%	6.10%	21.43%	36.26%	8.80%	7.57%	21.90%	4	4	5	4	3	4.0
70394	Raceland	Lafourche	14.27%	25.92%	48.13%	1.26%	28.04%	23.85%	7.13%	5.45%	20.30%	4	4	5	3	3	3.8
70345	Cut Off	Lafourche	14.64%	18.30%	46.63%	3.48%	21.53%	28.26%	9.28%	5.57%	19.63%	4	4	5	3	2	3.6
70364	Houma	Terrebonne	10.72%	24.61%	54.48%	1.97%	28.81%	19.16%	5.17%	5.33%	32.62%	4	4	4	2	4	3.6
70373	Larose	Lafourche	19.12%	21.22%	50.00%	3.78%	22.96%	28.64%	8.01%	6.48%	18.04%	4	4	5	3	2	3.6
70374	Lockport	Lafourche	17.82%	20.88%	50.93%	5.17%	14.61%	22.97%	4.14%	5.48%	24.64%	4	3	5	2	3	3.4
70360	Houma	Terrebonne	7.45%	15.07%	45.85%	0.93%	25.79%	12.88%	3.63%	3.79%	29.15%	3	4	3	1	4	3.0
70355	Gheens	Lafourche	0.00%	18.10%	33.33%	0.29%	5.70%	27.01%	4.96%	4.96%	16.41%	2	2	5	2	2	2.6

Source: Truven Health Analytics

County Health Rankings and Roadmaps show that both Lafourche and Terrebonne parishes Social and Economic Factors ranking has increased (gotten worse) from 2015 to 2018. Lafourche Parish ranked seventh out of 64 parishes in 2015 and 21 in 2018 while Terrebonne Parish went from 15 in 2015 to 39 in 2018. Additional data from the Greater New Orleans Community Data Center's Report shows that poverty levels have improved in Lafourche and Terrebonne parishes between 1999 and 2008-2010. Residents in Lafourche Parish saw a decline of 16.53 percent of impoverished residents to 14.04 percent in reporting years 1999 and 2008-2010. Residents in Terrebonne saw a declined from 19.09 percent to 16.84 percent in reporting years 1999 and 2008-2010. (See Chart 9.)

Chart 9: Total Population in Poverty



Source: Greater New Orleans Community Data Center's Report

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

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

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

health needs and address those needs collaboratively to ensure all members of the community have access to the quality health care resources available in the region.

Health Providers

The Health Resources and Services Administration (HRSA), as an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving access to health care for the tens of millions of Americans who are medically underserved or face barriers to needed care.[12] According to recent Community Commons data, Lafourche and Terrebonne parishes are no longer designated as Health Professional Shortage Areas (HPSAs). However, community leaders and health professionals surveyed during the CHNA process still observe residents having difficulty finding care; specifically, around behavioral and oral care. More than half of survey respondents disagreed (37.7 percent) and strongly disagreed (29.1 percent) that residents have access to mental/behavioral health providers. Close to one-third of survey respondents disagreed (21.4 percent) and strongly disagreed (9.2 percent) that residents have access to dental care.

Table 6: Clinical Care

	Lafourche 2015	Lafourche 2018	Terrebonne 2015	Terrebonne 2018	Louisiana 2015	Louisiana 2018
Primary Care Physicians	2,488:1	2,190:1	2,432:1	2,650:1	1,555:1	1,530:1
Dentists	2,369:1	2,230:1	2,399:1	2,140:1	1,976:1	1,880:1
Mental Health Providers	1,408:1	810:1	947:1	690:1	977:1	420:1
Preventable Hospital Stay	77	73	73	64	80	66

Source: County Health Rankings and Roadmaps

When comparing years 2015 and 2018, County Health Rankings and Roadmaps data shows increased rates of dental providers and primary care physicians per 100,000 population in both Lafourche and Terrebonne parishes. A significant increase occurred in Terrebonne's rate of primary care physicians; going from 2,432:1 in 2015 to 2,650:1 in 2018. In Lafourche Parish, the ratio decreased from 2,488:1 in 2015 to 2,190:1 in 2018. However, Lafourche and Terrebonne still report rates below the state in both areas. Both parishes also report rates of mental healthcare providers considerably lower than the nation in 2018. (See Table 6.) According to data compiled by the Louisiana Department of Health, the demand for such services has dramatically increased since 2016 and continues to outpace the supply of providers.

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

It is also important to note the decrease in the number of preventable hospital stays within the parishes and state. Preventable hospital stay measures the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. The measure looks at people who were discharged from the hospital for conditions that, with appropriate care, can normally be treated without the need for a hospital stay. Examples of these conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration.[13] Proper diagnosis, along with primary care treatment from a health professional, and addressing the needs of the patient population who are at risk of readmissions have played a role in the reduction of hospital stays. (See Table 6.)

Hospitals and individual providers will need to continually assess their capacity to serve the residents of Ochsner St. Anne's service area.

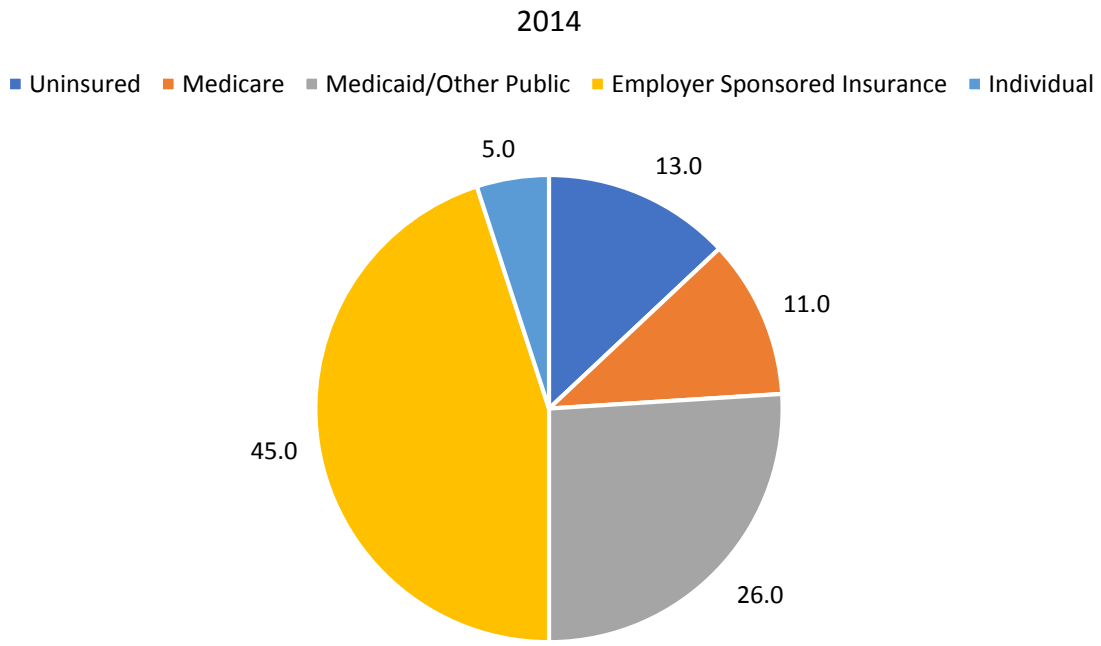
Health Insurance Coverage

While not the only barrier to obtaining health care, being uninsured is by all indications the most significant one. Having health insurance is a prerequisite for routine access to health care. It is 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.[14]

Louisiana had the one of the highest uninsured rates (13.0 percent) in 2014. Half (50 percent) of Louisianans were covered under private health insurance, with 45.0 percent of Louisianans covered by employer-sponsored insurance and the remaining 5.0 percent covered by individual coverage. Over one quarter (26.0 percent) were covered by Medicaid/other public coverage and 11.0 percent were covered by Medicare.[15] (See Chart 10.)

[13] County Health Rankings and Roadmaps: www.countyhealthrankings.org/learn/explore-health-rankings/what-and-why-we-rank/health-factors/clinical-care/quality-of-care/preventable-hospital-stays
[14] National Center for Biotechnology Information: www.ncbi.nlm.nih.gov/books/NBK221227/
[15] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/

Chart 10: Health Insurance Coverage of the Total Population in Louisiana



Source: Henry J. Kaiser Family Foundation

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

Individuals who were uninsured in 2014 were primarily low-income, in working families, and white non-Hispanic. Because most elderly Louisianans are covered by Medicare, most uninsured are nonelderly (under age 65). The majority of nonelderly, uninsured Louisianans in 2014 had at least one full-time worker in their household (65.0 percent) and had income below 400 percent of the federal poverty level (FPL, 85.0 percent). [16]

Residents of the Ochsner St. Anne service area struggle with accessing health care because they do not have insurance or the coverage they have limits or does not provide access to some care, such as behavioral or oral health. Many working families cannot afford the high copayments and deductibles connected with their insurance plan.

According to Community Commons data, 23.82 percent of residents in Lafourche Parish and 26.04 percent of Terrebonne Parish residents receive Medicaid. Medicaid expansion in Louisiana has improved access to affordable health insurance and prescription coverage for many residents in the Ochsner St. Anne service area. However, Community Commons data still reports uninsured residents in both Lafourche and Terrebonne parishes (13.99 percent and 16.65 percent respectively).

[16] Ibid.

Both Lafourche and Terrebonne parishes report a lower rate of FQHCs than Louisiana (2.1, 2.7, and 3.6 per 100,000 population respectively). FQHCs encourage populations without insurance and 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 Ochsner St. Anne service area.

Transportation

Transportation plays a vital role in many aspects of community life including employment, recreation, wellness, and accessing health services. According to community leaders, health care services are available in the hospital service area, but transportation is a significant barrier to obtaining those services. The geographic nature of the service area is very rural and health services are spread out. Many residents do not have the means to travel great distances; others are unwilling.

Health providers surveyed during the CHNA process were asked to rate whether residents have transportation options for medical appointments and other services. 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.

Community leaders suggested creating outreach programs that focus on bringing services directly to residents. Lafourche Parish is currently exploring options to expand public transportation offerings.[17] Collaborating with local community and faith-based organizations to expand transportation opportunities could alleviate the transportation issues that limit access to care in the Ochsner St. Anne service area.

Prescription Coverage

Prescription medications are an important component of treatment plans created by health care professionals. Residents without health insurance or plans with adequate prescription coverage have difficulty affording these medications. Medication non-compliance can have serious health consequences, especially for patients with chronic conditions such as high blood pressure and diabetes.

Community leaders identified in the Ochsner St. Anne service area mentioned that residents struggle with affording prescription medications. Economics in the service area are tied to the oil industry, which has taken a downturn, leaving residents unable to afford prescribed medications to manage their health conditions. Residents need to make the difficult choice between paying for medications or putting food on the table because they do not have adequate insurance.

According to Community Commons data, 41.09 percent of the Terrebonne Parish population is below the 200 percent federal poverty level. The unemployment rate in both parishes in the study area exceeds state and national rates (Lafourche 4.7, Terrebonne 4.5, Louisiana 4.3, USA 4.2). It is interesting to note that while the unemployment rate for the State of Louisiana and the United States decreased from 2015 to 2018, the rates for Lafourche and Terrebonne increased during the same period.

[17] South Louisiana Transit: http://southlouisianatransit.org/lafourche/

Instituting prescription medication assistance programs can benefit the entire region. Residents taking medications as prescribed leads to better managed chronic conditions and a healthier population while preventing more costly, higher levels of care.

