2018 Community Health Needs Assessment

River Place Behavioral Health

Ochsner Medical Center
Ochsner Baptist Medical Center
Ochsner Medical Center – Baton Rouge
Ochsner Medical Center – Kenner
Ochsner Medical Center – North Shore
Ochsner Medical Center – West Bank
Ochsner St. Anne General Hospital
Ochsner Rehabilitation Hospital (in Partnership with Select Medical)
River Place Behavioral Health (a service of Ochsner Health System)

River Place Behavioral Health
A service of Ochsner Health System

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Introduction

Located in LaPlace, Louisiana, River Place Behavioral Health is a non-profit state-of-the-art mental health treatment center serving the greater New Orleans metropolitan area. River Place Behavioral Health is a joint venture, 82-bed acute psychiatric hospital serving the greater New Orleans area providing psychiatric care for adults who are struggling with depression, anxiety, bipolar disorder, and other mental health concerns. River Place Behavioral Health has a strong foundation of healthcare services along with a deep commitment to the health and well-being of its residents.

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and implementation strategies in order to improve the health and well-being 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 geographic area was broken into six regional areas to aid comparison and analysis of primary and secondary data through a regional approach. Ochsner West Bank is located in the West Bank region, Ochsner North Shore is located in the North Shore region, Ochsner Baptist is located in the New Orleans region, Ochsner Behavioral, Ochsner Rehabilitation, Ochsner Kenner, and Ochsner Main are located in the Jefferson region, Ochsner St Anne is located in the St. Anne (Lafourche/Raceland) region, and Ochsner Baton Rouge is located in the Baton Rouge study regions; therefore, the results were reflective of the hospital/health institution within those respective regions. 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 non-profit hospitals conduct CHNAs every three years.

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

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 River Place Behavioral Health.

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

➢ Conduct a CHNA every three years.

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

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

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

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

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

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

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

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

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

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

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

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

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

Primary Service Area for River Place Behavioral Health - A service of Ochsner Health System

A comprehensive CHNA was completed for River Place Behavioral Health which began in early 2018. Tripp Umbach provided benchmarking or trending data to track and observe movements in the primary and secondary data (where applicable). The primary service area for River Place Behavioral Health is defined by ZIP codes that contain a majority (80 percent) of inpatient discharges from the health facility.

In early 2018, River Place Behavioral Health opened; therefore, the facility did not have a defined primary service area. It was determined that a majority of the patients expected to receive care, services, and treatment would be referrals from Ochsner Main Campus; therefore, the geographic representation of the inpatient discharges for River Place Behavioral Health would be a reflection of Ochsner Main Campus primary service area. Ochsner Main Campus, in 2018, had a total of 106 ZIP codes in 24 parishes/counties which contained a majority of inpatient discharges. The CNI information is represented in the below map as well as on the proceeding table (See Map 1 and Table 1).

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

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

Map 1: River Place Behavioral Health − Study Area

Note: Map is not to scale.

Source: Truven Health Analytics

Table 1: River Place Behavioral Health – Study Area ZIP Codes

ZIP Code	City	Parish/County
39402	Hattiesburg	Lamar County, MS
39426	Carriere	Pearl River County, MS
39466	Picayune	Pearl River County, MS
39501	Gulfport	Harrison County, MS
39503	Gulfport	Harrison County, MS
39507	Gulfport	Harrison County, MS
39520	Bay Saint Louis	Hancock County, MS
39525	Diamondhead	Hancock County, MS
39531	Biloxi	Harrison County, MS
39532	Biloxi	Harrison County, MS
39553	Gautier	Jackson County, MS
39556	Kiln	Hancock County, MS
39560	Long Beach	Harrison County, MS
39564	Ocean Springs	Jackson County, MS
39571	Pass Christian	Harrison County, MS
39574	Saucier	Harrison County, MS
39648	McComb	Pike County, MS
70001	Metairie	Jefferson Parish, LA
70002	Metairie	Jefferson Parish, LA
70003	Metairie	Jefferson Parish, LA
70005	Metairie	Jefferson Parish, LA
70006	Metairie	Jefferson Parish, LA
70030	Des Allemands	St. Charles Parish, LA
70032	Arabi	St. Bernard Parish, LA
70037	Belle Chasse	Plaquemines Parish, LA
70039	Boutte	St. Charles Parish, LA
70043	Chalmette	St. Bernard Parish, LA
70047	Destrehan	St. Charles Parish, LA
70049	Edgard	St. John the Baptist Parish, LA
70053	Gretna	Jefferson Parish, LA
70056	Gretna	Jefferson Parish, LA
70057	Hahnville	St. Charles Parish, LA
70058	Harvey	Jefferson Parish, LA
70062	Kenner	Jefferson Parish, LA
70065	Kenner	Jefferson Parish, LA
70068	LA Place	St. John the Baptist Parish, LA
70070	Luling	St. Charles Parish, LA
70071	Lutcher	St. James Parish, LA
70072	Marrero	Jefferson Parish, LA
70075	Meraux	St. Bernard Parish, LA
70079	Norco	St. Charles Parish, LA
70084	Reserve	St. John the Baptist Parish, LA
70085	Saint Bernard	St. Bernard Parish, LA

ZIP Code	City	Parish/County
70087	Saint Rose	St. Charles Parish, LA
70090	Vacherie	St. James Parish, LA
70092	Violet	St. Bernard Parish, LA
70094	Westwego	Jefferson Parish, LA
70113	New Orleans	Orleans Parish, LA
70114	New Orleans	Orleans Parish, LA
70115	New Orleans	Orleans Parish, LA
70116	New Orleans	Orleans Parish, LA
70117	New Orleans	Orleans Parish, LA
70118	New Orleans	Orleans Parish, LA
70119	New Orleans	Orleans Parish, LA
70121	New Orleans	Jefferson Parish, LA
70122	New Orleans	Orleans Parish, LA
70123	New Orleans	Jefferson Parish, LA
70124	New Orleans	Orleans Parish, LA
70125	New Orleans	Orleans Parish, LA
70126	New Orleans	Orleans Parish, LA
70127	New Orleans	Orleans Parish, LA
70128	New Orleans	Orleans Parish, LA
70129	New Orleans	Orleans Parish, LA
70130	New Orleans	Orleans Parish, LA
70131	New Orleans	Orleans Parish, LA
70301	Thibodaux	Lafourche Parish, LA
70343	Bourg	Terrebonne Parish, LA
70344	Chauvin	Terrebonne Parish, LA
70345	Cut Off	Lafourche Parish, LA
70354	Galliano	Lafourche Parish, LA
70359	Gray	Terrebonne Parish, LA
70360	Houma	Terrebonne Parish, LA
70363	Houma	Terrebonne Parish, LA
70364	Houma	Terrebonne Parish, LA
70373	Larose	Lafourche Parish, LA
70374	Lockport	Lafourche Parish, LA
70380	Morgan City	St. Mary Parish, LA
70392	Patterson	St. Mary Parish, LA
70394	Raceland	Lafourche Parish, LA
70401	Hammond	Tangipahoa Parish, LA
70403	Hammond	Tangipahoa Parish, LA
70420	Abita Springs	St. Tammany Parish, LA
70422	Amite	Tangipahoa Parish, LA
70427	Bogalusa	Washington Parish, LA
70433	Covington	St. Tammany Parish, LA
70435	Covington	St. Tammany Parish, LA
70437	Folsom	St. Tammany Parish, LA
70438	Franklinton	Washington Parish, LA

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

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

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

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

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

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

Reviewing information related to River Place Behavioral Health primary service area, ZIP codes 70447 (Madisonville) and 70448 (Mandeville) had a CNI score of 1.6; indicating residents face low socioeconomic barriers.

Map 2: River Place Behavioral Health – 2017 CNI Map

Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

↑ 5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

↓ 1.99 to 1.00 (Low-socioeconomic barriers)

Table 2: River Place Behavioral Health – 2017 CNI Map

ZIP Code	City	Parish/County	2017 CNI Score
39402	Hattiesburg	Lamar County, MS	3.4
39426	Carriere	Pearl River County, MS	3.4
39466	Picayune	Pearl River County, MS	4.4
39501	Gulfport	Harrison County, MS	5.0
39503	Gulfport	Harrison County, MS	3.8
39507	Gulfport	Harrison County, MS	4.2
39520	Bay Saint Louis	Hancock County, MS	4.4
39525	Diamondhead	Hancock County, MS	2.2
39531	Biloxi	Harrison County, MS	4.6
39532	Biloxi	Harrison County, MS	3.6
39553	Gautier	Jackson County, MS	3.6
39556	Kiln	Hancock County, MS	3.2
39560	Long Beach	Harrison County, MS	3.8
39564	Ocean Springs	Jackson County, MS	3.2
39571	Pass Christian	Harrison County, MS	3.2
39574	Saucier	Harrison County, MS	3.0
39648	McComb	Pike County, MS	5.0
70001	Metairie	Jefferson Parish, LA	3.4
70002	Metairie	Jefferson Parish, LA	4.0
70003	Metairie	Jefferson Parish, LA	3.0
70005	Metairie	Jefferson Parish, LA	2.8
70006	Metairie	Jefferson Parish, LA	3.2
70030	Des Allemands	St. Charles Parish, LA	2.6
70032	Arabi	St. Bernard Parish, LA	3.8
70037	Belle Chasse	Plaquemines Parish, LA	3.0
70039	Boutte	St. Charles Parish, LA	4.0
70043	Chalmette	St. Bernard Parish, LA	4.2
70047	Destrehan	St. Charles Parish, LA	2.4
70049	Edgard	St. John the Baptist Parish, LA	4.2
70053	Gretna	Jefferson Parish, LA	4.6
70056	Gretna	Jefferson Parish, LA	4.0
70057	Hahnville	St. Charles Parish, LA	4.0
70058	Harvey	Jefferson Parish, LA	4.0
70062	Kenner	Jefferson Parish, LA	4.6
70065	Kenner	Jefferson Parish, LA	3.6
70068	LA Place	St. John the Baptist Parish, LA	3.0

ZIP Code	City	Parish/County	2017 CNI Score
70070	Luling	St. Charles Parish, LA	2.6
70071	Lutcher	St. James Parish, LA	4.0
70072	Marrero	Jefferson Parish, LA	4.0
70075	Meraux	St. Bernard Parish, LA	3.0
70079	Norco	St. Charles Parish, LA	2.8
70084	Reserve	St. John the Baptist Parish, LA	4.0
70085	Saint Bernard	St. Bernard Parish, LA	3.4
70087	Saint Rose	St. Charles Parish, LA	3.6
70090	Vacherie	St. James Parish, LA	3.4
70092	Violet	St. Bernard Parish, LA	4.4
70094	Westwego	Jefferson Parish, LA	4.4
70113	New Orleans	Orleans Parish, LA	5.0
70114	New Orleans	Orleans Parish, LA	5.0
70115	New Orleans	Orleans Parish, LA	3.6
70116	New Orleans	Orleans Parish, LA	4.6
70117	New Orleans	Orleans Parish, LA	5.0
70118	New Orleans	Orleans Parish, LA	4.2
70119	New Orleans	Orleans Parish, LA	4.8
70121	New Orleans	Jefferson Parish, LA	3.6
70122	New Orleans	Orleans Parish, LA	4.2
70123	New Orleans	Jefferson Parish, LA	2.8
70124	New Orleans	Orleans Parish, LA	2.0
70125	New Orleans	Orleans Parish, LA	4.6
70126	New Orleans	Orleans Parish, LA	4.8
70127	New Orleans	Orleans Parish, LA	4.8
70128	New Orleans	Orleans Parish, LA	4.2
70129	New Orleans	Orleans Parish, LA	4.6
70130	New Orleans	Orleans Parish, LA	3.6
70131	New Orleans	Orleans Parish, LA	3.8
70301	Thibodaux	Lafourche Parish, LA	4.0
70343	Bourg	Terrebonne Parish, LA	2.4
70344	Chauvin	Terrebonne Parish, LA	3.0
70345	Cut Off	Lafourche Parish, LA	3.6
70354	Galliano	Lafourche Parish, LA	4.0
70359	Gray	Terrebonne Parish, LA	3.8
70360	Houma	Terrebonne Parish, LA	3.0
70363	Houma	Terrebonne Parish, LA	4.2
70364	Houma	Terrebonne Parish, LA	3.6
70373	Larose	Lafourche Parish, LA	3.6

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

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

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

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

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

Map 3: River Place Behavioral Health – Trending Scores
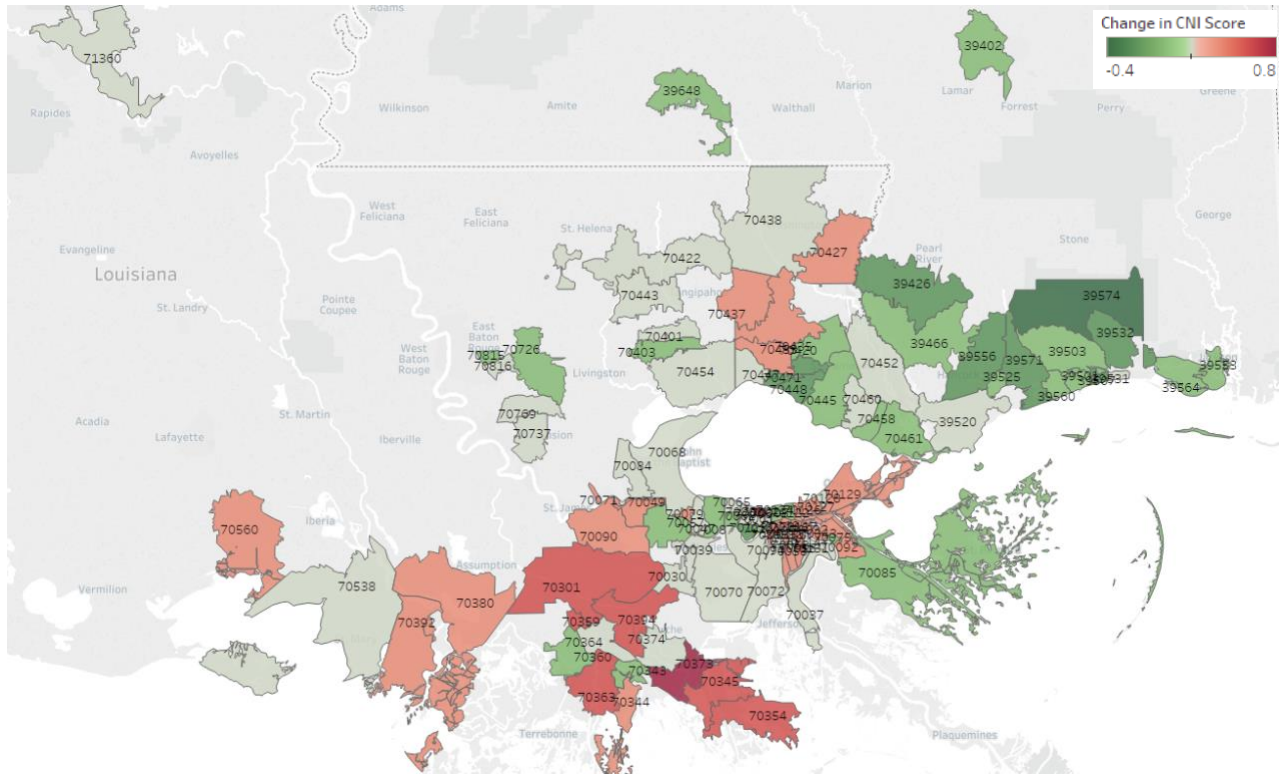
Note: Map is not to scale.

