# Touro Infirmary

Community Health Needs Assessment

November 2015





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#### Introduction -

Touro Infirmary, a 280-bed faith-based hospital located in New Orleans, LA, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA) between March 2015 and October 2015. The CHNA identifies the needs of residents served by Touro Infirmary. As a partnering hospital of a regional collaborative effort to assess community health needs, Touro Infirmary collaborated with 15 hospitals and other community-based organizations in the region during the CHNA process. The following is a list of organizations that participated in the CHNA process in some way:

- Louisiana Office of Public Health
- Humana Louisiana
- Director Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Delgado Community College
- Nouveau Marc Residential Retirement Living
- Kenner Council on Aging and Parks and Recreation The Metropolitan Hospital Council of New
- City of Kenner
- City of New Orleans
- Catholic Charities
- LSU Health Science Center, Allied Health
- Tulane University School of Medicine
- Jefferson Parish
- NO/AIDS Task Force
- PACE Greater New Orleans
- New Wine Fellowship
- Jefferson Business Council
- Arc of St. Charles
- Healthy Start New Orleans
- Chief HIV Division of Infectious Disease
- The McFarland Institute
- Greater New Orleans Foundation

- Prevention Research Center at Tulane University
- Susan G. Komen, New Orleans
- Jefferson Parish Commissioner
- Ochsner Health System
- Cancer Association of Greater New Orleans (CAGNO)

The Metropolitan Hospital Council of New Orleans (MHCNO)

- Ochsner Medical Center
- Ochsner Baptist Medical Center
- Ochsner Medical Center Kenner
- Ochsner St. Anne General Hospital
- Ochsner Medical Center Westbank
- St. Charles Parish Hospital
- Children's Hospital of New Orleans
- Touro Infirmary
- University Medical Center
- East Jefferson General Hospital
- West Jefferson Medical Center
- Slidell Memorial Hospital
- St. Tammany Parish Hospital

This report fulfills the requirements of the Internal Revenue Code 501(r)(3); a statute established within the Patient Protection and Affordable Care Act (ACA) requiring that non-profit hospitals conduct CHNAs every three years. The CHNA process undertaken by Touro Infirmary, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital

facility, including those with special knowledge of public health issues, data related to vulnerable populations and representatives of vulnerable populations served by the hospital. Tripp Umbach worked closely with leadership from Touro Infirmary and a project oversight committee to accomplish the assessment.

# **Community Definition**

While community can be defined in many ways, for the purposes of this report, the **Touro Infirmary** community is defined as 16 zip codes – including 2 parishes that hold a large majority (75%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Table 1. Touro Infirmary Study Area Definition – Zip Codes						
City	Zip Code	Parish	City	Zip Code	Parish	
New Orleans	70113	Orleans Parish	New Orleans	70124	Orleans Parish	
New Orleans	70114	Orleans Parish	New Orleans	70125	Orleans Parish	
New Orleans	70115	Orleans Parish	New Orleans	70126	Orleans Parish	
New Orleans	70116	Orleans Parish	New Orleans	70127	Orleans Parish	
New Orleans	70117	Orleans Parish	New Orleans	70128	Orleans Parish	
New Orleans	70118	Orleans Parish	New Orleans	70130	Orleans Parish	
New Orleans	70119	Orleans Parish	New Orleans	70131	Orleans Parish	
New Orleans	70122	Orleans Parish	Chalmette	70043	St. Bernard Parish	

Figure 1. Map of Touro Infirmary Study Area



## **Consultant Qualifications**

Touro Infirmary contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the CHNA. Tripp Umbach is a recognized national leader in completing CHNAs, having conducted more than 300 CHNAs over the past 25 years; more than 75 of which were completed within the last three years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a CHNA.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books<sup>1</sup> on the topic of community health and has presented at more than 50 state and national community health conferences. The additional Tripp Umbach CHNA team brought more than 30 years of combined experience to the project.

<sup>&</sup>lt;sup>1</sup> A Guide for Assessing and Improving Health Status Apple Book:

<a href="http://www.haponline.org/downloads/HAP\_A\_Guide\_for\_Assessing\_and\_Improving\_Health\_Status\_Apple\_Book\_1993.pdf">http://www.haponline.org/downloads/HAP\_A\_Guide\_for\_Assessing\_and\_Improving\_Health\_Status\_Apple\_Book\_1993.pdf</a>

1993.pdf and

# **Project Mission & Objectives**

The mission of the Touro Infirmary CHNA is to understand and plan for the current and future health needs of residents in its community. The goal of the process is to identify the health needs of the communities served by the hospital, while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who are partners in the CHNA.

The objective of this assessment is to analyze traditional health-related indicators, as well as social, demographic, economic, and environmental factors and measure these factors with previous needs assessments and state and national trends. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project sponsors and included:

- Ensuring that community members, including underrepresented residents and those with a broad-based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, educators, health-related professionals, media representatives, local government, human service organizations, institutes of higher learning, religious institutions and the private sector will be engaged at some level in the process. Obtaining information on the health status and socio-economic/environmental factors related to the health of residents in the community. Developing accurate comparisons to previous assessments and the state and national baseline of health measures utilizing most current validated data. Utilizing data obtained from the assessment to address the identified health needs of the service area. Providing recommendations for strategic decision-making, both regionally and locally, to address the identified health needs within the region to use as a benchmark for future assessments. Developing a CHNA document as required by the Patient Protection and Affordable
- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (ACA).

## Methodology-

Tripp Umbach facilitated and managed a comprehensive CHNA on behalf of Touro Infirmary — resulting in the identification of community health needs. The assessment process gathered input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues. The needs assessment data collection methodology was comprehensive and there were no gaps in the information collected.

#### Key data sources in the CHNA included:

- □ Community Health Assessment Planning: A series of meetings was facilitated by the consultants and the CHNA oversight committee consisting of leadership from Touro Infirmary and other participating hospitals and organizations. This process lasted from March 2015 until August 2015.
- Secondary Data: Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Touro Infirmary community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, Truven Health Analytics, Community Needs Index (CNI), Healthy People 2020, Prevention Quality Indicators (PQI), and other additional data sources. This process lasted from March 2015 until August 2015.
- Trending from 2013 CHNA: In 2013, Touro Infirmary contracted with Tripp Umbach to complete a CHNA. The data sources used for this CHNA were the same data sources from 2013, which made it possible to review trends and changes across the hospital service area. There were several data sources with changes in the definition of specific indicators, which restricted the use of trending in several cases. The factors that could not be trended are clearly defined in the secondary data section of this report. Additionally, the findings from primary data (i.e., community leaders, stakeholders, and focus groups) are presented when relevant in the executive summary portion. The 2013 CHNA can be found online at: http://www.touro.com/chna
- Interviews with Key Community Stakeholders: Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that included:

  1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (i.e., seniors, low-income residents, Latino(a) residents, Vietnamese residents, youth, residents with disabilities, and residents that are uninsured). Such persons were interviewed as

part of the needs assessment planning process. A total of 36 interviews were completed with key stakeholders in the Touro Infirmary community. A complete list of organizations represented in the stakeholder interviews can be found in the "Key Stakeholder Interviews" section of this report. This process lasted from April 2015 until August 2015.

- □ Survey of vulnerable populations: Tripp Umbach worked closely with the CHNA oversight committee to ensure that community members, including underrepresented residents, were included in the needs assessment through a survey process. A total of 598 surveys were collected in the Touro Infirmary service area, which provides a +/- 2.89 confidence interval for a 95% confidence level. Tripp Umbach worked with the oversight committee to design a 32 question health status survey. The survey was offered in English, Spanish, and Vietnamese. The survey was administered by community-based organizations providing services to vulnerable populations in the hospital service area. Community-based organizations were trained to administer the survey using hand-distribution. Surveys were administered onsite and securely mailed to Tripp Umbach for tabulation and analysis. Surveys were analyzed using SPSS software. Geographic regions were developed by the CHNA oversight committee for analysis and comparison purposes:
  - ✓ Eastbank Region: the East banks of Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Charles Parish, and St. John Parish.
  - ✓ Southeast Louisiana (SELA) Region: all parishes included in the study area (Ascension, East Baton Rouge, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, Terrebonne, and Washington Parishes).

Vulnerable populations were identified by the CHNA oversight committee and through stakeholder interviews. Vulnerable populations targeted by the surveys were residents that were: seniors, low-income (including families), uninsured, Latino, chronically ill, had a mental health history, homeless, literacy challenged, limited English speaking, women of child bearing age, diabetic, and residents with special needs. This process lasted from May until July 2015.

There are several inherent limitations to using a hand-distribution methodology that targeted medically vulnerable and at-risk populations. Often, the demographic characteristics of populations that are considered vulnerable populations are not the same as the demographic characteristics of a general population. For example, vulnerable populations, by nature, may have significantly less income than a general population. For this reason the findings of this survey are not relevant to the general population of the hospital service area. Additionally, hand-distribution is limited by

the locations where surveys are administered. In this case Tripp Umbach asked CBOs to self-select into the study and as a result there are several populations that have greater representation in raw data (i.e., low-income, women, etc.). These limitations were unavoidable when surveying low-income residents about health needs in their local communities.

- Identification of top community health needs: Top community health needs were identified and prioritized by community leaders during a regional community health needs identification forum held on August 5, and 7, 2015. Consultants presented CHNA findings from analyzing secondary data, key stakeholder interviews, and surveys. Community leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified and prioritized the top community health needs in the Touro Infirmary community.
- Public comment regarding the 2013 CHNA and implementation plan: Touro Infirmary solicited public comment from community leaders and residents. Commenters were asked to review the CHNA and Action Plan adopted by Touro Infirmary in 2013 and were provided access to each document for review. Commenters were then asked to respond to a questionnaire which provided open and closed response questions. The seven question questionnaire was offered in hard copy at one location inside the hospital. The CHNA and Action Plan were provided to commenters for review in the same manner. There were no restrictions or qualifications required of public commenters. Touro Infirmary did not receive any feedback related to the previous CHNA or implementation plan during the collection period which lasted from May 2015 until August 2015.
- ☐ Final Community Health Needs Assessment Report: A final report was developed that summarizes key findings from the assessment process, including the priorities set by community leaders.

# **Key Community Health Priorities**

Louisiana is a state that has not expanded Medicaid, a key component of health reform that extends Medicaid eligibility to a greater population of residents. Many health needs identified in this assessment relate to the lack of Medicaid expansion and the resulting restricted access to health services. Community leaders reviewed and discussed existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and survey findings presented by Tripp Umbach in a forum setting that resulted in the identification and prioritization of four community health priorities in the Touro Infirmary community. Community leaders identified the following top community health priorities that are supported by secondary and/or primary data: 1) Access to health services; 2) Behavioral health and substance abuse; and 3) Resource awareness and health literacy. A summary of the top needs in the Touro Infirmary community follows:

#### **INCREASING ACCESS TO HEALTHCARE**

**Underlying factors** identified by secondary data and primary input from community leaders, community stakeholders, and resident survey respondents:

- 1. Residents need solutions that reduce the financial burden of healthcare.
- 2. Provider to population ratios that are not adequate enough to meet the need.
- 3. Need for care coordination.
- 4. Limited access to healthcare as a result of transportation issues.

Increasing access to healthcare is identified as the number one community health priority by community leaders. Access to healthcare is an ongoing health need in rural areas across the U.S. Apart from issues related to insurance status and the Medicaid waiver<sup>2</sup>, access to healthcare in the hospital service area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location of health services, as well as preventive practices.

#### Findings supported by study data:

Residents need solutions that reduce the financial burden of healthcare:

Socio-economic status creates barriers to accessing healthcare (e.g., lack of health insurance, inability to afford care, transportation challenges, etc.), which typically have a negative impact on the health of residents. Often, there is a high correlation between poor health outcomes,

<sup>&</sup>lt;sup>2</sup> In 2015, there are multiple Medicaid Waivers operating in Louisiana. Residents are qualify for one of the Medicaid Waivers whereby receiving health services from health providers which accept the Medicaid Waiver, and are then eligible for Medicaid reimbursement.

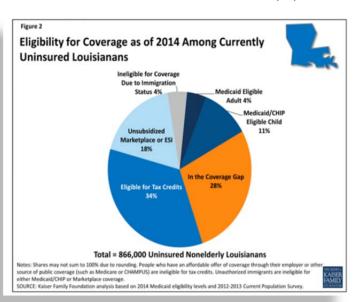
consumption of healthcare resources, and the geographic areas where socio-economic indicators (i.e., income, insurance, employment, education, etc.) are the poorest. In the needs assessments completed by Touro Infirmary, community stakeholders and focus group participants identified access to healthcare and medical services (i.e., primary, preventive, and mental) as a need in the hospital service area.

- In findings from the 2013 CHNAs, stakeholders perceived there was a lack of insurance coupled with increased poverty rates. Today, poverty is prevalent in the area. An article from the Metropolitan Opportunity Series states, "there still remain a great many very poor neighborhoods in New Orleans. In 2009-13, 38 of the city's 173 census tracts had poverty rates exceeding 40 percent, down only slightly from 41 tracts in 2000 (see maps). Yet the population of those neighborhoods dropped dramatically, from more than 90,000 in 2000 to just over 50,000 in 2009-13... Meanwhile, poverty has also spread well outside the city's borders. While the city's poor population declined between 2000 and 2013, it rose by a nearly equivalent amount in the rest of the metropolitan area. And although the poverty rate in the rest of metro New Orleans has increased (from 13 percent to 16 percent), relatively few poor residents of those areas live in communities of extreme poverty, notwithstanding notable differences by race and ethnicity."<sup>3</sup>
- Today, the Touro Infirmary study area has an average annual household income of \$59,283, which is below state and national norms (\$64,209 and \$74,165 respectively).
   Orleans Parish reports a lower income (\$59,059/year) and higher number of households earning below \$25,000/year (39%) when compared to the state and the nation (29.5% and 23.5% respectively).
- There are indications in the secondary data that the geographic pockets of poverty align with data showing fewer providers and poor health outcomes in the same areas. For example, residents in zip code areas with higher CNI scores (greater socio-economic barriers to accessing healthcare) tend to experience lower educational attainment, lower household incomes, higher unemployment rates, as well as consistently showing less access to healthcare due to lack of insurance, lower provider ratios, and consequently poorer health outcomes when compared to other zip code areas with lower CNI scores (fewer socio-economic barriers to accessing healthcare).
- The CNI score for the Touro Infirmary (4.5) is higher than the median for the scale (3.0) indicating more than average socio-economic barriers to accessing healthcare across the service area. A total of 15 of the 16 zip code areas (93.8%) for the Touro Infirmary study area fall above the median score for the scale (3.0). The Touro Infirmary service area contains both the highest (5.0) CNI scores (New Orleans –70113, 70114, and 70117),

<sup>&</sup>lt;sup>3</sup> Source: Metropolitan Opportunity Series: Concentrated poverty in New Orleans 10 years after Katrina (<a href="http://www.brookings.edu/blogs/the-avenue/posts/2015/08/27-concentrated-poverty-new-orleans-katrina-berube-holmes?cid=00900015020149101US0001-0829">http://www.brookings.edu/blogs/the-avenue/posts/2015/08/27-concentrated-poverty-new-orleans-katrina-berube-holmes?cid=00900015020149101US0001-0829</a>

and lower CNI scores New Orleans - 70124 (2.4), which presents a diverse set of community health needs across the entire service area. The majority of zip codes in the hospital sevice area show significant barriers to accessing healthcare with nine being above a 4.5 CNI score. The highest CNI scored areas are where the highest rates of poverty, unemployment, uninsured, and lowest rates of educational attainment are found.

