Ochsner Health

LCMC Health

Greater New Orleans Area

2024 Community Health Needs Assessment

A joint assessment with the following hospital facilities:

- Children's Hospital New Orleans
- East Jefferson General Hospital
- New Orleans East Hospital
- Ochsner Medical Center – New Orleans
- Ochsner Medical Center – Kenner
- Ochsner Rehabilitation Hospital
- Touro Infirmary
- Lakeside Hospital
- University Medical Center New Orleans
- West Jefferson Medical Center

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Executive Summary

Hospitals within the Ochsner and LCMC Health Systems contracted with the Louisiana Public Health Institute (LPHI) and community partners at the United Way of Southeast Louisiana (UWSELA) to implement the 2024 Community Health Needs Assessment (CHNA) for participating hospitals in the Greater New Orleans (GNO) region. This report summarizes findings from the CHNA and describes community health needs that were identified as top priorities.

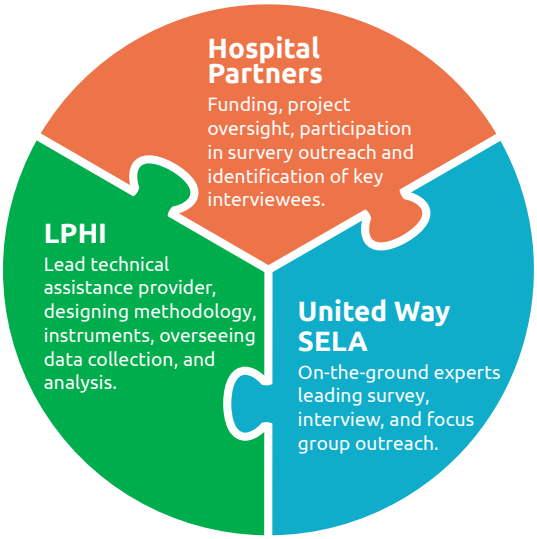
The report serves as the 2024 CHNA for the following hospital facilities:

- Children's Hospital New Orleans
- Touro Infirmary
- East Jefferson General Hospital
- West Jefferson Medical Center
- University Medical Center New Orleans
- Lakeside Hospital
- New Orleans East Hospital
- Ochsner Medical Center – New Orleans
- Ochsner Medical Center – Kenner
- Ochsner Rehabilitation Hospital

For this assessment, input from partners and data from the Louisiana Hospital Inpatient Discharge database resulted in defining the Greater New Orleans community as residents of Jefferson, Orleans, St. Bernard, St. Charles, and St. John the Baptist parishes.

LPHI used a collaborative, mixed-methods approach to determine significant needs and concerns. The collaborative structure involved community partners at the UWSELA leading data collection by promoting surveys, conducting interviews, and hosting community discussions. LPHI was the lead technical assistance provider and developed all data collection tools, conducted data analysis, and hosted group calls to move the CHNA process forward.

Figure 1



Community input for the CHNA was drawn from an online survey with community members, interviews with key stakeholders including those serving the community in both health and non-health capacities and focus groups. These data were complemented by external data from national sources. Community input drove the determination of significant concerns for the CHNA and priorities.

As a result of the CHNA process, nine community health needs were identified as top priorities. Brief descriptions of each health need are provided in the section that follows.

Socioeconomic Challenges

Socioeconomic factors impact opportunities to access care and engage in behaviors that promote well-being. Key economic challenges identified in the CHNA pertained to education access, jobs with sufficient wages, poverty, and difficulty affording utilities and other costs of living. In addition, affordability of housing was both a socioeconomic and built environment issue for participants in the CHNA and affects both renters and homeowners. There were also inequalities in these factors, especially rates of child poverty, in target parishes.

Environmental Health

The built and natural environment plays an important role in utilization of infrastructure and health resources. The quality of environmental resources and risks may vary substantially by neighborhood and parish. CHNA participants reported challenges in access to healthy food and housing and felt that infrastructure issues in their city such as roads and sidewalks, prevented them from being able to live a healthy life. Finally, respondents felt that the natural environment played a major role in their health, particularly with concerns about health risks from poor air quality.

Crime and Violence

Community safety is also an element of the built environment that was a top concern among CHNA participants. People felt that violence was very common in the community and impacted their ability to be outdoors and engage in physical activity. It was also described that experiencing violence is a barrier in looking after their own long-term health needs.

Affordability of Care

In conjunction with other social determinants of health needs that were raised in the CHNA, affordability of care was a top concern. Affordability of care is a top concern due to competing household or personal costs that many community members were having to juggle in addition to insurance frequently not being sufficient to cover needed health costs. Appointment availability was also an issue that pertained to costs, as participants felt that they often had to choose between tending to their health needs and attending their work obligations.

Access to & Awareness of Behavioral Health

Behavioral health encompasses both mental health and substance use disorder. Both were strong themes in the CHNA. Participants felt that costs and insurance coverage of mental health could be a challenge, while for substance use, experts felt that there was a gap in availability of services. In addition, participants felt that stigma and lack of awareness functioned as barriers to needed care for both substance use and mental health needs.

Health Literacy

Health literacy is key to maintaining and improving health including both knowledge of health behaviors and ability to understand and seek out accurate health information from doctors or other sources. Digital tools are an important component of health literacy. While broadband access was generally high in target parishes, CHNA participants described varying levels of quality of service by place and challenges understanding digital technology, including accessing telehealth. Community members felt that improving overall health literacy would be crucial to increasing overall health knowledge and patient engagement.

Cultural Competency and Discrimination

For both physical and mental health, finding providers who would meet cultural needs of different groups was a consistent theme in the CHNA. Participants felt that for racial minorities and immigrants, discrimination and language issues contributed to reduced access to needed care. Cultural stigmas against mental illness were raised as issues preventing some groups from seeking out care when needed. Outdated medical practices that resulted in differential clinical thresholds for certain racial groups were identified as a barrier to effective care.

Maternal & Infant Health Services

Prenatal care is a crucial service that supports long-term health of birthing parents as well as infants and children. Access to prenatal services especially for young or single mothers emerged as a concern in the CHNA, with teen birth rates in many parishes and the state overall being far higher than the national rate. Underlying these issues are also racial disparities especially for rates of low birthweight babies.

Sexual Health Services

Community members in the CHNA were concerned about sexually transmitted infections (STIs) as one of the top health concerns. This was bolstered by state health information showing especially high rates of STIs among some parishes, with incidence rates of syphilis and HIV being among the highest in the nation. In addition, STIs differentially impact members of the population by race, age, and sexual orientation, amplifying the need for a comprehensive approach to health services and education.

Chronic Disease Prevention

Chronic diseases of the greatest concern to CHNA respondents included obesity, hypertension, diabetes, and cancer. Parishes in Greater New Orleans are all impacted by high rates of these chronic diseases, and many participants also connected them to aforementioned environmental challenges that affected access to healthy food or opportunities for physical activity. Cancer screening rates were consistent with or slightly lower among respondents than recommended guidelines, underscoring the need for continued prevention efforts.

Background

CHNA Overview

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

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

Assessment Approach and Process

A collaborative approach for the CHNA was taken, with key partners being United Way of Southeast Louisiana (UWSELA), the Louisiana Public Health Institute (LPHI), and hospital leads with Ochsner Health and LCMC Health Systems. LPHI was contracted to develop the CHNA and accompanying CHIP reports for participating hospital facilities. LPHI brings extensive history leading and supporting health systems, federally qualified health centers (FQHCs), and state/local health departments in the development of assessments and strategies based in health equity and population health.

1 Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital healthcare facilities, which is separate from this report.

UWSELA was contracted to carry out implementation of data collection tools and community input processes on the ground. United Way chapters in Louisiana collaborate across individuals, companies, and agencies to meet essential needs of people in communities. As trusted organizations in Southeast Louisiana, their practices and relationships were a crucial part of being able to accomplish the CHNA.

According to the Centers for Disease Control (CDC), the social determinants of health refer to "conditions in which people are born, grow, work, live, and age" that can affect a person's health risks and outcomes. They consist of factors such as housing, healthcare access, built environment, education and opportunity, and economic and political systems.[2] This assessment focuses on themes that relate to social determinants of health, organized by those which proved most salient from the data.

The assessment approach is centered in health equity, defined as all community members having a fair and just opportunity to be as healthy as possible. Racism is a principal barrier to health equity. Research shows that histories and ongoing systems of racism impact social determinants of health for communities of color, placing communities of color at increased risk for poor health and ultimately increasing health inequities.[3] By applying a health equity framework, the assessment seeks to move beyond identifying health disparities to uncovering and understanding the drivers of inequities in health outcomes.

Overview of Collaborative Data Collection

The CHNA methodology was developed with an intent towards collaboration and health equity. In establishing benchmarks for the CHNA survey, Census data on catchment parishes was utilized to develop an oversampling approach, meaning that higher numbers of participation from racial minorities were set as goals in order to improve representation and participation. Interview and focus group guides were designed to complement survey data and solicit perspectives from community members, beneficiaries of programs, and local experts in the community. Hospital partners were also invited to provide feedback on key stakeholders for interviews and focus groups.

LPHI relied on a cohort call model to move the CHNA data collection forward. Cohort models can improve capacity by establishing an "infrastructure of relationships" that allows efforts to accomplish more in concert than through individual actions alone.[4] The first kickoff call served as a way to bring all partners together and introduce one another and the CHNA effort. There was also a group discussion held on United Way partners' data collection practices that had worked well for them to engage individuals in the past. This discussion

2 CDC. (2024). Social Determinants of Health. Retrieved from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

3 CDC. (2023). Racism and Public Health. Retrieved from https://www.cdc.gov/minorityhealth/racism-disparities/index.html.

4 ORS Impact. (2018). Building Capacity through Cohorts: What the Packard Foundation is Learning. Retrieved from https://www.packard.org/wp-content/uploads/2018/08/Building-Capacity-Through-Cohorts-2018-ORS-Impact.pdf.

was an essential element that allowed LPHI to develop a data process that would be practical for the on-the-ground settings in which community input was solicited. Protocols included "best practices" documents for the surveys and interviews, template language for survey promotion, a form for recording methods of distributing the survey, interview notetaking templates, and interview question guides.

Subsequent weekly cohort calls served as a space for collaboration and updates for partners to report on community data activities and ask questions. This structure allowed for two-way discussions: while LPHI was leading the technical assistance portion of the CHNA activities, LPHI received both positive and constructive feedback which provided the opportunity to make changes in real-time to meet the requests of partners.

Data Analysis & Prioritization

LPHI uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity assessment frameworks. Community input processes were designed through four modes: an online survey, interviews, community discussions, and cohort calls.

Recommendations and key priorities were developed by synthesizing findings across all forms of community input data with external data. The CHNA survey was analyzed using frequencies, with a major emphasis on the community health and access to care questions. Some frequencies were also conducted by sub-populations such as race or age. Secondary data was utilized at every step to complement and add more context to findings where selection bias may have been present in the survey. Interview notes were examined for major themes and anecdotes that illustrated those themes. Finally, notes from other community input efforts were also utilized. These data sources were triangulated to highlight major challenges and concerns in the community.

The primary data collected for the purpose of this assessment, participation was limited and these findings may not be generalizable to the larger community. See **Appendices C and D** for details on the assessment approach and methodology, respectively.

Using this CHNA

This document serves as the 2024 Joint CHNA report for 10 hospital facilities serving the Greater New Orleans community including Children's Hospital New Orleans, Touro Infirmary, East Jefferson General Hospital, West Jefferson Medical Center, University Medical Center New Orleans, Lakeside Hospital, New Orleans East Hospital, Ochsner Medical Center - New Orleans, Ochsner Medical Center - Kenner, Ochsner Rehabilitation Hospital. For this assessment, hospitals defined their community as the 5-parish area commonly referred to as the "Greater New Orleans" (GNO) area, which consists of Jefferson, Orleans, St. Bernard, St. Charles, and St. John the Baptist Parishes. Health assessments facilitate strategic data collection and analysis to understand where and why health outcomes differ across a parish, how a variety of health factors combine to influence these outcomes, and how policies and programs are supporting or restricting opportunities for health for all. Final CHNA reports are available via the hospital websites for future reference, feedback, and use by the public.

This CHNA serves multiple purposes:

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

Overview of Facilities

Ochsner Medical Center- New Orleans

Ochsner Medical Center is a 767-bed comprehensive medical center located on Jefferson Highway, near Uptown New Orleans. As the flagship of Ochsner Health, it offers acute and sub-acute care and houses centers of excellence including the Ochsner Cancer Institute, Ochsner Multi-Organ Transplant Institute, and Ochsner Heart and Vascular Institute. Ochsner Medical Center remains the No. 1 ranked hospital in Louisiana for 13 consecutive years by *U.S. News & World Report*, serving patients across the Gulf South with advanced, patient-centered care. Its campuses include Ochsner Baptist and Ochsner West Bank.

Ochsner Medical Center- Kenner

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

Ochsner Rehabilitation Hospital

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

Children's Hospital of New Orleans

Children's Hospital New Orleans is a 263-bed, not-for-profit pediatric medical center offering a complete range of healthcare services for children from birth to 21 years. With over 40 pediatric specialties and more than 400 physicians, Children's Hospital is the first and largest full-service hospital exclusively for children in Louisiana and the Gulf South. In 2020, Children's Hospital cared for children from all 64 parishes in Louisiana, 43 states, and nine countries! Their helicopter, Abby, brought 313 patients from across the state and region to Children's Hospital to receive vital critical care services.

Touro Infirmary

Touro Infirmary is a comprehensive, non-profit, faith-based hospital located in uptown New Orleans and is part of the LCMC Health family. Founded by Judah Touro in 1852, the hospital provides inpatient, outpatient, emergency and critical care, home health, and rehabilitation services. Touro has 210 adult beds, 61 rehabilitation beds, 22 ICU beds, and 48 OB beds for a total of 341 licensed beds.

East Jefferson Medical Center

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

West Jefferson Medical Center

Founded in 1956, through the citizens of Jefferson Parish, West Jefferson Medical Center today is a 419- bed full-service community hospital. Located in the heart of the West Bank, West Jefferson Medical Center is dedicated to serving the people of the West Bank including Jefferson, Orleans, Plaquemines, St. Charles Parishes, and beyond. West Jefferson Medical Center offers comprehensive programs for preventive, emergency, acute, and rehabilitative care. Clinical excellence divisions include neurosciences, maternal and newborn services, and an academic community cancer center. Located near vast industrial quarters, the medical center also serves business and industry across the Gulf South.

New Orleans East Hospital

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

Lakeside Hospital

Lakeside Hospital is a full-service hospital in Metairie, Louisiana, providing a wide range of healthcare services for surrounding communities. Known for its compassionate care, Lakeside offers inpatient, outpatient, and emergency services, with a focus on women's health, including maternity services, neonatal care, and pediatrics. The hospital is committed to providing high-quality healthcare with state-of-the-art technology and facilities. As a proud member of the LCMC Health family, Lakeside ensures that patients receive personalized and specialized care in a community-focused setting.

University Medical Center New Orleans

University Medical Center New Orleans, home of the Rev. Avery C. Alexander Academic Research Hospital, is dedicated to exceptional patient-centered care, world-class medical training, and advanced research. As the region's only Level 1 Trauma Center and Burn Center, University Medical Center plays a vital role in caring for southern Louisiana's most critically injured patients. Located in the heart of New Orleans's Biomedical District, University Medical Center is state-of-the-art academic medical center with a vision of becoming a regional destination for healthcare. Louisiana's largest teaching hospital, University Medical Center trains more than 4,000 learners each year from LSU Health New Orleans School of Medicine, Tulane Medical School, and other leading institutions.

Louisiana does not require nonprofit hospitals to provide financial assistance. Both Ochsner and LCMC facilities have financial assistance programs to support patients that need additional financial support.

The Ochsner financial assistance policy can be found here: https://www.ochsner.org/patients-visitors/billing-and-financial-services/financial-assistance.

The LCMC financial assistance policy can be found here: https://www.lcmchealth.org/for-patients/financial-assistance/.

Defining the Community

For the purposes of this assessment, CHNA partners and key stakeholders identified the breadth of the assessment should serve the residents of New Orleans and surrounding parishes where most patients reside. The community was defined as all residents of Orleans, Jefferson, St. John, St. Bernard and St. Charles parish. This community includes medically underserved, low income, and minority populations.

Secondary data illustrate the range of demographic backgrounds of the Greater New Orleans (GNO) region. As shown in Table 1 below, the demographics of the GNO region shows diversity across age and race/ethnicity. Orleans Parish stands out with a significantly higher percentage of Black/African American residents (59.3%) compared to other parishes. In contrast, Jefferson Parish has a sizable Hispanic/Latino population (15.1%) and the highest percentage of residents speaking a language other than English (18.4%). St. Bernard Parish has a larger proportion of children (26.1%) compared to other areas, while Jefferson Parish has the highest senior population (17.8%).

The data illustrates the varied demographic landscapes of the Greater New Orleans community, providing critical insights into the needs of a culturally and economically diverse population.

Table 1. Demographic Background of Parishes in Greater New Orleans Region Compared to Louisiana from Secondary Data[5]

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
AGE						
Median Age	39.8	37.9	35.6	38.8	37.9	37.6
Percent under 18 yrs	22.1%	19.6%	26.1%	24.2%	24.4%	23.30%
Percent 65 and older	17.8%	15.9%	12.3%	14.4%	14.7%	16%
RACE/ETHNICITY*						
Percent White	63.0%	37.0%	71.3%	70.7%	37.7%	63.80%
Percent Black/African American	28.8%	59.3%	25.8%	24.7%	58.6%	33.40%
Percent American Indian/ Alaska Native	1.6%	1.4%	1.8%	2.7%	0.9%	1.60%
Percent Asian	5.2%	3.5%	3.0%	1.4%	1.5%	2.30%
Other race	9.7%	4.9%	5.6%	5.2%	7.1%	4.2%
Percent Hispanic/Latino	15.1%	5.7%	10.6%	6.6%	7.3%	5.50%
LANGUAGE**						
Percent who speak language other than English	18.4%	8.4%	8.1%	7.4%	6.9%	7.6%

** Race reflects that category or in combination with others, meaning that percents may add up to slightly more than 100. Hispanic reflects a separate category of ethnicity and thus should not be included in the totals for race.*
*** Language may include bilingualism (i.e. fluency in English in addition to another language).*

The demographic backgrounds of respondents in the CHNA survey also reflect the diversity of the catchment area. 1400 surveys were received for the CHNA survey. **53% of respondents came from Orleans parish with 32% residing in Jefferson parish. 5% of respondents or fewer resided in St. Bernard, St. John the Baptist, St. Charles, and Plaquemines.**

5 From 2017-2022 American Community Survey estimates

The table below illustrates that racial representation in the survey sample was similar to overall representation across catchment parishes. **By utilizing oversampling – i.e. retaining benchmarks that were higher for racial minorities – this enabled survey outreach that would ensure accurate representation among minorities.** In addition, 25 surveys were submitted in Spanish with 7 in Vietnamese.