Source: Truven Health Analytics

2017 CNI Score

↑ 5.00 to 4.00 (High-socioeconomic barriers)

3.99 to 3.00

↓ 1.99 to 1.00 (Low-socioeconomic barriers)

A total of 86 of the 106 ZIP code areas (81.1 percent) for the River Place Behavioral Health study area are at or 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.

Table 3: River Place Behavioral Health Trending Data

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
39402	Hattiesburg	Lamar County, MS	3.4	3.4	0.0
39426	Carriere	Pearl River County, MS	3.4	3.6	-0.2
39466	Picayune	Pearl River County, MS	4.4	4.4	0.0
39501	Gulfport	Harrison County, MS	5.0	5.0	0.0
39503	Gulfport	Harrison County, MS	3.8	3.8	0.0
39507	Gulfport	Harrison County, MS	4.2	4.4	-0.2
39520	Bay Saint Louis	Hancock County, MS	4.4	4.2	0.2
39525	Diamondhead	Hancock County, MS	2.2	2.2	0.0
39531	Biloxi	Harrison County, MS	4.6	4.4	0.2
39532	Biloxi	Harrison County, MS	3.6	3.8	-0.2
39553	Gautier	Jackson County, MS	3.6	3.6	0.0
39556	Kiln	Hancock County, MS	3.2	3.4	-0.2
39560	Long Beach	Harrison County, MS	3.8	3.8	0.0
39564	Ocean Springs	Jackson County, MS	3.2	3.2	0.0
39571	Pass Christian	Harrison County, MS	3.2	3.4	-0.2
39574	Saucier	Harrison County, MS	3.0	3.4	-0.4
39648	McComb	Pike County, MS	5.0	5.0	0.0
70001	Metairie	Jefferson Parish, LA	3.4	3.2	0.2
70002	Metairie	Jefferson Parish, LA	4.0	3.4	0.6
70003	Metairie	Jefferson Parish, LA	3.0	2.8	0.2
70005	Metairie	Jefferson Parish, LA	2.8	2.6	0.2
70006	Metairie	Jefferson Parish, LA	3.2	3.0	0.2
70030	Des Allemands	St. Charles Parish, LA	2.6	2.4	0.2
70032	Arabi	St. Bernard Parish, LA	3.8	3.4	0.4
70037	Belle Chasse	Plaquemines Parish, LA	3.0	2.8	0.2
70039	Boutte	St. Charles Parish, LA	4.0	3.8	0.2
70043	Chalmette	St. Bernard Parish, LA	4.2	3.8	0.4
70047	Destrehan	St. Charles Parish, LA	2.4	2.2	0.2
70049	Edgard	St. John the Baptist Parish, LA	4.2	3.8	0.4
70053	Gretna	Jefferson Parish, LA	4.6	4.4	0.2
70056	Gretna	Jefferson Parish, LA	4.0	3.6	0.4
70057	Hahnville	St. Charles Parish, LA	4.0	4.0	0.0
70058	Harvey	Jefferson Parish, LA	4.0	3.6	0.4
70062	Kenner	Jefferson Parish, LA	4.6	4.6	0.0

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
70065	Kenner	Jefferson Parish, LA	3.6	3.4	0.2
70068	LA Place	St. John the Baptist Parish, LA	3.0	2.8	0.2
70070	Luling	St. Charles Parish, LA	2.6	2.4	0.2
70071	Lutcher	St. James Parish, LA	4.0	3.6	0.4
70072	Marrero	Jefferson Parish, LA	4.0	3.8	0.2
70075	Meraux	St. Bernard Parish, LA	3.0	3.0	0.0
70079	Norco	St. Charles Parish, LA	2.8	2.4	0.4
70084	Reserve	St. John the Baptist Parish, LA	4.0	3.8	0.2
70085	Saint Bernard	St. Bernard Parish, LA	3.4	3.4	0.0
70087	Saint Rose	St. Charles Parish, LA	3.6	3.6	0.0
70090	Vacherie	St. James Parish, LA	3.4	3.0	0.4
70092	Violet	St. Bernard Parish, LA	4.4	4.0	0.4
70094	Westwego	Jefferson Parish, LA	4.4	4.2	0.2
70113	New Orleans	Orleans Parish, LA	5.0	4.8	0.2
70114	New Orleans	Orleans Parish, LA	5.0	4.6	0.4
70115	New Orleans	Orleans Parish, LA	3.6	3.4	0.2
70116	New Orleans	Orleans Parish, LA	4.6	4.2	0.4
70117	New Orleans	Orleans Parish, LA	5.0	4.6	0.4
70118	New Orleans	Orleans Parish, LA	4.2	3.8	0.4
70119	New Orleans	Orleans Parish, LA	4.8	4.4	0.4
70121	New Orleans	Jefferson Parish, LA	3.6	3.6	0.0
70122	New Orleans	Orleans Parish, LA	4.2	4.2	0.0
70123	New Orleans	Jefferson Parish, LA	2.8	3.0	-0.2
70124	New Orleans	Orleans Parish, LA	2.0	2.0	0.0
70125	New Orleans	Orleans Parish, LA	4.6	4.2	0.4
70126	New Orleans	Orleans Parish, LA	4.8	4.4	0.4
70127	New Orleans	Orleans Parish, LA	4.8	4.4	0.4
70128	New Orleans	Orleans Parish, LA	4.2	4.0	0.2
70129	New Orleans	Orleans Parish, LA	4.6	4.2	0.4
70130	New Orleans	Orleans Parish, LA	3.6	3.2	0.4
70131	New Orleans	Orleans Parish, LA	3.8	3.6	0.2
70301	Thibodaux	Lafourche Parish, LA	4.0	3.4	0.6
70343	Bourg	Terrebonne Parish, LA	2.4	2.4	0.0
70344	Chauvin	Terrebonne Parish, LA	3.0	2.6	0.4
70345	Cut Off	Lafourche Parish, LA	3.6	3.0	0.6
70354	Galliano	Lafourche Parish, LA	4.0	3.4	0.6
70359	Gray	Terrebonne Parish, LA	3.8	3.2	0.6
70360	Houma	Terrebonne Parish, LA	3.0	3.0	0.0
70363	Houma	Terrebonne Parish, LA	4.2	3.6	0.6
70364	Houma	Terrebonne Parish, LA	3.6	3.4	0.2

ZIP Code	City	Parish/County	2017 CNI Score	2016 CNI Score	Difference
70373	Larose	Lafourche Parish, LA	3.6	2.8	0.8
70374	Lockport	Lafourche Parish, LA	3.4	3.2	0.2
70380	Morgan City	St. Mary Parish, LA	4.4	4.0	0.4
70392	Patterson	St. Mary Parish, LA	4.2	3.8	0.4
70394	Raceland	Lafourche Parish, LA	3.8	3.2	0.6
70401	Hammond	Tangipahoa Parish, LA	4.4	4.2	0.2
70403	Hammond	Tangipahoa Parish, LA	4.2	4.2	0.0
70420	Abita Springs	St. Tammany Parish, LA	2.2	2.2	0.0
70422	Amite	Tangipahoa Parish, LA	4.4	4.2	0.2
70427	Bogalusa	Washington Parish, LA	4.6	4.2	0.4
70433	Covington	St. Tammany Parish, LA	2.8	2.4	0.4
70435	Covington	St. Tammany Parish, LA	2.6	2.2	0.4
70437	Folsom	St. Tammany Parish, LA	2.8	2.4	0.4
70438	Franklinton	Washington Parish, LA	3.8	3.6	0.2
70443	Independence	Tangipahoa Parish, LA	4.2	4.0	0.2
70445	Lacombe	St. Tammany Parish, LA	2.8	2.8	0.0
70447	Madisonville	St. Tammany Parish, LA	1.6	1.4	0.2
70448	Mandeville	St. Tammany Parish, LA	1.6	1.8	-0.2
70452	Pearl River	St. Tammany Parish, LA	3.6	3.4	0.2
70454	Ponchatoula	Tangipahoa Parish, LA	3.4	3.2	0.2
70458	Slidell	St. Tammany Parish, LA	3.4	3.4	0.0
70460	Slidell	St. Tammany Parish, LA	3.8	3.6	0.2
70461	Slidell	St. Tammany Parish, LA	2.8	2.8	0.0
70471	Mandeville	St. Tammany Parish, LA	2.0	2.2	-0.2
70538	Franklin	St. Mary Parish, LA	4.4	4.2	0.2
70560	New Iberia	Iberia Parish, LA	4.6	4.2	0.4
70726	Denham Springs	Livingston Parish, LA	2.8	2.8	0.0
70737	Gonzales	Ascension Parish, LA	3.0	2.8	0.2
70769	Prairieville	Ascension Parish, LA	2.2	2.0	0.2
70815	Baton Rouge	East Baton Rouge Parish, LA	3.6	3.6	0.0
70816	Baton Rouge	East Baton Rouge Parish, LA	3.4	3.2	0.2
71360	Pineville	Rapides Parish, LA	3.6	3.4	0.2

For the study area, there are five ZIP code areas with CNI scores of 5.0, indicating significant barriers to health care access. These ZIP code areas are: 39501 (Gulfport), 39648 (McComb), 70113 (New Orleans), 70114 (New Orleans), and 70117 (New Orleans). (See Table 4.)

- ZIP code 70113 – New Orleans reported the highest rates in the study area for impoverished seniors 65 years old or older (42.79 percent), impoverished single residents with children (71.27 percent), and residents who rent their homes (77.80 percent).

- ZIP code 70116 – New Orleans reported the highest rates in the study area for children living in poverty (55.98 percent).

- ZIP code 39501 – Gulfport reported the highest rates in the study area for residents who were uninsured (27.16 percent).

- ZIP code 70129 - New Orleans reported the highest rates in the study area for residents who have limited English proficiency (18.19 percent).

- ZIP code 70128 – New Orleans reported the highest rates in the study area for residents who identify as being a minority (97.79 percent).

- ZIP code 70354 Galliano reported the highest rates in the study area for residents without a high school diploma (36.26 percent).

- ZIP code 70538 – Franklin reported the highest rates in the study area for residents who were unemployed (18.19 percent).

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

- ZIP code 70447 – Madisonville reported the lowest rates for residents who were uninsured (2.05 percent) and residents who rent their homes (10.52 percent).

- ZIP code 70343 – Bourg reported the lowest rates for residents who were unemployed (1.96 percent).

- ZIP code 39525 – Diamondhead reported the lowest rates of impoverished seniors 65 years and older (4.09 percent)

- ZIP code 39426 – Carriere reported the lowest rates of residents who have limited English proficiency (0.06 percent).

- ZIP code 39556 – Kiln reported the lowest rates of residents who identify as being a minority (8.11 percent).

- ZIP code 70448 - Mandeville reported the lowest rates of impoverished children (3.28 percent) and impoverished single resident with children (9.05 percent).

Table 4: River Place Behavioral Health – 2017 CNI Data

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
39402	Hattiesburg	9.09%	16.70%	36.17%	0.65%	34.50%	6.18%	6.07%	11.71%	37.76%
39426	Carriere	14.90%	28.12%	63.34%	0.06%	9.53%	14.98%	10.87%	11.68%	14.49%
39466	Picayune	14.33%	30.47%	60.69%	0.13%	24.14%	19.07%	11.95%	16.57%	27.01%
39501	Gulfport	23.81%	42.75%	57.58%	1.35%	66.44%	24.67%	14.03%	27.16%	54.83%
39503	Gulfport	10.05%	22.42%	42.02%	0.48%	39.04%	13.18%	8.67%	13.69%	29.23%
39507	Gulfport	14.79%	27.40%	45.90%	2.01%	31.80%	10.83%	7.95%	16.86%	46.56%
39520	Bay Saint Louis	10.55%	31.83%	45.69%	0.85%	22.62%	17.12%	14.34%	17.79%	34.27%
39525	Diamondhead	4.09%	17.10%	48.62%	0.21%	10.30%	3.48%	4.05%	5.78%	12.11%
39531	Biloxi	12.34%	28.26%	46.80%	2.28%	41.55%	14.01%	8.42%	17.03%	64.05%
39532	Biloxi	7.06%	13.35%	29.90%	1.92%	26.78%	11.97%	8.05%	9.75%	35.06%
39553	Gautier	6.05%	19.79%	31.99%	2.31%	45.12%	9.01%	9.48%	10.78%	30.26%
39556	Kiln	12.79%	19.93%	46.76%	0.20%	8.11%	17.25%	8.81%	12.75%	14.87%
39560	Long Beach	12.08%	18.81%	34.13%	1.79%	19.12%	13.69%	9.26%	12.54%	31.91%
39564	Ocean Springs	9.44%	13.99%	30.21%	0.80%	22.82%	7.00%	6.29%	8.57%	27.16%
39571	Pass Christian	11.63%	13.20%	28.03%	0.86%	22.39%	14.03%	8.19%	11.87%	18.01%
39574	Saucier	10.68%	17.70%	46.49%	0.40%	11.39%	15.19%	7.85%	11.86%	15.53%
39648	McComb	20.56%	33.05%	54.52%	1.23%	62.71%	22.07%	9.82%	18.51%	38.20%
70001	Metairie	13.12%	19.18%	41.15%	5.46%	33.30%	11.67%	5.05%	5.64%	50.43%
70002	Metairie	11.68%	18.60%	49.80%	7.89%	42.08%	12.24%	6.77%	5.78%	46.68%
70003	Metairie	10.64%	16.72%	36.46%	3.97%	30.77%	12.34%	6.80%	4.64%	24.37%
70005	Metairie	8.57%	7.21%	24.68%	3.88%	17.53%	7.43%	5.00%	4.69%	37.11%
70006	Metairie	7.67%	13.62%	35.28%	5.92%	36.56%	10.30%	6.93%	4.39%	34.06%
70030	Des Allemands	5.73%	14.19%	38.92%	0.44%	14.35%	15.94%	5.23%	5.91%	13.89%
70032	Arabi	9.95%	28.29%	38.66%	1.91%	36.71%	15.67%	9.76%	7.26%	32.44%
70037	Belle Chasse	13.61%	10.39%	23.90%	1.30%	26.64%	14.54%	3.80%	3.45%	32.94%
70039	Boutte	4.79%	20.00%	53.64%	0.91%	62.90%	15.97%	11.86%	5.23%	31.21%
70043	Chalmette	9.79%	25.91%	54.46%	3.12%	38.19%	15.55%	10.49%	7.27%	42.13%
70047	Destrehan	22.45%	8.62%	22.00%	1.58%	32.67%	8.76%	9.69%	3.52%	18.66%
70049	Edgard	26.44%	23.36%	45.16%	0.19%	95.09%	17.14%	15.95%	10.29%	22.62%
70053	Gretna	14.41%	35.04%	51.14%	6.59%	56.06%	24.37%	9.00%	8.45%	52.51%
70056	Gretna	9.32%	22.68%	45.59%	5.82%	63.48%	13.91%	5.95%	5.08%	40.17%
70057	Hahnville	23.95%	30.38%	50.70%	0.67%	54.19%	23.91%	12.90%	7.25%	18.24%
70058	Harvey	18.54%	24.38%	41.83%	5.47%	75.52%	19.97%	5.32%	6.98%	30.69%
70062	Kenner	26.27%	28.45%	48.83%	8.67%	63.36%	24.87%	12.35%	7.79%	48.96%
70065	Kenner	6.28%	13.98%	39.42%	6.92%	51.54%	12.03%	5.85%	4.29%	36.66%
70068	LA Place	13.60%	14.40%	22.33%	1.27%	60.43%	18.59%	8.40%	4.61%	19.26%
70070	Luling	4.94%	13.05%	34.77%	0.60%	24.26%	10.83%	6.45%	4.23%	17.01%