- The data suggest that there is an increase in barriers to accessing healthcare for some of the hospital service area. A closer look at the changes in scores shows there were eight zip code areas that saw increases in barriers since 2011 and eight remained unchanged or showed improvement (four of which were areas with high barriers that remained unchanged at a CNI score of 4.8 or higher). The change in CNI scores may be slightly inflated due to the lack of Medicaid expansion causing higher uninsured rates in the hospital service area than national norms. However, when socio-economic indicators measured by CNI are compared at the zip code level from 2011 to 2015, we see a pattern of increased rates of poor socio-economic measures.
  - ✓ It would appear that, zip code areas in the service area show a greater increase in CNI scores from 2011 to 2015: zip code areas that had lower CNI scores (lower barriers to accessing healthcare) in 2011 show a much greater increase in barriers than those areas that had higher CNI scores (greater barriers to accessing healthcare) previously. This means that socio-economic indicators (i.e., income, culture, education, insurance, and housing) are disintegrating at a rapid pace in areas that previously showed better socio-economics and there is little change in areas where socio-economic status was already poor.
- Single parent homes are likely to be living in poverty with more than one-third of these homes below the federal poverty rate; 11 of the 16 zip code areas (68.8%) served by Touro Infirmary show more than one-half of single parent homes are in poverty.
- Louisiana is a state that has chosen not to expand Medicaid, a key component in healthcare reform that extends the population that is eligible for Medicaid insurance



coverage. Kaiser Family Foundation estimates that 32% of uninsured nonelderly Louisiana residents (866,000 people) remain ineligible for any insurance coverage or tax credits due to the lack of Medicaid expansion. The primary pathway for uninsured residents to gain federally coverage is the administered Marketplace where (approximately 34% 298,000) uninsured Louisianans become

- eligible tax credits. Though residents earning between 19% to 100% Federal Poverty Line (FPL), or \$4,476 to \$23,550/year for a family of four, do not qualify for any assistance at all<sup>4</sup>
- The average uninsured rate for the hospital service area (24.5%) is higher than the state (19%); there are 12 zip code areas that have higher rates of uninsured than is average for the state and the nation. They are all New Orleans zip code areas 70113 (42.0%), 70117 (31.9%), 70119 (31.1%), 70127 (30.6%), 70126 (29.5%), 70114 (27.9%), 70125 (25.4%), 70122 (25.2%), 70116 (24.8%), 70118 (23.1%), 70130 (21.1%), and 70128 (23.0%).
- While the rates of uninsured in Orleans Parish (26.3%) have decreased in the most recent years, they remain higher than state and national rates (25.02% and 20.76% respectively). Latino residents are more likely to be uninsured than their counterparts in Orleans Parish (38.89% to 17.88% respectively). Additionally, there are racial disparities in the rates of uninsured with the highest rates being consistently among residents of "some other race" in most parishes in the study area. There are also higher rates of uninsured among: Asian residents and Native American and Native Hawaiian/Pacific Islanders in Orleans Parish.
- Among the results of the 2013 CHNA, stakeholders felt there was a lack of access to affordable medication resulting in some residents not being able to control chronic illness because they could not afford their prescriptions. Stakeholders today discussed the cost of health services in relationship to health insurance, uninsured care, and poor reimbursement rates of health service providers (medical, dental and behavioral). Many providers (e.g., wound care specialist, sleep labs, etc.) are not accepting patients with Medicaid insurance due to the low reimbursement rates and lack of Medicaid expansion placing a strain on health resources to meet the needs of uninsured and underinsured residents. During the community planning forum for this assessment, community leaders discussed residents in areas with high rates of poverty that are not always able to afford prescription medication (e.g., uninsured, donut insurance coverage (a type of health insurance), etc.) without some form of assistance. Leaders and stakeholders indicated that there are very few resources available to subsidize prescription medications. Community leaders and stakeholders addressed the limitations of the Medicaid Waiver, which does not cover hospitalization, prescription medications, or specialty care. As a result, many community-based clinics do not have access to specialty diagnostic services and many treatment options.
- The percent of insured population receiving Medicaid benefits (2009-2013) was highest in Orleans Parish (31.27%) when compared to the state (25.70%) and nation (20.21%) rates. If physicians are not accepting new Medicaid patients (as secondary data

<sup>&</sup>lt;sup>4</sup> Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey

- suggests), it is possible that many patients in the hospital service area are not able to secure primary care using their insurance coverage.
- During the 2013 CHNA, focus group participants felt the cost of medical care, including medical prescriptions, could be unaffordable for some residents due to costly procedures. Additionally, some focus group participants perceived Medicare/Medicaid as not being comprehensive enough to cover the cost of medical care because they received medical bills for the cost of services that were not covered by Medicare/Medicaid. Participants believed patients at times, resisted care due to costly fees/co-pays and uninsured patients were less likely to seek medical care, which participants believed resulted in untreated illness and a poorer health status. Today, uninsured and underinsured residents may also be resisting seeking health services due to the cost of uninsured care, unaffordable copays, and/or high deductibles. This trend was apparent in surveys collected in Eastbank communities where almost two-thirds of respondents reported less than \$29,999 annual household income (61.5%). A higher percentage of respondents indicated that they could not see a doctor in the last 12 months because of cost (30.5%) when compared to the state average (18.9%). Additionally, survey respondents reported not taking medications as prescribed in the last 12 months due to cost (25.3%). Stakeholders also felt that residents in poverty are less likely to secure health services prior to issues becoming emergent due to a lack of resources (i.e., time, money, transportation, etc.) and a focus on meeting basic needs, leading to a lower prioritization of health and wellness.
- The results of a survey conducted among Latino(a) residents in New Orleans from 2013 to 2014<sup>5</sup> showed that nearly one-quarter of respondents stated they had never gone to a doctor for a check-up or care, either in New Orleans or elsewhere. The most common place to receive care was community clinics (38%); followed by the emergency room (24%). When asked what the most pressing health concerns were, respondents indicated: dental care, access to healthcare, insurance, and nutrition.

Provider to population ratios that are not adequate enough to meet the need:

Community leaders discussed that specialty care is not always available (i.e., palliative care services for Medicaid beneficiaries, pediatric neurosurgery, pediatric cardiology, endocrinology, diagnostics, care coordination, after-hours specialty care, HIV services, prescription assistance, primary care, and community-based supportive services for seniors) There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients, and/or residents that live in communities with the highest rates of poverty.

<sup>&</sup>lt;sup>5</sup> Source: I don't Know Where to Go: Latino Community Health Issues in New Orleans

Note: CBNO and Puentes collected 279 completed surveys. The demographic profile of the surveyed population is working age Latino adults, many of whom immigrated to New Orleans within the past eight to ten years and intend on making New Orleans their home. Nearly every survey respondent speaks Spanish as their first language, with 21% of respondents able to speak English and 13% being able to read English.

- In 2013, stakeholders and focus group participants felt there was a shortage of healthcare providers throughout the region, which caused a lack of timely access to healthcare providers, a lack of access to specialty services/providers, and overutilization of emergency medical care for non-emergency issues. Some focus group participants believed that there was an exodus of local physicians from their communities at that time. Stakeholders felt primary care in the Greater New Orleans area was a consistent issue due to huge caseloads, not enough physicians to see them all, and a lack of care coordination. Additionally, focus group participants were under the impression there are not enough healthcare professionals or clinics to meet the demand for under/uninsured medical care. Focus group participants believed many residents were seeking medical care outside of their community and many were under the impression, due to lack of resources, follow-up care and/or in-home care not being provided to some residents upon discharge from an inpatient stay at local hospitals.
- Today, the primary care physician ratio in Orleans Parish is more than double the state and national rates (143.26, 57.86 and 78.92 per 100,000 pop. respectively) and the rates of Federally Qualified Health Centers (FQHC) was highest Orleans Parish (3.78 per 100,000 pop.) when compared to surrounding parishes.
- Community leaders and stakeholders discussed the uncertainty in the medical industry
  and low reimbursement rates that drive the lack of services for Medicaid recipients and
  uninsured residents. Community leaders felt that there is a general lack of resources to
  meet the needs of residents with complex health needs and co-occurring health issues,
  which are often found among populations with higher poverty rates. The physician
  workforce is aging and many physicians are retiring, leading to a decrease in the number
  of physicians available.
- Stakeholders and community leaders representing the hospital service area indicated that there are not enough primary care providers to meet the demand for health services; and those numbers are expected to continue to decline. Stakeholders described disparate health resources with lower income neighborhoods containing the fewest resources. Reportedly, there is a lack of health resources for Vietnamese and African American women in the New Orleans East communities. One stakeholder indicated that the East area is the most disenfranchised area and has been for decades.
- Survey respondents echoed a lack of access to services at least one in 10 survey respondents indicated they did not feel as though they have access to the following: dental services (20.7%); vision services (19.7%); cancer screening (9.7%); services for 60+ (10%); HIV services (11.5%); medical specialist (11.8%); primary care (10.2%); pediatric & adolescent health (10.7%); emergency medical (11.1%); healthy foods (15.6%); and employment assistance (16.2%).
- While not as clear an indication of restricted access to healthcare as provider rates, hospitalization rates that are higher than expected are usually driven by access issues in the community. The end result is hospitalizations for illnesses that could have been

resolved prior to becoming emergency situations. In the Touro Infirmary service area there are higher rates throughout the study area when compared to the state and national rate for four of the 14 PQI measures (i.e., diabetes short-term complication, diabetes long-term complications, perforated appendix and low birth weight). The hospitalization rate for perforated appendix is the highest (411.48) when compared to state (322.43) and national (323.43) norms. The state of Louisiana has higher hospitalization rates when compared to the national trends for many of the PQI measures and the greatest difference in hospitalization rates is between the hospital service area and the national rate for congestive heart failure (365.55 and 321.38, respectively). It is important to note that three of the four diabetes measures showed higher hospitalizations in the hospital service area than the state or the nation (or both).

#### Need for care coordination:

Leaders discussed the need for care coordination for residents. Specifically, leaders discussed the importance of ensuring patients have access to treatment methods prescribed by the physician (i.e., medications, healthy nutrition, etc.) and that providers follow up with patients to improve implementation of treatment recommendations.

- In the 2013 CHNA, stakeholders believed hospital competition created barriers to coordination of care throughout the region and focus group participants were also concerned with the level of coordination of medical care offered by local medical providers at that time. Many group participants were under the impression, due to lack of resources, that follow-up care and/or in-home care was not being provided to some residents upon discharge from an inpatient stay at local hospitals.
- During this study, community leaders and stakeholders discussed the lack of care coordination provided for uninsured, underinsured, Medicaid beneficiaries, and senior residents (including seniors that are seeking care in inappropriate settings like the emergency room). Several stakeholders mentioned the benefits of home healthcare and palliative care for care coordination, though Medicaid eligible residents, reportedly, are not often approved for home health services. Additionally, there is limited follow up for Medicaid populations that seek care in the Emergency Department. Leaders discussed the need for care coordination for residents related to ensuring patients have access to treatment methods prescribed by the physician (i.e., medications, healthy nutrition, etc.) and providers following up with patients to improve implementation of treatment recommendations.

Limited access to healthcare as a result of transportation issues:

Transportation was discussed as a barrier to accessing health services for residents in local communities with the highest poverty rates.

- In 2013, the absence of readily accessible, convenient transportation was causing limited access to medical care for some residents because they could not get to and from their medical appointments. Many focus group participants felt the limited public transportation resulted in residents requiring the use of emergency medical transportation (EMT) services more often, which may have increased the cost of medical care and possibly caused an over-utilization of emergency rooms for non-emergency related issues. Additionally, focus group participants believed that public transportation provided in some of their communities had restrictive regulations such as limited weekday hours, no weekend service, limited circulation, and 48-hour advanced scheduling. Participants felt those restrictions limited the convenience and availability of public transportation which ultimately affected their ability to access services at that time.
- Today, stakeholders also acknowledge that the lack of adequate transportation impacts
  the health of residents in a variety of ways by limiting the access residents have to
  medical providers and grocery stores with healthy foods. The limitations of
  transportation may restrict the access residents have to employment opportunities,
  which could be a barrier to insurance and financial stability.
  - ✓ One stakeholder identified transportation as one of several reasons expectant mothers are not always consistent with prenatal care. Transportation can take hours, which may be a significant barrier to attending prenatal appointments, particularly if the expectant mother has other children.
- The general population in the hospital service area shows higher than average rates of households with no motor vehicles (18.46%) when compared to state (8.48%) and national (9.07%) norms and survey respondents indicated that their primary form of transportation is some method other than their own car (40.9%).
- At least one in 10 survey respondents (10.3%) indicated that they did believe that
  accessible transportation was "available at all as far as they knew" or "available to
  others but not to them or their family." Residents do not always have access to care
  (including primary/preventive care and dental care) due to a lack of transportation. The
  location of providers becomes a barrier to accessing healthcare due to the limited
  transportation options.

Stakeholders noted that the need for accessible healthcare among medically vulnerable populations (e.g., uninsured, low-income, Medicaid insured, etc.) has an impact on the health status of residents in a variety of ways and often leads to poorer heath out comes. Several of the noted effects are:

✓ Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease.

- ✓ Higher cost of healthcare that results from hospital readmissions and increased usage of costly emergency medical care.
- Residents delaying medical treatment and/or non-compliant due to the lack of affordable options and limited awareness of what options do exist.
- ✓ Poor outcomes in adult, maternal, and pediatric care due to limited care coordination and lack of patient compliance.
- ✓ Poor health and higher rates of mortality.

