

# GREATER NEW ORLEANS AREA

## 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

**A joint assessment with the  
following hospital facilities:**

Children's Hospital New Orleans  
East Jefferson General Hospital  
New Orleans East Hospital  
Ochsner Medical Center – New Orleans  
Ochsner Medical Center – Kenner  
Ochsner Rehabilitation Hospital  
Touro Infirmary  
River Place Behavioral Health Hospital  
University Medical Center New Orleans  
West Jefferson Medical Center

*Drafted October 2021  
Adopted by hospital facilities December 2021*

The Metropolitan Hospital Council of New Orleans (MHCNO) contracted with the Louisiana Public Health Institute (LPHI) to develop Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) reports for participating hospitals in the area. This report summarizes the findings of the joint CHNA for the Greater New Orleans (GNO) area and describes the community health needs identified as top priorities by each of the 10 participating hospitals.

This report serves as the 2021 CHNA report for the following hospital facilities:

- Children’s Hospital New Orleans
- East Jefferson General Hospital
- New Orleans East Hospital
- Ochsner Medical Center - New Orleans
  - Ochsner Baptist - A Campus of Ochsner Medical Center
  - Ochsner Medical Center - West Bank Campus
- Ochsner Medical Center - Kenner
- Ochsner Rehabilitation Hospital
- River Place Behavioral Health Hospital
- Touro Infirmary
- University Medical Center New Orleans
- West Jefferson Medical Center

For this assessment, MHCNO participants defined their community as the parishes where most of their patients reside, which include Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, and St. Tammany Parishes.

LPHI used a collaborative mixed methods approach to determine significant needs and concerns in the community. The report contains secondary data from national sources and input from dozens of key stakeholders in the GNO area, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. Community input was gathered through interviews, focus groups, and an electronic survey distributed to health system patients and community members. Community input drove the determination of significant concerns for this CHNA and therefore the priorities.

As a result of the CHNA process, each GNO hospital identified three to five significant community health needs as their top priorities. Brief descriptions of each health need are provided below, followed by a list of the specific priorities chosen by each hospital.

## ACCESS TO AND CONTINUITY OF CARE

Concerns about access to care and continuity of care were evident amongst the community. Barriers to care in the community include insurance issues (limited options based on payor, uninsured rates), inadequate quality of care, and operational issues such as location and hours. Poor continuity of care was also a concern of the community. The assessment revealed issues such as poor follow-up after hospital or emergency department visits and inadequate patient navigation and case management resources.

## **EDUCATION AND HEALTH LITERACY**

The CHNA illustrates that low health literacy is a key factor contributing to poor health outcomes in the community. Health literacy affects patients' ability to access care and manage their health. Low levels of educational attainment and poor quality of primary and secondary schools are seen as contributing factors to low health literacy in the community. Additionally, low health literacy among adults can make them vulnerable to misinformation about important health topics such as COVID-19. Current health education efforts by health systems are seen as ineffective at meeting the needs of community members with low health literacy.

## **ENVIRONMENTAL FACTORS**

Barriers in the physical environment can affect health and well-being. Lack of reliable transportation, housing insecurity, limited access to healthy foods, and technology access were raised as concerns related to managing illness in the area. Community participants discussed how the pandemic has exacerbated many of these issues. Flooding and pollution were also addressed for the negatively affecting mental and physical health. There were high levels of concern about the plants and industry, especially in the River Parishes.

## **HEALTH RELATED IMPACTS OF VIOLENCE**

The GNO community identified violence and crime as an important health-related concern. Violence causes injury, death, and trauma in communities. Related to crime is incarceration, which has a destabilizing effect on communities. Participants drew linkages between crime, incarceration, and social determinants of health such as poverty and social support. Community members also expressed concern that many people are incarcerated due to criminalization of substance abuse. Therefore, two participating hospitals decided to prioritize health related impacts of violence.

## **HEALTH EQUITY AND DISCRIMINATION IN HEALTHCARE**

Discrimination in healthcare affects patient engagement, access to care, and quality of care. Participants shared examples of healthcare entities discriminating based on race, language, immigration status, age, sexual orientation, and gender identity/expression. Previous experiences of discrimination contribute to a lack of trust in the health care system at the personal and community levels. Lack of diversity in the healthcare workforce was identified as a factor that leads to discrimination. One of the primary goals of CDC's National Center for Chronic Disease Prevention and Health Promotion is to achieve health equity where everyone can reach their optimal health.

## **INFRASTRUCTURE**

Infrastructure was identified by stakeholders as having a strong influence on health. Key infrastructure issues identified by the community participants included transportation and housing. Transportation challenges adversely affect community members' ability to access healthcare. Both public transportation systems and Medicaid transportation services were seen as deficient or even dangerous. Housing was seen as an important social determinant of health related to environmental exposures and people's ability to manage their health. Many people in the community do not have access to safe, affordable housing. Additional infrastructure issues affecting health include food insecurity and access to technology.

## MENTAL AND BEHAVIORAL HEALTH

The CHNA revealed mental health conditions, substance abuse, addiction, excessive alcohol use, and trauma as major problems in their communities. Despite the prevalence of these issues, community members said that access to treatment for mental and behavioral health services is severely lacking. Issues include limited substance abuse treatment facilities, long waits for appointments with therapists, and fragmented delivery of care. Stigma was also seen as a major barrier to care, especially in communities of color and rural areas. Isolation and lack of social support are seen as contributing factors to mental health issues in the community, which has been made worse by the disruptions of the COVID-19 pandemic.

## POVERTY AND ECONOMIC OPPORTUNITY

Income level is connected to health outcomes. Community participants raised concerns about economic divides in the area and economic opportunity. Issues such as people struggling to find employment and working multiple jobs just to make ends meet were raised. Challenges were highlighted regarding individuals working low wage jobs, such as lack of benefits or time off, as well as potential increased exposure to COVID-19 and other illnesses. Economic factors do not affect all groups equally, including long lasting effects on children.

## COMMUNITY HEALTH PRIORITIES BY HOSPITAL

### CHILDREN'S HOSPITAL NEW ORLEANS

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### EAST JEFFERSON GENERAL HOSPITAL

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Infrastructure

### NEW ORLEANS EAST HOSPITAL

- Access to and Continuity of Care
- Education and Health Literacy
- Health Related Impacts of Violence
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### OCHSNER MEDICAL CENTER – NEW ORLEANS

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health
- Poverty and Economic Opportunity

### OCHSNER MEDICAL CENTER – KENNER

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### OCHSNER REHABILITATION HOSPITAL

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare

### RIVER PLACE BEHAVIORAL HEALTH HOSPITAL

- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### TOURO INFIRMARY

- Access to and Continuity of Care
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### UNIVERSITY MEDICAL CENTER NEW ORLEANS

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Health Related Impacts of Violence
- Mental and Behavioral Health

### WEST JEFFERSON MEDICAL CENTER

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare

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# BACKGROUND

## CHNA OVERVIEW

With the enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a CHNA and develop implementation strategies to better meet the community health needs identified every three years.<sup>1</sup> [Section 501\(r\)\(3\)](#) requires an authorized body at the hospital facility adopt a documented CHNA that is available to the public, available for feedback, and includes the following:

- A definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- Resources potentially available to address the significant health needs identified.
- An evaluation of the impact of any actions that were taken to address significant health needs identified in the prior CHNA.<sup>2</sup>

This CHNA was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. COVID-19 continues to pose high risks for all communities affecting all aspects of how people live, work, and play. Also, during the assessment period, Hurricane Ida ripped through southeastern Louisiana, causing severe damage and long-lasting changes to many communities served by the participating hospitals.

## ASSESSMENT APPROACH AND PROCESS

Nineteen hospitals eager to collaborate through the CHNA and CHIP processes contracted with LPHI via the MHCNO, which is part of the Louisiana Hospital Association (LHA). LPHI was contracted to develop the CHNA and accompanying CHIP reports for participating hospital facilities. LPHI brings extensive history leading and supporting health systems, federally qualified health centers (FQHCs), and state/local health departments in the development of health assessments and implementation strategies based on equity and population health strategies.

According to the CDC, the **social determinants of health** are, “conditions in the places where people live, learn, work, and play” that can affect a person’s health risks and outcomes. They consist of factors such as economic and educational opportunity, access to transportation and housing, the quality of the natural

<sup>1</sup>Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital healthcare facilities, which is separate from this report.  
<sup>2</sup><https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

environment, and access to and quality of healthcare.<sup>3</sup> This assessment focuses on themes that relate to social determinants of health, organized by those who proved most salient from the data.

The assessment approach is centered in **health equity**, defined as all community members having a fair and just opportunity to be as healthy as possible. Racism is a principal barrier to health equity. Research shows that racism has impacted social determinants of health for communities of color, driving health inequities and placing communities of color at increased risk for poor health.<sup>4</sup> By applying a health equity framework, the assessment seeks to move beyond identifying health disparities to uncovering and understanding the drivers, including racism, which produce inequities in health outcomes.

LPHI uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity assessment frameworks. Collaboration and engagement are central to LPHI's process. The gathering of input representing the broad interests of the community occurred through four modes: an online survey, focus groups, interviews, and data review meetings. (As this input was gathered for the purpose of this assessment and participation was limited, these findings may not be generalizable to the larger community.) Validated secondary data was also analyzed and incorporated to corroborate these findings. See **Appendices C and D** for details on the assessment approach and methodology, respectively.

## USING THIS CHNA

This document serves as the 2021 Joint CHNA report for 19 hospital facilities serving the GNO community including Children's Hospital, East Jefferson General Hospital, New Orleans East Hospital, Ochsner Medical Center – New Orleans, Ochsner Medical Center – Kenner, Ochsner Rehabilitation Hospital, River Place Behavioral Health Hospital, Touro Infirmary, University Medical Center, and West Jefferson Medical Center. For this assessment, hospitals defined their community as the 8-parish area commonly referred to as the "Greater New Orleans" **(GNO) area, which consists of Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, and St. Tammany Parishes.**

Health assessments facilitate strategic data collection and analysis to understand where and why health outcomes differ across a parish, how a variety of health factors combine to influence these outcomes, and how policies and programs are supporting – or restricting – opportunities for health for all. Final CHNA reports are available via the hospital websites for future reference, feedback, and use by the public.

This CHNA serves multiple purposes:

- Provides hospitals and health systems with the information they need to deliver community benefits that can be targeted to address the specific needs of their communities.
- Meets IRS requirements for non-profit hospitals.
- Informs planning of the state and local health departments.
- Provides residents and community organizations with a better understanding of the significant issues in their community and what the hospital is prioritizing.

<sup>3</sup>Centers for Disease Control and Prevention. (2021). About Social Determinants of Health. Retrieved from <https://www.cdc.gov/socialdeterminants/about.html>

<sup>4</sup>Centers for Disease Control and Prevention. (2021). Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>



## OVERVIEW OF PARTICIPATING HEALTH SYSTEMS AND HOSPITALS

Six of the participating hospitals in this assessment process are affiliated with LCMC Health. The other four participating hospitals are affiliated with Ochsner Health.

### LCMC HEALTH

[LCMC Health](#) is a New Orleans-based, non-profit health system on a mission to provide the best possible care for every person and parish in Louisiana and beyond, and bring a little more heart and soul to health care along the way. Originally founded by Louisiana's only freestanding children's hospital, they've grown into a healthcare system that is built to serve the needs of our communities. Today, LCMC Health offers six hospital locations. They also have a series of partnerships that help provide the most comprehensive care, including agreements with Crescent City Surgical Centre, an urgent care partnership with Premier Health, and an investment in a retirement and rehab community.



### Children's Hospital New Orleans LCMC Health

[Children's Hospital New Orleans](#) is a 222-bed, not-for-profit pediatric medical center offering a complete range of healthcare services for children from birth to 21 years. With over 40 pediatric specialties and more than 400 physicians, Children's Hospital is the first and largest full-service hospital exclusively for children in Louisiana and the Gulf South. In 2020, Children's Hospital cared for children from all 64 parishes in Louisiana, 43 states, and nine countries! Their helicopter, Abby, brought 313 patients from across the state and region to Children's Hospital to receive vital critical care services.

### East Jefferson General Hospital LCMC Health

For 50 years, [East Jefferson General Hospital](#) has been deeply rooted in the community, providing extraordinary care to East Jefferson Parish, and is the newest member of the LCMC Health family. They've been sharing the love with the community since opening on Valentine's Day in 1971 through commitment to one-of-a-kind care for everybody, from head to toe. Frequently recognized with national accolades, they are proud to be East Jefferson Parish's go-to for health and wellness.

### New Orleans East Hospital LCMC Health

[New Orleans East Hospital](#) opened in the summer of 2014, bringing a full-service hospital to New Orleans East for the first time since Hurricane Katrina. Managed by LCMC Health in partnership with the City of New Orleans and Orleans Parish Hospital Service District A, New Orleans East is committed to providing superior, quality healthcare and educational empowerment to the community, and serves as a community and economic anchor as Eastern New Orleans is revitalized. Over 120 physicians are on staff at New Orleans East, all of whom are dedicated to improving the health of patients in New Orleans East, Gentilly, St. Bernard, and the Lower Ninth Ward.



[Touro Infirmery](#) is a comprehensive, non-profit, faith-based hospital located in uptown New Orleans and is part of the LCMC Health family. Founded by Judah Touro in 1852, the hospital provides inpatient, outpatient, emergency and critical care, home health, and rehabilitation services. Touro has 210 adult beds, 72 rehabilitation beds, 22 ICU beds, and 48 OB beds for a total of 352 licensed beds.



[University Medical Center New Orleans](#), home of the Rev. Avery C. Alexander Academic Research Hospital, is dedicated to exceptional patient-centered care, world-class medical training, and advanced research. As the region's only Level 1 Trauma Center and Burn Center, University Medical Center plays a vital role in caring for southern Louisiana's most critically injured patients.

Located in the heart of New Orleans's Biomedical District, University Medical Center is a state-of-the-art academic medical center with a vision of becoming a regional destination for healthcare. Louisiana's largest teaching hospital, University Medical Center trains more than 4,000 learners each year from LSU Health New Orleans School of Medicine, Tulane Medical School, and other leading institutions.



Founded in 1956, through the citizens of Jefferson Parish, West Jefferson Medical Center today is a 377-bed full-service community hospital. Located in the heart of the West Bank, [West Jefferson Medical Center](#) is dedicated to serving the people of the West Bank including Jefferson, Orleans, Plaquemines, St. Charles Parishes, and beyond. West Jefferson Medical Center offers comprehensive programs for preventive, emergency, acute, and rehabilitative care. Clinical excellence divisions include neurosciences, maternal and newborn services, and an academic community cancer center. Located near vast industrial quarters, the medical center also serves business and industry across the Gulf South.

## OCHSNER HEALTH

[Ochsner Health](#) is a system that delivers health to the people of Louisiana, Mississippi, and the Gulf South with a mission to serve, heal, lead, educate, and innovate. Ochsner is a not-for-profit committed to giving back to the communities it serves through preventive screenings, health and wellness resources, and partnerships with innovative organizations that share our vision. Ochsner provides coordinated clinical and hospital patient care, all connected electronically to provide convenience for our patients. Across the region, Ochsner has 40 owned, managed and affiliated hospitals and specialty hospitals and more than 100 health centers and urgent care centers.



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



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



[Ochsner Rehabilitation Hospital](#), in partnership with Select Hospital, is a 56-rehabilitation bed hospital. Located in Jefferson, Louisiana, it is a non-profit hospital serving Jefferson, Orleans, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, and the surrounding parishes. Ochsner Rehabilitation Hospital has a strong foundation of health care services and a deep commitment to the health and well-being of its residents.

## River Place Behavioral Health

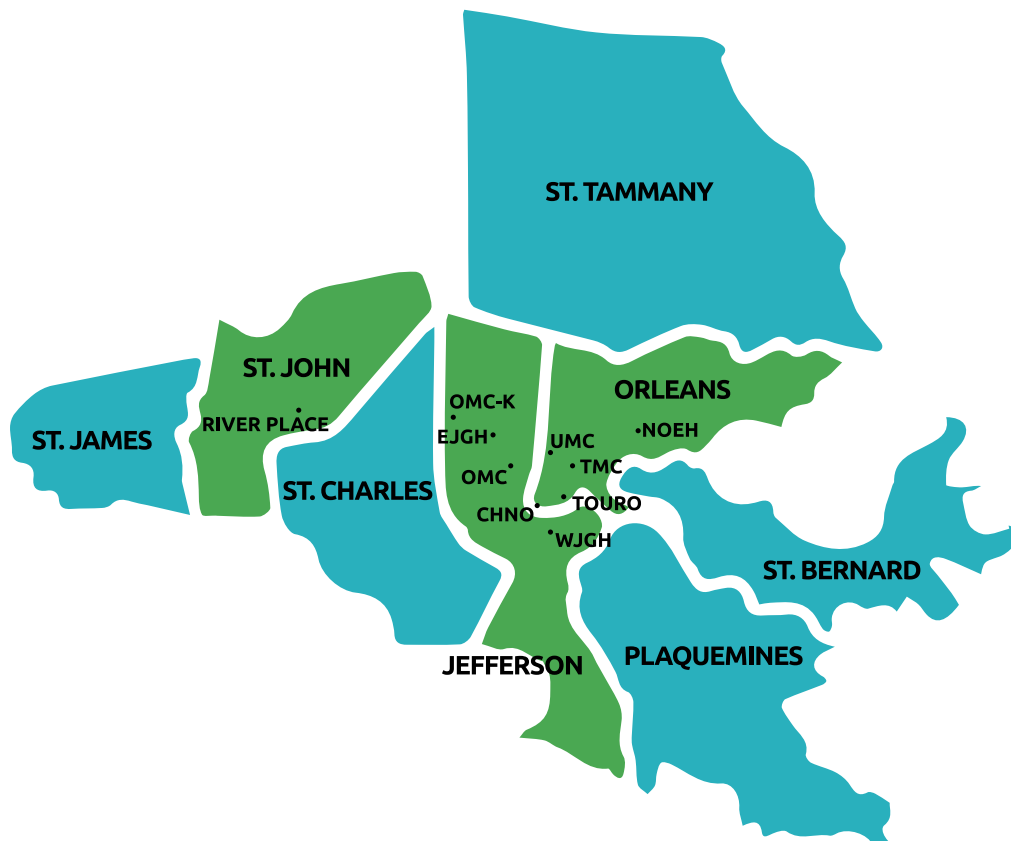
A service of  **Ochsner Health**

Located in LaPlace, Louisiana, [River Place Behavioral Health Hospital](#) 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 by providing psychiatric care for adults who are struggling with depression, anxiety, bipolar disorder, and other mental health concerns.

## DEFINING THE COMMUNITY

Children’s Hospital, East Jefferson General Hospital, New Orleans East Hospital, Ochsner Medical Center – Kenner, Ochsner Medical Center – New Orleans, Ochsner Rehabilitation Hospital, River Place Behavioral Health Hospital, Touro Infirmary, University Medical Center, and West Jefferson Medical Center defined their community for the purposes of this assessment as the 8-parish geographic community referred to as the GNO area, which aligns with the Greater New Orleans Metropolitan Statistical Area as described by the United States Census Bureau. This area includes Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, and St. Tammany Parishes (See Image 1).

**IMAGE 1.**  
**MAP OF HOSPITALS AND GNO AREA PARISHES MOST OF THEIR PATIENTS RESIDE**



Many of these larger hospital facilities, such as Children’s Hospital, Ochsner Medical Center – New Orleans, River Place Behavioral Health Hospital,<sup>5</sup> and University Medical Center, serve patients from across South Louisiana, statewide, and beyond. To create a more community centric and collaborative approach, the assessment area includes parishes where at least half of inpatient discharges from participating hospitals reside. This community includes medically underserved, low-income, and minority populations.

<sup>5</sup>River Place Behavioral Health Hospital also serves residents in the Baton Rouge community. For more information on that community, please review the assessment from Ochsner Medical Center-Baton Rouge.