Table 2: Racial Representation of CHNA Respondents vs Catchment Area in Greater New Orleans

Race/Ethnicity	Percent	Percent of Catchment Area
Black/African American	41%	40%
White	44%	47%
Hispanic/Latino	7%	10%
Asian	8%	3%
Other Groups (Middle Eastern/North African, Native American, Native Hawaiian or Pacific Islander, Other, Multiracial)	8%	10%

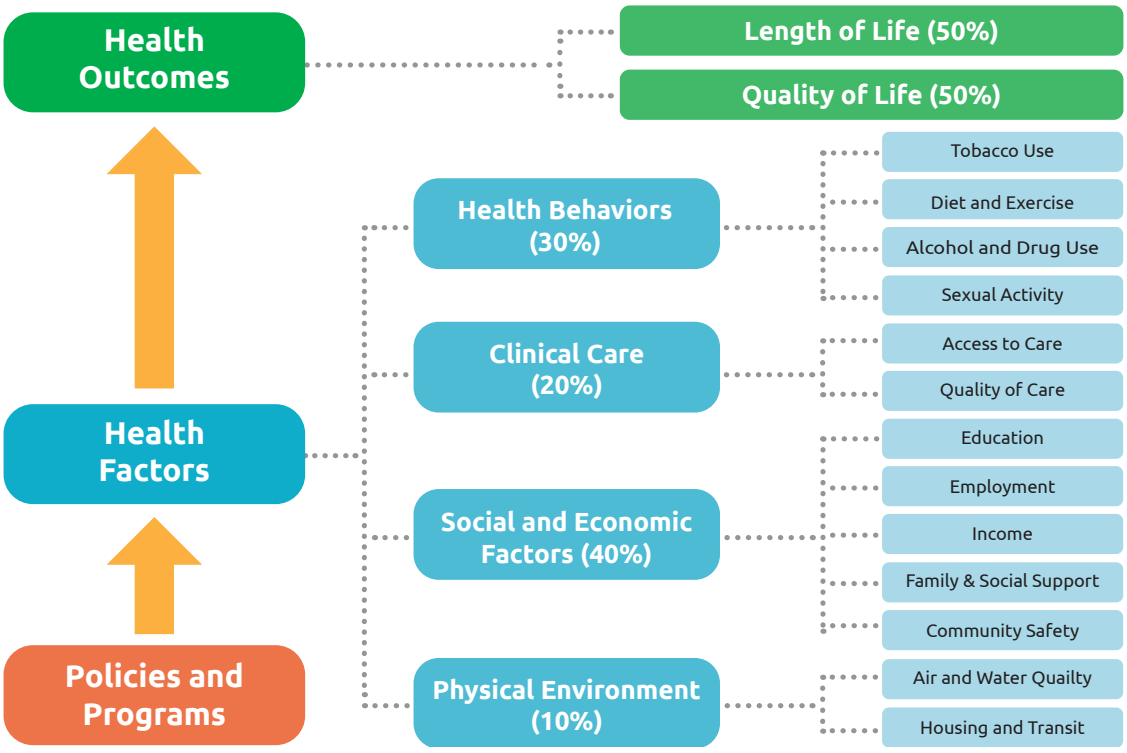
Participation in the survey was broad across gender, sexual orientation, and age. 77% of respondents were women, while 20% were men, and 3% identified with a LGBTQ+ gender (nonbinary or transgender). 84% of the sample identified as heterosexual or straight, with 14% selecting an LGBTQ+ sexual orientation (such as lesbian, gay, or queer). The highest level of participation was from those aged 35 to 44 years (28% of the sample), with the next highest groups being 25-34 years and 45-54 years. This generally matches Table 1 above that shows that the median age in most target parishes is 37 years.

Key Findings

Below are findings that synthesize quantitative data (e.g., community survey and secondary sources) and qualitative data (e.g., from interview and focus groups). 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.[6] This ranking has remained consistent since the prior CHNA.

The findings are presented in alignment with the County Health Rankings Model, shown below.[7] In addition to aggregating data from a number of national datasets, County Health Rankings connects elements of health based on reliable research. The model and underlying evidence base from which it draws illustrate that individual health behaviors play one role in shaping health outcomes, but that social determinants of health and policy and systems factors play a more substantial role in shaping *both* health behaviors and outcomes. The model is used as an organizing framework throughout this report. Figure 2 illustrates how different elements from system and policy level factors that shape the natural or built environment (bottom of figure) relate to structures and health behaviors that shape key health outcomes (top of figure). The results are organized as follows: built and physical environments, social and economic factors, clinical care and healthcare access, and health behaviors and outcomes.

Figure 2: County Health Rankings Model



6 United Health Foundation. (2024). America's Health Rankings 2023 Annual Report. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_2023annual_comprehensivereport_final2-web.pdf.

7 County Health Rankings. (2024). Explore Health Topics. Retrieved from https://www.countyhealthrankings.org/what-impacts-health/county-health-rankings-model.

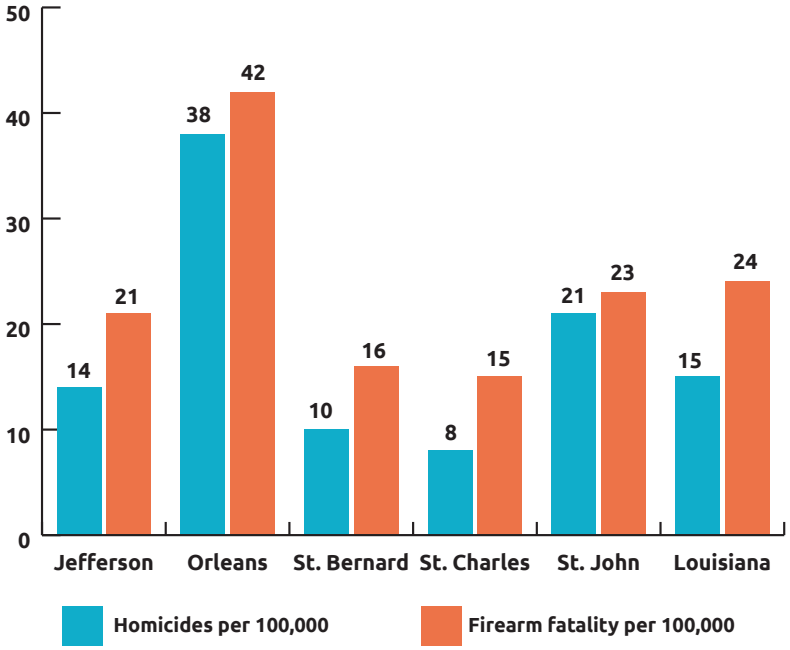
Environment

The environment refers to the areas where we live, work, and play, and thus can encompass different physical, natural, and built environment characteristics that often vary by place[8] and may promote differential access to opportunities for healthy living.

Community Safety

One key aspect of the built environment refers to community safety. According to the Centers for Disease Control, firearms are a leading method of unintentional injuries in the United States. Unintentional injury is not only an issue for adults but is a leading cause of death among US Children aged 0-17 yrs.[9] **Crime, violence, or firearms were the most common social problem identified in the CHNA survey, selected by 70% of respondents.** When examining secondary data on this topic, fatalities by homicide and firearm violence in target parishes are similar to or greater than the Louisiana state rates. Orleans parish has the highest fatality rate for both indicators and has some of the highest rates in the state. In addition, national rates for homicide and firearm fatalities are 6 and 13 per 100,000, respectively – far lower than state rates. As one mental health expert noted in a CHNA interview, "Violent crime is not good for mental health and physical health. If you are being assaulted and a victim of a violent crime, healthcare is not your biggest concern."

Fig. 3: Homicides and Firearm Fatalities are Higher than State Rates In Orleans and St. John in Secondary Data



From County Health Rankings, 2024

"Violent crime is not good for mental health and physical health. If you are being assaulted and a victim of a violent crime, healthcare is not your biggest concern."

8 https://www.countyhealthrankings.org/health-data/health-factors/physical-environment

9 CDC Morbidity and Mortality Weekly Report, 2023.

Housing & Transit

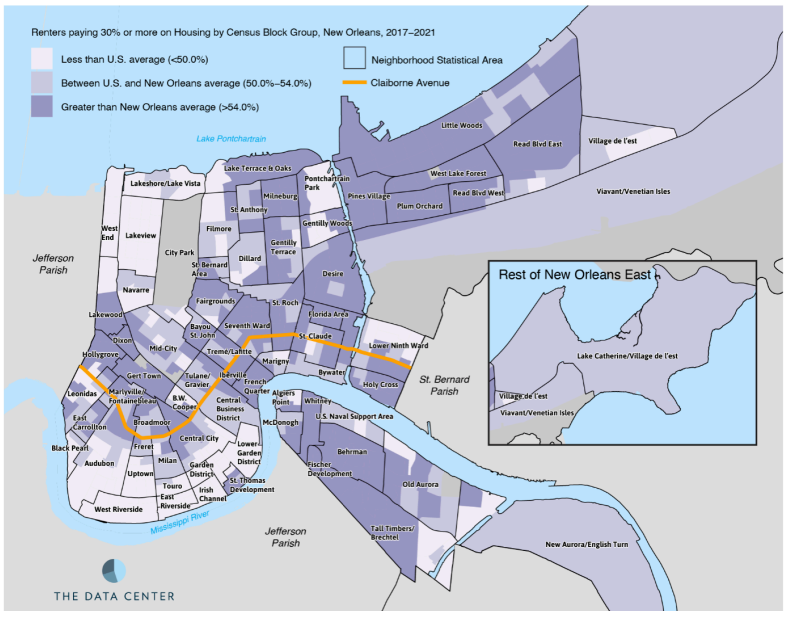
Another key element of the built environment is housing access. Homelessness/unaffordable housing was the **second most common** social problem, chosen by 61% of respondents. Among those who chose this, **75% said the problem had worsened** in the past 3 years.

Severe housing cost burden is measured as the percentage of households that are spending 50% or more of their income on housing. As shown in Table 3 below, Orleans Parish has the highest rate, with 25% of households facing this housing cost burden. Jefferson Parish's rate is also slightly higher than the state rate. In contrast, parishes of St. Bernard (15%), St. Charles (12%), and St. John (11%) report lower percentages. The state average for Louisiana is 15%. These figures reflect the varying levels of housing cost burdens experienced by households across the region.

Table 3: Percent Burdened by Housing Cost (Lowest to Highest) from Secondary Data

St. John	11%
St. Charles	12%
St. Bernard	15%
Jefferson	16%
Orleans	25%
Louisiana	**15%**

Figure 4: Cost-Burdened Renters



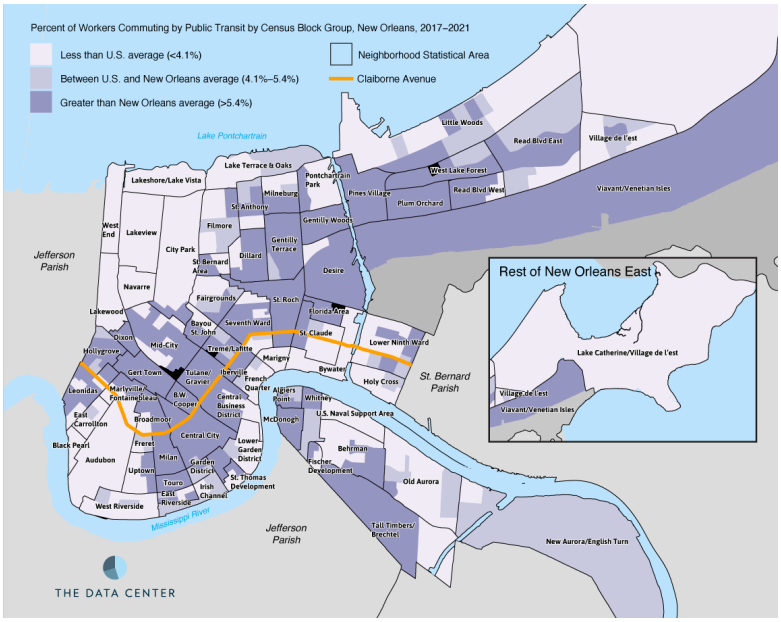
Source: The Data Center analysis of data from 2017-2021 American Community Survey

The map above, provided by the New Orleans Data Center (2024) further illustrates the geography of cost-burdened renting, in Orleans parish. As shown in the areas in dark purple, these neighborhoods experience rental burden that is higher than the New Orleans average. Even for homeowners, there may be financial challenges; for instance, one survey respondent described top social problems in the community as ***"high homeowner insurance and property taxes"*** which was a common theme.

Another aspect of housing is the surrounding areas including accessibility, infrastructure, and environment of neighborhoods. **Among the top ten social issues were roads or sidewalks were not maintained – this was chosen by 19% of respondents.** It was selected at a higher rate among White respondents (22%) than Black respondents (15%). Infrastructure like roads and sidewalks present challenges in safe and reliable access to physical activity. At the same time, 39% of respondents identified parks and recreation as a community strength, indicating that this may be a positive feature in certain neighborhoods or parishes, where roads and sidewalks are maintained.

Among those who selected transportation access as a top social problem, 33% stated that it had worsened and 57% believed it stayed the same. In addition, the following map, produced by the Data Center using Census Data, visualizes challenges with public transportation access in Orleans Parish. Workers who commute by public transit are concentrated in specific inner neighborhoods of the city and rely on public transportation at a rate that is greater than the New Orleans average. The safety and maintenance of roads near housing and the quality and accessibility of public transit may thus be crucial elements that impact how community members get to work and others areas that promote economic or physical well-being. As one mental health expert noted in an interview, ***"If you have a car, it's difficult to buy gas, insurance, and keep the car running,"*** showing that even for those who own their own vehicles, financial challenges may still pose a problem to meet competing needs.

Figure 5: Commuting by Public Transit



Source: The Data Center analysis of data from 2017-2021 American Community Survey

Food Access

The lack of healthy and affordable food was the 8th most common social problem in the survey, chosen by 29% of respondents. Of those who chose this, 68% reported that the problem had worsened in the past three years. For respondents who were concerned about the environment, over a quarter also chose food quality as an environmental health concern. Food insecurity is measured as the percentage of the population who do not have adequate access to food. Table 4 below illustrates rates of food insecurity across target parishes, with **Orleans and St. Bernard parishes having rates that are close to or higher than the state rate of 15%. In contrast, the national rate of food insecurity is 10%.**

Table 4: Food Insecurity Rate from Secondary Data

St. Bernard	16%
Orleans	15%
Jefferson	13%
St. John	10%
St. Charles	9%
Louisiana	**15%**

Interviews and focus groups highlighted key intersections between the issues of violence, infrastructure, and food in affecting opportunities for health. For instance, one health system leader described: ***"We used to have a farmers market after Katrina but that seems to have fizzled… there are things that prohibit physical activity. In addition to bike lane safety and green space, there is the plain issue of violence and safety where if you don't have a safe park to go, you're not going to be walking around and definitely not at certain times of the day."***

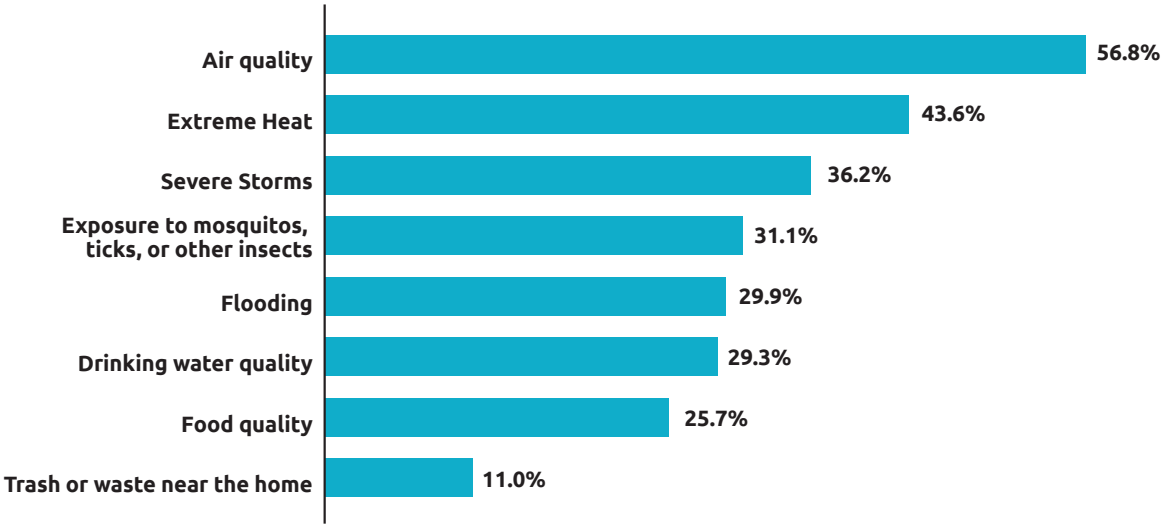
Another medical officer noted in an interview that ***"Green spaces contribute to physical activity and mental well-being, but efforts need to be data-driven to address inequities- noted that while these spaces are beneficial, they are often inequitably distributed."***

Climate & Natural Environment

In the CHNA survey, 95% of respondents considered environmental factors to be somewhat or very important in affecting their health. As shown in the figure below, the top concern among respondents was air quality, chosen by 57% of respondents in this group. Other top concerns included heat, severe storms, exposure to insects or parasites, flooding, and drinking water quality.

Some racial differences were observed in perceptions of environmental health risks, particularly concerning extreme heat and severe storms. Extreme heat was a concern for 34% of Black respondents compared to 48% of White respondents. Severe storms, on the other hand, were more frequently identified by Black respondents (29%) than White respondents (20%).

Fig. 6: Top Environmental Factors Affecting Health for CHNA Respondents



Note: Graph includes response options selected by at least 10% of respondents.

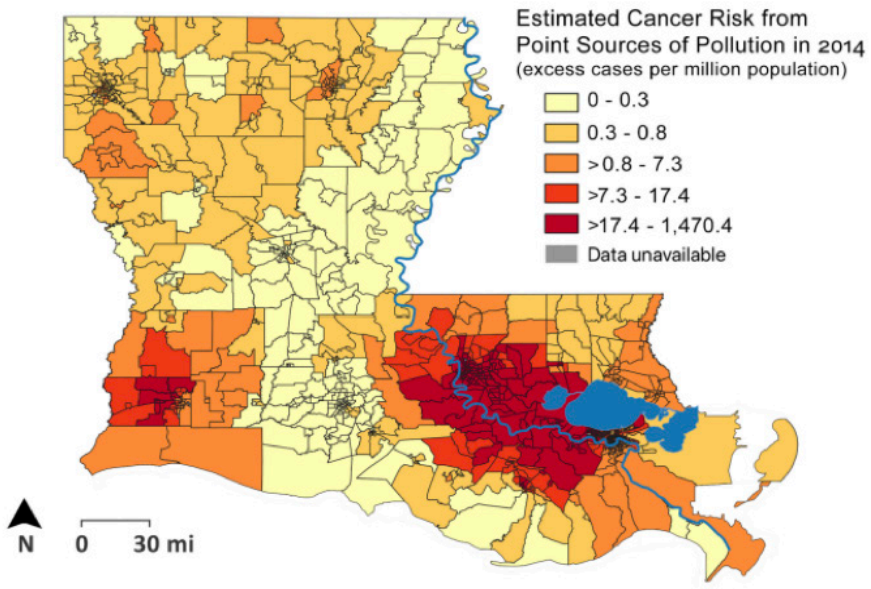
This information is supplemented by key findings pointing to environmental risk. The map below (Figure 7) illustrates findings from independent research utilizing National Air Toxics Data from the Environmental Protection Agency (EPA) that shows the concentration of pollution-related cancer risk. As shown by the dark red areas in the map, this risk is heavily concentrated in Southeast Louisiana, including the Greater New Orleans area.

This issue was echoed by a nonprofit executive director who noted that a ***"Top issue is environment and climate. Increasing storm strength, flooding, and excessive heat have become more prevalent in the past few years due to climate change. These things raise the risks of hazards and pollution in our communities."***

Environmental risks can come from multiple sources. The American Lung Association reports that "indoor air can be even more polluted than the air outdoors,"[10] which suggests that housing, addressed in the prior section may also impact access to health. The quote below from a Spanish-speaking focus group further illustrates potential connections between environmental risk and housing:

> ***"Respondent said she tried to get the landlord to fix her AC and her child is coughing a lot…she took her child to the children's hospital and the landlord evicted them rather than fix the AC."***

Figure 7: Map of Pollution-Related Cancer Risk in Louisiana[11]



10 https://www.lung.org/clean-air/indoor-air/building-type-air-resources/at-home#:~:text=Simple%20things%20you%20can%20do,for%20dangerous%20gases%20like%20radon

11 From Kimberly A Terrell and Gianna St Julien *2022 Environ. Res. Lett.* 17 014033

Social & Economic Factors

Socioeconomic factors such as workforce, education, and cost of living play a major role in health affordability and health behaviors of residents in the Greater New Orleans region. Of Greater New Orleans survey respondents, 73% indicated they were employed full-time, and 64.4% reported that they had a college degree or higher. Survey respondents had a higher level of educational attainment than the general population of the target parishes. **Lack of education ranked as the 7th largest social problem in the survey, chosen by 32% of respondents.** Of those who chose this, 52% agreed that the problem had worsened in the past three years while 44% felt it was about the same.

Trends of educational attainment reflect challenges in education access in the catchment area. The percentage of adults across Louisiana older than 25 years who do not have a high school diploma is 13.3%. **Jefferson, Orleans and St. Charles report lower rates than the state at 12.8%, 11.3% and 9.3%, respectively.**

Education can have an impact on access to well-paying jobs. **This was also a community concern as not having enough well-paying jobs in the area was the 5th most common social problem in the survey, selected by 39%.** As shown in Table 2 below, unemployment exceeds the state rate in St. John, Orleans, and St. Bernard parishes.

These issues were emphasized in discussions with community. For instance, a medical officer stated, ***"Education impacts socioeconomic status, which in turn influences health outcomes."*** A survey respondent similarly noted that key problems in the community were ***"[Lack of] high quality education options and familial support."***

"Education impacts socioeconomic status, which in turn influences health outcomes."