Increasing access to healthcare is an issue that carries forward from previous assessments, though some progress has been made by increasing access to community-based health services through the growth of FQHCs, and urgent care clinics. It will be very important to further understand the access issues for populations that may not have ready access to healthcare; such as, low income, Native American, Vietnamese, and Latino(a) communities in the hospital service area. Primary data collected during this assessment from community leaders and residents offered several recommendations to increase access to healthcare. Some of which included:

- Increase employment opportunities: Leaders discussed the position of hospital providers as major employers in the communities they serve. It is possible to increase the exposure of high school students to medical professions in order to generate an interest in medical training and education. Leaders also discussed job retraining for residents that are unemployed with the capacity to fill roles at local hospitals in order to increase employment opportunities for unemployed residents.
- Offer health and other necessary services in areas where the rate of poverty is high:

  Leaders discussed increasing access to health services in communities where the
  poverty rates are high and transportation may be an issue. Mobile health services and
  public-private partnerships to support hospitals where corporate models of healthcare
  may not be as sustainable were discussed by leaders as two models that may be able to
  increase the availability of health services in underserved areas. Additionally, leaders
  discussed the provision of medication assistance or a pharmacy for residents earning a
  low-income that are under/uninsured. Leaders felt that it is possible for communities to
  sponsor grocery delivery programs to ensure access to healthy nutrition for residents
  that do not have reliable transportation.
- Proactively address health issues in women that are childbearing age: Leaders
  recommended that women at risk of poor birth outcomes be identified prior to
  becoming pregnant, and targeted with increased access to insurance, and outreach and
  education regarding the impact their health status and behaviors can have on birth
  outcomes.
- Increase the collaboration between FQHCs and Hospitals: Leaders discussed the need for FQHCs and hospitals to work together to refer patients for diagnostic and specialty

- care in hospitals, and then follow up with patients upon discharge with primary care and care coordination in local FQHC settings.
- Increase the number of community health workers: Leaders recommended an increase
  in the use of community navigators and community health workers who provide
  information and guidance to residents related to care coordination and appropriate use
  of healthcare resources.
- Increase collaboration in the community to meet needs: Leaders discussed the need to increase collaboration among hospitals, community based organizations, and community based providers. The discussion focused on the need to coordinate services to maximize the impact of what resources are available (e.g., screening, outreach, and free health services) and develop creative solutions to challenging problems. For example, leaders discussed private-public partnerships to support grocery stores in areas where corporate grocers may not be sustainable alone.
- Increase the access medically vulnerable individuals have to services: Leaders discussed the restrictions and barriers that medically vulnerable individuals (e.g., homeless, low-income, residents with a history of behavioral health and/or substance abuse, etc.) face when trying to secure shelter services. Leaders recommended a low barrier shelter to increase the access homeless residents have to services, including healthcare.

#### ADDRESSING BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE

**Underlying factors** identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

- 1. There are not enough providers to meet the demand and the spectrum of services available in most areas is not comprehensive enough to treat individual needs.
- 2. Care coordination is needed among behavioral health, substance abuse, and primary care/medical providers.

Community leaders at the community forum identified the need to address behavioral health needs as a top health priority. Community leaders, stakeholders, and survey respondents agree that behavioral health and substance abuse is a top health priority. Discussions focused primarily on the limited number of providers, the need for care coordination, and the fact that individuals with behavioral health and substance abuse needs often have poor health outcomes. According to the New Orleans City Health Department, New Orleans residents carry a heavy burden from mental health, substance abuse, and other behavioral health issues.

#### Findings supported by study data:

There are not enough providers to meet the demand and the spectrum of services available in most areas is not comprehensive enough to treat individual needs:

- During the needs assessment conducted in 2013, stakeholders perceived access was becoming increasingly more difficult, especially among the mental health and indigent population and focus group participants were under the impression mental health services were limited, without the capacity to meet the demand for services due to recent closures and funding cuts.
- The City of New Orleans Health Department publishes a dashboard of data depicting mental health utilization, which includes residents served by Touro Infirmary. The dash board for July 2015 indicates:
  - There is an average rate of 21 ER holds (individuals in crisis who have been evaluated and waiting for inpatient beds) each month during the preceding 12 month period. A rate that has increased when compared to previous year data.
  - Since June 2015, utilization of outpatient beds have increased overall, indicating that more people are seeking treatment outside of emergency departments<sup>6</sup>
- Data suggest there is a need for behavioral health services.

Table 2: County Health Rankings – Mental Health Providers (Count/Ratio) by Parish Measure of Mental Health Providers\*

LA Orleans Parish

Mental health providers (count)	5386	858
Mental health providers (ratio pop. to provider)	859:1	441:1

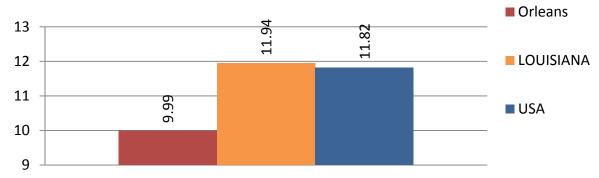
<sup>\*</sup>County Health Ranking 2015

 Orleans Parish shows below state rates for population to every one behavioral health provider, which indicates better access than is average for the state. However, there is no measure of the providers that are accepting under/uninsured and Medicaid eligible behavioral health patients. Both primary and secondary data suggests there is a need for additional behavioral health services in the hospital service area.

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<sup>&</sup>lt;sup>6</sup> Source: New Orleans Health Department: New Orleans Mental Health Dashboard (July 2015)

Figure 3: Mortality - Suicide- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



\*Source: Community Commons. 06/08/2015

- Orleans Parish reports lower rates of age-adjusted mortality due to suicide (9.99 per 100,000 pop.) when compared to state and national rates (11.94 and 11.82 per 100,000 pop.). The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Orleans Parish already show rates lower than the Healthy People 2020 Goal.
- When asked if a variety of services are available to them or their family, more than one
   in 10 survey respondents from communities served by the hospital indicated that

"Katrina has had a major impact on the mental health of residents- the stress, and displacement of residents has had an impact and the response has not been adequate to meet the need."

First Responder

mental health services (13.1%) and/or substance abuse services (11.8%) were "not available as far as they know" or "available to others but not to them." Approximately one in five (19%) survey respondents indicated that they have received mental health treatment or medication at some time in their lives.

• A majority of stakeholders (75%) identified a health need related to behavioral health and/or substance abuse. Stakeholders discussed the lack of behavioral health and substance abuse resources, in general, and many noted that behavioral health and substance abuse needs are highest in communities with the highest rates of poverty. Stakeholders felt that there is a connection between environmental

factors and the prevalence of behavioral health and substance abuse.

• Both, community leaders and stakeholders, discussed the gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. There is, anecdotally, a resistance among behavioral health providers to accept Medicaid insurance and the cost of uninsured behavioral health services is unaffordable for residents who are Medicaid eligible. Other services that were noted as being inadequate in local communities were school-based screening and treatment of

behavioral health issues in youth, early intervention services, inpatient services for adults and youth (including crisis intervention), and outpatient services for adults and youth. While there are inpatient beds and outpatient counseling services available, stakeholders and community leaders indicated that they are not adequate to meet the demand for behavioral health and substance abuse services. In recent years there has been a decrease in the number of inpatient beds and crisis services have declined. Outpatient services have improved, but often have lengthy waiting lists for diagnostic services as well as ongoing treatment.

- There was also discussion around the need for behavioral health providers that are both culturally competent and reflective of the cultures and languages spoken by residents (i.e., Spanish and Vietnamese dialects) in communities served by Touro Infirmary. However, there are lower rates of Limited English speaking skills in the hospital service area than other areas observed during the same period of time this study was conducted for Touro Infirmary.
- Nearly 50 percent (47.8%) of survey respondents from Eastbank communities selected "Drugs and Alcohol" as one of the top five health concerns in their communities. Stakeholders felt that the culture of New Orleans and tourist industry encourages substance abuse and identified tobacco, alcohol and marijuana as the most common substances being abused. Other substances noted were cocaine, heroin, methamphetamines, and prescription pain medications. Stakeholders also felt that substance abuse is often a way for residents to self-medicate or cope with behavioral health issues including stress and serious mental illness (e.g., bipolar, schizophrenia, etc.).

Care coordination is needed among behavioral health, substance abuse and primary care/medical providers:

- Among the findings of the 2013 CHNA, focus group participants believed mental health services throughout the region were disjointed and at times difficult to navigate. Some focus group participants believed there was a disconnect in the communication between mental health providers, and/or physicians, and the school system. Focus group participants gave the impression some residents in the region may not have been aware of available mental health services and believed that, at the time, the results were patients suffering from mental illnesses may not have been getting their needs met.
- Community leaders discussed a fractured behavioral health system where residents are
  not seeking and receiving effective ongoing behavioral health and/or substance abuse
  treatment. Residents may be seen in the emergency room for crisis behavioral health
  and then have little follow up afterward. Community leaders and stakeholders agree

that care coordination is needed among behavioral health providers, substance abuse providers, and physical health providers.

Stakeholders noted that behavioral health and substance abuse have an impact on the health status of residents in a variety of ways and an often lead to poorer health outcomes. Several of the noted effects of behavioral health and substance abuse are:

- ✓ Incarceration rates among residents with behavioral health and/or substance abuse diagnosis is high.
- ✓ It can be difficult to secure out-of-home placement for a senior who has been committed for psychiatric treatment.
- Residents with a history of behavioral health and substance abuse do not always practice healthy behaviors and may be non-compliant with necessary medical treatments (e.g., HIV treatments, etc.).
- ✓ Babies born to mothers with behavioral health and/or substance abuse issues may not receive adequate prenatal care and/or consistent postpartum care to facilitate healthy child development. Mothers that have a history of substance abuse may not inform their physician due to laws that may lead to the removal of other children in the home.

Behavioral health has remained a top health priority that appears as a theme in each data source included in this assessment. The underlying factors include: care coordination and workforce supply vs. resident demand. Primary data collected during this assessment from community leaders and residents offered several recommendations to address the need for behavioral health and substance abuse. Some of which include:

- Integrate behavioral health and primary care: Leaders felt that behavioral health services need to be more adequately funded in local communities in order to increase the number of providers and amount of services available. Additionally, primary care providers could begin screening for behavioral health symptoms and discussing these symptoms and resources with patients in order to decrease the stigma of behavioral health diagnoses and increase screening rates.
- Increase the number of inpatient beds and outpatient behavioral health services:

  Leaders discussed the need to increase the amount of inpatient and outpatient services that are available to residents in local communities. Leaders discussed increasing advocacy efforts regarding policy and funding mechanisms as well as restructuring how behavioral health services are funded and who can be served.
- Develop school-based behavioral health services and screening for youth: Leaders
  discussed the possibility of schools and other community based organizations
  collaborating to develop school-based behavioral health services using funds available
  through Medicaid/Bayou Health.

Develop school-based behavioral health services and screening for youth: Leaders
discussed the possibility of schools and other community-based organizations
collaborating to develop school-based behavioral health services (e.g., counselors, social
workers, etc.) and other community-based clinics using funds available through
Medicaid/Bayou Health. Services should be easily accessible to both seniors and youth.

#### **RESOURCE AWARENESS AND HEALTH LITERACY**

**Underlying factors** identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

- 1. A lack of awareness about health resources
  - ✓ System navigation
- 2. Presence of barriers related to literacy, awareness and language
  - ✓ System navigation
  - ✓ Need to increase culturally sensitive clinical care and educational outreach to vulnerable populations

Improving resource awareness and health literacy was identified as a top health priority for the Touro Infirmary service area. While there has been a great deal of development in community-based health services in recent years; there is limited awareness among residents regarding where to secure services and the health provider landscape remains largely disjointed. According to stakeholders and community leaders, efforts to better connect services providers (e.g., the health information exchanges, electronic medical records, etc.) are in the earliest stages of development. Additionally, there are residents with limited English speaking skills making health literacy and system navigation a health concern. There is agreement across data sources in support of improving resource awareness and health literacy of residents.

#### Findings supported by study data:

A lack of awareness about health resources:

- In the 2013 CHNA, stakeholders believed the healthcare system was fractured and there
  was a lack of consistent information and human resources available to help with
  navigation of the system. Stakeholders perceived there was not a system that was
  universally accessible or easy to navigate due to all of the different ways one could
  obtain healthcare and mental healthcare at that time.
- Stakeholders discussed a shift in the way health services are provided from the charity care model, where charity care was provided in large charity hospital settings before Katrina to the community-based clinic model providing primary care to residents

through a network of FQHCs and community-based clinics. One of the most discussed barriers to accessing health services in the study area was the awareness residents had regarding what services are available and where they are located. The lack of awareness about service availability could explain why survey respondents indicated that they did not feel a variety of health services were available to them as referenced earlier in the "Need to Improve Access to Healthcare" section of this report. Residents are not securing health services in the proper locations because they are not aware of new clinics and services that may be available to them. The result has reportedly been an over-utilization of the emergency rooms for primary care and behavioral health concerns.

- Community leaders felt that it can be difficult to identify which physicians will accept
  Medicaid. Leaders discussed the difficulty this poses in referrals as well as residents'
  ability to secure community-based primary care services. There were further discussions
  by community leaders and stakeholders about residents that may not always know how
  to utilize insurances once they are insured, and may continue to seek more costly care
  in the emergency room due to the need for health services that are more convenient.
- Stakeholders also indicated that residents are not always practicing prevention (e.g., screenings) due to a lack of awareness about healthy preventive practices. For example, stakeholders pointed to education in charter schools as an issue related to the access youth have to education about reducing the spread of STIs and HIV.

Table 3: Survey Responses – Preferences for Receiving Information about Healthcare

Preferred Method	Eastbank Respondents (%)
Newspaper	21.2%
TV	33.4%
Internet	29.4%
Word of Mouth	62.4%
Radio	13.7%
Library	2.5%
Clinics	21.2%
Faith/Religious Organizations	27.1%
Call 2-1-1	4.5%
Other	6.2%

Residents are often inundated with information and may need to hear a message several times before they comprehend the message and become aware of the importance of implementing healthy behaviors or locating services. Leaders discussed that often information is disseminated too infrequently to be received by residents. One of the greatest challenges in increasing health literacy and resource awareness will

be the method many respondents prefer to use when receiving information about health services (i.e., word-of-mouth) most often, in Eastbank communities (62.4%), limiting the effectiveness of outreach and advertisement efforts using other methods.

