

**New Orleans Mental Health Collaborative**  
***RESOLVE New Orleans Project***

*Community Needs & Resource Assessment*

**United Way of Southeast Louisiana**

October 13, 2023



**United Way of  
Southeast Louisiana**

## EXECUTIVE SUMMARY

The year 2023 should be replaced with the year 2022 here.

The **Mental Health Collaborative (MHC)**, founded in 2023, is a group of health care providers, nonprofit organizations, government agencies, and businesses committed to addressing the mental and behavioral health crisis for New Orleans children, youth, and adults. United Way of Southeast Louisiana is the backbone of the collaborative, helping guide partners, source funding, develop shared goals and strategies, and drive policy change.

The MHC works to identify and fill gaps in mental health care in the city, with an overarching goal of coordinated care. As part of its ongoing work to identify local mental health needs, the collaborative is dedicated to involving the community, recognizing that residents are best suited to identify the most pressing needs in their neighborhood, revealing trends and treatment populations in advance of other reporting bodies.

The MHC presents the enclosed comprehensive health and resource assessment, incorporating the findings from the following five recent community needs and resource assessments of the city and data from the Center for Disease Control, County Health Rankings, and the U.S. Census.

1. 2021 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) authored by the Louisiana Public Health Institute (LPHI) and Metropolitan Hospital Council of New Orleans (MHCNO)
2. 2020 New Orleans Youth Alliance (NOYA) NOLA Youth Well-being Dashboard
3. 2023 CrescentCare Behavioral Health's Needs Assessment from 2023
4. 2022 New Orleans Community Health Improvement Plan (CHIP) from the City's Department of Health
5. 2023 Coalition for Compassionate Schools (CCS), Institute of Women and Ethical Studies (IWES) NOLA Public School Well-being Survey

# OVERVIEW OF HEALTH & WELL-BEING IN NEW ORLEANS

## 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 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 the criminalization of substance abuse. Therefore, two participating hospitals decided to prioritize health-related impacts of violence.

## HEALTH EQUITY AND DISCRIMINATION IN HEALTH CARE

Discrimination in health care affects patient engagement, access to care, and quality of care. Participants shared examples of health care 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 health care 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 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 health care. 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 and economic opportunity in the area. 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.

## I. DEFINING THE COMMUNITY

Orleans Parish, Louisiana, has 169.5 square miles of land area and is the 64<sup>th</sup> largest county in Louisiana by total area. Plaquemines Parish, Jefferson Parish, St. Bernard Parish, and St. Tammany Parish border Orleans Parish.

Louisiana's 3 Largest Parishes	BATON ROUGE *	ORLEANS	CADDO
<b>Population</b>			
total	482,511	<b>383,997</b>	239,775
# male	231,665	<b>182,332</b>	113,979
# female	250,846	<b>201,642</b>	125,796
<b>Age</b>			
under 5 years of age	31,102	<b>22,024</b>	15,625
# male	15,454	11,286	7,830
# female	15,648	10,738	7,795
5 to 9 years old	31,815	<b>20,718</b>	15,136
# male	16,548	11,004	7,592
# female	15,267	9,714	7,544
10 to 14 years old	29,507	<b>22,039</b>	16,955
# male	14,580	10,535	8,628
# female	14,927	11,504	8,327
15 to 19 years old	34,376	<b>21,501</b>	15,141
# male	17,177	10,576	7,633
# female	17,199	10,925	7,508
20 to 24 years old	47,633	<b>22,867</b>	14,145
# male	23,299	10,915	6,896
# female	24,334	11,952	7,249
25 to 64 years old	238,828	<b>216,623</b>	121,500
# male	114,886	102,731	57,769
# female	123,942	113,892	63,731
65+ years of age	69,250	<b>58,202</b>	41,273
# male	29,721	25,285	17,631
# female	39,529	32,917	23,642
<b>Race and Ethnicity</b>			
American Indian/Alaska Native	1,370	<b>1,337</b>	1,093
Asian	14,719	<b>10,703</b>	3,206
Black/African American	217,435	<b>208,273</b>	115,298
Nat. Hawaiian/Pacific Islander	131	<b>147</b>	126
Some Other Race	16,089	<b>12,409</b>	3,808
Two or More Races	23,860	<b>24,666</b>	10,860
White	210,376	<b>126,462</b>	103,457

<b>Foreign Born Population (Orleans Parish, Louisiana)</b>		
Naturalized U.S. citizen		53.7%
Not a U.S. citizen		46.3%

<b>Median Income by Types of Families (Orleans Parish, Louisiana)</b>		
Families		\$72,477
Married-couple families		\$110,249
Nonfamily households		\$37,587

<b>Poverty by Age (Orleans Parish, Louisiana)</b>		
Under 18 years		33.5%
18 to 64 years		19.3%
64 years and over		20.1%

<b>Education Attainment, Population 25 Years + (Orleans Parish, Louisiana)</b>		
High school or equivalent degree		20.3%
Some college, no degree		20.6%
Associate's degree		4.8%
Bachelor's degree		22.2%
Graduate or professional degree		21.4%

<b>School Enrollment, Population 3 Years + Enrolled in School (Orleans Parish, Louisiana)</b>		
Nursery school, preschool		6.1%
Kindergarten to 12th grade		59.0%
College, undergraduate		23.5%
Graduate, professional school		11.5%

<b>Class of Worker (Orleans Parish, Louisiana)</b>		
Employee of private company workers		57.2%
Self-employed in own incorporated business workers		4.8%
Private not-for-profit wage and salary workers		16.2%
Local, state, and federal government workers		14.8%
Self-employed in own/not incorporated business & unpaid family workers		7.0%

<b>Means of Transportation to Work, Workers 16 Years + (Orleans Parish, Louisiana)</b>		
Drove alone		62.8%
Carpool		8.2%
Public transportation		4.1%
Walked		6.1%
Bicycle		1.9%
Taxicab, motorcycle, or other means		2.8%
Worked from home		14.1%

**Industry for the Civilian Employed Population 16 Years+ (Orleans Parish, Louisiana)**

Agriculture, forestry, fishing and hunting, and mining	0.5%
Construction	3.8%
Manufacturing	3.7%
Wholesale trade	2.5%
Retail trade	0.5%
Transportation and warehousing, and utilities	7.8%
Information	5.3%
Finance and insurance, and real estate and rental and leasing	2.7%
Professional, scientific, and management, administrative & waste services	5.5%
Educational services, and health care and social assistance	14.0%
Arts, entertainment, and recreation, and accommodation and food services	30.5%
Other services, except public administration	13.6%
Public administration	5.2%

**Occupied Units Paying Rent (Orleans Parish, Louisiana)**

Less than \$500	11.4%
\$500 to \$999	25.3%
\$1,000 to \$1,499	36.2%
\$1,500 to \$1,999	18.6%
\$2,000 to \$2,499	5.6%
\$2,500 to \$2,999	1.6%
\$3,000 or more	1.2%

**Housing Value (Orleans Parish, Louisiana)**

Less than \$50,000	3.2%
\$50,000 to \$99,999	3.5%
\$100,000 to \$149,999	6.5%
\$150,000 to \$199,999	13.3%
\$200,000 to \$299,999	23.1%
\$300,000 to \$499,999	24.2%
\$500,000 to \$999,999	20.3%
\$1,000,000 or more	5.8%

**Owner Occupied Housing Units by Types of Households (Orleans Parish, Louisiana)**

Married-couple family	37,315
Male householder, no spouse present	2,839
Female householder, no spouse present	12,184

**Types of Disabilities (Orleans Parish, Louisiana)**

Hearing difficulty	3.3%
Vision difficulty	3.3%
Cognitive difficulty	6.1%
Ambulatory difficulty	8.8%
Self-care difficulty	2.7%
Independent living difficulty	5.5%



### Total Households by Type of Households (Orleans Parish, Louisiana)

Married-couple family household	30.2%
Male householder, no spouse present, family household	22.0%
Female householder, no spouse present, family household	40.7%

### Marital Status by Sex (Orleans Parish, Louisiana)

Married, not separated – Male	31.6%
Married, not separated – Female	27.5%
Widowed – Male	2.7%
Widowed – Female	8.0%
Divorced – Male	11.6%
Divorced – Female	13.8%
Separated – Male	2.4%
Separated – Female	2.8%
Never Married – Male	51.8%
Never Married – Female	47.9%

\* Baton Rouge data includes both East and West Baton Rouge data

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[https://data.census.gov/profile/Caddo\\_Parish,\\_Louisiana?q=050XX00US22017](https://data.census.gov/profile/Caddo_Parish,_Louisiana?q=050XX00US22017)

[https://data.census.gov/profile/East\\_Baton\\_Rouge\\_Parish,\\_Louisiana?q=050XX00US22033](https://data.census.gov/profile/East_Baton_Rouge_Parish,_Louisiana?q=050XX00US22033)

[https://data.census.gov/profile/West\\_Baton\\_Rouge\\_Parish,\\_Louisiana?q=050XX00US22121](https://data.census.gov/profile/West_Baton_Rouge_Parish,_Louisiana?q=050XX00US22121)

[https://data.census.gov/profile/Orleans\\_Parish,\\_Louisiana?q=050XX00US22071](https://data.census.gov/profile/Orleans_Parish,_Louisiana?q=050XX00US22071)



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## II. ORGANIZING DATA ACCORDING TO THE COMMUNITY HEALTH RANKINGS MODEL

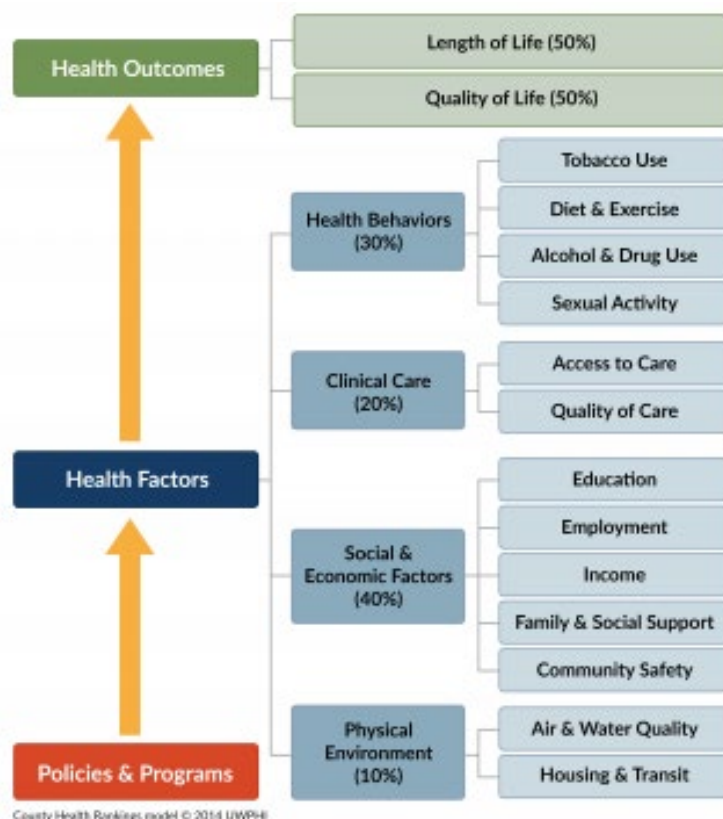
Utilizing the County Health Rankings Model (CHR), we are able to assess social and economic factors, physical environment, clinical care (access to and quality of care), and health behaviors and outcomes.<sup>2</sup>

A wide range of factors influence how long and how well we live, including opportunities for education, income and wealth generation, safe, secure, and affordable housing, and the right to shape policies and practices that impact our everyday lives. For some people, the essential elements for a healthy life are readily available; for others, the opportunities are significantly limited due to power imbalances in decision-making and resource allocation.