Access to economic opportunity impacts household income and affordability of basic needs. **High cost of utility bills was the fourth most common social problem, chosen by 40% of respondents in the survey.** This option was also chosen at a higher rate among Black respondents compared to White respondents (47% vs. 36%). In alignment with this finding, a survey respondent stated that a key social concern was ***"Monopolies on power/gas/water."***

Although the cost of childcare was not among the top ten social problems for the overall sample, it was considered a greater concern for White respondents than Black respondents (25% vs 11%).

Data on the poverty line does not fully capture the depth of financial strain for families, household income of respondents was considered in the context of both poverty as well as United Way's Asset Limited, Income Constrained, Employed (ALICE) data,[12] which shows the percentage of households in a parish that have an income higher than the poverty line, but not enough to meet the cost of living in each parish.

It is important to contrast this sample with parish-level ALICE data on income and poverty (Table 2). **The Greater New Orleans hospital facilities serve a community that is made up of between 42% and 54% lower-middle income families,** with Orleans and St. Bernard parishes having higher rates. The average for Louisiana is 50%.

Table 5: Educational Attainment, Childcare Cost Burden, and ALICE Households in Greater New Orleans Region from Secondary Data[13]

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Pct of adults 25+ yrs with no high school diploma	12.8%	11.3%	18.8%	9.3%	13.5%	13.3%
Unemployment	3.6%	4.5%	4%	3.3%	5%	3.7%
Pct of households below ALICE* threshold or below poverty line	47%	54%	54%	42%	47%	50%

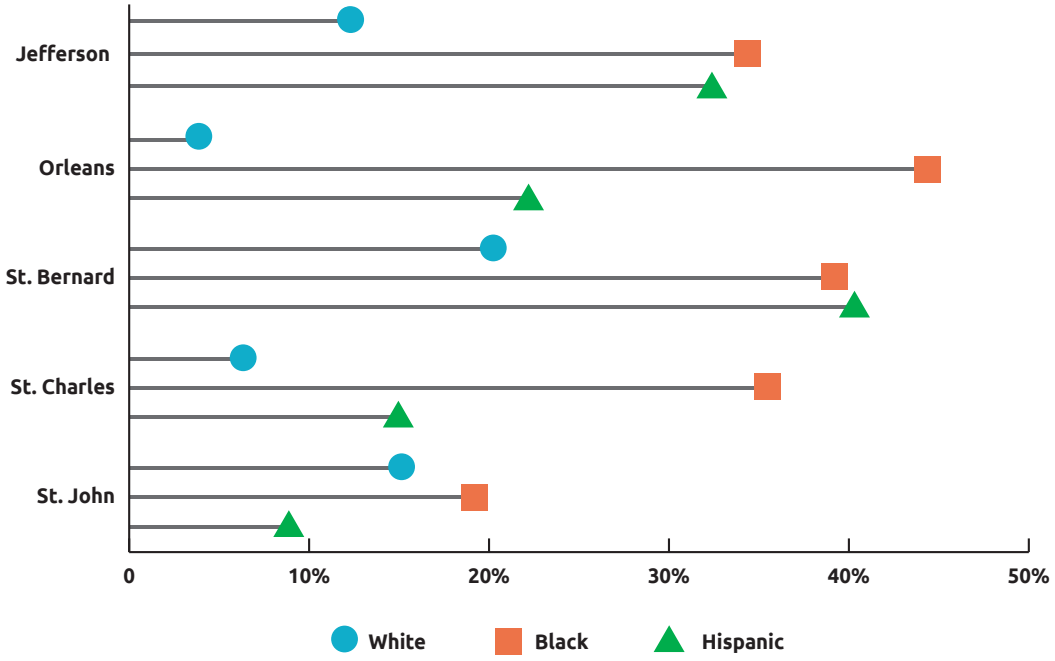
Finally, child poverty reflects impacts of income and financial challenges. Figure 2 displays disparities by race in the child poverty rate in the Greater New Orleans region. **When disaggregating this data by race, the data highlighted substantial racial disparities with Black children and sometimes Hispanic children having higher rates of child poverty.** Black children experience the highest poverty rates in every parish. In Orleans Parish, nearly 48% of Black children live in poverty, compared to about 20% of White children, while Hispanic children face a rate around 30%. Jefferson Parish shows a similar pattern, with poverty rates of 35% for Black children, 22% for Hispanic children, and around 10% for White children. In St. Bernard and St. John Parishes, Black children face poverty rates close to 30% and 40%, respectively, while White and Hispanic children have significantly lower rates. St. Charles Parish has the lowest rates overall, yet Black children there still experience poverty at double the rate of their White peers. **Notably, child poverty rates for White children are lower than the state average of 25%.**

"Poverty drives these poor health outcomes."

12 https://www.unitedforalice.org/

13 From 2017-2022 American Community Survey, County Health Rankings 2024, and United for ALICE 2024.

Figure 8: Child poverty rates are Higher among Black and Hispanic Residents than White Residents across All Parishes from Secondary Data

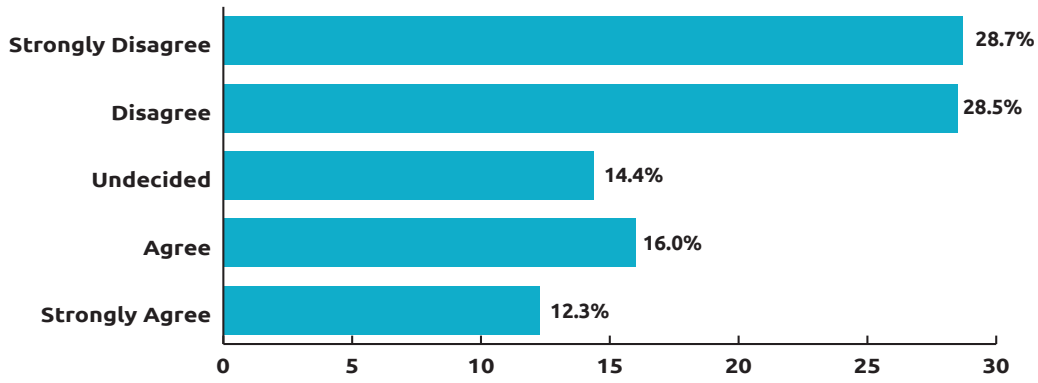


From County Health Rankings, 2024.

As one medical officer expressed in an interview, ***"People are in poor health because they don't have access to the care and resources they need. Poverty drives these poor health outcomes."***

Finally, findings from the CHNA survey indicate that there is an awareness of inequalities and racial disparities. 52% disagreed that everyone in the community has equal access to opportunity regardless of race, gender, or age. One interviewee stated how access to opportunity shapes downstream effects: ***"If you don't have a good job, you don't have access to care. You can't do the things or engage in the behaviors that improve your health."***

Fig. 9: 52% of CHNA Respondents Disagree that Everyone in the Community, Regardless of Race, Gender, or Age has Equal Access to Opportunities and Resources



Access to Care

Clinical Care

Clinical care, comprised of access to and quality of care, can improve the health and wellbeing of communities through prevention and detection of diseases. The majority of respondents rated their general health positively, with 14% rating it as "Excellent" and 78% choosing either "Very Good" or "Good". Most participants felt their health was either "A little better" (36%) or "A lot better" (31%) compared to others in their community, with most reporting five or fewer days of work missed in the past three months due to illness or caregiving needs. 72% of survey respondents are "Always" or "Frequently" able to visit a doctor when needed, and 65% have private insurance through their employer. The majority of respondents (86%) reported having had a physical exam or checkup within the last two years.

Despite this, cost of healthcare was the third most common social problem, selected by half of the survey sample. Among those who chose this option, 74% said the problem had worsened in the past three years and 23% felt it was about the same. White respondents were more likely to choose cost of healthcare as a top problem than Black respondents (54% vs 40%).

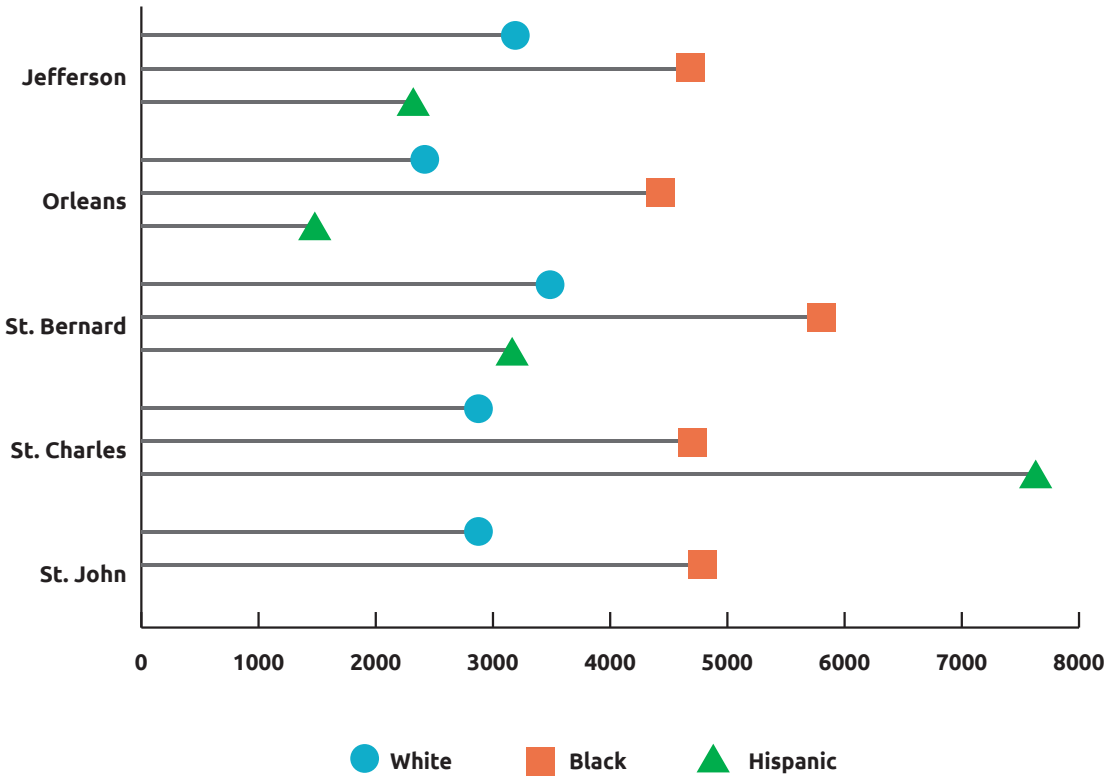
This issue was further emphasized in interviews. One medical officer stated: ***"Insurance is a big barrier. If you're not insured, it stops right there—you're cut off from care."***

Similarly, one interviewee stated, ***"Many community members fall into an income bracket that makes them ineligible for Medicaid but still unable to afford proper health insurance."***

Secondary data sheds light on these findings, especially by examining the rate of preventable hospital stays in catchment areas. This rate is measured as number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees and provides insight into lack of accessibility to outpatient care or overuse of emergency departments or urgent care. Louisiana has a rate of 3575 preventable hospital stays per 100,000 Medicare enrollees. **As shown in Figure 10, in almost every parish in the Greater New Orleans region, Black individuals have the highest rates of preventable hospital stays.** St. Charles is an exception with Hispanic populations having the highest rate here. St. John Parish reports the highest overall rate of preventable hospital stays (3813 per 100,000). Other parishes report rates closer to the state average.

"Insurance is a big barrier. If you're not insured, it stops right there—you're cut off from care."

Figure 10[14]. Preventable Hospital Stays among White, Black, and Hispanic Populations (per 100,000) from Secondary Data



**County Health Rankings does not have available data on preventable hospital stays for Hispanic individuals in St. John parish.*

As shown in Table 6 below, there is a wide range in the availability of primary care providers across Greater New Orleans parishes. Access to primary care providers is measured as a ratio of total population to primary care physicians. St. Bernard Parish faces the lowest concentration of primary care providers, with a ratio of 4023:1, compared to the state average of 1441:1. Combined with the data on preventable hospital stays above, this data points to potential challenges in accessing care in a timely fashion.

Table 6: Ratio of Population to Primary Care Physicians from Secondary Data

St. Bernard	4,023:1
St. John	3,007:1
St. Charles	2,905:1
Jefferson	1,084:1
Orleans	895:1
Louisiana	**1,441:1**

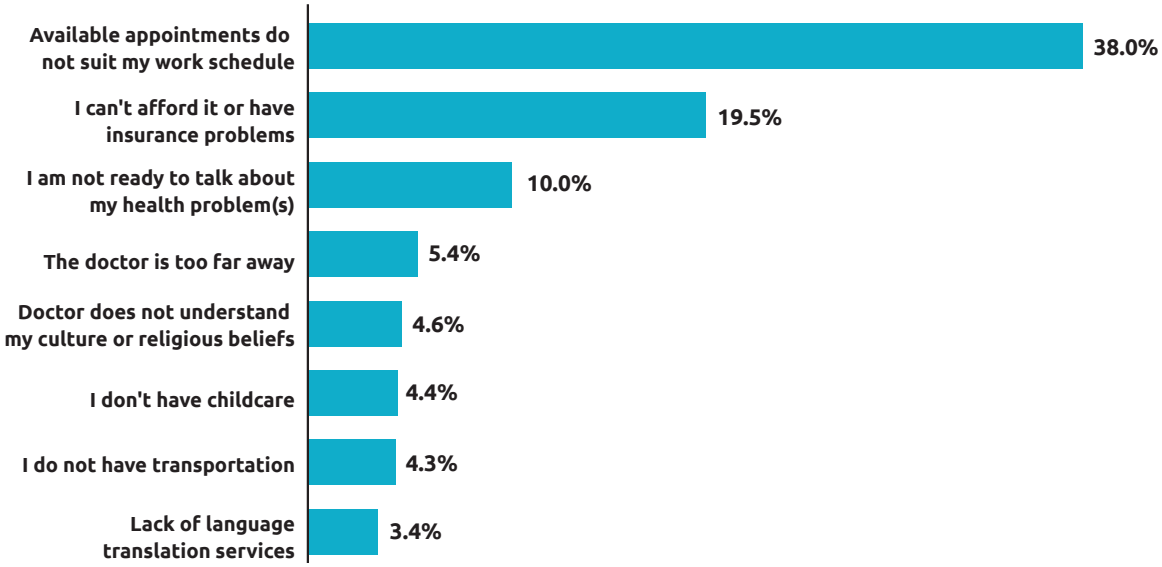
14 From County Health Rankings, 2024.

"Transportation, people with financial strain... folks who may not have the social support...social needs assessment type domains are large drivers of a lot that we see."

– Health system leader discussing barriers to care, CHNA interview

Data from the CHNA survey on barriers to care further elucidate these results. As seen in Figure 11, **the most common barriers to access to care were that available appointments did not suit work schedules (38%) and affordability or insurance problems (20%).** Upon examining these top two reasons by age, younger ages were generally more likely to choose appointment availability as a barrier, with this proportion decreasing as age increased. In addition, greater proportions of those in the 25-34 and 35-44 age group than older age groups chose insurance or affordability as a barrier. Therefore, individuals in the sample who were of working age may have been more likely to be impacted by these challenges.

Fig. 11: Appointment Availability and Costs Are Top Reasons for Avoiding Doctor's Visits for CHNA Respondents



Several quotes underscore the above themes. One survey respondent indicated, ***"Can't get an appointment. Not everything can be handled by urgent care."*** A focus group respondent similarly referred to appointment availability in noting the long wait times for specialists. With regards to affordability, a survey respondent stated, ***"I have insurance, but it's a lot to afford co-pay and the rest."*** Similarly, a health system leader emphasized, ***"It's not necessarily that you don't have services, it's about the affordability of the services."***

Although in this specific sample, comfort with talking about health problems or language, culture, or religious beliefs were not chosen as major barriers to care, this issue was commonly raised as a challenge in interviews and focus groups.

In a Spanish-speaking focus group, the issue was raised: ***"Latinos experience racism when they are not attended to in their language…visitors to health centers with light skin are tended to more quickly."*** Similarly, a medical officer stated that "***The likelihood of you actually being able to see a culturally, language, or racially concordant provider is very, very low."*** Immigrant members of the community also mentioned fears about their immigration status serving as a barrier, especially those who were undocumented. Finally, access to care for LGBTQ+ members of the community, given their level of representation in the sample, also emerged as an issue. For instance, a nonprofit executive director stated a need was ***"Ensuring that health is a right to all, especially our 2 Spirit/transgender/LTBGQ+ communities. There are so many layers of care needed to support them especially hormonal treatment, gender affirming care, and more."***

Mental Health Care

Although 49% of survey respondents reported no barriers to mental health support, **mental health was chosen as the fourth largest health concern in the community, chosen by 51% of respondents**. Additional primary and secondary data mirror themes from the primary care access section above. **When reporting barriers to mental health care, the top concern was cost or insurance problems (26%). In addition, 23% reported reluctance to talk about their problems or a fear of stigma.**

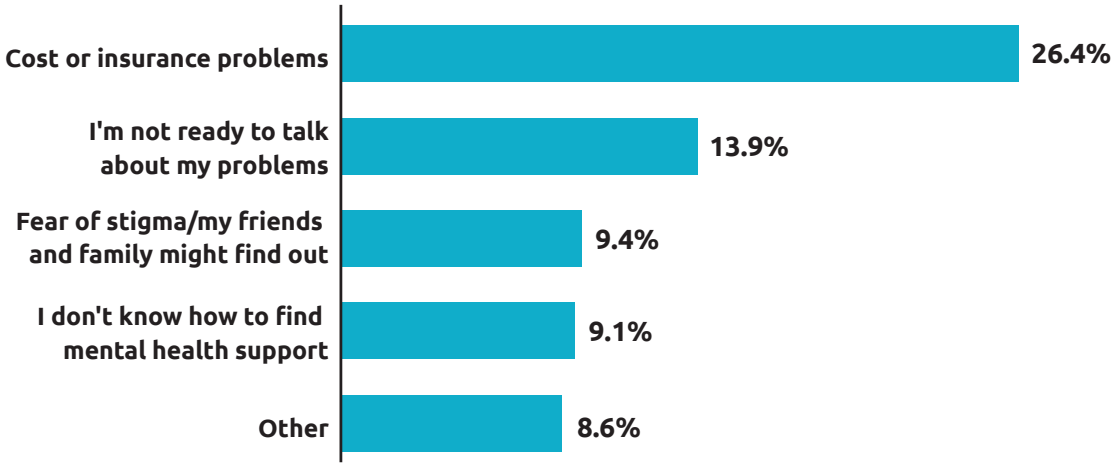
As shown below, the availability of mental health providers varies across parishes. St. Charles Parish reports the highest ratio at 646:1, indicating a lower concentration of providers and potentially limited access to mental health services. In contrast, Orleans Parish has the most favorable ratio at 155:1, suggesting better accessibility to mental health resources.

Table 7: Ratio of Population to Mental Health Providers from Secondary Data

St. Charles	646:1
Jefferson	325:1
St. Bernard	289:1
St. John	281:1
Orleans	155:1
Louisiana	**295:1**

As a note, the above data differs from Health Resources Services Administration (HRSA) designated shortages because it includes a wider variety of providers such as counselors and therapists, while HRSA definitions encompass psychiatrists only.[15]

Fig. 12: Top Barriers to Seeking Mental Health Care are Cost, Lack of Comfort, or Fear of Stigma for CHNA Respondents



In interviews and focus groups, the issue of trust, stigma, and cultural competence were even more prominent than for primary health care. One individual expressed, ***"There is a lack of support attached to mental health due to negative stigmatization leaving support programs underfunded and unaddressed."*** These concerns were also common for specific cultural populations. For instance, a Vietnamese community focus group respondent stated, ***"Mental health [care] in the Asian community is non-existent."***

A leader with a local mosque similarly emphasized, ***"There are cultural stigmas especially around mental health that deter individuals from seeking care."*** This leader further connected mental health issues with racism experienced by youth: ***"They [youth] are finding that the sense of exclusion (especially in schools) and is leading to increased stress, anxiety, and depression."*** Despite the theme of youth mental health being a concern, mental health professionals agreed that increasing implementation of early childhood healthcare services was a step forward.

Notably, one survey respondent also provided this insight on barriers to mental health care: ***"Fear for my job – medical professionals can't practice if they seek [mental health] treatment."*** This quote highlights the importance of making mental health care accessible to health providers as well as other members of the community.

"There are cultural stigmas especially around mental health that deter individuals from seeking care."