Presence of language barriers and literacy related accessing care and understanding care provided:

- In the 2013 CHNA, stakeholders believed the Greater New Orleans area was a diverse community and healthcare needed to be provided in a culturally sensitive way. Overall, stakeholders felt there were a lack of resources to address cultural barriers when dealing with the navigation of healthcare services at that time.
- Today, community leaders discussed the need to provide culturally competent services to residents that may be undocumented. Such services would include consideration of linguistic needs and fears/needs related to legal status. Providers do not always offer culturally competent health services in the language of preference for residents that may have limited English speaking skills, which may lead to limited understanding of individual health status and/or treatment directives. The most current zip code level data suggests that the population of residents with limited English speaking skills is lower in the Touro Infirmary service area than surrounding communities. CNI data shows higher rates of residents with limited English speaking skills compared to the average rates for the hospital service area (1.5%) and the average rates in the SELA Region (1.6%) with New Orleans 70119 hosting the largest percentage at 3.4% of the population.
- Community leaders and stakeholders discussed the limited awareness of residents with the lowest educational attainment in their communities; noting that the capacity to advocate for themselves is greatly reduced as a result. Stakeholders noted that there is a high correlation between lower educational attainment and a lower level of health literacy; indicating that residents are not always being assessed for their level of understanding. Additionally, stakeholders felt that the movement toward electronic medical records, the use of online applications, and internet based systems may leave some residents that do not have access to computers and/or whom may be unfamiliar with computers without access to relevant health information.

Health literacy can impact the level of engagement with health providers at every level; limiting preventive care, emergent care, and ongoing care for chronic health issues, leading to health disparities among vulnerable populations with limited English skills (i.e., Vietnamese and Spanish speaking populations), limited literacy skills, and limited computer literacy.

✓ There are socio-economic and racial disparities apparent in secondary data related to health outcomes (i.e., HIV/AIDS, low birth weight, infant mortality, heart disease, cancer, colon cancer, prostate cancer, stroke, and homicide).

Primary data collected during this assessment from community leaders and residents offered several recommendations to improving resource awareness and health literacy. Some of which include:

- Increase awareness through outreach education with providers and residents alike:

  Community leaders indicated that there is a need to increase the level of education and outreach being provided in the community to residents. Leaders felt that residents could benefit from additional education and awareness regarding preventive practices, available services, appropriate use of healthcare resources, financial health, and healthy behaviors related to obesity, diabetes, smoking, etc. Additionally, leaders recommended that incentives should be provided to organizations and businesses for promoting healthy activities (e.g., exercise, healthy nutrition, etc.).
- Increase access to accurate information about what services are available: Leaders discussed the dissemination of accurate information about what services are available in local communities. Leaders discussed the development of a resource that is accessible through a variety of methods (e.g., electronically, by phone, pamphlets offered in physicians' offices and other community locations, etc.) to maximize the accessibility for residents, and offering an internet-based searchable data warehouse of available resources that would be updated on a regular basis to ensure accuracy of information. Additionally, leaders discussed promotion of the use of the Health Information Exchange among providers and residents alike.

## **Community Health Needs Identification Forum**

#### **INTRODUCTION:**

The following qualitative data were gathered during a regional community planning forum held on August 5th, 2015 in New Orleans, LA. The community planning forum was conducted with community leaders representing the primary service area for Touro Infirmary. Community leaders were identified by the community health needs assessment oversight committee for Touro Infirmary. Touro Infirmary is a 280-bed faith-based acute care community hospital located in New Orleans, LA. The community forum was conducted by Tripp Umbach consultants and lasted approximately three hours.

Tripp Umbach presented the results from secondary data analysis, community leader interviews, and community surveys, and used these findings to engage community leaders in a group discussion. Community leaders were asked to share their vision for the community they represent, discuss an action plan for health improvement in their community and prioritize their concerns. Breakout groups were formed to pinpoint, identify, and prioritize issues/problems that were most prevalent and widespread in their community. Most importantly, the breakout groups were charged to identify ways to resolve their community's identified problems through innovative solutions in order to bring about a healthier community.

#### **GROUP RECOMMENDATIONS:**

The group provided many recommendations to address community health needs and concerns for residents in the Touro Infirmary service area. Below is a brief summary of the recommendations:

- Increase awareness through outreach education with providers and residents alike:

  Community leaders indicated that there is a need to increase the level of education and outreach being provided in the community to residents. Leaders felt that residents could benefit from additional education and awareness regarding preventive practices, available services, appropriate use of healthcare resources, financial health, and healthy behaviors related to obesity, diabetes, smoking, etc. Additionally, leaders recommended that incentives should be provided to organizations and businesses for promoting healthy activities (e.g., exercise, healthy nutrition, etc.).
- Integrate behavioral health and primary care: Leaders felt that behavioral health services need to be more adequately funded in Eastbank communities in order to increase the number of providers and amount of services available. Additionally, primary care providers could begin screening for behavioral health symptoms and discussing these symptoms and resources with patients in order to decrease the stigma of behavioral health diagnoses and increase screening rates.

- Increase the number of inpatient beds and outpatient behavioral health services:
   Leaders discussed the need to increase the amount of inpatient and outpatient services that are available to residents in Eastbank communities. Leaders discussed increasing advocacy efforts regarding policy and funding mechanisms as well as restructuring how behavioral health services are funded and who can be served.
- Proactively address health issues in women that are childbearing age: Leaders
  recommended that women at risk of poor birth outcomes be identified prior to
  becoming pregnant, and target with increase access to insurance, and outreach and
  education regarding the impact their health status and behaviors can have on birth
  outcomes.
- Offer health and other necessary services in areas where the rate of poverty is high:

  Leaders discussed increasing access to health services in communities where the
  poverty rates are high and transportation may be an issue. Mobile health services and
  public-private partnerships to support hospitals where corporate models of healthcare
  may not be as sustainable were discussed by leaders as two models that may be able to
  increase the availability of health services in underserved areas. Additionally, leaders
  discussed the provision of medication assistance or a pharmacy for residents earning a
  low-income that are under/uninsured. Leaders felt that it is possible for communities to
  sponsor grocery delivery programs to ensure access to healthy nutrition for residents
  that do not have reliable transportation.
- Increase employment opportunities: Leaders discussed the position of hospital providers as major employers in the communities they serve. It is possible to increase the exposure of high school students to medical professions in order to generate an interest in medical training and education. Leaders also discussed job retraining for residents that are unemployed with the capacity to fill roles at local hospitals in order to increase employment opportunities for unemployed residents.
- Increase access to accurate information about what services are available: Leaders discussed the dissemination of accurate information about what services are available in Eastbank communities. Leaders discussed the development of a resource that is accessible through a variety of methods (e.g., electronically, by phone, pamphlets offered in physicians' offices and other community locations, etc.) to maximize the accessibility for residents, and offering an internet-based searchable data warehouse of available resources that would be updated on a regular basis to ensure accuracy of information. Additionally, Leaders discussed promotion of the use of the Health Information Exchange among providers and residents alike.
- Increase the collaboration between FQHCs and Hospitals: Leaders discussed the need for FQHCs and Hospitals to work together to refer patients for diagnostic and specialty care in hospitals, and then follow up with patients upon discharge with primary care and care coordination in local FQHC settings.

- Increase the number of community health workers: Leaders recommended an increase
  in the use of community navigators and community health workers who provide
  information and guidance to residents related to care coordination and appropriate use
  of healthcare resources.
- Increase collaboration in the community to meet needs: Leaders discussed the need to increase collaboration among hospitals, community based organizations, and community based providers. The discussion focused on the need to coordinate services to maximize the impact of what resources are available (e.g., screening, outreach, and free health services) and develop creative solutions to challenging problems. For example, leaders discussed private-public partnerships to support grocery stores in areas where corporate grocers may not be sustainable alone.
- Develop school-based behavioral health services and screening for youth: Leaders
  discussed the possibility of schools and other community based organizations
  collaborating to develop school-based behavioral health services using funds available
  through Medicaid/Bayou Health.
- Increase the access medically vulnerable individuals have to services: Leaders discussed the restrictions and barriers that medically vulnerable individuals (e.g., homeless, low-income, residents with a history of behavioral health and/or substance abuse, etc.) face when trying to secure shelter services. Leaders recommended a low barrier shelter to increase the access homeless residents have to services, including healthcare.

#### **PROBLEM IDENTIFICATION:**

During the community planning forum process, community leaders discussed regional health needs that centered around three themes. These were (in order of priority assigned):

- 1. Access to Health Services
- 2. Behavioral Health and Substance Abuse
- 3. Resource Awareness and Health Literacy

The following summary represents the most important topic areas within the community, discussed at the planning retreat, in order of priority. Community leaders believe the following concerns are the most pressing problems and are identified as the most manageable to address and tackle.

#### **ACCESS TO HEALTH SERVICES:**

Community leaders identified access to health services as a community health priority. Leaders focused discussions around issues with Medicaid access to medications, specialty diagnostics

and specialty care; the social determinants of health (e.g., poverty, employment, etc.); maternal health for women that are childbearing age; and need for care coordination.

#### **Contributing Factors:**

- Residents that qualify for the Medicaid Waiver are not covered in hospitals and do
  not have prescription assistance, often leaving these residents without access to
  diagnostic and treatment options.
- Many residents in areas with high rates of poverty as well as seniors are not always able to afford prescription medication (e.g., uninsured, donut insurance coverage, etc.) without some form of assistance. There are very few resources available to subsidize prescription medications.
- There is a general lack of resources to meet the needs of residents with complex health needs and co-occurring health issues, which are often found among populations with higher poverty rates. Specifically, the discussion focused on the discharge process from local hospitals with limited resources for follow up care for the most medically vulnerable.
- Leaders discussed the lack of insurance as a barrier to maternal health prior to
  pregnancy. Women of childbearing age become eligible for Medicaid after they are
  pregnant, which is too late to improve overall health outcomes for the expecting
  mother and unborn baby. Leaders indicated that high rates of low birth weight
  births in Eastbank communities may be related to the lack of health maintenance
  prior to pregnancy due to a lack of insurance. Leaders believed that if women were
  able to manage their health with insurance prior to becoming pregnant, birth
  outcomes would improve.
- There are residents who are not able to afford health insurance due to a lack of employment opportunities.
- Specialty care is not always available (i.e., pediatric neurosurgery, pediatric cardiology, endocrinology, trauma unit, diagnostics and treatment). There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients, and residents that live in communities with the highest rates of poverty.
- Transportation was discussed as a barrier to accessing health services for residents in Eastbank communities with the highest poverty rates.
- There is limited follow up for Medicaid populations that seek care in the hospital.
- Leaders discussed the need for care coordination for residents related to ensuring
  patients have access to treatment methods prescribed by the physician (i.e.,
  medications, healthy nutrition, etc.) and providers following up with patients to
  improve implementation of treatment recommendations.

#### **BEHAVIORAL HEALTH AND SUBSTANCE ABUSE:**

Behavioral health and substance abuse services were discussed at the community forum. Community leaders focused their discussions primarily on the stigma associated with behavioral health diagnoses, the limited number of providers, and the need for care coordination.

### **Contributing Factors:**

- There is a stigma associated with behavioral health diagnoses, which causes residents to resist seeking diagnosis and treatment.
- There are gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. Services that were noted as being inadequate in Eastbank communities were school-based screening and treatment of behavioral health issues in youth, early intervention services, inpatient services for adults and youth, and outpatient services for adults and youth. There was also discussion around the need for behavioral health providers that are both culturally competent and reflective of the cultures and languages spoken by residents in Eastbank communities (i.e., Spanish and Vietnamese dialects).
- Leaders discussed a fractured behavioral health system where residents are not seeking and receiving effective ongoing behavioral health and/or substance abuse treatment. Residents may be seen in the emergency room for crisis behavioral health and then have little follow up afterward. Care coordination is needed among behavioral health providers, substance abuse providers, and physical health providers.

#### **RESOURCE AWARENESS AND HEALTH LITERACY:**

Community leaders discussed resource awareness and health literacy as a top health priority. Community leaders focused their discussions primarily on awareness of the health resources that exist, system navigation issues, the education of vulnerable populations, and language barriers.

#### **Contributing Factors:**

- There is a need to ensure outreach and education is culturally competent and
  offered in a variety of languages and dialects to ensure residents of a variety of
  cultures and those with limited English speaking skills are able to receive and
  understand the information.
- Leaders discussed the need to provide culturally competent services to residents that may be undocumented. Such services would include consideration of linguistic needs and fears/needs related to legal status.

- Residents do not always have access to healthy nutrition. When residents have
  access to health foods they are not always aware of how to prepare food in healthy
  ways. Leaders discussed the lack of outreach in areas of poverty providing both
  access to healthy foods and awareness about healthy preparation of foods.
- Leaders felt that there is a general lack of health and wellness promotion in some Eastbank communities related to obesity, diabetes, smoking, etc.
- Leaders discussed that there are many health resources in communities, but residents do not always know the location and the type of health services that are available at each provider, to meet individual needs.
- Socio-economic status may pose additional challenges to residents navigating available resources. For example, there are specific physicians that accept Medicaid insurance however; many healthcare professionals do not accept new patients with Medicaid coverage.
- Residents are not always being assessed to determine their level of understanding and health literacy.

# **Secondary Data**

Tripp Umbach worked collaboratively with the Touro Infirmary CHNA oversight committee to develop a secondary data process focused on three phases: collection, analysis and evaluation. Tripp Umbach obtained information on the demographics, health status and socio-economic and environmental factors related to the health and needs of residents from the multi-community service area of Touro Infirmary. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to demographic data, specific attention was focused on two key community health index factors: Community Need Index (CNI) and Prevention Quality Indicators Index (PQI). Tripp Umbach provided additional comparisons and trend analysis for CNI data from 2012 to present.

# **Demographic Data**

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the **Touro Infirmary** Study Area. The Touro Infirmary Study Area is defined to include the 16 zip codes across 2 parishes; for comparison purposes the Touro Infirmary Study Area looks to compare to Orleans Parish (the parish with the largest number of zip codes that make up the study area).

Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

#### <u>Demographic Profile – Key Findings:</u>

- The Touro Infirmary Study Area encompasses 399,840 residents.
- Orleans Parish encompasses 392,762 residents.
- From 2015 to 2020 the Touro Infirmary Study Area is projected to experience the largest percentage change in population with a 9.5% increase (37,930 people).
- All of the study area is projected to have population growth in 2020.
- The gender breakdown for the study area is generally consistent across the study area parish and similar to state and national norms.
- The Touro Infirmary Study Area and Orleans Parish both report a rate of 12.6% for the population of residents aged 65 and older.
- The Touro Infirmary Study Area reports the highest White, Non-Hispanic population percentage at 33.2%; this is much lower than state (59.1%) and national norms (61.8%).
- Orleans Parish reports the highest Black, Non-Hispanic population across the study area at 58.7%. The Touro Infirmary Study Area reports the second highest percentage at 57.0%.