CHR believes that differences in opportunity result from our collective decision-making. We can build the will to implement policies and programs that positively influence how resources are allocated, how services are provided, how groups are valued, and, ultimately, how and whether we thrive. CHR seeks to foster social solidarity and help build community power for health equity.

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 2023 America's Health Rankings Report.

Orleans Parish	Rank in State
Length of Life	35th
Quality of Life	42nd
Health Behaviors	8th
Clinical Care	10th
Social & Economic Factors	57th
Physical Environment	16th
Health Outcomes	40th
Health Factors	22nd



<sup>2</sup> County Health Rankings & Roadmaps 2023. [www.countyhealthratings.org](http://www.countyhealthratings.org)

### III. HEALTH BEHAVIORS & 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 well-being of communities.

Communities of color are often at greater risk for poor health outcomes because of inequitable access to social and economic benefits. <sup>3</sup>

One important measure of health is average life expectancy.<sup>4</sup>

	LA	Orleans	AIAN	Asian	Black	Hispanic	White
Life Expectancy	75.2	<b>75.9</b>	0	85.9	73.2	81.5	79.8
Homicide Death Rate	14%	<b>36%</b>	0	0	56	13	5
Fire Arm Death Rate	22%	<b>39%</b>	0	0	55	13	15
Motor Vehicle Death Rate	17%	<b>11%</b>	0	0	13	19	7
Suicide Rate	15%	<b>11%</b>	0	0	6	12	19

### BEHAVIORAL HEALTH

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

	LA	Orleans <sup>5</sup>
Frequent Mental Distress	18%	17%
Drug Overdose Death (#)	4,303	616
Insufficient Sleep	37%	39%

#### Rate of Mental Health Providers (per 100,000)

**Louisiana: 304**

**Orleans: 557**

New Orleans lacks accessible mental health care and equitable coordination of services for young people in communities most impacted by community violence and collective trauma. As the New Orleans Youth Master Plan concluded, “Across the city, there are hundreds of organizations working to improve the lives of young people. But often their efforts are stymied by lack of resources and lack of coordination.”

Even with such high rates of trauma, New Orleans is considered a mental “health provider shortage area (HPSA)” due to the fact that there are one or fewer mental health providers for every 30,000 people. Existing mental health providers lack the capacity to meet the need. Calls to the city’s crisis and suicide

<sup>3</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

<sup>4</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>5</sup> County Health Rankings & Roadmaps 2023. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



Hotline calls increased by 30% in the last year. The city's leading federally qualified health center has nine-month waits for individual therapy and six-week waits for psychiatric care.<sup>6</sup>

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.

Qualitative participants 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 do not want to deal with patients who have behavioral health needs.

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 health care. 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.**

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<sup>6</sup> New Orleans Health Department | CHIP 2022 – 2025 NOHD CHIP 2022-2025 (nola.gov)  
“CYPB Youth Master Plan.” CYPB Youth Master Plan, <https://nolayouthmasterplan.org/>

## OBESITY

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

Obesity increases the risk for leading causes of death, including heart attack, stroke, and different types of cancers.<sup>7</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.**<sup>8</sup>

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## LACK OF PHYSICAL ACTIVITY

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

### Lack of Physical Activity

Louisiana: 31%

Orleans: 27%

**In the GNO area, 24-34% of adults lack physical activity.**<sup>9</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>10</sup>

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

## TOBACCO USE

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<sup>7</sup> National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

<sup>8</sup> National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

<sup>9</sup> Centers for Disease Control and Prevention. (2021). Adult Obesity Causes & Consequences. Retrieved from <https://www.cdc.gov/obesity/adult/causes.htm>

<sup>10</sup> Centers for Disease Control and Prevention. (2019). Lack of Physical Activity. Retrieved from <factsheets/physical-activity.htm>

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 disease, 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>11</sup> **In the GNO area, 19-27% of adults currently smoke, with adult smoking prevalence highest in St. Bernard.**<sup>12</sup>

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## DIABETES

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

Louisiana 14%  
Orleans 14%

**In the GNO area, 12-16% of adults report being told by a health professional that they have diabetes.**<sup>13</sup> Over time, diabetes can contribute to serious health problems such as heart disease, vision loss, and kidney disease.<sup>14</sup>

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## CANCER

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

**Cancer is the second leading cause of death in all parishes in the GNO area when adjusted for age.**<sup>15</sup> Cancer death rates (per 100,000) are higher in St. Bernard, St. John, Plaquemines, and St. Charles parishes than Louisiana rates.<sup>16</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>17</sup>

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<sup>11</sup> Centers for Disease Control and Prevention. (2021). Tobacco Use. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm>

<sup>12</sup> Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>13</sup> Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>14</sup> Centers for Disease Control and Prevention. (2020). Diabetes Basics. Retrieved from

<sup>15</sup> CDC WONDER. (2015-2019). Underlying Cause of Death.

<sup>16</sup> National Cancer Institute/ Centers for Disease Control and Prevention. (2014-2018).

<sup>17</sup> National Institutes of Health- National Cancer Institute. (2020). Cancer Disparities. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>

## 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>18</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>19</sup> **heart disease is the leading cause of death in all parishes** when adjusted for age.<sup>20</sup>

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## 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>21</sup>

The Louisiana Department of Health reported Louisiana's first presumptive case of COVID-19 on March 9, 2020.<sup>22</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>23</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>24</sup>

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## SEXUALLY TRANSMITTED INFECTIONS (STIS)

### Chlamydia incidence rate (per 100,000)

**Louisiana: 774.8**

**Orleans: 1,254.7**

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<sup>18</sup> Centers for Disease Control and Prevention. (2021). About Heart Disease. Retrieved from <https://www.cdc.gov/heartdisease/about.htm>

<sup>19</sup> Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

<sup>20</sup> CDC WONDER- Underlying Cause of Death. (2015-2019)

<sup>21</sup> Mayo Clinic Staff. (2021). Coronavirus disease 2019 (COVID-19). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963>

<sup>22</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>23</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-ospitalizations/7976034002/>

<sup>24</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>

## HIV/AIDS Prevalence rate (per 100,000)

Louisiana: 541.0

Orleans: 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>25</sup> HIV is an ongoing public health concern in the United States, and rates of new diagnoses are highest in the South.<sup>26</sup> In most parishes in the GNO area, incidence rates of chlamydia are higher than the state rate.<sup>27</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.<sup>28</sup>**

Nationally, Black communities are disproportionately affected by HIV. This disparity may be associated with social and economic issues, racism and discrimination in health care, and other factors that create barriers for Black people to access HIV prevention and care services.<sup>29</sup>

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<sup>25</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>26</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>27</sup> National Center for HIV/AIDS, Viral Hepatitis, STD, and TB. (2018). Retrieved from CARES HQ, 2021

<sup>28</sup> Louisiana Department of Health. (Oct. 11, 2021). COVID-19 Data Dashboard. Retrieved from <https://www.ldh.la.gov/coronavirus/>

<sup>29</sup> Centers for Disease Control and Prevention. (2021). HIV and African American People. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/>

## RESOURCES ADDRESSING HEALTH BEHAVIORS & 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, a ten-week training program to achieve running goals, a conference, and races.
<b>Bridge House/ Grace House</b>	Behavioral health and addiction treatment.	South LA parishes	These residential treatment facilities provide no-cost substance-use disorder treatment to men and women in two separate locations.
<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>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 Health care: 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 health care.	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 health care.	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.
<b>Odyssey House Inc.</b>	Behavioral Health care: Community Health Center.	Orleans	Odyssey House Louisiana (OHL) is a nonprofit behavioral health care provider with an emphasis on addiction treatment. OHL's encompassing system of care includes detox, treatment, behavioral and medical health care, life- skills, counseling, and case management.
<b>Ready Responders</b>	Access to care.	Orleans	A community paramedic group improving access and quality to health care 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.

## IV. CLINICAL CARE

“Staying healthy is expensive.” - focus group participant

Clinical care, comprised of accessible and quality care, can improve the health and well-being of communities through the prevention and detection of diseases<sup>30</sup>. This section will also include discrimination in health care, 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.”**

	LA	Orleans <sup>31</sup>
Uninsured Adults	12%	12%
Uninsured Children	4%	4%
Frequent Physical Distress	13%	12%
Frequent Mental Distress	18%	17%

#### Primary Care Physicians (per 100,000)<sup>32</sup>

Louisiana: 68

Orleans: 103

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.

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

<sup>30</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>31</sup> County Health Rankings & Roadmaps 2023. [www.countyhealthratings.org](http://www.countyhealthratings.org)

<sup>32</sup> Area Health Resource File, American Medical Association. (2018). Retrieved from County Health Rankings, 2021

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.<sup>33</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.

In the last year, respondents to CrescentCare’s survey indicated it was very difficult to secure:

- Assistance getting housing, food, employment, or financial help.
- Counseling or Therapy.
- Seeing a psychiatrist or getting medication from a psychiatrist.

In the last year, the top three reasons given for CrescentCare’s survey respondents not getting the mental health care needed, included:

- Difficult to find providers who are a good fit for me (e.g. culturally, racially, gender identity).
- Long wait times.
- Confusing systems.