15 https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22louisiana%22:%7B%7D%7D%7D&sort

Telehealth, Broadband Access, and Sources of Health Information

97% of respondents in the CHNA survey report having an internet connection and 95% have a smartphone. Despite this high proportion, as seen in Figure 13, 62% have had a telehealth appointment in the past. Among those who did, 80% reported the care to be good or very good while the remainder felt that the care was fair or poor. This suggests that even with the high rate of broadband access in the sample, there may not be knowledge or awareness of telehealth as an option, and some may have better experiences than others.

Fig. 13: More than Half of CHNA Respondents Have Had an Appointment through Telehealth

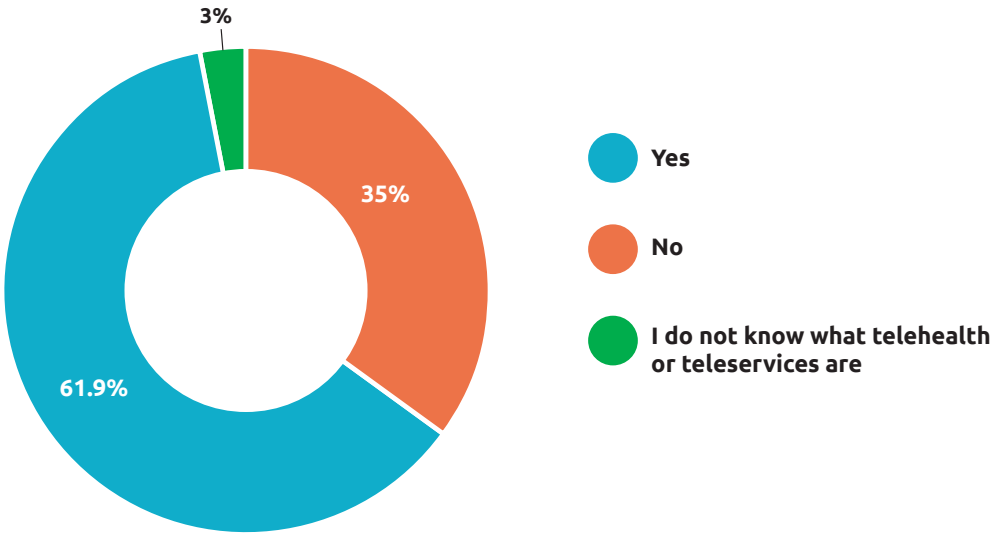
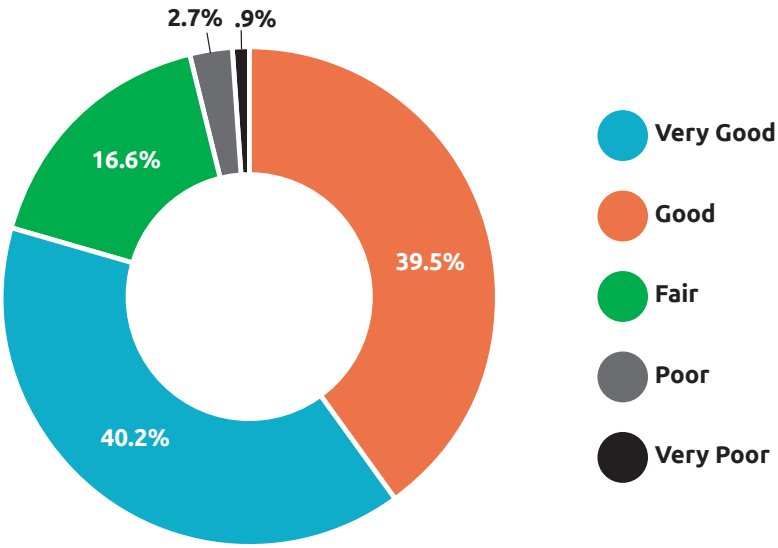


Fig. 14: Nearly 80% of CHNA Respondents Who Did Have a Telehealth Appointment Rated It Positively



Additional insight can be gained from examining broadband access rates across parishes. As seen in Table 8 below, 83% of households in Louisiana have broadband internet and most catchment parishes are close to or higher than this rate. St. Charles Parish shows the highest broadband access rate (91%), while Orleans Parish reports the lowest rate (82%) of the target parishes. This disparity highlights the importance of initiatives to increase digital access for telehealth and health information dissemination.

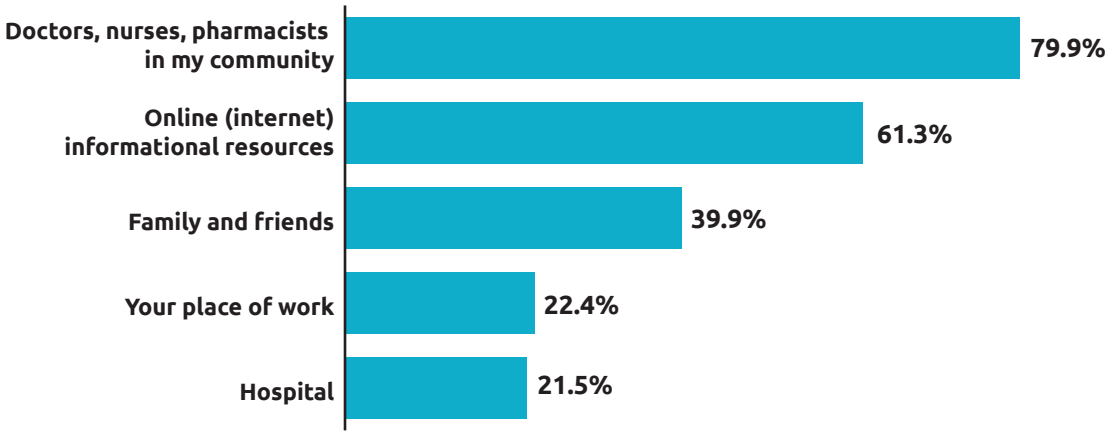
Table 8: Rate of Broadband Access Among Households from Secondary Data

St. Charles	91%
St. John	86%
Jefferson	86%
St. Bernard	83%
Orleans	82%
Louisiana	**83%**

In CHNA interviews, the varying levels of use, knowledge, and quality of digital health resources was a common theme. One health system leader stated, "***You may have a smart phone but…are you one of those people who has a million apps…or do you have a family member who takes care of that stuff for you? You need to…teach people digital literacy if you want them to benefit from participating in these programs."*** A service professional in a focus group also noted, ***"Individuals incarcerated for 20 yrs have missed the technology boom and will have no idea how to access services or resources."***

Most respondents felt confident in understanding information provided by their doctors, with 61% feeling very confident and 27% feeling slightly confident. As shown in Figure 15 below, when reporting the most common sources of health information, the top sources were doctors, nurses, or pharmacists in the community (80%), online informational resources, (61%), and family and friends (40%).

Fig. 15: Nearly 80% of CHNA Respondents Go to Doctors, Nurses or Pharmacists for Health Information



Note: figure shows top 5 most commonly selected response options.

This data illustrates that there is a high reliance on both traditional and online sources of health information. The National Institute on Aging[16] reports that while health websites sponsored by federal agencies are generally reliable, not all online sources are trustworthy. According to the Agency for Healthcare Research and Quality's Patient Safety Network,[17] **examples of digital health literacy include being able to find and evaluate health information online, access telehealth services, and communicate with providers electronically.** Thus, data from the survey in combination with insights from interviews suggests that in addition to broadband services themselves, digital literacy is an important component of being able to play an active role in one's health. At the same time, a chief medical officer emphasized that such efforts must recognize the dignity of community members and engage them in the development of solutions: ***"We don't want to underestimate the capability and agency of people to adapt and apply these technologies, to allow them the opportunity to be a part of co-creation to help eliminate implicit biases or continue to do harm."***

16 https://www.nia.nih.gov/health/healthy-aging/how-find-reliable-health-information-online

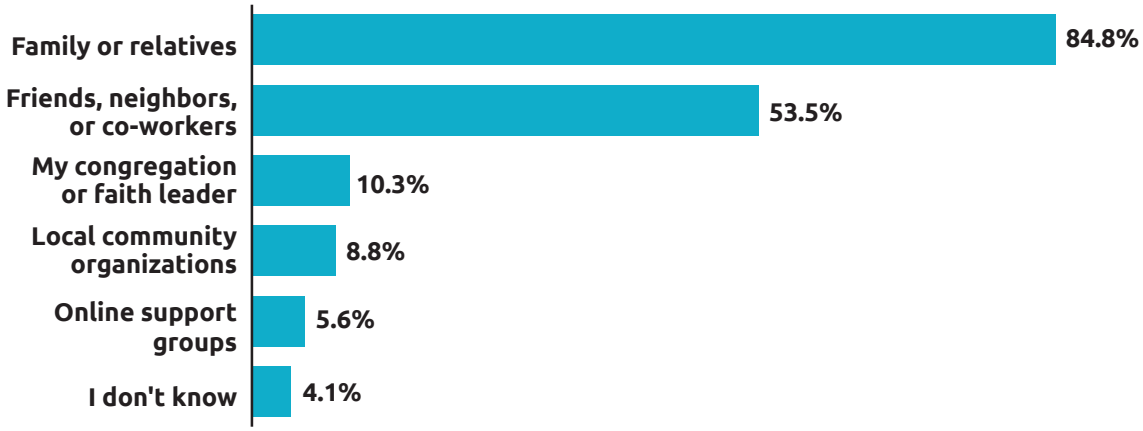
17 https://psnet.ahrq.gov/primer/digital-health-literacy

Community Networks and Assets

Despite the challenges reflected in data thus far, community members highlighted areas of strengths and assets, which can be harnessed to address health needs and the development of implementation plans.

Interviewees emphasized the rich cultural traditions of New Orleans and the role of community groups as well as social aid and pleasure clubs in helping organize access to resources or for social messaging. Most survey respondents recognized the value of community activities for maintaining health, with 47% considering them very important and 38% finding them somewhat important. When asked who they respond to during a health crisis, respondents most commonly chose family or relatives (85%) and friends, neighborhoods, or co-workers (54%), with faith groups or community organizations also being selected. This points to the strength of local ties and networks as resources for meeting needs. A more comprehensive list of resources that were described by participants in the CHNA survey is provided in Appendix B.

Fig. 16: Over 80% of CHNA Respondents Turn to Family or Friends during Health Crises



Respondents also had the opportunity to select the top five positive features of their community. The findings echo the above information. For instance, faith-based organizations were most commonly chosen (61%). Diversity of people was another key strength, chosen by 58% of the sample. Parks and recreation were valued by 39%. These insights highlight some community strengths in the area.

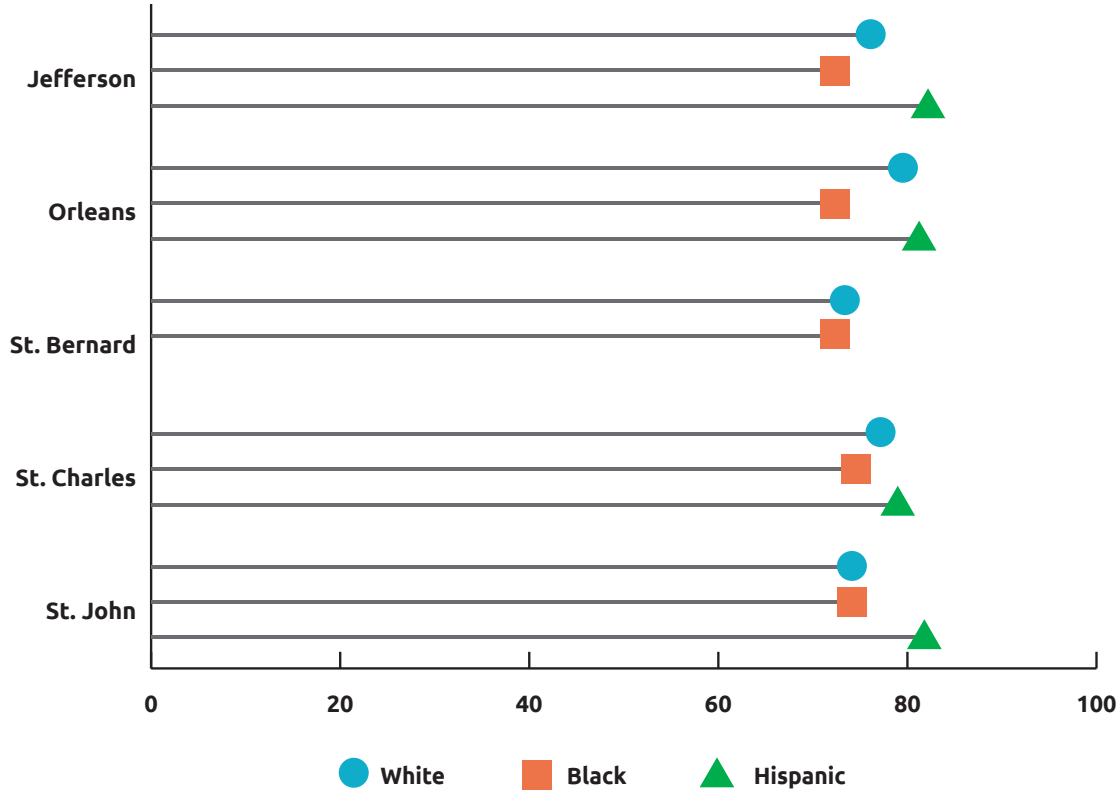
Key Health Outcomes & Behaviors

In this section, data on key health conditions and behaviors further connect the preceding information on the social determinants of health to impacts and outcomes.

Life Expectancy

Overall longevity or life expectancy provides an overview of opportunity for health. Communities of color are often at greater risk for poor health outcomes because of inequitable access to social and economic benefits. Figure # illustrates racial disparities in life expectancy in the Greater New Orleans parishes. Although life expectancy is generally in the high 70s across parishes, **Black individuals consistently have the lowest life expectancy with the exception of St. John,** where the rate is similar to that of White individuals. In addition, Hispanic individuals generally have the highest life expectancy in these parishes.

Figure 17.[18] Life Expectancy among White, Black, and Hispanic Populations from Secondary Data



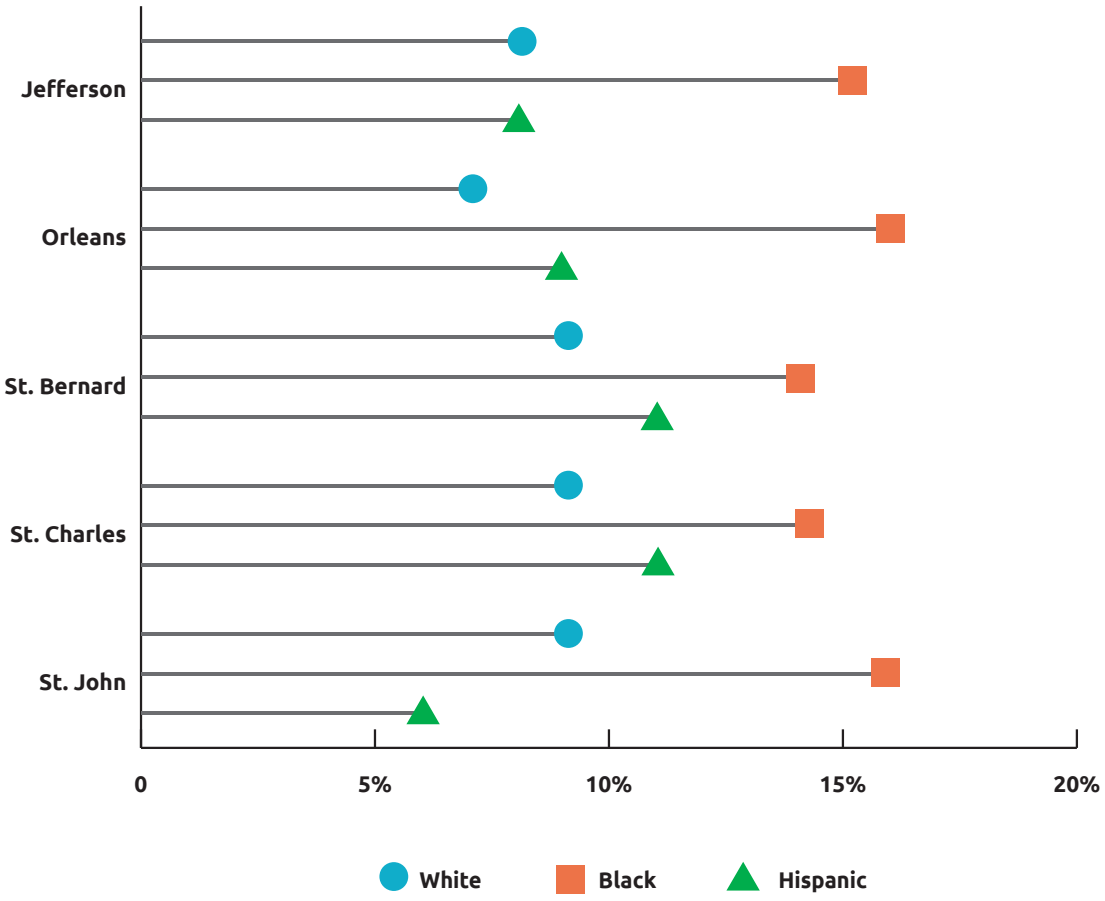
**County Health Rankings does not have data available for life expectancy for Hispanic individuals in St. Bernard parish.*

18 From County Health Rankings, 2024.

Maternal and Child Health

Both CHNA and survey data reveal the need for continued attention to maternal health outcomes, health disparities, and education. According to County Health Rankings (2024), low birthweight is an indicator of both the prenatal environment, the health status of the birthing parent, and a risk factor for infant mortality or morbidities for the child later on in life. Figure 18 shows the percentage of low birthweight babies born to White, Black and Hispanic families. **This rate is substantially higher for Black families in all parishes,** while for White families, the rate is lower than the Louisiana average of 11%. Additional research suggests that maternal and infant health disparities among women of color, especially Black women, is based in socioeconomic inequality and racism.[19]

Figure 18. Percent Low Birth Weight Among White, Black and Hispanic Population from Secondary Data[20]

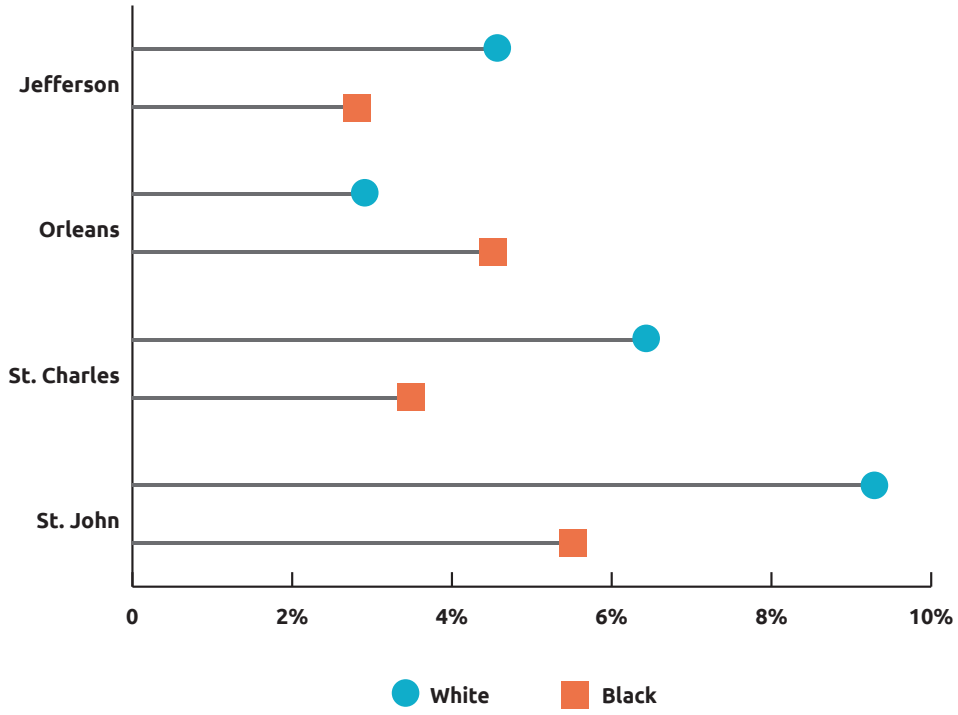


19 https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/

20 From County Health Rankings, 2024.

Data below also provides information on prenatal health behaviors – in this case, smoking during pregnancy. According to the data resource Kids Count, smoking during pregnancy is associated with premature birth and low birthweight. **Despite the data seen above reflecting high rates of low birthweight babies for Black populations, the data below indicates that smoking during pregnancy is reported more frequently among White populations for Jefferson, St. Charles, and St. John.** Recent research from the United States found increases in smoking during pregnancy from 2010 to 2017 and that lower education levels were a risk factor for the behavior.[21]

Figure 19[22]: Smoking During Pregnancy Among White and Black Population from Secondary Data



St. Bernard is not included in the above graph due to missing data or masking for privacy reasons in the secondary source because of low values.