The population of the GNO area is described in the figures below.<sup>6</sup>

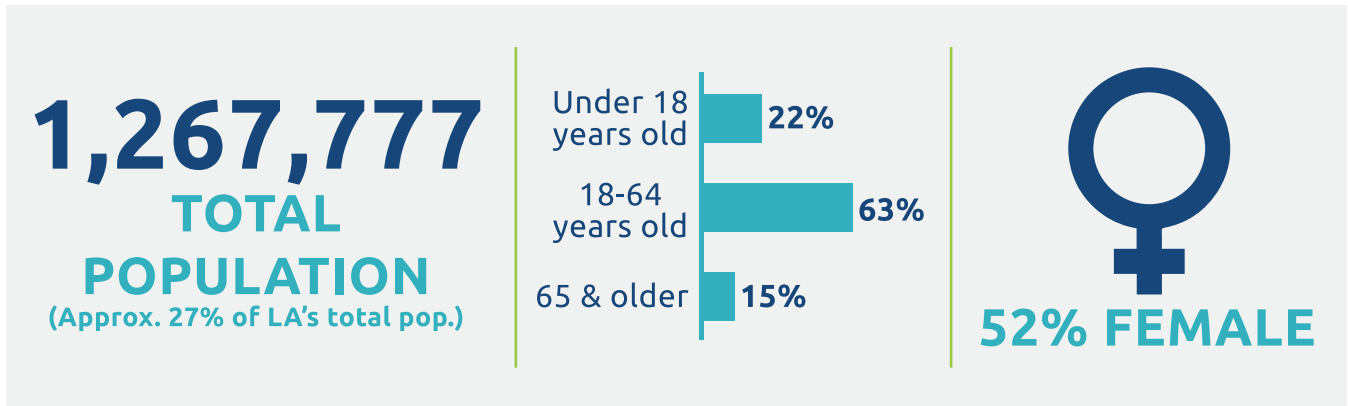


Table 1 shows demographics by parish compared to Louisiana as a whole. Jefferson, Orleans, and St. Tammany have the largest populations in the GNO area, while St. James and Plaquemines have the smallest. Jefferson, Plaquemines, St. Bernard, St. Charles, and St. Tammany are predominately non-Hispanic White. Orleans, St. James, and St. John the Baptist are predominately non-Hispanic Black. The percent of non-Hispanic Asian residents is higher than Louisiana levels (1.7%) in Jefferson, Orleans, Plaquemines, and St. Bernard Parishes. The percent of Hispanic residents is higher than state levels (5.1%) in all GNO parishes except St. James. Jefferson and St. Bernard, which have the highest percentages of Hispanic residents (14.5% and 10.1% respectively).<sup>7</sup> The percent of the population that lives in a rural area is lower in nearly all parishes in the GNO area compared to Louisiana (26.8%) except for St. James Parish (27.7%).<sup>8</sup>

**TABLE 1:  
DEMOGRAPHICS OF PARISHES IN THE GNO AREA COMPARED TO LOUISIANA**

Community	Population	% non-Hispanic White	% non-Hispanic Black	% non-Hispanic Asian	% Hispanic	% Rural
Jefferson	434,850	52.6%	26.4%	4.2%	14.5%	1.1%
Orleans	390,845	30.7%	58.9%	2.9%	5.5%	0.6%
Plaquemines	23,338	63.9%	19.9%	3.9%	7.3%	19.5%
St. Bernard	46,266	62.3%	22.7%	2.5%	10.1%	4.3%
St. Charles	52,773	65.1%	26.3%	1.0%	6.1%	11.5%
St. James	21,308	48.2%	49.6%	0.2%	1.7%	27.7%
St. John the Baptist	43,242	34.3%	56.1%	1.1%	6.1%	13.4%
St. Tammany	255,155	78.6%	12.0%	1.5%	5.6%	23.2%
Louisiana	4,664,362	58.7%	32.0%	1.7%	5.1%	26.8%

<sup>6</sup>American Community Survey. (2015-2019).

<sup>7</sup>American Community Survey. (2015-2019).

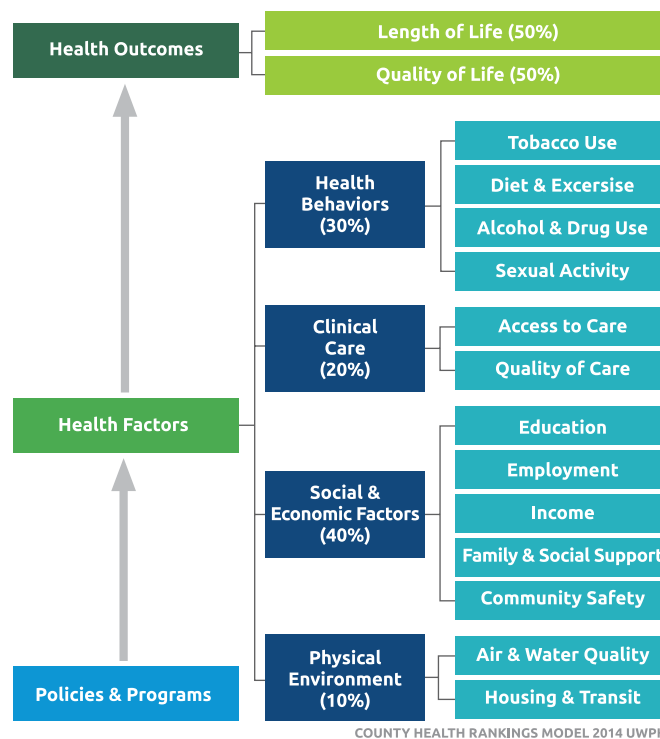
<sup>8</sup>Census Population Estimates. (2010). Retrieved from County Health Rankings, 2021

# KEY FINDINGS

Below are quantitative (community survey and secondary data) and qualitative (interviews and focus groups) findings of concern in the GNO area. Parish-level findings are presented with Louisiana data as a baseline. It is important to note that **Louisiana is ranked 50th in health outcomes**, according to the 2020 America’s Health Rankings Report.<sup>9</sup>

The findings are organized into four sections: Social and economic factors, physical environment, clinical care (which is comprised of access to and quality of care), and health behaviors and outcomes. Many of these findings align with the County Health Rankings Model (Figure 1).<sup>10</sup>

**FIGURE 1.**  
**COUNTY HEALTH RANKINGS MODEL**



## SOCIAL AND ECONOMIC FACTORS

There are many factors outside of clinical care that affect the health of residents and communities in the GNO area. Qualitative participants and survey respondents indicated the centrality of social and economic factors, such as poverty, crime and incarceration, education, and health literacy.

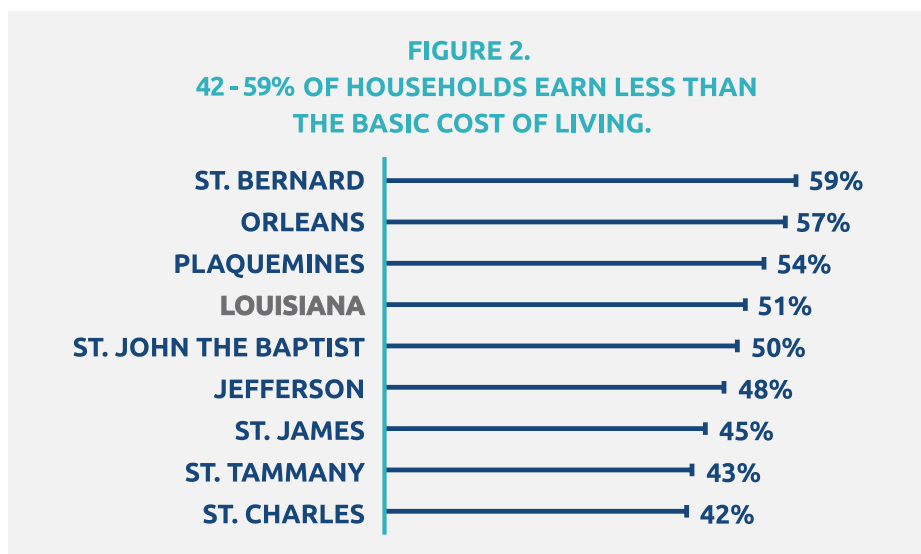
**“We’re a poor state. If you’re in the state of Louisiana, eight to nine times out of ten, *somebody in your past has had some sort of economic struggle... Most people are touched by it in some way or another, regardless of where you live, city or rural.*” - Hospital Employee, Orleans/Jefferson Parishes**

<sup>9</sup>United Health Foundation. (2021). America’s Health Rankings 2020 Annual Report. Retrieved from <https://www.americashealthrankings.org/learn/reports/2020-annual-report>  
<sup>10</sup>County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

## EMPLOYMENT AND INCOME

**7 IN 10 SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "ALL WORKERS IN MY COMMUNITY MAKE MINIMUM INCOME NECESSARY TO MEET BASIC NEEDS."**

International and national research connects poverty to ill-health.<sup>11</sup> Qualitative participants and survey respondents indicated that economic divides as well as a lack of economic opportunity are key factors driving adverse health outcomes. **Qualitative participants described people struggling to find employment, working minimum wage jobs, and working multiple jobs just to make ends meet.** This is supported by secondary data, which shows that 42-59% of households in the GNO area earn less than the basic cost of living (Figure 2).<sup>12</sup>



Qualitative participants emphasized **challenges for individuals working low-wage jobs in the GNO area:**

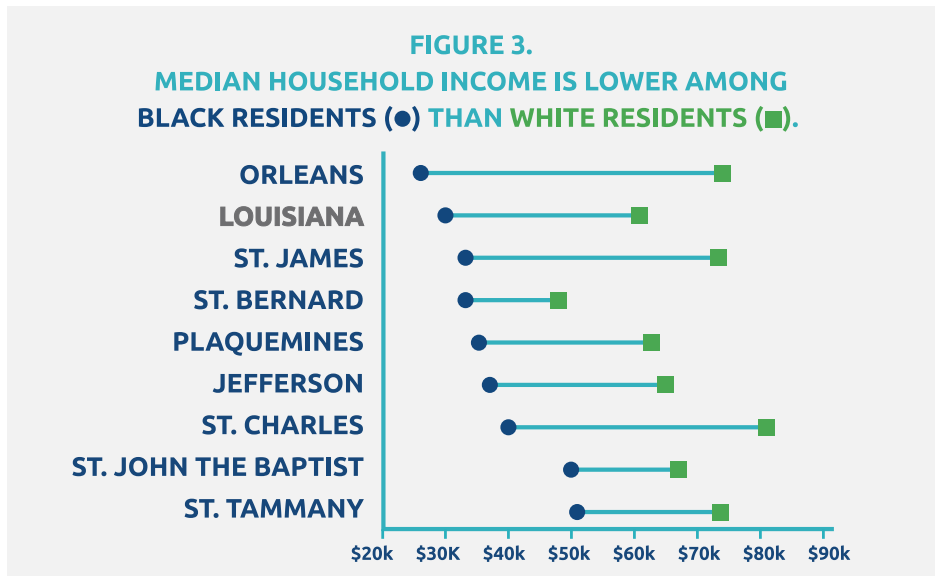
- Risks of being fired if they take time off for personal or family illness.
- Difficulties in prioritizing preventive care.
- Limited time to spend with families, shopping, cooking, and exercising.
- Few opportunities for advancement or further training.
- Higher risk of contracting COVID-19 due to in-person work and limited social distancing.
- Lost jobs and reduced hours due to the pandemic.

These economic factors do not affect all groups equally. Secondary data shows racial disparities in income in the GNO area. **In all parishes in the GNO area, the median income for Black households lags significantly behind that of White households** (Figure 3).<sup>13</sup>

<sup>11</sup>Wagstaff, A. (2002). "Poverty and health sector inequalities," Bulletin of the World Health Organization 2002;80:97-105. <https://www.scielosp.org/article/bwho/2002.v80n2/97-105/en/>

<sup>12</sup>ALICE Threshold, American Community Survey. (2007-2018). Retrieved from ALICE Parish Profiles, 2018

<sup>13</sup>Small Area Income and Poverty Estimates. (2019). Retrieved from County Health Rankings, 2021.



### CRIME, VIOLENCE, AND INCARCERATION

“It’s really sad, the number of people that tell me **they are afraid to sit on their front porch. They’re afraid to walk down the sidewalk.**” - Focus group participant

Qualitative participants expressed that **crime and fear of crime contribute to poor health behaviors and outcomes.** They shared that community members are afraid to walk around their neighborhoods, or use parks and other recreation spaces, due to concerns about crime and violence. Additionally, qualitative participants argued that the high crime rate in Orleans (Figure 4),<sup>14</sup> and other neighboring parishes, can be directly tied to poverty and the lack of economic opportunities described above.

Figure 4. The annual violent crime rate (per 100,000) is highest in Orleans.

Plaquemines	161.9
St. Tammany	170.6
St. John the Baptist	262.6
St. Bernard	291.8
St. Charles	329.8
Jefferson	430.2
St James	508.5
<b>Louisiana</b>	<b>562.3</b>
Orleans	1,050.2

**NEARLY HALF OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, “MY COMMUNITY IS A SAFE PLACE TO LIVE.”**

<sup>14</sup>FBI Uniform Crime Reports. (2015-2019). Retrieved from CARES HQ, 2021



Research shows that incarceration is linked directly to poor health outcomes, both for the individuals who are incarcerated and for their family members.<sup>15</sup> Interview and focus group participants emphasized the following **effects of incarceration on communities in the GNO area:**

- Destabilization of families and communities.
- Potential wage-earners are removed from communities.
- Discrimination against people with criminal records, impacting their employment opportunities.
- Cycles of incarceration and the school-to-prison pipeline.

Qualitative participants told us that many people are in prison because of substance use and other behavioral health issues, when they need assistance. They critiqued the way that the courts are sometimes seen as the only possible response to violence, despite the harm that incarceration does to families and communities.

**“The co-occurring disorders and the lack of accessibility to mental health also contribute to a lot of our incarceration rates that we have... We try to do a patchwork thing where we put a band aid on something and we’re not getting to the root.”** - Public Official, St. John the Baptist Parish

## HEALTH LITERACY AND EDUCATION

Higher educational attainment is linked to greater life expectancy as well as other positive health outcomes.<sup>16</sup> Yet **in many GNO parishes, higher educational attainment lags behind state averages** (Figure 5).<sup>17</sup>

Qualitative participants connected low educational attainment to poor health literacy in the GNO area. They emphasized **several issues related to health literacy including:**

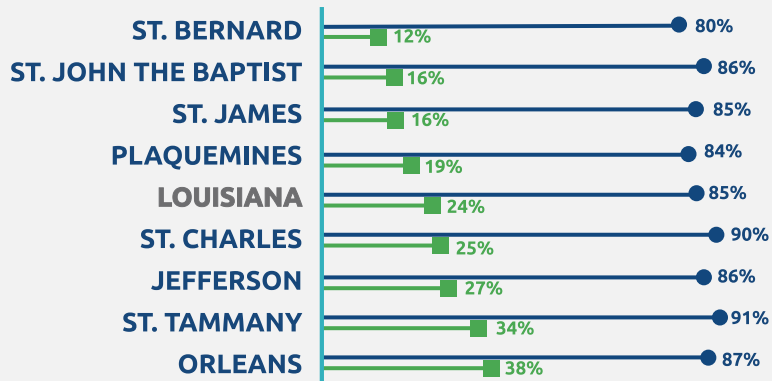
- Limited understanding of the importance of preventive care.
- Reliance on Urgent Cares and ERs once a health issue has escalated.
- Lack of health educational materials in appropriate reading levels or languages.
- Challenges in finding available resources and services.
- Effects of misinformation on health behaviors, such as COVID-19 masking and vaccinations.

<sup>15</sup>Massoglia, M. & Pridemore, W.A. (2015). "Incarceration and Health." Annual Review of Sociology. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6124689/>

<sup>16</sup>Zajacova, A. & Lawrence, E.M. (2018). "The relationship between education and health: reducing disparities through a contextual approach." Annual Review of Public Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/>

<sup>17</sup>American Community Survey. (2015-2019).

**FIGURE 5.**  
**MOST PEOPLE HAVE A HIGH SCHOOL DEGREE OR HIGHER (●).**  
**HOWEVER THE POPULATION WITH A BACHELOR'S DEGREE OR HIGHER (■)**  
**IS LOWER IN MOST PARISHES IN THE GNO AREA THAN LOUISIANA.**



## PHYSICAL ENVIRONMENT

The physical environment consists of both factors relating to infrastructure as well as the natural environment in which people live. Barriers in the physical environment can affect people’s health and well-being.<sup>18</sup> Qualitative participants and survey respondents emphasized infrastructure factors, such as transportation, housing insecurity, food insecurity, and limited technological access.

“If you live in an intergenerational household with poor access to transportation, in an area that is plagued by violence and crumbling infrastructure, you are not going to go outside. You’re not going to exercise. You’re not going to have access to healthy food. You’re not going to be able to be educated in a way that would allow you a high paying job. And so, **you’re going to end up dying at 62 in your neighborhood rather than 85 at the neighborhood two miles away that has all the advantages.**” - Public Health Expert, Orleans Parish

<sup>18</sup>County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

## LACK OF RELIABLE TRANSPORTATION OPTIONS

**NEARLY HALF OF SURVEY RESPONDENTS DISAGREED**  
WITH THE STATEMENT, **“ALL PEOPLE HAVE ACCESS TO RELIABLE PUBLIC  
TRANSPORTATION IN MY COMMUNITY.”**

Qualitative participants and survey respondents pointed to transportation as a significant issue facing their communities. Qualitative participants emphasized the following **issues with transportation in the GNO area:**

- No public transportation options in rural parishes (St. John, St. Charles, St. James).
- Public transportation systems are subpar and unaffordable in urban parishes (Orleans, Jefferson).
- Families with one car can't use it for medical appointments if other family members are using the car for work.

Participants also discussed **barriers to free or low-cost transportation options:**

- Seniors are worried about using JenCare because of lack of masking and social distancing.
- Medicaid transportation is viewed as prohibitively inconvenient, especially for families with children.

**“[The Medicaid] transportation system is a nightmare because it’s an all-day deal.** I mean, you only have an appointment for 15 minutes, but you spend 4 hours through transportation to get there... then another four hours to get home. You got [an] eight-hour day for just one doctor’s appointment.” - Hospital Employee, Jefferson Parish

## HOUSING INSECURITY

### 7 IN 10 SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "ALL PEOPLE IN MY COMMUNITY LIVE IN SAFE, AFFORDABLE HOUSING."

Residents facing housing insecurity are more likely to delay care and report poor health status than residents with stable housing.<sup>19</sup> Qualitative participants and survey respondents in the GNO area identified housing insecurity as a significant issue in the region. This is supported by the secondary data, which show that high percentages of households in St. Bernard, Jefferson, and Orleans Parishes are housing cost burdened, meaning that they spend over 30% of their household income on housing costs (Figure 6).<sup>20</sup> Qualitative participants said that **housing insecurity has been exacerbated by the pandemic and the region has seen an increase in homelessness.**

Figure 6. In St. Bernard, Jefferson, and Orleans, over 30% of households are housing cost burdened.

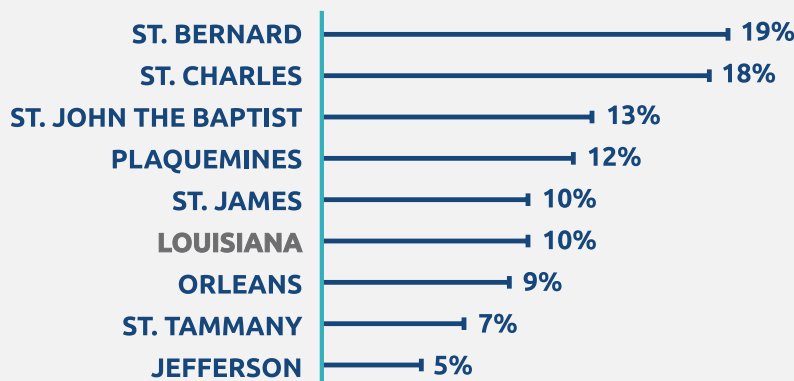
St. Charles	22.0%
St. James	22.6%
Plaquemines	23.7%
St. John the Baptist	25.6%
St. Tammany	26.4%
<b>Louisiana</b>	<b>27.9%</b>
St. Bernard	30.7%
Jefferson	32.0%
Orleans	43.3%

## FOOD INSECURITY

### NEARLY 6 IN 10 SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "ALL PEOPLE IN MY COMMUNITY HAVE ACCESS TO HEALTHY, NUTRITIOUS FOODS."

Food insecurity, or limited access to adequate food, is associated with poor physical and mental health outcomes, including increased risk of chronic diseases.<sup>21</sup> Qualitative participants reported that **many residents in the GNO area deal with food insecurity and struggle to access affordable, healthy foods.** People often have to walk long distances to get to the grocery store, especially if they live in rural areas such as St. John or St. Charles Parishes, and often those stores don't offer high-quality products.