In the last year, the top three challenges CrescentCare’s survey respondents experienced were depression (82%), anxiety (80%), and extreme change in emotions (45%)

Lastly, in the last year, CrescentCare’s survey respondents rated their current mental health/wellness as Good (37%), Average (40%), and Poor (23%)

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## QUALITY OF CARE

Interview and focus group participants brought up concerns about the 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 are ready.</li><li>▪ Patients in Urgent Care or ERs are not 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>

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<sup>33</sup> Area Health Resource File, American Medical Association. (2018). Retrieved from County Health Rankings, 2021

## CLINICAL CARE RESOURCES

Organization	Focus	Parish(es)	Notes
<b>504 HealthNet</b>	Health care: 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>	Health care: 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>	Health care: Community Health Center.	Orleans, Jefferson	The commitment of CGHC is to help meet the primary needs of the uninsured or the underinsured. They believe "Social Justice is the foundation of community health."
<b>Crescent Care</b>	Health care: 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>	Health care: 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>EXCETH, Inc.</b>	Health care: 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 three fixed health centers and a family dental center serving Orleans and a behavioral health program in East Baton Rouge.
<b>Health Care for the Homeless</b>	Health care: Community Health Center.	Orleans	Health Care for the Homeless is an FQHC providing primary health care 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>	Health care: Community Health Center.	Jefferson	Inclusive Care is committed to assisting with medical, dental, behavioral health, and pharmacy needs with locations in Marrero, Kenner, Avondale, and Lafitte.

Organization	Focus	Parish(es)	Notes
<b>JenCare Senior Medical Center</b>	Health care: aging.	Orleans	JenCare Senior Medical Center is a family-owned primary and specialty care practice committed to delivering superior health care to Medicare-eligible seniors.
<b>LSU Health Care Network</b>	Outpatient health care.	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>	Health care: 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 health care 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>	Health care: 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 and family therapy; social services: case management, Medicaid/Medicare enrollment, language access; and pediatric services.
<b>Oak Street Health</b>	Health care: aging.	Orleans, Jefferson.	Provides care for Medicare patients, including behavioral health, specialist treatment, and primary health care.
<b>Ochsner- Xavier Institute for Health Research and Outcomes</b>	Health care 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 health care delivery models, and model equitable and respectful care.
<b>Planned Parenthood</b>	Health care: 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 health care, education, and information.

Organization	Focus	Parish(es)	Notes
<b>Priority Health</b>	Health care: 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>	Health care and community connection.	Nationwide; Orleans, Jefferson	Social Health Bridge leads the way in bridging the gap between health care 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>	Health care: Community Health Center.	Greater New Orleans region	St. Thomas' mission is to provide culturally competent health care of the highest quality, regardless of the ability to pay.
<b>Start Corp</b>	Health care: Community Health Center.	Orleans, St. Tammany+	Start Corporation is a nonprofit 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.

“They were rushing me in and out. You don’t even know what is wrong with me, and you are writing a prescription? I did not come here to get medication; I came here to find out what is 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

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## DISCRIMINATION IN CARE

Discrimination in health care affects individuals’ access to quality care as well as their willingness to seek care to begin with<sup>34</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 also 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 health care system.

### **Language-minority communities experience additional issues in accessing care.**

According to our qualitative participants, due to a 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 health care, 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 analyzed the use of the language line and argued that the interpretation provided is often subpar.

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<sup>34</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/>

## V. SOCIAL AND ECONOMIC FACTORS

Many factors outside of clinical care 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 are 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

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### 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.”**

#### Households that earn less than the basic cost of living

Louisiana: 51%

Orleans: 57%

International and national research connects poverty to ill health.<sup>35</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.<sup>36</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.

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<sup>35</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>36</sup> ALICE Threshold, American Community Survey. (2007-2018). Retrieved from ALICE Parish Profiles, 2018



## CRIME, VIOLENCE, AND INCARCERATION

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

### Annual violent crime rate (per 100,000)

Louisiana: 562.3

Orleans: 1,050.2

**“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<sup>37</sup> and other neighboring parishes can be directly tied to poverty and the lack of economic opportunities described above.

Research shows that incarceration is linked directly to poor health outcomes, both for the individuals who are incarcerated and for their family members.<sup>38</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 affecting their employment opportunities.
- Cycles of incarceration and the school-to-prison pipeline.

Qualitative participants indicated that many people are in prison because of substance use and other behavioral health issues when they need assistance. They analyzed 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.

As it relates to Orleans Parish youth, ages 11-19 in 2019, who participated in the emotional wellness screeners: <sup>39</sup>

- 1 in 5 children had witnessed a murder.
- 2 in 5 had seen someone shot, stabbed or beaten.
- 1 in 3 children were witnesses to domestic violence.
- More than half had someone close to them murdered.

<sup>37</sup> FBI Uniform Crime Reports. (2015-2019). Retrieved from CARES HQ, 2021

<sup>38</sup> Massoglia, M. & Pridemore, W.A. (2015). “Incarceration and Health.” Annual Review of Sociology. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6124689/>

<sup>39</sup> Selected Emotional Wellness Screener measures of WES Believe in Youth - Louisiana (BY-LA) Program, by special request, July 28, 2019.

## HEALTH LITERACY AND EDUCATION

Higher educational attainment is linked to greater life expectancy as well as other positive health outcomes.<sup>40</sup> Yet, **in many GNO parishes, higher educational attainment lags behind state averages.**<sup>41</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.

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<sup>40</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>41</sup> American Community Survey. (2015-2019).

## 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>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 and 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.

Organization	Focus	Parish(es)	Notes
<b>Hispanic Chamber of Commerce Louisiana</b>	Economic growth and development of Hispanic businesses.	Statewide	Nonprofit 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, hard of hearing, and blind) through services, employment, and advocacy.
<b>Louisiana Alliance of Children's Advocacy Centers</b>	Advocacy for children.	Statewide	A nonprofit 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 nonprofits and small businesses to tackle social and environmental disparities in New Orleans.

Organization	Focus	Parish(es)	Notes
<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.
<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 and 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 business 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 that 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, high school equivalency preparation, employment readiness, career exploration, and out-of-school time enrichment programming.

## VI. 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>42</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 are not going to exercise. You are not going to have access to healthy food. You are 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

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### LACK OF RELIABLE TRANSPORTATION OPTIONS

**NEARLY HALF OF SURVEY REpondENTS 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:**

- Public transportation systems are subpar and unaffordable in urban parishes (Orleans, Jefferson).
- Families with one car cannot 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.

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<sup>42</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>

## HOUSING INSECURITY

**7 IN 10 SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, “ALL PEOPLE IN MY COMMUNITY LIVE IN SAFE, AFFORDABLE HOUSING.”**

### Households that are housing cost-burdened

Louisiana: 27.9%

Orleans: 43.3%

Residents facing housing insecurity are more likely to delay care and report poor health status than residents with stable housing. 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.<sup>43</sup>

Qualitative participants said that **housing insecurity has been exacerbated by the pandemic, and the region has seen an increase in homelessness.**

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## FOOD INSECURITY

**NEARLY 6 IN 10 SURVEY REpondENTS DISAGREED WITH THE STATEMENT, “ALL PEOPLE IN MY COMMUNITY HAVE ACCESS TO HEALTHY, NUTRITIOUS FOODS.”**

	LA	Orleans
Food Insecure	14%	17%
Access to Healthy Foods	11%	9%
Children Eligible for free/reduced lunch	55%	66%

Food insecurity, or limited access to adequate food, is associated with poor physical and mental health outcomes, including increased risk of chronic diseases.<sup>44</sup> Qualitative participants reported that **many residents in the GNO area deal with food insecurity and struggle to access affordable, healthy foods.**

Qualitative participants expressed that there was a breakdown in agencies providing their normal food

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<sup>43</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/pcd/issues/2015/14\\_0511.htm](https://www.cdc.gov/pcd/issues/2015/14_0511.htm)

<sup>44</sup> Michael Precker, American Heart Association News. (2021). Food insecurity's long-term health consequences. Retrieved from <https://www.heart.org/en/>

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 shows that most parishes in the GNO area, have a higher percentage of people with limited access to food compared to the Louisiana average.<sup>45</sup>

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## TECHNOLOGY ACCESS

With the rise in virtual schooling and telehealth due to the pandemic, access to reliable internet, computers, and smartphones has become even more crucial.<sup>46</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 expressed that many people, especially older adults, do not see telehealth as a “real” doctor’s appointment or a legitimate substitute for in-person care.

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## NATURAL ENVIRONMENT

The natural environment affects individuals’ mental and physical health and contributes to both positive and negative health behaviors.

According to qualitative participants, climate change and flooding cause 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.

Participants also raised concerns about the new Entergy gas-burning plant in New Orleans East.

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<sup>45</sup> USDA Food Environment Atlas. (2015). Retrieved from County Health Rankings, 2021

<sup>46</sup> American Community Survey. (2015-2019).



## 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>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 ten-year partnership between 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 nonprofit, direct service agency serving the unhoused and underserved of Greater New Orleans. The Society of St. Vincent de Paul established the Inn. All services are provided free of charge.

Organization	Focus	Parish(es)	Notes
<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.
<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.

## VII. COMMUNITY OF FOCUS: CHILDREN

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

### % of children living in poverty

**Louisiana: 27%**

**Orleans: 34%**

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>47</sup>

**In the GNO area, 15-34% of children live in poverty, with child poverty rates the highest in Orleans Parish.**<sup>48</sup> When looking at the data by race, a smaller percentage of white children live in poverty compared to Black children in the GNO area.<sup>49</sup> Specifically, **almost half of Black children in St. James and Orleans Parishes live in poverty.**

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, and asbestos from poor housing conditions.
- Children’s Hospital located far from many low-income neighborhoods.

The Coalition for Compassionate Schools conducted [asset mapping](#) of existing trauma-informed services available to NOLA Public Schools, especially mental and behavioral health supports. Twenty-five organizations were identified.<sup>50</sup>

<sup>47</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>48</sup> American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

<sup>49</sup> American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

<sup>50</sup> Healing-centered, culturally grounded, trauma-informed multitiered system of support is *referred to as TI-MTSS*

Results indicated:

- Trauma-informed training opportunities were robust for school administrators, educators, and school mental professionals; far fewer opportunities were available for parents and students.
- Training opportunities for specific trauma-related content and skill building were more robust than opportunities focused on the integration of trauma-informed approaches within a TI-MTSS. Further, only a few organizations were identified that provide training in evidence-based practices that are critical to TI-MTSS, including universal screening for social, emotional, and behavioral risk (1), social-emotional learning programs (2), restorative practices (3), and racial equity (4).
- In terms of direct service provision, more organizations offered trauma-focused interventions (Tier 3) than trauma-informed prevention (Tier 2) and mental/behavioral health promotion (Tier 1). Only one organization offered trauma-informed partial hospitalization.