- The study area as well as Orleans Parish report lower rates of Hispanic residents as compared with the country (17.6%). The Touro Infirmary Study Area reports the highest Hispanic population rate at 5.7% compared with Orleans Parish and the state.
- Orleans Parish reports the highest rate for the study area of residents with 'Less than a high school' degree (4.8%); this is lower than the state (6.1%) and national (5.9%) rates.
- Orleans Parish reports the highest rate of residents with a Bachelor's degree or higher with 33.3%; this is higher than state (21.7%) and national (28.9%) norms.
- Orleans Parish reports the lowest average annual household income for the study area at \$59,059, followed closely by the Touro Infirmary Study Area at \$59,283.
- Orleans Parish and the Touro Infirmary Study Area both report high rates of households that earn less than \$15,000 per year (25.8% and 24.9% respectively); in other words, more than a 1 in every 4 residents of these areas have household incomes less than \$15,000 per year.

# **Community Needs Index (CNI)**

In 2005, Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).<sup>7</sup> CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to healthcare access. Because the CNI considers multiple factors that are known to limit healthcare access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

#### 1. Income Barrier

- a. Percentage of households below poverty line, with head of household age 65 or more
- b. Percentage of families with children under 18 below poverty line
- c. Percentage of single female-headed families with children under 18 below poverty line

#### 2. Cultural Barrier

a. Percentage of population that is minority (including Hispanic ethnicity)

<sup>&</sup>lt;sup>7</sup> Truven Health Analytics, Inc. 2015 Community Need Index.

- b. Percentage of population over age 5 that speaks English poorly or not at all
- 3. Education Barrier
  - a. Percentage of population over 25 without a high school diploma
- 4. Insurance Barrier
  - a. Percentage of population in the labor force, aged 16 or more, without employment
  - b. Percentage of population without health insurance
- 5. Housing Barrier
  - a. Percentage of households renting their home

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

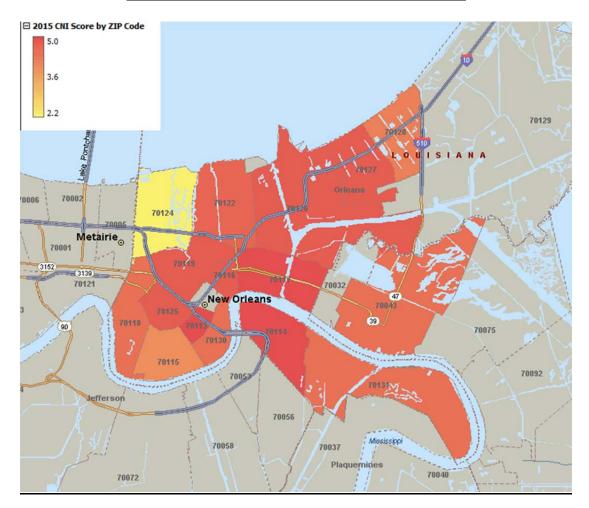


Figure 8. Touro Infirmary Study Area 2015 CNI Map

Across the 16 Touro Infirmary study area zip codes:

- √ 8 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to healthcare access (red, positive values)
- √ 4 remained the same from 2011 to 2015
- √ 4 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to healthcare access (green, negative values)

Zip code area 70131 – New Orleans experienced the largest rises in CNI score (going from 3.4 to 4.4); while 70115 – New Orleans experienced the largest decline in CNI score (going from 4.6 to 4.0).

Table 4. Touro Infirmary - 2015 CNI Detailed Data

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Un- employed	Un- insured	Renting
70113	New Orleans	5.0	36.0%	56.3%	60.9%	1.0%	85.5%	28.8%	23.8%	42.0%	78.3%
70114	New Orleans	5.0	24.4%	39.6%	60.3%	2.2%	82.0%	20.6%	15.3%	27.9%	56.7%
70117	New Orleans	5.0	29.5%	46.8%	63.6%	0.6%	78.5%	22.0%	14.3%	31.9%	50.6%
70116	New Orleans	4.8	19.7%	54.7%	65.9%	1.2%	56.3%	16.5%	14.2%	24.8%	67.3%
70119	<b>New Orleans</b>	4.8	25.4%	48.3%	66.8%	3.4%	70.7%	19.2%	15.4%	31.1%	67.0%
70125	New Orleans	4.8	22.3%	40.4%	54.1%	0.8%	67.2%	14.8%	14.4%	25.4%	55.0%
70126	<b>New Orleans</b>	4.8	11.8%	46.4%	55.3%	1.0%	95.3%	18.4%	16.2%	29.5%	45.5%
70127	New Orleans	4.8	21.7%	44.5%	65.2%	1.2%	97.7%	15.1%	14.5%	30.6%	49.3%
70122	New Orleans	4.6	15.8%	27.9%	42.4%	0.8%	86.8%	14.1%	14.1%	25.2%	38.3%
70043	Chalmette	4.4	7.4%	22.9%	48.0%	2.4%	36.4%	17.0%	10.8%	17.1%	42.3%
70118	New Orleans	4.4	18.6%	25.3%	42.2%	0.9%	45.5%	11.7%	10.5%	23.1%	54.6%
70130	New Orleans	4.4	24.5%	30.6%	71.3%	0.9%	39.2%	11.1%	8.3%	21.1%	68.2%
70131	New Orleans	4.4	11.9%	24.3%	51.3%	1.9%	74.4%	12.9%	10.2%	17.5%	42.1%
70128	New Orleans	4.2	16.3%	30.0%	52.2%	1.8%	97.9%	12.6%	11.9%	23.0%	31.2%
70115	New Orleans	4.0	14.9%	22.7%	43.7%	1.3%	37.0%	9.6%	10.6%	18.8%	56.3%
70124	New Orleans	2.4	11.2%	4.5%	13.2%	1.4%	16.3%	3.7%	4.0%	10.1%	31.9%

For the study area there are 3 zip code areas with CNI scores of 5.0, indicating significant barriers to healthcare access. These zip code areas are: 70113, 70114, and 70117 – New Orleans.

- Zip code area 70113 in New Orleans reports the highest rates for the study area for: residents aged 65 or older living in poverty (36.0%), married parents with children living in poverty (56.3%), residents without a high school diploma (28.8%), unemployed residents (23.8%), uninsured residents (42.0%), and residents renting (78.3%).
- Zip code area 70119 in New Orleans reports the highest rates of residents with limited English proficiency (3.4%).
- Zip code area 70130, also, in New Orleans, reports the highest rate of single with children living in poverty (71.3%).

• 97.9% of zip code area 70128 in New Orleans identify themselves as a minority; this is the highest for the study area.

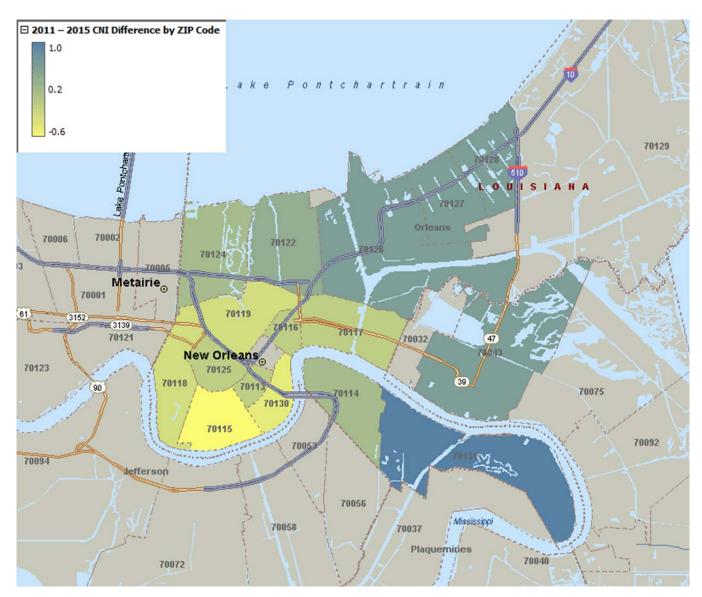
On the other end of the spectrum, the lowest CNI score for the study area is 2.4 in New Orleans.

- Zip code area 70117 in New Orleans reports the lowest rates of residents with limited English proficiency (0.6%).
- Zip code area 70043 in Chalmette reports only 7.4% of their population as aged 65 and older living in poverty.
- Zip code area 70128 in New Orleans reports the lowest rate of residents renting at 31.2%.
- Zip code area 70124 in New Orleans reports the lowest rates in the study area for: residents married with children living in poverty (4.5%), single residents with children living in poverty (13.2%), residents identifying as a minority (16.3%), residents without a high school diploma (3.7%), unemployed residents (4.0%), and uninsured residents (10.1%).

5
4
3
2
1
Touro Infirmary
Study Area

**Chart 8. Overall CNI Values - Touro Infirmary and Orleans Parish** 

Figure 10. CNI Trending - Touro Infirmary Study Area 2011 - 2015 CNI Difference Map



The available data behind the rankings illustrates the supporting data for each CNI ranking.

Table 5. CNI Trending - Touro Infirmary - 2011 to 2015 CNI Comparison

Zip	Community Name	Parish	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. 2011 – 2015
70113	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0
70114	New Orleans	Orleans Parish	5	5	5	5	5	5.0	4.8	+ 0.2
70117	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0
70116	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70119	New Orleans	Orleans Parish	5	5	4	5	5	4.8	5.0	- 0.2

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70125	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70126	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+ 0.6
70127	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+ 0.6
70122	New Orleans	Orleans Parish	4	5	4	5	5	4.6	4.2	+ 0.4
70043	Chalmette	St. Bernard Parish	4	4	4	5	5	4.4	3.8	+ 0.6
70118	New Orleans	Orleans Parish	4	5	3	5	5	4.4	4.6	- 0.2
70130	New Orleans	Orleans Parish	5	4	3	5	5	4.4	4.8	- 0.4
70131	New Orleans	Orleans Parish	4	5	3	5	5	4.4	3.4	+ 1.0
70128	New Orleans	Orleans Parish	4	5	3	5	4	4.2	3.6	+ 0.6
70115	New Orleans	Orleans Parish	4	4	2	5	5	4.0	4.6	- 0.6
70124	New Orleans	Orleans Parish	1	3	1	3	4	2.4	2.2	+ 0.2

A total of 15 of the 16 zip code areas (93.8%) for the Touro Infirmary study area fall above the median score for the scale (3.0). Being above the median for the scale indicates that these zip code areas have more than average the number of barriers to healthcare access.

# Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)<sup>8</sup>

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations. The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators.

The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. The index measures number of residents living in the hospital service area, which are hospitalized for one of the following reasons (note: this does not indicate that the hospitalization took place at Touro Infirmary). Lower index scores represent fewer admissions for each of the PQIs.

#### **PQI Subgroups:**

1. Chronic Lung Conditions

Community Health Needs Assessment

- ✓ PQI 5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40+) Admission Rate<sup>9</sup>
- ✓ PQI 15 Asthma in Younger Adults Admission Rate<sup>10</sup>

<sup>8</sup> PQI and PDI values were calculated including all relevant zip-code values from Louisiana; Mississippi data could not be obtained and was therefore not included.

<sup>&</sup>lt;sup>9</sup> PQI 5 for past study was COPD in 18+ population; PQI 5 for current study is now restricted to COPD and Asthma in 40+ population

#### 2. Diabetes

- ✓ PQI 1 Diabetes Short-Term Complications Admission Rate
- ✓ PQI 3 Diabetes Long-Term Complications Admission Rate
- ✓ PQI 14 Uncontrolled Diabetes Admission Rate
- ✓ PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

#### 3. Heart Conditions

- ✓ PQI 7 Hypertension Admission Rate
- ✓ PQI 8 Congestive Heart Failure Admission Rate
- ✓ PQI 13 Angina Without Procedure Admission Rate

#### 4. Other Conditions

- ✓ PQI 2 Perforated Appendix Admission Rate<sup>11</sup>
- ✓ PQI 9 Low Birth Weight Rate<sup>12</sup>
- ✓ PQI 10 Dehydration Admission Rate
- ✓ PQI 11 Bacterial Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate

Table 5. Prevention Quality Indicators (PQI) Touro Infirmary / LA / U.S.A. 2015									
Prevention Quality Indicators (PQI)	Touro Infirmary Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Touro Infirmary Study Area – LA Diff.	Touro Infirmary Study Area – U.S.A. Diff.				
Chronic Lung Conditions	Chronic Lung Conditions								
COPD or Adult Asthma (PQI5)	426.23	531.03	495.71	- 104.80	- 69.48				
Asthma in Younger Adults (PQI15)	37.78	42.83	46.02	- 5.05	- 8.24				
Diabetes									
Diabetes Short-Term Complications (PQI1)	115.05	98.10	63.86	+ 16.95	+ 51.19				
Diabetes Long-Term Complications (PQI3)	135.09	126.06	105.72	+ 9.03	+ 29.37				
Uncontrolled Diabetes (PQI14)	9.18	15.57	15.72	- 6.39	- 6.54				
Lower Extremity Amputation Among Diabetics (PQI16)	15.11	12.74	16.50	+ 2.37	- 1.39				
Heart Conditions									
Hypertension (PQI7)	44.60	46.06	54.27	- 1.46	- 9.67				
Congestive Heart Failure (PQI8)	365.55	404.11	321.38	- 38.56	+ 44.17				

<sup>&</sup>lt;sup>10</sup> PQI 15 for past study was Adult Asthma in 18+ population; PQI 15 for current study is now restricted to Asthma in 18-39 population ("Younger").

<sup>&</sup>lt;sup>11</sup> PQI 2 changed from Perforated Appendix in Males 18+ for the past study to Perforated Appendix in Total 18+ population as a rate per 1,000 ICD-9 code admissions for appendicitis. This shift has changed the values for this measure drastically and therefore, Tripp Umbach did not adjust.

<sup>&</sup>lt;sup>12</sup> Although not clearly explained by the AHRQ, it would seem that a definition of Newborn population has shifted for PQI 9 because the values are drastically lower in 2014 than in previous years (2011). This has shifted PQI 9 values drastically. Tripp Umbach did not adjust.