**FIGURE 7.**  
**IN MOST PARISHES, A HIGHER PERCENTAGE OF THE POPULATION HAS LIMITED ACCESS TO FOODS COMPARED TO THE LOUISIANA AVERAGE.**



<sup>19</sup>Stahre M, VanEenwyk J, Siegel P, Njai R. Housing Insecurity and the Association With Health Outcomes and Unhealthy Behaviors, Washington State. (2011). *Prev Chronic Dis* 2015;12:140511. [https://www.cdc.gov/pccd/issues/2015/14\\_0511.htm](https://www.cdc.gov/pccd/issues/2015/14_0511.htm)

<sup>20</sup>American Community Survey (2015-2019). Retrieved from CARES HQ, 2021

<sup>21</sup>Michael Precker, American Heart Association News. (2021). Food insecurity's long-term health consequences. Retrieved from <https://www.heart.org/en/news/2021/09/22/food-insecuritys-long-term-health-consequences>

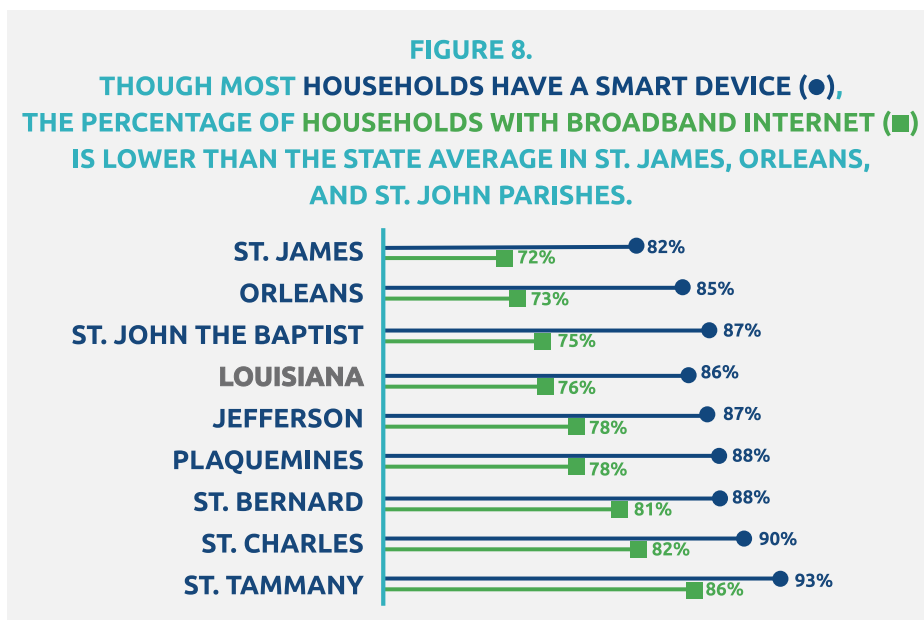
Qualitative participants expressed that there was a breakdown in agencies providing their normal food assistance when not able to meet clients in person during the pandemic, including WIC, food stamps, and school meals. Qualitative participants connected food insecurity, especially in low-income neighborhoods, to high rates of obesity, hypertension, and diabetes among both children and adults. Concerns about food access are supported by the secondary data, which show that in most parishes in the GNO area a higher percentage of people has limited access to foods, compared to the Louisiana average (Figure 7).<sup>22</sup>

**“You can be in a food desert, and it doesn’t matter how much money you make. If your grocery store doesn’t have good quality stuff, it’s worthless to make those healthy decisions.”**

- NGO Employee, Jefferson Parish, West Bank

## TECHNOLOGY ACCESS

With the rise in virtual schooling and telehealth due to the pandemic, access to reliable internet, computers, and smart phones has become even more crucial. However, qualitative participants reported that many families have limited access to computers and the internet, which is supported by secondary data (Figure 8).<sup>23</sup>



Qualitative participants identified that **different communities face unique barriers related to technology access:**

- Low-income and immigrant families: limited access to technology and broadband.
- Rural communities: lack of broadband complicates teleconferencing.
- Aging population: challenges with technological literacy impede access to services.

Finally, qualitative informants told us that many people, especially older adults, do not see telehealth as a “real” doctor’s appointment or legitimate substitute for in-person care.

<sup>22</sup>USDA Food Environment Atlas. (2015). Retrieved from County Health Rankings, 2021

<sup>23</sup>American Community Survey. (2015-2019).

## NATURAL ENVIRONMENT

The natural environment affects individuals' mental and physical health and contributes to both positive and negative health behaviors.<sup>24</sup> According to qualitative participants, climate change and flooding causes trauma, anxiety, financial loss, and illness, as seen with the impacts of Hurricane Ida. They also shared that **lack of access to green spaces in low-income neighborhoods, as well as missing, poorly maintained, and impassable sidewalks** can contribute to people staying inside and being sedentary. Qualitative participants expressed concerns about rises in extreme heat and the potential impact on health, especially for the aging population.

Additionally, qualitative participants raised concern about **chemical plants** and accompanying health concerns, especially among Black residents in St. John and St. James Parishes. Participants also raised concerns about the new Entergy gas burning plant in New Orleans East. Secondary data show that St. James, St. Tammany, and Jefferson Parishes have higher **cancer** incidence rates (the rate of newly diagnosed cases) than the state average and that Black residents are disproportionately affected by cancer in most parishes in the GNO area<sup>25</sup> (See additional data in Appendix F). Pollution and poor air quality were seen by qualitative participants as especially affecting the aging population, children, and people with respiratory issues.

## CLINICAL CARE

**"Staying healthy is expensive."** - Focus group participant

Clinical care, comprised of accessible and quality care, can improve the health and wellbeing of communities through prevention and detection of diseases.<sup>26</sup> This section will also include discrimination in healthcare, which was emphasized by qualitative participants and can contribute to inequitable health outcomes.

## ACCESS TO CARE

**6 IN 10 SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "EVERYONE IN MY COMMUNITY CAN ACCESS THE HEALTH CARE THEY NEED."**

<sup>24</sup>University of California, Davis- Environmental Health Sciences Center. (2021). What environmental factors affect health? Retrieved from <https://environmentalhealth.ucdavis.edu/communities/what-environmental-factors-affect-health>

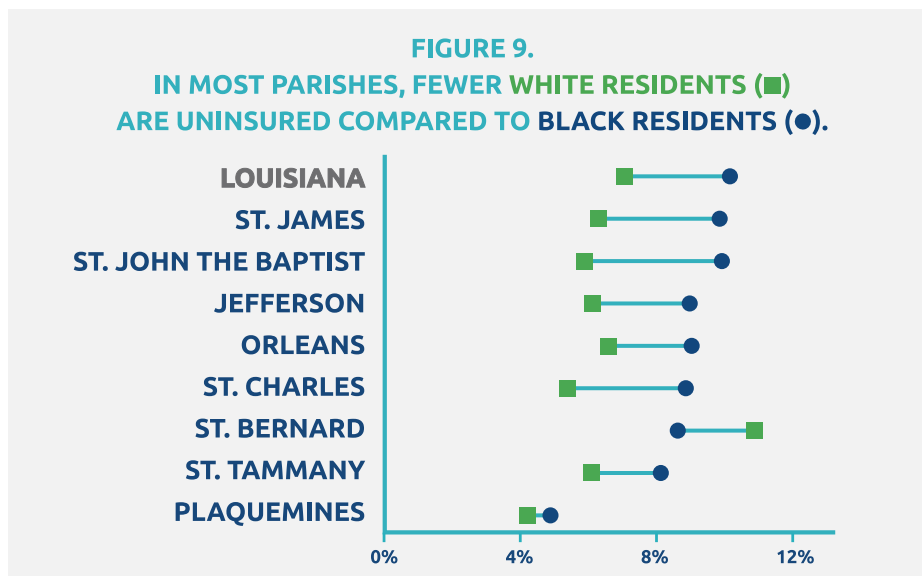
<sup>25</sup>National Cancer Institute/Centers for Disease Control and Prevention (2013-2017; 2014-2018).

<sup>26</sup>County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

Qualitative participants highlighted several ways that **insurance can limit access to care**:

- Only some facilities are perceived as serving the poor.
- Medicaid reimbursement is low for specialists, as well as for behavioral health care providers.
- Few providers accepting Medicaid results in long waitlists to access care.
- People who are undocumented cannot access Medicaid.
- Health insurance limits the care that people can get, including which providers they can see, which drugs they have access to, and which services are categorized as necessary.

Secondary data shows that divides remain between those who have access to insurance and those who don't. In nearly every parish in the GNO area, a higher percentage of Black residents are uninsured compared to White residents (Figure 9), and a higher percentage of Hispanic residents are uninsured compared to non-Hispanic residents of any race (see Appendix F).<sup>27</sup>



<sup>27</sup>American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

Qualitative participants emphasized **barriers to care that relate to location and hours**, including:

- Clinics and hospitals are inconveniently located, far from neighborhoods where people of color live.
- Hospitals located in low-income neighborhoods tend to offer fewer services and often transfer people to the downtown hospitals.
- Primary care providers are overbooked, double-schedule patients, and have long wait times. Secondary data shows that in most parishes in the GNO area there are fewer primary care providers per capita compared to the state rate (Figure 10).<sup>28</sup>
- Clinics and primary care providers that only take patients during the typical workday are inaccessible for working people, who then visit ERs and Urgent Cares.

Figure 10. In most parishes, there are fewer primary care physicians (per 100,000 population) compared to the state rate.	
Orleans	103
Jefferson	94
St. Tammany	81
<b>Louisiana</b>	<b>68</b>
St. Charles	36
St. John the Baptist	28
St. James	24
St. Bernard	24
Plaquemines	17

## QUALITY OF CARE

Interview and focus group participants brought up concerns about quality of care in the GNO area, as well as ideas to improve care:

Concerns about quality of care:	Ideas to improve quality of care:
<ul style="list-style-type: none"> <li>• Patients feel rushed when visiting the doctor.</li> <li>• Patients are discharged before they're ready.</li> <li>• Patients in Urgent Care or ERs don't get connected to follow-up care.</li> <li>• Patients do not obtain prescribed drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct trauma-informed care, especially for LGBTQ patients.</li> <li>• Use patient navigators or intensive case management, especially for language-minority, homeless, and behavioral health patients.</li> </ul>

**“They were rushing me in and out. You don’t even know what’s wrong with me and you’re writing a prescription? I didn’t come here to get medication; I came here to find out what’s wrong with me so I could work with you to make my body better. I just wish that they would just calm down and remember that we’re humans.” - Focus group participant**

<sup>28</sup>Area Health Resource File, American Medical Association. (2018). Retrieved from County Health Rankings, 2021



## DISCRIMINATION IN CARE

Discrimination in healthcare affects individuals' access to quality care as well as their willingness to seek care to begin with,<sup>29</sup> and was an issue elevated in the assessment. Qualitative participants told us that **it is rare to find Black, Hispanic, or Vietnamese providers** and emphasized the **importance that providers reflect the larger community**.

Qualitative participants stated that communities of color possess a lack of trust in doctors and the broader medical system. They explained that this **lack of trust is due to a history of discrimination and substandard care**, and derives from negative stories from their friends and family members about ongoing experiences of medical racism.

Qualitative participants reported that **LGBTQ people, the aging population, the undocumented population, and people perceived as low-income or uneducated experience discrimination in the healthcare system**.

**Language-minority communities experience additional issues in accessing care.** According to our qualitative participants, due to lack of interpreters and bilingual staff members, providers rely on family members to interpret. This raises issues about confidentiality as well as the accuracy of information communicated. Participants expressed that the lack of Spanish-speaking providers and staff is especially an issue when seeking mental and behavioral healthcare, as it is difficult to establish a therapeutic relationship through an interpreter.

“I think an access line is okay to tell someone you have an appointment or [ask a] basic question, but **if somebody is willing to go into treatment...you need to be able to talk to that person one-to-one.**” -Public Official, Jefferson Parish

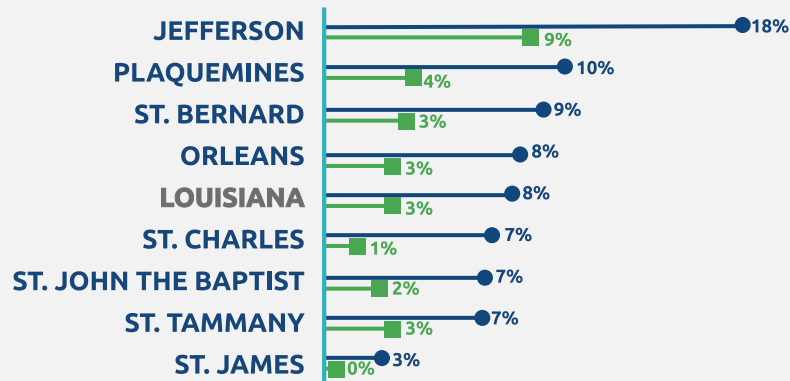
Additionally, when language-minority patients are referred to a provider or resource, they are often given phone numbers to call but no one on the line speaks their language, thus disrupting their care. Finally, several qualitative participants critiqued the use of the language line and argued that the interpretation provided is often subpar.

Secondary data show that there are many parishes in the GNO area with sizeable populations that speak a language other than English and who have limited English proficiency, most notably in Jefferson Parish (Figure 11).<sup>30</sup>

<sup>29</sup>Irena Stepanoikova and Gabriela Oates. (2017). Perceived Discrimination and Privilege in Health Care: The Role of Socioeconomic Status and Race. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5172593/>

<sup>30</sup>American Community Survey. (2015-2019).

**FIGURE 11.**  
**THE PERCENT OF THE POPULATION WHO SPEAK A LANGUAGE OTHER THAN ENGLISH (●) AND WITH LIMITED ENGLISH PROFICIENCY (■) ARE HIGHEST IN JEFFERSON, PLAQUEMINES, ST. BERNARD, AND ORLEANS.**



## HEALTH BEHAVIORS AND OUTCOMES

Health behaviors, or the actions people take that affect their health, can affect individuals' risk of disease. Health outcomes reflect the physical and mental wellbeing of communities.<sup>31</sup> Health behaviors and outcomes emphasized by qualitative participants and survey respondents, as well as supported by analysis of secondary data, include behavioral health, obesity, physical inactivity, tobacco use, diabetes, cancer, heart disease, and COVID-19.

Communities of color are often at greater risk for poor health outcomes because of inequitable access to social and economic benefits,<sup>32</sup> as shown in the previous data on social determinants of health in the GNO area. One important measure of health is average life expectancy. There are considerable differences in average life expectancy between parishes in the GNO area (Figure 12).<sup>33</sup>

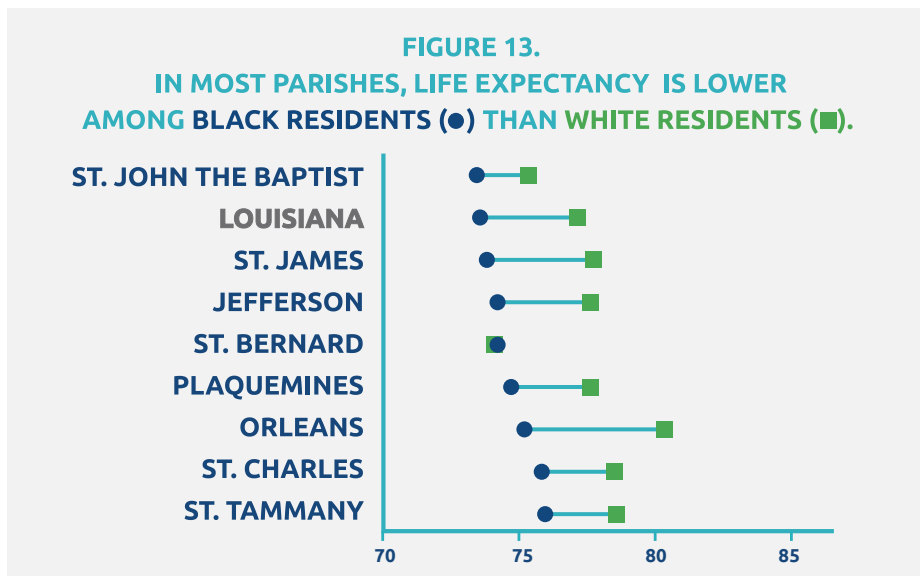
Figure 12. Average life expectancy is highest in St. Tammany and lowest in St. John and St. Bernard.	
St. Tammany	78.3
Plaquemines	77.6
St. Charles	77.6
Jefferson	77.4
Orleans	77.0
St. James	76.6
<b>Louisiana</b>	76.1
St. Bernard	75.4
St. John the Baptist	74.6

<sup>31</sup>County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

<sup>32</sup>Centers for Disease Control and Prevention. (2021). Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

<sup>33</sup>National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

Additionally, there are significant disparities in life expectancy by race across nearly all parishes (Figure 13).<sup>34</sup> **In 8 out of 9 parishes in the GNO area, Black residents have lower average life expectancy than White residents, with the largest disparities in St. James and Orleans Parishes.** In St. Bernard, the life expectancy is very similar for both races.



## BEHAVIORAL HEALTH

Figure 14. In most parishes, the drug overdose death rate (per 100,000) is higher than the state rate.

St. James	-
St. Charles	18
Plaquemines	23
<b>Louisiana</b>	<b>25</b>
St. John the Baptist	28
St. Tammany	35
Jefferson	38
Orleans	41
St. Bernard	54

Behavioral health, including mental health and substance use, was a key concern shared by qualitative participants and survey respondents. Qualitative participants expressed that **behavioral health needs are immense, additive, and worsening due to the pandemic.**

Most survey respondents said that mental health conditions, substance abuse and addiction, excessive alcohol use, and physical and emotional trauma were “major problems” in their communities. Secondary data support concerns about substance use, with most parishes in the GNO area having a higher drug overdose death rate than the Louisiana rate, with the St. Bernard rate twice the state rate (Figure 14).<sup>35</sup>

<sup>34</sup>National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

<sup>35</sup>National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

Qualitative participants also reported that there are **long wait lists** for therapists, especially for children and people on Medicaid. These findings are supported by the secondary data, which show that 6 of 8 parishes in the GNO area have fewer mental health providers per capita compared to the Louisiana rate (Figure 15).<sup>36</sup>

Qualitative participants also repeatedly discussed **stigma and shame** as large obstacles in behavioral health care, especially in rural areas and communities of color. Participants also described a professional stigma, in which the perception is that physical health providers don't want to deal with patients who have behavioral health needs.

Figure 15. In most parishes, there are fewer mental health providers (per 100,000 population) compared to the state rate.

Orleans	557
St. Bernard	347
<b>Louisiana</b>	<b>304</b>
St. John the Baptist	294
Jefferson	268
St. Tammany	248
St. Charles	143
Plaquemines	125
St. James	57

With the COVID-19 pandemic, qualitative participants perceived large **increases in feelings of isolation and lack of social support**, especially for children and the aging population. Participants explained that this has exacerbated behavioral health issues, such as anxiety, depression, and substance use, in these populations.

Qualitative participants shared concerns about access to behavioral healthcare. They said that there are not enough beds or services available, especially for detox and addiction. Furthermore, they shared that the **care that exists is fragmented, and inpatient and outpatient care is not coordinated.**

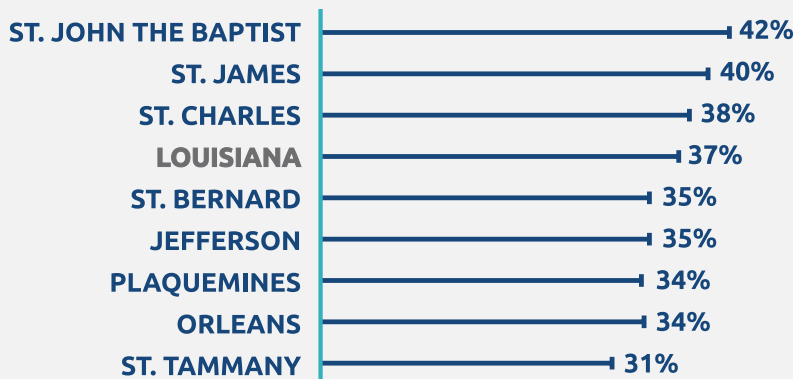
**OVER HALF OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "INDIVIDUALS AND FAMILIES CAN GET THE SUPPORT THEY NEED DURING TIMES OF STRESS AND HARDSHIP."**

<sup>36</sup>CMS, National Provider Identification. (2020). Retrieved from County Health Rankings, 2021

## OBEISITY

**7 IN 10 SURVEY RESPONDENTS**  
REPORTED THAT **WEIGHT MANAGEMENT IS A MAJOR PROBLEM**  
FOR THEIR COMMUNITY.

**FIGURE 16.**  
**ADULT OBEISITY IS HIGHER IN ST. JOHN, ST. JAMES,  
AND ST. CHARLES THAN LOUISIANA.**



Obesity increases the risk for leading causes of death, including heart attack, stroke, and different types of cancers.<sup>37</sup> It results from a combination of behavior and environmental factors, such as access to walking trails and healthy foods. **In the GNO area, 31-42% of adults are obese** (Figure 16).<sup>38</sup> Adult obesity is higher than the Louisiana average in St. John, St. James, and St. Charles Parishes.