Additionally, data below indicates the rates of teen birthrates in catchment parish. According to County Health Rankings, early childbearing is associated with worse health outcomes for both the mother and child. The teen birth rate, measured per 1000 females ages 15-19, was reported at 27 per 1000 across Louisiana in 2019. Teen birth rates varied across parishes, with St. Charles Parish reporting the lowest rate at 15 per 1,000 females aged 15-19, substantially below the state average of 27. Jefferson (25), Orleans (21), and St. Bernard (24) show rates closer to the state figure. **In addition, the state rate of teen births is much higher than the national rate which is 17 births per 1000.** According to recent

21 Azagba, S., Manzione, L., Shan, L. et al. Trends in smoking during pregnancy by socioeconomic characteristics in the United States, 2010–2017. BMC Pregnancy Childbirth 20, 52 (2020). https://doi.org/10.1186/s12884-020-2748-y

22 From County Health Rankings, 2024.

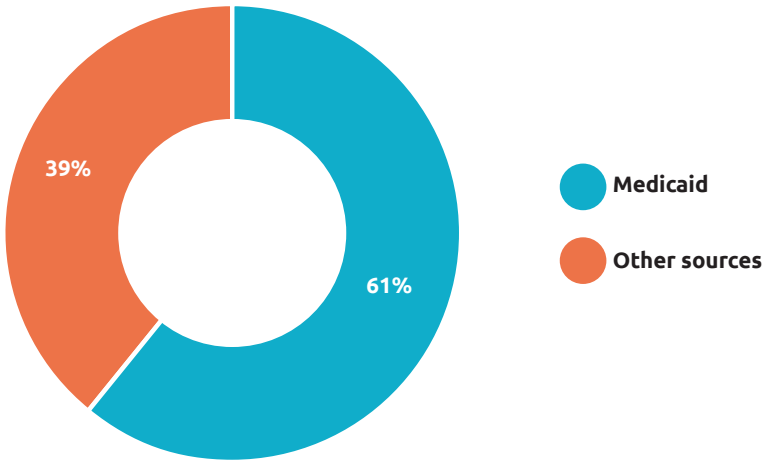
data from the Louisiana Department of Health,[23] among pregnant women who were not using contraception and not trying to become pregnant, 27% did not think they could become pregnant. This points to another area of education around contraception and pregnancy.

Table 9: Teen Birthrates from Highest to Lowest from Secondary Data

Jefferson	25
St. Bernard	24
Orleans	21
St. John	21
St. Charles	15
Louisiana	**27**

Finally, data below indicates that in 2021, **61% of births were financed by Medicaid in Louisiana,** indicating that affordability of prenatal services may be a challenge without this resource. This is supported by data from March of Dimes indicating that in Jefferson, Orleans, and St. Bernard, relatively lower levels (fewer than 74%) are receiving adequate prenatal care.[24] All of these data highlight important themes between socioeconomic challenges, prenatal services and education, and birth outcomes. One religious leader noted that ***"Most of the requests made to the [mosque] for aid are from single mothers"*** emphasizing that the community is aware of the gaps in services.

Figure 20[25]: Births Financed Through Medicaid in Louisiana from Secondary Data



23 LDH PRAMS Data Report, 2021. https://ldh.la.gov/assets/oph/Center-PHCH/FamilyHealth/2021_PRAMS_Data_Report_FINAL.pdf

24 March of Dimes, 2020-2023. https://www.marchofdimes.org/peristats data?reg=99&top=5&stop=29&lev=1&slev=4&obj=9&sreg=22

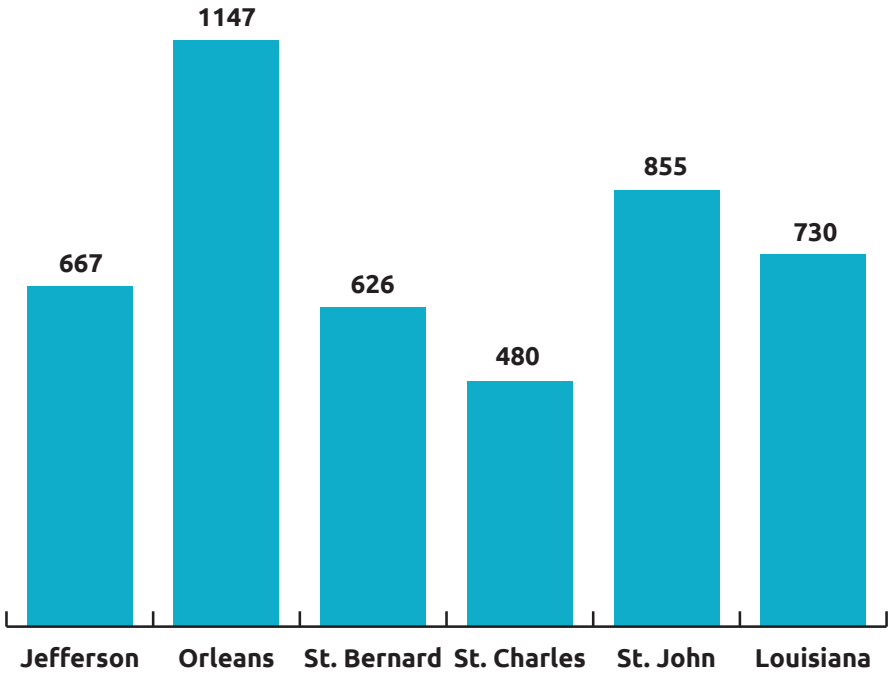
25 From Kaiser Family Foundation, State Health Facts, Births Financed by Medicaid, based on analysis CDC Wonder Online Database, 2021.

Sexual Health

Sexually transmitted infections (STI's) were among the top ten health concerns in the CHNA survey. This topic follows the Maternal and Infant Health section because of the connections between maternal and infant health outcomes and sexual health. For instance, according to County Health Rankings (2024), STI's can have long-term reproductive repercussions for all members of the population, and teen mothers are also at a higher risk for STI's.

Chlamydia incidence is measured as the number of new cases per 100,000 persons. As shown in Figure 21 below, Orleans Parish has the highest chlamydia incidence rate at 1,147.3 per 100,000, far exceeding the state average. In contrast, St. Charles (480.1) and Jefferson (667.3) report lower rates. **Statewide, Louisiana reports a chlamydia rate of 730.1 new cases per 100,000, which is substantially higher than the national rate of 495.5 per 100,000.**

Fig. 21: Chlamydia Incidence is Highest in Orleans and St. John in Secondary Data



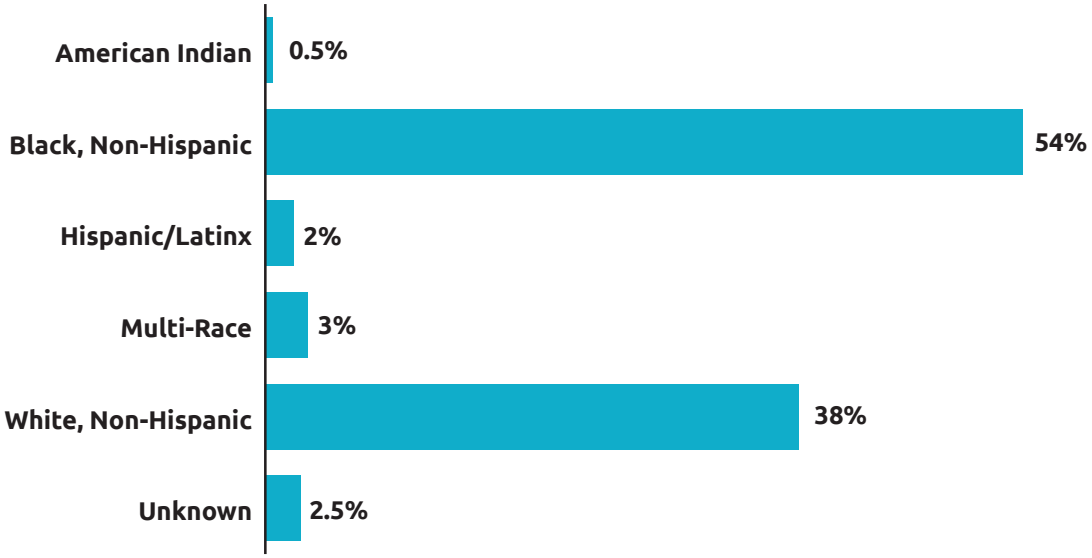
From County Health Rankings, 2024.

A 2024 surveillance report[26] released by the Louisiana Department of Health also highlights overall areas of concern and corresponding health disparities associated with other sexually transmitted infections (STIs). In 2022, **Louisiana ranked 4th in the nation for rates of newly diagnosed HIV, with the highest rates being in the New Orleans or Baton**

26 https://ldh.la.gov/assets/oph/HIVSTD/2024-reports/First-Quarter-2024-HIV-and-Syphilis-Report.pdf

Rouge metropolitan statistical areas. In addition, Louisiana also ranked ninth in the nation for primary and secondary syphilis diagnosis rates. **In conjunction, Louisiana ranked seventh in the nation for congenital syphilis case rates, referring to infants born with syphilis that has been passed from the birthing parent.** Newly diagnosed HIV cases in Louisiana are higher among individuals who are gay, bisexual, or men who have sex with men, whereas the primary risk factor for those diagnosed with syphilis is heterosexual activity. In addition, in 2023 68% of people across the state who were newly diagnosed with HIV were Black, despite the fact that 32% of the state population is Black. The graph below also indicates that new syphilis cases were also the highest for Black individuals across the state Finally, the report further emphasizes higher risk among adolescents and young adults for both infections, especially the 13-24 age bracket.[27]

Fig. 22: Primary and Secondary Syphilis Diagnoses in Louisiana from Secondary Data



From Louisiana Department of Health HIV & Syphilis Surveillance Report, 2024.

This data suggests a major need for focus on education, testing, and sexual health services and additional attention to specific groups by race, age, and sexual orientation.

27 Because of sensitivity concerns with displaying data on very low sample sizes in a highly localized area, that is why graphs display state level rates for syphilis or HIV.

Chronic Disease, Cancer, & Screenings

Heart disease, obesity, and diabetes are classified as chronic diseases, meaning they are conditions that are long lasting and persistent. Poor nutrition and lack of physical activity are both related to obesity, cardiovascular conditions, and cancer. Data from the CHNA survey suggests that community members are aware of these risks: **the top three health conditions of concern in the survey were obesity at 61%, diabetes at 56%, and heart disease or high blood pressure at 55%.** Community members in New Orleans further noted connections between previously described built environment factors and chronic disease. As one interview respondent noted, ***"Without access to facilities where community members can exercise, engage in sports, or spend time outdoors, there is a greater risk for conditions like high cholesterol, obesity, and cardiovascular diseases which is extremely prevalent in our population."***

Table 10 below illustrates rates of diabetes, obesity, and hypertension. In Louisiana, 39% are classified as obese with a BMI of higher than 30, 33% of adults have been diagnosed with high blood pressure, and 12% have been diagnosed with diabetes. **As shown in Table 10, hypertension exceeds the state rate in all target parishes. Obesity and diabetes are both higher than state rates in St. Bernard and St. John, with Orleans also having a higher rate of diabetes.**

Table 10. Rates of Obesity, Hypertension, and Diabetes from Secondary Data[28]

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Obesity rate among adults (18+, (age-adjusted))	36%	35%	41%	37%	45%	39%
Hypertension rate among adults (18+)	35%	37%	38%	36%	42%	33%
Diabetes rate among adults 20+ (age-adjusted)	12%	14%	13%	10%	13%	12%

In addition, awareness of the treatment and presentation of these conditions for different populations was also raised. The following anecdote paraphrases data from an interview with a health professional who referenced outdated medical practices that caused under-diagnoses of kidney dysfunction due to chronic disease among African-Americans:

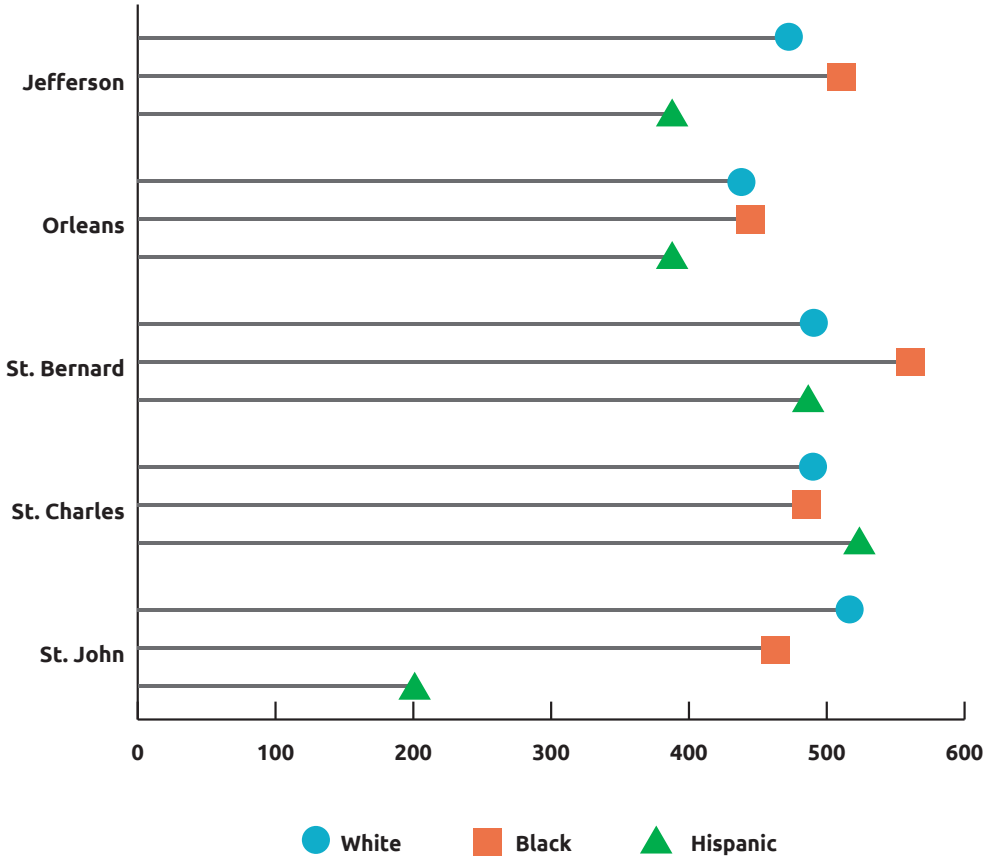
> ***"Chronic diseases like obesity significantly contribute to hypertension, diabetes, heart disease, and stroke, which are prevalent in Louisiana, particularly in New Orleans. These conditions are the leading causes of dialysis, with disparities in who receives dialysis and transplants. African Americans face higher rates of dialysis and delayed***

28 From County Health Rankings, 2024 and CDC Places, 2021.

transplants, partly due to late referrals to nephrologists and lower rates of organ donation. Historically, kidney function assessments used a race-based calculation assuming higher muscle mass in African Americans, which delayed diagnoses and treatment. In recent years, national kidney organizations removed race from these calculations, leading to earlier diagnoses of kidney dysfunction in African Americans. However, ensuring education about and access to transplants remains crucial."

Cancer is another key issue of concern and was the fifth largest health condition in the survey, chosen by 50% of respondents. Many health professionals noted that although cancer prevention and screening efforts had seen gains over time, ongoing efforts were needed. The figure below reflects rates of cancer incidence in all sites of the body by race across target parishes. Rates tend to vary across racial population and parish, although Hispanic groups have the lowest rates in Jefferson, Orleans, St. Bernard, and St. John and have the highest rate in St. Charles. Statewide, the cancer incidence rate is 483.6 per 100,000 people, which is higher than the national rate of 444.4 per 100,000.

Figure 23: All Cancer Sites Incidence among White, Black and Hispanic Population from Secondary Data[29]



Additional secondary data sheds light on screening rates in Table 11, showing the percentage of women over the age of 40 receiving an annual mammography and the percentage of individuals aged 50-75 who report a colonoscopy in the last 10 years. In general, catchment

29 From National Cancer Institute, 2017-2021.

parishes have mammography rates that are close to or higher than the state average of 71%, with St. Charles (79%), St. John (78%), and Jefferson (77%) having the highest rates. The rate of colonoscopies is also largely in line with the state rate of 61%, although St. John has a lower rate of 55%.

Table 11: Mammography and Colonoscopy Rates from Secondary Data[30]

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Mammography screening rate (among women aged 40+)	77%	72%	71%	79%	78%	71%
Colonoscopy rate	61%	62%	61%	65%	55%	61%

The graph below (Figure 24) illustrates rates of cancer screenings in the CHNA survey. The most commonly reported screenings were Pap smears at 53%, mammograms at 49%, and colonoscopies at 34%.

When examining these rates by age, rates of mammograms were highest for those aged 45 and up: specifically, they were 77% in the 45-54 age group, 64% among those aged 55-64, and 69% among those aged 65 and up. Given that the American Cancer Society[31] recommends annual breast cancer screenings starting at age 45 and given the higher participation of women in the sample, this suggests screening rates are in line with recommendations in the sample.

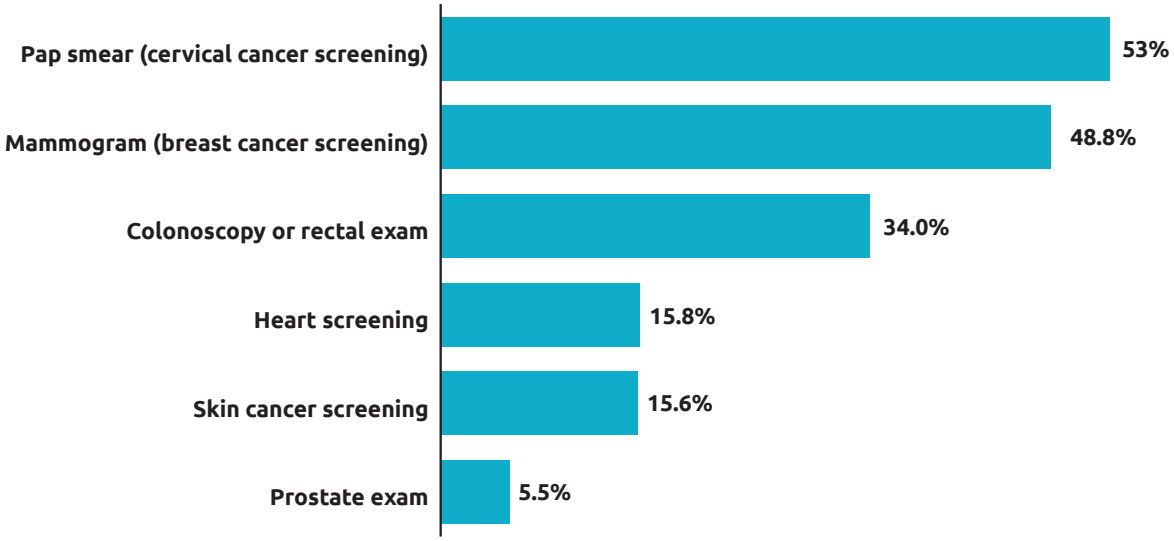
Although the American Cancer Society recommends regular colonoscopy screening at age 45, about half (56%) in the 45-54 age group had had one in the past three years. This percentage increased slightly as age increased, with 61% among those aged 55-64 and 66% of those aged 65 and up having had a colonoscopy in the past three years.

Rates of prostate exams were low, although the participation of males in the sample was also low.

30 From National Cancer Institute, 2017-2019.

31 https://www.cancer.org/cancer/screening/screening-recommendations-by-age.html#all-ages

Fig. 24: Cancer Screenings among CHNA Respondents



There were racial differences in screening rates, with 30% of White respondents reporting skin cancer screenings but only 3% of Black respondents reporting the same. The Dartmouth Geisel School of Medicine[32] reports that that Black people and other people of color tend to have a lower rate of 5-year melanoma survival than White patients because of later stage diagnosis. Ensuring skin checks and cancer screenings for non-white patients is therefore crucial.

Overall, the rates and racial gaps in all cancer site incidence as well as varying levels of cancer screenings in the CHNA sample suggest that continued attention to cancer prevention and education is needed.

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32 https://geiselmed.dartmouth.edu/students/student-wellness-resources/sun-safety-and-skin-cancer-prevention/skin-cancer-in-people-of-color/#:~:text=Squamous%20cell%20carcinoma%20is%20the%20most%20common%20skin%20cancer%20in%20Black%20people.&text=Melanoma%20in%20people%20of%20color,subungual)%20and%20the%20nail%20areas

Substance Use

Substance use and overdose was the sixth largest health concern in the survey, chosen by 32% of respondents.