Table 5. Prevention Quality Indicators (PQI) Touro Infirmary / LA / U.S.A. 2015										
Prevention Quality Indicators (PQI)	Touro Infirmary Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Touro Infirmary Study Area – LA Diff.	Touro Infirmary Study Area – U.S.A. Diff.					
Angina Without Procedure (PQI13)	6.03	13.74	13.34	- 7.71	- 7.31					
Other Conditions										
Perforated Appendix (PQI2)	411.48	322.43	323.43	+ 89.05	+ 88.05					
Low Birth Weight (PQI9)	109.85	86.51	62.14	+ 23.34	+ 47.71					
Dehydration (PQI10)	75.78	124.53	135.70	- 48.75	- 59.92					
Bacterial Pneumonia (PQI11)	155.94	305.80	248.19	- 149.86	- 92.25					
Urinary Tract Infection (PQI12)	146.59	209.39	167.01	- 62.80	- 20.42					

#### **Key Findings from 2015 PQI Data:**

- The PQI measures in which the study area reports higher preventable admission rates than the state of Louisiana is for:
  - ✓ Diabetes, Short-Term Complications
  - ✓ Diabetes, Long-Term Complications
  - ✓ Lower Extremity Amputation Among Diabetics
  - ✓ Perforated Appendix
  - ✓ Low Birth Weight
- When comparing the PQI data to the national rates, the study area reports higher preventable hospital admissions for:
  - Diabetes, Short-Term Complications
  - Diabetes, Long-Term Complications
  - ✓ Congestive Heart Failure
  - Perforated Appendix
  - ✓ Low Birth Weight
- There are also a number of PQI measures in which the Touro Infirmary Study Area and Orleans Parish report lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:
  - ✓ COPD or Adult Asthma
  - Asthma in Younger Adults
  - ✓ Uncontrolled Diabetes
  - Lower Extremity Amputation among Diabetics
  - √ Hypertension
  - ✓ Angina Without Procedure
  - Dehydration
  - ✓ Bacterial Pneumonia

✓ Urinary Tract Infection

#### **Pediatric Quality Indicators Overview**

The Pediatric Quality Indicators (PDIs) are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level.

Development of quality indicators for the pediatric population involves many of the same challenges associated with the development of quality indicators for the adult population. These challenges include the need to carefully define indicators using administrative data, establish validity and reliability, detect bias and design appropriate risk adjustment, and overcome challenges of implementation and use. However, the special population of children invokes additional, special challenges. Four factors—differential epidemiology of child healthcare relative to adult healthcare, dependency, demographics, and development—can pervade all aspects of children's healthcare; simply applying adult indicators to younger age ranges is insufficient.

This PDIs focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals, and on preventable hospitalizations among pediatric patients.

The PDIs apply to the special characteristics of the pediatric population; screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the provider level or area level; and, help to evaluate preventive care for children in an outpatient setting, and most children are rarely hospitalized.

#### PDI Subgroups:

- ✓ PDI 14 Asthma Admission Rate (per 100,000 population ages 2 17)
- ✓ PDI 15 Diabetes, Short-Term Complications Admission Rate (per 100,000 population ages 6 17)
- ✓ PDI 16 Gastroenteritis Admission Rate (per 100,000 population ages 3 months 17 years)
- ✓ PDI 17 Perforated Appendix Admission Rate (per 1,000 admissions ages 1 17)
- ✓ PDI 18 Urinary Tract Infection Admission Rate (per 100,000 population ages 3 months 17 years)

#### **Key Findings from PDI Data:**

- Orleans Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 223.44 per 100,000 population; almost double the national rate of 117.37.
- The Touro Infirmary Study Area reports the highest rates of diabetes, short-term complications for those aged 6 to 17 years old for the study area at 45.89 per 100,000 population; this rate is higher than the national rate of 23.89.
- The Touro Infirmary Study Area reports the highest rate of gastroenteritis for the study area at 17.07 per 100,000 population aged 3 months to 17 years; Orleans Parish and the state fall below the national rate of 47.28.
- The Touro Infirmary Study Area reports the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 397.26 per 100,000 admissions.
- The Touro Infirmary Study Area is the only parish to report a value higher than the national rate of preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years with 17.81 per 100,000 population being admitted while the national rate stands at 29.64.

# **Community Commons Data**

Tripp Umbach gathered data from Community Commons related to social and economic factors, physical environment, clinical care, and health behaviors for the parishes of interest for the Touro Infirmary CHNA.<sup>13</sup> The data is presented in the aforementioned categories below.

#### **Social and Economic Factors**

#### Free/Reduced Price Lunch Eligible

 Orleans Parish reports the highest rate of public school students who are eligible for free or reduced lunch eligible and has seen a decline in this rate (81.02%).

#### **Food Insecure Population**

 This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

<sup>&</sup>lt;sup>13</sup> Community Commons. <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a> Accessed 06/08/2015.

 Orleans Parish reports higher food insecurity rates than the state of Louisiana at 22.33% of the population.

#### **Graduation Rate**

- This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).
- Orleans Parish reports the highest overall graduation rate throughout the study area at 89.0%; this is higher than state (73.4%) and national (82.2%) rates.
- The Healthy People 2020 target for on-time graduation is 82.4% Orleans Parish and the state fall below this goal.

#### **Households with No Motor Vehicle**

Orleans Parish reports the highest rate of households with no motor vehicle (18.48%).
 Orleans Parish includes the City of New Orleans which has more public transportation options for residents.

#### **Cost Burdened Households**

- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.
- Orleans Parish reports a higher percentage of cost-burdened households as compared with the nation at 45.07% and the highest rate for the study area; the national average is 35.47%.

#### **Public Assistance**

- This indicator reports the percentage households receiving public assistance income.
   Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.
- Orleans Parish reports lower rates of households receiving public assistance income than the rates seen for the country (2.82%).
- Orleans Parish reports a higher rate of households receiving public assistance than the state at 1.93%.
- Orleans Parish reports a lower average amount of public assistance received by households at \$2,491 than the state or country (\$3,055 and \$3.807 respectively).

#### **SNAP Benefits**

- Orleans Parish reports the highest rate of households receiving SNAP benefits across the study area at 20.70%.
- The African American / Black population of Orleans Parish reports a high rate of receiving SNAP benefits at 31.5%.
- The American Indian / Alaska Native, African-American / Black, and Multiple race populations of the study area see some of the highest rates of receiving SNAP benefits. The Non-Hispanic White, Asian, and Hispanic/Latino populations report some of the lowest rates of receiving SNAP benefits for the study area.

#### **Households Receiving SNAP Benefits, Disparity Index**

- The Index of Disparity (ID) measures the magnitude of variation in indicator percentages
  across population groups. Specifically, the index of disparity is defined as "the average
  of the absolute differences between rates for specific groups within a population and
  the overall population rate, divided by the rate for the overall population and expressed
  as a percentage".
- The study area parish of Orleans reports "High Disparity" in households receiving SNAP benefits (Disparity Index score of 45.64); the country reports the highest SNAP Benefits Disparity Index score for the study area at 62.62.

#### **Medicaid**

- Orleans Parish reports the highest rate of Insured Residents Receiving Medicaid at 31.12%; this rate is higher than state (25.70%) and national (20.21%) rates.
- The population under the age of 18 receives the highest rates of Medicaid assistance across all of the study area regions.
- Orleans Parish reports the highest rate of residents aged 65 and older receiving Medicaid (24.01%) compared with the state and country.

#### <u>Insurance</u>

- Orleans Parish reports the highest rate of uninsured adults for the study area at 26.3%; this rate is higher than state (25.0%) and national (20.8%) norms.
- Orleans Parish has experienced drastic declines in its rates of uninsured adults going from a high of 32.20% in 2009 to its lowest rate in the most recent data year of 2012 reporting 26.30%.
- Orleans Parish reports a rate of 5.0% for uninsured children.
- The state of Louisiana reports lower rates of uninsured children as compared with the with the country (7.5%)
- From 2011 to 2012, Orleans Parish reported declines in the rates of uninsured children.

#### **Uninsured Population**

- For the study area, men are more likely to be uninsured than women.
- Those aged 18 64 are more likely to be uninsured as compared with those under 18 or those 65 and older.
- Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts.
- 70% of the Native Hawaiian or Pacific Islander population in Orleans Parish is uninsured.
- Residents reporting "Some other race", for the majority of the study area, state, and nation have the highest rates of being uninsured.

#### **Social Support**

• Orleans Parish exhibits the highest rate of residents with a lack of social or emotional support at 24.50% of the population; this is higher than state (21.7%) and national (20.68%) norms.

#### **Poverty**

- Orleans Parish shows the highest rate of population that is living below the federal poverty level (100% FPL) at 27.34% of the population; this is higher than state (19.08%) and national (15.37%) norms.
- Across all of the study area regions, women are more likely than men to be living in poverty.
- 29.53% of female residents of Orleans Parish are living in poverty; this is higher than state (21.35%) and national (16.57%) rates.
- In general, the Hispanic/Latino population is living in poverty at higher rates than their counterparts. However, in Orleans Parish this is reversed; 27.42% of the Not Hispanic/Latino population is living in poverty compared to 26.01% of the Hispanic/Latino population.
- The Native Hawaiian or Pacific Islander populations of Orleans Parish experiences some of the highest rates of living in poverty as compared with the state and country (80.89%).
- For populations living below 100% of the federal poverty level, Orleans Parish reported the highest rate. For populations living below 200% of the federal poverty level Orleans Parish also reports the highest rate at 48.41%, as compared to state (38.59%) and national (34.23%) norms.

#### **Children in Poverty**

 More than 40% of the children and adolescents (under 18) in Orleans Parish are living in poverty (below 100% FPL).

- Male and female children tend to live in poverty at similar rates in the study area.
- Similar to gender, the ethnicity of a child varies in whether or not it is related to living in poverty or not. For adults, the Hispanic/Latino population is more likely to live in poverty than their counterparts; however, for children, Orleans Parish reports higher rates of poverty in the Non-Hispanic population (40.71%).
- The Native Hawaiian or Pacific Islanders in Orleans Parish report that 100% of their population is living in poverty.
- After Native Hawaiian / Pacific Islander and Native American / Alaska Native populations, the African-American / Black population sees some of the highest rates of poverty across the study area.
  - ✓ 63.68% of the Native American / Alaska Native population of Orleans Parish is living in poverty.
- Similar to children living in poverty below the 100% FPL, Orleans Parish reports the highest rate of children living below 200% of the federal poverty level as well (62.42%).

#### **Teen Birth Rate**

- Orleans Parish reported slight rises in the teen birth rates from the 2005-2011 5-year estimate census to the 2006-2012 5-year estimate census.
- Orleans Parish reports the lowest teen birth rate among Non-Hispanic White girls (8.2 per 1,000 pop.).
- Orleans Parish reports a teen birth rate among Non-Hispanic Black girls that is higher than the country but below the state (57.3 per 1,000 pop.).
- Orleans Parish reports a lower teen birth rate among Hispanic/Latino girls than the state or country (59.7 per 1,000 pop.).

#### **Unemployment Rate**

- Orleans Parish, the state, and the country have seen recent declines in the rate of unemployment from 2010-2013.
- For the most current reported data, Orleans Parish has seen a slight rise in unemployment rate by month at 6.7% in March 2015, up from 6.6% in Feb 2015 (LA = 6.4%, USA = 5.6%).

#### **Violent Crime**

• Orleans Parish reports the highest violent crime rate across the study area at 789.05 per 100,000 population. This rate is higher than state (532.9) and national (395.5) rates.

#### **Physical Environment**

#### **Fast Food**

• In 2013, Orleans Parish reported the highest rate of fast food restaurants per population at 91.91 per 100,000 pop; this rate is higher than state (71.56) and national (72.74) norms.

#### **Grocery Stores**

• In 2013, Orleans Parish reported 42.17 per 100,000 population for grocery store establishments; this is higher than both state (21.88) and national (21.2) norms.

#### **Recreation and Fitness Facilities**

• In 2013, Orleans Parish reported the highest rate of recreation and fitness facilities per population at 10.76 per 100,000 pop.; this rate is higher than state (9.6) and national (9.72) norms.

#### **Housing**

- Orleans Parish reports lower rates of HUD-Assisted housing units per 10,000 units than the national rate of 1468.19.
- Orleans Parish reports the highest rate for the study area at 1,450.06 per 10,000 units.
- Housing Unit Age (below) This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed.
- Orleans Parish has the highest median housing age at 58 years old.
- Orleans Parish reports the highest rate of overcrowded housing at 6.9%; this is higher than state (3.96%) and national (4.21%) norms.
- Orleans Parish reports the highest rate, for the study area, of housing units with substandard conditions (45.68%). The state rate is 30.09% and the national rate is 36.11%.
- Orleans Parish reports the highest rate of housing units lacking complete plumbing facilities at 0.81% (LA = 0.54%, USA = 0.49%).
- Orleans Parish reports the highest rate of housing units lacking complete kitchen facilities at 10.46% (LA = 4.66%, USA = 3%).
- Orleans Parish reports the highest rate, by far, of housing units lacking telephone facilities at 4.41% (LA = 2.91%, USA = 2.44%).
- Orleans Parish reports the highest rate of vacant housing for the study area at 21.95%; this is higher than state (13.5%) and national (12.45%) norms.

#### **Low Food Access**

• The low-income populations of Orleans Parish experience the highest rates of low food access (12.54%). This rate is higher than rates seen for the state (10.82%) and nation (6.27%).

- Orleans Parish experiences the lowest rate of population with low or no healthy food access; this parish has a disparity index of 12.98 compared to 19.31 for the state of Louisiana and a national rate of 16.59.
- Within the parish of Orleans, the Non-Hispanic Black population experiences the highest rate of low food access (80.1%), followed by the Non-Hispanic Asian population and the Non-Hispanic Other population (78.9%), and the Multiple Race population (70.0%).
- Orleans Parish has the highest rate of SNAP-Authorized retailers for the study area at 106.16 per 100,000 population; this is higher than the national rate of 78.44.
- Orleans Parish has the highest rate of WIC-Authorized retailers for the study area at 18.3 per 100,000 population. This rate is higher than the state (15.7) and country (15.6).
- Orleans Parish reports the highest rate of residents using public transportation to commute to work (7.06%); higher than state (1.30%) and national (5.01%) norms. This can be attributed to the urban nature of Orleans Parish including the City of New Orleans.

#### **Clinical Care**

#### **Primary Care Physicians**

- Orleans Parish reports a low number of physicians across the study area at 323; the state of Louisiana reports 2,960.
- Orleans Parish has the highest primary care physician (PCP) rate per 100,000 population at 143.26 in 2012.