## LACK OF PHYSICAL ACTIVITY

**OVER HALF OF SURVEY RESPONDENTS**  
REPORTED THAT **PHYSICAL INACTIVITY IS A MAJOR PROBLEM**  
FOR THEIR COMMUNITY.

**FIGURE 17.**  
**24-34% OF ADULTS LACK PHYSICAL ACTIVITY.**



**In the GNO area, 24-34% of adults lack physical activity** (Figure 17).<sup>39</sup> Decreased physical activity can contribute to heart disease, type 2 diabetes, different kinds of cancer, and obesity. Many communities and school and work environments are not designed for physical activity and improving these environments can promote active communities.<sup>40</sup>

<sup>37</sup>Centers for Disease Control and Prevention. (2021). Adult Obesity Causes & Consequences. Retrieved from <https://www.cdc.gov/obesity/adult/causes.html>

<sup>38</sup>Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

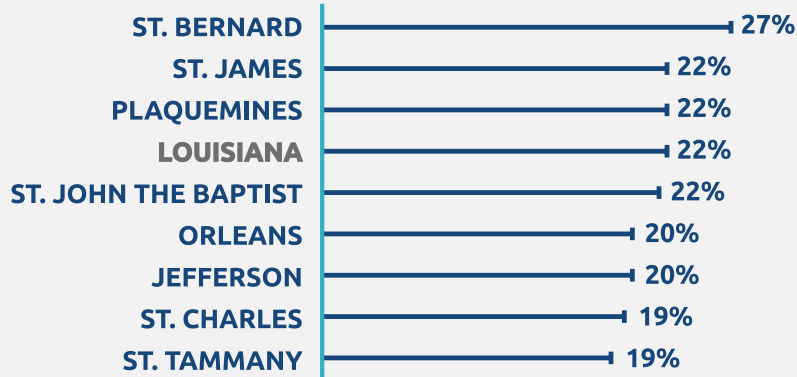
<sup>39</sup>Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>40</sup>Centers for Disease Control and Prevention. (2019). Lack of Physical Activity. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/physical-activity.htm>

## TOBACCO USE

**OVER HALF OF SURVEY RESPONDENTS**  
REPORTED THAT **TOBACCO/SMOKING** IS A **MAJOR PROBLEM**  
FOR THEIR COMMUNITY.

**FIGURE 18.**  
**ADULT SMOKING PREVALENCE IS 19-27%.**

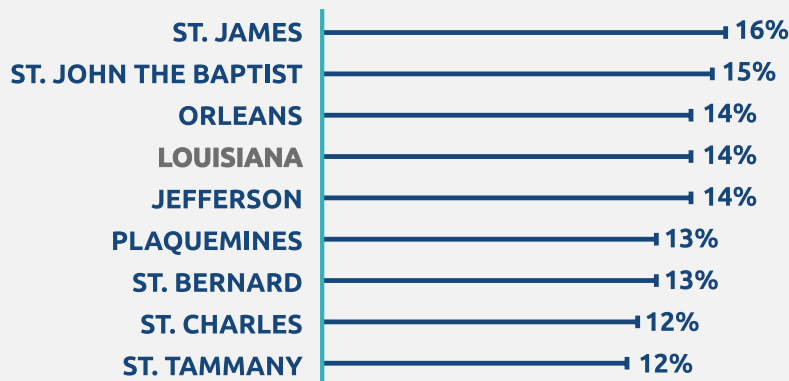


According to the CDC, “tobacco use is the leading cause of preventable disease, disability, and death in the United States.” Smoking can lead to a variety of chronic health conditions, including cancer, heart disease, stroke, lung diseases, and type 2 diabetes. The effects of tobacco use go beyond the smoker and can impact others via secondhand smoke or adverse birth outcomes for infants of smokers.<sup>41</sup> **In the GNO area, 19-27% of adults currently smoke, with adult smoking prevalence highest in St. Bernard** (Figure 18).<sup>42</sup>

## DIABETES

**NEARLY 8 IN 10 SURVEY RESPONDENTS**  
REPORTED THAT **DIABETES** IS A **MAJOR PROBLEM** FOR THEIR COMMUNITY.

**FIGURE 19.**  
**12-16% OF ADULTS REPORT BEING DIAGNOSED WITH DIABETES.**



**In the GNO area, 12-16% of adults report being told by a health professional that they have diabetes** (Figure 19).<sup>43</sup> Over time, diabetes can contribute to serious health problems such as heart disease, vision loss, and kidney disease.<sup>44</sup>

<sup>41</sup>Centers for Disease Control and Prevention. (2021). Tobacco Use. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm>

<sup>42</sup>Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>43</sup>Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>44</sup>Centers for Disease Control and Prevention. (2020). Diabetes Basics. Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

## CANCER

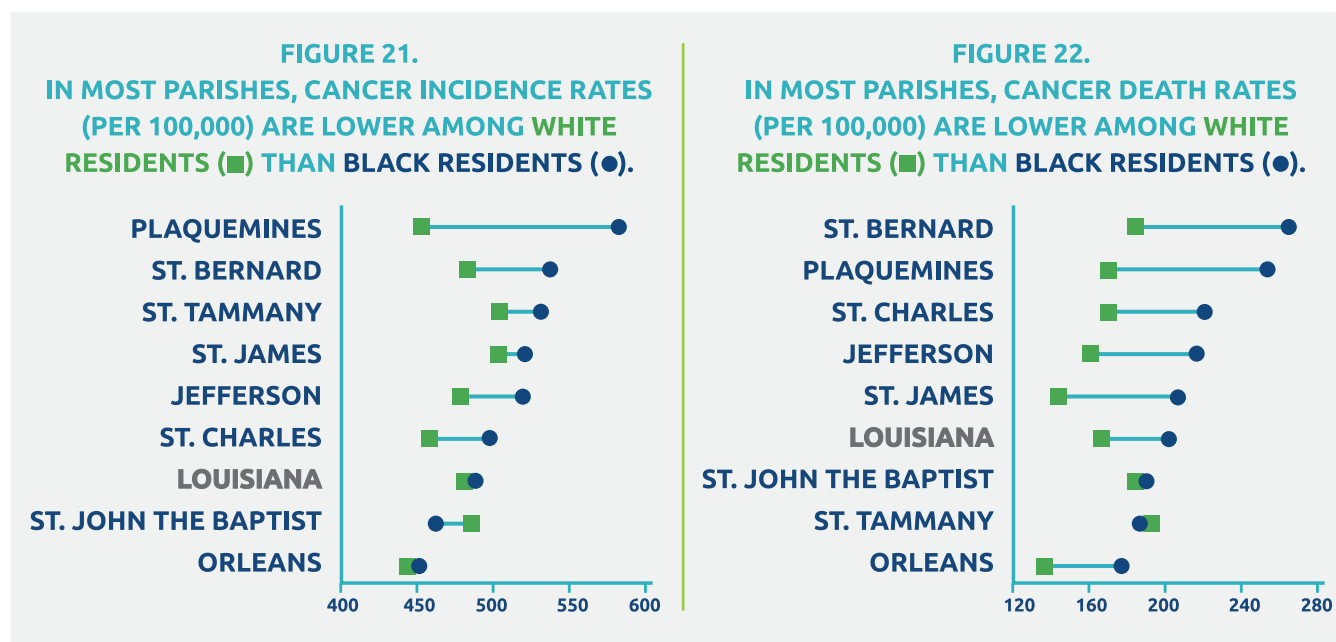
**NEARLY 7 IN 10 SURVEY RESPONDENTS**  
 REPORTED THAT **CANCER IS A MAJOR PROBLEM** FOR THEIR COMMUNITY.

Figure 20. Cancer death rates (per 100,000) are highest in St. Bernard, St. John, Plaquemines, and St. Charles.

St. Tammany	156.2
Orleans	157.8
Jefferson	166.6
St. James	173.7
<b>Louisiana</b>	<b>176.1</b>
St. Charles	178.2
Plaquemines	180.3
St. John the Baptist	182.6
St. Bernard	193.4

**Cancer is the second leading cause of death in all parishes in the GNO area**, when adjusted for age.<sup>45</sup> Cancer death rates (per 100,000) are higher in St. Bernard, St. John, Plaquemines, and St. Charles than Louisiana rates (Figure 20).<sup>46</sup>

Communities of color are disproportionately affected by cancer due to a variety of factors, including barriers in access to care and negative environmental conditions.<sup>47</sup> In most parishes in the GNO area, cancer incidence rates (Figure 21) and death rates (Figure 22) are lower among White residents than Black residents.<sup>48</sup>



<sup>45</sup>CDC WONDER. (2015-2019). Underlying Cause of Death.

<sup>46</sup>National Cancer Institute/ Centers for Disease Control and Prevention. (2014-2018).

<sup>47</sup>National Institutes of Health- National Cancer Institute. (2020). Cancer Disparities. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>

<sup>48</sup>National Cancer Institute/ Centers for Disease Control and Prevention. (2014-2018).

## HEART DISEASE

**NEARLY 7 IN 10 SURVEY RESPONDENTS**  
REPORTED THAT **HEART DISEASE IS A MAJOR PROBLEM**  
FOR THEIR COMMUNITY.

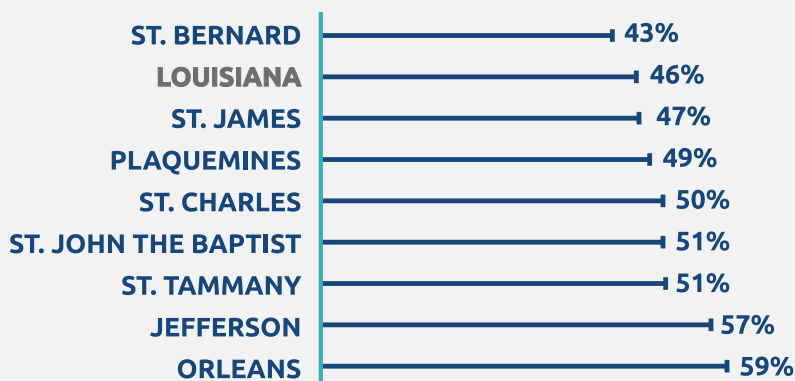
Heart disease can lead to heart attack or heart failure. Risk factors for heart disease include smoking, diabetes, obesity, and physical inactivity.<sup>49</sup> These risk factors are prevalent in many parishes in the GNO area. Though self-reported rates of heart disease are lower in parishes in the GNO area compared to Louisiana,<sup>50</sup> **heart disease is the leading cause of death in all parishes**, when adjusted for age.<sup>51</sup>

## COVID-19

**NEARLY 3 IN 4 SURVEY RESPONDENTS**  
REPORTED THAT **COVID-19 IS A MAJOR PROBLEM** FOR THEIR COMMUNITY.

COVID-19 can lead to severe medical complications and death, with older adults and people with existing medical conditions at greater risk of these effects.<sup>52</sup> The Louisiana Department of Health reported Louisiana's first presumptive case of COVID-19 on March 9, 2020.<sup>53</sup> Since then, Louisiana and the nation have experienced four waves, or surges, of COVID-19 cases, with the latest wave driven by the Delta variant of the disease in July-October 2021.<sup>54</sup> Because of inequities in the social determinants of health, many racial and ethnic minority groups are at increased risk of infection, severe illness, and death from COVID-19.<sup>55</sup>

**FIGURE 23.**  
**43-59% OF THE POPULATION IS FULLY VACCINATED AGAINST COVID-19.**



<sup>49</sup>Centers for Disease Control and Prevention. (2021). About Heart Disease. Retrieved from <https://www.cdc.gov/heartdisease/about.htm>

<sup>50</sup>Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>51</sup>CDC WONDER- Underlying Cause of Death. (2015-2019).

<sup>52</sup>Mayo Clinic Staff. (2021). Coronavirus disease 2019 (COVID-19). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/svc-20479963>

<sup>53</sup>State of Louisiana Office of the Governor. (2020). Gov. First Presumptive Positive Case of COVID-19. Retrieved from <http://gohsep.la.gov/portals/0/News/Covid-Release03092020.pdf>

<sup>54</sup>Weintraub, Karen. (2021). The fourth wave of COVID-19 cases is here. Retrieved from <https://www.usatoday.com/story/news/health/2021/07/16/covid-19-fourth-wave-pandemic-surge-deaths-hospitalizations/7976034002/>

<sup>55</sup>Centers for Disease Control and Prevention. (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>



The best way to prevent COVID-19 is via vaccination.<sup>56</sup> **As of October 11, 2021, 43-59% of the population is fully vaccinated in the GNO area** (Figure 23).<sup>57</sup> There is an ongoing push from local health providers and public health officials to increase vaccination rates in Louisiana. For real-time data on COVID-19 cases, deaths, and vaccinations, please refer to the [Louisiana Department of Health COVID data dashboard](#).

## SEXUALLY TRANSMITTED INFECTIONS (STIS)

**Figure 24. Rates of STIs are highest in Orleans Parish.**

<b>Community</b>	<b>Chlamydia incidence rate (per 100,000)</b>	<b>HIV/AIDS prevalence rate (per 100,000)</b>
St. Tammany	394.4	218.4
Plaquemines	466.8	257.0
St. Charles	606.6	267.9
Jefferson	716.6	545.1
<b>Louisiana</b>	<b>774.8</b>	<b>541.0</b>
St. Bernard	809.5	489.9
St. James	903.3	447.3
St. John the Baptist	992.2	482.4
Orleans	1,264.7	1,478.3

Chlamydia is one of the most common STIs in the United States and can lead to pelvic inflammatory disease or negative birth outcomes if untreated.<sup>58</sup> HIV is an ongoing public health concern in the United States and rates of new diagnoses are highest in the South.<sup>59</sup> In most parishes in the GNO area, incidence rates of chlamydia are higher than the state rate (Figure 24).<sup>60</sup> **The chlamydia incidence rate (of new cases) and the HIV/AIDS prevalence rate (the rate of cases at a given time) are considerably higher in Orleans Parish.**

Nationally, Black communities are disproportionately affected by HIV. This disparity may be associated with social and economic issues, racism and discrimination in healthcare, and other factors that create barriers for Black people to access HIV prevention and care services.<sup>61</sup> In all parishes in the GNO area, HIV/AIDS prevalence rates are lower among White residents than Black residents (Figure 25).<sup>60</sup>

<sup>56</sup>Centers for Disease Control and Prevention. (2021). Key Things to Know About COVID-19 Vaccines. Retrieved from [https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html?s\\_cid=10536:%2Bthe%20%2Bcovid%20%2Bvaccine:sem\\_b:p:RG:GM:gen:PTN:FY21](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html?s_cid=10536:%2Bthe%20%2Bcovid%20%2Bvaccine:sem_b:p:RG:GM:gen:PTN:FY21)

<sup>57</sup>Louisiana Department of Health. (Oct. 11, 2021). COVID-19 Data Dashboard. Retrieved from <https://www.ldh.la.gov/coronavirus/>

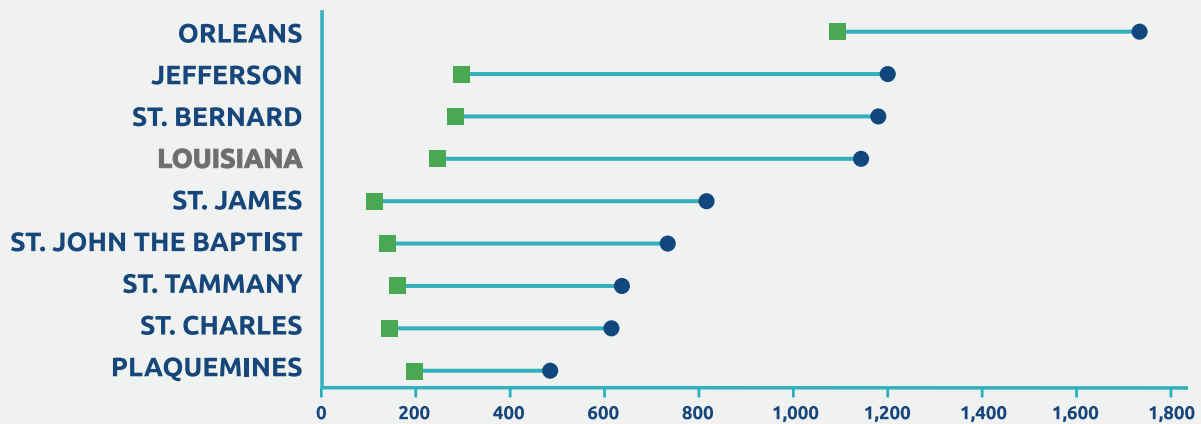
<sup>58</sup>Centers for Disease Control and Prevention. (2021). Chlamydia- CDC Fact Sheet (Detailed). Retrieved from <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>

<sup>59</sup>Centers of Disease Control and Prevention. (2021). HIV in the United States and Dependent Areas. Retrieved from [https://www.cdc.gov/hiv/statistics/overview/ata glance.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Fstatistics%2Fbasics%2Fata glance.html](https://www.cdc.gov/hiv/statistics/overview/ata glance.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Fstatistics%2Fbasics%2Fata glance.html)

<sup>60</sup>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB. (2018). Retrieved from CARES HQ, 2021

<sup>61</sup>Centers for Disease Control and Prevention. (2021). HIV and African American People. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

**FIGURE 25.**  
**HIV/AIDS PREVALENCE RATES (PER 100,000) ARE LOWER AMONG**  
**WHITE RESIDENTS (■) THAN BLACK RESIDENTS (●).**



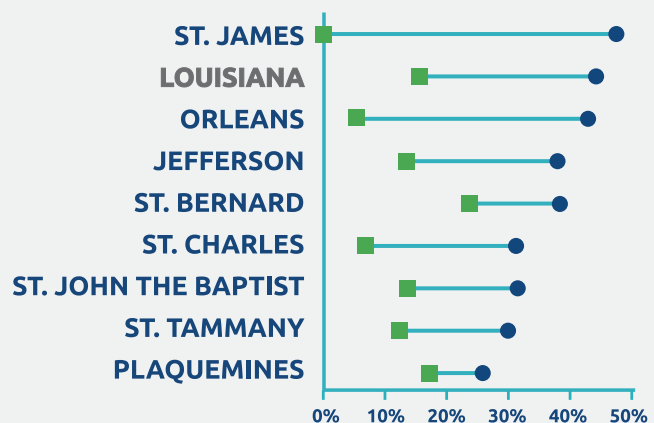
## COMMUNITY OF FOCUS: CHILDREN

**NEARLY 7 IN 10 SURVEY RESPONDENTS DISAGREED**  
 WITH THE STATEMENT, "ALL CHILDREN IN MY COMMUNITY  
 RECEIVE HIGH QUALITY EDUCATION."

Child health disparities are driven by poverty, education inequities, negative environmental factors, and unequal access to care. Poor and minority children experience more negative health outcomes.<sup>62</sup> **In the GNO area, 15-34% of children live in poverty, with child poverty rates the highest in Orleans Parish (Figure 26).**<sup>63</sup> When looking at the data by race, a smaller percent of White children live in poverty compared to Black children in the GNO area (Figure 27).<sup>64</sup> Specifically, **almost half of Black children in St. James and Orleans Parishes live in poverty.**

Figure 26. In Orleans Parish, over 1/3 of children live in poverty.	
St. Charles	15%
St. Tammany	16%
Plaquemines	23%
St. John the Baptist	25%
Jefferson	25%
St. Bernard	27%
<b>Louisiana</b>	<b>27%</b>
St. James	27%
Orleans	34%

**FIGURE 27.**  
**A SMALLER PERCENT OF WHITE CHILDREN (■) LIVE IN**  
**POVERTY COMPARED TO BLACK CHILDREN (●).**



<sup>62</sup>Allensworth, Diane D. (2011). Addressing the social determinants of health of children and youth: a role for SOPHE members. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21807954/>

<sup>63</sup>American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

<sup>64</sup>American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

Qualitative participants emphasized several significant **issues facing children in the GNO area, including:**

- Poor quality in K-12 school system.
- Lack of behavioral health and health literacy resources in schools.
- Parents unaware of existing child health resources.
- Increased isolation and learning loss due to COVID-19.
- Rise in pediatric behavioral health issues.
- Mental health issues were top reasons for inpatient hospitalizations and Emergency Department diagnosis at Children’s Hospital, with large increases in suicidal ideation diagnosis from 2019 to 2020.
- Long wait lists to see therapists and other behavioral health providers.
- Trauma due to witnessing street violence and domestic violence.
- Exposure to hazards such as mold, lead paint, asbestos from poor housing conditions.
- Children’s Hospital is located far from many low-income neighborhoods.

Additional data on child and infant death, as well as birth outcomes and maternal health, can be found in **Appendix F: Additional Secondary Data.**

## SIGNIFICANT ISSUES

Both qualitative and quantitative data were collected and analyzed in an effort to understand and elevate concerns and issues seen across diverse community members (advocates, public health experts, providers) and data sources (community survey, interviews/ focus groups, secondary data, interviews). Special attention was paid to understand and elevate drivers of poor health outcomes and health inequities.

The survey findings were analyzed alongside qualitative findings to see what community was perceiving as the top issues. Secondary data were then reviewed to reinforce, contradict, or add additional context and complexity to results from the primary data. These three layers of data (survey, qualitative, and secondary) were analyzed in concert and produced the following key health concerns in the GNO area:

- Access to and continuity of care
- Crime and violence (emerged primarily as a concern in Orleans Parish)
- Discrimination (and inequities) in healthcare
- Environmental factors (especially around chemical plants in River Parishes)
- Health literacy and the need for improved general education
- Infrastructure (transportation being the most noted)
- Mental and behavioral health
- Poverty and income inequities (e.g., not being able to afford basic needs)

It is important to note that while we have presented these areas of concern separately, they are all interconnected and impact one another as they drive health outcomes.

Focus group and interview participants also discussed resources in the community to address health needs, which are listed in Appendix B.

## PRIORITIZATION

LPHI convened GNO hospitals September 28, 2021, via Zoom, to review key findings and begin prioritizing key concerns.

An initial prioritization activity was conducted with participants using an online platform. During this activity, participants rated each key concern based on their perceptions of the impact addressing the issue would have on their community's health and the feasibility of the hospital to address the issue. The initial results of the activity across all participants are shown to the right with mental and behavioral health, discrimination in healthcare, access to and continuity of care, and health literacy ranking the highest for both impact and feasibility.



After the activity, participants brought the key concerns back to their hospital teams and leadership. The 2021 CHNA priorities for each hospital are listed below.