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
70071	Lutcher	26.29%	20.99%	49.71%	0.39%	52.79%	16.89%	14.47%	6.47%	20.84%
70072	Marrero	20.31%	25.43%	51.58%	2.53%	55.34%	21.84%	5.70%	6.78%	24.34%
70075	Meraux	8.41%	10.95%	37.56%	0.77%	28.33%	17.32%	7.77%	4.52%	17.12%
70079	Norco	11.35%	22.27%	54.90%	0.56%	14.97%	12.08%	4.73%	4.24%	19.54%
70084	Reserve	11.82%	29.46%	50.28%	0.93%	58.74%	23.69%	13.44%	4.98%	24.16%
70085	Saint Bernard	11.34%	21.41%	33.33%	0.08%	25.50%	25.32%	17.06%	7.23%	13.26%
70087	Saint Rose	21.81%	13.46%	25.54%	3.07%	56.00%	16.75%	9.34%	5.68%	33.75%
70090	Vacherie	10.17%	19.75%	48.61%	0.61%	56.41%	19.34%	12.02%	4.06%	15.12%
70092	Violet	10.63%	29.87%	60.08%	0.25%	59.90%	22.61%	15.16%	6.90%	21.31%
70094	Westwego	14.81%	30.69%	47.97%	2.48%	58.35%	22.51%	11.64%	7.26%	30.95%
70113	New Orleans	42.79%	51.97%	71.27%	3.91%	83.12%	29.66%	17.16%	17.68%	77.80%
70114	New Orleans	28.57%	42.40%	64.06%	1.46%	81.22%	20.36%	13.33%	12.30%	56.53%
70115	New Orleans	15.94%	22.43%	49.27%	1.73%	35.91%	8.32%	7.04%	7.19%	56.67%
70116	New Orleans	21.96%	55.98%	69.23%	2.08%	55.36%	14.20%	12.17%	10.32%	67.32%
70117	New Orleans	28.71%	43.03%	54.89%	0.82%	78.11%	21.73%	11.48%	12.88%	50.26%
70118	New Orleans	20.14%	28.24%	46.58%	1.30%	44.72%	11.21%	8.99%	9.94%	54.59%
70119	New Orleans	30.52%	45.70%	65.56%	3.28%	69.78%	17.00%	12.21%	12.15%	67.01%
70121	New Orleans	13.19%	19.80%	39.37%	4.10%	38.24%	14.04%	7.40%	5.14%	45.95%
70122	New Orleans	20.43%	30.54%	48.50%	0.78%	86.55%	13.35%	11.03%	10.84%	38.16%
70123	New Orleans	11.01%	10.90%	27.96%	1.07%	21.30%	7.69%	3.21%	3.98%	39.96%
70124	New Orleans	9.65%	4.19%	13.87%	1.16%	16.77%	3.10%	3.56%	4.00%	32.08%
70125	New Orleans	26.96%	39.76%	56.41%	1.98%	66.85%	15.52%	11.11%	11.62%	54.94%
70126	New Orleans	14.17%	49.95%	58.10%	1.23%	95.31%	17.31%	16.75%	14.36%	45.48%
70127	New Orleans	28.20%	45.51%	63.25%	1.56%	97.41%	15.18%	12.43%	13.61%	48.87%
70128	New Orleans	21.85%	33.29%	50.00%	2.22%	97.79%	14.20%	8.94%	10.20%	31.19%
70129	New Orleans	28.71%	39.05%	71.03%	18.19%	89.14%	29.40%	11.04%	10.41%	33.28%
70130	New Orleans	20.73%	19.70%	50.00%	1.29%	37.59%	8.12%	7.19%	6.97%	68.26%
70131	New Orleans	10.37%	19.09%	40.51%	2.68%	74.44%	10.37%	8.64%	6.63%	42.45%
70301	Thibodaux	11.93%	20.21%	49.80%	0.99%	28.43%	21.71%	7.24%	5.97%	29.81%
70343	Bourg	19.69%	12.18%	17.89%	1.08%	15.60%	20.10%	1.96%	4.20%	11.11%
70344	Chauvin	16.75%	22.67%	21.05%	1.24%	14.65%	34.59%	10.42%	6.21%	15.93%
70345	Cut Off	14.64%	18.30%	46.63%	3.48%	21.53%	28.26%	9.28%	5.57%	19.63%
70354	Galliano	24.99%	27.46%	46.12%	6.10%	21.43%	36.26%	8.80%	7.57%	21.90%
70359	Gray	8.95%	24.23%	53.13%	2.14%	37.46%	26.38%	7.94%	6.02%	20.15%
70360	Houma	7.45%	15.07%	45.85%	0.93%	25.79%	12.88%	3.63%	3.79%	29.15%
70363	Houma	8.71%	32.94%	43.75%	1.18%	48.44%	31.69%	8.51%	6.73%	28.62%
70364	Houma	10.72%	24.61%	54.48%	1.97%	28.81%	19.16%	5.17%	5.33%	32.62%
70373	Larose	19.12%	21.22%	50.00%	3.78%	22.96%	28.64%	8.01%	6.48%	18.04%
70374	Lockport	17.82%	20.88%	50.93%	5.17%	14.61%	22.97%	4.14%	5.48%	24.64%
70380	Morgan City	15.70%	31.96%	58.23%	3.21%	34.09%	27.77%	10.88%	6.70%	32.00%

Zip	City	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No HS Diploma	Un-employed	Un-insured	Rent
70392	Patterson	21.05%	17.86%	46.51%	0.58%	43.24%	25.40%	8.39%	6.17%	30.31%
70394	Raceland	14.27%	25.92%	48.13%	1.26%	28.04%	23.85%	7.13%	5.45%	20.30%
70401	Hammond	14.74%	30.00%	54.99%	1.49%	47.16%	15.87%	11.26%	9.03%	47.67%
70403	Hammond	14.67%	31.20%	55.08%	0.50%	40.66%	18.16%	9.57%	8.99%	34.59%
70420	Abita Springs	7.28%	12.74%	33.15%	1.06%	15.30%	12.67%	8.42%	4.54%	15.65%
70422	Amite	20.09%	32.89%	56.78%	0.80%	49.02%	23.72%	15.85%	8.87%	24.60%
70427	Bogalusa	16.85%	34.35%	64.14%	1.68%	39.02%	21.72%	17.00%	10.55%	31.68%
70433	Covington	8.52%	14.55%	44.35%	1.53%	18.21%	10.01%	6.86%	4.08%	22.21%
70435	Covington	10.47%	17.69%	50.32%	0.58%	14.67%	12.40%	6.38%	4.34%	12.40%
70437	Folsom	9.68%	18.21%	51.27%	1.13%	16.50%	13.59%	6.96%	4.36%	12.98%
70438	Franklinton	23.46%	18.88%	40.71%	0.84%	28.39%	24.02%	12.15%	8.26%	20.76%
70443	Independence	25.25%	32.84%	62.50%	1.56%	35.43%	22.98%	13.09%	9.34%	22.02%
70445	Lacombe	15.46%	14.89%	44.19%	0.87%	31.72%	18.66%	8.66%	4.46%	14.10%
70447	Madisonville	11.13%	5.40%	25.91%	0.22%	10.99%	4.24%	4.83%	2.05%	10.52%
70448	Mandeville	8.69%	3.28%	9.05%	0.67%	13.69%	5.20%	5.80%	2.64%	19.03%
70452	Pearl River	11.23%	28.11%	49.68%	0.51%	13.10%	20.50%	8.69%	6.30%	19.97%
70454	Ponchatoula	17.15%	15.85%	32.80%	0.23%	20.99%	13.52%	8.38%	6.43%	22.06%
70458	Slidell	12.83%	18.00%	50.09%	0.92%	26.74%	13.26%	7.78%	3.55%	26.36%
70460	Slidell	10.66%	22.56%	49.64%	1.06%	40.85%	17.06%	9.69%	5.01%	21.51%
70461	Slidell	11.38%	10.89%	26.85%	2.18%	33.45%	10.60%	8.55%	3.66%	24.05%
70471	Mandeville	14.80%	3.89%	10.36%	0.74%	11.67%	5.94%	4.42%	3.63%	26.07%
70538	Franklin	16.97%	28.24%	44.75%	1.46%	54.18%	23.40%	18.19%	7.80%	27.02%
70560	New Iberia	20.63%	24.70%	43.64%	2.69%	46.77%	25.90%	10.55%	6.99%	34.74%
70726	Denham Springs	9.18%	11.39%	28.93%	1.01%	17.08%	15.35%	7.18%	3.52%	24.39%
70737	Gonzales	9.27%	17.22%	40.87%	1.96%	36.44%	12.20%	6.07%	4.95%	23.50%
70769	Prairieville	10.34%	8.37%	36.59%	0.32%	22.13%	7.86%	4.70%	3.43%	11.72%
70815	Baton Rouge	8.43%	22.19%	44.81%	3.81%	67.05%	11.03%	7.68%	7.18%	34.00%
70816	Baton Rouge	8.50%	20.76%	41.43%	2.06%	56.86%	8.72%	5.36%	5.47%	49.71%
71360	Pineville	12.79%	19.49%	40.32%	0.52%	23.67%	14.70%	6.47%	6.64%	31.55%

Methodology

A comprehensive CHNA process was performed for River Place Behavioral Health included the collection of primary and secondary data. Community organizations and leaders within the six-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 on the health providers' community regarding the care and services they provide. Community representatives and stakeholders attended a community forum facilitated by Tripp Umbach to prioritize health needs, which will assist in the implementation and planning phase. A resource inventory was generated to highlight available programs and services within the service area. The resource inventory identifies available organizations and agencies that serve the region within each of the priority needs.

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

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

The health care environment is characterized by change and uncertainty. As change and uncertainty deepen, hospitals and health systems must continually enhance their ability to ensure value to their members and to assist diverse members with strategies and tools for improving the health of the population. Tripp Umbach facilitated the development of a comprehensive regional community health needs assessment approach for MHCNO and their partner hospitals to advance community health,

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

promote wellness and prevention, and mobilize community partners to participate in addressing health and well-being of the population. Tripp Umbach has found that community and regional CHNAs often bring about a greater understanding of the shared health issues across a community as well as opportunities for health systems and community organizations to share data and work collaboratively to address the health needs of the community.

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

Ochsner West Bank is located in the West Bank region, Ochsner North Shore is located in the North Shore region, Ochsner Baptist is located in the New Orleans region, Ochsner Behavioral, Ochsner Rehabilitation, Ochsner Kenner, and Ochsner Main are located in the Jefferson region, Ochsner St Anne is located in the St. Anne (Lafourche/Raceland) region, and Ochsner Baton Rouge is located in the Baton Rouge study regions; therefore, the results from the community forums were also reflective of the hospital/health institution within those respective regions. For reporting purposes, Tripp Umbach reported data based on a regional approach which encompassed parishes which may not necessarily be reflective of River Place Behavioral Health specifically; however, the data and information is reflective of the health care institutions within those respective regions and those institutions participating in the MHCNO assessment process. A listing of facilities included in each region can be found in Appendix H.

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

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

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

Chart 1: CHNA Process Chart

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┌─────────────────────┐     ┌─────────────────────┐     ┌─────────────────────┐
│ Community Stakeholder│ ──> │ Secondary Data       │ ──> │ Health Provider     │
│ Interviews           │     │ Analysis             │     │ Survey              │
│                      │     │ (Regional Profiles)  │     │                     │
└─────────────────────┘     └─────────────────────┘     └─────────────────────┘

┌─────────────────────┐     ┌─────────────────────┐     ┌─────────────────────┐
│ Community Forums     │ ──> │ Provider Resource    │ ──> │ Final Report        │
│                      │     │ Inventory            │     │                     │
└─────────────────────┘     └─────────────────────┘     └─────────────────────┘

┌─────────────────────┐
│ Begin Implementation │
│ Strategy Planning    │
│ Phase                │
└─────────────────────┘
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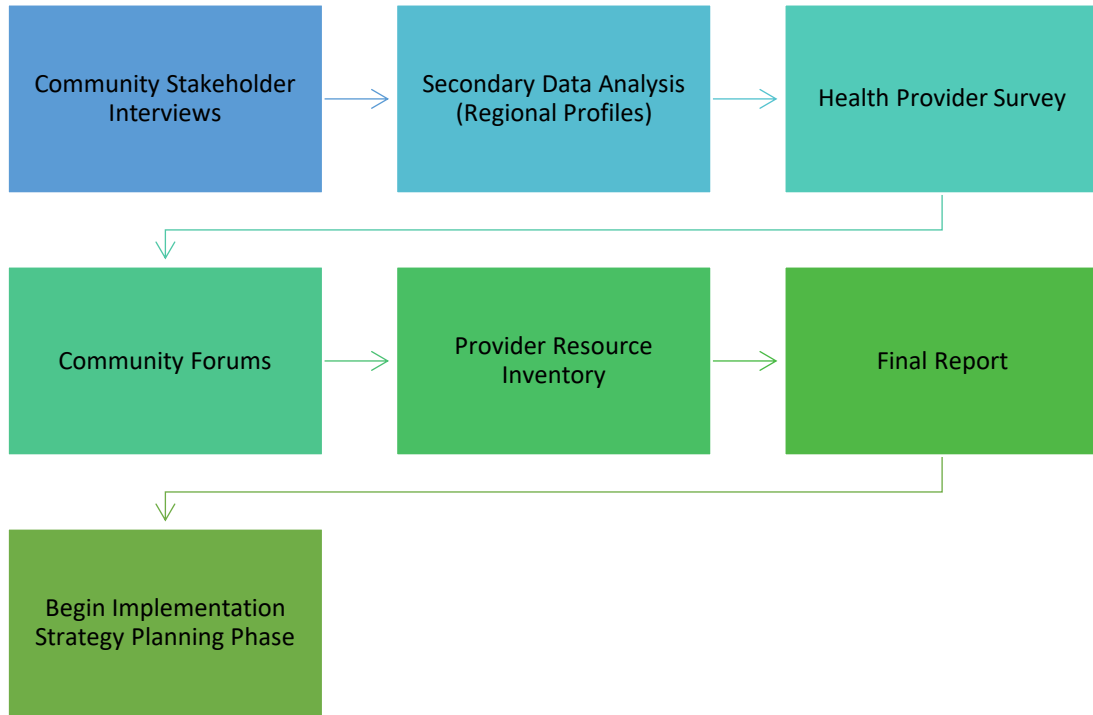
Regional Service Area

The community health needs assessment for River Place Behavioral Health had benchmarking and or trending information supplied to track and observe movements in the primary and secondary data (where applicable).

The information presented within the report was defined through a regional approach. In 2018, the regional study area for River Place Behavioral Health CHNA consisted of six parishes. They included Jefferson, Orleans, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany parishes. The overall study area parishes were representative of the region from which the participating hospitals/health systems were located (i.e., West Bank, North Shore, New Orleans, Jefferson, St. Anne (Lafourche/Raceland) and Baton Rouge regions).