#### **Dentists**

- Orleans Parish reports a low number of dentists across the study area at 238 as compared with the state of Louisiana (2,341).
- Orleans Parish has a higher dentist rate per 100,000 population at 62.84 in 2013 than the state (50.61).

#### **Mammogram – Medicare Enrollees**

 Orleans Parish has seen a decline in the rates of women with Medicare receiving a mammogram. In 2012, Orleans Parish reports 59.76% of females with Medicare receiving a mammogram; this means that almost half of this population is not receiving this test.

#### <u>Cancer Screening – Pap Test</u>

- The state of Louisiana reports 78.1% of their population as having received a Pap Test; this rate is slightly lower than the national rate of 78.48%.
- Orleans Parish reports the highest rate of female residents aged 18 and older receiving a Pap Test at 80.90%.

#### Cancer Screening - Sigmoidoscopy or Colonoscopy

- 61.34% of the national age-appropriate population (aged 50 and older) receives a sigmoidoscopy or colonoscopy; across the state of Louisiana only 54.5% receive this screening.
- Orleans Parish reports a rate of residents receiving a sigmoidoscopy or colonoscopy at 55.90%.

#### **HIV/AIDS**

- The national rate of the population that has never been tested for HIV/AIDS is 62.79%;
   in Louisiana it is 56.23% have never been tested.
- Orleans Parish reports 38.24% of the population having never been tested for HIV/AIDS.

#### **Pneumonia Vaccine**

 Orleans Parish reports the lowest rate of residents receiving the pneumonia vaccination at 61.80%.

#### **Diabetes Screening**

• The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. Orleans Parish reports the lowest at 76.8%.

#### **High Blood Pressure**

- Orleans Parish reports lower rates of adult residents with high blood pressure who are not taking their medication than the national average; the national rate being 21.74%.
- Orleans Parish reports the highest rate of adult residents with high blood pressure not taking their medication for the study area at 17.3%.

#### **Dental Exam**

 Orleans Parish reports the highest rate for adults not receiving a dental exam at 38.46% the national rate is 30.15%.

#### **Federally Qualified Health Centers (FQHCs)**

• Orleans Parish reports the highest rate of FQHCs per population at 3.78 per 100,000; this is higher than the state (2.1) and nation (1.92).

#### **Regular Doctor**

- Across the country, 22.07% of residents report not having a regular doctor (77.93% have a regular doctor); in Louisiana the rate is 24.09%.
- Orleans Parish reports the highest rate of residents who do not have a regular doctor at 30.06%.

#### Population Living in an HPSA (Health Professional Shortage Area)

• Orleans Parish is a healthcare professional shortage area (HPSA) designated parish; therefore 100% of their populations live in an HPSA designated area.

#### **Health Behaviors**

#### **Leisure Time Physical Activity**

- Orleans Parish and the state of Louisiana report higher rates than the national norms for population who do not partake in leisure time physical activity.
- Men consistently report lower rates of not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.
- Orleans Parish, currently with the lowest rate for the study area of population not partaking in leisure time physical activity, has seen a somewhat steady drop in this rate since 2010.

#### **Fruit/Vegetable Consumption**

• Orleans Parish and the state of Louisiana report higher rates than the national rate (75.6%) for adults not eating enough fruits and vegetables.

#### **Excessive Drinking**

• The national rate of adults drinking excessively is 16.94%; Orleans Parish reports a higher rate of 19.60%.

#### **Smoking**

- 20% of the Orleans Parish population reports as smoking cigarettes; this rate is higher than the national average of 18.08% but lower than the state rate of 21.9%.
- Orleans Parish reports a high rate of adults trying to quit smoking in the past 12 months at 65.06%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.

#### **Health Outcomes**

#### Depression

- The state of Louisiana reports a higher rate of residents with depression (15.66%) than the country (15.45%).
- Orleans Parish reports the lowest rate of residents with depression within the study area at 15.08%.

#### **Diagnosed Diabetes**

- Orleans Parish reports the highest rate of residents with diagnosed diabetes (11.90%); this is higher than both the state (11.53%) and national (9.11%) rates.
- Men have higher rates of being diagnosed with diabetes than women for the study area.
- 12.40% of the Orleans Parish male population reports being diagnosed with diabetes.
- The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for the study area.
- Looking specifically at the Medicare population, Orleans Parish also reports the highest rate of diagnosed diabetes at 28.26%; the national rate being 27.03%.

#### **High Cholesterol**

- Orleans Parish reports the lowest rate of residents with high cholesterol at 37.29%.
- Looking specifically at the Medicare population, Orleans Parish reports the lowest rate of residents with high cholesterol at 34.89%; the national rate being 44.75%.

#### **Heart Disease**

- Orleans Parish reports the lowest rate of residents who have heart disease (3.62%); the national rate is 4.40%.
- Looking specifically at the Medicare population Orleans Parish also has the lowest rate at 22.66%; the national rate being 28.55%.

#### **High Blood Pressure**

- Orleans Parish reports the highest rate of residents who have high blood pressure (37.60%); this rate is higher than the national rate of 28.16%.
- Looking specifically at the Medicare population, Orleans Parish continues to report a higher rate of residents with high blood pressure than the nation at 57.36%.
- The state of Louisiana reports a rate higher of adults with high blood pressure (61.83%) than the nation and Orleans Parish.

#### **Overweight and Obese**

- Orleans Parish reports the highest rate of residents who are overweight (34.93%); this rate is lower than the national rate of 35.78%.
- Orleans Parish reports a rate higher than the nation for adult obesity at 32%; the national rate is 27.14%.
- Women are more likely to be overweight than men for the parish of Orleans 34.80% vs. 28.80%).
- On a national level, men are more likely to be obese than women (27.7% vs. 26.59%).
- The rates of obesity in the study area and nationally have seen steady rises over the years.

#### <u>Asthma</u>

• Orleans Parish reports the highest rate of adults with asthma for the study area at 12.55%; this is lower than the national rate of 13.36%.

#### **Dental Health**

• Orleans Parish reports the highest rate of adults with poor dental health for the study area at 17.93%; this is higher than the national rate of 15.65%.

#### **Poor Health**

• Both Orleans Parish and the state of Louisiana report higher rates of poor general health than the national rate of 15.74%.

#### **Chlamydia Infection**

• Orleans Parish reports a substantially higher rate of chlamydia infection than the study area state and country at 1,654.9 per 100,000 population in 2011. The national chlamydia rate is 454.1 per 100,000 population.

#### **Gonorrhea Infection**

• Similar to chlamydia infection, Orleans Parish reports a substantially higher rate of gonorrhea infection than the study area state and country at 476.2 per 100,000 population in 2011. The national chlamydia rate is 103.09 per 100,000 population.

#### **HIV/AIDS**

- The Non-Hispanic Black population is the population that sees the highest rates of HIV/AIDS.
- Orleans Parish specifically sees the highest rates of HIV/AIDS for the study area;
   2,141.97 per 100,000 Non-Hispanic Black population has HIV/AIDS, 1,548.29 per 100,000 Non-Hispanic White, and 1,305.15 per 100,000 Hispanic/Latino population.
- From 2008 to 2010, Orleans Parish has seen a slight decline in its HIV/AIDS rate.

#### **Breast Cancer**

- Orleans Parish reports the highest incidence rate of breast cancer for the study area at 131 per 100,000 population; this is higher than the national rate of 122.7 per 100,000 pop.
- The Healthy People 2020 goal is for breast cancer incidence to be less than or equal to 40.9 per 100,000 population; Orleans Parish and the state of Louisiana report rates more than double this goal.
- The African-American / Black population of Orleans Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (132.5 per 100,000 pop.).

#### **Cervical Cancer**

- Orleans Parish reports the highest incidence rate of cervical cancer for the study area at 10.3 per 100,000 population; this is higher than the national rate of 7.8 per 100,000 pop.
- The Healthy People 2020 goal is for cervical cancer incidence to be less than or equal to 7.1 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.

#### **Colon and Rectum Cancer**

- Orleans Parish reports a high incidence rate of colon and rectal cancer for the study area at 48.6 per 100,000 population; this is higher than the national rate of 43.3 per 100,000 pop.
- The Healthy People 2020 goal is for colon and rectal cancer incidence to be less than or equal to 38.7 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.
- The African-American / Black population reports higher rates of colon and rectal cancer incidence as compared with other racial groups for the study area, the state, and nationally.

#### **Lung Cancer**

- Orleans Parish reports the highest incidence rate of lung cancer for the study area at 67.8 per 100,000 population; this value is higher than the national rate of 64.9 per 100,000 pop.
- The African-American / Black population in Orleans Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (82.5 per 100,000 pop.).

#### **Prostate Cancer**

- Orleans Parish reports the highest incidence rate of prostate cancer for the study area at 166.3 per 100,000; this value is higher than the national rate of 142.3 per 100,000 pop.
- The African-American / Black population reports higher rates of prostate cancer incidence as compared with other racial groups for the study area, the state, and nationally.

#### **Low Birth Weight**

- Orleans Parish reports the highest rate of low weight births for the study area at 1.4%.
- Orleans Parish and the state of Louisiana report higher rates of low weight births than the national rate of 8.2%.

- The Healthy People 2020 goal is for low –weight births to be less than or equal to 7.8%; Orleans Parish and the state of Louisiana report rates higher than this goal.
- The Non-Hispanic African-American / Black population sees higher rates of low weight births as compared with other racial groups for the study area, the state, and nationally.
- Orleans Parish reports the highest rate of low weight births in 2006-2012 (12.4%), but this rate has been steadily declining since 2002-2008.

#### **Mortality - Cancer**

- Orleans Parish reports the highest rate of age-adjusted mortality due to cancer for the study area at 201.24 per 100,000 population.
- Orleans Parish and the state of Louisiana report higher rates of mortality due to cancer than the national rate of 174.08 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to cancer to be less than or equal to 160.6 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.
- Across the study area, Orleans Parish, and Louisiana; men have higher mortality rates due to cancer than women.
- The Non-Hispanic Black population of Orleans Parish reports the highest rate of mortality due to cancer for the study area with 237.17 per 100,000 population.

#### **Mortality – Heart Disease**

- Orleans Parish and the state of Louisiana report a higher rate of age-adjusted mortality due to heart disease than the nation (184.55 per 100,000 population).
- On a national level and for Orleans Parish, men are more likely to die as a result of heart disease than women.
- The African-American / Black population of Orleans Parish reports the highest rate of death due to heart disease across the study area at 254.83 per 100,000 population.

#### <u>Mortality – Ischemic Heart Disease</u>

- Orleans Parish reports a lower rate of age-adjusted mortality due to ischemic heart disease for the study area at 97.09 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to ischemic heart disease to be less than or equal to 103.4 per 100,000 population; Orleans Parish reports rates already lower than this Healthy People 2020 Goal.
- On a national level and for Orleans Parish, men are more likely to die as a result of ischemic heart disease than women.
- Non-Hispanic Black residents of Orleans Parish report the highest rate of death due to ischemic heart disease for the study area at 106.67 per 100,000 population.

#### Mortality - Lung Disease

- Orleans Parish reports a lower rate of mortality due to lung disease for the study area at 27.81 per 100,000 population; this is less than the national rate of 42.67.
- On a national level and for Orleans Parish, men are more likely to die as a result of lung disease than women.
- The Non-Hispanic White population of Orleans Parish reports the highest rate of death as a result of lung disease for the study area at 32.29 per 100,000 population.

#### Mortality – Stroke

- Orleans Parish reports the highest rate of age-adjusted mortality due to stroke for the study area at 46.26 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to stroke to be less than or equal to 33.8 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.
- On a national level, men are more likely to die as a result of stroke than women (40.51 per 100,000 pop. vs. 39.62); for the study area it is the same.
- The Non-Hispanic Black population Orleans Parish reports the highest rate of death as a result of stroke for the study area at 52.01 per 100,000 population.

#### **Mortality – Unintentional Injury**

Orleans Parish reports a rate of 40.23 per 100,000 population for age-adjusted mortality due to unintentional injury for the study area.

- The Healthy People 2020 goal is for mortality due to unintentional injury to be less than or equal to 36.0 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.
- On a national level and for Orleans Parish, men are more likely to die as a result of unintentional injury than women.
- The Non-Hispanic White population of Orleans Parish reports the highest rate of mortality due to unintentional injury for the study area at 43.44 per 100,000 population.

#### <u>Mortality – Motor Vehicle Accident</u>

- Orleans Parish reports the lowest rate of deaths due to motor vehicle accidents for the study area at 7.19 per 100,000 population; this is lower than the national rate of 7.55 per 100,000 population.
- Men are more likely to die as a result of a motor vehicle accident than women.
- The Non-Hispanic White population of Orleans Parish reports the lowest rate of death due to motor vehicle accident at 4.12 per 100,000 population.

#### **Mortality – Pedestrian Accident**

- Orleans Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the study area at 2.81 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to pedestrian accident to be less than or equal to 1.3 per 100,000 population; Orleans Paris, the state of Louisiana, and the country all report rates higher than this Healthy People 2020 Goal.

#### **Mortality – Homicide**

- Orleans Parish reports the highest rate of age-adjusted mortality due to homicide for the study area at 47.88 per 100,000 population; this rate is much higher than the national rate (5.63).
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; Orleans Parish, the state of Louisiana, and the country all report rates higher than this Healthy People 2020 Goal.
- Men are more likely to die as a result of homicide than women.
- The Non-Hispanic Black population of Orleans Parish reports the highest rate of death as a result of homicide across the study area at 73.18 per 100,000 population.

#### Mortality - Suicide

- Orleans Parish reports the lowest rate of age-adjusted mortality due to suicide for the study area at 9.99 per 100,000 population; this rate is lower than the national rate (11.82).
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Orleans Parish reports rates already lower than this Healthy People 2020 Goal.
- Men are more likely than women to die as a result of a suicide.
- The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
- For the study area, the Non-Hispanic White population of Orleans Parish reports the highest rate of suicide at 18.22 per 100,000 population.

#### **Infant Mortality Rate**

- Orleans Parish reports a high rate of infant mortality due for the study area at 8.8 per 1,000 births; this rate is higher than the national rate of 6.52 per 1,000 births.
- The Healthy People 2020 goal is for infant mortality to be less than or equal to 6.0 per 1,000 births; Orleans Parish, the state of Louisiana, and the country all report rates higher than this Healthy People 2020 Goal.
- The Non-Hispanic Black population of Orleans Parish reports the highest rate of infant mortality for the study area at 10.3 per 1,000 births.