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

Mental disorders and substance use disorders affect people of all racial groups and socioeconomic backgrounds. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.[18] Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

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

Having a behavioral health condition is not the result of one event. Rather, research suggests multiple linking causes. Genetics, environment, and lifestyle, influences whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime.[19]

Mental health is important at every stage of life, from childhood and adolescence through adulthood.[20] Families and individuals throughout the United States and, in particular, Southern Louisiana are susceptible to the rise of mental illness and substance abuse. In 2014, according to SAMHSA's National Survey on Drug Use and Health, an estimated 43.6 million (18.1 percent) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4 percent) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.[21]

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.[22]

More and more providers are approaching patient health with an integrated care model because they realize the importance of treating the whole individual. Behavioral health impacts physical health and

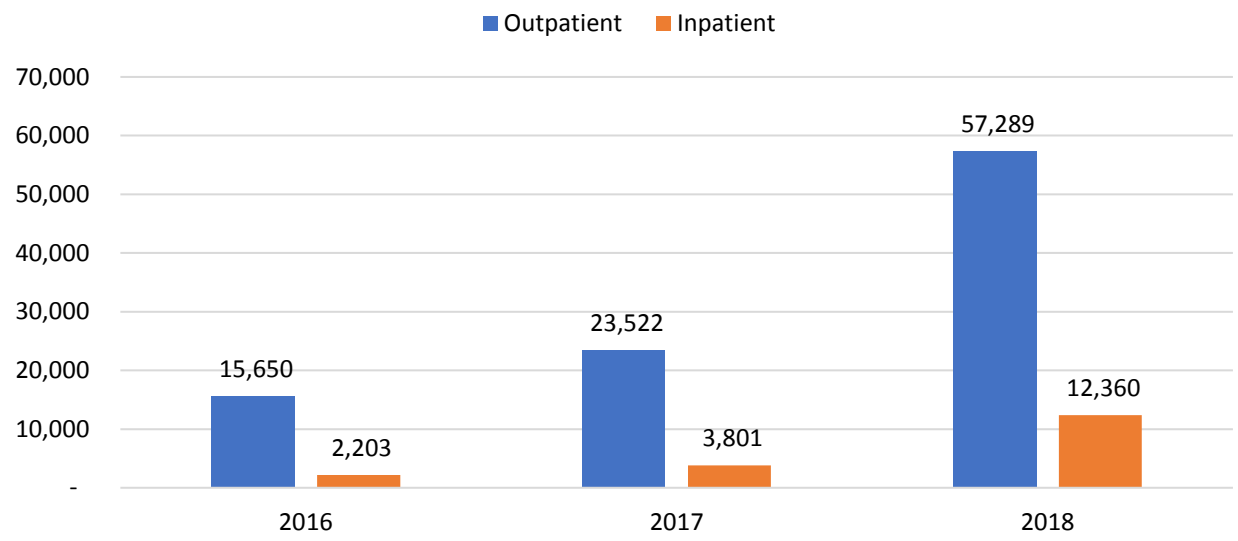
[18] World Health Organization: www.who.int/features/factfiles/mental_health/en/
[19] National Alliance on Mental Illness: www.nami.org/Learn-More/Mental-Health-Conditions
[20] U.S. Department of Health & Human Services: www.mentalhealth.gov/basics/what-is-mental-health
[21] Substance Abuse and Mental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

vice versa. With proper monitoring and treatment, individuals suffering from behavioral health issues can lead healthy, productive lives and be contributing members of the community. The difficulty lies in identifying these issues and linking these individuals with behavioral health services.

Data obtained from the Louisiana Department of Health showed in May of 2018, 57,289 adults obtained outpatient mental health services in the state. The number of adults obtaining care has increased significantly over the years. Between 2016 and 2017, there was a roughly 50 percent increase in the number of adults obtaining outpatient mental health services (from 15,650 to 23,522 respectively); while in 2017 there was a 140 percent increase in the number of adults seen for outpatient services (from 23,522 to 57,289 respectively). (See Chart 11.)

Reviewing additional data, the number of adults receiving inpatient mental health services at a psychiatric facility as of May 2018 also rose steadily through the years. From 2017, the number of adults obtaining mental health care services tripled in 2018 (12,360). (See Chart 11.)

Chart 11: Mental Health: Adults receiving Mental Health Services as of May 2018

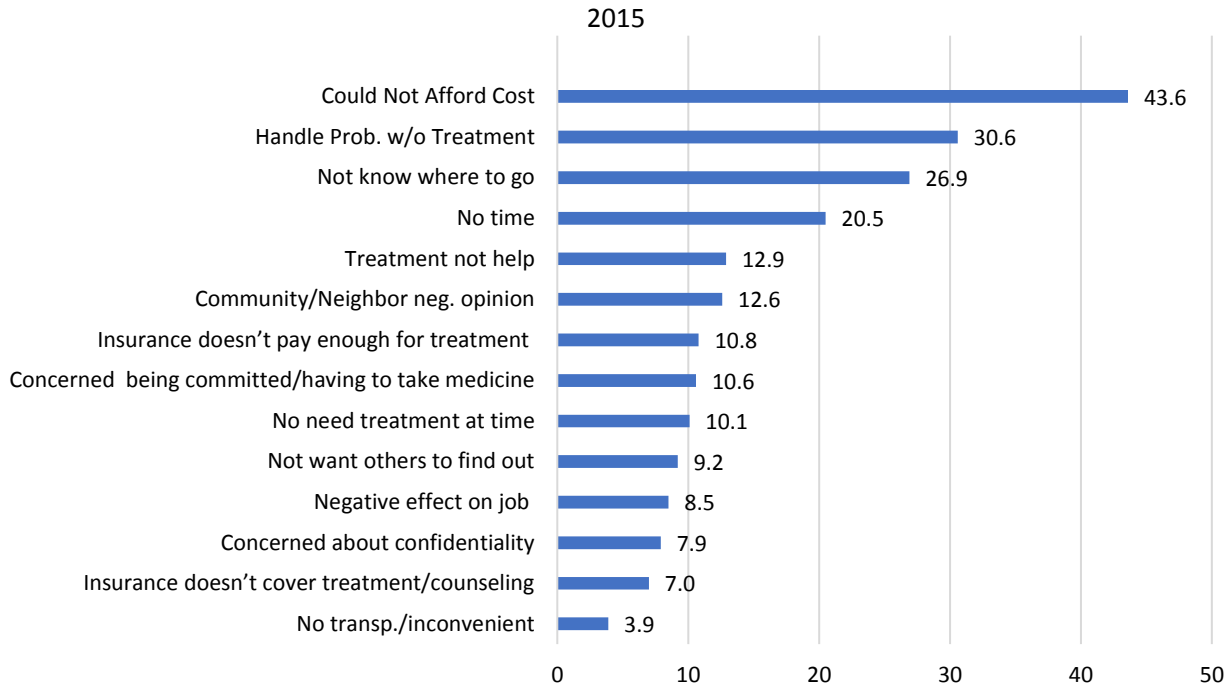


Source: Louisiana Department of Health

Reasons for not receiving mental health services according to SAMHSA's 2016 National Survey on Drug Use and Health revealed that cost (43.6 percent) was the main reason why adults 18 and older did not receive services, followed by "can handle problem without treatment" (30.6 percent), and "did not know where to go for services" (26.9 percent).[23] (See Chart 12.)

[23] https://www.samhsa.gov/data/sites/default/files/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015.htm

Chart 12: Reasons Not Receiving Mental Health Services (Adults Aged 18 or Older)



Source: Substance Abuse and Mental Health Services Administration

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

All of the community leaders interviewed as part of the CHNA data collection process identified mental health as one of their top three health concerns with the population they serve. None of the community leaders felt mental and behavioral health services available in the community had the capacity to serve all of the residents requiring such services; especially residents in crisis. It would be beneficial to increase awareness among community-based organizations of the programs and services available to residents seeking mental health and substance abuse services.

Community Commons data demonstrates the impact unmet mental health and substance abuse needs has on residents of the Ochsner St. Anne service area by reporting high rates for several key health outcome measures; drug overdose deaths, homicide deaths, premature deaths, and suicides. For each measure, both Lafourche and Terrebonne parishes exceed national rates. For instance, the homicide death rate in Terrebonne Parish is double that of the United States (10.3 and 5.5 per 100,000 population respectively). Both parishes report rates higher than the State of Louisiana as well; except for the premature death rate and the drug overdose death rate (Lafourche Parish only). (See Table 7.)

Table 7: Health Outcomes & Social and Economic Support

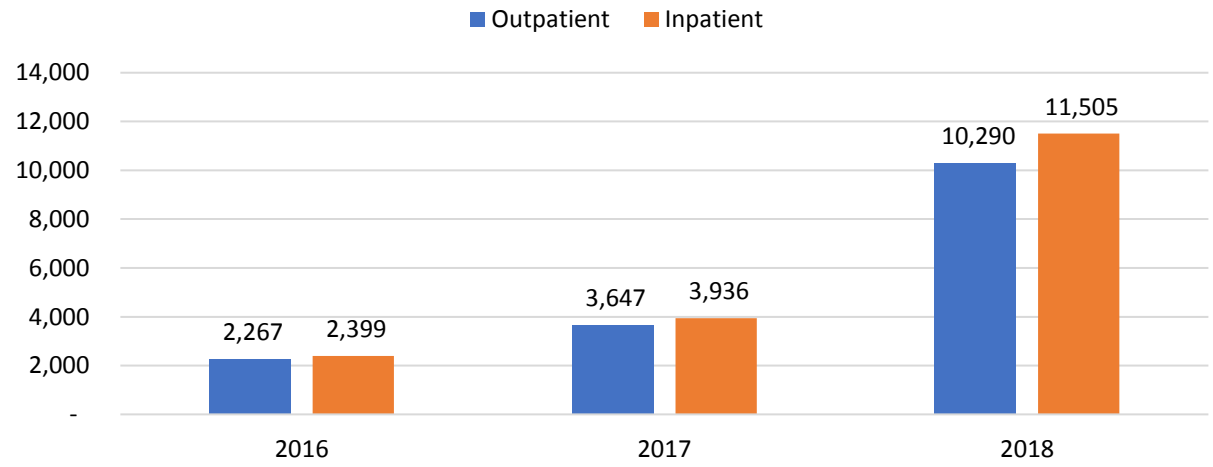
	Lafourche	Terrebonne	Louisiana	USA
Drug Overdose Death Rate (per 100,000 pop.)	17.5	21.7	17.6	15.6
Homicide Death Rate (per 100,000 pop.)	6.8	10.3	6.0	5.5
Premature Death Rate (per 100,000 pop.)	9,098	9,541	9,587	7,222
Suicide Rate (per 100,000 pop.)	18.2	13.3	5.8	13.0
Lack of Social or Emotional Support	20.90%	24.90%	21.70%	20.68%

Source: Community Commons

The Louisiana Department of Health 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 of 2018, 10,290 adults obtained outpatient substance abuse services in the state. The number of adults obtaining care has increased significantly over the years. Between 2016 and 2017, there was increase in the number of adults obtaining outpatient substance abuse services (from 2,267 to 3,647 respectively); in 2017 there was a 2.8 percent increase in the number of adults seen for outpatient services (from 3,647 to 10,290 respectively). (See Chart 13.)

Chart 13: 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.[24] Individuals with unmet behavioral health needs are not always capable of recognizing they have a problem or seeking care. Oftentimes, this responsibility falls on the patient's support network or points of contact with the health care system or other community-based organizations. Better coordination of services and collaborative efforts among all members of the medical community and county and community service organizations would improve the disconnect occurring in identifying mental health and substance abuse needs and linking residents with services.

Drug Use and Abuse

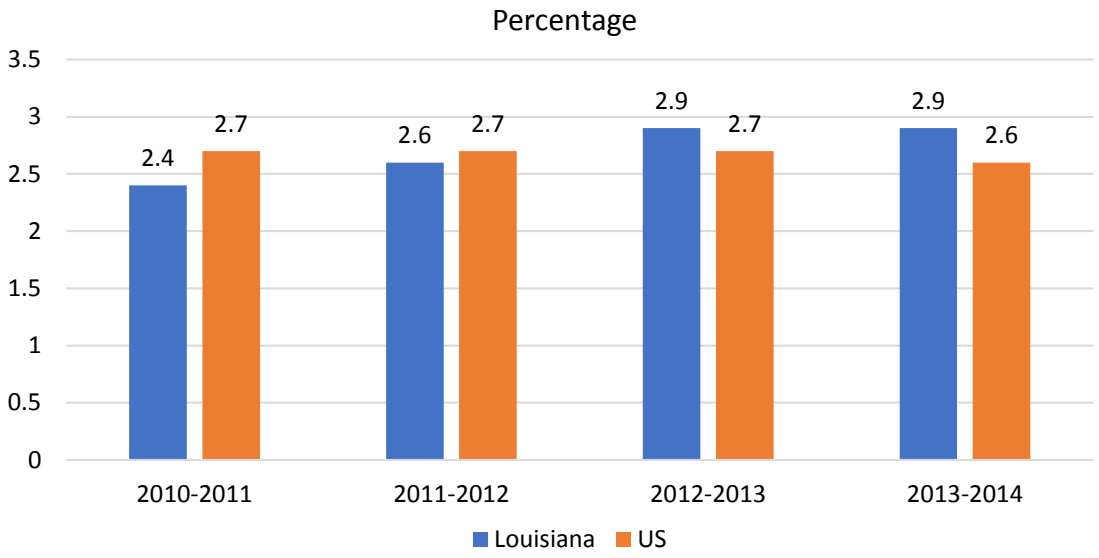
In addition to the growing behavioral health problem in the St. Anne study region, there is an increased use of drugs. Drug use and its consequences touches every sector of our society. Drug use effects our health and has a significant effect on the criminal justice system. Drug use also endangers the future of our youth. Addiction is a chronic disease, difficult to control as well as being 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 towards 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 their 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 users misusing prescription pain relievers. In addition, overall, 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 or 3,755 received substance use treatment in the past year for people aged 12 or older. Only 1.4 percent, or 2,950 residents 26 or older, received treatment.[25]

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.[26] (See Chart 14.)