## VIII. METHODOLOGY and CONCLUSION

Both qualitative and quantitative data was 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 the community perceived 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 health care.
- 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 affect one another as they drive health outcomes.

## IX. APPENDICES

### Appendix A: COMMUNITY INPUT SURVEY: DEMOGRAPHIC DATA

<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%

## QUESTIONS: DETERMINANTS OF HEALTH

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

	Strongly Disagree/ Disagree	Strongly Agree/ Agree	Total responses (N)
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.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
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.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
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 B:  
LOCAL RESOURCES MENTIONED BY QUALITATIVE PARTICIPANTS**

**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>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.

<b>LA Trans Advocates</b>	Transgender resources.	Greater New Orleans region	Resources include a health care 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 nonconforming.	Orleans	Trans-led coalition of community members, health care providers, students, and teachers in the Gulf South, united to trans liberation through equitable health care.
<b>Walk to End HIV New Orleans</b>	LGBTQAI.	Orleans	Fundraising walk focusing on the goal of eradicating HIV and the racism, homophobia, sexism, stigma, and poverty that perpetuates it.

<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.

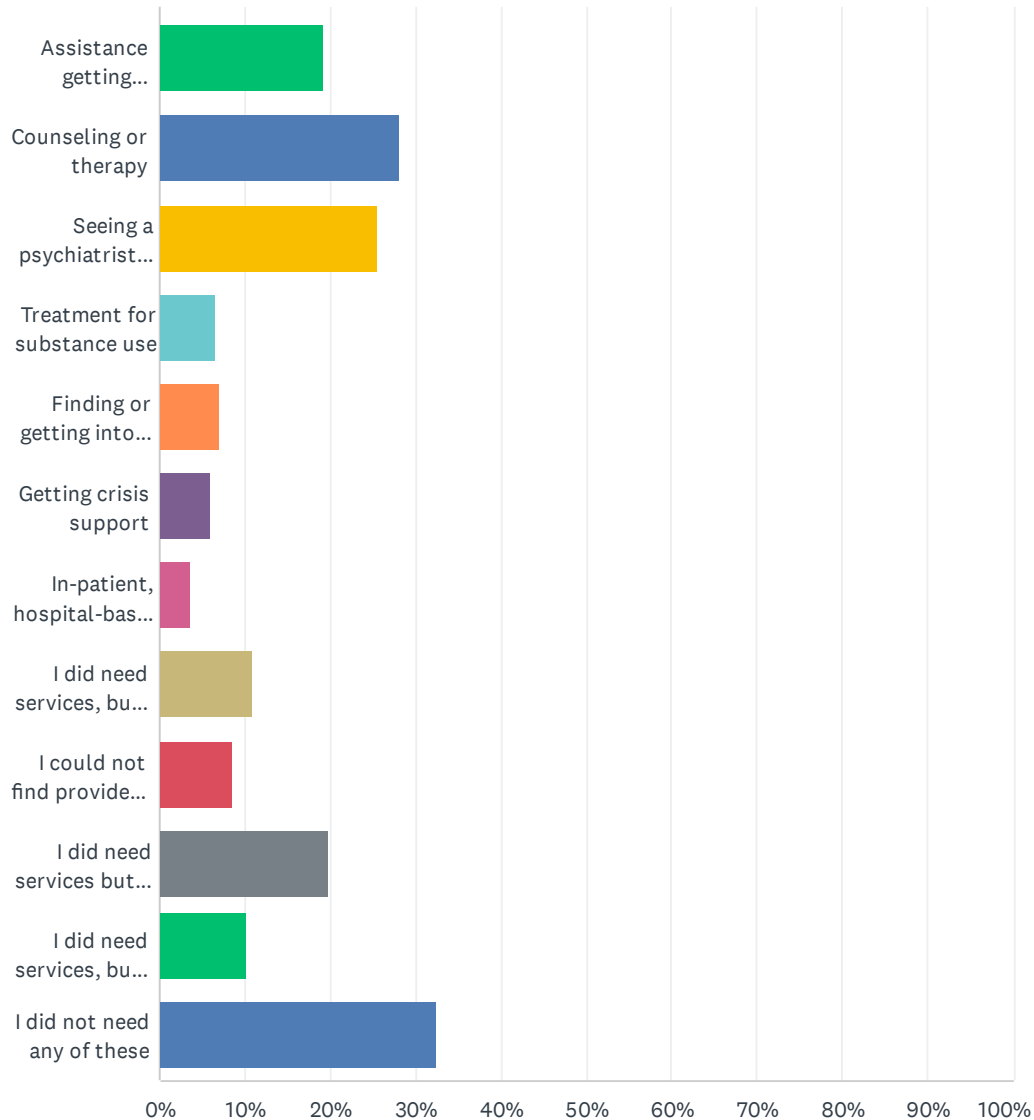
Organization	Focus	Parish(es)	Notes
<b>Louisiana Children's Museum</b>	Activities for children.	Orleans	Offering interactive activities for children, The Louisiana Children's Museum offers many free days, weekly and monthly programming, including animal yoga, an edible garden, and story time.
<b>Louisiana 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 and 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 that 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 departments, recreational department, businesses, academic institutions, and libraries.</p>			

## APPENDIX C:

### 2023 CRESCENTCARE BEHAVIORAL HEALTH'S NEEDS ASSESSMENT

Q1 In the last year up to today, were you able to get any of the following services when you needed them? (check all that apply)