## 2021 CHNA PRIORITIES BY PARTICIPATING GNO AREA HOSPITAL FACILITIES

### CHILDREN'S HOSPITAL NEW ORLEANS

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### EAST JEFFERSON GENERAL HOSPITAL

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Infrastructure

### NEW ORLEANS EAST HOSPITAL

- Access to and Continuity of Care
- Education and Health Literacy
- Health Related Impacts of Violence
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### OCHSNER MEDICAL CENTER – NEW ORLEANS

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health
- Poverty and Economic Opportunity

### OCHSNER MEDICAL CENTER – KENNER

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### OCHSNER REHABILITATION HOSPITAL

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare

### RIVER PLACE BEHAVIORAL HEALTH HOSPITAL

- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### TOURO INFIRMARY

- Access to and Continuity of Care
- Health Equity and Discrimination in Healthcare
- Mental and Behavioral Health

### UNIVERSITY MEDICAL CENTER NEW ORLEANS

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare
- Health Related Impacts of Violence
- Mental and Behavioral Health

### WEST JEFFERSON MEDICAL CENTER

- Access to and Continuity of Care
- Education and Health Literacy
- Health Equity and Discrimination in Healthcare

## NEXT STEPS

This CHNA will be available to the public via each hospital's website. To request a paper copy of this CHNA report or to provide feedback, please contact:

- Ochsner Health facilities through Jessica Diedling, Associate Manager, Community Benefit, at [CommunityOutreach@ochsner.org](mailto:CommunityOutreach@ochsner.org) or
- LCMC Health facilities through Dr. Toni Flowers, Chief Diversity and Social Responsibility Officer, at [toni.flowers@lcmchealth.org](mailto:toni.flowers@lcmchealth.org).

## TRANSITION TO PLANNING AND IMPLEMENTATION

Following adoption of the CHNA, each hospital will develop a three-year Community Health Implementation Plan (CHIP) describing how they intend to address the key health concerns identified including access to and continuity of care, health equity and discrimination in healthcare, health literacy and education, infrastructure, health related impacts of violence, mental and behavioral health, poverty and economic opportunity, and environmental factors. The CHIP will include:

- Actions the hospital intends to take to address priority concerns,
- Resources the hospital plans to commit,
- Any planned collaborations, and
- Metrics to track progress.

The accompanying CHIP will be a separate written report, also adopted by the hospital facility.

## ACKNOWLEDGEMENTS

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The authors of this report thank community members and leaders across the GNO area who participated in the interviews, focus groups, and surveys. This report could not have been completed without your time and dedication. For a list of participating organizations, please see **Appendix D**.

## ABOUT THE LOUISIANA PUBLIC HEALTH INSTITUTE

LPHI, founded in 1997, is a statewide community-focused 501(c)(3) nonprofit and public health institute committed to ensuring all Louisianans have just and fair opportunities to be healthy and well. Our work focuses on areas that touch public health, including tobacco prevention and control, building healthier communities, assessing needs of communities, supporting the whole health needs of individuals and families from early childhood to older adults, COVID-19, and more. We create authentic partnerships with both communities and partners to align action for health. For more information, visit [www.lphi.org](http://www.lphi.org).

## APPENDIX A: PROGRESS MADE SINCE PREVIOUS CHIP

This section summarizes the progress that each hospital made since their previous CHNA cycle and related CHIP.

### CHILDREN'S HOSPITAL OF NEW ORLEANS

As part of their previous CHNA, Children's Hospital identified access to care, children's behavioral health, and children's health literacy as their priority areas. Their actions and progress for each area are described below.

#### ACCESS TO CARE

- Expanded primary care access points and access to specialty care in the community. Visit volume increased through 2019 then decreased in 2020. This decrease is likely due to the effects of the COVID-19 pandemic on patterns of care delivery and demand for care.
- Expanded telehealth capabilities to help overcome transportation barriers. Modest gains were made through 2019. There was a 21-fold increase in telehealth visits from 2019 to 2020. This increase in volume is also likely due to the effects of the COVID-19 pandemic on need for and uptake of telehealth services.
- Provided preventive services that contribute to overall health of the pediatric community. These services included immunizations, visits to support healthy eating and lifestyle, and providing care to Hispanic patients who were uninsured. As in the above items, volume increased through 2019 and fell in 2020 due to the COVID-19 pandemic.
- Provided insurance coverage options for families without sufficient insurance. The Children's Healthcare Assistance Program provided cost assistance to 2,038 applicants from 2018 – 2020 and committed more than \$8,700,000 to the program during that time. In 2019, Medicaid enrollment began to be offered on-site to assist families applying for benefits. Over 9,600 Medicaid applications have been accepted through onsite enrollment through 2020.
- Own and operate housing facilities available to families on a sliding fee scale to make it easier for them to stay close to children that are receiving care at Children's Hospital. One housing facility was opened in 2018. It has housed 685 families through 2020.
- Prior to COVID-19, the combined immunization programs, SKIP and GNOIN, are one of the largest providers of immunizations in the state. Combined the programs immunized a total of 19,627 children and administered 40,308 vaccinations in 2019.

#### CHILDREN'S BEHAVIORAL HEALTH

- Children's Hospital provided behavioral health services to youth in the community. Inpatient and outpatient services were provided through existing programs, such as Rapid Treatment Program, Child and Adolescent Behavioral Health Center, and Audrey Hepburn CARE Center. Additionally, the Autism Center began seeing patients in 2018 and construction began to create 51 new pediatric inpatient beds.
- Provided care coordination and explored opportunities to partner with schools. Care coordination for behavioral health led to increased referrals for medical psychiatry, inpatient, and autism care. Children's Hospital established partnerships with 15 new schools to offer both services and workshops.



## CHILDREN'S HEALTH LITERACY

- Provided outreach and education to local providers about preventive practices and detection methods. These efforts included activities such as continuing medical education (CME) events, visits to primary care provider offices, visits to hospitals, and school visits. A total of 3,380 visits or events were completed from 2018 – 2020.
- Offered specialty pediatric care, which included services to facilitate early intervention with health issues outside of typical child development. Existing services include child abuse care, dialysis, and transplant. Additionally, developmental delay clinics began in 2018 and liver transplants began in 2020. A healthy lifestyle clinic was also opened during this period but closed when a key staff member left the organization.
- Provided parents with education and support to facilitate early intervention and preventive care for their children. The Parenting Center at Children's Hospital served over 20,000 parents and provided 435 presentations from 2018 – 2020. New outreach programs were started in 2020, including Breast and Bottle, Toddler Time Library, Melba's Laundromat, and Parent's Hour.
- Provided patients with information about and access to healthy lifestyle options. Ambulatory Clinical and Nutritional Support provided services through 6,329 visits from 2018 – 2020. Children's Hospital hosted the Miracle League of Greater New Orleans, which is a recreational sports league for children with special needs. There were over 2,800 league participants from 2018 – 2020. Some sports seasons were canceled in 2020 due to the COVID-19 pandemic.
- Ensured effective communication with patients and their families through culturally sensitive communications and education. Children's Hospital provided translation services to patients who prefer a language other than English for an average of 60 different languages per year. Seven Spanish-language CPR classes were taught during 2018 – 2020.

## EAST JEFFERSON GENERAL HOSPITAL

East Jefferson General Hospital prioritized health education, behavioral health, and access to care to improve the quality of care within the Jefferson Parish community.

## EDUCATION AND HEALTH LITERACY

- Women and Newborn Services created a mobile parenting communication platform that would send tips and advice, a link to local and online resources and multiple mobile messages that are timed to the expecting mother's due date and child's developmental stage.
- Expecting parents received a free e-newsletter that provided information to the parents about the journey of pregnancy and first year of parenthood.
- Free breastfeeding support sessions were held monthly, and mothers post discharge received an educational booklet on post-birth warning signs. In addition, parents received email information covering the topic of breastfeeding.
- In-person and virtual community classes were offered monthly covering fourteen different topics from breastfeeding to performing CPR on newborns.
- East Jefferson oncology services provided a variety of education from cancer prevention to supportive care for patients while undergoing treatment. Even through the COVID-19 pandemic, the oncology team held 55 community educational programs in 2020, either virtually or in-person, while following all COVID-19 precautions.

- Oncology patients received free initial consultation and evaluation with a dietician to assist with nutritional needs while undergoing treatment.
- East Jefferson's paramedic team participated in local festivals and community organized football games and events.
- In addition to providing care to the community, East Jefferson's EMS team provides educational classes to the Kenner Police and Fire department and teaches CPR classes to all first responders.

## BEHAVIORAL HEALTH

- East Jefferson's Geriatric Behavioral Unit provided geriatric psychiatric care to 298 patients in 2019 and 244 patients in 2020.
- As part of ensuring continuity of care, all 542 patients serviced in 2019 and 2020 in the geriatric behavioral unit received referrals to a psychiatrist upon discharge and substance abuse treatment referrals, when needed.
- All geriatric behavioral unit patients are assigned a social worker to assist with all care coordination, safety assessments, and healthcare expenditures.

## ACCESS TO CARE

- East Jefferson's oncology team has an assigned financial navigator, which is tasked to determine whether a patient of the infusion center qualifies for financial assistance either through a grant from the pharmaceutical company or a foundation.
- To address access to medications post-discharge, East Jefferson partnered with Walgreens Pharmacy to provide bedside delivery of medications to patients. As a value-added service, the Walgreens pharmacist attempts to identify any patient assistance programs or rebates the patient may take advantage of to assist with affordability of their medications.
- To address the shortage of healthcare professionals in the local community, East Jefferson has played a part in training of healthcare providers through student internships, residencies, or fellowship training over 795 healthcare professionals.

## NEW ORLEANS EAST HOSPITAL

Although New Orleans East Hospital (NOEH) did not conduct a CHIP previously, they did have several accomplishments from their previous CHNA.

## ACCESS TO CARE

- NOEH has prioritized access to care by investing in mobile health units. These units have traveled across the city to deliver COVID-19 testing and vaccine services in various locations both within and outside of their primary and secondary service areas.
- NOEH opened its retail pharmacy and continues to work on its strategic plan to convert its clinic services to provider-based to expand its 340b pricing.
- Continues its collaboration of services with the FQHCs through regular meetings. University Medical Center has also created a mechanism for FQHCs to provide information for their patients to be cleared for financial assistance decreasing barriers to accessing care.
- NOEH's financial assistance policy allows for an 82% indigent care adjustment for 251 – 400 FPL and 100% adjustment for 250% and below.

- Provided continued access to ambulatory services (primary care and specialty services) through telemedicine established during the pandemic and continues to be available as needed for patients to access care.
- NOEH provides free HIV, Hepatitis, and STD testing to patients through the Emergency Department, with follow up case management services through the Infectious Disease Clinic, when needed. In 2020, NOEH expanded this service to clinic patients who request testing.

## **OCHSNER MEDICAL CENTER – NEW ORLEANS, OCHSNER REHABILITATION HOSPITAL, OCHSNER MEDICAL CENTER – KENNER, AND RIVER PLACE BEHAVIORAL HEALTH HOSPITAL**

Each of these Ochsner Health facilities in the GNO area contributed to progress made toward improving Behavioral Health, Access to Care, and Health Literacy/Health Education through each area described below.

### **BEHAVIORAL HEALTH**

- In 2020, expanded new behavioral health services were added to Ochsner facilities in Louisiana’s Northshore, South Shore, Baton Rouge, and Bayou regions. There was a 20% growth in unique patients served across outpatient clinics for behavioral health and addictive disorders. During the COVID-19 pandemic, the Ochsner system conducted 90% of behavioral health visits virtually, seeing 10,780 patients through the MyOchsner patient portal. Additionally, the Office of Professional Well-Being led the COVID-19 Staff Support and Wellness Initiative, providing on-demand access to a crisis phone line and psychiatric consultation, twice-daily virtual mindfulness groups, and decompression groups for high-stress units.
- Ochsner focused on increasing access to care for all ages. The Boh Center for Child Development is one of the largest multi-disciplinary child focused centers in the Gulf South utilizing interdisciplinary team evaluations and integrated treatment protocols. It supports parents within the school setting to navigate special education services and provide family centered treatment plans.
- Continues to provide inpatient psychiatric services at Ochsner Medical Center New Orleans, outpatient mental health services, and clinical psychiatric services.
- The system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing the use of opioids.
- Provides telehealth services. Ochsner launched the iCare program with the Lambeth House to offer telehealth services for dementia and Alzheimer’s care to allow these patients to stay at home while receiving proactive and continuing care.
- In 2018, Ochsner Health partnered with Acadia Healthcare to open River Place Behavioral Health Hospital, an 82-bed inpatient facility. Through this joint venture, Acadia manages the hospital while Ochsner providers deliver inpatient behavioral health services to adults and adolescents. River Place Behavioral Health Hospital treats adolescents starting at age 12.

## ACCESS TO CARE

- Ochsner continues to provide medical services in neighborhoods across the GNO area, including the first of 15 planned Ochsner Community Health Centers, the Ochsner Community Health Brees Family Center in New Orleans East.
- Through telehealth services, Ochsner physicians completed 3,720 Telestroke assessments at 56 different sites. In 2019, 14 additional Telehealth program sites were added to the Ochsner Telehealth platforms.
- Considering the long term need to continue to grow the pipeline of healthcare providers, Ochsner has made significant investments in K-12 and healthcare education. Education programs include K-12 STEM Education Program Teacher Professional Development, clinical school and graduate medical education, and partnership with the Chamberlain School of Nursing. Workforce development programs were developed with Louisiana Community and Technical Colleges throughout Louisiana to train students for roles such as Medical Assistant, Pharmacy Tech, Coding, and Patient Care Technician.
- Ochsner – Kenner opened a second catheterization lab, further expanding its capacity to serve cardiovascular patients.
- Ochsner hosted a Hispanic Health Fair and provided free screenings to community members. Additionally, free blood pressure screenings, nurse consultations, and wellness services were provided at community events offered throughout the year in Kenner.
- The Ochsner Sports Medicine Institute partnered with local schools throughout southeast Louisiana to provide low or no-cost athletic training services for their student athletes, including pre-sports physicals to keep student athletes healthy.
- The Tobacco Control & Prevention program offers 23 cessation clinic sites that provide free tobacco cessation services to patients who are eligible for the tobacco trust program.
- Over 15,000 patients participated in Ochsner Digital Medicine for chronic disease. The program is available in 15 states and will expand in 2021 to serve patients, employers, payors, and health systems nationally.
- Connected MOM program allows expectant mothers to stay connected to their Ochsner care team from the comfort of home. The program provides moms with a kit of connected devices, including a scale and a blood pressure cuff, that seamlessly communicate with the Epic electronic health record system, allowing clinicians to monitor her well-being wherever she is. Policymakers have taken notice of this Ochsner initiative, recognizing that maternal and infant mortality rates are far too high, especially within underserved communities, and that these outcomes are often preventable. U.S. Senator Bill Cassidy of Louisiana, a physician, has joined with three bipartisan Senate co-sponsors to introduce legislation aimed at improving healthcare for expectant mothers. The Connected Maternal Online Monitoring Services (MOM) Act requires the Centers for Medicare and Medicaid (CMS) to provide coverage recommendations for remote devices to check blood pressure, blood glucose and pulse rates. The goal of the legislation, named after the Ochsner Health Digital Medicine program, is to improve maternal and infant outcomes for pregnant and postpartum women nationwide.
- UniteUs is a community resource referral platform that allows Ochsner team members to connect patients with community-based resources that can assist with providing services and closing gaps of patients' non-clinical needs.

## EDUCATION AND HEALTH LITERACY

- Ochsner provides opportunities for community members and patients to learn about their health and how to improve or maintain it. The Ochsner Eat Fit program makes it easy for community members to make the right decisions for their health through collaborative work with local restaurants, schools, and sports arenas to certify approved “Eat Fit” options. Ochsner provides the “CHOP” After-School cooking program at schools and community centers in the Greater New Orleans area. The Ochsner Corporate Wellness team provided over 3,500 no-cost health screenings to community members, teachers, and local organizations across regions.
- Ochsner Tobacco Cessation and Education programs educate local students through interactive tobacco prevention programs.
- Understanding that access to high quality education in a safe and supportive environment is a critical beginning step in improving health outcomes, in 2019 Ochsner received approval from the Jefferson Parish Public School System Board to enter into a community partnership with Discovery Schools Foundation. Through this partnership, Ochsner financed and managed the construction of a new school facility to house a PreK-8th grade, open enrollment, public charter school in an underserved neighborhood. JPPSS is the largest public-school system in the state of Louisiana with 81,000 students.
- Considering the long-term need to continue to grow the pipeline of healthcare providers, Ochsner has made significant investments in K-12 and Healthcare Education. Over 13,200 K-12 students and teachers were engaged in Ochsner’s K-12 STEM Education Program Teacher Professional Development programs that span across the state of Louisiana and into Mississippi.

## TOURO INFIRMARY

Touro provided a wide variety of benefits to the community which it serves. Benefits include social service programs, health screenings, in-home caregiver services, support counseling for patients and families, pastoral care, crisis intervention, the donation of space for use by community groups, health and wellness programs, classes about specific medical conditions, and telephone information services.

## BEHAVIORAL HEALTH

- Behavioral health services have not been incorporated into Touro’s community benefit plan because it is not a competency of the hospital and infrastructure is unavailable to sustain programs. Referrals for mental health services are provided from local sources. Touro works with over 65 plus external resources to make behavioral health services available to those served by the hospital.

## HEALTH LITERACY

- In 2019, Touro offered or participated in 237 total community outreach events, which were attended by 4,345 people. Outreach events cover a wide variety of health topics that address the health information needs of the community Touro serves, including nutrition, diabetes management, cancer, childbirth and parenting, women’s health, healthy aging, heart health, prostate health, and more.

- Touro's community outreach program offers a wide range of events, including Touro-led classes, seminars, support groups, and health screenings. Touro physicians, nurses, and other allied health professionals provide informative seminars and offer free screenings on a variety of topics. These events are typically hosted on the hospital's campus and are coordinated by Touro staff.
- The Touro Rehabilitation Center staff from a variety of disciplines participated in free community events including Sudden Impact Training for local high school students, brain injury specialty training and the Brain Injury/Spinal Cord Injury (BISCIS) program, which provides recreation (baseball league/bowling league) for that population.
- Touro offers free events and programs designed to help the aging population in the community live healthy and independent lives. The Touro Prime Years Program is a free program designed to help adults aged 55 years of age and older lead a healthy, and active lifestyle. The Prime Years program includes a quarterly educational health seminar or screening customized to meet the information needs of this population. Topics have included: Medicare education, healthy eating and fitness, hernia awareness, senior wellness, and more.
- Childbirth Education Series: Nurse Educators from Touro's Family Birthing Center offer free monthly childbirth education classes for expecting parents to help them prepare for childbirth, newborn care, and breastfeeding. The classes are held on Touro's campus in the evenings or on weekends to accommodate a variety of schedules. The Family Birthing Center offers 11 classes/series, including a childbirth education series, lactation classes, parenting class, grandparenting class, infant/child CPR, online childbirth education classes, and more.
- Diabetes Support Group: Touro's Diabetes Center offers a free monthly support program for persons with diabetes entitled "Life Can Still Be Sweet." The class topics rotate each month, covering a variety of diabetes management topics from glucose monitoring to medication management and diet to maintaining a healthy lifestyle.
- Living Well with Touro: Touro dietitians and other health experts offer a free monthly Living Well with Touro program open to Touro patients and community members. The class is designed to teach participants the benefits of healthy lifestyle choices, including stress management, healthy diet, physical activity, preventive care, and more.
- Supportive Cancer Care Program: Touro's Supportive Cancer Care Center offers several free programs and services that are designed to meet the supportive care needs of individuals with cancer throughout the Greater New Orleans community.
- Cancer Survivor Support Group: Touro offers a monthly cancer survivorship support group where various health topics are discussed. The meetings also provide a forum to patients at various stages of the cancer journey to connect and support one another emotionally as they heal and move beyond treatment.
- Girl Talk: A gynecologic cancer support group for women who have been diagnosed with one of the gynecologic cancers. Whether a person is newly diagnosed, actively being treated, or has completed treatment, this group can help. The meetings promote education and discussion about relevant topics.
- Parkinson's Disease Support Group: Touro's outpatient rehabilitation center offered nine support group meetings for those living with Parkinson's disease and their caregivers. The topics change monthly and feature a variety of guest speakers to provide meaningful education and support to those living with the disease.

## ACCESS TO CARE

- Touro and other health care providers in Louisiana collaborated with the State and units of local government in Louisiana, to fund the Medicaid program more fully, and ensure the availability of quality healthcare services for the low income and needy residents in the community population.
- Effective with 2019, Touro entered into an agreement with Louisiana Quality Network to facilitate payments under the State of Louisiana’s Medicaid Managed Care Quality Incentive program to include quality-based performance measure and outcomes.
- Touro Infirmary operates an application center that screens patients for possible coverage with Medicaid and Disability programs. The application center also provides information regarding free program services within the metropolitan area.
- Non-profit events: Touro regularly partners with local non-profit organizations at community health events and screenings. These events are hosted at locations throughout the community. Touro provides free screenings, health information, and clinical staff to administer the screenings, and provides clinical consultations. Examples of events include Xavier Wellness Health Screening, Jewish Community Center Health Screening, Healthy Women NOLA Blood Pressure Screenings, and the Orleans Sheriff Health Screening.
- Patient Navigation: Patient navigation helps overcome barriers to making informed decisions about cancer care. This program, offered through the Supportive Cancer Care Center, is available to Touro patients at no cost. Patients are navigated to understand cancer diagnosis, explore treatment options, assess supportive care needs, locate financial resources, provide support and encouragement throughout treatment, and serve as a “go to” resource when needed.