[24] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders/co-occurring
[25] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/2016_ffr_1_slideshow_v5.pdf
[26] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf

Chart 14: Substance Use – Illicit Drug Dependence or Abuse



Source: Substance Abuse and Mental Health Services Administration

Data reveal, Louisiana is experiencing a high number of drug overdose deaths. The CDC reported 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 by 5.1 percent over that same period.[27]

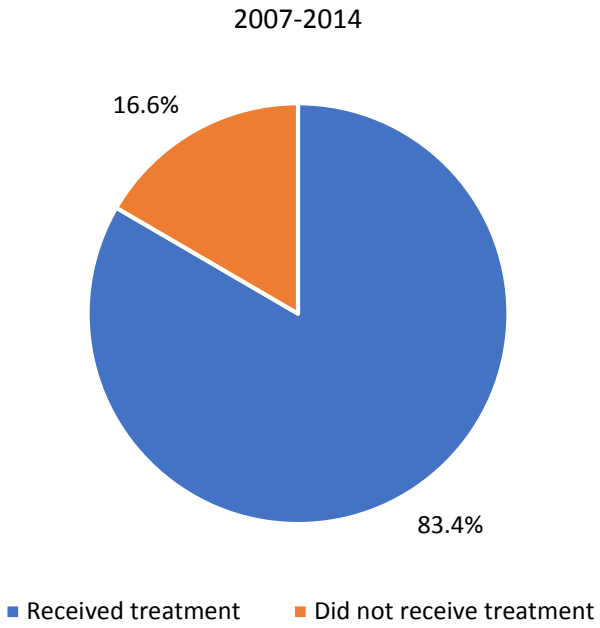
Terrebonne Parish, according to 2018 County Health Rankings and Roadmaps data, trails 55 of the 64 parishes in Louisiana in the Health Behaviors measure with a rank of 56; up from 48 in 2015. Substance abuse has reached epidemic levels in communities across the nation; especially within vulnerable populations. 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.[28] 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 life-long 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, the patient's support network, not to mention the patients themselves. Oftentimes, people around the individual require mental and social services as well. Additionally, substance abuse treatment often requires multiple attempts to be deemed successful.

[27] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/
[28] National Institute on Drug Abuse: www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

In Louisiana, 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 receive treatment for their illicit drug use. (See Chart 15.)[29]

Chart 15: 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.[30] 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.

[29] Ibid.

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

Lack of Mental Health Providers/Facilities

According to community leaders, there are not enough mental health services to support the demand in the hospital's service area. Residents unable or unwilling to seek treatment are self-medicating. Due to Medicaid expansion, more residents have insurance. Unfortunately, the number of providers in the area has not caught up to the demand. The limited number of providers together with the increase in the number of patients seeking care makes it difficult to secure timely appointments. Capacity to locally treat acute mental illness is even more limited. Funding for mental health services is limited and continues to be reduced.

There is unmet need for health care providers in Louisiana. As of April 2014, Louisiana had 118 primary care Health Professional Shortage Areas (HPSA), 102 dental HPSAs, and 109 mental health HPSAs. Louisiana has less than half (42.0 percent) of the number of mental health care providers needed to serve the population, compared to just over half (51.0 percent) for the nation as a whole.[31]

Table 8 depicts the ratio of available mental health providers to one resident within the area. Terrebonne Parish has a 690:1 ratio of metal health providers in the area. The U.S. top performers fall in the 90th percentile range of 330:1. Overall, for the State of Louisiana, the ratio is currently 420:1. 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 greatly impacted by the shortfall of mental health providers in the St. Anne regional area.[32] (See Table 8.)

Table 8: Mental Health Providers at Parish Level

	Ratio of Mental Health Providers
Lafourche	810:1
Terrebonne	690:1
Louisiana	420:1

Source: County Health Rankings and Roadmaps

Collaborative efforts among providers and the rest of the community is needed to maximize the impact of the work being done in the community to stretch funding dollars.

[31] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/
[32] County Health Rankings and Roadmaps: www.countyhealthrankings.org

Priority 3: Chronic Diseases

According to the Centers for Disease Control and Prevention, half of all Americans live with at least one chronic disease, like heart disease, cancer, stroke, or diabetes. Along with other chronic diseases they are the leading causes of death and disability in America, as well as the leading driver of health care costs.[33] A chronic disease is broadly defined as lasting more than one year, generally incurable yet manageable with a proper treatment plan and medication. Tobacco use (secondhand smoke exposure), poor nutrition, lack of physical activity, and excessive alcohol use are some risk behaviors that contribute to developing a chronic disease. Nationally, chronic diseases cost $2.7 trillion in annual health care costs. [34]

The Partnership to Fight Chronic Disease projected the total cost of chronic disease from 2016-2030 in Louisiana as $612 billion. In 2015, 2.9 million people in Louisiana had at least 1 chronic disease, 1.2 million had 2 or more chronic diseases. Chronic diseases could cost Louisiana $28.8 billion in medical costs and an extra $12 billion annually in lost employee productivity (average per year 2016-2030). It was also revealed that in Louisiana, 16,500 lives could be saved annually through better prevention and treatment of chronic disease.[35]

Health providers (19.9 percent) reported that, overall, chronic disease is a top health concern affecting residents in the community. However, following a healthy diet, engaging in physical activity, and avoiding risky behaviors can significantly improve and influence one's overall health, mentally and physically. Health management can be achieved permanently with knowledge and practice; thereby, reducing the likelihood that an individual is diagnosed with a chronic disease. Prevention 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 chronic diseases and improve the quality of life for an individual.

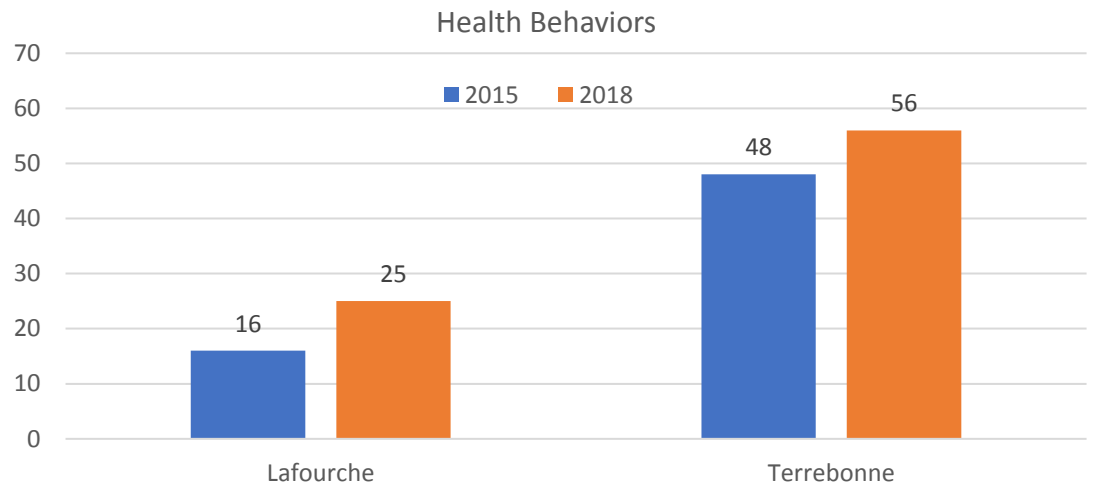
The CHNA has identified that poor health behaviors such as smoking, physical inactivity, and factors which contribute to being obese are problems that plague residents in the St. Anne study area.

County Health Rankings and Roadmaps provides reliable local data and evidence to communities to assist them in identifying opportunities to improve the health of their community.[36] Data from County Health Rankings and Roadmaps reported that health behaviors in Lafourche and Terrebonne parishes rose when comparing ranking data from 2015 to 2018. The ranking snapshot allows communities to compare where they are positioned within Louisiana as each parish is ranked. Parishes that have a high rank, e.g. 1 or 2, are considered to be the "healthiest." Louisiana

[33] Centers for Diseases Control and Prevention: www.cdc.gov/chronicdisease/index.htm
[34] Ibid.
[35] Partnership to Fight Chronic Disease: www.fightchronicdisease.org/states/louisiana
[36] The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America.

has 64 parishes overall; therefore, Terrebonne Parish ranks poorly in its current standing. (See Chart 16.)

Chart 16: County Health Rankings and Roadmaps Health Behaviors



Source: County Health Rankings and Roadmaps

Obesity

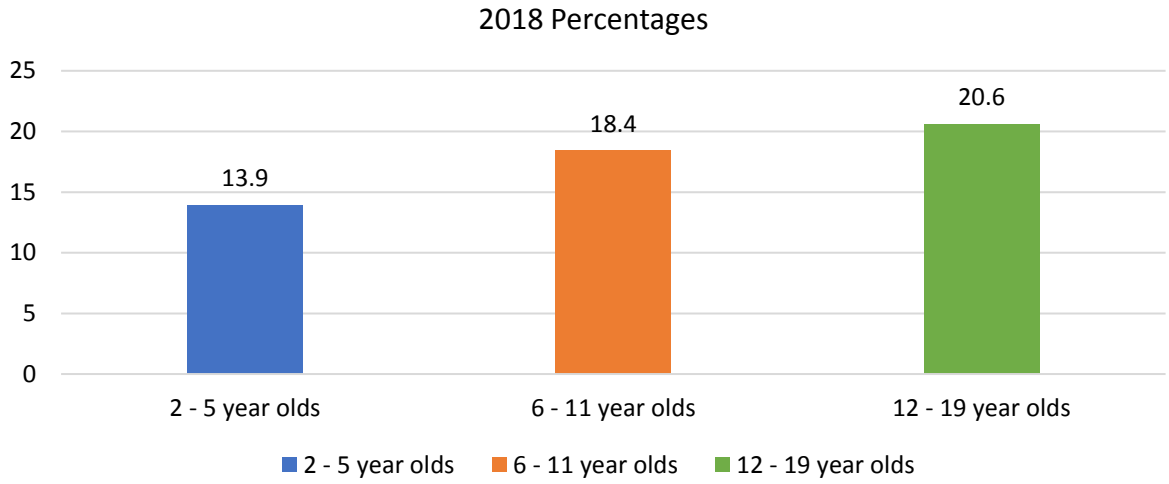
The worldwide obesity rate has more than tripled since 1975. In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these, over 650 million were obese. Worldwide, more than one-third of adults (39.0 percent) aged 18 years and over were overweight in 2016, and 13.0 percent were obese. Most of the world's population lives in countries where being overweight and obesity kills more people than those who are underweight. 41 million children under the age of 5 were overweight or obese in 2016.[37]

Americans have progressively grown more obese as a nation. The American Heart Association (AHA), reports that nearly 70 percent of American adults are overweight or obese. It is defined that individuals who have a body mass index (BMI) of more than 30 are considered obese. Being obese has direct links to health conditions such as heart disease, stroke, high blood pressure, and diabetes, etc.[38] Communities throughout the U.S. are deeply affected with the aftermath of the obesity epidemic. Communities are seeing young children diagnosed as being overweight or obese. The CDC reports the prevalence of obesity was 18.5 percent and affected about 13.7 million children and adolescents. Unfortunately, obesity prevalence was 13.9 percent among 2- to 5-year-olds, 18.4 percent among 6- to 11-year-olds,

[37] World Health Organization: www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
[38] American Heart Association: www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp#.W3rw9S2ZNm8

and 20.6 percent among 12- to 19-year-olds and childhood obesity is also more common among certain populations.[39] (See Chart 17). Hispanics (25.8 percent) and non-Hispanic blacks (22.0 percent) had higher obesity prevalence than non-Hispanic whites (14.1 percent).

Chart 17: Obesity Prevalence Nationally



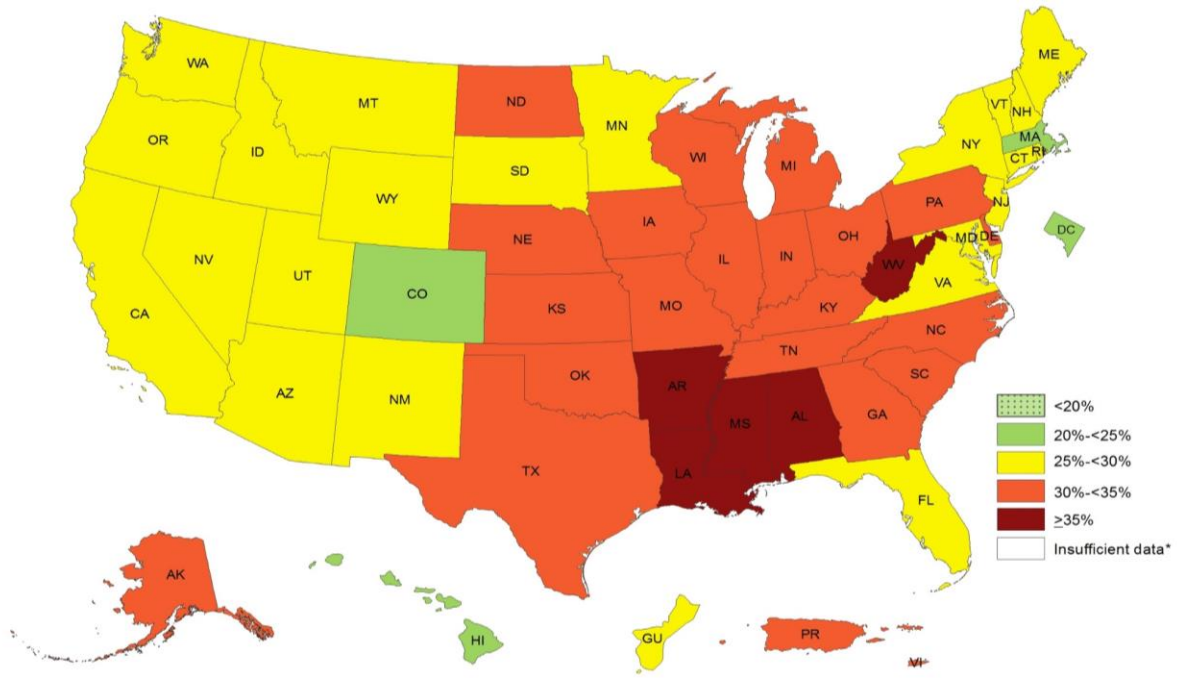
Source: American Heart Association

Obesity can raise blood cholesterol and triglyceride levels, lower "good" HDL cholesterol levels, increase blood pressure, and induce diabetes; it also increases the risk for heart disease and stroke.[40]