Answered: 650 Skipped: 16

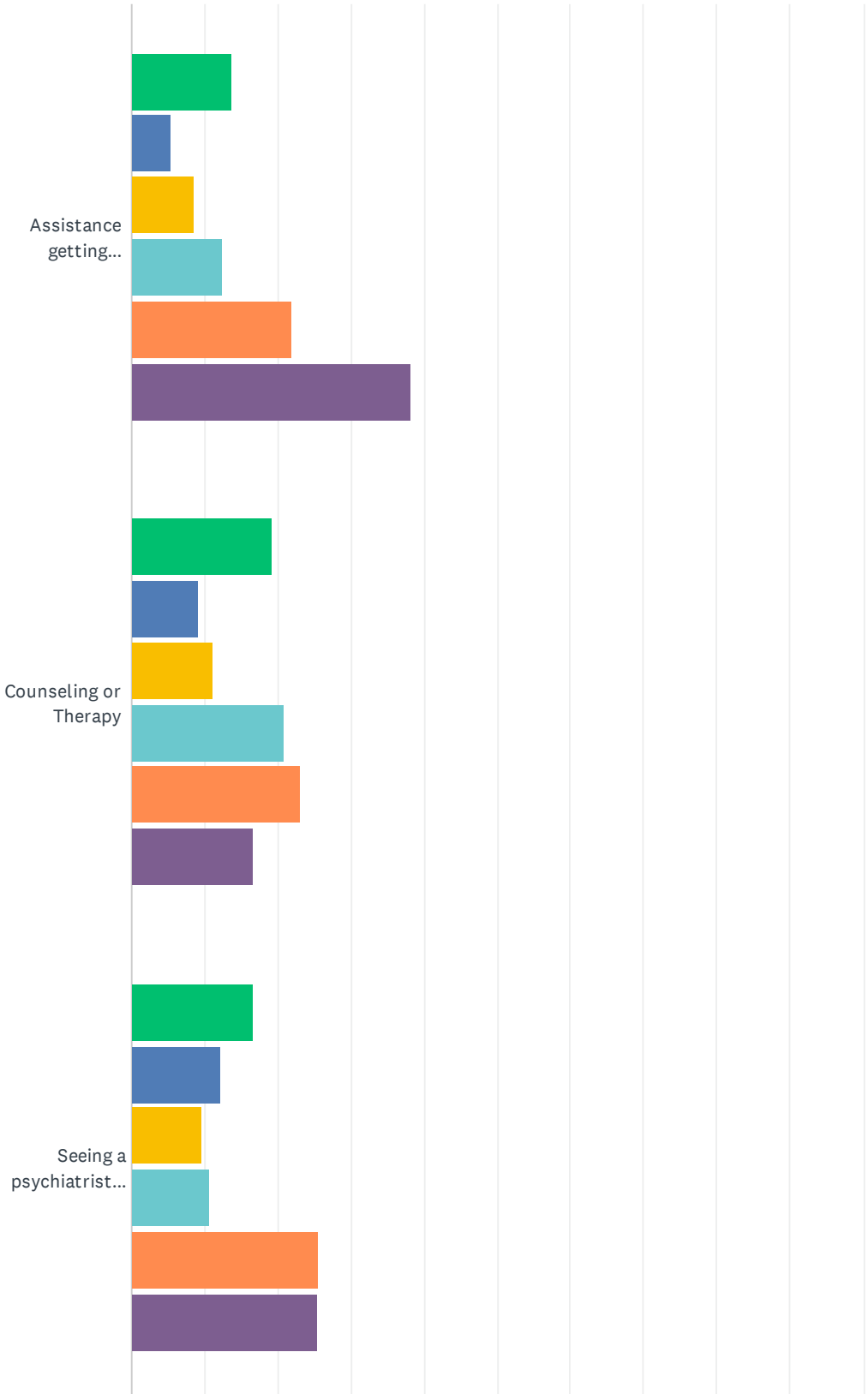


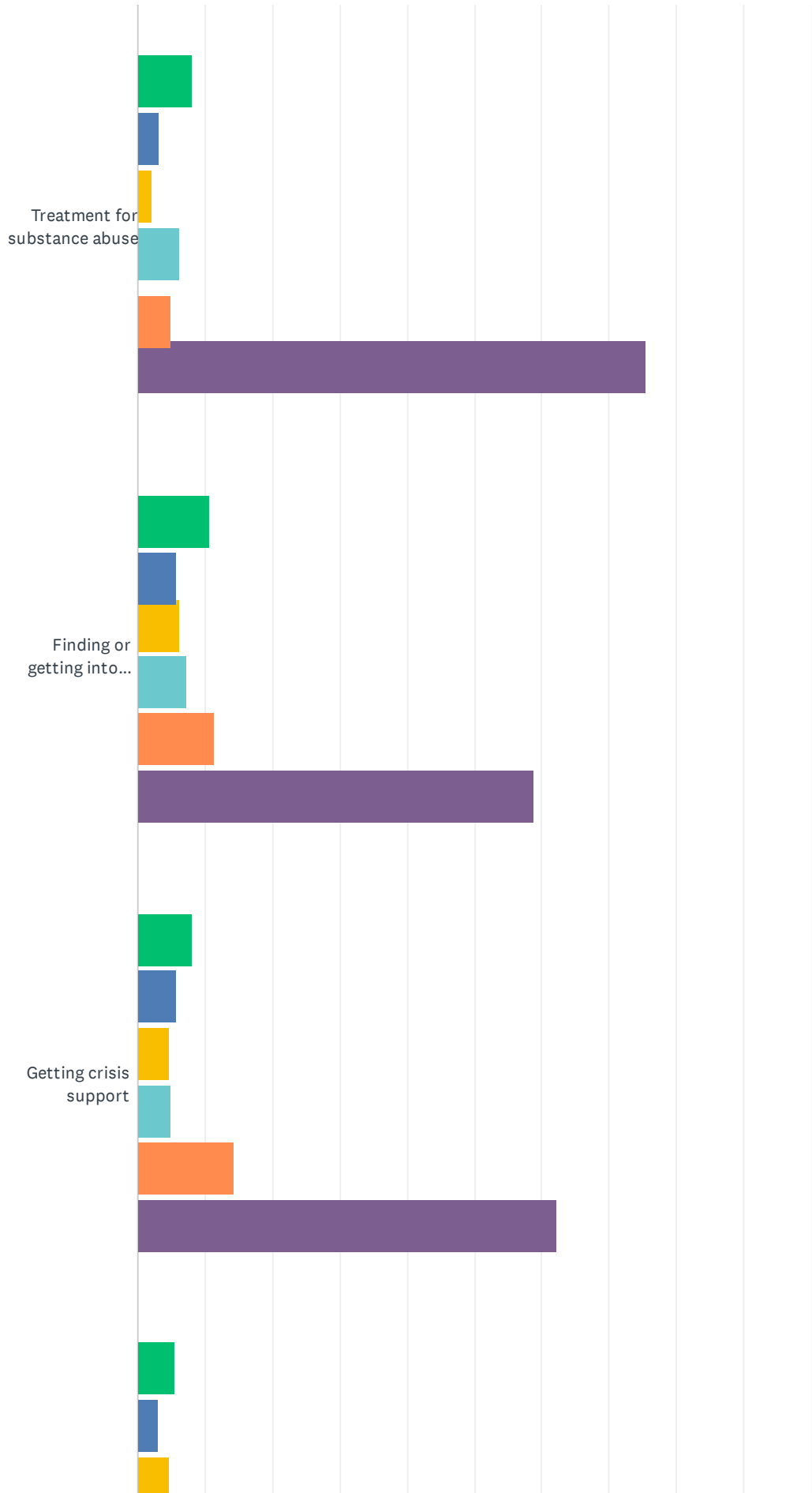
ANSWER CHOICES	RESPONSES	
Assistance getting housing, food, employment, or financial help	19.23%	125
Counseling or therapy	28.15%	183
Seeing a psychiatrist or getting medication from one	25.54%	166
Treatment for substance use	6.62%	43
Finding or getting into a support group	7.08%	46
Getting crisis support	6.00%	39
In-patient, hospital-based mental health care	3.54%	23
I did need services, but didn't have adequate insurance or couldn't afford the co-pay	10.77%	70
I could not find providers or services that took my insurance (such as Medicaid or Medicare)	8.62%	56
I did need services but didn't know how to find them	19.85%	129
I did need services, but did not try to get them	10.15%	66
I did not need any of these	32.46%	211
Total Respondents: 650		

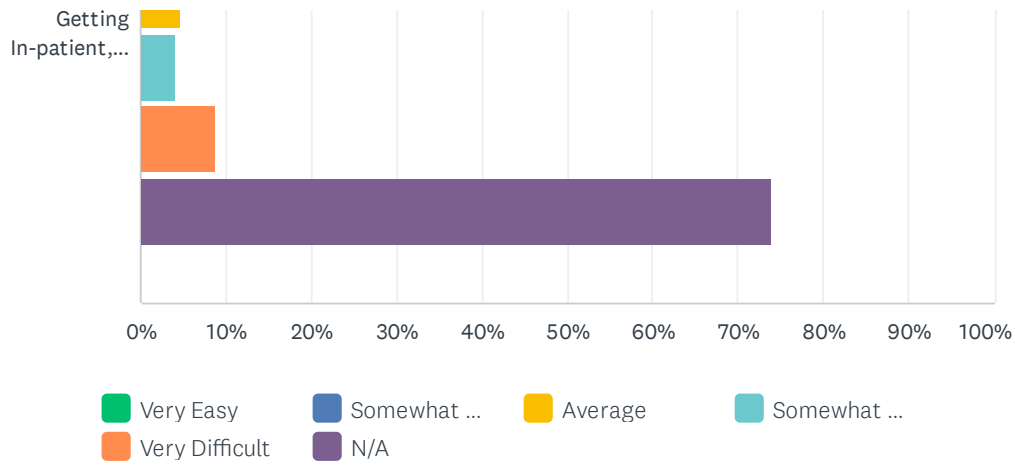


# Q2 In the last year up to today, how would you rate the ease of finding the following services? (select all that apply)

Answered: 364 Skipped: 302





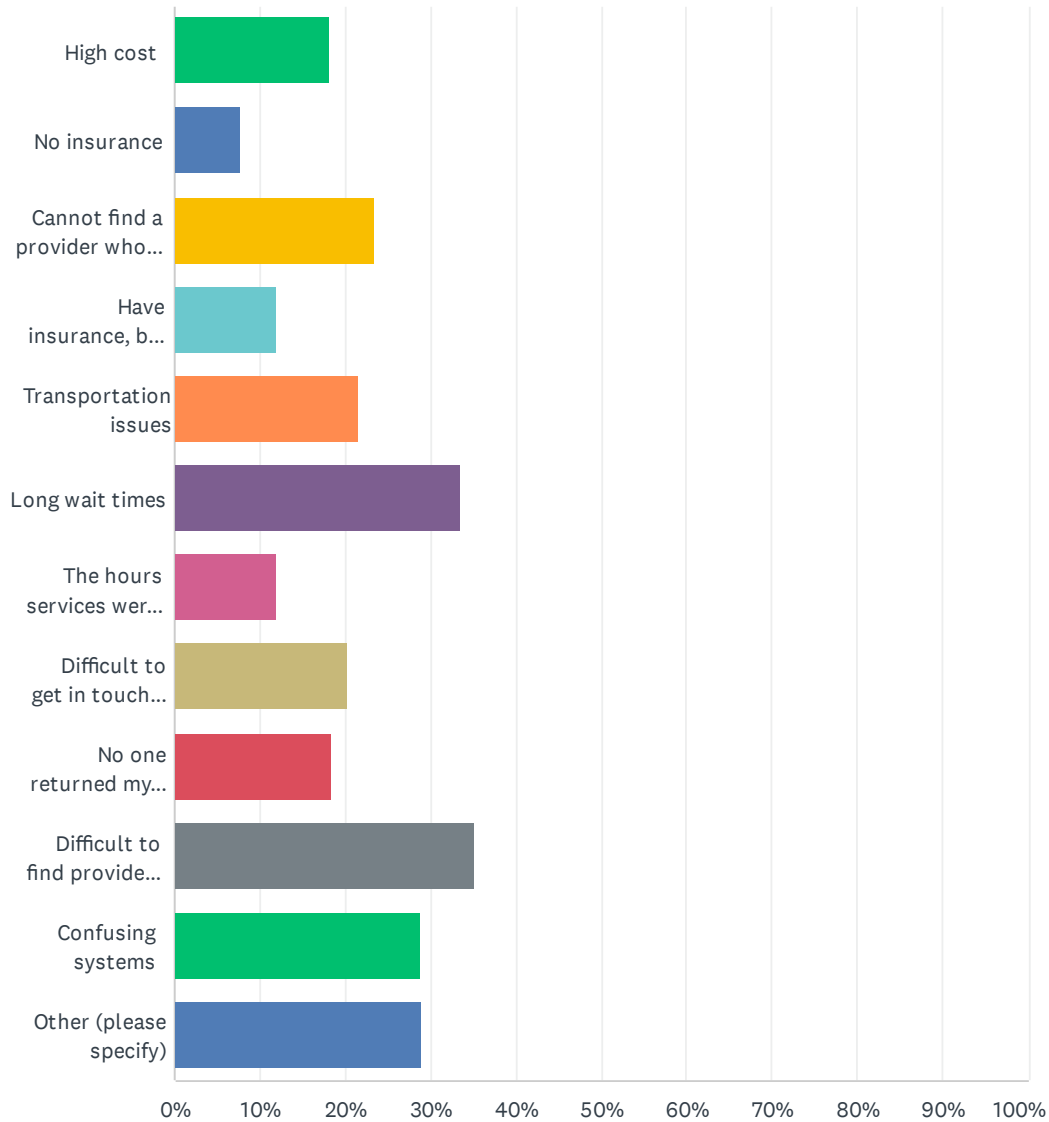


	VERY EASY	SOMEWHAT EASY	AVERAGE	SOMEWHAT DIFFICULT	VERY DIFFICULT	N/A	TOTAL	WEIGHTED AVERAGE
Assistance getting housing, food, employment, or financial help	13.56% 48	5.37% 19	8.47% 30	12.43% 44	22.03% 78	38.14% 135	354	2.61
Counseling or Therapy	19.26% 68	9.07% 32	11.05% 39	20.96% 74	22.95% 81	16.71% 59	353	2.77
Seeing a psychiatrist or getting medication from a psychiatrist	16.71% 58	12.10% 42	9.51% 33	10.66% 37	25.65% 89	25.36% 88	347	2.78
Treatment for substance abuse	8.19% 28	3.22% 11	2.05% 7	6.14% 21	4.97% 17	75.44% 258	342	3.14
Finding or getting into a support group	10.72% 37	5.80% 20	6.09% 21	7.25% 25	11.30% 39	58.84% 203	345	2.94
Getting crisis support	8.14% 28	5.81% 20	4.65% 16	4.94% 17	14.24% 49	62.21% 214	344	2.70
Getting In-patient, hospital-based mental health care	5.54% 19	2.92% 10	4.66% 16	4.08% 14	8.75% 30	74.05% 254	343	2.71



### Q3 Please select which challenges prevented you from getting the mental health care you needed in the last year up to today. (select all that apply)