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

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

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

Table 5: Jefferson Regional Study Area - Area Population Snapshot

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

Source: Truven Health Analytics

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

Chart 2: Jefferson Regional Study Area ─ Gender

Legend: ■ % Male ■ % Female

Area	% Female	% Male
Jefferson	51.48%	48.52%
Orleans	52.18%	47.82%
St. Bernard	50.58%	49.42%
St. Charles	50.77%	49.23%
St. John the Baptist	51.21%	48.79%
St. Tammany	51.40%	48.60%
Louisiana	51.07%	48.93%
USA	50.60%	49.40%
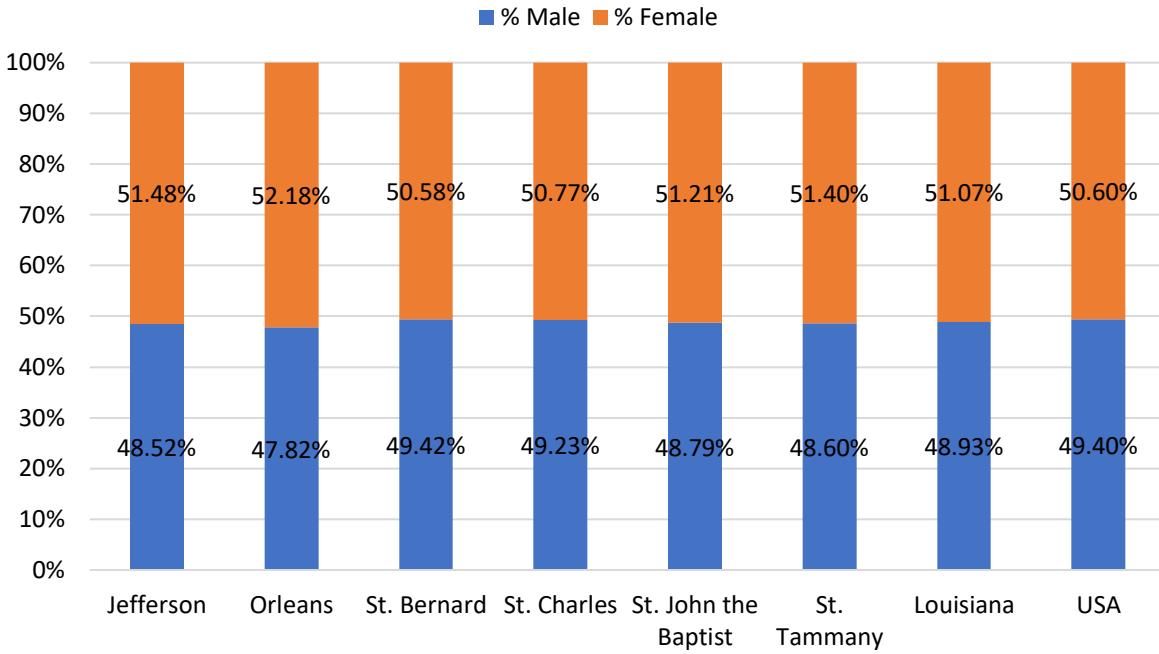
Source: Truven Health Analytics

St. Tammany Parish reports the lowest rate of residents with 'Less than a high school' degree (3.55 percent) for the study area. St .Bernard Parish has the highest number of residents with a high school degree (42.72 percent). Orleans Parish reports the highest rate of residents with a bachelor's degree or higher (35.06 percent) for the study area. (See Chart 3.)

Chart 3: Jefferson Regional Study Area - Education Level

Legend:
- Less than High school
- Some High school
- High school degree
- Some College/Assoc. degree
- Bachelor's degree or greater

	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	USA
Bachelor's degree or greater	24.06%	35.06%	12.06%	19.72%	15.42%	30.72%	22.42%	29.59%
Some College/Assoc. degree	29.22%	26.32%	27.00%	30.72%	27.58%	31.36%	26.90%	29.15%
High school degree	31.26%	24.19%	42.72%	36.16%	37.50%	26.42%	33.90%	27.83%
Some High school	8.97%	9.96%	11.75%	9.47%	14.00%	7.94%	10.93%	7.67%
Less than High school	6.49%	4.47%	6.48%	3.93%	5.50%	3.55%	5.85%	5.76%

Source: Truven Health Analytics

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

Chart 4: Jefferson Regional Study Area - Race/Ethnicity

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

Parish	White Non-Hispanic	Black Non-Hispanic	Hispanic	Asian & Pacific Is. Non-Hispanic	All Others
Jefferson	52.59%	26.24%	14.67%	4.32%	2.18%
Orleans	31.33%	57.88%	5.81%	3.03%	1.96%
St. Bernard	60.81%	23.95%	9.87%	2.56%	2.80%
St. Charles	64.36%	26.23%	6.48%	1.05%	1.88%
St. John the Baptist	38.43%	53.04%	5.95%	1.10%	1.49%
St. Tammany	78.43%	11.80%	5.88%	1.46%	2.43%
Louisiana	58.53%	31.95%	5.27%	1.88%	2.37%
USA	60.77%	2.36%	8.05%	5.65%	3.18%

Source: Truven Health Analytics

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

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

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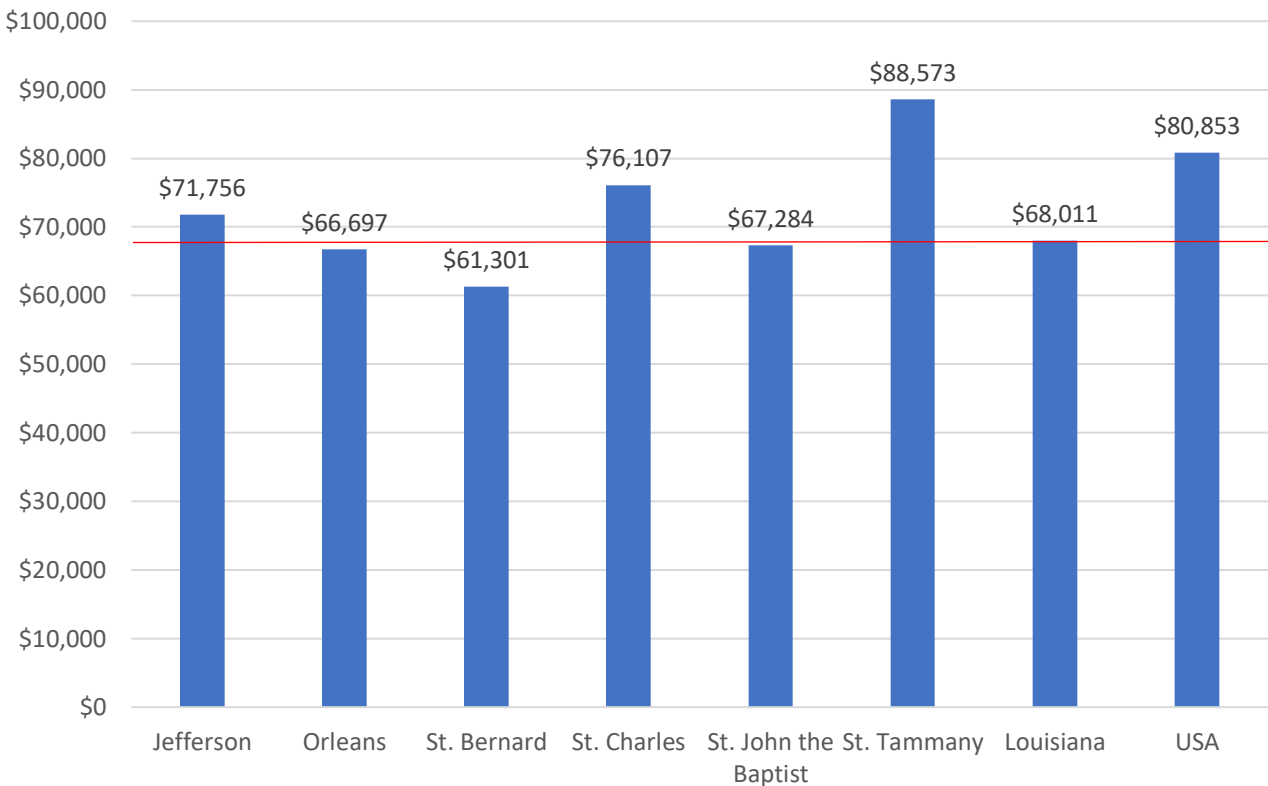
Source: Truven Health Analytics

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

A CNI score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with greatest need. It is important to note that a low score (e.g., 1.0) does not imply that attention

should not be given to that neighborhood; rather, hospital leadership should explore and identify the specific strategies employed to ensure a low neighborhood score.

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

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

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

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

Chart 6: Average CNI Scores of MHCNO Regional Profiles

Source: Truven Health Analytics

CNI Score

5.00 to 4.00 (High socioeconomic barriers)

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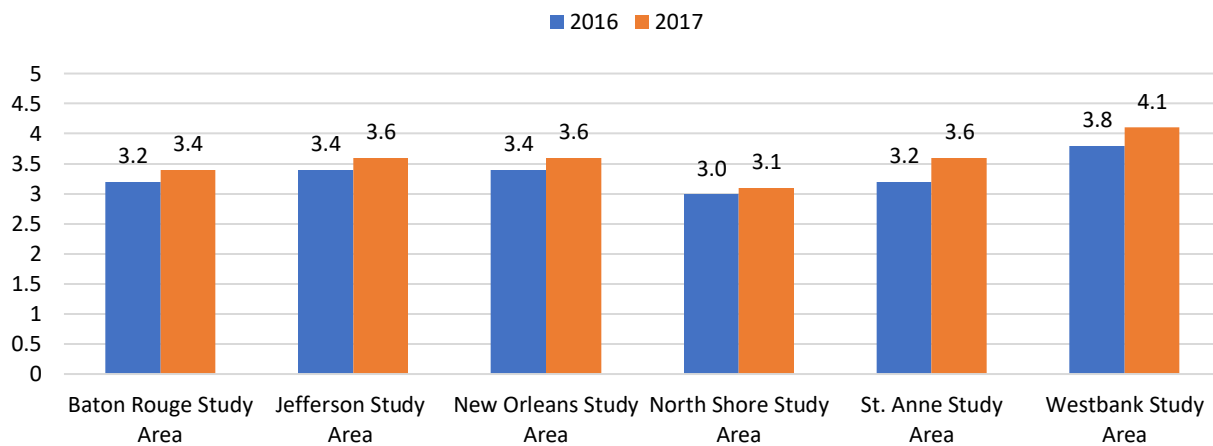
1.99 to 1.00 (Low socioeconomic barriers)
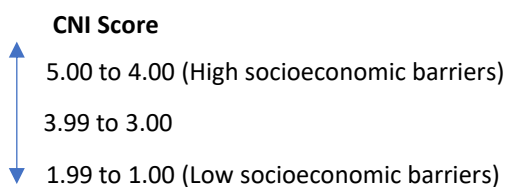
Key Community Needs

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

With the implementation of the PPACA, the pathway to affordable and obtainable health insurance services has been made accessible to once uninsured residents in Southern Louisiana. Coordinating health services and reducing health care costs are components in the execution of the PPACA. Accessibility and better care coordination to health services can be delivered through health care institutions and regional partners. River Place Behavioral Health 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.

River Place Behavioral Health continues to contribute towards regional programming efforts, educational initiatives, and high-quality patient care to improve the health and security of its community. River Place Behavioral Health 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. River Place Behavioral Health is a strong economic driver in Southern Louisiana with a strong focus on improving the health of the residents in their community and surrounding regions.

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

A. Education

B. Behavioral Health (Mental Health & Substance Abuse)

C. Access to Care

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

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

Chart 7: River Place Behavioral Health Community Health Needs 2018

1. Education

2. Behavioral Health (Mental Health & Substance Abuse)

3. Access to Care
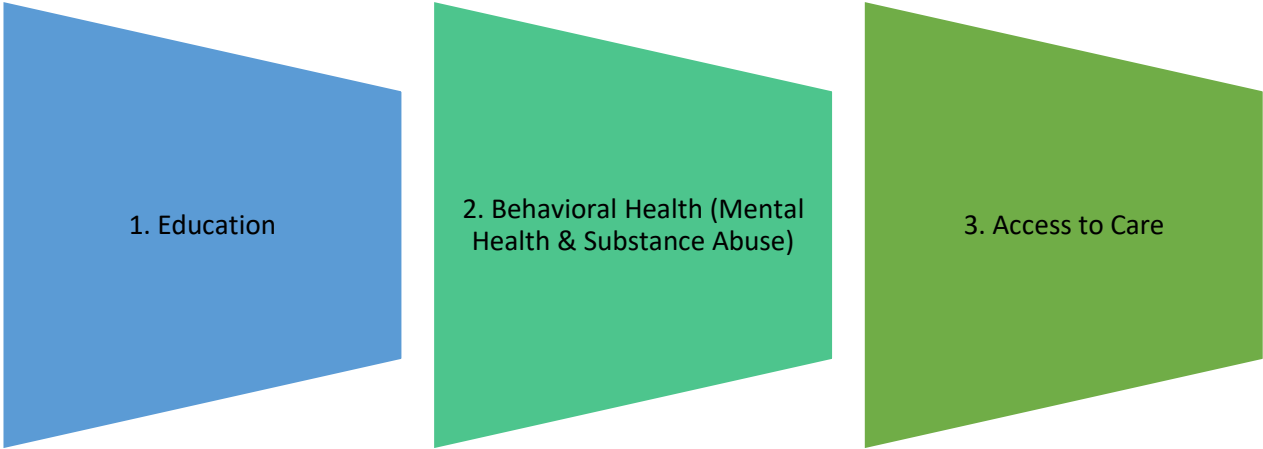
Priority 1: Education

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

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

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

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

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

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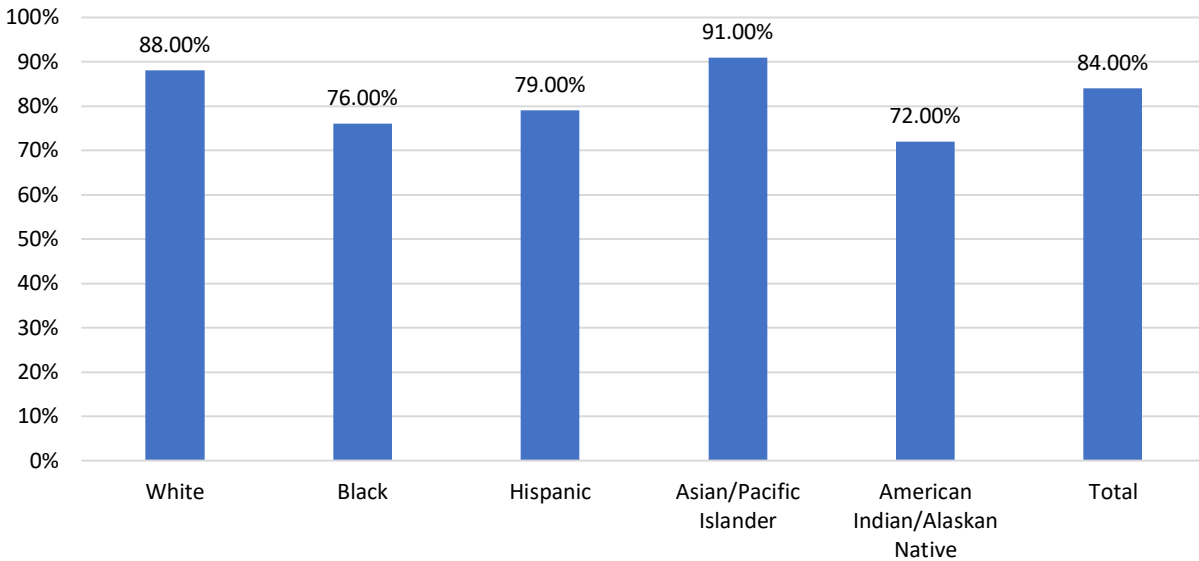
Source: U.S. Department of Education, Office of Elementary and Secondary Education, Consolidated State Performance Report, 2015–16.