The Centers for Diseases Control and Prevention identified all U.S. states having more than 20 percent of adults with obesity. More than one-third (35 percent) or more adults had obesity in 5 states (Alabama, Arkansas, Louisiana, Mississippi, and West Virginia). It was revealed that the South had the highest prevalence of obesity (32.0 percent), followed by the Midwest (31.4 percent), the Northeast (26.9 percent), and the West (26.0 percent).[41]

[39] Centers for Disease Control and Prevention: www.cdc.gov/obesity/data/childhood.html
[40] http://www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp#.W3xugC2ZNm8
[41] Centers for Disease Control and Prevention: www.cdc.gov/obesity/data/prevalence-maps.html

Map 2: Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2016



Source: Centers for Disease Control and Prevention

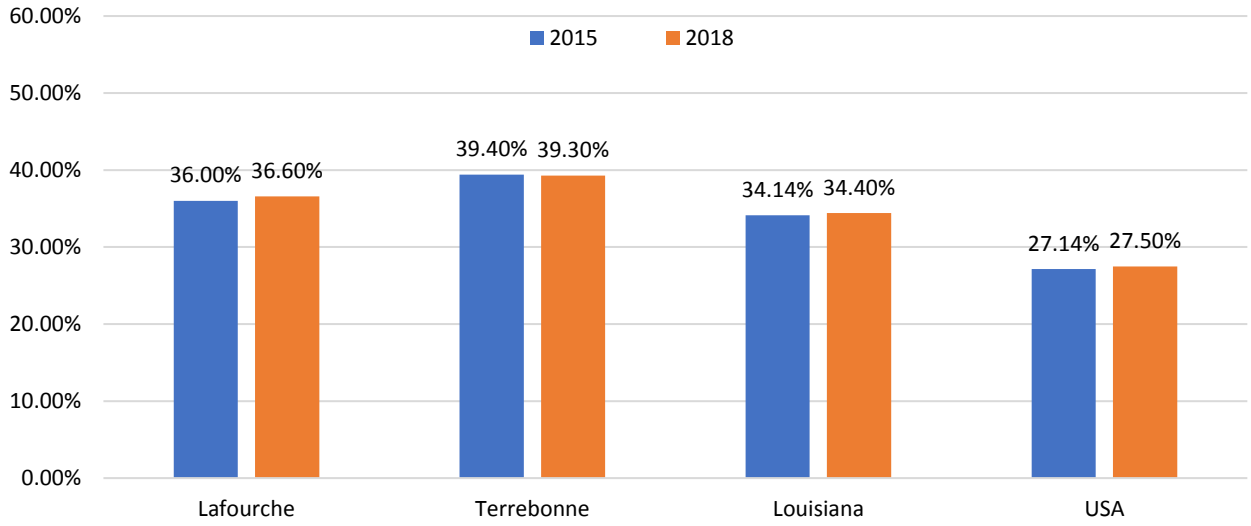
Americans are consuming more empty calories and exercising less. This trend has led to many become overweight or obese. Exploration of data from Community Commons revealed that slightly more than one-third residents in Lafourche Parish are overweight (34.40 percent) compared to residents on Terrebonne Parish (20.50 percent). However, reviewing information related to obese residents, Terrebonne Parish reports the highest rate of residents who are obese (39.30 percent); this is above Lafourche Parish (36.60 percent), the state (34.40 percent) and national (27.50 percent) rates. (See Chart 18.)

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.[42]

[42] American Heart Association: www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp#.W3rw9S2ZNm8

There are ample strategies and methods available which can assist those who are looking to lose weight and the most basic plans includes the incorporation of a healthy diet and physical activity.

Chart 18: Obese Adults



Source: Community Commons

Primary data collected from community stakeholders revealed that chronic disease was the most discussed issue affecting the community's health in the Ochsner St. Anne Hospital service area by community leaders. It was reported that residents tend to struggle to manage chronic diseases such as diabetes, high blood pressure, heart conditions, and cancer. The economy of the service area is tied to the oil industry, which has taken a downturn, leaving residents unable to afford prescribed medications to manage their health conditions. It was also revealed from community stakeholders that multi-generational attitudes toward health that contribute to high rates of obesity and a general lack of wellness is difficult to overcome.

Data from the health providers surveyed revealed the top health factors that contribute to the health affecting residents are: Health literacy/overall education (16.2 percent), Access to health care (14.2 percent), and obesity/poor diet/lack of exercise (11.0 percent).

Lack of Physical Activity

Being physically active is an important staple to maintaining good mental and physical health. Physical activity can improve one's health and reduce type 2 diabetes and cardiovascular diseases. Exercising and being physically active can have long-term positive health benefits. It is essential for Americans to obtain the recommended amount of regular physical activity. To improve overall

cardiovascular health, the AHA suggest at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise (or a combination of moderate and vigorous activity). Thirty minutes a day, five times a week is an easy goal to remember. You will also experience benefits even if you divide your time into two or three segments of 10 to 15 minutes per day. For individuals who would benefit from lowering their blood pressure or cholesterol, it is recommended 40 minutes of aerobic exercise of moderate to vigorous intensity three to four times a week to lower the risk for heart attack and stroke.[43]

Some examples of moderate exercise include activities such as walking briskly (3 miles per hour or faster, but not race-walking), water aerobics, bicycling slower than 10 miles per hour, tennis (doubles), ballroom dancing, and general gardening. While vigorous aerobic activities include: race walking, jogging, or running, swimming laps, tennis (singles), aerobic dancing, bicycling 10 miles per hour or faster, jumping rope, heavy gardening (continuous digging or hoeing), and hiking uphill or with a heavy backpack.

Physical activity is an important component to preventing heart disease, the leading cause of death in U.S. In order to improve overall cardiovascular health, the frequency along with how vigorous the exercise is needs to be met.

More than one-third of residents in both Lafourche (34.7 percent) and Terrebonne (36.2 percent) parishes reported that they did not engage in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. This indicator is relevant as current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. It is also important to note that the parish percentages are higher than the state and nation. (See Table 9.)

Table 9: Physical Inactivity (No Leisure Time Physical Activity)

	Percent Population with no Leisure Time Physical Activity
Lafourche	34.7
Terrebonne	36.2
Louisiana	28.2
USA	21.8

Source: Community Commons

The number of available recreational facilities in the region can assist community residents who are trying to achieve a healthy lifestyle. Exploring the availability of such facilities in the community, it was reported that there is more accessibility in Lafourche Parish (14.6) when compared to Terrebonne Parish (9.8). This rate is also higher than the state (9.5) and the nation (11.0).

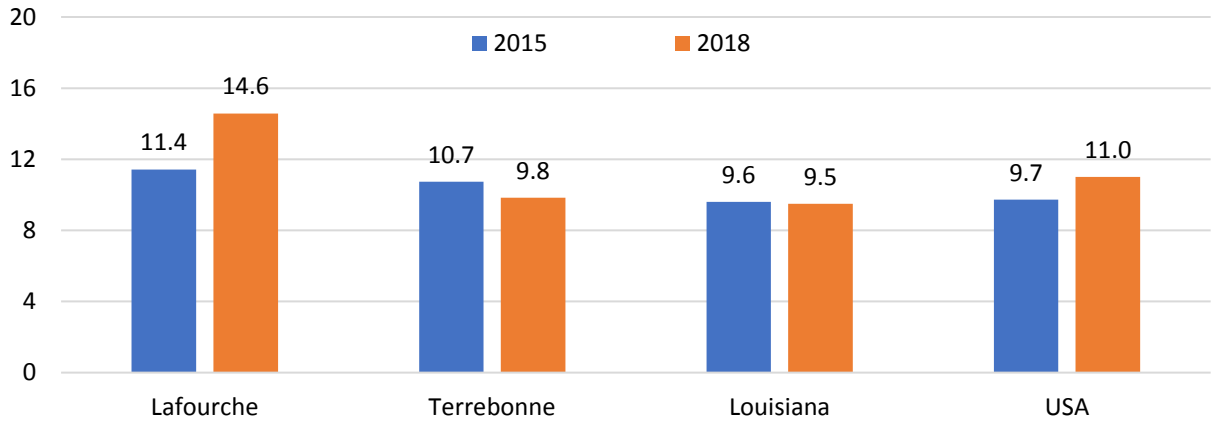
[43] American Heart Association: www.heart.org/en/healthy-living/fitness/fitness-basics/aha-recs-for-physical-activity-in-adults

Unfortunately, Terrebonne Parish (9.8 per 100,000 population) has fewer numbers of recreation and fitness facilities when compared to the nation (11.0 per 100,000 population). (See Chart 19.)

With more than one-third of Lafourche and Terrebonne residents not engaging in any type of physical activity (34.7 percent and 36.2 percent), options to provide more fitness facilities to the community should be explored. (See Table 9.)

The below data reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Chart 19: Recreation and Fitness Facility Access Rate (per 100,000 population)



Source: Community Commons

Primary data from health providers surveyed, reported that healthy food options is a resource/service that is missing from the community that would improve the health of residents (10.8 percent). Health providers also reported that obesity/poor diet/lack of exercise (14.1 percent) was a top health concern affecting residents in the community.

Community stakeholders would like to see more programs designed to promote education around nutrition and healthy living. Residents face multitude of health concerns that could be alleviated by simply making healthy choices such as regular exercise, choosing healthy food options, not smoking, and complying with treatment plans. Overall, a healthy lifestyle can consist of following a proper diet and the incorporation of a physical activity. A combination of such efforts can greatly decrease physical ailments and improve an individual's quality of life.

Support from state and local organizations along with civic and social groups can change regional policies and community infrastructure. Building clean safe parks, adding sidewalks, bike paths, and recreational space can improve and provide a healthy environment for the region. To reverse and combat the obesity epidemic, changes need to be implemented and physical activity needs to be part of the equation.

Smoking

People smoke for many reasons, including peer and societal pressure and/or the reduction of stress and anxiety for others. Media advertisements are influential in our society. Tobacco use shown in video games, online, on TV and movies showing smokers are another big influence. Studies show that young people who see smoking in movies are more likely to start smoking.[44] Nonetheless, smoking is a difficult habit to break. Cigarette smoking is the main cause of lung cancer and chronic obstructive pulmonary diseases.

The tobacco epidemic according to the World Health Organization is one of the largest public health dangers in the world, killing more than 7 million people a year. More than 6 million of those deaths are the direct result of tobacco use while around 890,000 are the result of being exposed to second-hand smoke. 1.1 billion smokers worldwide (roughly 80 percent) live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. In some countries, children from poor households are frequently employed in tobacco farming to provide family income. These children are especially vulnerable to "green tobacco sickness", which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves.[45]

It has been well documented that secondhand smoke is equally as harmful as directly smoking. Secondhand smoke is smoke from burning tobacco. It is exhaled from a smoker and is inhaled by a non-smoker. Public health efforts and legislative smoking bands have reduced exposure to secondhand smoke. Since 1964, approximately 2.5 million non-smokers have died from health problems caused by exposure to secondhand smoke.[46]

The cigarette smoking rate among adults in the U.S. dropped from 20.9 percent in 2005 to 17.8 percent in 2013, according to new data published by the Centers for Disease Control and Prevention in Morbidity and Mortality Weekly Report (MMWR). The report also shows the number of cigarette smokers dropped from 45.1 million in 2005 to 42.1 million in 2013, despite the increasing population in the U.S.[47] Unfortunately, studies also show that thousands of young people start smoking every day.[48] Therefore, it is vital to provide information, health education, and assistance to smokers who need help quitting.