## UNIVERSITY MEDICAL CENTER NEW ORLEANS

### ACCESS TO CARE

- University Medical Center has expanded current services or opened new services. These services include the Cancer Center, Radiation Oncology, Neurosurgery, ENT, IBD, Primary Care, Ophthalmology, and Dermatology.
- They also expanded 340b services through a partnership with Walgreen’s.
- Continues its collaboration of services with the FQHCs through regular meetings. UMC has also created a mechanism for FQHCs to provide information for their patients to be cleared for financial assistance decreasing barriers to accessing care.
- University Medical Center’s financial assistance policy allows for a 75% indigent care adjustment for 251 – 400 FPL and 100% adjustment for 250% and below.
- Provides continued access to ambulatory services (primary care and specialty services) through telemedicine established during the pandemic and continues to be available as needed for patients to access care.
- Provides free HIV, Hepatitis, and STD testing to patients through the Emergency Department, with follow up case management services through the Infectious Disease Clinic, when needed. In 2020, UMC expanded this service to clinic patients who request testing.
- Established a comprehensive Burn Center, adding services for south central Louisiana and the Gulf Coast region. In 2020 UMC’s Burn Center was accredited by the American Burn Association.
- University Medical Center provides expert care to people who have experienced sexual assault and domestic violence through the Forensic Program. This program is housed in our ED for immediate access.
- They piloted a Homeless Liaison Program from 2019 to 2021.

## BEHAVIORAL HEALTH

- University Medical Center operates a 60-bed inpatient Behavioral Health unit, as well as a Behavioral Health Emergency Room for evaluations.
- In 2019, University Medical Center added additional outpatient services including addiction-psychiatry services and integrated medicine. The ability to provide these services, when appropriate by telemedicine, has also been available since the start of the pandemic.
- In 2021, University Medical Center added an Outpatient Behavioral Health Center near the main campus, that houses our General BH outpatient services, Intensive Outpatient Therapy for substance use and general Behavioral Health.
- They integrate several behavioral health services in specific specialty clinics such as Trauma and High Risk Antenatal.

## HEALTH LITERACY

- **Sudden Impact:** A 6-hour hospital-based program for sophomore adolescents provides the groundwork for an increase in knowledge, attitude, and behavior change regarding high-risk behavior behind the wheel. The program is provided through an invaluable partnership between the hospital, Louisiana State Police, the Louisiana Highway Safety Commission, and trauma victims. The program has expanded to 16 hospitals in 9 regions of the state. During the 2019-2020 school year, the Sudden Impact Program reached 9,527 students.
- **Mock Crashes:** The Consequences of Impact Mock Crash was developed as a follow up to the hospital-based sophomore level Sudden Impact Program. Students participate in a mock motor vehicle crash to increase the awareness of the dangers of driving impaired, driving unrestrained and distracted driving. Partnerships include first responders, local fire departments, EMS, Trauma Center personnel, and the coroner's office.
- **School -Based Trauma Prevention Outreach Program (STOP):** STOP is an injury prevention program for elementary school children. Through age-appropriate interactive discussions and activities, the presenters promote safety habits and the use of protective gear. The program emphasizes safety while riding in a motor-vehicle, seat belt and booster seat usage, bicycle helmets, pedestrian safety, burn prevention, and gun/firearm safety. During the 2019-2020 abbreviated school year, UMC hosted the STOP program to 2,671 elementary school students.
- **Child Passenger Safety Initiatives:** The Louisiana Passenger Safety Task Force (LPSTF) is a coalition of partners in Louisiana who are responsible for educating the community and other agencies on the benefit of restraint systems in motor vehicles. Concentrated efforts are placed on education, enforcement, and legislation related to motor vehicle occupants. Grant funding by the Louisiana Highway Safety Commission allows the team to assist the community free of charge. Together, over 8,300 children were assisted in 2019-2020.
- **Grant Funded Fitting Stations:** Fitting stations provide a one-on-one tutorial for the community to learn the benefits of proper seat belt and child safety seats. Grant funded supplies and training are provided by UMC to the participating 107 fitting stations in Louisiana, including their ER.
- **Stop the Bleed:** With simple training in bleeding control techniques, citizens can provide immediate stabilization to injured victims prior to the arrival of first responders. The goal is to provide widespread bleeding control education and supplies to law enforcement/security organizations, schools/educational institutions, community centers, local businesses, and churches.



- Legislation: University Medical Center authored new child safety seat legislation for the 2019 Louisiana session. UMC prevention nurses authored SB76, now Louisiana law R.S.295, testified in both the House and Senate Transportation Committees, and produced educational materials for dissemination statewide. The Louisiana law has been titled “Best in the Country” by national traffic safety experts.
- Car Fit Program: The prevention nurses expanded services this year into a geriatric prevention program through the development of Car Fit instructors and coordinators in Louisiana. UMC prevention nurses provide the leadership for the Car Fit Program, infrastructure, development, and implementation.
- 2020 Injury Prevention Conference: University Medical Center hosted the Child Passenger Safety Injury Prevention Conference. National speakers joined the prevention nurses to lead Louisiana in a 200-person virtual conference.
- University Medical Center conducts various health screenings for the community including skin cancer, head and neck cancer, and aortic aneurysm.
- They have smoking cessation services available in their Ambulatory Clinics.
- Provide public education through monthly radio appearances by physicians covering various health topics and through weekly blogs written by physicians.

## WEST JEFFERSON MEDICAL CENTER

### ACCESS TO CARE

- In the inpatient setting, patient navigators helped patients and their families to overcome barriers to making informed choices in care. In the cancer center, navigators helped promote the timeliness of care and are part of a larger team furthering efficient care and promoting health on the cancer journey. Navigator services are available to patients at no charge.
- West Jefferson Medical Center health professionals and its emergency medical services ambulance units took part in neighborhood events. The family doctors primary care staff conducted blood pressure screenings during events such as nights out against crime.

### HEALTH EDUCATION

West Jefferson provided educational offerings and services for patients, their loved ones, and members of the community through several areas including the cancer center, stroke center, the cardiovascular program, diabetes services, community relations, the fitness centers, family doctors, and the family birthplace.

- The classes provided to young families at no charge included parenting classes, breastfeeding classes, newborn care, sibling class for new siblings, and infant safety and first aid classes, as well as car seat check-ups.
- Public education and preventive screenings included those offered and developed by the community cancer program. These included cooking classes and other educational classes at a variety of settings such as rotary clubs, community centers, and senior centers.
- Educational materials were provided in other languages as needed.
- In the underserved communities of the region, West Jefferson took part in renewing neighborhood initiatives for healthier communities and safer communities via health fairs. A health fair was conducted at a local grocery that serves a majority Hispanic population. Wellness classes and talks in English with language translation were available where needed.
- Speakers were provided to the local Vietnamese senior citizen group, and articles were disseminated in English and Vietnamese during those activities, and healthy living topics were discussed.

- West Jefferson provided CPR and Heimlich maneuver demonstrations during outreach, including demonstrations at a local cafe providing training for at-risk youth.
- West Jefferson also took part in advancing youth interests in health awareness and the health professions working closely with its auxiliary in welcoming youth visitors, youth volunteers, providing health education handouts on disease prevention, and health careers to area high school students.
- On-campus support groups hosted by staff of the medical center included a bariatric support group, the bosom buddies support group for breast cancer survivors, a brain and spinal cord injury support group, the cancer survivorship support group, the chronic obstructive pulmonary disease support group, a courage caps cancer support group, the look good feel better program for cancer survivors, a lymphedema support group, a smoking cessation support group and a stroke support group. The medical center also provided space for a local grief group and grief resource center to meet.
- Plasma screens across the organization at West Jefferson are utilized to promote messages of health and disease prevention which are seen by patients, their loved ones, visitors, and the public. Topics included melanoma, prostate cancer, smoking cessation, cardiovascular disease awareness, UV safety, breast health, and men's health. Outdoor electronic billboards also aid the hospital in health promotion and health observances.
- The Hospital has a satellite news site for a local television station and weekly health education and disease prevention messages were offered. The hospital also uses a local medical minute radio feature to disseminate health information. These services engage physicians and other health professionals in the health awareness messages.

## APPENDIX B: LOCAL RESOURCES MENTIONED BY QUALITATIVE PARTICIPANTS

### RESOURCES ADDRESSING SOCIAL AND ECONOMIC SUPPORT

Organization	Focus	Parish(es)	Notes
<b>Catholic Charities Archdiocese of New Orleans (CCANO)</b>	Economic and social conditions.	Greater New Orleans region	CCANO helps neighbors meet immediate needs and face long-term challenges by providing services to children through seniors including health and behavioral health, education, housing, justice, employment, and disaster response.
<b>Chamber of Commerce</b>	Businesses. Networking.	Statewide	The Chamber of Commerce provides members with the opportunity to build mutually beneficial partnerships. The Jefferson Chamber works to improve the business climate and quality of life throughout the parish, but also the region, with members from seven different parishes.
<b>Culture Aid NOLA</b>	Free groceries.	Orleans	Provides free grocery distribution to underserved members of New Orleans's cultural community.
<b>ESL Parent Liaison for Jefferson Parish School System</b>	Hispanic resource.	Jefferson	The person who holds this position is a great connector for resources and information for Spanish speaking families.
<b>Exceptional Lives Program</b>	Developmental disabilities.	Statewide	This program has evolved into a community of support for people with disabilities. This is a personalized disability information platform that offers tools, resources, and information for families and caregivers of children with disabilities or special needs, as well as information for professionals.
<b>Families Helping Families of Greater New Orleans</b>	Disabilities.	Greater New Orleans region	An organization that offers free support to parents of children with disabilities, adults with disabilities, and youth with and without disabilities. A one stop shop for information, resources, education, training, and peer-to-peer support.
<b>First 72+</b>	Re-entry services.	Orleans	Provides services to help the formerly incarcerated transition out of prison and stop the cycle of incarceration. Services include transitional housing, case management, peer mentorship, free legal services, technology life skills, small business incubation, and a pay it forward communal loan fund.
<b>Foundation for Louisiana</b>	Justice.	Statewide	Foundation for Louisiana unites donors, organizations, and residents to address the greatest and most critical needs facing LA. They focus on racial, climate, economic and gender justice, criminal justice reform, arts & culture, and philanthropic leadership.
<b>Healthy Start New Orleans</b>	Parenting information and services.	Orleans and nationwide	Healthy Start is a community-based program that helps navigate prenatal/postnatal care, enroll in community assistance programs, and become baby's first and most important teacher.
<b>Hispanic Apostolate - Archdiocese of New Orleans</b>	Pastoral services for the Hispanic population.	Greater New Orleans region	Provides assistance to the Hispanic population through pastoral services.

<b>Organization</b>	<b>Focus</b>	<b>Parish(es)</b>	<b>Notes</b>
<b>Hispanic Chamber of Commerce Louisiana</b>	Economic growth and development of Hispanic businesses.	Statewide	Non-profit organization committed to creating and facilitating a business climate within the Hispanic community for LA economic development. Provides Hurricane Ida and COVID-19 resources.
<b>LA Voz de la Comunidad Coalition</b>	Youth substance abuse. Latino communities.	Statewide	This organization works to improve the quality of life in the Latino communities of Louisiana by preventing youth substance abuse through culturally competent leadership, advocacy, research, education, and citizenship. LA Voz de la Comunidad works with community leaders to strengthen their community as a whole.
<b>Lighthouse Louisiana</b>	Support and employment for those with disabilities.	Orleans, St. Bernard, Plaquemines, Jefferson, St. Tammany	Lighthouse Louisiana empowers people with disabilities (including deaf, heard of hearing, blind) through services, employment, and advocacy.
<b>Louisiana Alliance of Children's Advocacy Centers</b>	Advocacy for children.	Statewide	A non-profit organization established for the empowerment, collaboration, and advocacy of LA's Children's Advocacy Centers.
<b>Louisiana Center for Children's Rights</b>	No-cost legal representation for children.	Orleans	Organization that defends children in the justice system, providing no-cost legal representation and wraparound support.
<b>New Orleans Council on Aging</b>	Resources for seniors.	Orleans	This organization champions the interests of older adults, develops, and administers the Area Agency on Aging area plan, and reviews and comments on community policies and programs affecting older adults.
<b>New Orleans Family Justice Center</b>	Domestic violence, sexual assault, and human trafficking.	Orleans	One stop center for victims of domestic violence, sexual assault, and human trafficking. It continues to run a shelter program, and brings the different agencies together including law enforcement, prosecution, civil-legal services, and Child Protection.
<b>New Orleans Mayor's Office, Office of Youth and Families</b>	Youth and families.	Orleans	The Office of Youth and Families provides oversight and support for the Juvenile Justice Intervention Center, the New Orleans Recreation Department Commission, and the New Orleans Public Libraries. The office is a great connector that increases coordination between agencies.
<b>New Orleans Mutual Aid Society</b>	Free meals and groceries.	Orleans	Provides resources for members of the New Orleans service industry affected by COVID-19, including free meals and groceries.
<b>Propeller</b>	Social and environmental entrepreneurship.	Orleans	Incubator to help entrepreneurs grow their non-profits and small businesses to tackle social and environmental disparities in New Orleans.
<b>STAR</b>	Sexual trauma.	Orleans	Community Agency that helps support survivors of sexual trauma, improve systems response, and create social change to end sexual violence.

Organization	Focus	Parish(es)	Notes
<b>STEM NOLA</b>	Science, technology, engineering and math activities and events.	Orleans	A community-based nonprofit that engages the community in science, technology, engineering, and mathematics. Its goal is to change not only the mindset but increase awareness to the opportunities and the possibilities in STEM and give the community, primarily low income, low resource people, pathways to get there for themselves and their children, K-12.
<b>Thrive NOLA</b>	Holistic resources for change.	Orleans	Helps families, communities, and businesses groups in New Orleans to thrive.
<b>Total Community Action, Inc. (TCA)</b>	Economic and social conditions.	Orleans	TCA works with families to overcome social and economic conditions that perpetuate poverty. Services include early childhood development (Head Start); energy conservation services, commodity distribution, case management, workforce and job development, financial education, advocacy, and community engagement
<b>United Way of Southeast Louisiana</b>	Poverty.	Southeast region	This organization identifies, assesses, and monitors the most pressing needs in the region, and funds programs, supports collaborations, convenes experts, and advocates for change, and needed community services. Their mission is to eradicate poverty in Southeast LA.
<b>Verbo New Orleans</b>	Spiritual services. Spanish-speaking.	Orleans, Jefferson	Verbo New Orleans is a Christian Church which currently hosts a Sunday house church service that includes praise, worship, and talk.
<b>Westbank Business &amp; Industry Association</b>	Businesses. Networking.	Jefferson, Orleans	This organization focuses on the betterment of Westbank businesses and the community. WBIA has members in the petroleum industry, manufacturing, construction, transportation, utility, real estate, marine, legal, medical, and other businesses that service companies along the Harvey canal.
<b>Youth Empowerment Project</b>	Youth and family.	Greater New Orleans region	This program provides mentoring and youth advocacy, adult education and high school equivalency preparation, employment readiness and career exploration, and out-of-school time enrichment programming.

## RESOURCES ADDRESSING THE PHYSICAL ENVIRONMENT

Organization	Focus	Parish(es)	Notes
<b>Belle Reve New Orleans</b>	Assisted living for seniors.	Orleans	Belle Reve provides affordable housing and case management services to seniors aged 62 years and older.
<b>Covenant House</b>	Housing services, youth.	Greater New Orleans region	Covenant House provides housing and supportive services to youth facing homelessness.

<b>Organization</b>	<b>Focus</b>	<b>Parish(es)</b>	<b>Notes</b>
<b>Grace at the Greenlight</b>	Food, clothing, meals for the unhoused.	Orleans	Providing basic needs for New Orleans' unhoused persons including water, food, clothing, and community.
<b>Hagar's House</b>	Housing services, women, children, and transgender.	Orleans	Hagar House works with people in need, including women and their children, and those who identify as transgender by meeting food, housing, and other emergency needs.
<b>House of Tulip</b>	Housing support for trans community.	Greater New Orleans region	House of Tulip is a nonprofit collective creating housing solutions for the trans and gender nonconforming community in Louisiana. They operate a land trust for long term affordable housing.
<b>HousingNOLA</b>	Housing.	Greater New Orleans region	HousingNOLA is now a 10-year partnership between the community leaders, and dozens of public, private, and nonprofit organizations working to solve New Orleans' affordable housing crisis. They develop strategies for improving housing policies and increasing equity in New Orleans.
<b>Keep New Orleans Beautiful</b>	Community Improvement.	Orleans	This is an affiliate program of Keep America Beautiful. Offers solutions to create clean public spaces, increase recycling, and reduce waste.
<b>Operation Pathways</b>	Transforming affordable housing communities.	Orleans	Operation Pathways seeks to transform affordable housing communities through innovative programs that engage, empower, and support residents to achieve the future they desire. Resources for academic achievement, healthy living, financial stability, and aging in place.
<b>Ozanam Inn</b>	Housing services.	Greater New Orleans region	Ozanam Inn is a non-profit, direct service agency serving the unhoused and underserved of Greater New Orleans. The Inn was established by the Society of St. Vincent de Paul. All services are provided free of charge.
<b>Project Lazarus of New Orleans</b>	Housing and support services.	Greater New Orleans region	Project Lazarus provides transitional housing, meals, and case management for those 18 years of age or older living with HIV/AIDS who have no place else to live.
<b>Rebuild Center at St. Joseph/Harry Tompson Center</b>	Unhoused.	Orleans	The Harry Tompson Center provides day shelter and other vital services for unhoused individuals in New Orleans.
<b>Second Harvest Food Bank</b>	Food bank.	South LA Parishes	Emergency food access, advocacy, education, and disaster response.

Organization	Focus	Parish(es)	Notes
<b>Travelers Aid Society of Greater New Orleans</b>	Resources for the unhoused.	Greater New Orleans region	Services include street outreach, crisis intervention counseling, housing, unhoused prevention, and the Self-Help Employment Program.
<b>UNITY for Greater New Orleans</b>	Unhoused.	Greater New Orleans region	UNITY is a nonprofit leading a collaborative of 63 organizations providing housing and services. UNITY's mission is to coordinate community partnerships to prevent, reduce and end homelessness. They distribute funds, conduct unhoused outreach, develop apartment buildings for the unhoused, and advocate for public policy.
<b>VAYLA</b>	Environmental and reproductive injustices. Asian-American support.	Greater New Orleans region	VAYLA emerged to combat systemic and environmental racism in New Orleans East during the post-Katrina reconstruction period. Current programs include AAPI Rising, a storytelling initiative to humanize Asian American life in the South and combat xenophobia, civic engagement, environmental justice, reproductive justice, and the Farm to Families Initiative.

### ADDITIONAL CLINICAL CARE RESOURCES

Organization	Focus	Parish(es)	Notes
<b>504 HealthNet</b>	Healthcare: Community Health Center, member organization.	Greater New Orleans region	504HealthNet is an association comprised of over 25 non-profit and governmental organizations in the Greater New Orleans area. Membership is open to those who provide primary care or behavioral health services in a community setting irrespective of the client's ability to pay, with a special focus on low-income, under-insured and uninsured populations.
<b>Access Health</b>	Healthcare: Community Health Center.	Orleans, Jefferson, St. Bernard, St. Tammany+	Access Health operates health centers in "high need" areas with 32 clinics and school-based health centers throughout Southeast LA.
<b>Common Ground Health Clinic</b>	Healthcare: Community Health Center.	Orleans, Jefferson	The commitment of CGHC is to help meet the primary needs of the uninsured or the under insured. They believe "Social Justice is the foundation of community health."
<b>Crescent Care</b>	Healthcare: Community Health Center, LGBTQ+.	Orleans, Jefferson, St. Bernard, St. Tammany+	Crescent Care provides high quality and culturally humble care to the entire New Orleans community. They are particularly focused on the Greater New Orleans neighbors who come from traditionally medically underserved communities: the service industry, the LGBTQ community, the uninsured and the underinsured, immigrants, and communities of color. A key informant described Crescent Care as "the leader of LGBTQ care in the area".
<b>DePaul Community Health Center</b>	Healthcare: Community Health Center.	Orleans, Jefferson	Ascension DePaul Services of New Orleans (ADSNO) mirrors the work of their founder, the Daughters of Charity. With 10 community health centers, operating as DePaul Community Health Centers, ADSNO has been able to provide health care and health education throughout the community.
<b>EXCELth, Inc.</b>	Healthcare: Community Health Center.	Orleans, Baton Rouge	Designated FQHC with the goal of the health centers serving as a "medical home" regardless of income or other barriers. The Primary Care Network includes 3 fixed health centers and a family dental center serving Orleans and a behavioral health program in East Baton Rouge.