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

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

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

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

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

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

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

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

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

Chart 9: Education

Legend: Less than High school | Some High school | High school degree | Some College/Assoc. degree | Bachelor's degree or greater

Category	Jefferson	Orleans	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Louisiana	USA
Bachelor's degree or greater	24.06%	35.06%	12.06%	19.72%	15.42%	30.72%	22.42%	29.59%
Some College/Assoc. degree	29.22%	26.32%	27.00%	30.72%	27.58%	31.36%	26.90%	29.15%
High school degree	31.26%	24.19%	42.72%	36.16%	37.50%	26.42%	33.90%	27.83%
Some High school	8.97%	9.96%	11.75%	9.47%	14.00%	7.94%	10.93%	7.67%
Less than High school	6.49%	4.47%	6.48%	3.93%	5.50%	3.55%	5.85%	5.76%

Source: Truven Health Analytics

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

Health Education

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

County Health Rankings and Roadmaps reports in 2018 a ranking of 9 for Jefferson Parish, 39 for Orleans Parish, 31 for St. Bernard Parish, 8 for St. Charles Parish, 22 for St. John the Baptist Parish, and 2 for St. Tammany Parish for health outcomes (see Chart 10). The overall rankings in health outcomes represent how healthy counties (parishes) are within the state. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. If rankings are to improve, health education, specifically concerning diet, exercise, and disease management, is vital to managing health conditions and practicing healthy behaviors. Changing health behaviors requires community residents to be committed and armed with adequate information in order to modify their current living habits.

Chart 10: 2018 County Health Rankings and Roadmaps Health Outcomes
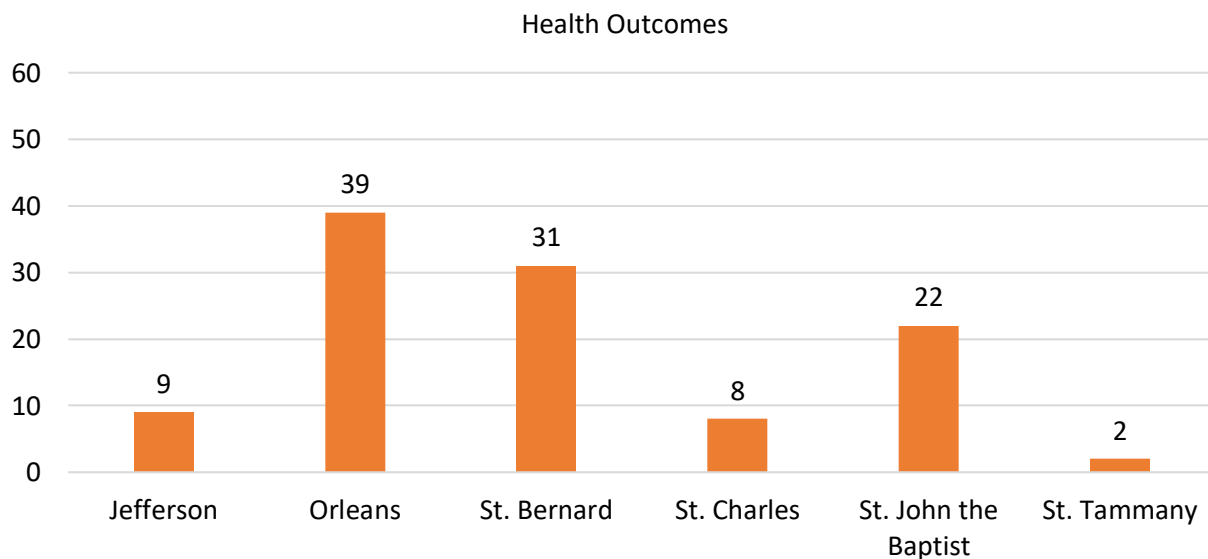
Source: County Health Rankings and Roadmaps

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

Nutrition

The Office of Disease Prevention and Health Promotion reports that roughly three-fourths of the population in the United States' eating pattern is low in vegetables, fruits, dairy, and healthy fats. More than half of the population is meeting or exceeding total grain and total protein foods recommendations and are not meeting the recommendations for the subgroups within each of these food groups. Most Americans exceed the recommendations for added sugars, saturated fats, and sodium. In addition, many people overconsume calories; leading to a high percentage of the population being overweight or obese. More than two-thirds of all adults and one-third of all children and youth in the United States are either overweight or obese.[12]

According to the American Public Health Association (APHA), chronic diseases such as heart disease, diabetes, and obesity are among the most common and costly health conditions impacting the nation's health. Such conditions account for seven out of 10 deaths annually, while managing and treating chronic disease eats up more than three-quarters of the country's health care costs. The APHA goes on to report that chronic diseases are not inevitable but often entirely preventable and are associated with unhealthy and risky behaviors; identifying just four behaviors as the root cause of a large portion of the nation's chronic disease burden. The four behaviors are physical inactivity, poor diet, smoking, and binge drinking.[13] The Louisiana Department of Health's Diabetes and Obesity Action Report showed that Louisiana Medicaid insurers paid more than $118 million in 2015 for claims related to members identified as obese and more than nine million dollars for claims related to hospitalizations with diabetes as the primary diagnosis.[14]

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

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

In response to rising obesity rates and the associated health risks, there are several initiatives across the State of Louisiana that target obesity, including Healthy Eating, Drinking Water, Physical Activity, and Physical Educations in schools.[15]

Chart 11: Obese Adults
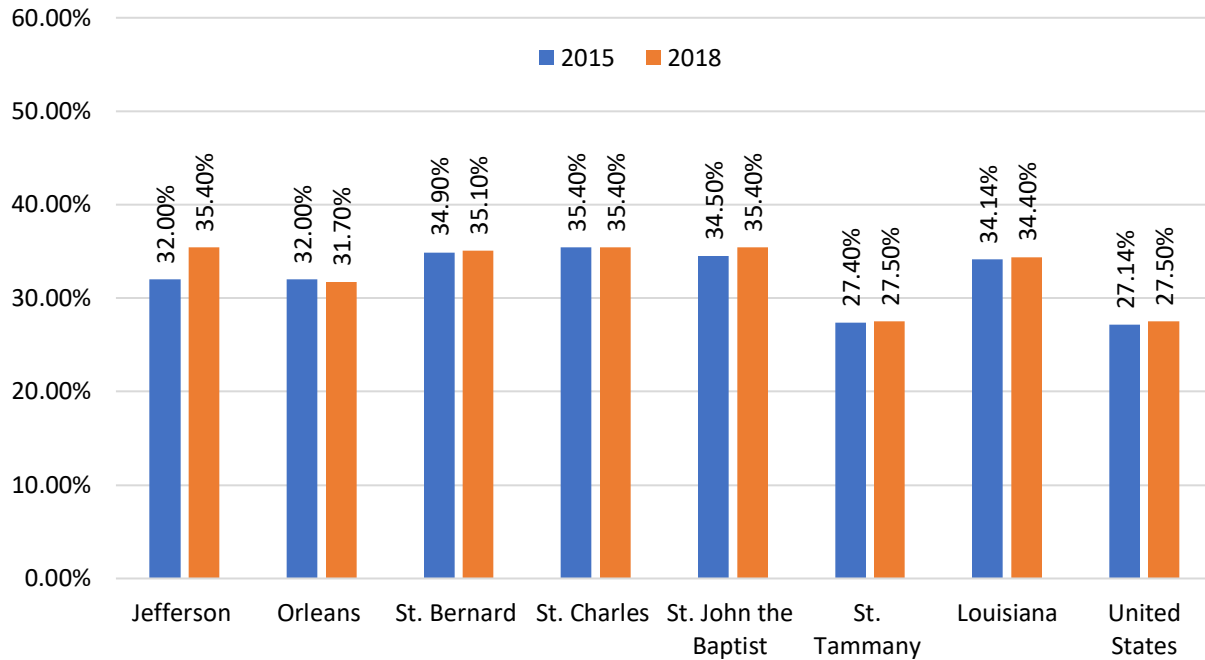
Source: Community Commons

The US Department of Health and Human Services guidelines recommend engaging in regular physical activity to promote cardiovascular health and muscle fitness.[16] Research shows that a total amount of 150 minutes a week of moderate-intensity aerobic activity, such as brisk walking, consistently reduces the risk of many chronic diseases and other adverse health outcomes.[17] 150 minutes per week breaks down to just 25 minutes per day, six days a week. In some communities, engaging in physical activity is limited due to lack of opportunities (e.g., walking trails, bicycle paths, and sports fields) and unsafe conditions (e.g., sidewalks, crime, and poor lighting).

Eating more fruits and vegetables provides valuable nutrients your body can use to reduce risks for heart disease, stroke, and some cancers, and helps manage body weight when consumed in place of more energy-dense foods. Consumption of fruits and vegetables is low across all states.[18]

[15]The State of Obesity: https://stateofobesity.org/states/la/
[16] Office of Disease Prevention and Health Promotion: https://health.gov/paguidelines/guidelines/chapter1.aspx
[17] Office of Disease Prevention and Health Promotion: https://health.gov/paguidelines/guidelines/chapter2.aspx
[18] Centers for Disease Control: www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm

Changes in behavior is often difficult and installing positive behaviors requires more discipline. Individuals who are overweight and or obese require a lifestyle change. The American Heart Association recommends obese patients participate in a medically supervised weight loss program two or three times a month for at least six months. The treatment plan for weight loss involves eating fewer calories than your body needs, getting aerobic exercise for 30 minutes most days of the week and learning the skills to change unhealthy behaviors.[19] There are ample strategies and methods available which can assist those who are looking to lose weight and the most basic plans includes the incorporation of a healthy diet and physical activity.

The World Health Organization (WHO) advises that a healthy diet helps protect against malnutrition in all its forms, as well as non-communicable diseases (NCDs), including diabetes, heart disease, stroke, and cancer. Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development, and may have longer-term health benefits, like reducing the risk of becoming overweight or obese and developing NCDs later in life.[20]

Almost-half of adults in Louisiana (47.5 percent) reported consuming fruit less than one time per day and 32.7 percent reported consuming vegetables less than one time per day. Less than half of adults achieved the equivalent of at least 150 minutes of moderate intensity physical activity per week.[21]

America's Health Rankings provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental, and socioeconomic data to determine national health benchmarks and state rankings.[22] In 2017, the State of Louisiana ranked 13th in fruit consumption and eighth in vegetable consumption in America's Health Rankings. While these rankings are not poor, there is room for improvement. Unfortunately, Louisiana ranked in the bottom 10 for seven measures related to conditions impacted by nutrition and risky health behaviors. (See Table 6.)

Table 6: 2017 America's Health Rankings

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

Source: America's Health Rankings

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

In response to the growing obesity problem in the state, Louisiana was awarded $1,156,686 in funding by the CDC's Division of Nutrition, Physical Activity and Obesity for programs related to state and public health actions, high obesity, and REACH. Louisiana applied the bulk of the award, $1,013,567, to high obesity programing conducted by Louisiana State University. The remaining balance went to the Louisiana Department of Health to be used towards state public health actions.[23] Louisiana State University enacted several initiatives to promote healthy eating and active living in parishes that have more than 40 percent prevalence of adult obesity. Louisiana High Obesity Program (HOP) identified Madison, St. Helena, Tensas, and West Feliciana parishes for the HOP.[24]

The Louisiana Department of Health used the CDC's funding to launch Well-Ahead Louisiana WellSpot Designation Program to encourage and support organizations in creating healthier workplaces. Well-Ahead promotes chronic disease prevention efforts where Louisiana residents live, work, learn, and play. As of September 2017, 187 organizations started a worksite wellness program as a result of WellAhead. Examples include: Franciscan Missionaries of Our Lady Health System adopted a healthy vending policy ensuring at least 50 percent of vending options are healthy and Rainbow Child Care Center and 31 other WellSpots created a healthy meeting policy to make healthy food options available during employee meetings and events.[25]

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

Food Preparation

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

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

Louisiana is one of eight states referred to by public health authorities as The Stroke Belt. The Stroke Belt is a region of the southern United States where studies show that the risk of stroke is 34 percent higher than the general population in other areas of the country. Researchers believe that high rates of

[23] Centers for Disease Control: www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html

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

[25] Louisiana Department of Health: www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/louisiana-worksite-wellness-success-story.pdf

obesity, cigarette smoking, and high blood pressure account for the increased risk of death from cardiovascular disease.[26]

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

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

Personalized Care

When we speak about personalized medicine it refers specifically to the use of genetics and genomics. An example of personalized medicine includes the use of specific tumor markers to guide therapy for breast cancer.[27] Due to recent technological advances in human genome mapping, the medical community has the capability to use a person's DNA to enable more accurate medical predictions and tailor care plans to specific individuals and specific diseases.[28] Personalized care is a broader platform that includes genetics but also includes any additional biologic information that helps foresee risk for disease(s) or how a patient will respond to treatments. Overall, personalized medicine allows health professionals to target treatment plans to specific individuals and specific diseases.

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

St. Bernard Parish has the highest rate of preventable hospital events at 92.2 per 1,000 Medicare enrollees and was the only parish in the study area that saw an increase from 2015 to 2018. Orleans was the only parish with a rate of preventable hospital events below the nation (49.9 per 1,000 Medicare

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[26] Heart Attack and Stroke Prevention Center: www.thepreventioncenter.com/cardiovascular-disease/stroke-belt/
[27] Cleveland Clinic: https://health.clevelandclinic.org/what-is-personalized-healthcare/
[28] Personalized Medicine Coalition: www.personalizedmedicinecoalition.org/Userfiles/PMC-Corporate/file/pmc_the_case_for_personalized_medicine.pdf

enrollees); Jefferson did follow closely at 50.0. Louisiana, along with a majority of the study area, reported rates well above the nation (see Chart 12.)