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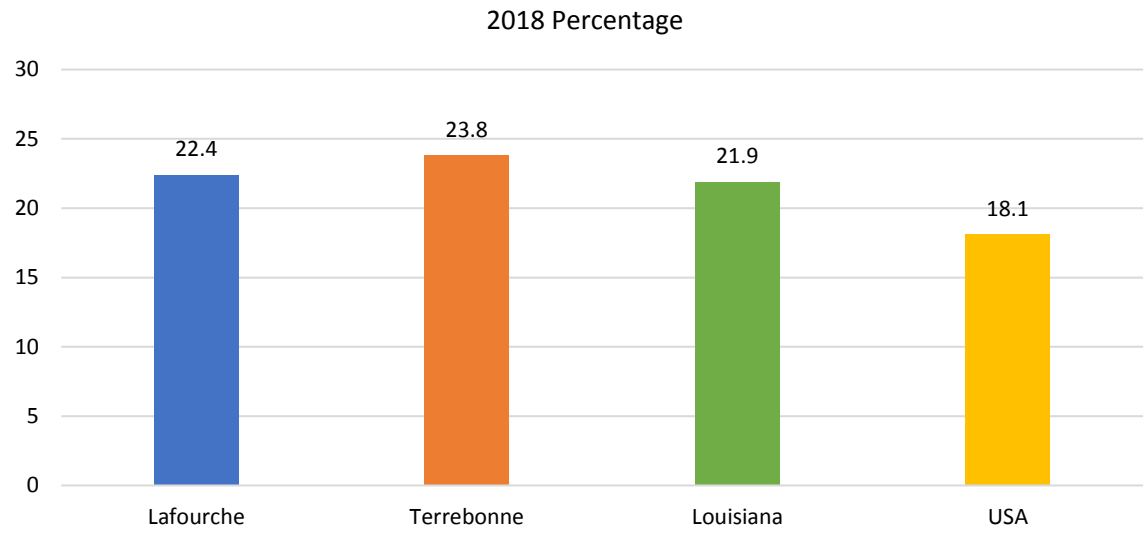
[44] American Cancer Society: www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html
[45] World Health Organization: www.who.int/en/news-room/fact-sheets/detail/tobacco
[46] Centers for Diseases Control and Prevention: www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/
[47] Centers for Diseases Control and Prevention: www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm
[48] Ibid.

An all-inclusive ban on all tobacco advertising, promotion, and sponsorship could decrease tobacco consumption by an average of about 7 percent, with some countries experiencing a decline in consumption of up to 16 percent. Only 37 countries, representing 15 percent of the world's population, have completely banned all forms of tobacco advertising, promotion, and sponsorship.[49]

Data from Truth Initiative in 2016 revealed, 22.8 percent of Louisiana adults smoked compared to 17.1 percent nationally. It was also reported that 12.3 percent of high school students smoked on at least one day in the past 30 days. Nationally, the rate was 8.8 percent.[50]

In analyzing local data from Community Commons, it was reported that 16,312 or 22.6 percent of adults age 18 or older self-report currently smoking cigarettes some days or every day. While 19,683 or 23.9 percent of adults in Terrebonne Parish self-report currently smoking cigarettes some days or every day. It is important to note that these percentages are higher than the state (21.9 percent) and nation (18.1 percent). This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. (See Chart 20.)

Chart 20: Tobacco Use – Current Smokers



Source: Community Commons

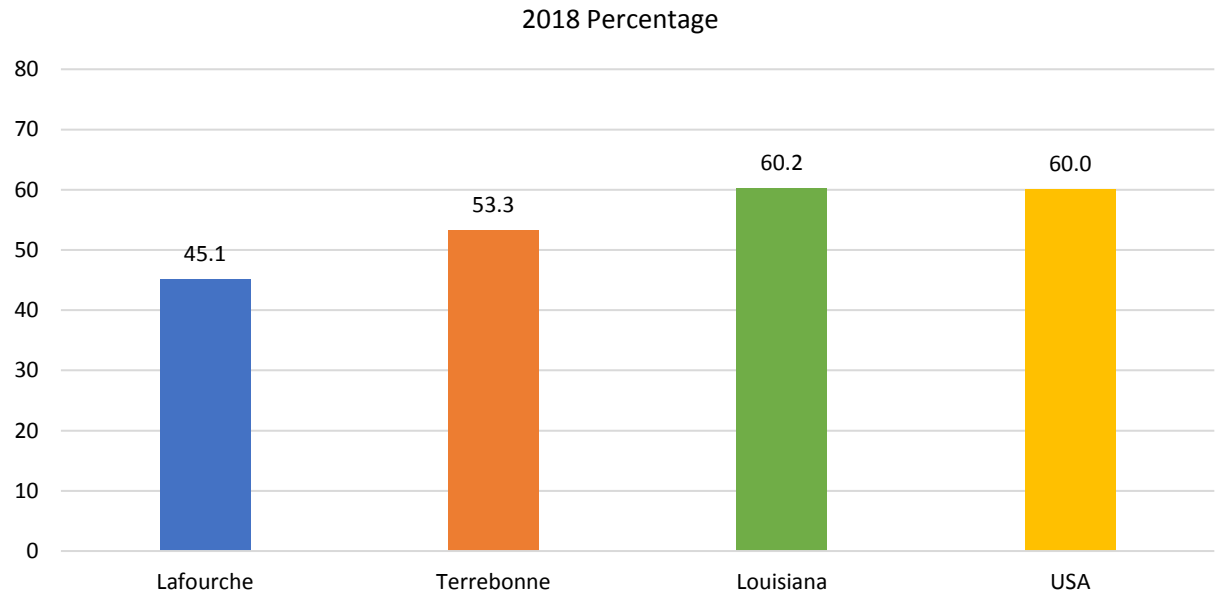
Community Commons data reveal there are more residents in Terrebonne Parish (53.5 percent) or 42,671 total adults who ever smoked 100 or more cigarettes when compared to Lafourche Parish (49.5

[49] World Health Organization: www.who.int/en/news-room/fact-sheets/detail/tobacco
[50] Truth Initiative: https://truthinitiative.org/tobacco-use-louisiana

percent or 38,055). These percentages are also higher than the state (49.5 percent) and nation (44.1 percent).

While smoking is a habit that is easily started, quitting is difficult and has led to many failed attempts to be successful. Nonetheless, it is encouraging to see smokers wanting to want to quit. Data showed there are more residents in Terrebonne Parish (53.3 percent or 14,391 residents) who have attempted to quit using tobacco when compared to the Lafourche Parish (45.1 percent or 10,338 residents). These percentages are lower than the state (60.2 percent) and nation (60.0 percent). This measure is applicable because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease and it is imperative to support efforts to quit smoking and increase positive health outcomes. (See Chart 21.)

Chart 21: Tobacco Usage – Quit Attempt



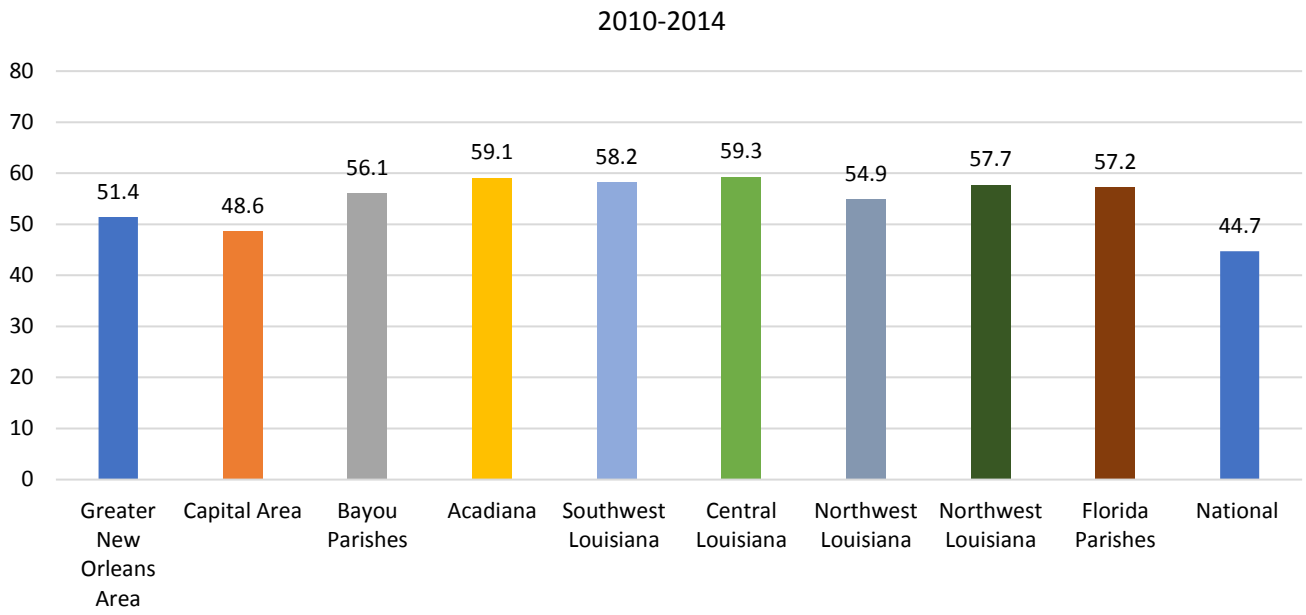
Source: Community Commons

Louisiana has the 11th highest incidence and 10th highest death (mortality) rate of lung cancer in the U.S. Louisiana's lung cancer incidence and mortality rates are statistically significantly higher than the rest of the country. 70.5 people per 100,000 were diagnosed with lung cancer, while the national average was 61.2 per 100,000.[51]

An average of 55.1 Louisiana residents per 100,000 die each year from this disease, while the national average was 44.7 deaths per 100,000. The Bayou Parishes, Acadiana, Southwest Louisiana, Central Louisiana, Northeast Louisiana, and Florida Parishes have the highest lung cancer death rates in the state.[52] (See Chart 22.)

[51] Louisiana Cancer Prevention and Control Programs: http://louisianacancer.org
[52] Ibid.

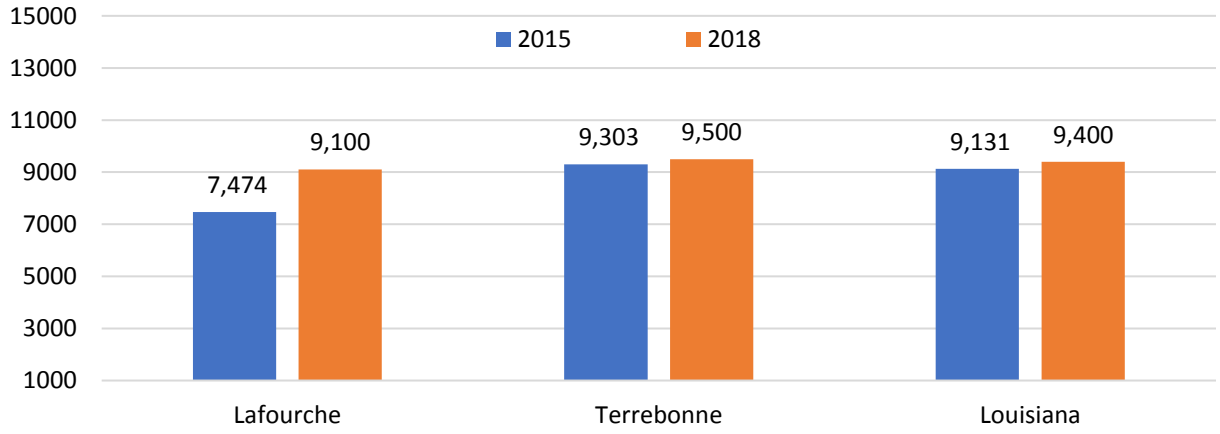
Chart 22: Lung and Bronchus Cancer Mortality by Region (per 100,000 population), 2010-2014



Source: Louisiana Cancer Prevention Control Programs

Data from County Health Rankings and Roadmaps revealed that Lafourche and Terrebonne parishes saw an increase in the number of years of potential life lost before age 75. In 2018, in Terrebonne Parish (9,500) the number of years of potential life lost was higher than the state (9,400).

Chart 23: Premature Death (Years of potential life lost before age 75 per 100,000 population)



Source: County Health Rankings and Roadmaps

Measuring premature mortality, underlies the intent of the County Health Rankings and Roadmaps to focus attention on deaths that could have been prevented. By examining premature mortality rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life in communities.[53]

With public pressure and policy changes, Louisiana has changed their outlook regarding tobacco use. In 2015, New Orleans adopted a comprehensive smoke-free law that prohibits smoking and electronic cigarette use in all indoor areas of workplaces and public places, including all hotel rooms, restaurants, bars, and casinos. With the adoption of this law, New Orleans became the largest city in the U.S. to prohibit smoking in casinos. With the adoption of the New Orleans law, 11.0 percent of Louisiana residents are now protected by comprehensive smoke-free policies.[54]

Lung cancer is often the result of years of smoking. However, quitting smoking reduces the risk of cancer and other diseases. Data from the U.S. National Health Interview Survey reported that people who quit smoking are less likely to die from smoking-related illness than those who continue to smoke. Smokers who quit before age 40 reduce their chance of dying prematurely from smoking-related diseases by about 90 percent, and those who quit by age 45-54 reduce their chance of dying prematurely by roughly two-thirds. Regardless of their age, people who quit smoking have substantial gains in life expectancy, compared with those who continue to smoke. [55]

Community stakeholders reported that a majority of residents use tobacco products and there is a great need for tobacco cessation programs, especially those that educate residents on the dangers of smoking.