Data below reflects opioid overdose mortality rates based on the Louisiana Opioid Surveillance System. The overall rate in Louisiana is 30 per 100,000 with higher rates being observed in St. Bernard (56 per 100,000), Jefferson (51.8 per 100,000), and St. Charles (38.1).

Table 12: Opioid Overdose Mortality from Secondary Data[33]

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Opioid overdose mortality rate (per 100,000, age-adjusted)	51.8	20.2	56	38.1	14.1	30.0

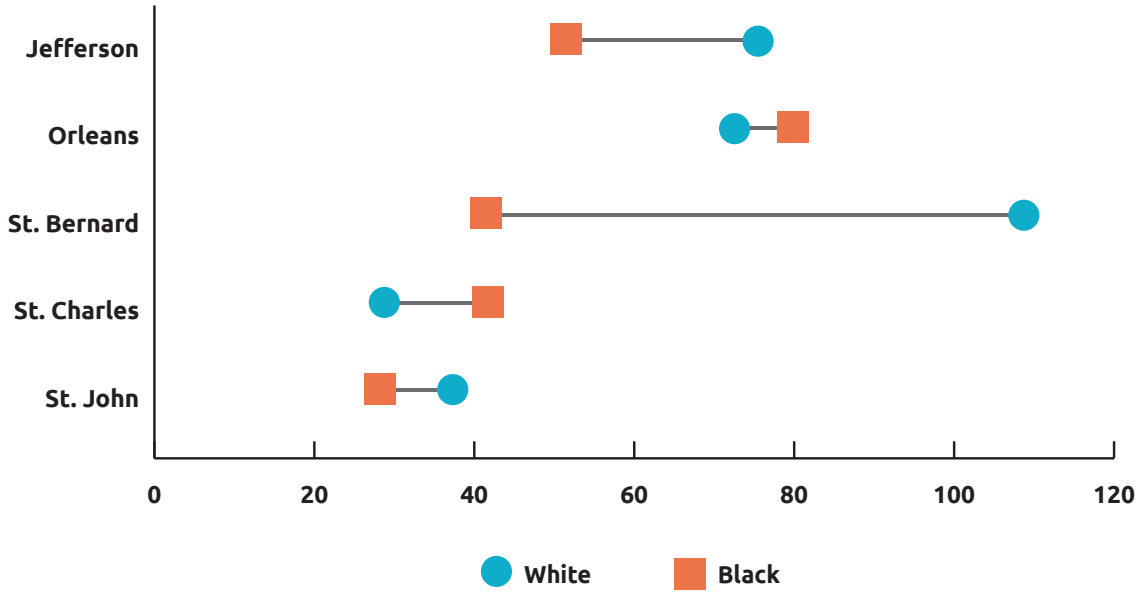
Interviews and focus groups spoke to the need substance abuse treatment services as well as stigma or lack of awareness of these issues and knowing where to go for help. As one mental health leader stated, ***"We need more provider MAT [medication-assisted treatment] programs and family support programs. The jail is the largest detox facility!"*** Stigma and lack of awareness have been identified in literature as barriers to care and should therefore be considered import aspects of access.[34]

33 From Louisiana Opioid Surveillance System, 2022.

34 https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1256-2

Data below shows the rate of overall drug overdose mortality by race in target parishes. For most of the parishes shown below, death rates among White individuals exceed those of Black individuals, with St. Bernard having an especially large gap between the two. Orleans and St. Charles are exceptions where the mortality rate is slightly higher for Black populations. **For both groups, many of the rates across parishes exceed the state mortality rate of 40 per 100,000 and far exceed the national rate of 27 per 100,000.**

Fig. 25: Drug Overdose Rate per 100,000: Black and White Populations from Secondary Data



From County Health Rankings, 2024.

Significant Issues

In the Greater New Orleans CHNA, qualitative and quantitative data were synthesized in an effort to understand and elevate issues seen across diverse community members (advocates, public health experts, providers) and data sources (community survey, interviews, secondary data), with a focus on the social determinants of health.

Community survey data was analyzed alongside qualitative findings to see how the community perceived top issues. Secondary data were then reviewed to reinforce, contradict, or add additional context and complexity to results from the primary data. The County Health Rankings model was utilized as an organizing resource to connect social determinants to health outcomes. Based on triangulation of these three layers of data, the following health concerns were identified for the region:

- Socioeconomic Challenges (esp. Housing)
- Environmental Health
- Crime & Violence
- Affordability of Care
- Access to & Awareness of Behavioral Health
- Health Literacy (Including Digital Health)
- Cultural Competency & Discrimination
- Maternal & Infant Health Services
- Sexual Health Services
- Chronic Disease Prevention

Steps to Prioritization

These health needs were shared with Greater New Orleans participating hospitals on a data call on November 18, 2024. Following presentation of results, a facilitated discussion occurred during which participants had the opportunity to conduct an initial prioritization exercise, ranking each health need based on feasibility for the hospital to address, alongside impact on health outcomes. Each hospital board conducted its own prioritization exercise following the meeting and then approved results and priorities.

Priorities

Hospital priorities will be identified by the respective boards and added to this report at a later date

Next Steps

The Greater New Orleans CHNA report will be available to the public via each hospital's website. To request paper copies or to provide feedback, please contact:

- Dr. Toni Flowers, Corporate Chief Diversity and Social Responsibility Officer: **toni.flowers@lcmchealth.org**
- Jessica Diedling, Director of Community Benefit, Ochsner Health: **jessica.diedling@ochsner.org**

Transition to Planning and Implementation

Following adoption of the CHNA, each hospital will develop a three-year Community Health Implementation Plan (CHIP) describing how they intend to address the key health concerns identified. The CHIP will include:

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

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

Acknowledgments

This work was conducted with the guidance, collaborative participation, or input from the following partners:

- **Jessica Diedling –** Director of Community Benefit, Community & Public Affairs, Ochsner Health
- **Dr. Toni Flowers –** Chief Diversity and Social Responsibility Officer, LCMC Health

Additionally, the following LPHI team members led the planning, data collection, analysis, writing, and editing for this report:

- **Sarita Panchang, Ph.D. –** Senior Manager, Monitoring, Evaluation, & Learning
- **Deanna Thabatah, MPH –** Coordinator, Monitoring, Evaluation, & Learning
- **Charles Lehigh, MPH –** Analyst, Monitoring, Evaluation, & Learning
- **Erica Spears, Ph.D. –** Director, Monitoring, Evaluation, & Learning
- **Hayley Alexander, MPH –** Manager, Operations and Business Development
- **John Marc Sharpe –** Director of Communications
- **Sarah Stoltman –** Coordinator, Monitoring, Evaluation, and Learning

We very thankful to Erin Proven, Data Analytics Manager at the Louisiana Department of Health, who conducted analysis for data requests from the Louisiana Hospital Inpatient Discharge Database for the purposes of defining CHNA catchment communities.

Finally, we express deep gratitude to all community members and organizations in the Greater New Orleans region who took the time to provide community input for this report.

About the Louisiana Public Health Institute

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

About United Way of Southeast Louisiana

United Way of Southeast Louisiana (SELA)'s mission is to eradicate poverty in southeast Louisiana. Since 1924, the chapter has been a major force in addressing needs in the community. United Way SELA identifies pressing needs and then funds programs, supports collaborations, convenes experts, and advocates for change to foster crucial community services that addresses needs based on best practices. For more information, please visit **https://www.unitedwaysela.org/**.

Appendix A: 2022-2024 Community Health Implementation Plan Progress

The following information provides highlights and accomplishments across the 2022-2024 CHNA cycle for participating hospitals.

Note: New Orleans East is not subject to a CHNA requirement due to being a city hospital. LCMC Lakeside was part of a different system in the 2022-2024 cycle but will be conducting its CHIP in conjunction with East Jefferson General Hospital.

LCMC Touro

Mental and Behavioral Health

- The facility contracted with Oceans Behavioral Health for mental health needs.
  - ◊ 312 clinic were patients referred in 2023, and 301 in 2024.
  - ◊ For emergency room and inpatient consults with Oceans, there were 712 ER and inpatient consults in 2023 and 670 respective consults in 2024.
- To increase programs connecting patients with appropriate health professionals,
  - ◊ A validated suicide screening tool and corresponding information were implemented in the EHR in 2022, with 100% compliance. There were 228,799 patients screened in 2024.
  - ◊ A Parkinson's Support Group Meeting series with medical professionals was held, with 6 meetings in 2024 and a total of 167 participants.
- To engage as members in the City of New Orleans Behavioral Health Council, there were 7 meetings attended in 2024 and participation in 4 public forums in 2024.
- There was regular attendance of facility representative in 2023 of four meetings of the City of New Orleans Opioid Task Force.

Health Equity & Discrimination in Healthcare

- To improve hospital staff education on health equity and discrimination,
  - ◊ The At the HELM (Health Equity Leadership Matters) Training occurred for all senior leaders. The training is also being implemented at multiple levels. 93% of managers and supervisors completed it in 2024.
  - ◊ The hospital DEI committee met quarterly as planned in 2024.
  - ◊ A Diversity and Social Responsibility presentation has been incorporated into the current New Leader training.

- ◊ Executive coaching/leadership training is being implemented for minority female leaders through contracting with a consultant, with one leader having completed the training thus far.

- To improve access for disadvantaged patients,
  - ◊ New Language Services vendors were sought out to improve communication with LEP and hearing-impaired patients. The platform also moved from a telephone to iPad-based format. Over 26,500 patients were served on the new language line in 2024, with very positive feedback from both patients and staff.
- To decrease racial bias among healthcare staff,
  - ◊ A training has been provided to all Patient Access staff on the Standardized Methodology for Collection of Race, Ethnicity, and Language (REaL) data. Retraining occurred in 2024.
  - ◊ A training was implemented in 2024 for Standardized Methodology for the collection of Sexual Orientation Gender Identity (SOGI) data.
  - ◊ All caregivers completed Implicit Bias training, with 93% manager and supervisor participation n 2024, and 100% participation in the make-up sessions.

Access to and Continuity of Care

- To connect underserved patients with appropriate healthcare services,
  - ◊ One additional ob-gyn and one NP provider were hired for New Orleans East locations, with a Gentilly clinic opening in Fall 2023.
  - ◊ A comprehensive senior care program was initiated. Combined inpatient and outpatient visits for those aged 65+ increased by 4.5% from 2023 to 2024. The Amazing Agers program had 9 events in 2024, with 720 participants.
  - ◊ Through partnerships with the Touro Infirmary Foundation, American Cancer Society, and Uber, there were 911 free rides given to oncology patients in 2024.
  - ◊ A new Spanish-speaking ob-gyn provider was hired in 2022, with their clinic serving over 2000 patients.
  - ◊ Health screenings that were discontinued during the pandemic were reinitiated for prostate and breast cancer, and diabetes. There were 3 screening events in 2024 with 114 total participants.
- To address physician shortages, the teaching hospital met or exceeded goals, training 398 medical students in and 346 residents and follows in 2024.
- To provide training to allied health students, 2 pharmacy residents, 6 pharmacy interns, and 26 RN interns were trained in 2024.
- To offer information and assistance on affordability of services,
  - ◊ A vendor was contracted for on-site Medicaid enrollment, serving 2500 patients in 2024.
  - ◊ Case managers and social workers provided patient navigation, serving 2300 patients or 30% of discharges.

- ◊ 401 patients were assisted in Oncology, with financial assistance valuing a total of $510,000.

- To increase access to maternal health services,
  - ◊ A comprehensive set of educational courses were offered. Schedules of classes and resources were sent to 5000 new and expecting mothers in 2024. There were 81 total classes with 920 participants, with additional engagement through Facebook and a web contact component implemented in 2024.
  - ◊ Lactation education through courses and mobile units were implemented. The Nursing Nest Van was used at 10 events in 2024, with 70 mothers using it. 10 Breastfeeding classes were held in 2024.
- To increase awareness of supportive programs in the area, there were 272 patients in 2024 assisted with transportation, home supplies, and discharge medication access through patient navigators and social workers supported by the Touro Infirmary Foundation.

LCMC Children's Hospital New Orleans

Mental and Behavioral Health

- Inpatient and outpatient behavioral health services to youth in the service area were offered, with 6901 patients served in 2024.
- Access to services and care coordination in schools through the Thrive Kids School Wellness program was accomplished with 1045 patients served in 2024.

Education and Health Literacy

- General and specialized pediatric care was provided to youth, serving 9389 patients in 2022, 8934 in 2023, and 7427 in 2024.
- Education for youth and parents through the Parenting Center and patient navigators was conducted. The Parenting Center reached 2282 parents in 2024, and the patient navigators reached 79 patients in 2024.
- In documenting hours of care for outpatient nutritional and diabetes services, there were 8008 total hours documented in 2024.

Access to and Continuity of Care

- Outpatient visits were documented. In 2024, there were 96,403 visits in primary care, 10,208 visits in behavioral health, 47,193 visits in specialty medical areas, 49,199 visits in specialty surgical areas, and 8,609 visits in telehealth.
- In documenting immunizations and visits with the GNO Immunization Program, in 2024 there were 16,792 total immunizations and 9,784 corresponding visits.
- In documenting outputs from the Children's Healthcare Assistance program which

provides a subsidized insurance coverage option, there were 679 applications submitted with 637 approvals in 2024.

- In documenting impacts for families of patients receiving treatment who resided in hospital-sponsored family housing, there ere 329 guests at Hogs House and 900 guests at Ronald McDonald House in 2024.
- The facility conducted care and referrals as a multidisciplinary response to victims of child abuse, contracting with Audrey Hepburn CARE center and the New Orleans Child Advocacy Center. In 2024, there were 1058 medical visits and 314 forensic interviews.

Health Equity & Discrimination in Healthcare

- In documenting screening of patients for language of preference and usage of language lines, in 2024 there were 15,127 hours in call volumes, 2546 visits for in-person assistance, and a financial commitment of $844,013.
- To offer chaplain services for a variety of religious affiliations, in 2024 there was one chaplain visit and 842 pastoral contacts.
- The hospital offered CPR classes to Spanish speaking parents, with 1 class and 17 participants in 2024.
- Employees were trained in collection of SOGI data (related to sexual orientation), LGBTQ+ backgrounds, and implicit biases with 1 class and 45 participants in 2024.
- There were also 2 events held with the Careers in Healthcare Opportunity for Underrepresented Students in Pediatrics per year across 2022 to 2024.
- In 2024, there were 999 participants and 690 volunteers for opportunities for children with disabilities to participate in organized sports through Miracle League.
- To increase enrollment in screenings for social needs, there were 1045 patients enrolled in Patient Access or Thrive Kids School Wellness program in 2024.

University Medical Center

Access to and Continuity of Care

- Increased the number of clinic exam rooms by 20% for improved access and throughput for patients.
- Addition of 45 additional providers for various identified specialty gaps including primary care, cancer, neuroscience, rheumatology, and podiatry.
- Increased telemedicine access for patients
- Encouraged and increased the number of patients utilizing MyChart tools for ease of access to their personal health information. MyChart messages handled within 24 hours have increased from 2,990 in January 2022 to 4,372 June 2024.

- Strengthened the relationship with community providers by implementing the following:
  - ◊ On-site training for EHR connections to LCMC ordering and referrals,
  - ◊ Offering opportunities to partner and join the LCMC HER network.
  - ◊ Development of a referral manual that includes tests and information needed for a successful visit with the specialist.
  - ◊ Opened self-scheduling to primary care patients.
  - ◊ Created decision trees for all specialties to ensure that patients are scheduled to the right clinic, with the right provider and at the right time for the patient
  - ◊ Addition of NOLA Med for transportation access for patients in the New Orleans area.
  - ◊ Host quarterly meetings with 504 Healthnet – a partnership that represents the local FQHC's. UMC and LCMC are members of the partnership.

Mental and Behavioral Health

- Behavioral Health Symposium held for the community to outline services available at UMC.
- Provided services to various specialty areas for Behavioral Health including:
  - ◊ Women's services
  - ◊ Trauma Recovery counseling
  - ◊ Cancer services
  - ◊ Bariatrics
  - ◊ Integrated Medicine
- Partnered with Metropolitan Health Services District to have on site navigation to community services when patient chooses
- Member of the region wide Metropolitan Board of Directors
- Partnered and brought trauma informed care training to hospital employees
- Support community partners in the CW mental Health First Aid Training

Health Education and Health Literacy

- Education services to community partners on the Interpretation services to build trust with their patients with utilization of the virtual service.
- Developed language introduction cards that are given to patients to present upon arrival to the hospital as a prompt for staff to utilize the translation tool immediately.
- Collateral informational materials developed at appropriate literacy levels and in multiple languages for patients and outreach events and activities
- Plan to ensure wayfinding signage includes other languages.
- Development of the "Be In the Know" patient educational tool to provide information on what to ask your provider and easy ways for the patients to do so.

- Bi-monthly “Keeping You Well Café” radio talk show discussions on local African American radio station.

Discrimination in Health Care

- HELM training successfully completed by 148 of UMC employees completed since 2022. The strategy has started with all leadership over the past three years and moving to staff in the next period.
- Hired a LCMC Minority Fellow at UMC to receive actionable training in real world Healthcare Administration.
- Interviewed and hired minorities thru the hospital internship program to also receive real world training in healthcare administration. Hired 3 of the students to continue their work at UMC.
- Engagement of minority leaders at UMC to join and become office holders in NAHSE (National Association of Health Service Executives) to provide support and continuing education to minorities growing in the field.
- Development of the Find Help tool to identify social needs and provide referral sources for patients.
- Held the annual UMC Health Fest with partners from across the community to provide information and access to services related to health but also social determinant concerns such as food insecurity, safety, preparedness, etc.

Health Related Impacts of Violence

- Provides statewide trainings for nurses and providers for SANE services
- Continues to provide Sudden Impact trainings to high schools across the state
- Host the City of New Orleans weekly crime review which includes all areas of law enforcement for plan development.
- Launched in collaboration with the City of New Orleans the Seeds of NOLA Trauma Recovery Center in December 2023. Offers counseling and wraparound services for victims of violent trauma in Orleans Parish paid for by the City and UMC.
- Developed the UMC Hospital Based Violence Interruption program (HBVIP) to provide immediate services to patients and their families who are victims of violent trauma (gun shot wounds, stabbings, etc.) with wraparound services.
- Leads the community partner/stakeholder meetings for collaborative efforts with the hospital and community violence programs.

East Jefferson General Hospital

Access to and Continuity of Care

- Annually, between $300,000-$650,000 were distributed to oncology infusion patients who needed financial assistance.
- Quarterly support groups were offered to heart and vascular patients, with attendance goals being met.
- Annually, at least 65% of patients were followed up with a phone call within 48 hours of their discharge.
- For patients diagnosed with heart failures, at least 77% annually were provided discharge appointments.
- For patients hospitalized with COPD or pneumonia, at least half annually were contacted post-discharge on a regular basis for follow-up calls.
- The Medicaid patient population increased, with inpatient and outpatient rate annual increases ranging from 11.5 to 17.6%.

Health Literacy and Education

- Bosom Buddies and general cancer survivors support groups occurred monthly in 2024, with fewer meetings in 2022 and 2023 due to transitions post-pandemic.
- Annual screening events occurred, with 50 for skin cancer in 2022, 88 for mammograms in 2023, and 53 for prostate cancer in 2024.
- Public social media posts on cancer prevention were made with hundreds of views on multiple topics each year.
- Heart and vascular screenings were conducted and attendance, especially among senior attendees, exceeding the goals of 2000 annually.
- Breastfeeding support groups were offered monthly for all three years.
- Prenatal community classes were offered on a bimonthly basis, with over a hundred attendees each year.
- The Better Breathers Club pulmonary support group met annually.

Discrimination in Healthcare

- At the HELM (health Equity Leadership Matters) trainings were implemented for all hospital staff with participation ranging from 75-100% of staff each year.
- Hospital staff were trained in collecting diversity-related clinical data on race, ethnicity, language, sexual orientation, and gender identity with participation exceeding 90% in 2022 and 2023.
- The most common interpretive services and languages requested were documented each year in order to better serve patients needing assistance.

Infrastructure

- Eligible patients traveling over 40 miles for cancer treatment were enrolled in the Hope Lodge program, with the number of patients served annually ranging from 190 to 343.
- $20,000 were spent over three years to provide patient transportation assistance through the American Cancer Society.