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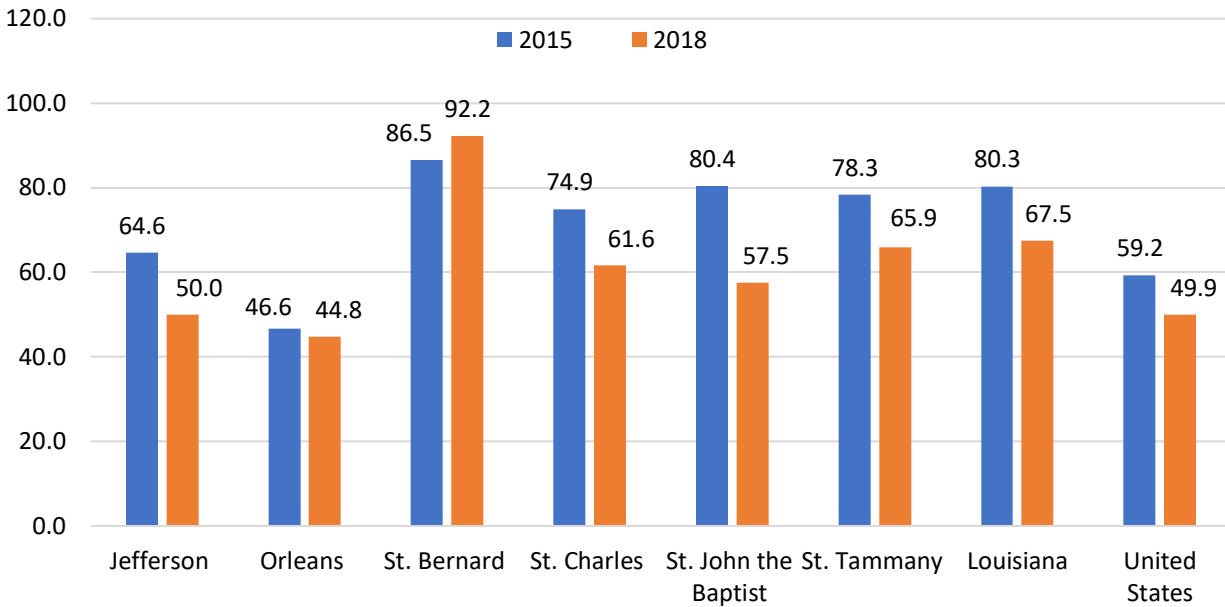
Source: Community Commons

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

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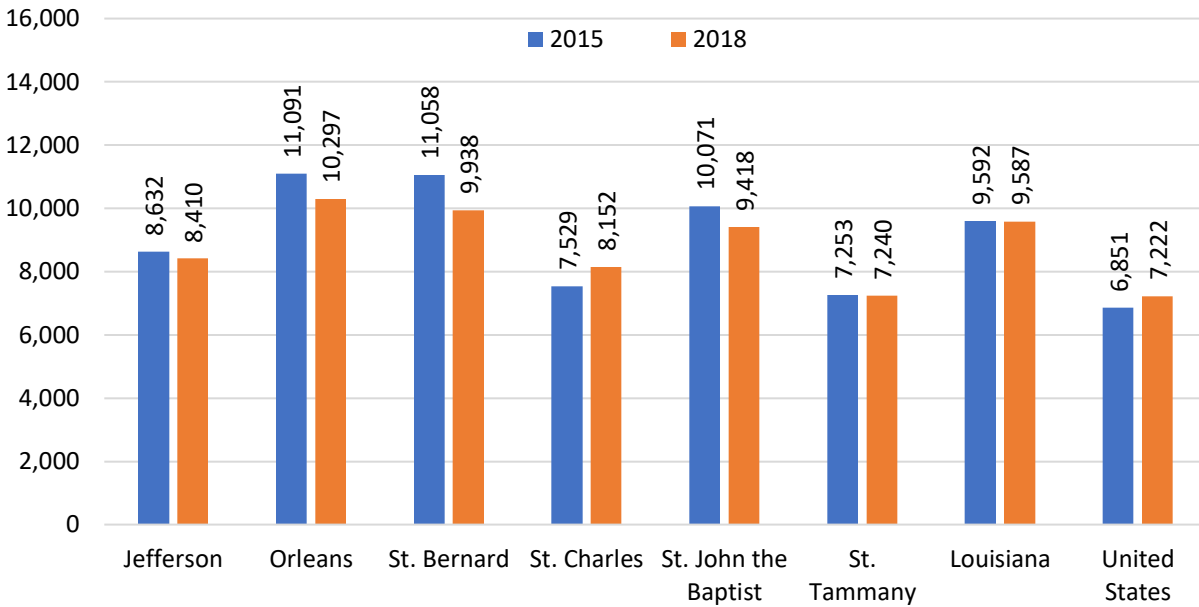
Source: Community Commons

The financial consequence of non-adherence is estimated to be in the hundreds of billions of US dollars. In addition to the financial burden, non-adherence is also a risk factor for very serious and often fatal complications; as many as 125,000 deaths each year. Factors influencing patient adherence are many and varied; patients misunderstand instructions or execute them incorrectly, patients forget, or just outright ignore health advice. The relationship between provider and patient can be a determining factor in patient compliance. It is important that providers realistically assess a patient's level of knowledge and understanding of the treatment plan and based on that assessment clearly and effectively communicate information. [29]

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

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

Life Skills and Financial Management

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

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

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

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

Data gathered for the Greater New Orleans Community Data Center Report showed, by parish, the percentages of working aged residents in the study area that struggle with poverty. (See Chart 14.)[30]

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

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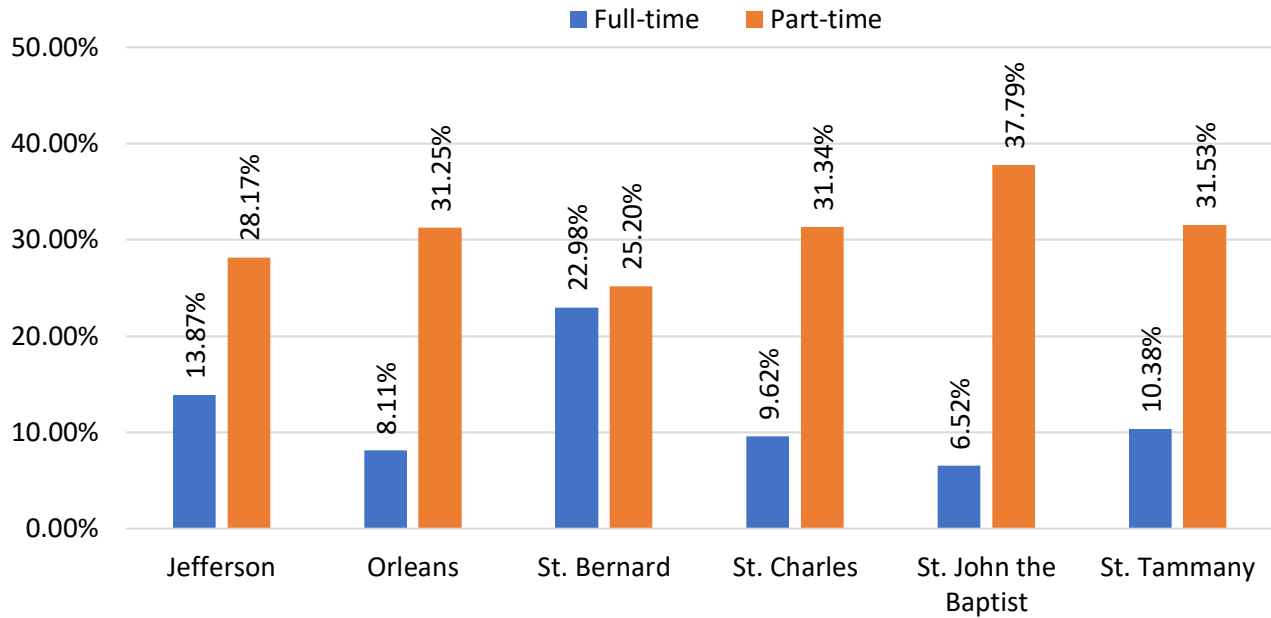
Source: Greater New Orleans Community Data Center's Report

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

Further examination of data from Truven Health Analytics reveals the average household income in St. Bernard and St. John the Baptist parishes fall under the state income average of $68,011. (see Chart 15).

Chart 15: Average Household Income
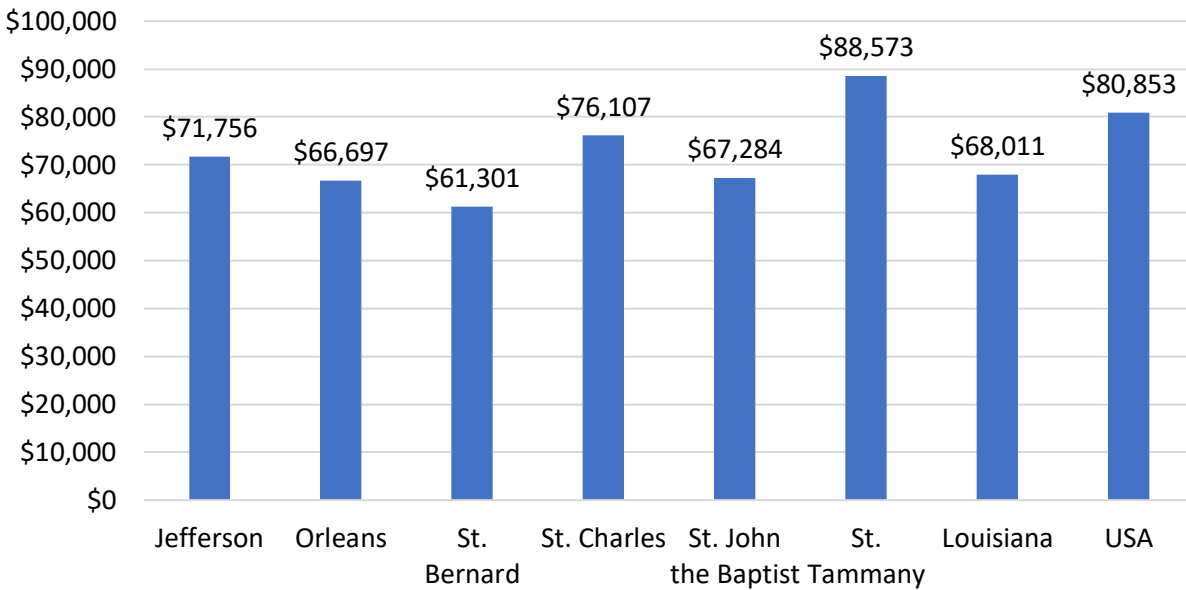
Source: Truven Health Analytics

According to the United Way, a family consisting of two adults with two children in child care living in Louisiana needs an operating budget of $46,020 to cover the basic necessities of housing, child care, food, health care, and transportation – plus taxes and miscellaneous costs. Most ALICE households do not qualify for Medicaid and cannot afford even Bronze Marketplace premiums and deductibles. Many of these households opt to pay the penalty for not having health insurance because it is the cheapest option. However, choosing this option does not improve health care in any way for these families and is an example of the difficult choice these households are forced to make.[31]

Two adults working 40 hours per week at ten dollars per hour gross $41,600 annually; this is almost $4,500 less than the ALICE threshold for a Louisiana family of two adults and two children. Minimum wage in Louisiana is $7.25 per hour. Legislation to raise the minimum wage continues to be defeated in Louisiana government.[32] This coupled with limited job opportunities and low educational attainment in the region inhibits community members from financial stability and self-sustainability.

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

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

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

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

Priority 2: Behavioral Health (Mental Health & 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.[33] Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

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

Having a behavioral health condition is not the result of one event. Research suggests multiple, linking causes. Genetics, environment, and lifestyle influences whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime.[34]

Mental health is important at every stage of life, from childhood and adolescence through adulthood.[35] 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.[36]

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.[37]

More and more providers are approaching patient health with an integrated care model because they realize the importance of treating the whole individual. Behavioral health impacts physical health and vice versa. With proper monitoring and treatment, individuals suffering from behavioral health issues

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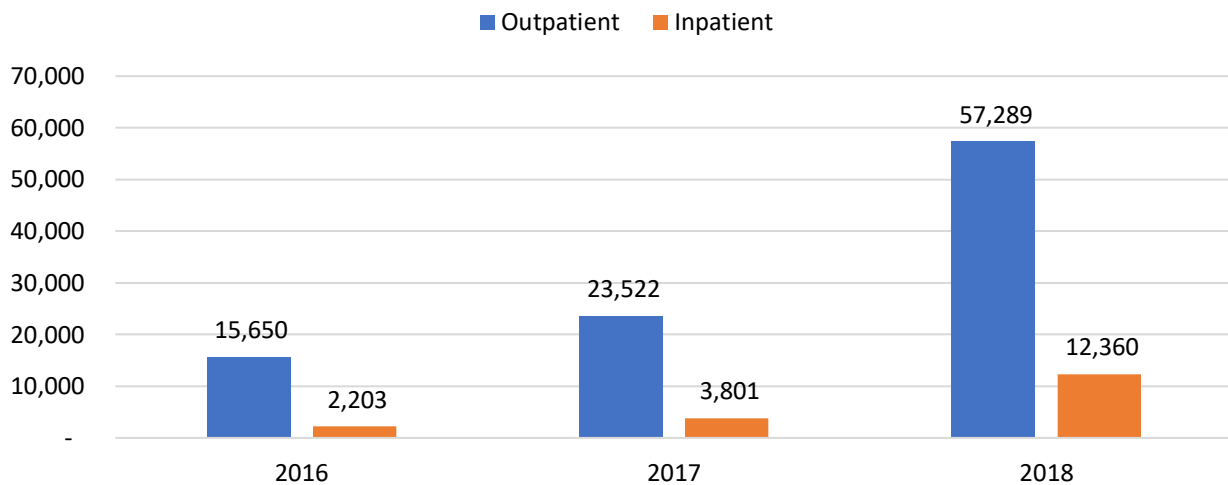[36] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/disorders
[37] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/wellness-initiative

can lead healthy, productive lives and be contributing members of the community. The difficulty lies in identifying these issues and linking these individuals with behavioral health services.

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

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

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

Source: Louisiana Department of Health

Reasons for not receiving mental health services according to SAMHSA's 2016 National Survey on Drug Use and Health revealed that cost (43.6 percent) was the main reason why adults 18 and older did not receive services, followed by "can handle problem without treatment" (30.6 percent), and "did not know where to go for services" (26.9 percent).[38] (See Chart 17.)

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

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

2015

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

Source: Substance Abuse and Mental Health Services Administration

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

Suicide

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

According to SAMHSA, in 2013, the highest number of suicides among both men and women occurred among those aged 45 to 54. The highest rates of suicides (suicides per 100,000) occurred among men aged 75 and up and among women aged 45 to 54. Suicide was the second leading cause of death for young people ages 15 to 24 and for those aged 25 to 34. [39]

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

Having suicidal thoughts is a significant concern; however, having severe suicidal thoughts increases the risk of an individual attempting suicide. In 2014, an estimated 9.4 million adults (3.9 percent) aged 18 or older had serious thoughts of suicide in the past year. People aged 18 to 25 reported the highest percentage, followed by people aged 26 to 49, then by people aged 50 or older. Among high school students, more than 17.0 percent (approximately 2.5 million ninth through twelfth graders) have seriously considered suicide, more than 13.0 percent have made a suicide plan, and more than 8.0 percent have attempted suicide.[40]

According to the Centers for Disease Control and Prevention suicide is a leading cause of death as rates have steadily increased in nearly every state from 1999 through 2016. Louisiana saw an increase of 29.3 percent from 1999 to 2016.[41] (See Map 4.)