Answered: 310 Skipped: 356

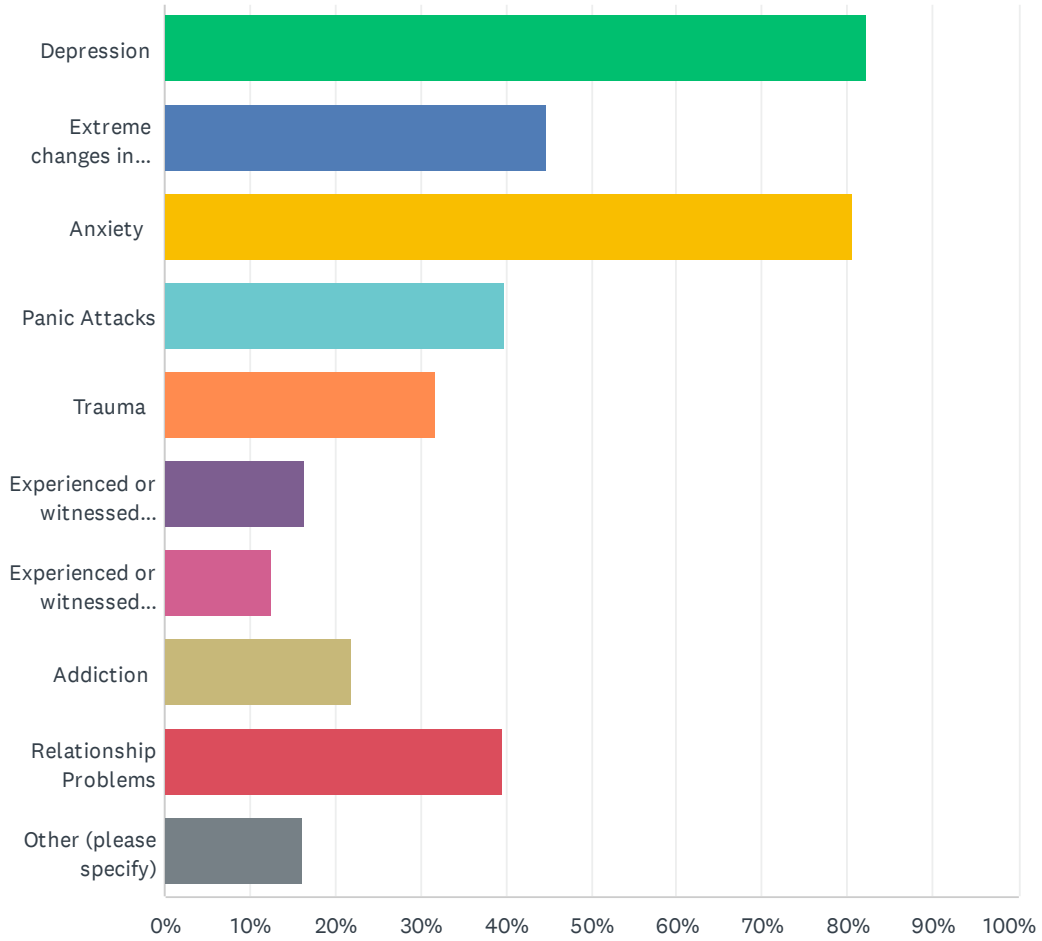


ANSWER CHOICES	RESPONSES	
High cost	18.06%	56
No insurance	7.74%	24
Cannot find a provider who accepts my insurance	23.55%	73
Have insurance, but could not afford the copay for frequent visits	11.94%	37
Transportation issues	21.61%	67
Long wait times	33.55%	104
The hours services were available didn't work with my schedule	11.94%	37
Difficult to get in touch with clinic	20.32%	63
No one returned my calls	18.39%	57
Difficult to find providers who are a good fit for me (e.g. culturally, racially, gender identity, etc.)	35.16%	109
Confusing systems	28.71%	89
Other (please specify)	29.03%	90
Total Respondents: 310		



# Q4 In the last year up to today, what challenges did you experience? (select all that apply)

Answered: 341 Skipped: 325

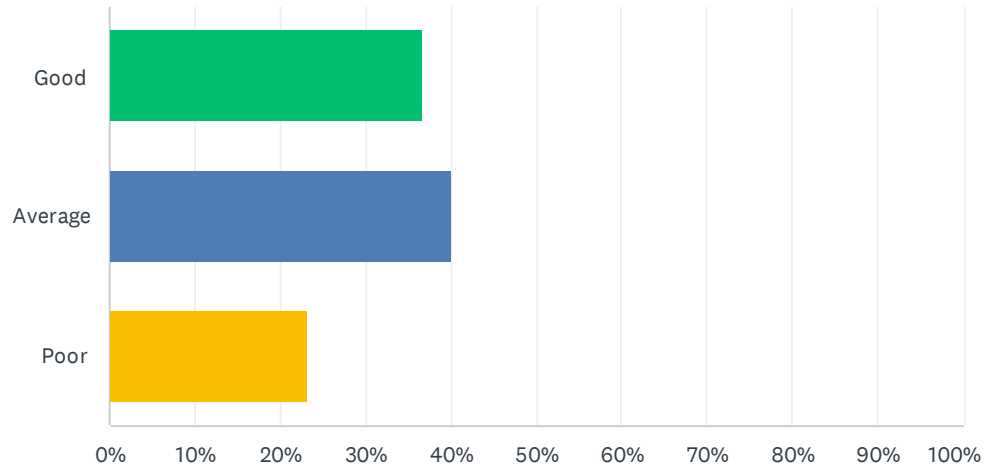


ANSWER CHOICES	RESPONSES	
Depression	82.40%	281
Extreme changes in emotion	44.87%	153
Anxiety	80.65%	275
Panic Attacks	39.88%	136
Trauma	31.67%	108
Experienced or witnessed violence/assault	16.42%	56
Experienced or witnessed physical or sexual violence	12.61%	43
Addiction	21.99%	75
Relationship Problems	39.59%	135
Other (please specify)	16.13%	55
Total Respondents: 341		



# Q5 Overall, in the last year up to today, how would you rate your current mental health/wellness?

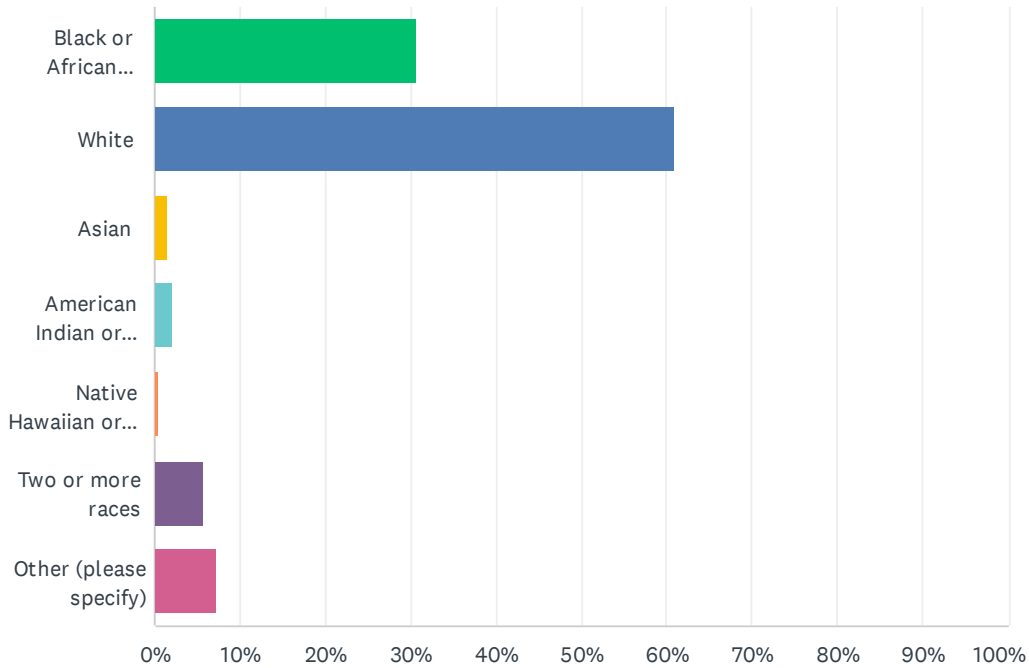
Answered: 534 Skipped: 132



ANSWER CHOICES	RESPONSES
Good	36.70% 196
Average	40.07% 214
Poor	23.22% 124
TOTAL	534

## Q6 What is your race (select all that apply)

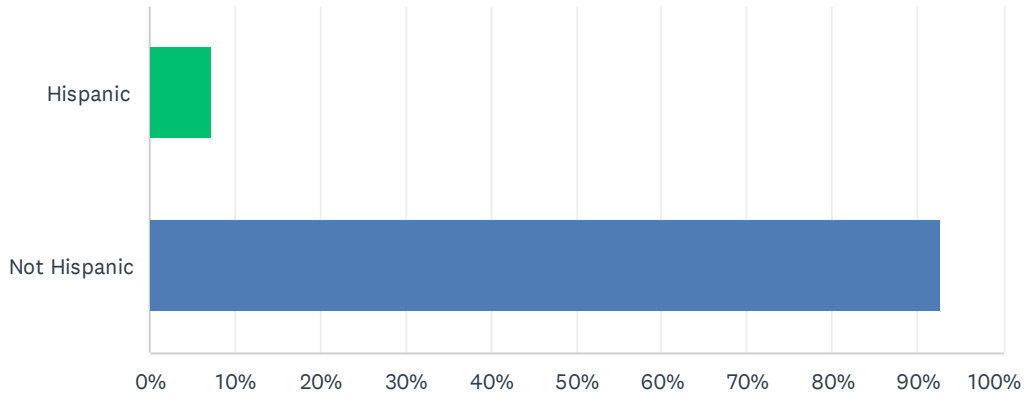
Answered: 524 Skipped: 142



ANSWER CHOICES	RESPONSES	
Black or African American	30.73%	161
White	61.07%	320
Asian	1.53%	8
American Indian or Alaska Native	2.10%	11
Native Hawaiian or other Pacific Islander	0.38%	2
Two or more races	5.73%	30
Other (please specify)	7.25%	38
Total Respondents: 524		