Exploring steps to quit smoking requires initiative, prevention programs, and resources to assist residents. Oftentimes it also requires family, friends, and support groups to successfully quit smoking. Encouragement often creates new learning skills and changes in behaviors in order to eliminate bad habits. Understanding the reasons why quitting is essential is the first step towards success.

Lack of 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.

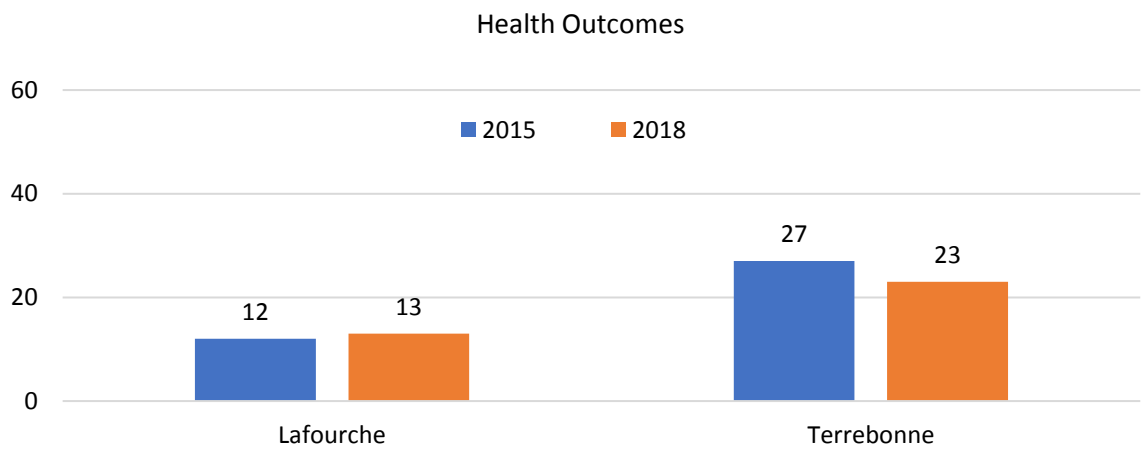
Easy to understand programs designed around nutrition and healthy living could assist residents in understanding the long-term benefits of healthy living as the goal of health programs is to modify and

[53] County Health Rankings and Roadmaps: www.countyhealthrankings.org
[54] Centers for Diseases Control and Prevention: www.cdc.gov/tobacco/about/osh/program-funding/pdfs/louisiana-2018-508.pdf
[55] National Cancer Institute: www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet#q6

establish healthy behaviors. Overall, education plays a significantly large role in how residents can improve health outcomes.

County Health Rankings and Roadmaps reports in 2018 a ranking of 13 for Lafourche Parish compared to Terrebonne Parish at 23 for health outcomes. 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. Lafourche Parish under this ranking has a relatively good ranking. (See Chart 24.)

Chart 24: County Health Rankings and Roadmaps Health Outcomes



Source: County Health Rankings and Roadmaps

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. Data while available in the community is important the dissemination of materials to residents must be obtainable and accessible to community members.

Conclusion

Ochsner St. Anne Hospital completed their third-round regional area CHNA. Ochsner St. Anne Hospital's motto "Neighbors Helping Neighbors" can be achieved by closing the gaps in health disparities and enabling health care services as well as social services for residents be readily available. Leveraging the region's resources and assets, existing and newly developed strategies can be successfully developed. Results from the CHNA in conjunction with the final Implementation Strategy Plan will build upon an existing infrastructure of previous community health improvement efforts as these plans will enhance new developments.

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

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

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

APPENDICES

Ochsner

Appendix A: General Description of Ochsner St. Anne Hospital

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 St. Anne Hospital offers essential healthcare services to Lafourche and the surrounding parishes. Ochsner St. Anne Hospital delivers quality healthcare by our constant commitment to quality measures and patient satisfaction. Ochsner St. Anne Hospital's staff of nurses, doctors, technicians, and other professionals work constantly to improve medical care and customer service, focusing the resources of the entire hospital on the patient. Ochsner St. Anne Hospital also supports the health and vitality of the local communities we serve.

As a fully accredited, full-service hospital staffed by skilled physicians and specialists, Ochsner St. Anne provides life-saving services including a 24-hour full-service emergency department with average wait times of less than 15 minutes, stroke care, intensive care unit, and multiple surgical specialties including general surgery, orthopedics, pain management, and urology. Additional services include maternity suites with state-of-the-art monitoring for mothers and babies, behavioral health services, and many advanced medical technologies including MRI, digital and 3D mammography, low-dose CT, and much more. Ochsner St. Anne Hospital also offers full lab services, a blood donor center, infusion center, and a wound care clinic.

With a tradition of care that began in 1967, Ochsner St. Anne Hospital serves as the foundation of healthcare service delivery in Lafourche and the surrounding parishes. Formerly known as St. Anne General, the hospital became part of the Ochsner family in 2006. As a not-for-profit acute care facility located just a short drive from New Orleans in Raceland, Louisiana, this 35-bed hospital provides a growing range of high quality, cost-effective emergency services, medical services, surgical care, obstetric, skilled nursing, home health care, and behavioral health services.

Ochsner St. Anne's service population ranges from pediatrics to adults and the geriatric population. Patients of Ochsner St. Anne Hospital are served by a growing medical staff representing multiple medical disciplines and supported by a professional nursing staff, a caring hospital support staff, and a progressive Administrative team.

The Administrative, Medical, Professional and Support staff of the hospital believes that a strong collaborative professional commitment to excellence, coupled with planned technological expansion uniquely positions Ochsner St. Anne Hospital to provide the best quality care in the area.

Recognizing that medical events have a significant impact on patients and families, the Ochsner St. Anne patient care teams employ a family centered approach to care, taking into account the physical, social, psychological, environmental, and spiritual needs of the patient and family.

This philosophy comes from recognizing that the rural area prides itself on strong family ties, a rich cultural diversity and a strong spiritual heritage. This recognition is evident in our motto of "Neighbors Helping Neighbors".

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

Appendix B: Ochsner St. Anne Hospital Community Definition

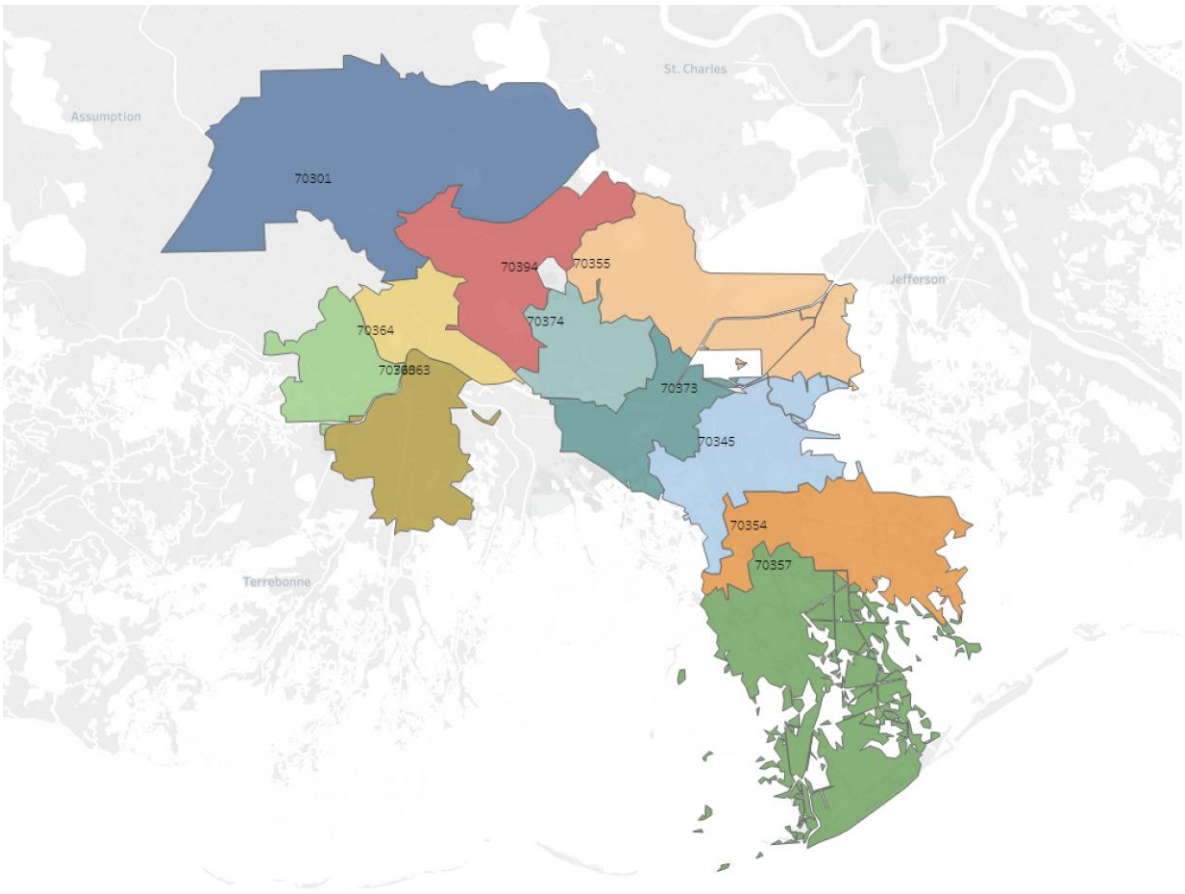
A community can be defined in many different ways and in 2018, the community served by Ochsner St. Anne Hospital represents a total of 11 ZIP codes which represents 80 percent of the inpatient discharges for the hospital. The ZIP codes fall into three parishes in Southern Louisiana: Lafourche, Terrebonne, and St. Charles. The 11 ZIP codes represent the community served by Ochsner St. Anne Hospital. (See Table 10.)

The ZIP codes that represent St. Anne Hospital is also depicted in a geographic representation on Map 3.

Table 10: Ochsner St. Anne Hospital Study Area Community ZIP Codes

	ZIP Code	City	Parish
1.	70301	Thibodaux	Lafourche
2.	70345	Cut Off	Lafourche
3.	70354	Galliano	Lafourche
4.	70355	Gheens	Lafourche
5.	70357	Golden Meadow	Lafourche
6.	70360	Houma	Terrebonne
7.	70363	Houma	Terrebonne
8.	70364	Houma	Terrebonne
9.	70373	Larose	Lafourche
10.	70374	Lockport	Lafourche
11.	70394	Raceland	Lafourche

Map 3: Ochsner St. Anne Hospital Study Area



Note: Map is not to scale.

Source: Truven Health Analytics

Ochsner St. Anne Hospital Population and Demographics Snapshot

- In 2017, the St. Anne study area which encompasses Lafourche and Terrebonne parishes had 214,098 residents.
- The entire St. Anne study area is projected to have population growth in 2022. From 2017 to 2022 the Ochsner St. Anne study area parishes are projected to experience a 2.3 percent and 3.0 percent increase in population (Lafourche, Terrebonne respectively) which equates to approximately 5,732 new residents in the study area.
- The gender breakdown is consistent across the study area parishes and is similar to state and national norms.
- The St. Anne study area reports rates similar to the state for all age distribution categories in the population.
- Lafourche Parish reports the highest white, Non-Hispanic population percentage at 74.7 percent, compared to Terrebonne (67.9 percent) and the state (58.5 percent). Terrebonne Parish reports the highest Black, Non-Hispanic population across the study area at 17.1 percent and the highest Hispanic population at 5.5 percent.
- Lafourche Parish reports the highest rate of residents with 'less than a high school' degree (10.79 percent) which is much higher than the state (5.85 percent) and national (5.76 percent) rates.
- Lafourche Parish also has the highest rate of residents with a bachelor's degree or higher at 15.96 percent; this is lower than state (22.42 percent) and national (29.59 percent) rates.
- Lafourche Parish reports higher rates of households that earn less than $15,000 per year (14.57 percent) compared to Terrebonne Parish.
- Lafourche Parish reports the lowest average household income of $67,779 compared to Terrebonne Parish ($71,034).