West Jefferson Medical Center

Health Equity & Discrimination in Healthcare

- 'At the H.E.L.M.' (Health Equity Leadership Matters) was created as a quarterly learning intensive for all LCMC System Senior Leadership inclusive of AVPs and above and open to Board Members.
- Three options are offered to accommodate learner's schedules with a total of 16 hrs (4hrs each quarter) throughout the year.
- Sessions facilitated by LCMC Health Diversity and Social Responsibility Team and prominent national diversity practitioners, trainers, subject matter experts, and executive coaches.
- Participation ranged from 83% to 100% in 2022 and 2023.
- Hiring data was collected to ensure diversity in hiring.

Access to & Continuity of Care

- Establishment of the Centro Hispano De La Salud: creation of this clinic was initially contemplated as part of the 2021 West Jefferson Medical Center Physician Business Planning Session. There were 3408 clinic visits in 2023 and 2405 visits in 2024.
- Two to three new primary care physicians or nurse practitioners were hired annually to meet needs, with additional staff hires in neuroscience specialties.
- Through a partnership with Conifer Health Solutions, there were increases in the number of patients who were screened for financial assistance needs and resulting enrollments to Medicaid coverage.

Education and Health Literacy

- The Medicaid Entitlement Specialists/Medicaid Application Center, was relocated in Q4 of 2022 to accomplish 2 objectives: a) improve patient wayfinding and b) prevent patients from having to visit the hospital campus unnecessarily.
- New Language Line Services: In January 2022, LCMC Health (to include WJMC) transitioned to AMN Healthcare (as contrasted to Cyracom). Feedback from staff and patients re: the new service platform has been overwhelmingly positive.

- Data collected during this time indicates a positive correlation between the use of enhanced language line software and communication with doctors and nurses.
- In 2022, LCMC Health partnered with the City of New Orleans Health Department for a health literacy and COVID vaccination program called Be in the Know. LCMC Health also partnered with WBOK 1230AM radio, one of the oldest and longest running black-owned radio stations in the country, to increase dialogue on health issues and include voices from subject matter expertise.

Ochsner Medical Center – New Orleans & Kenner

Access to and Continuity of Care:

- Digital medicine expansion improved ease of access to care.

Discrimination in Healthcare and Health Equity:

- A DEI training program and regional DEI council was implemented.

Health Literacy & Education:

- A Kenner Discovery School partnership was developed for youth education.
  - ◊ 10-week Ochsner internship for Kenner students.
  - ◊ STEAM Fair at Kenner Discovery teaching students about Arts and STEM in relation to healthcare.
- Nursing pre-apprenticeship program occurred in partnership with Bonnabel High School.

Environmental Factors:

- Infrastructure improvements were made to mitigate environmental impact, including bike racks and EV charger installation, and energy efficiency improvements.
- An employee volunteer clean-up and beautification event was hosted at a local community park.
- The facility launched new bottle & can recycling stream and recycled 65,000 bottles and cans in 2023.
- The facility incorporated education into new employee orientation on environmental impact of healthcare and health impact of climate change.

Ochsner Rehabilitation Hospital

Access to and Continuity of Care:

- Slidell Memorial Hospital (SMH) and Ochsner recruited 68 new primary care and specialty providers in the service district, increasing available clinic appointments for the community.
- SMH and Ochsner expanded services available to the community, including opening a Comprehensive Cancer Care Clinic, new procedures in urology, neurology care and therapy and wellness.

Discrimination in Healthcare & Health Equity:

- Diversity, equity and inclusion training programs that SMH and Ochsner implemented to cover cultural competency, unconscious bias awareness, respectful communication, and policies promoting equity and diversity.
- Health Screenings offered for diverse audiences and are designed to educate the community about multiple health topics.

Health Literacy & Education:

- Provided programs for children and adolescents designed to fit their health needs and interests:
  - ◊ Resources such as Basic First Aid and hand hygiene
  - ◊ Technology and gadget safety
  - ◊ Cooking safety and healthy nutrition
  - ◊ Fit as a Firefighter Summer Camp
- Free monthly educational lunch and learn series on ongoing healthcare and related issues including proper preventive options for the adult and elderly populations (healthy meal provided).

Mental & Behavioral Health:

- 30 min Stress Management Course on the importance of managing stress offered at various locations in the community. Topics include: how stress affects the body, conquering stress, techniques and tips.
- Increased employee education addressing behavioral health for patients with diverse cultural backgrounds.
- Increased community education and referrals to resources, such as the Ochsner Psychiatry and Behavioral Health office on the Slidell Memorial Hospital campus, and the addition of a social worker to connect patients to behavioral health resources in a primary care clinic.

Appendix B: Local Resources Described by CHNA Participants in Greater New Orleans

Name of Organization	Focus Area	Description	Website
Bridge House/ Grace House	Community Health	Provides residential, gender-sensitive treatment and support to people recovering from alcohol and drug addiction, with counseling, rehabilitation, and vocational training.	**https://www.bridgehouse.org/**
Crescent Care	Community Health	Provides primary, specialty, behavioral, and syringe services care including for women and LGBTQ+ people.	**https://www.crescentcare.org/**
DePaul Community Health Centers	Community Health	Community health center providing primary, specialty, HIV, and other services including benefits enrollment assistance.	**https://www.depaulcommunityhealthcenters.org/**
Jefferson Parish Human Services	Community Health	Parish level authority with care and coordination to services for behavioral health, developmental disabilities, and primary care.	**https://www.jphsa.org/**
La Voz de la Comunidad	Community Health (Behavioral Health)	Improves quality of life for Latino communities by preventing youth substance abuse through culturally competent leadership, advocacy, research, and education.	**https://www.lavoznola.com/**
National Alliance on Mental Illness (NAMI) Southeast Louisiana	Community Health (Behavioral Health)	Conducts awareness, education, and support to people struggling with mental health and their families.	**https://namisela.org/**
Resources for Human Development (RHC) Crisis Team	Community Health (Behavioral Health)	RHD's Mobile crisis intervention unit, the fourth branch of the city's emergency response system intended to get people relief and support of urgent situations in the least restrictive setting while reducing strain on other first-responders.	**https://www.rhd.org/nomciu/**

Name of Organization	Focus Area	Description	Website
Start Corporation	Community Health	Federally Qualified Health Center specializing in primary care, behavioral health, hepatology, recovery treatment, and HIV care.	**https://www.startcorp.org/new-orleans**
Community Center of St. Bernard	Social & Economic Needs	Provides food pantry, backpack program for school meals, hygiene products, and book donations.	**https://www.ccofstb.com/programs**
Community Healthways	Social & Economic Needs	Program with Louisiana Office of Public Health to address social needs such as housing, transportation, jobs, and utilities by connecting individuals with community health workers.	**https://ldh.la.gov/community-healthways**
First 72+	Social & Economic Needs (Incarceration)	Organization led by formerly incarcerated people to provide safe and supportive re-entry for people returning from prison along with support for their families and communities.	**https://www.first72plus.org/**
Hispanic Apostolate	Social & Economic Needs	Part of the Archdiocese of New Orleans and provides assistance to Hispanic populations through pastoral services.	**https://nolacatholic.org/hispanic-apostolate**
Metro Centers for Community Advocacy	Social & Economic needs (Violence)	Provides wrap-around services including medical and legal advocacy, information and referrals, support, safety planning, and caregiver support for survivors of domestic violence, sexual assault, and stalking.	**http://www.mccagno.org/**
New Orleans Family Justice Center	Social & Economic needs (Violence)	Free trauma-informed services to survivors of domestic violence, sexual assault, stalking, human trafficking, and child abuse.	**https://www.nofjc.org/**
Nola Pride Center	Social & Economic Needs (LGBTQ+ inclusion)	Community center to promote collaboration, equity, and justice for LGBTQ2IA individuals.	**https://nolapridecenter.org/**
Plaquemines CARE Center	Social & Economic Needs	Human services agency for Plaquemines parish, promoting prevention, assessment, education, counseling, and services for the elderly and people with disabilities.	**https://pcccf.org/**

Name of Organization	Focus Area	Description	Website
Son of a Saint	Social & Economic Needs (Youth)	Provides mentorship, education, recreation, cultural enrichment, and emotional support to young men in the city without the presence of a father.	**https://www.sonofasaint.org/**
Song Community Development Corporation	Social & Economic needs (Vietnamese & Community Development)	Organization in New Orleans East rooted in Vietnamese-American experience, working with intersectional community partners to strengthen community development and meet needs around climate, food, education, housing, workforce, and arts.	**https://www.songcdc.org/**
Southeast Louisiana Legal Services	Social & Economic Needs	Provides free legal services to low-income people throughout Southeast Louisiana, including for domestic violence, child abuse, housing issues, elderly consumers, employment & education, and access to medical care.	**https://slls.org/en/**
St. John the Baptist Parish	Social & Economic Needs	Parish-level authority with multiple services for poverty, ageing, parks, and health needs.	**https://www.sjbparish.gov/**
United Way of Southeast Louisiana	Social & Economic Needs	Promotes health, education, and financial stability of people in the community. The Prosperity Center for UW-SELA is a one-stop shop financial stability center offering education and coaching, credit building and counseling, benefits screening, and income tax assistance.	**https://www.unitedwaysela.org/**
Volunteers of America (VOA) Southeast Louisiana	Social & Economic Needs	Provides charity services for children, families, seniors, people with disabilities, and veterans in 16 South Louisiana parishes.	**https://www.voasela.org/**
We Play Center by Training Grounds, Inc	Social & Economic Needs (Youth)	Provides recreational and early childhood support and education including free programs for parents and caregivers.	**https://www.mytraininggrounds.org/**
Zulu Social Aid & Pleasure club	Social & Economic Needs (Culture)	Club for culture and tradition preservation, with regular community involvement in health and other local needs.	**https://www.kreweofzulu.com/**

Name of Organization	Focus Area	Description	Website
Grow Dat Youth Farm	Environment (Food access)	Urban farm and community garden to address hunger, social justice, community building, and youth development.	**https://growdatyouthfarm.org/**
New Orleans Recreation Development (NORD) Commission	Environment	Advances physical, mental, and social well-being by providing safe and welcoming environments for recreation, athletics, and culture.	**https://nordc.org/home/**
Second Harvest Food Bank	Environment (Food access)	Provides food access, advocacy, education, and disaster response services to promote food distribution, nutrition education, and public benefit assistance in South Louisiana.	**https://no-hunger.org/**
Unity of Greater New Orleans	Environment (Housing)	Nonprofit organization leading a collaborative of 63 organizations to fight homelessness. Services include street outreach, nonprofit-owned apartment buildings, assisting in locating affordable housing, and advocacy for public policy.	**https://unitygno.org/**

Appendix C: Assessment Approach

Facilities Involved

LPHI was contracted by the following hospitals for the 2024 joint CHNA process in the Greater New Orleans region:

- Children's Hospital New Orleans
- Touro Infirmary
- East Jefferson General Hospital
- West Jefferson Medical Center
- University Medical Center New Orleans
- Lakeside Hospital
- New Orleans East Hospital
- Ochsner Medical Center – New Orleans
- Ochsner Medical Center – Kenner
- Ochsner Rehabilitation Hospital

LPHI engaged all stakeholders in an approach guided by the National Association of County and City Health Officials (NACCHO) Community Health Assessment and Improvement Planning process.[1] The process is characterized by close engagement and collaboration, the use of evidence and data to make decisions, and action-focused visions.

The CHNA process was planned and carried out from September to November 2024.

Primary data collection for the CHNA includes data from 1400 survey responses, 20 interviews, and 5 focus groups with community members and experts.

Defining the Community

Since the participating hospitals were part of a joint assessment in the Greater New Orleans, Louisiana region, stakeholders opted to define the community collectively based on where patients lived. Therefore, the community was defined as parishes that collectively covered at least 70% of discharges from inpatient admissions from all hospitals. As such, the community of focus for the CHNA included residents of Orleans, Jefferson, St. Bernard, St. Charles, and St. John the Baptist parishes, including low income and underserved populations. Further information about this process is available in Appendix D.

1 https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

Appendix D: Methodology

Overview

The methodology for this joint assessment was driven by a focus on social determinants of health (SDOH) and by emphasizing community collaborations. LPHI utilized mixed methods to understand and document community input by triangulating primary qualitative data from CHNA interviews and focus groups, primary data from a survey developed for the CHNA, and secondary data gathered from external sources.

As the lead technical assistance provider, LPHI developed protocols and CHNA instruments and conducted analysis. As the lead community partner, United Way of Southeast Louisiana (UW-SELA) participated in group cohort calls, provided feedback and expertise on refinement of methodologies based on needs on the ground, and led all outreach and data collection activities in the community of focus. Hospital partners provided broad oversight and input into the process as well as recommending key entities for community input.

Service Data Used to Define Community

As discussed in Appendix C, the community was defined collectively by all stakeholders participating in the joint CHNA as the parishes from which at least 70% of inpatient discharges originated. In order to gather this information, a data request was made to the Louisiana Hospital Inpatient Discharge Database. The data covered the parish of residence across all discharges for participating New Orleans regional hospitals from the calendar year 2021-2023 to cover a similar period of time as the last CHNA cycle. The resulting data illustrated that inpatient admissions originated from Orleans, Jefferson, St. Bernard, St. Charles, and St. John the Baptist parishes.

Because of the broad nature of survey distribution at events that garnered attendance from core and nearby parishes, surveys submitted outside the core parishes were also included for analysis.

CHNA Instruments for Community Input

After contract negotiations took place to develop agreements between partners, an initial stakeholder call was shared in which LPHI presented an overview of the methodology and the instruments that would be used. Instruments were further revised based on feedback from hospital partners and UW-SELA.

Survey

The approach to survey data collection was informed by a hospital guide on applying research principles to the CHNA process[1] as well as guidance from the National Association of County and City Health Officials (NACCHO),[2] and Kansas Health Matters.[3] Prior instruments shared by local Louisiana partners were also consulted.

The survey instrument initially drew from items in these sample instruments and underwent extensive revisions for quality, precision, and content areas. Where possible, items were revised to match a standard such as the personal health question which matches the CDC Healthy Days definition. Other modifications were made based on identification of local priorities (such as environmental health, telehealth, social determinants items such as childcare and broadband, and items on change over time). LPHI opted to avoid questions that asked participants to self-report their own health conditions, for privacy and sensitivity reasons.

Finally, expanded options were developed to report race, gender, and sexual orientation to count diverse identities, in line with the above resources as well as tips from the Harvard Office of Regulatory Affairs[4] and the National Center for Women and Information Technology.[5] When adapting or developing questions, LPHI drew from best practices in the previously linked guide on using research principles for CHNAs and from the Nielson Norman group.[6]

The survey was also reviewed for factors such as neutrality, compatibility with online format, and overall clarity and logic of skip patterns. The Flesch-Kincaid score of the survey shows that the survey reads at a 7th grade reading level, consistent with overall standards that "general population survey questions[7]" should be at an 8th grade reading level or below.

The final approved survey contained approximately thirty multiple-choice or multi-select items covering demographics, access to healthcare, community health issues, and the local environment. There was also a final free-text response box and other open-ended options where appropriate (such as the inclusion of "Other: please specify" for certain multi-select list questions). The survey takes about ten minutes to complete. The survey is also voluntary to complete and participants had the option of taking it in English, Spanish or Vietnamese.

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1 Health Research & Educational Trust. (2016, July). Applying research principles to the community health needs assessment process. Chicago, IL: Health Research & Educational Trust. Accessed at www.hpoe.org.

2 https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

3 https://www.kansashealthmatters.org/

4 https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/wp-content/uploads/sites/2352/2023/05/ORARC-Tip-Sheet-Inclusive-Demographic-Data-Collection.pdf

5 https://docs.google.com/document/d/1E_CSANwOqbKjEG27woNbGZ09JIXUfAf4Cp9j8g5DFak/edit

6 https://www.nngroup.com/articles/survey-best-practices/

7 https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1822&context=sociologyfacpub#:~:text=A%20rule%20of%20thumb%20is,was%20eighth%20to%20ninth%20grade

Once finalized, the survey was input into REDCap with a corresponding link and QR code, and a paper version for individuals who did not have a device or internet connection. Surveys were circulated through partner mailing lists and social media, events such as health fairs, community baby showers, town halls, and at assistance centers and clinics. UW-SELA also contracted with two community organizations, La Voz de la Comunidad and Song Community Development Corporation, to increase engagement from Latino and Vietnamese communities for both survey distribution and interview participation. UW-SELA additionally developed a number of social media tools for outreach across multiple platforms.

At the conclusion of data collection, there were a total of 1400 survey responses.

A summary of data and results from the survey is available in Appendix E. Because surveys were part of an overall convenience sample, data from the CHNA should be interpreted in concert with qualitative and secondary data findings and may not be generalizable to the larger population.

Interviews and Focus Groups

As with surveys, the approach to qualitative data instruments were informed by a guide on applying research principles to the CHNA process[8] as well as guidance from the National Association of County and City Health Officials (NACCHO),[9] and Kansas Health Matters. [10]Interview and focus group guides were developed and revised with feedback from partners.

All partners including hospitals, UW-SELA, and LPHI provided input into identification of key stakeholders for interviews and focus groups. Interviews included public health officials, community organizations, health professionals, service professionals, and others who were members of or worked in service of low income, minority, and underserved populations.

LPHI developed interview and focus group guides for UW-SELA's usage, along with notes templates. All instruments were reviewed in detail at a data training with corresponding guidance and protocol documents. These aspects of methodology were also reviewed at regular check-ins with United Way.

Secondary Data

LPHI drew from secondary sources to complement the findings of the community input process. This secondary data included demographic data from the American Community Survey, financial vulnerability data from United Way's ALICE tool, health and behavioral data from County Health Rankings, an additional indicators from CDC Places and the National Cancer Institute. Data was extracted at the parish level, using Louisiana state average for comparison. The full list of secondary sources and description can be found in Appendix F.

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8 Health Research & Educational Trust. (2016, July). Applying research principles to the community health needs assessment process. Chicago, IL: Health Research & Educational Trust. Accessed at www.hpoe.org.

9 https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

10 https://www.kansashealthmatters.org/

Organizations and Populations Represented

The organizations who were reached for community input included health professionals, public health experts, service organizations, community groups, and others. As such, community members who are impacted or serviced by them represent a range of medically underserved and disadvantaged populations including low-income individuals, racial minorities, people with disabilities, people who struggle with housing access, pregnant people and new parents, and children.