<b>Organization</b>	<b>Focus</b>	<b>Parish(es)</b>	<b>Notes</b>
<b>Health Care for the Homeless</b>	Healthcare: Community Health Center.	Orleans	Health Care for the Homeless is an FQHC providing primary healthcare services to adults and dental services in the city of New Orleans and surrounding parishes regardless of ability to pay. They operate under the City of New Orleans Health Department.
<b>Inclusive Care</b>	Healthcare: Community Health Center.	Jefferson	Inclusive Care is committed to assisting with medical, dental, behavioral health, and pharmacy needs with locations in Marrero, Kenner, Avondale, Lafitte.
<b>JenCare Senior Medical Center</b>	Healthcare: aging.	Orleans	JenCare Senior Medical Center is a family-owned primary and specialty care practice committed to delivering superior healthcare to Medicare-eligible seniors.
<b>LSU Health Care Network</b>	Outpatient healthcare.	Greater New Orleans region	The LSU Healthcare Network (LSUHN) is a group of multi-specialty physician practices. Comprised of members of the LSU Health Sciences Center faculty, LSUHN is a private, not-for-profit organization and has been serving patients in outpatient clinics since 1997.
<b>Luke's House</b>	Healthcare: Community Health Center.	Greater New Orleans region	The mission of Luke's House is to be a place of medical and spiritual hope, health and healing for the people of Greater New Orleans, to provide patient centered experiences for students, and to open a doorway to long-term healthcare solutions. On Tuesday and Thursday evenings the clinic provides general care services for adults and children. Services also include a GYN clinic, vision clinic, asylum clinic, prescription assistance, education, and more.
<b>NOELA Community Health Center</b>	Healthcare: Community Health Center.	Orleans	NOELA CHC is linguistically and culturally appropriate to the communities that they serve and currently, NOELA provides: Comprehensive primary care services: OB/GYN, chronic disease management, health screenings, health education, behavioral health services: counseling, stress management, relationship & family therapy; social services: case management, Medicaid/Medicare enrollment, language access; and pediatric services.
<b>Oak Street Health</b>	Healthcare: aging.	Orleans, Jefferson.	Provides care for Medicare patients, including behavioral health, specialist treatment and primary healthcare.
<b>Ochsner- Xavier Institute for Health Research and Outcomes</b>	Healthcare improvement and health equity webinars.	Orleans	This program combines Ochsner and Xavier resources to improve the overall health of their communities, reduce health inequities, develop innovative healthcare delivery models, and modeling equitable and respectful care.
<b>Planned Parenthood</b>	Healthcare: sexual and reproductive health.	Orleans	Planned Parenthood's mission is to ensure all people have access to the care and resources they need to make informed decisions about their bodies, their lives, and their futures. They deliver vital sexual and reproductive healthcare, education, and information.



Organization	Focus	Parish(es)	Notes
<b>Priority Health</b>	Healthcare: Community Health Center.	West Bank of Jefferson Parish	Priority Health's mission is to provide holistic health care to underserved communities that will empower people to live healthy lives with locations in Gretna and Marrero.
<b>School of Pharmacy at Xavier University</b>	Pharmacy education.	Orleans	Prepares pharmacists to impact the medically underserved communities, particularly African Americans. A high number of Asian Americans and Vietnamese Americans attend.
<b>Social Health Bridge</b>	Healthcare and community connection.	Nationwide; Orleans, Jefferson	Social Health Bridge leads the way in bridging the gap between healthcare and community organizations to deliver a better approach in tackling social determinants of health – resulting in improved health outcomes for the individuals and communities our partners serve.
<b>St. Margaret's at Mercy</b>	Senior care.	Orleans	Skilled nursing facility for short term and long-term residents.
<b>St. Thomas Community Health Center</b>	Healthcare: Community Health Center.	Greater New Orleans region	St. Thomas' mission is to provide culturally competent healthcare of the highest quality, regardless of the ability to pay.
<b>Start Corp</b>	Healthcare: Community Health Center.	Orleans, St. Tammany+	Start Corporation is a non-profit organization that provides health services to individuals with mental disabilities, the unhoused, youth, and veterans. Legal services are also available. Programs are in Orleans, St. Tammany, Terrebonne, Lafourche, and the Greater Baton Rouge region.
<b>Tulane University School of Medicine</b>	Medical education.	Orleans	The second-oldest medical school in the Deep South, and one of the nation's most recognized centers for medical education.
<b>Xavier University of Louisiana</b>	Higher education.	Orleans	Xavier University of Louisiana is a private, historically black, Catholic university in New Orleans, Louisiana.

## RESOURCES ADDRESSING HEALTH BEHAVIORS AND OUTCOMES

Organization	Focus	Parish(es)	Notes
<b>Black Girls Run</b>	Fitness.	Nationwide	This program provides a community to inspire all women to be active and healthy. Offers a food library, 10-week training program to achieve running goals, conference, and races.
<b>Bridge House/ Grace House</b>	Behavioral health and addiction treatment.	South LA parishes	These are residential treatment facilities that provide no-cost substance-use disorder treatment to men and women in two separate locations.

<b>Organization</b>	<b>Focus</b>	<b>Parish(es)</b>	<b>Notes</b>
<b>Doc Griggs</b>	Health and wellness awareness.	Orleans	Doc Griggs is the health and wellness awareness persona of Dr. Eric Griggs, a New Orleans-based Community Medicine Director and health educator who has dedicated his professional life to raising health and wellness awareness in the New Orleans community. He promotes, "Get checked. Get fit. Get moving!"
<b>Girl Trek</b>	Public health movement for Black women and girls.	Orleans, Baton Rouge	A national health movement that activates thousands of Black women and girls to be change makers in their lives and communities - through walking.
<b>Jefferson Parish Human Services Authority</b>	Behavioral healthcare.	Jefferson	Jefferson Parish Human Services District (JPHSA) is one of ten Local Governing Entities (LGE) serving persons with mental health disorders, addictive disorders and intellectual/developmental disabilities in Louisiana. Legislated by the state and through its Board of Directors, JPHSA is responsible for the operation and management of community-based programs and services for Jefferson Parish.
<b>LA Voz de la Comunidad Coalition</b>	Youth substance abuse. Latino communities.	Statewide	This organization works to improve the quality of life in the Latino communities of Louisiana by preventing youth substance abuse through culturally competent leadership, advocacy, research, education, and citizenship. LA Voz de la Comunidad works with community leaders to strengthen their community as a whole.
<b>Loyola Counseling Center</b>	Counseling.	Orleans	The Loyola Counseling Center currently provides virtual counseling services for all currently enrolled Loyola students. A counselor is on-call 24/7, 365 days a week. A live-streamed Anxiety Management Workshop is offered weekly.
<b>Mercy Family Center</b>	Behavioral Healthcare: Community Health Center.	Orleans, Jefferson	Mercy Family Center - New Orleans began in 1992 as an outpatient behavioral health clinic with three locations in the Greater New Orleans area.
<b>Metropolitan Human Services District</b>	Behavioral healthcare.	Orleans, Plaquemines, St. Bernard	Metropolitan Human Services District (MHSD) is one of ten Local Governing Entities (LGE) serving persons with mental health disorders, addictive disorders and intellectual/developmental disabilities in Louisiana. Legislated by the state and through its Board of Directors, MHSD is responsible for the operation and management of community-based programs and services for the parishes of Orleans, St. Bernard, and Plaquemines.
<b>Milne Rec Center</b>	Recreation and fitness center.	Orleans	Part of NORD, this facility has basketball courts, baseball field, fitness center, recreation center, and a Teen Center.
<b>National Alliance of Mental Health (NAMI)</b>	Behavioral healthcare.	Orleans, Baton Rouge, St. Tammany+	NAMI works to educate, advocate, listen and lead to improve the lives of people with mental illness and their loved ones.
<b>NORD</b>	Recreation department.	Orleans	The New Orleans Recreation Development Commission provides safe and welcoming environments for recreational, athletic, and cultural experiences.

Organization	Focus	Parish(es)	Notes
<b>Odyssey House Inc.</b>	Behavioral Healthcare: Community Health Center.	Orleans	Odyssey House Louisiana (OHL) is a non-profit behavioral health care provider with an emphasis on addiction treatment. OHL's encompassing system of care includes detox, treatment, behavioral and medical healthcare, life-skills, counseling, and case management.
<b>Ready Responders</b>	Access to care.	Orleans	A community paramedic group improving access and quality to healthcare while reducing response times by integrating part-time Emergency Medical Technicians into municipal 911 systems through the development of mobile applications.
<b>Special Olympics Louisiana</b>	Disabilities.	Statewide	Sports, competitive education, leadership and health for athletes with intellectual disabilities.

### COLLABORATIVES, COALITIONS, AND CLUBS

Organization	Focus	Parish(es)	Notes
<b>Broadmoor Improvement Association</b>	Wellness services and programs for the Broadmoor neighborhood.	Orleans	A coordinated network of anchor institutions, faith-based partners, businesses, and community partners providing an Arts and Wellness Center.
<b>East New Orleans Neighborhood Advisory Commission (ENONAC)</b>	Community advocacy.	Orleans	ENONAC's primary purpose is to advise and provide an opportunity for input from citizens on matters of concern affecting the quality of life in East New Orleans.
<b>Healthy Jefferson Coalition</b>	Tobacco and obesity prevention.	Greater New Orleans region	This coalition is focused on tobacco and obesity prevention and promoting healthy living. There is a Louisiana Healthy Community Coalition for all of the state's nine health regions.
<b>Institute of Women and Ethnic Studies</b>	Health and wellness services for people of color.	Greater New Orleans region	Focused on community health and wellness among communities of color in particular, especially women of color.
<b>Jefferson Chamber of Commerce, Health and Wellness Committee's Live Well Jefferson campaign</b>	Community wellness.	Jefferson	LiveWell Jefferson focuses on creating and cultivating a culture of health and wellness among the business community and residents of Jefferson Parish. Through educating employers on the importance and implementation of health and wellness programs, the LiveWell Jefferson campaign strives to produce more productive employees, help attract and retain talent, build staff morale, combat employee absenteeism, minimize staff turnover and reduce healthcare costs for employers.
<b>Kiwanis</b>	Community service for children.	Multiple	Kiwanis focuses on changing the world by serving children, one child and one community at a time. To reach more people and have a greater service impact on their communities, many clubs sponsor a Kiwanis family club — K-Kids for primary school children; Builders Clubs for adolescents; Key Clubs for teens; Circle K clubs for university students and Aktion Clubs for adults living with disabilities. Kiwanis Clubs are located in multiple LA parishes.

Organization	Focus	Parish(es)	Notes
<b>LA Trans Advocates</b>	Transgender resources.	Greater New Orleans region	Resources including a healthcare provider list, and information on changing names, and gender markers.
<b>LGBT Community Center of New Orleans</b>	LGBTQAI.	Greater New Orleans region	A good resource in New Orleans to help folks navigate some of the nuances and difficult experiences of being LGBTQ in Louisiana.
<b>Power Coalition for Equity &amp; Justice</b>	Policy and community advocacy.	Statewide	A coalition of community-based organizations who work together to educate and empower voters across Louisiana. Their work includes power mapping, listening sessions, organizing, voter engagement, policy advocacy, and leadership development.
<b>Real Name Campaign NOLA</b>	LGBTQAI.	Orleans	Activists in New Orleans fighting for accessible name and gender marker changes.
<b>Rotary Club</b>	Community service.	South LA	Rotary members believe they have a shared responsibility to take action on the world's most persistent issues. The 35,000+ clubs work together to: promote peace, fight disease, provide clean water, sanitation, and hygiene, save mothers and children, support education and grow low economies. Rotary District 6200 covers the region of South Louisiana.
<b>TIDAL NOLA</b>	Trans, gender expansive, and gender non-conforming.	Orleans	Trans-led coalition of community members, healthcare providers, students, and teachers in the Gulf South, united to trans liberation through equitable healthcare.
<b>Walk to End HIV New Orleans</b>	LGBTQAI.	Orleans	Fundraising walk focusing on the goal to eradicate HIV and the racism, homophobia, sexism, stigma, and poverty that perpetuates it.

## OTHER RESOURCES

Organization	Focus	Parish(es)	Notes
<b>City Park</b>	Recreation.	Orleans	This 1300-acre outdoor oasis is one of the oldest urban parks in the country. The park is home to the New Orleans Botanical Garden, Couturie Forest and Arboretum, the New Orleans Museum of Art, the Louisiana Children's Museum, and the largest grove of mature live oaks in the world.
<b>Institute of Women and Ethnic Studies</b>	Health and wellness services for people of color.	Greater New Orleans region	Focused on community health and wellness among communities of color in particular, especially women of color.
<b>Jambalaya News</b>	News. Spanish-speaking community.	Statewide	This network provides news for the Hispanic population. Southeast Louisiana's oldest and largest Spanish-speaking news source and radio station

<b>Organization</b>	<b>Focus</b>	<b>Parish(es)</b>	<b>Notes</b>
<b>Louisiana Children's Museum</b>	Activities for children.	Orleans	Offering interactive activities for children, The Louisiana Children's Museum offers many free days, weekly and monthly programming including animal yoga, edible garden, and story time.
<b>Louisiana Public Health Institute (LPHI)</b>	Supports action for health.	Statewide	LPHI is a public health institute that champions health for people, within systems, and throughout communities. Focus areas include healthy communities, clinical transformation, behavioral health, HIV/STI, family health, health services research, and tobacco prevention & control.
<b>Makers Making Change, New Orleans, LA Chapter</b>	Disabilities and assistive technology.	Orleans	This program is working on assistive technology and devices including a portable adaptive toilet. They provide an assistive devices library which is an open-source collection of assistive technology solutions which you can build yourself or request to have built by volunteers.
<b>Telemundo New Orleans</b>	Broadcasting channel. Spanish speaking.	Greater New Orleans region	A broadcasting and media production company, tv channel and business service for the Hispanic population.
<p>Additional assets mentioned by participants included FQHCs, COVID-19 testing sites, home health agencies, churches, senior centers, farmer's markets, community gardens, fire department, recreational department, businesses, academic institutions, and libraries.</p>			

## APPENDIX C: MHCNO ASSESSMENT APPROACH

Collaboration, engagement, and evidence-based practices were central to the assessment process from the onset. The MHCNO assessments included 19 hospitals eager to collaborate through the assessment and planning processes. LPHI was contracted by MHCNO to lead the assessment with the participating hospitals:

- Children’s Hospital New Orleans
- East Jefferson General Hospital
- New Orleans East Hospital
- Northshore Rehabilitation Hospital
- Ochsner Medical Center - New Orleans (includes Ochsner Baptist & Ochsner - West Bank)
- Ochsner Medical Center - Baton Rouge
- Ochsner Medical Center - Kenner
- Ochsner Medical Center Northshore
- Ochsner Northshore Extended Care Hospital
- Ochsner Rehabilitation Hospital
- Ochsner St Anne Hospital
- Ochsner St Mary
- River Place Behavioral Health Hospital
- Slidell Memorial Hospital
- St. Tammany Health System
- Touro Infirmary
- Tulane Medical Center (includes Tulane Lakeside Hospital & Lakeview Regional Medical Center)
- University Medical Center New Orleans
- West Jefferson Medical Center

LPHI followed a modified version of the Community Improvement Cycle to guide the community health assessment process with hospitals April - October 2021.

Primary data collection for MHCNO CHNAs consisted of 75 interviews, 10 focus groups, and over 5,000 community survey responses.

### DEFINING COMMUNITY WITH MHCNO

With several MHCNO hospitals serving patients statewide, this assessment focused on geographic areas where most patients live across participating hospitals, rather than each service area separately. Joint assessments were conducted for those hospitals serving the same community. Hospitals defined their community geographically based on the parishes where at least 50% of inpatient discharges reside.

Most patients of MHCNO hospitals lived in 18 parishes across southeast Louisiana, which were divided into the following geographic communities for CHNA process:

1. Greater New Orleans area: Orleans, Jefferson, St. Bernard, St. John the Baptist, Plaquemines, St. Tammany, St. James, St. Charles Parishes
2. Baton Rouge area: East Baton Rouge, Livingston, and Iberville Parishes
3. Northshore area: St. Tammany, Washington, Tangipahoa Parishes and Pearl River County, MS
4. Bayou area: St. Mary, Lafourche, St. Charles, and Terrebonne Parishes.

## APPENDIX D: METHODOLOGY

### DATA COLLECTION AND ANALYSIS

LPHI utilized mixed methods to understand and document community feedback and perspectives by triangulating primary qualitative data from interviews and focus groups, secondary quantitative data from existing data sources, and additional quantitative and qualitative data collected through an online community survey. Due to safety protocols during the COVID-19 pandemic, all data collection and engagement efforts occurred virtually during June, July, and August 2021.

Health equity was central to both the data collection and analysis processes. Secondary data were analyzed by race whenever possible. Primary data collection focused on gathering voices of populations of interest for hospitals including aging and non-English speaking. Findings from these communities were incorporated throughout the CHNA. Health concerns regarding children in the GNO area were highlighted since they are the main community served by Children's Hospital.

### SECONDARY DATA

Secondary data from national and statewide databases, such as American Community Survey (ACS) and Behavioral Risk Factor Surveillance System (BRFSS), were compiled and analyzed to identify key concerns in the GNO area and supplement findings from primary data sources. The indicator list for secondary data was developed to align with the County Health Rankings Indicator Model. Data were extracted at the parish-level and Louisiana averages were used as a baseline for comparison. Additionally, data was disaggregated by race/ethnicity where possible. A full list of data indicators and sources can be found in **Appendix G: Secondary Data Sources**.

### COMMUNITY SURVEY

Between July 13 and August 23, 2021, MHCNO partner hospitals, LPHI, and the Louisiana Department of Health (LDH) distributed an online survey through their networks to community members residing in southeast Louisiana. The survey was available in English, Spanish, and Vietnamese and distributed in all three languages via email, social media, and radio. Hospital facilities focused on distributing the survey to their patients through social media as well as through clinics, waiting areas, and COVID testing/vaccination sites. LPHI and LDH distributed the tool through virtual networks serving the GNO area. The survey was conducted in collaboration with the LDH's Statewide Health Assessment survey, which took place simultaneously, to boost response rates and reduce survey fatigue.

The survey tool was grounded in health equity and informed by evidence-based materials (such as Prevention Institute's Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health).<sup>66</sup> It included questions designed to measure respondents' perceptions of determinants of health, health behaviors and exposures, and health outcomes, as well as open-ended questions on local assets and recommendations to improve community health. All survey responses from parishes served by MHCNO hospitals were compiled for analysis in STATA. In the GNO area, 3,005 community members participated in the survey. As survey responses were collected via convenience sampling, these findings may not be generalizable to the entire community and should be interpreted in concert with qualitative and secondary data findings.

Demographic information of survey respondents as well as a summary of responses to survey questions can be found in **Appendix E: Additional Survey Data**.

<sup>66</sup>Prevention institute (2015). Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health. Retrieved at <https://www.preventioninstitute.org/publications/measuring-what-works-achieve-health-equity-metrics-determinants-health>

## FOCUS GROUPS

LPHI facilitated eight focus groups in August 2021 with participants from Orleans, Jefferson, St. John the Baptist, St. Charles, St. Bernard, and Plaquemines Parishes. Focus groups lasted approximately 60-90 minutes and were conducted via Zoom. Focus group participants included parents, members of Spanish speaking communities, rural community members, older adults, mental health and substance use providers, and disability advocates. Focus group discussions addressed health concerns of the community, resources, and assets of the community, how people choose/access providers, and recommendations on how to improve the health of residents. Incentives were provided to those that were eligible as a token for their time. All transcriptions were uploaded into Dedoose, coded, and analyzed.

## KEY STAKEHOLDER INTERVIEWS

Thirty-seven interviews were conducted with key stakeholders across the GNO area via Zoom between June 24 and August 24, 2021. Most key stakeholders were recommended by participating hospitals. Qualitative findings in this report do not include input from St. Tammany Parish participants, as those are more pertinent to hospitals serving predominantly the Northshore community. Interviewees included:

- Public health and health department leaders
- Leaders and/or members of medically underserved, low income, and/or minority communities
- Leaders and service providers from local community-focused organizations such as food banks, CBOs, schools, human service authorities, neighborhood associations, universities, advocacy groups, etc.

Interviews averaged 45 minutes and focused on health concerns within the community, community resources and assets, and recommendations on how to improve the health of residents. Monetary incentives were provided to eligible participants for their time and input. Transcripts were loaded into Dedoose and coded based on key themes. A thematic analysis was then conducted to synthesize findings.

## QUALITATIVE PARTICIPANTS FROM THE GNO COMMUNITY

By using these primary data collection and analysis methods, the hospital facilities and LPHI team conducted outreach through virtual platforms to solicit input from persons representing broad interests of the GNO community. Through interviews the team incorporated input from

- 14 public health experts
- 2 working for state, regional, or local health department, and
- 32 members, representatives, or leaders of medically underserved, low-income, and minority populations.