Appendix C: Primary and Secondary Data Overview

Process Overview

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

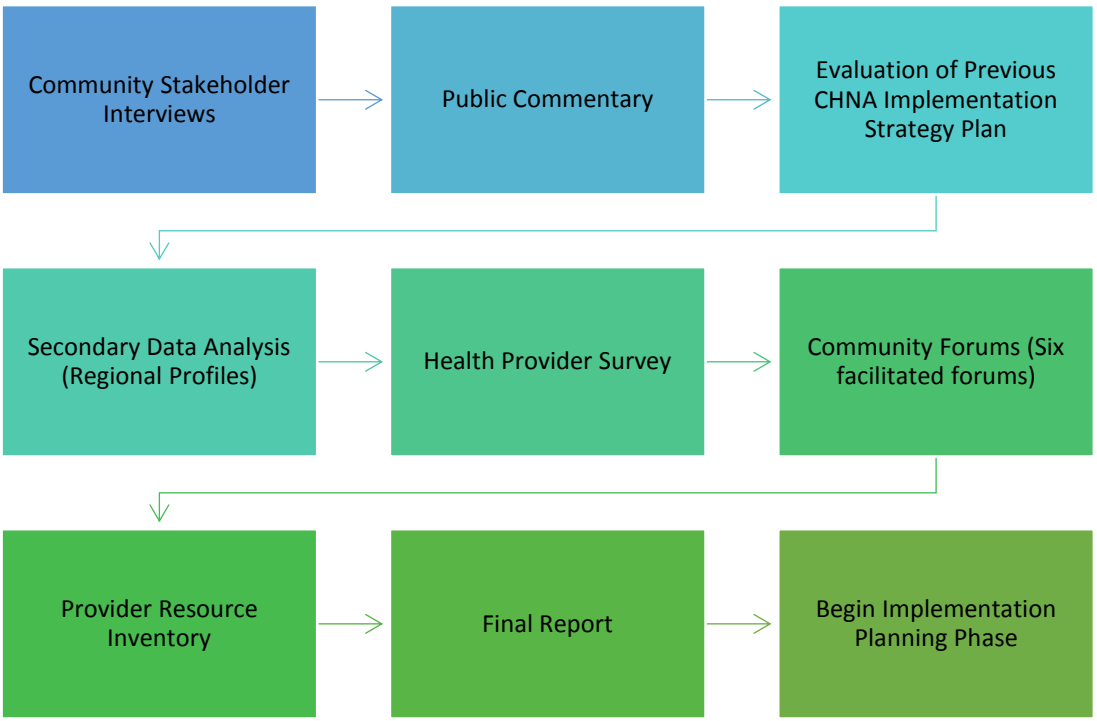
Civic and social organizations, government officials, educational institutions, and community-based organizations participated in the assessment to assist Ochsner St. Anne Hospital evaluate the needs of the community. The 2018 assessment included primary and secondary data collection that incorporated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

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

Ochsner Health System and Tripp Umbach worked diligently to collect, analyze, review, and discuss the results of the CHNA, concluding in the identification and prioritization of the community's needs for Ochsner St. Anne Hospital.

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

Chart 25: CHNA Process



Community Stakeholder Interviews

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

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

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

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 four key themes community stakeholders communicated from the most discussed to the least discussed (in descending order).

1. Chronic Disease
2. Mental Health and Substance Abuse
3. Wellness
4. Transportation

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 St. Anne Hospital. The solicitation of feedback was obtained from community stakeholders identified by the Working Group. Observations offered community representatives the opportunity to react to the methods, findings, and subsequent actions taken as a result of the previous 2015 CHNA and implementation planning process. Stakeholders were posed questions developed by Tripp Umbach and reviewed by the Working Group. Feedback was collected from five community stakeholders related to the public commentary survey. The public comments below are a summary of stakeholder's feedback regarding the former documents.

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

When asked if the assessment "included input from community members or organizations," four of the five survey respondents reported that it did; and one reported they did not know.

One of the survey respondents reported that the assessment reviewed did exclude community members or organizations that should have been involved in the assessment; three did not feel any community members or organizations were excluded; and one did not know. Excluded community members or organizations included: Community outreach groups.

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 of the respondents agreed the needs identified in the 2015 CHNA represented the needs of the community; three respondents felt needs were missing. The missing health needs identified were dental care and mental health care; most experienced by residents with low-income or living in poverty.

Four survey respondents indicated that the ISP was directly related to the needs identified in the CHNA and one did not know.

Evaluation of Previous Planning Efforts

Ochsner St. Anne Hospital 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.

The evaluation of the previous Implementation Strategy plan is used to build the new Implementation strategy plan – combining and updating goals from the previous plan with new ideas and strategies**.**

A. Increase Access to Healthcare

Outcomes/Results

- Offered free career exploration programs to all local schools and students through job shadow program and school/community organization on-campus field trips. Performed pre-and post-knowledge-based assessments for each program.
- Maintained recognized student attrition rate in Ochsner sponsored programs. Increased the growth of new/renewed affiliate educational programs. Maintained student enrollment in Ochsner clinical school/University of Queensland medical school program.
- Continued access for OHS Epic providers to shared external health records.
- Facilitated and provided education and enrollment assistance for health insurance policies available at Louisiana Federally Facilitated Marketplace for communities - for new policies and renewal policies.

- Continued implementation of eICU software services across region.
    - Improved evaluation and treatment of patients with signs/symptoms of a stroke through tele-stroke program with 42 sites, including St. Anne Hospital
        - 2,544 patients seen systemwide with 71 percent able to stay at their home hospital.
- Partnered with Terrebonne to offer safety net to uninsured/underinsured population.

B. Improve Resource Awareness and Health Literacy

Outcomes/Results

- Sponsored and participated in community events to promote health and wellness.
- Continued Ochsner community connections (auntbertha.com) in Louisiana, providing free database of resources for patients, family members and the community. 22,237 users accessed community resources in their neighborhoods across the system and took 18,521 actions over 2,803 sessions in 2017.
- Publicized available skill check-off sessions through the Ochsner Health System.
- Offered skill check-off sessions monthly and as needed.
- Offered AHA first-aid classes.
- Provided multiple forums for education of community on current health topics including in person sessions and Hello Health on TV system-wide, over 1,300 individuals attended 47 in person sessions, and 18 sessions were broadcast live on WLAE.

C. 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.
    - Provided mental health services in clinic locations in region.
- Taught AHA Heartsaver aed classes to the community which includes awareness of the opioid epidemic and the availability of naloxone.

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.

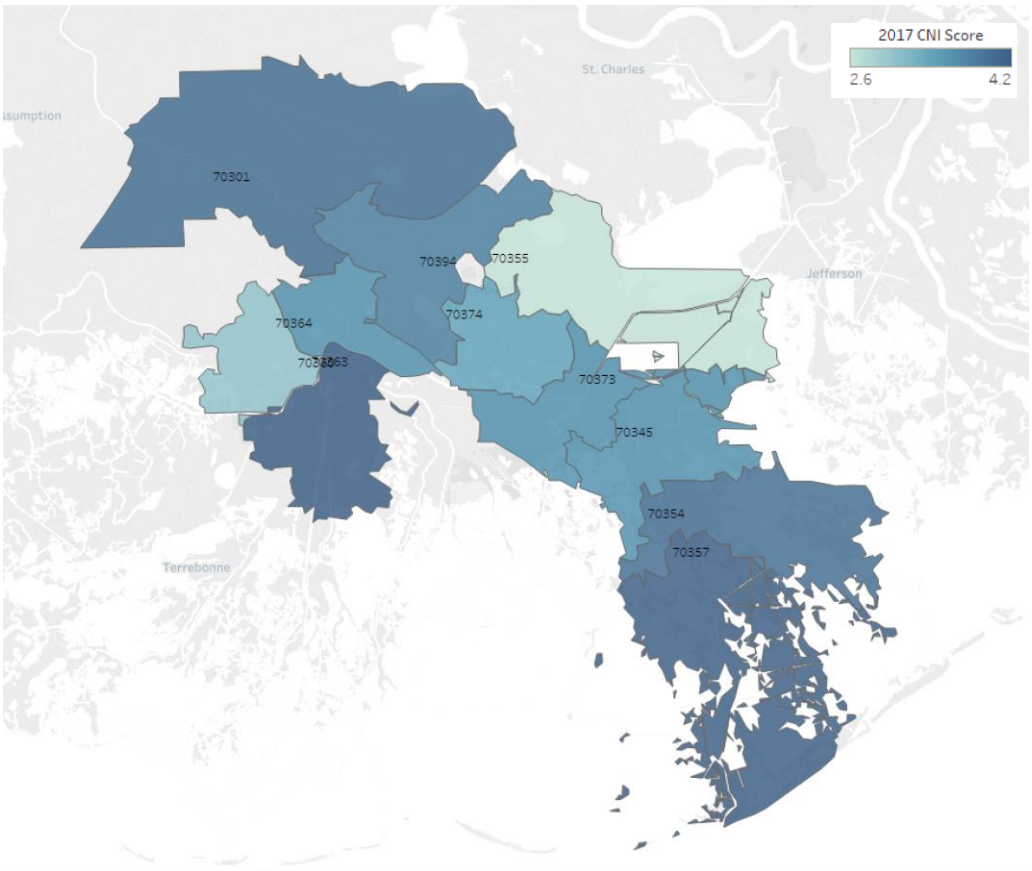
The information provided in the secondary data profile does not replace existing local, regional, and national sites but provides a comprehensive (but not all-inclusive) overview that complements and highlights existing and changing health and social behaviors of community residents for the health system,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

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

The Community Need Index (CNI) data source was also used in the health assessment. CNI considers multiple factors that are known to limit health care access; the tool is useful in identifying and addressing the disproportionate and unmet health-related needs of neighborhoods. The five prominent socioeconomic barriers to community health quantified in the CNI are Income Barriers, Cultural/Language Barriers, Educational Barriers, Insurance Barriers, and Housing Barriers. Additional information related to CNI can be found in Appendix G.

Eleven ZIP codes represent the community served by Ochsner St. Anne as portions of the health system's service areas. Ochsner St. Anne Hospital provides services to communities throughout Southern Louisiana and adjoining states. The community health assessment fell into two counties: Lafourche and Terrebonne parishes. The following map geographically depicts the service area by showing the communities that are shaded.

Map 4: Ochsner St. Anne Overall Study Area (11 ZIP codes – CNI Map)



Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

1.99 to 1.00 (Low-socioeconomic barriers)

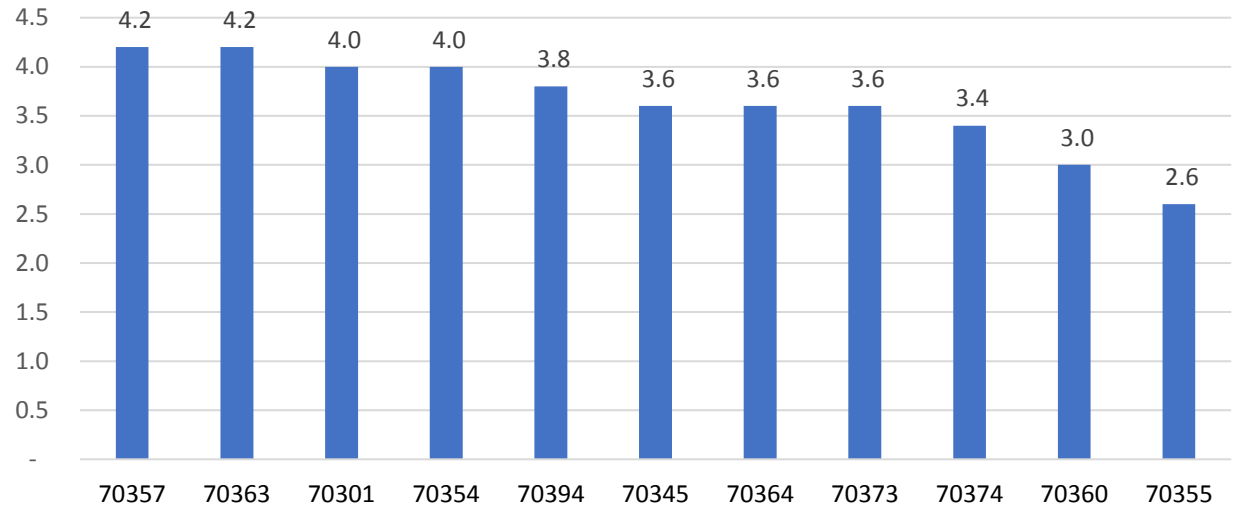
- In 2017, ZIP code 70357 reports the highest CNI score of 4.2 out of the 11 ZIP codes within the St. Anne Regional Study Area.
- The darker shading indicates residents within those ZIP codes face greater socioeconomic barriers.

Table 11: Ochsner St. Anne Regional Study Area (CNI Score Breakouts)

ZIP	City	Parish	Poverty 65+	Poverty Children	Poverty Single w/kids	Limit English	Minority	No HS Diploma	Unemployed	Uninsured	Rent	Income	Culture	Education	Insurance	House	2017 CNI Score
70357	Golden Meadow	Lafourche	20.20%	17.63%	61.54%	5.47%	22.88%	38.98%	6.04%	5.82%	27.44%	5	4	5	3	4	4.2
70363	Houma	Terrebonne	8.71%	32.94%	43.75%	1.18%	48.44%	31.69%	8.51%	6.73%	28.62%	4	5	5	3	4	4.2
70301	Thibodaux	Lafourche	11.93%	20.21%	49.80%	0.99%	28.43%	21.71%	7.24%	5.97%	29.81%	4	4	5	3	4	4.0
70354	Galliano	Lafourche	24.99%	27.46%	46.12%	6.10%	21.43%	36.26%	8.80%	7.57%	21.90%	4	4	5	4	3	4.0
70394	Raceland	Lafourche	14.27%	25.92%	48.13%	1.26%	28.04%	23.85%	7.13%	5.45%	20.30%	4	4	5	3	3	3.8
70345	Cut Off	Lafourche	14.64%	18.30%	46.63%	3.48%	21.53%	28.26%	9.28%	5.57%	19.63%	4	4	5	3	2	3.6
70364	Houma	Terrebonne	10.72%	24.61%	54.48%	1.97%	28.81%	19.16%	5.17%	5.33%	32.62%	4	4	4	2	4	3.6
70373	Larose	Lafourche	19.12%	21.22%	50.00%	3.78%	22.96%	28.64%	8.01%	6.48%	18.04%	4	4	5	3	2	3.6
70374	Lockport	Lafourche	17.82%	20.88%	50.93%	5.17%	14.61%	22.97%	4.14%	5.48%	24.64%	4	3	5	2	3	3.4
70360	Houma	Terrebonne	7.45%	15.07%	45.85%	0.93%	25.79%	12.88%	3.63%	3.79%	29.15%	3	4	3	1	4	3.0
70355	Gheens	Lafourche	0.00%	18.10%	33.33%	0.29%	5.70%	27.01%	4.96%	4.96%	16.41%	2	2	5	2	2	2.6

The table above reported the specific breakout from each ZIP code within the study area. ZIP code 70357 (Golden Meadow) in Lafourche Parish and 70363 (Houma) in Terrebonne Parish reported a 4.2 CNI score; while on the polar end ZIP code 70355 (Gheens) in Lafourche Parish reported a 2.6 CNI score.