Organizations or entities in the Greater New Orleans region who provided community input for the CHNA:

Organizations:

- Below Sea Level Aid
- Blueprint for Prosperity Program
- Carolyn Park attendees
- Church Associations
- City Hall Employees
- Covenant House
- Edgard Library
- Faculty, Child and Adolescent Psychiatry, Tulane University School of Medicine
- Faculty, Family Medicine, Louisiana Health Services Center New Orleans
- Garyville Library
- Grow Dat Youth Farm
- Hispanic Chamber of Commerce for Louisiana
- Jefferson Parish Administrative officials
- Jefferson Parish President's Office
- La Voz de la Comunidad
- Laplace Library
- Louisiana Chapter, American Academy of Pediatrics
- Louisiana Department of Health, Bureau of Planning and Performance
- Masjid Omar
- Mental Health Collaborative of New Orleans
- NAMI Southeast Louisiana
- New Home Ministries
- New Orleans Health Department

- Nunez Community College
- Region 9 Opioid Prevention, Office of Public Health
- Reserve Library
- Song CDC
- St. John Kiwanis Club members
- University Medical Center Community Meetings
- United Way of St. Charles
- United Way of St. James
- United Way of St. John
- Via Link
- Volunteer with Cancer Alley fenceline community organizations

Events:

- Ochsner Southshore Day of Purpose, 9/27
- Multiple farmers markets, 9/28/24
- NOLA Vote Fest, 9/28/24
- Black Men's Health Walk, 10/12
- Fall Health Fest at University Medical Center, 10/19
- Ochsner Girls in STEM event, 10/26/24
- Gun Safety event, 10/28/24
- Trunk or Treat events, October 2024

Appendix E: Community Health Needs Assessment Survey Results

Individual Health		
	N	**Percent**
Would you say that in general your health is	**N=1396**	**%**
Excellent	190	13.6%
Very Good	543	38.9%
Good	531	38.0%
Fair	117	8.4%
Poor	15	1.1%
Compared to others in my community, my health is	**N=1391**	**%**
A lot worse	14	1.0%
A little worse	94	6.8%
About the same	356	25.6%
A little better	501	36.0%
A lot better	426	30.6%
Over the last 3 months or so, how many days have you missed work or other activities (i.e. church, school) because you were sick or not feeling well?	**N=1391**	**%**
None	808	58.1%
1-5 days	479	34.4%
6-10 days	61	4.4%
11-15 days	21	1.5%
20 or more days	22	1.6%

Over the last 3 months or so, how many days have you missed work or other activities (i.e. Church, school) because you were caring for a family member who was ill or disabled?	N=1390	%
None	949	68.3%
1-5 days	341	24.5%
6-10 days	68	4.9%
11-15 days	10	0.7%
20 or more days	22	1.6%
When you are sick or need healthcare, are you able to visit a doctor/ healthcare provider?	**N=1418**	**%**
Never	37	2.7%
Rarely	91	6.6%
Sometimes	262	18.9%
Frequently	294	21.2%
Always	703	50.7%
If you have ever chosen not to see a doctor when you needed to, what were the reasons? Please select the top 3 reasons.	**N=1400**	**%**
I am not ready to talk about my health problem(s)	140	10.0%
Doctor does not understand my culture or religious beliefs	64	4.6%
Lack of language translation services	47	3.4%
The doctor is too far away	75	5.4%
I can't afford it or have insurance problems	273	19.5%
I do not have transportation	60	4.3%
Available appointments do not suit my work schedule	532	38.0%
I don't have childcare	62	4.4%
Not applicable	601	42.9%
Other	114	8.1%

When was your last physical exam (i.e. checkup, well visit, screening) with a doctor?	N=1390	%
Less than 2 years ago	1193	85.8%
Between 2-5 years ago	137	9.9%
More than 5 years ago	47	3.4%
Never had a checkup or physical exam with a doctor	13	0.9%
Have you ever had a doctor's appointment through telehealth or teleservices?	**N=1353**	**%**
Yes	838	61.9%
No	474	35.0%
I do not know what telehealth or teleservices are	41	3.0%
How would you rate the quality of the telehealth care you received?	**N=829**	**%**
Very good	327	39.4%
Good	334	40.3%
Fair	138	16.6%
Poor	22	2.7%
Very poor	8	1.0%
Have you had any of the following cancer screenings in the past three years?	**N=1400**	**%**
Mammogram (breast cancer screening)	476	34.0%
Pap smear (cervical cancer screening)	221	15.8%
Colonoscopy or rectal exam	683	48.8%
Skin Cancer screening	742	53.0%
Heart screening	77	5.5%
Prostate exam	219	15.6%

How confident do you feel in understanding information provided by your doctor?	N=1392	%
Not at all confident	17	1.2%
Not too confident	58	4.2%
Unsure	86	6.2%
Slightly confident	376	27.0%
Very confident	855	61.4%
Where do you go for information about health and wellness? Please check all that apply.	**N=1400**	**%**
Doctors, nurses, pharmacists in my community	1119	79.9%
Family and friends	558	39.9%
Books	247	17.6%
Newspapers and magazines	146	10.4%
Television or radio	90	6.4%
Online (internet) informational resources	858	61.3%
Social media (Facebook, Twitter, Instagram)	192	13.7%
Hospital	301	21.5%
Church	68	4.9%
School or college	72	5.1%
Health fairs	206	14.7%
Health department	177	12.6%
Your place of work	314	22.4%
Other (please specify)	33	2.4%

During health crises, which individuals do you turn to for support? Please select up to three.	N=1400	%
Family or relatives	1187	84.8%
Friends, neighbors, or co-workers	749	53.5%
Local community organizations	123	8.8%
Online support groups	79	5.6%
My congregation or faith leader	144	10.3%
I don't know	58	4.1%
Other	42	3.0%
Have you received mental health services or counseling in the past year?	**N=1385**	**%**
Yes	428	30.9%
No	957	69.1%
What barriers, if any, prevent you from seeking mental health support when needed? (Select all that apply)	**N=1400**	**%**
I›m not ready to talk about my problems	195	13.9%
Fear of stigma/my friends and family might find out	132	9.4%
Cost or insurance problems	369	26.4%
I don't know how to find mental health support	127	9.1%
Not Applicable	688	49.1%
Other	121	8.6%
How important are community activities or events for maintaining your overall health and well-being?	**N=1394**	**%**
Not very important	206	14.8%
Somewhat important	531	38.1%
Very important	657	47.1%

Community Health		
Please read through the following list and select the 5 items that you think are the top 5 health problems in your community.	**N=1400**	**%**
Breathing problems (ex. asthma, COPD, allergies)	408	29.1%
Heat illness	111	7.9%
Cancer	699	49.9%
Dementia/Alzheimer's Disease	214	15.3%
Dental problems	251	17.9%
Eye Problems	151	10.8%
Workplace injuries	35	2.5%
Traffic accidents	115	8.2%
Heart disease or high blood pressure	775	55.4%
Obesity	850	60.7%
Diabetes	781	55.8%
Sickle Cell Disease	30	2.1%
Prenatal and infant health	94	6.7%
Reproductive health	163	11.6%
Sexually transmitted infections	192	13.7%
Other infectious diseases	125	8.9%
Substance use/addiction	445	31.8%
Suicide	78	5.6%
Mental Health	718	51.3%
Domestic Violence	140	10.0%
Other (please specify)	33	2.4%

Please read through the following list and select the 5 items that you think are the top 5 social problems in your community.	**N=1400**	**%**
Crime, violence, or firearms	980	70.0%
Child abuse or neglect	272	19.4%
Racism and discrimination	538	38.4%
Homelessness or unaffordable housing	860	61.4%
Cost of healthcare or insurance	697	49.8%
High cost of utility bills	561	40.1%
Lack of education	447	31.9%
Not enough well-paying jobs in the area	549	39.2%
Lack of healthy and affordable food	408	29.1%
Lack of recreational activities for youth	219	15.6%
Poor air or water quality	145	10.4%
Roads or sidewalks not maintained	262	18.7%
Not enough parks/green space	81	5.8%
Transportation access	142	10.1%
Cost of childcare	241	17.2%
Access to broadband	24	1.7%
Other	36	2.6%
"In the past three years, do you think 'homelessness or unaffordable housing' has"	**N=791**	**%**
Gotten better	40	5.1%
Gotten worse	593	75.0%
Stayed about the same	158	20.0%
"In the past three years, do you think 'healthcare or insurance costs' has"	**N=641**	**%**
Gotten better	21	3.3%
Gotten worse	473	73.8%
Stayed about the same	147	22.9%

"In the past three years, do you think 'lack of education' has"	N=394	%
Gotten better	18	4.6%
Gotten worse	203	51.5%
Stayed about the same	173	43.9%
"In the past three years, do you think 'lack of healthy and affordable food' has"	**N=367**	**%**
Gotten better	20	5.4%
Gotten worse	250	68.1%
Stayed about the same	97	26.4%
In the past three years, do you think 'transportation access' has	**N=129**	**%**
Gotten better	14	10.9%
Gotten worse	42	32.6%
Stayed about the same	73	56.6%
Please read through the following list and select the 5 items that you consider the most positive aspects of your community.	**N=1400**	**%**
Access to healthy foods	259	18.5%
Affordable housing	135	9.6%
Childcare/daycare	226	16.1%
Diversity of people	810	57.9%
Faith-based organizations	855	61.1%
Good healthcare	261	18.6%
Good jobs	143	10.2%
Good schools	267	19.1%
Low crime and violence	156	11.1%
Parks and recreation	550	39.3%
Safe worksites	202	14.4%
Sanitation and public works	366	26.1%
Services for the elderly	304	21.7%

Support organizations	286	20.4%
Other (specify)	60	4.3%
How important are environmental factors in affecting your health? (Environmental factors can include aspects of the air, water, food, chemicals, temperature, or weather)	**N=1381**	**%**
Not very important	64	4.6%
Somewhat important	307	22.2%
Very important	1010	73.1%
Please read through the following list and select the three environmental factors that most significantly affect your health.	**N=1317**	**%**
Air quality	748	56.8%
Extreme heat	574	43.6%
Extreme cold	59	4.5%
Exposure to mosquitos, ticks, or other insects	410	31.1%
Food quality	338	25.7%
Flooding	394	29.9%
Severe storms	477	36.2%
Stormwater or sewage runoff	120	9.1%
Trash or waste near the home	145	11.0%
Drinking water quality	386	29.3%
Other, please specify	20	1.5%
Please select how much you agree or disagree with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources."	**N=1385**	**%**
Strongly Agree	171	12.3%
Agree	221	16.0%
Undecided	200	14.4%
Disagree	395	28.5%
Strongly Disagree	398	28.7%

Demographics and Household		
Language Preference	**N=1266**	**%**
English	1245	98.3%
Spanish	25	2.0%
Vietnamese	7	0.6%
Parish	**N=1400**	**%**
Jefferson	445	31.8%
Orleans	748	53.4%
Plaquemines	28	2.0%
St. Bernard	76	5.4%
St. Charles	43	3.1%
St. John the Baptist	60	4.3%
Top 10 Zip Codes	**N=1201**	**%**
70119	91	7.6%
70122	70	5.8%
70118	58	4.8%
70115	52	4.3%
70128	52	4.3%
70065	47	3.9%
70123	42	3.5%
70001	39	3.2%
70129	39	3.2%
70072	38	3.2%

Age Range	N=1380	%
18-24	52	3.9%
25-34	272	20.3%
35-44	370	27.6%
45-54	252	18.8%
55-64	223	16.6%
65+	173	12.9%
To what race/ethnicity category do you most strongly identify? Please select all that apply.	**N=1400**	**%**
Asian	113	8.1%
Black or African American	568	40.6%
Hispanic or Latino	103	7.4%
Middle Eastern or North African	5	0.4%
Native American, American Indian, or Alaska Native	16	1.1%
Native Hawaiian or other Pacific Islander	8	0.6%
White	618	44.1%
I identify another way (please specify)	22	1.6%
Other	62	4.4%
Multiracial	113	8.1%

To which gender identity do you most identify? Please select all that apply.	**N=1400**	**%**
Man	277	19.8%
Woman	1081	77.2%
Nonbinary, genderfluid, or gender noncomforming	20	1.4%
Transgender	22	1.6%
Intersex	0	0.0%
Identify Another Way	3	0.2%
How do you define your sexual orientation? Please select all that apply.	**N=1400**	**%**
Heterosexual/straight	1182	84.4%
Asexual	14	1.0%
Bisexual	64	4.6%
Gay	35	2.5%
Lesbian	22	1.6%
Queer	35	2.5%
Identify Another Way	19	1.4%
Do you have an internet connection at home?	**N=1386**	**%**
Yes	1337	96.5%
No	49	3.5%
Do you have a smartphone?	N=1370	%
Yes	1320	96.4%
No	50	3.6%

How many people are in your household, including you?	N=1414	%
1	282	20.6%
2	417	30.5%
3	287	21.0%
4	229	16.8%
5+	152	11.1%
About how much was your household income last year?	**N=1318**	**%**
Under $15,000	87	6.6%
$15,000- $24,999	84	6.4%
$25,000- $34,999	79	6.0%
$35,000- $49,999	166	12.6%
$50,000- $74,999	246	18.7%
$75,000- $99,999	178	13.5%
$100,000- $149,999	204	15.5%
$150,000+	198	15.0%
I don't know	76	5.8%
What is the highest level of education you have completed?	**N=1289**	**%**
Less than high school	42	3.3%
High school diploma or GED	140	10.9%
Vocational training or Associates degree	96	7.4%
Some college	182	14.1%
College degree	412	32.0%
Graduate or Professional degree	417	32.4%

Which of the following best describes your employment status? Please select all that apply.	N=1400	%
Disabled	52	3.7%
Employed full-time	1022	73.0%
Employed part-time	128	9.1%
Full time student	50	3.6%
Homemaker	27	1.9%
Retired	109	7.8%
Unemployed, looking for work	37	2.6%
Unemployed, not looking for work	4	0.3%
Other (please specify)	23	1.6%
Which type of health insurance do you have?	**N=1375**	**%**
Medicare	167	12.1%
Medicaid	159	11.6%
Private Insurance	895	65.1%
Veteran's Administration	14	1.0%
Indian Health Service	2	0.1%
I do not have health insurance	48	3.5%
I don't know	15	1.1%
Other or multiple types	75	5.5%

Appendix F: Original Sources of Secondary Data

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Demographics					
Demographics	Age*	Median Age	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Age*	Percent under 18 years old	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Age*	Percent 65 years and over	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race*	Percent African American/ Black; Percent White; Percent Native American; Percent Asian; Percent Other Race	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Ethnicity*	Percent Hispanic Ethnicity	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Language*	Percent who Speaks a language other than English	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Environment					
Environment	Climate and Natural Environment	Air Pollution – particulate matter	Environmental Public Health Tracking Network	2019	County Health Rankings, 2024
Environment	Built Environment	Food insecurity	Map the Meal Gap	2021	County Health Rankings, 2024

** Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.*

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Environment	Built Environment	Housing cost burden	American Community Survey, 5-yr estimates	2018-2022	County Health Rankings, 2024
Environment	Violence and Community Safety	Firearm Fatality Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021	County Health Rankings, 2024
Environment	Violence and Community Safety	Homicide Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021	County Health Rankings, 2024
Social & Economic Factors					
Social and Economic Factors	Income and Poverty	Percent of ALICE Households	ALICE threshold, American Community Survey	2010-2022	United for ALICE, 2024
Social and Economic Factors	Income and Poverty	Children in poverty (by race)	Small Area Income and Poverty Estimates; American Community Survey, 5-yr estimates	2018, 2018-2022	County Health Rankings, 2024
Social and Economic Factors	Education	Adults 25+ with no high school diploma	American Community Survey, 5-yr estimates	2017-2022	American Community Survey
Social and Economic Factors	Income and poverty	Childcare cost burden	The Living Wage Institute; Small Area Income and Poverty Estimates	2023 and 2022	County Health Rankings, 2024
Social and Economic Factors	Employment	Unemployment rate	Bureau of Labor Statistics	2022	County Health Rankings, 2024

** Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.*

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Access to Care					
Access to Care	Barriers to Care	Preventable hospital stays rate for ambulatory-care sensitive conditions	Mapping Medicare Disparities Tool	2021	County Health Rankings, 2024
Access to Care	Barriers to Health	Primary care physician ratio	Area Health Resource File/ American Medical Association	2021	County Health Rankings, 2024
Access to Care	Behavioral Health	Mental Health Providers Ratio	CMS, National Provider Identification	2023	County Health Rankings, 2024
Access to Care	Behavioral Health	Poor Mental Health Days in Past Month	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024
Access to Care	Digital Health	Percent of Households with Broadband Access	American Community Survey, 5-year estimates	2018-2022	County Health Rankings, 2024
Health Behaviors & Outcomes					
Health Behaviors & Outcomes	Longevity	Life Expectancy	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Rates of low birthweight (by race)	National Center for Health Statistics - Natality Files	2016-2022	County Health Rankings, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Teen Birth Rate (per 1,000)	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016-2022	County Health Rankings, 2024

** Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.*

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Percent of women reporting smoking during pregnancy	Louisiana State Center for Health Statistics, Louisiana Dept. of Health	2020-2021	Kids Count, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Chlamydia Rate (per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	Percent Adults with Diabetes	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	Percent Adults with Obesity	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	Hypertension Prevalence	Behavioral Risk Factor Surveillance System	2021	CDC Places
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	Mammography Rate, 40+ Years	NCI Surveillance, Epidemiology, and End Results (SEER) program	2017-2019	National Cancer Institute
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	Colonoscopy Rate	NCI Surveillance, Epidemiology, and End Results (SEER) program	2017-2019	National Cancer Institute
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	All Cancer Site Incidence Rate	NCI Surveillance, Epidemiology, and End Results (SEER) program	2017-2021	National Cancer Institute
Health Behaviors and Outcomes	Chronic Disease & Dietary Health	Percent Adults Reporting Currently Smoking	Behavioral Risk Factor Surveillance System	2021	CDC Places

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Health Behaviors and Outcomes	Substance Use	Drug Overdose Mortality Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Substance Use	Opioid overdose mortality rate	Louisiana Opioid Surveillance System	2022	Louisiana Department of Health

Appendix G: Additional Secondary Data

Demographic Data

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
AGE						
Median age	39.8	37.9	35.6	38.8	37.9	37.6
Percent under 18 yrs	22.1%	19.6%	26.1%	24.2%	24.4%	23.30%
Percent 65 and older	17.8%	15.9%	12.3%	14.4%	14.7%	16%
RACE/ETHNICITY*						
Percent White	63.0%	37.0%	71.3%	70.7%	37.7%	63.80%
Percent Black/ African American	28.8%	59.3%	25.8%	24.7%	58.6%	33.40%
Percent American Indian/Alaska Native	1.6%	1.4%	1.8%	2.7%	0.9%	1.60%
Percent Asian	5.2%	3.5%	3.0%	1.4%	1.5%	2.30%
Other race (Native Hawaiian, Pacific Islander, Other)	9.7%	4.9%	5.6%	5.2%	7.1%	4.2%
Percent Hispanic/ Latino	15.1%	5.7%	10.6%	6.6%	7.3%	5.50%
LANGUAGE						
Percent who speak language other than English**	18.4%	8.4%	8.1%	7.4%	6.9%	7.6%
Limited English Proficiency***	8.4%	2.6%	3%	2.7%	2.3%	2.8%

** Race reflects that category or in combination with others, meaning that percents may add up to slightly more than 100. Hispanic reflects a separate category of ethnicity and thus should not be included in the totals for race. ** Percent of total population 5 years and above who speak a language other than English; may include bilingualism (i.e. fluency in English in addition to another language).*

****Percent of total population 5 years and above who speak English less than 'very well'*

Environment

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Air Pollution (average daily density of fine particulate matter PM 2.5)	7.7	7.8	7.8	8.8	8.8	8.6
Rate of food insecurity	13%	15%	16%	9%	10%	15%
Pct of households spending 50% or more of income on housing	16%	25%	15%	12%	11%	15%

Social & Economic Factors

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Pct of households below ALICE* threshold or below poverty line	47%	54%	54%	42%	47%	50%
Pct of adults 25+ yrs with no high school diploma	12.8%	11.3%	18.8%	9.3%	13.5%	13.3%
Pct of children in poverty	21%	33%	29%	16%	26%	25%
Childcare cost burden (for households with 2 children, as a percent of median household income)	27%	31%	32%	23%	41%	31%

** Asset-limited, income-constrained, employed families*

Access to Care

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Rate of preventable hospital stays (per 100,000)	3403	3362	3677	3415	3813	3575
Ratio of population to primary care providers	1084:1	895:1	4023:1	2905:1	3007:1	1441:1
Ratio of population to mental health providers	325:1	155:1	289:1	646:1	281:1	295:1
Poor mental health days in past month (age-adjusted)	5.8	6.5	6.0	5.4	5.9	5.7
Rate of broadband access among households	86%	82%	83%	91%	86%	83%
Life expectancy	75.6	74.5	73.7	75.8	73.5	74.0

Health Behaviors & Outcomes: Maternal, Infant, and Sexual Health

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Percent low birthweight babies	10%	12%	11%	11%	13%	11%
Percent of women reporting smoking during pregnancy	2.7%	3.4%	6.4%	4.8%	5.8%	6%
Teen birth rate (per 1000 females aged 15-19)	25	21	24	15	21	27
Chlamydia incidence (per 100,000)	667.3	1147.3	625.9	480.1	855.2	730.1

Health Behaviors & Outcomes: Chronic Disease & Dietary Health

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Diabetes rate among adults 20+ (age-adjusted)	12%	14%	13%	10%	13%	12%
Obesity rate among adults (18+, (age-adjusted))	36%	35%	41%	37%	45%	39%
Hypertension rate among adults (18+)	35.4%	36.7%	37.5%	35.9%	41.6%	33%
Mammography screening rate (among women aged 40+)	77.3%	71.9%	70.8%	78.9%	77.9%	70.8%
Colonoscopy rate	60.1%	61.6%	60.7%	65.4%	55.1%	60.5%
All cancer sites incidence (per 100,000 age-adjusted)	465.7	434.1	493.9	488.5	458.2	483.6

Health Behaviors & Outcomes: Substance Use

	Jefferson	Orleans	St. Bernard	St. Charles	St. John	Louisiana
Rate of tobacco smoking among adults (age-adjusted	17.3%	17.5%	22.4%	15.6%	19.9%	20.0%
Drug overdose mortality rate (per 100,000)	56	72	78	33	30	40
Opioid overdose mortality rate (per 100,000, age-adjusted)	51.81	20.22	56	38.09	14.14	30.0

Appendix H: Ochsner Health Strategies

The diagram below highlights Ochsner Health's Community Strategy to improve population health. The Community Strategy addresses the Healthier Northshore CHNA priorities through Access to Health Care, Health Outcomes, Education, Community Economic Opportunity, and Community Partnerships to Address Social Drivers.