# Q7 What is your ethnicity?

Answered: 511 Skipped: 155

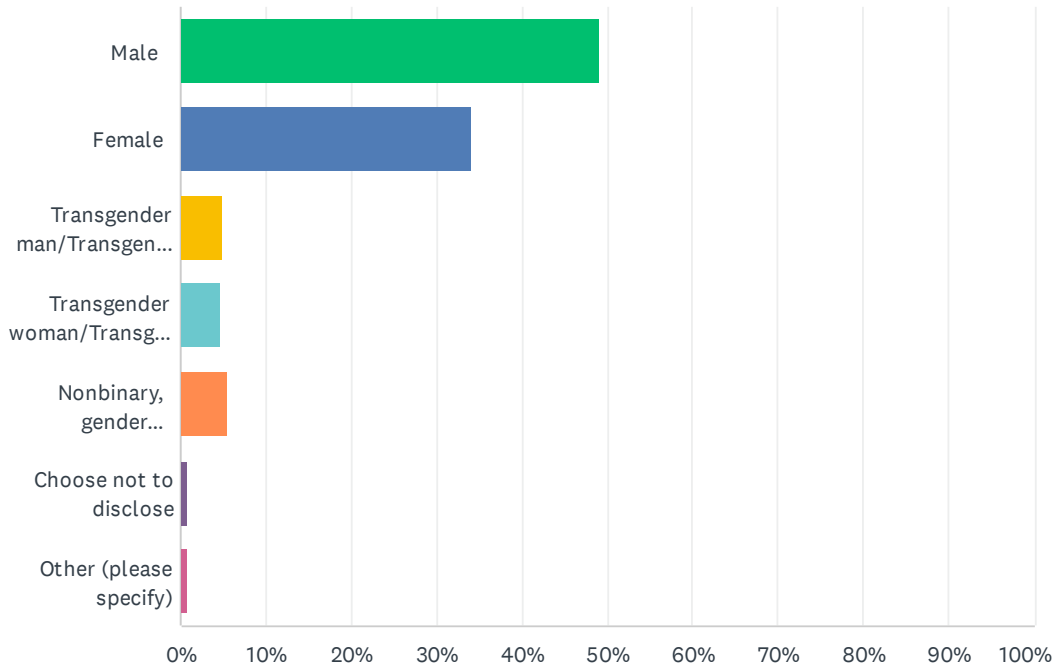


ANSWER CHOICES	RESPONSES	
Hispanic	7.24%	37
Not Hispanic	92.76%	474
TOTAL		511



## Q8 What is your current gender identity?

Answered: 526 Skipped: 140

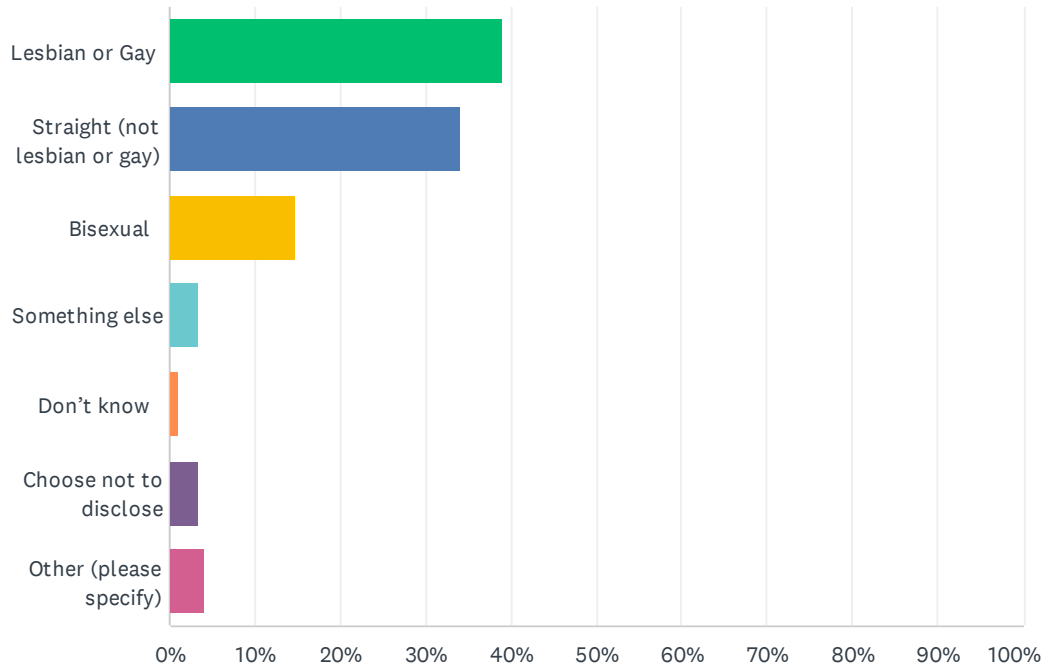


ANSWER CHOICES	RESPONSES	
Male	49.05%	258
Female	34.03%	179
Transgender man/Transgender/transmasculine	4.94%	26
Transgender woman/Transgender female/transfeminine	4.75%	25
Nonbinary, gender non-conforming, genderqueer	5.51%	29
Choose not to disclose	0.95%	5
Other (please specify)	0.76%	4
<b>TOTAL</b>		<b>526</b>



# Q9 What is your sexual orientation?

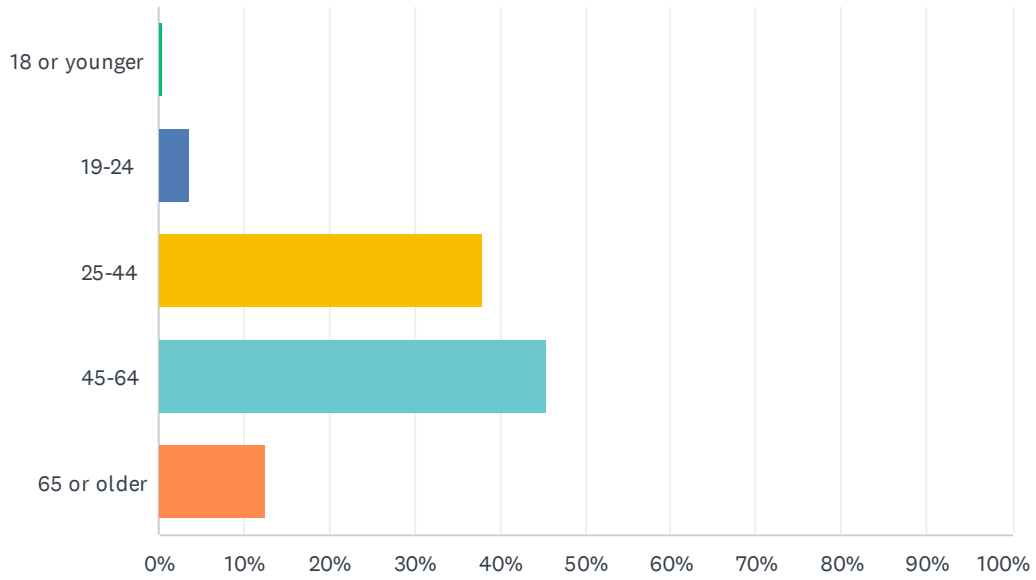
Answered: 521 Skipped: 145



ANSWER CHOICES	RESPONSES	
Lesbian or Gay	38.96%	203
Straight (not lesbian or gay)	34.17%	178
Bisexual	14.78%	77
Something else	3.45%	18
Don't know	1.15%	6
Choose not to disclose	3.45%	18
Other (please specify)	4.03%	21
<b>TOTAL</b>		<b>521</b>

# Q10 What is your age?

Answered: 526 Skipped: 140

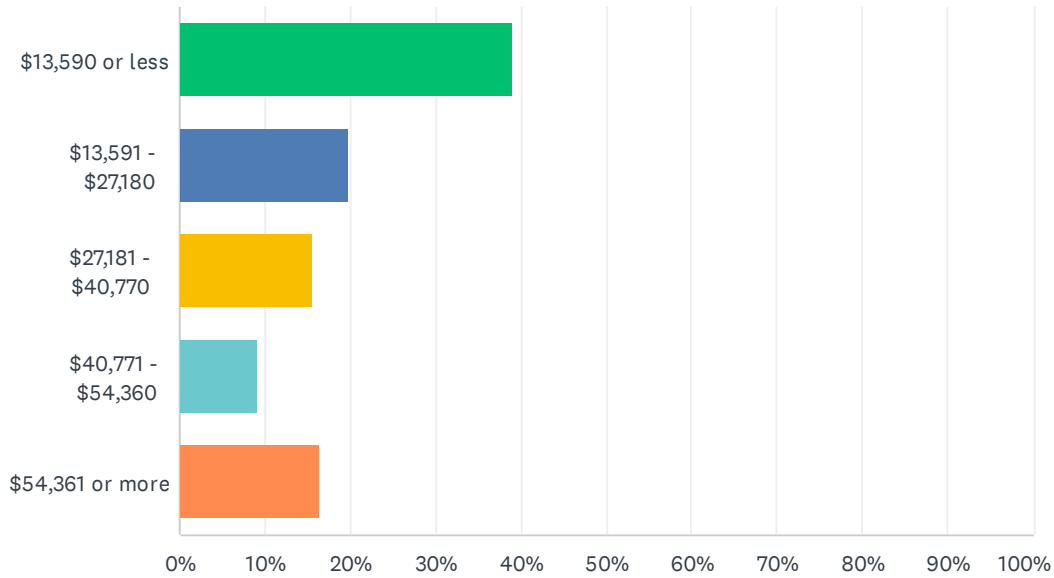


ANSWER CHOICES	RESPONSES
18 or younger	0.38% 2
19-24	3.61% 19
25-44	38.02% 200
45-64	45.44% 239
65 or older	12.55% 66
TOTAL	526



# Q11 What was your total annual income last year (before taxes)

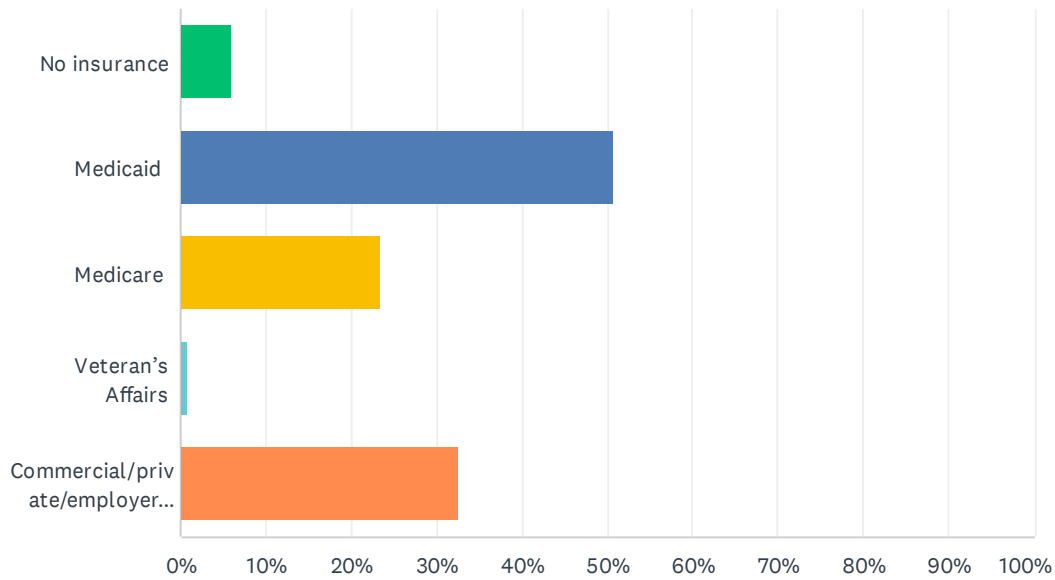
Answered: 520 Skipped: 146



ANSWER CHOICES	RESPONSES	
\$13,590 or less	39.04%	203
\$13,591 - \$27,180	19.81%	103
\$27,181 - \$40,770	15.58%	81
\$40,771 - \$54,360	9.23%	48
\$54,361 or more	16.35%	85
<b>TOTAL</b>		<b>520</b>