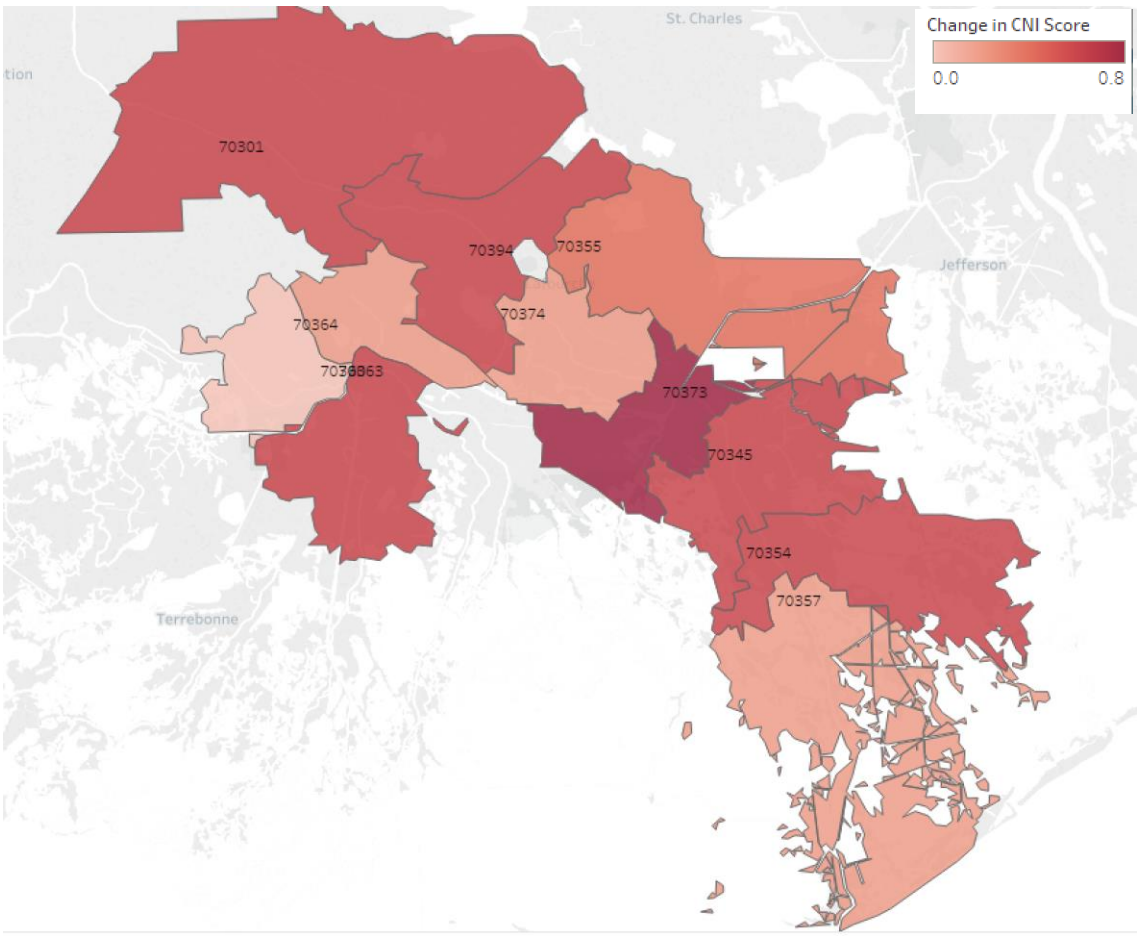
Chart 26: Ochsner St. Anne Overall Study Area (Overview)



Source: Truven Health Analytics

- The above chart is another depiction of the St. Anne Study area. There are ten ZIP codes that are reported at or above the 3.0 median in the St. Anne Regional Profile.
- The most common score in the St. Anne study area is 3.6. The average CNI score is 3.6 in 2017.

Map 5: Ochsner St. Anne CNI - Trend Map



Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

1.99 to 1.00 (Low-socioeconomic barriers)

In reviewing scores from 2016 and 2017, the map provides a geographic visual of the service area between the years. The dark red color represents ZIP codes that have gotten worse in their overall CNI score. As the color changes to lighter red, certain ZIP codes face less socioeconomic barriers (Map 7).

Across the 11 Ochsner St. Anne study area ZIP codes:

- Overall, in the St. Anne study area 10 experienced a rise in their CNI score from 2016 to 2017, indicating a shift to more socioeconomic barriers.
- One remained the same from 2016 to 2017 (70360 – Houma).
- None experienced a decline in their CNI score from 2016 to 2017, indicating a shift to fewer barriers to health care access.
- ZIP code area 70373 – Larose experienced the largest rise in CNI score (going from 2.8 to 3.6). This jump indicates that socioeconomic factors have shifted in the ZIP code; therefore, placing additional barriers for residents to obtain heath care services.

Table 12: Complete Ochsner St. Anne ZIP Code CNI List – 2016 to 2017 Comparison/Trend

Zip	City	Parish	2016 CNI Score	2017 CNI Score	Difference
70373	Larose	Lafourche	2.8	3.6	(0.80)
70301	Thibodaux	Lafourche	3.4	4.0	(0.60)
70345	Cut Off	Lafourche	3.0	3.6	(0.60)
70354	Galliano	Lafourche	3.4	4.0	(0.60)
70363	Houma	Terrebonne	3.6	4.2	(0.60)
70394	Raceland	Lafourche	3.2	3.8	(0.60)
70355	Gheens	Lafourche	2.2	2.6	(0.40)
70357	Golden Meadow	Lafourche	4.0	4.2	(0.20)
70364	Houma	Terrebonne	3.4	3.6	(0.20)
70374	Lockport	Lafourche	3.2	3.4	(0.20)
70360	Houma	Terrebonne	3.0	3.0	-

Table 12 depicts the CNI scores differences between 2016 and 2017. A total of ten of the 11 ZIP code areas for the Ochsner St. Anne study area fall 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.

ZIP code 70373 (Larose) in Lafourche Parish reported the largest negative change in the St. Anne study area.

Health Provider Survey

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

Key Points:

- Jefferson (13.5 percent), Orleans (13.4 percent), St. Tammany (11.5 percent), St. Charles (6.2 percent), and St. Bernard (5.6 percent) parishes were the top five parishes where survey respondents reported they serve.
- A majority of survey respondents identified themselves as being a physician specialist (30.6 percent), 26.6 percent were primary care physicians, 19.1 percent were nurses.
- Hospital facility (39.3 percent) or doctor's office (26.6 percent) were the top two types of facilities where survey respondents provided care.
- The top three specific population's survey respondents that have focused care are: all populations (14.9 percent), seniors/elderly (9.5 percent), and low income/poor (8.4 percent).
- Overall, close to one-half of survey respondents reported the community in which they provide care or services as being unhealthy (37.8 percent)/very unhealthy (11 percent).
- More than half of survey respondents strongly agreed (30.3 percent) and agreed (37.7 percent) that residents have access to high-quality primary care providers.
- More than half of survey respondents strongly agreed (26.3 percent) and agreed (37.7 percent) that residents have access to specialists.
- More than half of survey respondents disagreed (37.7 percent) and strongly disagreed (29.1 percent) that residents have access to mental/behavioral health providers.
- Close to one-third of survey respondents disagree (21.4 percent) and strongly disagree (9.2 percent) that residents have access to dental care.
- More than half of survey respondents strongly agree (17.1 percent) and agree (36.6 percent) that residents have access to vision care.
- More than one-third of respondents disagreed (26.4 percent) and strongly disagreed (14.4 percent) that residents have available transportation options for medical appointments and other services.
- There was strong agreement (22.9 percent) and agreement (38.3 percent) that residents have access to health facilities where interpreter services/bilingual providers are available (61.3 percent).

- More than half of survey respondents strongly agree (12 percent) and agree (39.4 percent) that there are ample employment opportunities in the community where they practice.
- More than half of survey respondents strongly agreed (17.1 percent) and agreed (35.4 percent) the community where they practice is a safe place to live.
- 50.9 percent of survey respondents reported that there are safe, clean, and affordable housing options in the community.
- Close to one quarter of respondents (24.9 percent) disagreed that quality public education is available in the community.
- The top five health concerns affecting residents in the community according to health providers are: chronic diseases (19.9 percent), access to health care (17.7 percent), obesity/poor diet/lack of exercise (14.1 percent), mental health (12.2 percent) and substance abuse (6.4 percent).
- The top five reported health factors that contribute to the health concerns are: Health literacy/overall education (16.2 percent), obesity/poor diet/lack of exercise (11 percent), access to health care (14.1 percent), unemployment/poverty (10.8 percent), and mental health/lack of mental health services (5.6 percent).
- Mental health services (14.4 percent) and substance abuse services (11.2 percent) were the top two resources/services that are missing from the community that would improve the health of residents.
- Conversely, vision care (1.7 percent) and emergency care (0.7 percent) were not seen as important resources/services that are missing from that community that would improve the health of residents.
- More than half of survey respondents (55.7 percent) were female, while 41.4 percent were male.
- Close to one-third of survey respondents (29.1 percent) are 55 and older.
- More than one-third of survey respondents plan to retire in 15 or more years (44 percent).
- A majority of survey respondents are white/Caucasian (83.1 percent).
- More than half of survey respondents have a medical degree (55.7 percent) followed by a college or master's degree (16.7 percent).

Community Forum

On July 11, 2018, Tripp Umbach facilitated a public input session (community forum) with leaders from community, government, civic, and social organizations, and other key community leaders at Northshore Harbor. The purpose of the community forum was to present the CHNA findings, which included existing data, in-depth community stakeholder interviews results, and results from the health provider survey, and to obtain input regarding the needs and concerns of the community overall. Community leaders discussed the data, shared their visions and plans for community 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. They included: access to care, behavioral health (mental health & substance abuse), and chronic diseases. Each of the prioritized areas has subcategories, which further illustrate the identified need.

A. Access to care
    - Health insurance coverage
    - Transportation
    - Health providers
    - Prescription coverage
B. Behavioral health (Mental health & Substance abuse)
    - Drug use
    - Lack of MH providers/Facilities
    - Abuse
C. Chronic diseases
    - Obesity (Contributing Factor)
    - Lack of Physical Activity
    - Smoking (Contributing Factor)
    - Lack of Education

Provider Resource Inventory

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

Final Report

A final report was developed that summarized key findings from the assessment process including the final prioritized community needs. Top community health needs were identified by analyzing secondary

data, primary data collected from key stakeholder interviews, a health provider survey, and a community forum. Tripp Umbach provided support to the prioritized needs with secondary data (where available), and consensus with community stakeholders results, and surveys results.

Implementation Planning

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

Appendix D: Community Stakeholder Interviewees

Tripp Umbach completed five interviews with community stakeholders representing Ochsner St. Anne Hospital to gain a deeper understanding of community health needs from organizations, , 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 13: Community Stakeholders for St. Anne Region (Listed alphabetically by last name)

Name	Organizations
Chad Davis	Acadia Ambulance Services
Sharon Guidry	Lockport City Council
Jarod Martin	Central Lafourche High School
Leslie Robichaux	Good Samaritan Food Bank
Leonard St. Pierre	Hospital Service District #2

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

Table 14: Overall Community Stakeholders for Ochsner Health System (Listed alphabetically by last name)

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

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

Appendix E: Community Organizations and Partners

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

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

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

Table 15: Community Organizations and Partners

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

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

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

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

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

Appendix F: Working Group Members

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

Table 16: 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 five, which speaks English poorly or not at all.

3. Education Barrier

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

4. Insurance Barrier

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

5. Housing Barrier

- Percentage of households renting their home.

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

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

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

Data Sources

- Demographic Data, The Nielsen Company
- Poverty Data, The Nielsen Company
- Insurance Coverage Estimates, Truven Health Analytics

Applications and Caveats

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

Appendix H: Tripp Umbach

Consultants

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

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

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

Tripp Umbach