GNO area organizations participating in interviews and focus groups included, but not limited to:

- 504 HealthNet
- American Cancer Society
- Bayou District Foundation
- Boys and Girls Club Westbank
- Cancer Association of Greater New Orleans
- Children's Hospital
- City of Kenner
- City of New Orleans Health Department
- Covenant House
- Crescent City Family Services
- Delgado Community College
- East New Orleans Neighborhood Advisory Commission
- Golden Opportunity
- Jefferson Chamber of Commerce
- Jefferson Parish Government
- Jefferson Parish Schools
- Jewish Community Center
- Kenner Discovery Health Sciences Academy
- LCMC Health
- Louisiana Department of Health
- Metropolitan Human Services District
- New Orleans Council on Aging
- New Orleans Family Justice Center
- New Orleans Health Department
- NOLA Baby Café
- NOLA Public Schools
- NOLA Village
- Ochsner Health (including resource groups)
- Ochsner Healthy Schools
- Odyssey House
- Social Health Bridge / Operation Pathways
- St. John the Baptist Parish Justice Court
- STEM NOLA
- The Parenting Center
- Tulane School of Medicine
- VAYLA
- You Night

# APPENDIX E: ADDITIONAL SURVEY DATA

## DEMOGRAPHIC DATA FROM COMMUNITY INPUT SURVEY

<b>N</b>	3,005
<b>Parish</b>	
Orleans	56.6%
Jefferson	25.4%
St. Tammany	11.4%
St. Bernard	2.1%
St. Charles	1.8%
St. John the Baptist	1.4%
Plaquemines	1.0%
St. James	0.3%
<b>Age</b>	
24 or younger	2.7%
25-35	13.4%
36-45	17.3%
46-55	17.8%
56-65	22.0%
65+	26.9%
<b>Gender</b>	
Female	74.8%
Male	22.9%
Gender minorities	1.0%
Prefer not to answer	1.4%
<b>Race/Ethnicity</b>	
Non-Hispanic White	57.5%
Non-Hispanic Black	33.1%
Latino/Hispanic	5.1%
Multiracial	2.1%
Non-Hispanic Asian	1.7%
Non-Hispanic Native Hawaiian or other Pacific Islander	0.1%
Non-Hispanic Indigenous American or Alaska Native	0.1%
Other	0.2%

<b>Educational Attainment</b>	
Prefer not to answer	1.7%
Less than high school	1.2%
High school or GED	11.7%
Some college	21.3%
Associates degree	8.8%
Bachelor's degree	27.3%
Graduate degree or higher	28.1%

<b>Zip Code</b>	
70115	7.0%
70119	5.7%
70118	5.1%
70122	4.8%
70126	4.3%
70127	3.8%
70117	3.7%
70128	3.7%
70124	3.6%
70130	3.1%

## DETERMINANTS OF HEALTH

*Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.*

	<b>Strongly Disagree/ Disagree</b>	<b>Strongly Agree/ Agree</b>	<b>Total responses (N)</b>
All workers in my community make minimum income necessary to meet basic needs.	71%	29%	2,960
All people in my community live in safe, affordable housing.	71%	29%	2,958
All children in my community receive high quality education.	68%	32%	2,959
Everyone in my community can access the health care they need.	61%	39%	2,968
All people in my community have access to healthy, nutritious foods.	59%	41%	2,981
Individuals and families can get the support they need during times of stress and hardship.	56%	44%	2,980
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	56%	44%	2,989
My community is a safe place to live.	47%	53%	2,965
All people have access to reliable public transportation in my community.	46%	54%	2,977
All people in my community have opportunities to engage with the arts and culture.	42%	58%	2,972
My community has clean air, water, and soil.	42%	58%	2,965
People in my community actively work to make the community a better place to live.	29%	71%	2,983
People in my community take pride in the community and its accomplishments.	24%	76%	2,983
There are parks and green spaces in my community.	17%	83%	2,978

## HEALTH BEHAVIORS & EXPOSURES

Question: For each one, please tell me how big a problem you think it is for people in your community — a major problem, a minor problem, or not a problem at all.

	<b>A major problem</b>	<b>A minor problem</b>	<b>Not a problem at all</b>	<b>Total responses (N)</b>
Substance abuse and addiction	66%	27%	7%	2,963
Violence	64%	29%	8%	2,972
Excessive alcohol use	57%	35%	8%	2,948
Physical and emotional trauma	56%	37%	7%	2,961
Poor nutrition	53%	36%	11%	2,947
Physical inactivity	53%	38%	9%	2,963
Tobacco/smoking	51%	41%	8%	2,930
Air pollution, water pollution, and chemical exposures	44%	42%	14%	2,971
Car/motorcycle accidents	38%	49%	12%	2,973

## HEALTH OUTCOMES

Question: For each one, please tell me how big a problem you think it is for people in your community — a major problem, a minor problem, or not a problem at all.

	<b>A major problem</b>	<b>A minor problem</b>	<b>Not a problem at all</b>	<b>Total responses (N)</b>
Diabetes	78%	18%	4%	2,940
COVID-19	74%	21%	5%	2,932
Weight management	73%	23%	4%	2,943
Mental health conditions	72%	23%	6%	2,924
Cancer	69%	26%	4%	2,934
Heart disease	68%	27%	5%	2,934
Homicide	60%	28%	12%	2,923
Stroke	56%	39%	5%	2,910
Sexually transmitted infections/ diseases	39%	48%	13%	2,885
Asthma	36%	57%	8%	2,913
Suicide	35%	50%	15%	2,907
Infant mortality	23%	54%	23%	2,869
Unintentional injury	20%	66%	14%	2,918

## APPENDIX F: ADDITIONAL SECONDARY DATA

This appendix includes additional secondary data to supplement key findings.

### SOCIAL AND ECONOMIC FACTORS

Community	Median household income
St. Charles	\$71,579
St. Tammany	\$71,526
Plaquemines	\$60,795
St. James	\$57,250
Jefferson	\$55,909
St. John the Baptist	\$54,944
<b>Louisiana</b>	\$51,108
St. Bernard	\$45,806
Orleans	\$45,092

Community	Homicide death rate (per 100,000)
Plaquemines	-
St. Tammany	5
St. Charles	7
St. Bernard	8
<b>Louisiana</b>	13
Jefferson	13
St. James	13
St. John the Baptist	26
Orleans	35

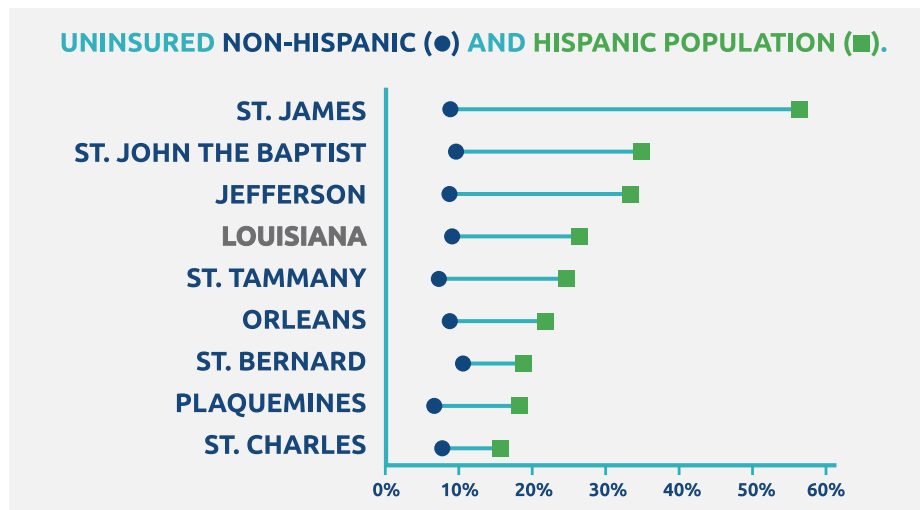
### PHYSICAL ENVIRONMENT

Community	Air pollution-particulate matter
Jefferson	6.6
Orleans	7.5
Plaquemines	7.9
St. Bernard	8.2
<b>Louisiana</b>	8.7
St. Charles	8.7
St. Tammany	8.7
St. John the Baptist	8.8
St. James	9.1

### CLINICAL CARE

Community	% population uninsured
Plaquemines	6.4%
St. Charles	7.2%
St. Tammany	7.9%
St. James	9.2%
Orleans	9.2%
<b>Louisiana</b>	9.5%
St. John the Baptist	10.5%
St. Bernard	11.2%
Jefferson	11.4%

Community	Dentists (per 100,000 population)
Jefferson	85
St. Tammany	79
Orleans	74
<b>Louisiana</b>	56
St. Charles	47
St. John the Baptist	37
St. James	33
St. Bernard	32
Plaquemines	26



Note: Total population size and percent of population that is Hispanic differs between each parish (see Table 1). Parishes with smaller Hispanic communities may have a wider margin of error for the indicator percent of Hispanic population that is uninsured.

## HEALTH BEHAVIORS AND OUTCOMES

### TOP 5 CAUSES OF DEATH (2015-2019)

Community	Top 5 causes of death	Age- adjusted death rate per 100,000
Louisiana	Diseases of heart	211.8
	Malignant neoplasms	172.8
	Accidents	58.5
	Cerebrovascular diseases	46.1
	Chronic lower respiratory diseases	42.8
Jefferson	Diseases of heart	176.5
	Malignant neoplasms	162.7
	Accidents	62.8
	Cerebrovascular diseases	40.1
	Chronic lower respiratory diseases	35.7
Orleans	Diseases of heart	181.8
	Malignant neoplasms	156.2
	Accidents	63.0
	Cerebrovascular diseases	44.0
	Assault (homicide)	34.8
Plaquemines	Diseases of heart	178.7
	Malignant neoplasms	172.3
	Accidents	49.9
	Chronic lower respiratory diseases	41.9
	Cerebrovascular diseases	34.6
St. Bernard	Diseases of heart	201.3
	Malignant neoplasms	179.8
	Accidents	51.8
	Cerebrovascular diseases	45.5
	Chronic lower respiratory diseases	34.1

Community	Top 5 causes of death	Age- adjusted death rate per 100,000
St. Charles	Diseases of heart	191.1
	Malignant neoplasms	165.9
	Accidents	50.3
	Alzheimer disease	47.6
	Cerebrovascular diseases	44.1
St. James	Diseases of heart	195.3
	Malignant neoplasms	162.8
	Accidents	57.1
	Cerebrovascular diseases	48.1
	Alzheimer disease	29.7
St. John the Baptist	Diseases of heart	246.6
	Malignant neoplasms	169.5
	Accidents	66.3
	Cerebrovascular diseases	57.2
	Alzheimer disease	38.9
St. Tammany	Diseases of heart	170.4
	Malignant neoplasms	154.0
	Accidents	62.7
	Chronic lower respiratory diseases	43.4
	Cerebrovascular diseases	35.1

\*Preliminary data shows that COVID-19 was a leading cause of death in Louisiana in 2020. Validated data from 2020 is not yet available at the parish level.

## BEHAVIORAL HEALTH

Community	Suicide death rate (per 100,000)
St. John the Baptist	10
Orleans	11
St. Charles	13
St. James	13
Jefferson	14
St. Bernard	14
<b>Louisiana</b>	15
St. Tammany	17
Plaquemines	20



## CHRONIC HEALTH CONDITIONS

Community	High blood pressure	High cholesterol	Heart disease	14+ days of poor mental health	14+ days of poor physical health
Jefferson	40%	38%	8%	15%	14%
Orleans	41%	35%	7%	16%	14%
Plaquemines	39%	38%	8%	16%	15%
St. Bernard	38%	37%	8%	18%	16%
St. Charles	38%	37%	7%	15%	13%
St. James	44%	38%	9%	16%	15%
St. John the Baptist	44%	37%	8%	16%	15%
St. Tammany	39%	38%	8%	14%	12%
Louisiana	39%	38%	12%	16%	14%

## CANCER

Community	All cancer types, age-adjusted incidence rates per 100,000
Orleans	447.4
Plaquemines	461.3
St. Charles	462.1
St. John the Baptist	467.6
St. Bernard	480.3
<b>Louisiana</b>	481.0
Jefferson	483.9
St. Tammany	497.8
St. James	514.8

Community	Breast cancer, age-adjusted incidence rates per 100,000	Breast cancer, age-adjusted death rates per 100,000
St. Bernard	112.6	25.8
St. John the Baptist	122.6	30.9
<b>Louisiana</b>	125.9	22.8
Plaquemines	126.3	-
Orleans	131.2	24.7
St. Charles	134.9	21.9
Jefferson	138.8	21.5
St. Tammany	144.7	19.5
St. James	167.6	30.9

Community	Colon and rectum cancer, age-adjusted incidence rates per 100,000	Colon and rectum cancer, age-adjusted death rates per 100,000
Plaquemines	33.8	17.1
St. Charles	36.9	16.9
St. John the Baptist	38.7	15.6
Jefferson	40.1	14.7
Orleans	40.3	14.5
St. Tammany	42.5	12.2
<b>Louisiana</b>	45.1	16.4
St. Bernard	45.6	18.1
St. James	50.6	18.5

Community	Lung and bronchus cancer, age-adjusted incidence rates per 100,000	Lung and bronchus cancer, age-adjusted death rates per 100,000
St. Charles	54.4	46.4
Orleans	57.2	38.5
St. John the Baptist	59.1	37.3
Plaquemines	59.7	43.5
St. Tammany	61.7	42.7
Jefferson	63.2	42.2
St. James	63.3	50.8
<b>Louisiana</b>	66.2	47.5
St. Bernard	87.4	60.3

Community	Prostate cancer, age-adjusted incidence rates per 100,000	Prostate cancer, age-adjusted death rates per 100,000
St. Bernard	103.3	-
St. John the Baptist	115.7	28.7
St. Tammany	115.8	18.5
Jefferson	124.4	18.0
Plaquemines	124.5	-
St. Charles	127.2	21.4
<b>Louisiana</b>	131.2	20.5
Orleans	141.3	21.7
St. James	164.8	-

## STIS

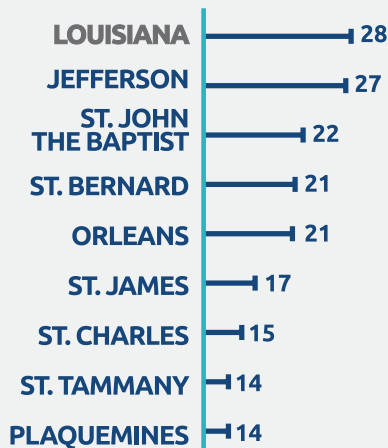
Community	Gonorrhea incidence rate (per 100,000)
Plaquemines	77.1
St. Tammany	98.3
St. Charles	168.7
St. John the Baptist	170.3
St. James	191.9
Jefferson	203.6
St. Bernard	220.8
<b>Louisiana</b>	<b>257.1</b>
Orleans	537.5

## MATERNAL AND CHILD HEALTH

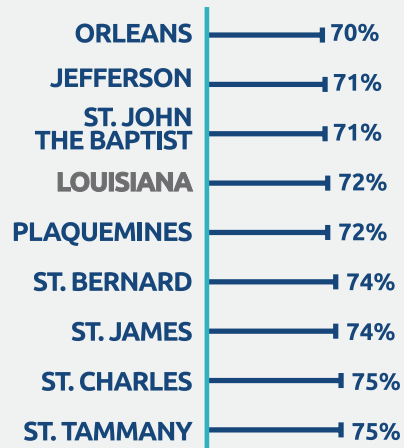
Community	Child death rate (per 100,000)
St. Tammany	46
St. Charles	48
Plaquemines	49
St. Bernard	54
Jefferson	58
<b>Louisiana</b>	<b>70</b>
St. John the Baptist	70
Orleans	76
St. James	77

Community	Infant mortality rate (per 1,000 live births)
Plaquemines	-
St. Tammany	5
Jefferson	6
St. Charles	6
St. James	6
St. Bernard	7
<b>Louisiana</b>	<b>8</b>
Orleans	8
St. John the Baptist	9

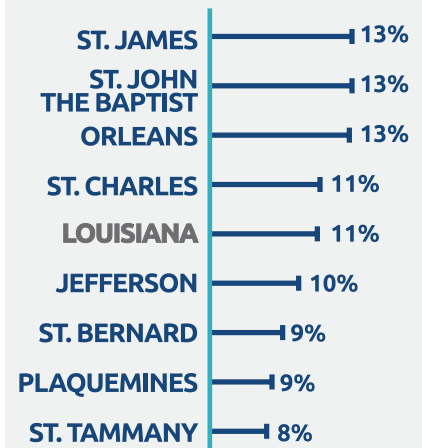
### TEEN BIRTH RATE, PER 1,000 15-19 YEAR OLDS



### PREGNANT PEOPLE WHO ENTERED PRENATAL CARE IN THEIR FIRST TRIMESTER



### LOW BIRTH WEIGHT BIRTHS



## APPENDIX G: SECONDARY DATA SOURCES

Section	Focus Area	Measure Description	Source	Year	Accessed via
Demographics	Population	Population estimate trend by parish	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Age	% population under 18	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Age	% population 65 and over	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic Black	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic White	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic Asian	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% Hispanic	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Gender	% population identified as female	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Rural/urban	% population living in a rural area	Census Population Estimates	2010	County Health Rankings, 2021
Social and Economic Factors	Educational attainment	% population 25 and older with high school graduate or higher	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Social and Economic Factors	Educational attainment	% population 25 and older with bachelor's degree or higher	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Social and Economic Factors	Violent crime rate	Annual violent crime rate (per 100,000)	FBI Uniform Crime Reports	2015-2019	CARES HQ, 2021
Social and Economic Factors	Homicide death rate	Number of deaths due to homicide per 100,000 population	National Center for Health Statistics- Mortality Files	2013-2019	County Health Rankings, 2021

<b>Section</b>	<b>Focus Area</b>	<b>Measure Description</b>	<b>Source</b>	<b>Year</b>	<b>Accessed via</b>
Social and Economic Factors	Income	Median household income	Small Area Income and Poverty Estimates	2019	County Health Rankings, 2021
Social and Economic Factors	Households that earn less than the basic cost of living	% households that are below the ALICE threshold (households that earn less than the basic cost of living)	ALICE Threshold, American Community Survey	2007-2018	ALICE Parish Profiles. 2018
Physical Environment	Smart device access	% households with a smart device	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Physical Environment	Internet access	% households with a broadband Internet subscription	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Physical Environment	Housing cost burden	% households that spend 30% or more on housing costs	American Community Survey	2015-2019	CARES HQ, 2021
Physical Environment	Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking Network	2016	County Health Rankings, 2021
Physical Environment	Limited access to healthy foods	% population who are low-income and do not live close to a grocery store	USDA Food Environment Atlas	2015	County Health Rankings, 2021
Clinical Care	Speaks language other than English	% population 5 and older, speaks language other than English	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Clinical Care	Limited English proficiency	% population 5 and older, speaks language other than English, speaks English "less than very well"	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Clinical Care	Uninsured	% population uninsured	American Community Survey	2015-2019	CARES HQ, 2021
Clinical Care	Primary care physicians	Primary care physicians per 100,000 population	Area Health Resource File, American Medical Association	2018	County Health Rankings, 2021
Clinical Care	Dentists	Dentists per 100,000 population	Area Health Resource File, National Provider Identification File	2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Mental health providers	Mental health providers per 100,000 population	CMS, National Provider Identification	2020	County Health Rankings, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	STI	Chlamydia incidence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	STI	Gonorrhea incidence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	STI	HIV/AIDS prevalence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	Smoking	% adults current smoking	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Physical inactivity	% adults with no leisure-time physical activity	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Obesity	% adults with BMI $\geq 30$	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	High blood pressure	% adults who report ever being diagnosed with high blood pressure	Behavioral Risk Factor Surveillance System	2017	CDC PLACES, 2021
Health Behaviors and Outcomes	High cholesterol	% adults who report being diagnosed with high cholesterol	Behavioral Risk Factor Surveillance System	2017	CDC PLACES, 2021
Health Behaviors and Outcomes	Coronary heart disease	% adults who report ever being told by a health professional that they have angina/coronary heart disease	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Diabetes	% adults who report ever being told by a health professional that they have diabetes	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Poor mental health	% adults who report 14+ days in past 30 days during which mental health was not good	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Poor physical health	% adults who report 14+ days in past 30 days during which physical health was not good	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Life expectancy	Average number of years a person is expected to live at birth	National Center for Health Statistics- Mortality Files	2017-2019	County Health Rankings, 2021

<b>Section</b>	<b>Focus Area</b>	<b>Measure Description</b>	<b>Source</b>	<b>Year</b>	<b>Accessed via</b>
Health Behaviors and Outcomes	Drug overdose death rate	Number of drug poisoning deaths per 100,000 population	National Center for Health Statistics- Mortality Files	2017-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Suicide death rate	Number of deaths due to suicide per 100,000 population	National Center for Health Statistics- Mortality Files	2015-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Top 5 causes of death	Age-adjusted death rate per 100,000 for top 5 causes of death	CDC WONDER- Underlying Cause of Death	2015-2019	CDC Wonder
Health Behaviors and Outcomes	All cancer- death rate	All cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	All cancer- incidence rate	All cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Breast cancer- death rate	Breast cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Breast cancer- incidence rate	Breast cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Colon and rectum cancer- death rate	Colon and rectum cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Colon and rectum cancer- incidence rate	Colon and rectum cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Lung and bronchus cancer- death rate	Lung and bronchus cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Lung and bronchus cancer- incidence rate	Lung and bronchus cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Prostate cancer- death rate	Prostate cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Prostate cancer- incidence rate	Prostate cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	COVID vaccination	% individuals with COVID vaccination series completed	LDH	2021 (Oct. 11)	Louisiana Department of Health, COVID-19 Data Dashboard
Community of Focus: Children	Child poverty	% children below 100% FPL	American Community Survey	2015-2019	CARES HQ, 2021
Community of Focus: Children	Child death rate	Number of deaths among children under age 18 per 100,000 population	National Center for Health Statistics- Mortality Files	2016-2019	County Health Rankings, 2021
Community of Focus: Children	Infant mortality rate	Infant mortality rate, per 1,000 live births	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Community of Focus: Children	Teen birth rate	Teen birth rate, per 1,000 15–19-year-old	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Community of Focus: Children	Prenatal care	% entered prenatal care in 1st trimester	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Community of Focus: Children	Low birth weight	% of all births born at a low birth weight	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health