Map 4: Suicide in the U.S.
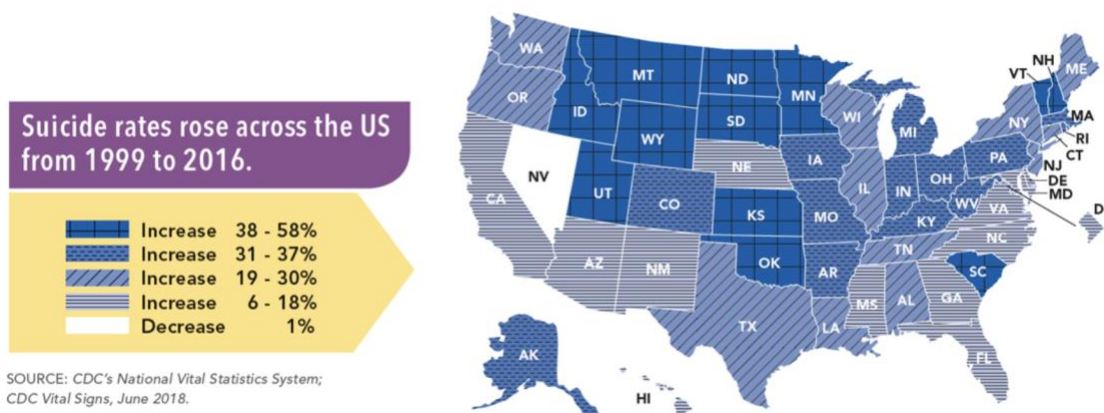
Source: Centers for Disease Control and Prevention

Community Commons data demonstrates the impact unmet mental health and substance abuse needs has had on residents of the Jefferson service area by reporting high rates for several key health outcome measures; drug overdose deaths, homicide deaths, premature deaths, suicides, and lack of emotional support. High rates in Orleans (38.2) and St. John the Baptist (28.9) parishes reveal the homicide rates are roughly three times higher when compared to the state (6.0) and nation (5.5). (See Table 7.)

Jefferson (27.4), Orleans (27.3), St. Bernard (34.2), St. Charles (22.2), and St. Tammany (25.4) parishes report high drug overdose rates when compared to the state (17.6) and nation (15.6). St. John the Baptist (15.1) reports the lowest rates in the Jefferson Regional Study Area. (See Table 7).

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[40] Ibid.

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

Data also reveal high suicide rates in Jefferson (12.4), Orleans (9.9), St. Bernard (15.4), St. Charles (13.2), St. John the Baptist (10.0), and St. Tammany (15.7) parishes when compared to the state (5.8) and nation (13.0). Orleans Parish reports low suicide rates when compared to the remaining parishes in the study area (9.9). (See Table 7). The Healthy People 2020 goal is to be under or equal to 10.2 per 100,000 population.

St. Charles (19.3 percent), St. John the Baptist (20.5 percent), and St. Tammany (18.1 percent) parishes report lower percentages of residents who lack social or emotional support when compared to the state (21.7 percent) and the nation (20.7 percent). This indicator reports adults 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. (See Table 7.)

Table 7: Health Outcomes & Social and Economic Support[42]

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

Source: Community Commons

The Louisiana Department of Health metrics related to substance abuse shows the number of adults receiving substance abuse services, both inpatient and outpatient, has increased exponentially since 2016. In May of 2018, 10,290 adults obtained outpatient substance abuse services in the state. The number of adults obtaining care has increased significantly over the years. Between 2016 and 2017,

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[42] Community Commons: www.communitycommons.org

there was an increase in the number of adults obtaining outpatient substance abuse services (from 2,267 to 3,647 respectively); in 2017 there was a 2.8 percent increase in the number of adults seen for outpatient services (from 3,647 to 10,290 respectively). (See Chart 18.)

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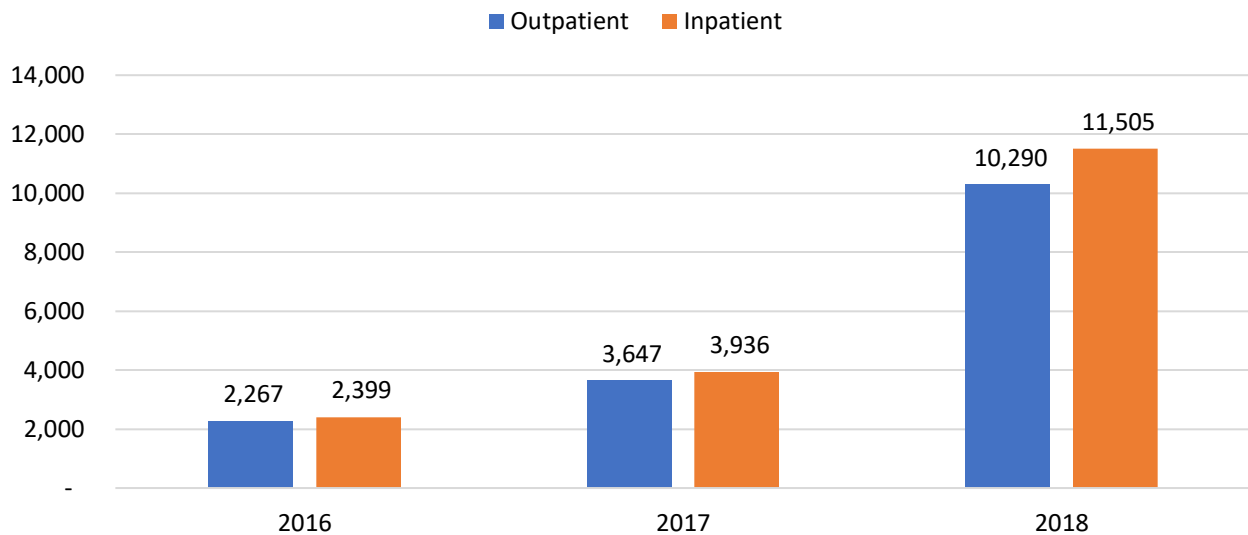
Source: The Louisiana Department of Health

The consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.[43] Individuals with unmet behavioral health needs are not always capable of recognizing they have a problem or seeking care. Oftentimes, this responsibility falls on the patient's support network or points of contact with the health care system or other community-based organizations. Better coordination of services and collaborative efforts among all members of the medical community and county and community service organizations would improve the disconnect occurring in identifying mental health and substance abuse needs and linking residents with services.

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

Lack of Services (Mental Health Providers)

There is unmet need for health care providers in Louisiana. As of April 2014, Louisiana had 118 primary care Health Professional Shortage Areas (HPSA), 102 dental HPSAs, and 109 mental health HPSAs. Louisiana has less than half (42.0 percent) of the number of mental health care providers needed to adequately serve the population, compared to just over half (51.0 percent) for the nation as a whole.[44]

Table 8 depicts the ratio of available mental health providers to one resident within the area. Jefferson, Orleans, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany parishes report improved mental health provider rates from 2015 to 2018. Orleans (240:1) and St. Bernard (280:1) parishes are top U.S. performers having mental health provider rates lower than 330:1. The shortage of mental health providers highlights what residents currently face and will continue to face without intervention. The ability to secure treatment and services is greatly impacted by the shortfall of mental health providers in the Jefferson regional service area.[45]

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

Preventable hospital stays measure the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. The measure looks at people who were discharged from the hospital for conditions that, with appropriate care, can normally be treated without the need for a hospital stay. Examples of these conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration.[46] 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 8.)

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[44] Henry J. Kaiser Family Foundation: www.kff.org/health-reform/fact-sheet/the-louisiana-health-care-landscape/
[45] County Health Rankings and Roadmaps: www.countyhealthrankings.org
[46] 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

Table 8: Mental Health Providers and Preventable Hospital Stay at Parish Level

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

Source: County Health Rankings and Roadmaps

Mental health was the most discussed issue affecting community health in the Jefferson regional study area. Community leaders noted that vulnerable populations suffer the most with untreated mental illness, largely due to income, racial disparities, and lack of transportation. Untreated mental illness strains city resources like law enforcement and emergency rooms.

Community leaders cited access to mental health services for vulnerable populations have improved through Medicaid expansion; however, it is difficult to reach residents that need treatment. Untreated mental illnesses can affect physical health status. Residents with untreated mental illnesses are unlikely to access preventive and primary care services.

Poverty and homelessness exacerbate mental illness. Community members living in poverty are more concerned with being able to afford living expenses and leave their health needs unmet. Likewise, the homeless are more concerned with where they will sleep and all other needs become secondary. Homelessness is counterproductive to the positive work already occurring in the community.

Unmet mental health needs in young children and the youth of the community is especially disturbing. The longer mental health care needs go unmet, the more they affect the individuals and those around them. These children do not grow into productive members of the community.

The opioid epidemic, like communities across the nation, is affecting residents of the hospital service area. According to community leaders, the rate of death by overdose exceeds the murder rate. Residents are self-medicating conditions such as depression and low self-esteem. Addressing this issue by identifying residents in need of services and making those services accessible will be important to

manage this crisis. Community stakeholders believe it is important to stabilize these populations before organizations can address unmet mental and physical health needs. Creating an integrated model that addresses social determinants of health along with mental and physical health would be ideal to support vulnerable populations.

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

In 2015, former Louisiana Department of Health's Secretary Kathy H. Kliebert stated that "being there and showing care and concern for someone who is vulnerable to suicide is invaluable. We should all reserve judgment and understand that suicide is often caused by a disease we can't see, but we can look for the warning signs." LDH is aware of the significant problem related to suicide. As such, the department implemented a proactive approach in preventing suicide by urging residents to look for warning signs so that they may connect those individuals with prevention resources.[47]

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

There is strong evidence that a comprehensive public health approach is effective in reducing suicide rates. Released by the U.S. Surgeon General in 2012, the National Strategy for Suicide Prevention is intended to guide suicide prevention actions in the United States. The strategy provides guidance for schools, businesses, health systems, clinicians, and others, and emphasizes the role every American can play in protecting their friends, family members, and colleagues from suicide.[48]

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

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

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[47] Louisiana Department of Health: http://ldh.la.gov/index.cfm/newsroom/detail/3515
[48] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/suicide-prevention

Priority 3: Access to Care

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

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

St. Bernard Parish in the study area did not rank in the top one-third within the state of Louisiana. St. Bernard Parish did not rank well in the state in terms of clinical care according to the 2018 County Health Rankings and Roadmaps report. (See Table 9). 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 9: Clinical Care

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

Source: County Health Rankings 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

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

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.[51]

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. [52]

Most Americans underuse preventive services and vulnerable populations with social, economic, or environmental disadvantages are even less likely to use these services.[53] 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 ultimately 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.[54] Lack of job opportunities can reduce access to affordable health insurance. Both geographic and economic factors are impacting residents of the Jefferson regional service area. While there are quality health care resources available to residents within the service area, many residents either cannot afford health services or are limited in transportation options to obtain the services they need.

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

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

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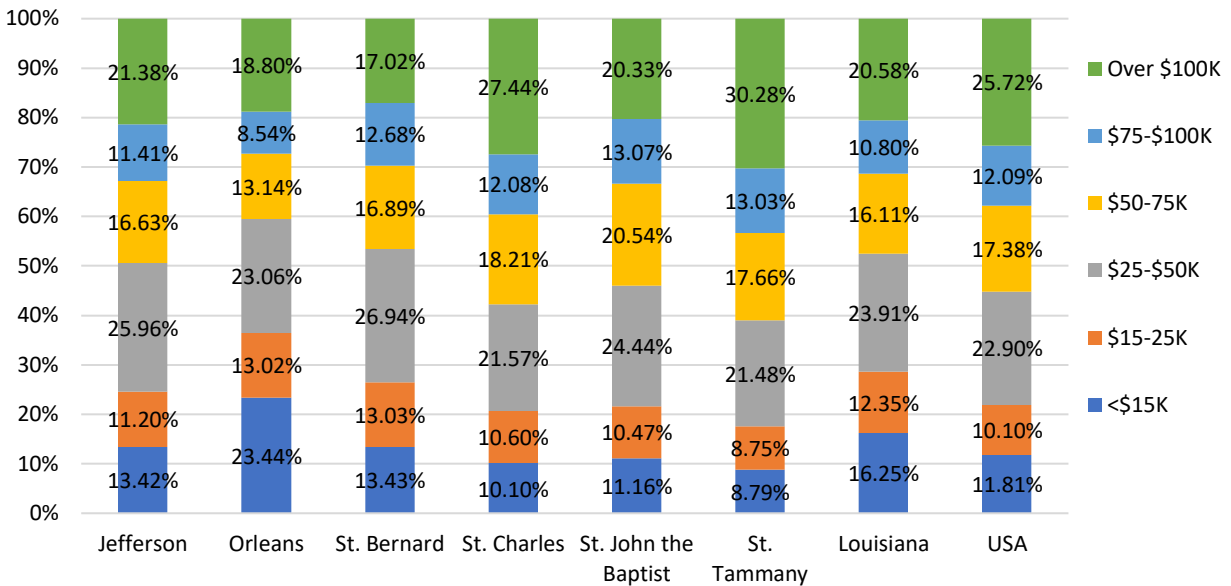[52] Healthy People 2020: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[53] Centers for Disease Control and Prevention: www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html
[54] Ibid.

Chart 19: Jefferson Regional Study Area - Household Income

Source: Truven Health Analytics

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

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

Orleans and St. Bernard parishes have higher populations living 100 percent below the federal poverty line when compared to the state (19.70 percent) and the nation (15.11 percent). Jefferson (33.79 percent), Orleans (43.69 percent), and St. Bernard (30.88 percent) parishes are also faced with higher occupied housing units with one or more substandard conditions. A family's household income is greatly woven into how they are able to live, eat, and obtain safe, clean, and affordable housing. (See Table 10.)

Table 10: Social and Economic Factors

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

Source: Community Commons

Analyzing data from the study area, ZIP code 70113 in New Orleans reported the highest rates for impoverished seniors 65 years old or older (42.79 percent), impoverished single residents with children (71.27 percent), and residents who rent their homes (77.80 percent). ZIP code 70116 – New Orleans reported the highest rates for children living in poverty (55.98 percent).

Data also revealed ZIP code 70354 in Galliano reported the highest rates for residents without a high school diploma (36.26 percent) and ZIP code 70538 in Franklin reported the highest rates for residents who were unemployed (18.19 percent). These high percentages contribute to the overall CNI ZIP code score residents face when seeking care.

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

Additional data from the Greater New Orleans Community Data Center Report shows that poverty levels have improved in Orleans, St. John, and St. Tammany parishes between 1999 and 2008-2010. Residents in St. John the Baptist saw the largest decline of 16.72 percent of impoverished residents to 14.42 percent in reporting years 1999 and 2008-2010. Residents in Jefferson, St. Bernard, and St. Charles saw an increase in residents who live in poverty in the same reporting years. (See Chart 20.)

Chart 20: Total Population in Poverty

A bar chart titled "Total Population in Poverty" comparing 1999 (blue) and 2008-2010 (orange) across parishes:

- Jefferson: 1999 = 13.65%, 2008-2010 = 14.34%
- Lafourche: 1999 = 16.53%, 2008-2010 = 14.04%
- Orleans: 1999 = 27.94%, 2008-2010 = 25.83%
- Plaquemines: 1999 = 18.03%, 2008-2010 = 10.05%
- St. Bernard: 1999 = 13.11%, 2008-2010 = 14.70%
- St. Charles: 1999 = 11.40%, 2008-2010 = 12.98%
- St. John the Baptist: 1999 = 16.72%, 2008-2010 = 14.42%
- St. Tammany: 1999 = 9.72%, 2008-2010 = 9.46%
- Tangipahoa: 1999 = 22.69%, 2008-2010 = 21.83%
- Terrebonne: 1999 = 19.09%, 2008-2010 = 16.84%
- Washington: 1999 = 24.69%, 2008-2010 = 27.42%

Source: Greater New Orleans Community Data Center Report

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

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

It was reported from community leaders that the region surrounding River Place Behavioral Health is rich in health care services; however, residents face transportation and awareness barriers. Health care services are not always in close proximity to where residents live and reside, thus, creating access issues. Community leaders also stated that access to services needs to be less complicated; as residents would be deterred from obtaining care if services are difficult to obtain. The region lacks a strong public

transportation infrastructure, leaving residents without a secure means to obtaining health appointments. Residents also face long waiting periods to obtaining a health appointment as well as specialists' appointments.