## Q12 What type of insurance to you have?

Answered: 522 Skipped: 144



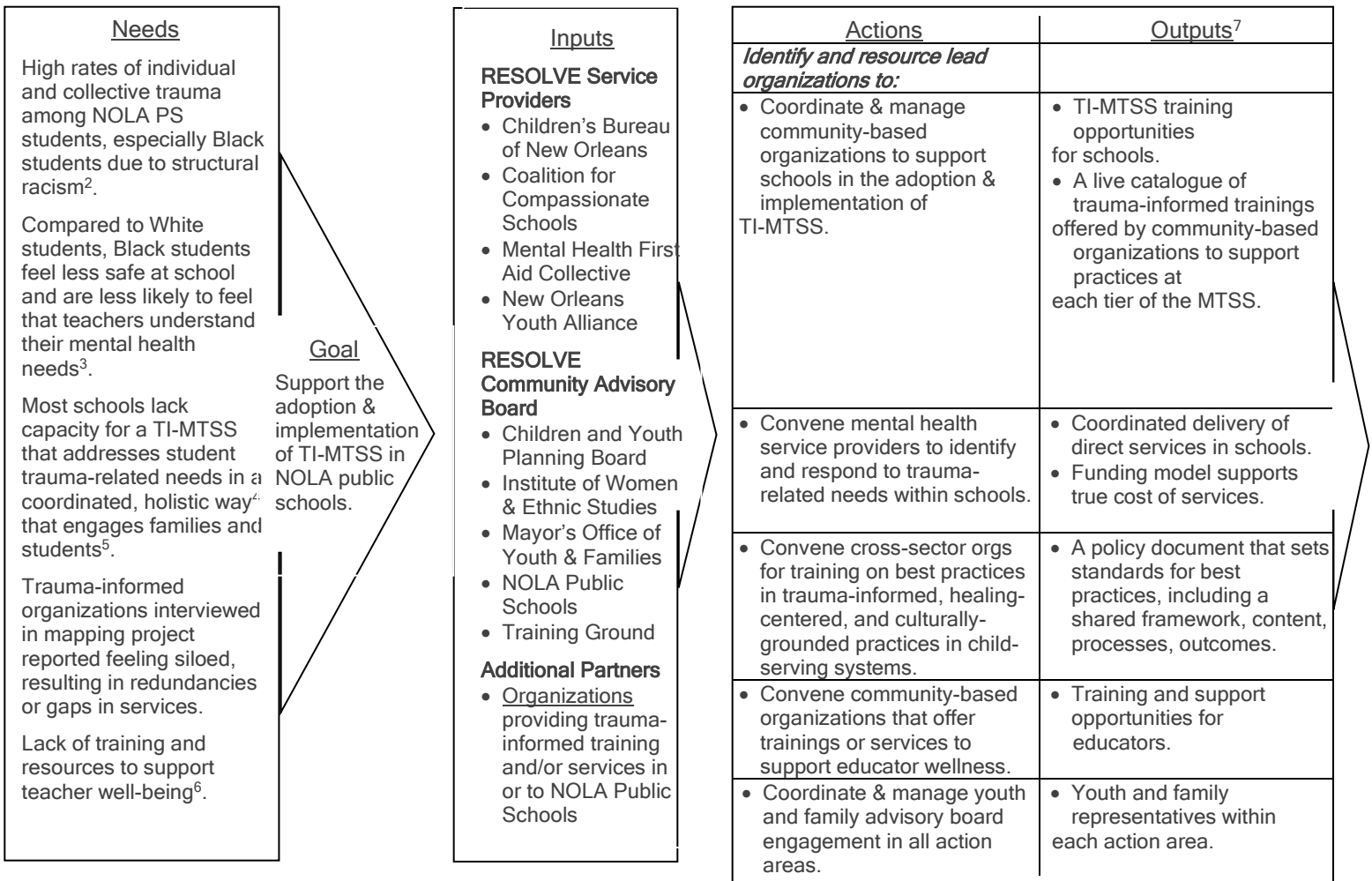
ANSWER CHOICES	RESPONSES	
No insurance	5.94%	31
Medicaid	50.77%	265
Medicare	23.37%	122
Veteran's Affairs	0.77%	4
Commercial/private/employer-sponsored	32.57%	170
Total Respondents: 522		

# APPENDIX D: Coalition for Compassionate Schools School-Base Logic Model

**Key Question:** To what degree do NOLA Public Schools have in place a comprehensive, trauma-informed mental and behavioral health service system to address the full range of student needs that includes: universal mental and behavioral health promotion, early identification and intervention, targeted supports for students; workforce development and supports for educators; interagency collaboration; and student, family and community engagement? We refer to this type of system as a healing-centered, culturally grounded, trauma-informed multitiered system of support, *referred to throughout this document as TI-MTSS<sup>1</sup>*.

**Results of Asset Mapping:** The Coalition for Compassionate Schools conducted asset mapping of existing trauma-informed services available to NOLA Public Schools, especially mental and behavioral health supports. Twenty-five organizations were identified. Results indicated:

- Trauma-informed training opportunities were fairly robust for school administrators, educators, and school mental professionals; far fewer opportunities were available for parents and students.
- Training opportunities for specific trauma-related content and skill building were more robust than opportunities focused on the integration trauma-informed approaches within a TI-MTSS. Further, only a few organizations were identified that provide training in evidence-based practices that are critical to TI-MTSS, including universal screening for social, emotional, and behavioral risk (1), social emotional learning programs (2), restorative practices (1), and racial equity (4).



<sup>1</sup> A healing-centered, culturally-grounded, trauma-informed multitier system of support: 1) views trauma as a collective experience and considers the underlying role of historic and ongoing systemic racism in contributing to individual experiences of trauma for students of color and other marginalized groups; 2) targets system-level change in schools to disrupt systems of oppression and prevent recurring trauma exposure; 3) views healing as a collective process that draws on the culture and strengths of the students and the community; 4) focuses on holistic well-being in addition to symptom reduction; and 5) embeds practices that address secondary traumatic stress that can impact the educational workforce in schools with high rates of student trauma.

<sup>2</sup> The NOLA Public School student population is 73% Black, 13% Hispanic, and 86% economically disadvantaged. The majority of the students face structural poverty, are disproportionately exposed to trauma, and experience structural barriers to receiving educational and mental health supports to address trauma-related needs. The Institute of Women and Ethnic Studies found that one in five New Orleans public school students aged 11 to 15 had witnessed a murder and more than half had someone close to them murdered. Structural poverty and community violence are more likely to be experienced by Black children in New Orleans than by other racial or ethnic groups. In fact, between January 2021 and April 2022 in New Orleans, 24 children under the age of 18 were murdered by guns—**20 of those victims were Black boys**. About 1/3 of Hispanic students in New Orleans have immigrated from Central America and they also experience high rates of trauma stemming from structural violence in their pre-immigration communities, forced separation from their families due to US immigration policies, and racial trauma in the US.

<sup>3</sup> Results from a survey of NOLA Public School students revealed that Black students rated their school climates significantly lower than white students, with the largest differences in sense of school safety and sense of emotional safety. Relatedly, Black students rated their teachers as less likely to show concern for their well-being and less likely to value their ideas and views than white students. Interestingly, 54% of Black students reported they would use more mental health resources in school if available to them.

<sup>4</sup> Although the number of school mental health professionals has increased over the past two years, access to services has not; 71% of schools reported that they had not been able to meaningfully increase access to services for students or staff in response to the COVID-19 pandemic and/or Hurricane Ida. Fewer than half of NOLA Public Schools reported utilizing a specific approach or curriculum to universal social emotional learning. Half or just over half of schools indicated they were able to provide Tier 2 and Tier 3 services to address common mental and behavioral health problems. Although a sizable minority of schools reported taking student trauma exposure into account when planning their multitier systems of supports, this most often took the form of training for educators on the impact of student trauma exposure on students and the educators who teach them. Schools were less likely to report the use of specific trauma-informed strategies to develop school wide discipline policies or individualized interventions for students.

<sup>5</sup> Most New Orleans public schools (87%) fail to engage families or the broader community around issues of mental health, trauma, and its impact. Furthermore, 70% of schools report little to no training on cultural responsiveness, creating a barrier to meaningful family and community engagement a TI-MTSS. Student voice has also been largely absent from the development and implementation of trauma-informed approaches in schools.

<sup>6</sup> Attending to the needs of educators is critical because when the adults in the school are not well, they cannot help students thrive. As educators are asked to recognize and respond to student social emotional needs, including the impact of trauma, they are placed at risk for the development of negative outcomes related to secondary trauma exposure. In a survey of NOLA Public School educators, 36% screened positive for anxiety and 35% screened positive for depression. In a different study, about 15% of NOLA Public School educators reported elevated symptoms of secondary traumatic stress.

<sup>7</sup> Many of these outputs are based on the implementation plan in the [Called to Care](#) report produced by the Trauma Taskforce convened by the New Orleans Children and Youth Planning Board.

#### Key data sources

[Jones, D.](#) (2022, June 17). *'This is a crisis': New Orleans murder rate per capita pacing highest in U.S.* KPLC News.

[Gollub, E. L.,](#) Green, J., Richardson, L., Kaplan, I., & Shervington, D. (2019). Indirect violence exposure and mental health symptoms among an urban public-school population: Prevalence and correlates. *Plos One*.

[Cowen Institute](#) (2023). The State of Public Education in New Orleans 2022 – 2023.

[Carroll, J. M.,](#) Harris, D. N., Gerry, A., & Weixler, L. (2023) *Voices of New Orleans youth 2022: How are our city's children doing after three unusual years?* Educational Research Alliance.

[The New Orleans Trauma-Informed Schools Learning Collaborative](#) (2021). *COVID-19 Impacts on Educator Well-Being*. New Orleans, LA: Author.

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