Community leaders commented that many residents are not fully aware of available health care services. The promotion of health services and the benefits of preventative and primary care are not fully promoted. In general, literacy rates are low, therefore, outreach services to community members regarding health information must be strategically crafted in order to be effective.

Community leaders recommended that organizations (hospitals, community-based, faith-based, local government, and civic) need to work together to assist community members overcome the barriers they face when accessing health care.

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

Health Screenings and Prevention

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

Recommended screening tests depends on age, sex, gender, history etc. as these are important elements residents must remember in order to maintain a healthy status. Residents can be screened for certain diseases. They include: Certain types of cancer, high blood pressure or high cholesterol, diabetes, osteoporosis, sexually transmitted diseases (STDs), and mental health conditions, like depression.[55]

The importance of screenings can be portrayed through examples related to cancer. The Louisiana Healthcare Connection recommends three specific screenings as of January 2018 for Louisianans (cervical, breast, and STDs) as they currently hold high mortality rates.
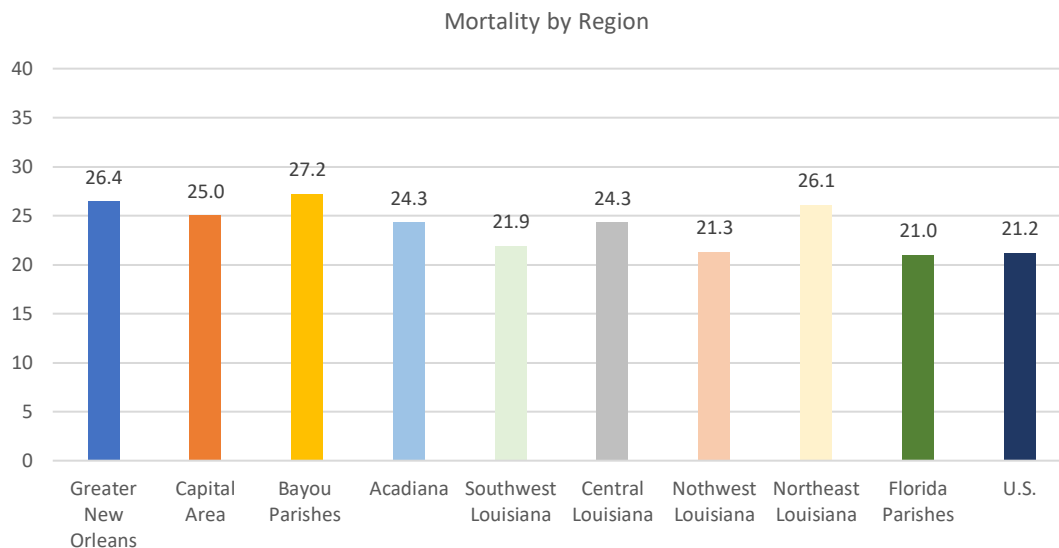
In 2010-2014, data reveal Louisiana's breast cancer mortality rate is statistically significantly higher than the rest of the country. 123.2 people per 100,000 were diagnosed with breast cancer, while the national

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

average was 123.5 per 100,000. An average of 24.2 Louisiana residents per 100,000 died each year from this disease, while the national average was 21.2 deaths per 100,000. (See Chart 21.)

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

Chart 21: Average Annual Breast Cancer Mortality by Region 2010-2014 (per 100,000 population)[56]

Mortality by Region

Region	Value
Greater New Orleans	26.4
Capital Area	25.0
Bayou Parishes	27.2
Acadiana	24.3
Southwest Louisiana	21.9
Central Louisiana	24.3
Nothwest Louisiana	21.3
Northeast Louisiana	26.1
Florida Parishes	21.0
U.S.	21.2

Source: Louisiana Cancer Prevention

Examining additional data, Louisiana has the sixth highest rate of cervical cancer in the U.S. Data from 2010-2014 reported that 8.9 residents per 100,000 were diagnosed with cervical cancer, while the national average was 7.5 per 100,000. Unfortunately, an average of 2.9 Louisiana residents per 100,000 died each year from this disease, while the national average was 2.3 deaths per 100,000. Cervical cancer is a killer of women in all races; as Louisiana black women have significantly higher cervical cancer incidence and death rates than the rest of the country. White females in the state have a 7.9 incidence rate and 2.5 mortality rate vs. 11.5 incidence and 4.2 per 100,000 for black women in Louisiana.
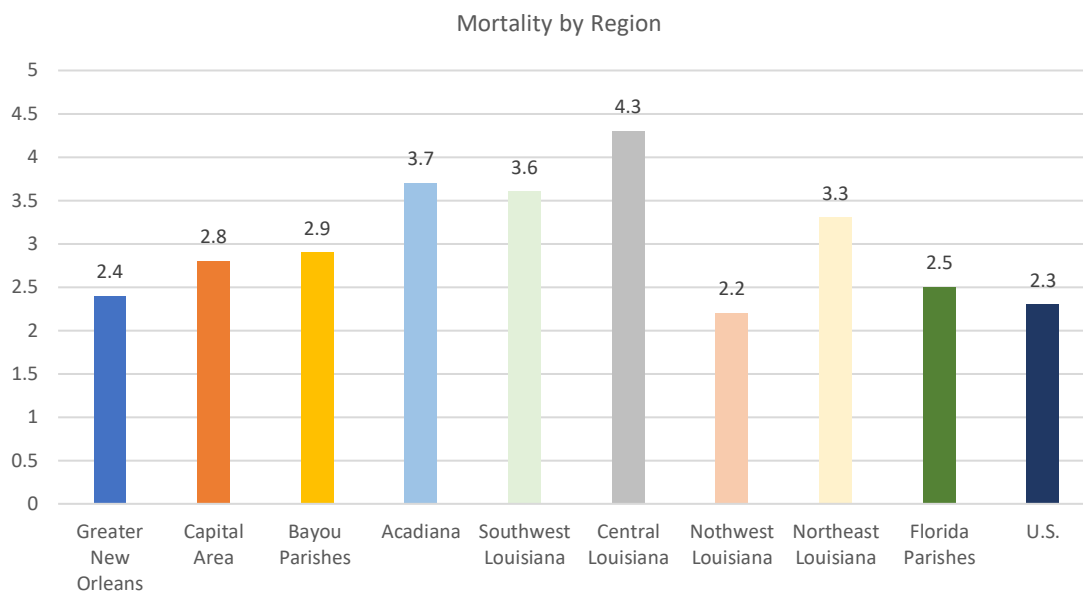
Screenings for cervical cancer is fairly simple and require no down time. However, a multitude of reasons contribute to why this screenings are not often obtained. Some reasons include: insurance coverage, fear, lack of screening information (knowledge), apathy, having a physician, traveling for health services etc. Cervical cancer can be easier to treat when it is found early. It was also reported that cervical cancer is an expensive cancers to treat. Having insurance coverage, residents still pay higher

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

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

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

Chart 22: Average Annual Cervical Cancer Mortality by Region 2010-2014 (per 100,000 population)[57]

Mortality by Region

Region	Value
Greater New Orleans	2.4
Capital Area	2.8
Bayou Parishes	2.9
Acadiana	3.7
Southwest Louisiana	3.6
Central Louisiana	4.3
Nothwest Louisiana	2.2
Northeast Louisiana	3.3
Florida Parishes	2.5
U.S.	2.3

Source: Louisiana Cancer Prevention

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

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

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

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[57] Ibid.

Conclusion

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

The collection and analysis of primary and secondary data armed the Working Group with sufficient data and resources to identify key health needs. Local, regional, and statewide partners understand the CHNA is an important factor towards future strategies that will improve the health and well-being of residents in their region. River Place Behavioral Health 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 River Place Behavioral Health's leadership in reducing the challenges residents often face when seeking services.

River Place Behavioral Health took into consideration the ability to address the regions identified needs and viewed the overall short and long-term effects of undertaking the task. River Place Behavioral Health will address the identified needs and viewed them as positive and encouraging changes. River Place Behavioral Health 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 River Place Behavioral Health to meet the region's need. Tackling the region's needs is a central focus hospital leadership will continue to measure throughout the years. River Place Behavioral Health will continue to work closely with community partners as the CHNA report is the first step to an ongoing process to reducing the gaps of health disparities.

APPENDICES

Appendix A: General Description of River Place Behavioral Health – A service of Ochsner Health System

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.

Located in LaPlace, Louisiana, River Place Behavioral Health is a state-of-the-art mental health treatment center serving the greater New Orleans metropolitan area. River Place Behavioral Health is a joint venture, 82-bed, acute psychiatric hospital serving the greater New Orleans area.

River Place Behavioral Health was created to serve individuals and families whose lives have been impacted by mental illness and certain co-occurring disorders. Our inpatient programming is designed for adults ages 18 and above who need intensive services in order to achieve stabilization and prepare for continued progress.

Depending upon each patient's specific needs and goals, their personalized treatment plan at River Place Behavioral Health may include medication management services, individual therapy, group therapy, and family therapy. Our programming also includes daily experiential therapies, including art, music, and movement/exercise therapy.

Following the completion of an individual's time, a detailed discharge plan will follow. The plan will identify the professional referrals, community-based resources, and other supports that may be necessary to help the individual maintain and build upon the progress that he or she achieved while in our care.

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

Appendix B: Jefferson Regional Study Area Community Definition

In 2018, a comprehensive CHNA was completed for River Place Behavioral Health. The final CHNA needs were defined through a regional approach focusing on six parishes in the Jefferson Region. They included: Jefferson, Orleans, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany parishes. The overall study area parishes were representatives of the region from which the participating hospitals/health systems are located (i.e. West Bank, North Shore, New Orleans, and Jefferson, St. Anne (Lafourche/Raceland), and Baton Rouge regions).

The information below represents the region.

Regional Study Area Population and Demographics Snapshot:

- Overall, the Jefferson Study Area encompass 979,674 residents.

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

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

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

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

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

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

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

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

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

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

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

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

Appendix C: Primary and Secondary Data Overview

Process Overview

River Place Behavioral Health completed a wide-scale comprehensive community-focused CHNA to better serve the residents of Southern Louisiana. River Place Behavioral Health 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 River Place Behavioral Health 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. River Place Behavioral Health will develop an Implementation Strategy Plan that will highlight and identify ways the hospital will meet the needs of the community it serves.

River Place Behavioral Health 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 River Place Behavioral Health.

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

Chart 23: CHNA Process
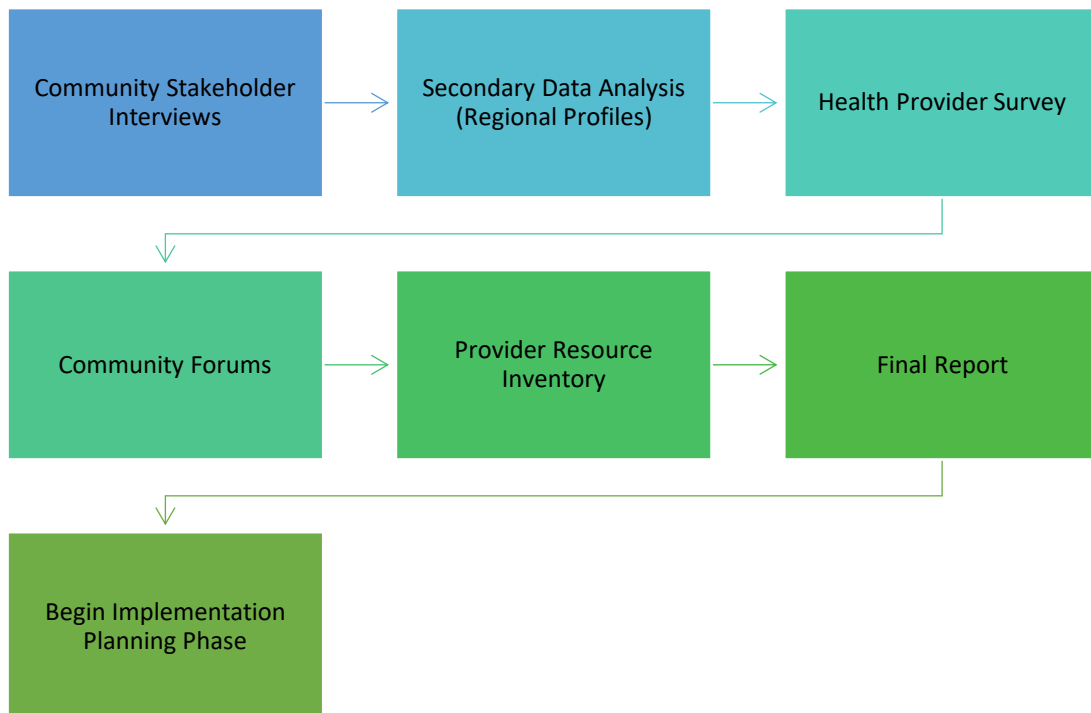
Community Stakeholder Interviews

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 River Place Behavioral Health.

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

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

1. Mental Health and Substance Abuse

2. Access to Care

3. Sex Education

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 River Place Behavioral Health; 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 River Place Behavioral Health'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.

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 Jefferson Parish Library - East Bank Regional Library. The purpose of the community forum was to present the CHNA findings, which included existing data, in-depth community stakeholder interviews results, and results from the health provider survey, and to obtain input regarding the needs and concerns of the community overall. Community leaders discussed the data, shared their visions and plans for community 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: education, behavioral health (mental health & substance abuse), and access to care. Each of the prioritized areas has subcategories, which further illustrate the identified need.

A. Education

- Health Education

- Nutrition

- Personalized Care

- Food Preparation

- Financial Managements

- Life Skills

B. Behavioral Health (Mental Health & Substance Abuse)

- Suicide

- Lack of Services (Mental Health Providers/Facilities)

C. Access to Care

- Health Screenings

- Prevention

Provider Resource Inventory

An inventory of programs and services specifically related to the key prioritized needs was cataloged by Tripp Umbach. The inventory highlights programs and services within the focus area. The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the prioritized needs. It provides program descriptions, contact information, and the potential for coordinating community activities by creating linkages among agencies. The provider inventory was provided as a separate document due to its interactive nature, and is available on River Place Behavioral Health'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 River Place Behavioral Health to gain a deeper understanding of community health needs from organizations, agencies, and government officials that have day-to-day interactions with populations in greatest need. Interviews provide information about the community's health status, risk factors, service utilizations, and community resource needs, as well as gaps and service suggestions.

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

Table 11: Community Stakeholders for River Place Behavioral Health (Listed alphabetically by last name)

Name	Organizations
Stephen Aguillard	Capital Area Human Services
Rochelle Head-Dunham	Metropolitan Human Services District
James R. Kelly	Covenant House New Orleans
Keith Liederman	Kingsley House
William Magee	River Parish Behavioral Center

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

Table 12: Overall Community Stakeholders for Ochsner Health System (Listed alphabetically by last name)

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

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

Appendix E: Community Organizations and Partners

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

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

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

Table 13: Community Organizations and Partners

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

Name	Organization
Jennifer Berger, MBA	Manager, Marketing & Communications Business Development Slidell Memorial Hospital
Avery Corenswet, MHA, BSN, RN	Vice President of Community Outreach Ochsner Health System
Melissa Hodgson, ABC, APR	Director of Communications 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: Regional Groupings

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

Table 15: Regional Groupings

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

Appendix I: Tripp Umbach

Consultants

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

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

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

Tripp Umbach