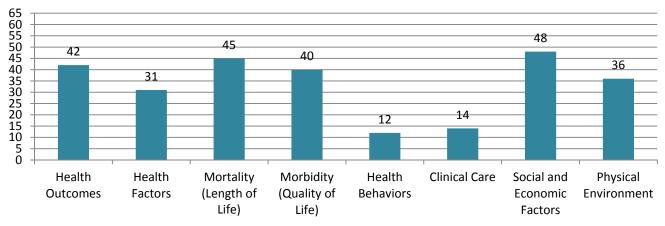
# **County Health Rankings**

The County Health Rankings were completed as collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.<sup>14</sup>

Each parish receives a summary rank for its health outcomes, health factors, and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific parish -level data (as well as state benchmarks) for the measures upon which the rankings are based. Parishes in each of the 50 states are ranked according to summaries of more than 30 health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Parishes are ranked relative to the health of other parishes in the same state on the following summary measures:

- Health Outcomes Rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors Rankings are based on weighted scores of four types of factors:
  - Health behaviors
  - Clinical care
  - Social and economic
  - Physical environment
- Louisiana has 64 parishes. A score of 1 indicates the "healthiest" parish for the state in a specific measure. A score of 64 for LA indicates the "unhealthiest" parish for the state in a specific measure.

# **Orleans Parish Health Rankings**



<sup>&</sup>lt;sup>14</sup> 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

#### **Key Findings from County Health Rankings:**

- ✓ Orleans Parish reports high ranks (unhealthy) for the following County Health Rankings:
  - A rank of 42 for Health Outcomes.
  - o A rank of 45 for Mortality (length of life).
  - A rank of 40 for Morbidity (quality of life).
  - A rank of 48 for Social and Economic Factors.
  - o A rank of 36 for Physical Environment. .
- ✓ Orleans Parish reports lower (healthier) ranks for the following County Health Rankings:
  - A rank of 31 for Health Factors.
  - A rank of 12 for Health Behaviors.
  - o A rank of 14 for Clinical Care.

# **Substance Abuse and Mental Health**

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region specific data from the entire United States in relation to substance use (alcohol and illicit drugs) and mental health.

Every state is parceled into regions defined by SAMHSA. The regions are defined in the 'Substate Estimates from the 2010-2012 National Surveys on Drug Use and Health'. Data is provided at the first defined region (i.e., those that are grouped).

#### The Substate Regions for Louisiana are defined as such:

- Regions 1 and 10 (Data for Regions 1 and 10 provided separately for this grouping only)
  - o Region 1 Orleans, Plaquemines, St. Bernard
  - o Region 10 Jefferson
- Regions 2 and 9
  - Region 2 Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee,
     West Baton Rouge, West Feliciana
  - o Region 9 Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
- Region 3
  - Region 3 Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
- Regions 4, 5, and 6
  - o Region 4 Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
  - o Region 5 Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis

- Region 6 Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon,
   Winn
- Regions 7 and 8
  - Region 7 Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River,
     Sabine, Webster
  - Region 8 Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison,
     Morehouse, Ouachita, Richland, Tensas, Union, West Carroll

Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.

#### **Alcohol Use in the Past Month**

 For the Study Area, Region 1 (Orleans, Plaquemines, St. Bernard Parishes) reports the highest current rate of alcohol use in the past month at 48.46% of the population aged 12 and older. This region/parish has seen a slight incline in alcohol use rate from 2002-2004 to 2010-2012.

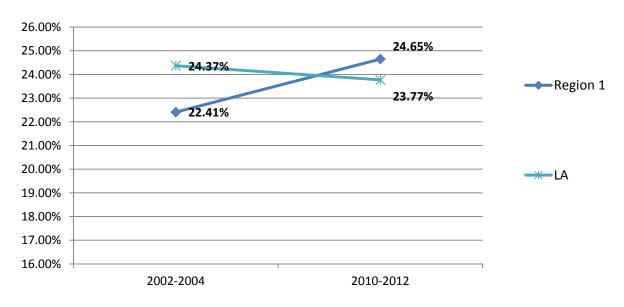
# 60.00% 55.00% 50.00% 47.93% 48.46% 47.01% 47.70% 40.00% 30.00% 2002-2004 2010-2012

#### Alcohol Use in the Past Month

#### **Binge Alcohol Use in the Past Month**

• Region 1 (Orleans, Plaquemines, St. Bernard Parishes) reports the highest rate for the study area as well as a rise in binge alcohol use from 2002-2004 to 2010-2012.

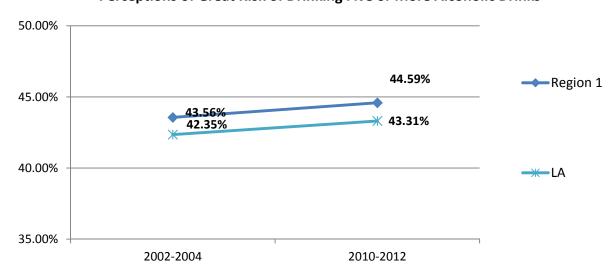




#### Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week

- Region 1 has shown rises in the perceptions of risk of having five or more drinks once or twice a week from 2002-2004 to 2010-2012.
- The state of Louisiana rates of perceptions of risk of having five or more drinks once or twice a week have increased from 2002-2004 to 2010-2012.

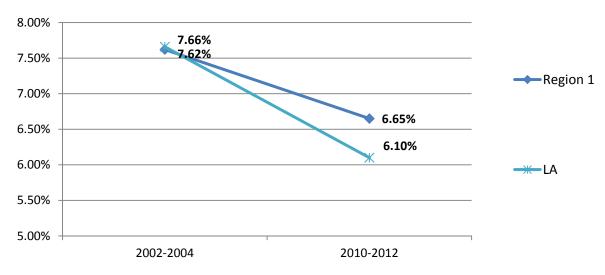
#### Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks



**Needing but Not Receiving Treatment for Alcohol Use in the Past Year** 

- All of the study area regions have seen declines in the rates of residents needing but not receiving treatment for alcohol use from 2002-2004 to 2010-2012.
- Region 1 (Orleans, Plaquemines, St. Bernard Parishes) reports the highest rate for the study area of residents who needed but did not receive treatment for alcohol use in the past year at 6.65%.

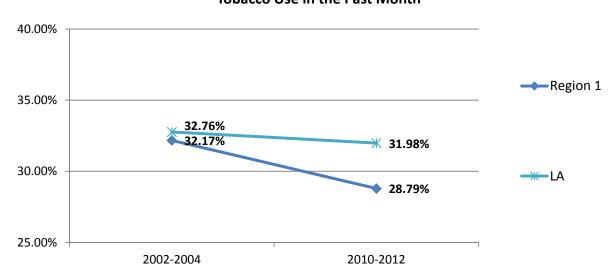




#### **Tobacco Use in the Past Month**

• Region 1 reports the lowest current rate of tobacco use in the past month for the study area at 28.79%; this region has seen a decline in the rate from 32.17% in 2002-2004.

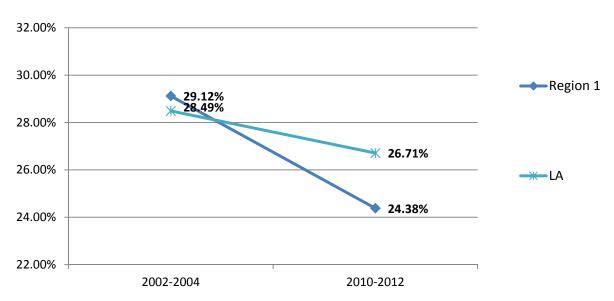
#### **Tobacco Use in the Past Month**



# **Cigarette Use in the Past Month**

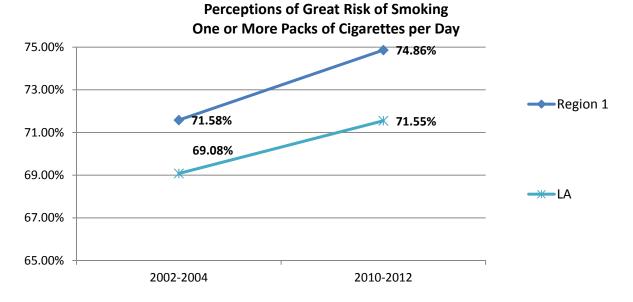
• Cigarette use in the past month is lowest for Region 1 in the 2010-2012 analysis; it has seen a large decline in rate over the years going from 29.12% to 24.38%.

#### **Cigarette Use in the Past Month**



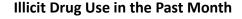
#### Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day

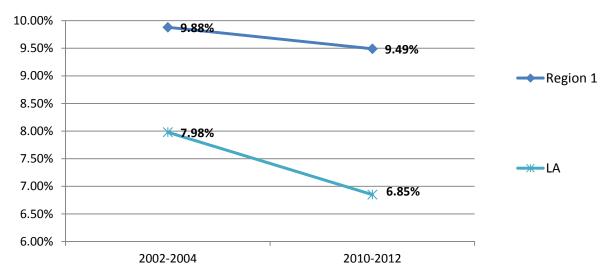
 All of the study area regions report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day.



#### **Illicit Drug Use in the Past Month**

- Region 1 (Orleans, Plaquemines, St. Bernard Parishes) reports the highest rate of illicit drug use in the past month with 9.49% of the population aged 12 and older participating in drug use.
- The Louisiana regions of SAMHSA report declines in rates of illicit drug use.

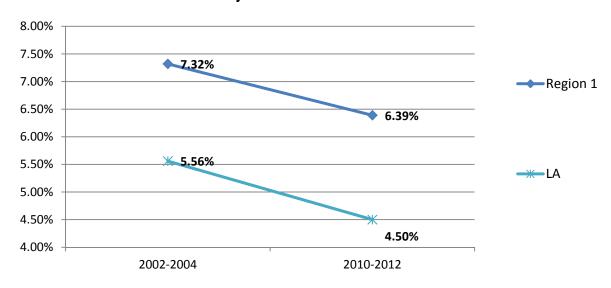




#### Marijuana Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard Parishes) reports the highest rate of marijuana use in the past month with 6.39% of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 7.32%.
- The Louisiana regions of SAMHSA report declines in rates of marijuana use.

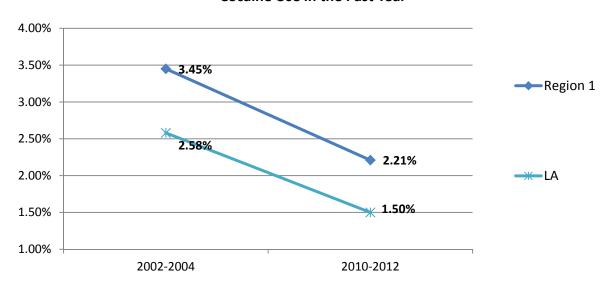
#### Marijuana Use in the Past Month



#### **Cocaine Use in the Past Year**

- Region 1 (Orleans, Plaquemines, St. Bernard Parishes) reports the highest rate of cocaine use in the past month with 2.21 % of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 3.45%.
- All of the study area regions have seen declines in the rates of cocaine use from 2002-2004 to 2010-2012.

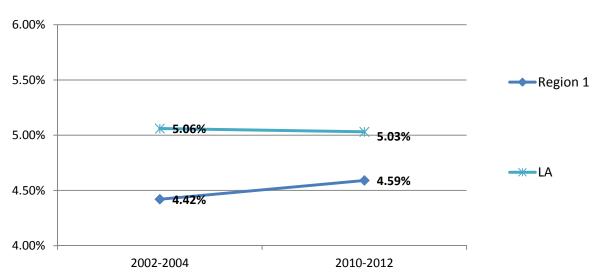
#### Cocaine Use in the Past Year



#### Nonmedical Use of Pain Relievers in the Past Year

• Region 1 reports a rate of 4.59% for nonmedical use of pain relievers in the past year for the population aged 12 and over and has seen this rate rise since 2002-2004 when it was 4.42%.

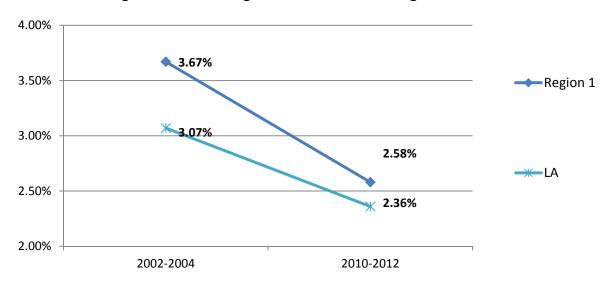
#### Nonmedical Use of Pain Relievers in the Past Year



#### Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year

 All of the study area regions report declines in the rates of residents reporting needing but not receiving treatment for illicit drug use in the past year. Region 1 still reports the highest rate for the study area at 2.58% needing but not receiving treatment.

# Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year



# **America's Health Rankings**

America's Health Rankings® is the longest-running annual assessment of the nation's health on a state-by-state basis. For the past 25 years, America's Health Rankings® has provided a holistic view of the health of the nation. America's Health Rankings® is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.

For this study, the Louisiana State report was reviewed. The following were the key findings/rankings for Louisiana:

- Louisiana Ranks:
  - 48th overall in terms of health rankings
  - o 44th for smoking
  - o 45th for diabetes
  - o 45th in obesity
- Louisiana Strengths:
  - Low incidence of pertussis
  - High immunization coverage among teens
  - o Small disparity in health status by educational attainment
- Louisiana Challenges:
  - High incidence of infectious disease
  - High prevalence of low birthweight
  - High rate of preventable hospitalizations
- Louisiana Highlights:
  - o In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
  - o In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
  - In the past 20 years, low birthweight increased by 15 percent from 9.4 percent to
     10.8 percent of births. Louisiana ranks 49th for low birthweight infants.
  - In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
  - Since 1990, infant mortality decreased by 32 percent from 11.8 to 8.2 deaths per
     1,000 live births. Louisiana now ranks 47th in infant mortality among states.

Table 7. America's Health Rankings - Louisiana									
Measure	Rank	Value	Measure	Rank	Value				
Air Pollution	26	9.2	Infectious Disease	48					
All Determinants	48	-0.53	Insufficient Sleep	34	37				
All Outcomes	44	-0.273	Lack of Health Insurance	39	16.7				
Binge Drinking	21	16.3	Low Birthweight	49	10.8				
Cancer Deaths	47	217.4	Median Household Income	50	39,622				
Cardiovascular Deaths	46	307.5	Obesity	45	33.1				
Children in Poverty	44	26.5	Obesity – Youth		13.5				
Chlamydia	47	597.9	Occupational Fatalities	47	8.2				
Cholesterol Check	26	76.2	Overall	48	-0.803				
<b>Colorectal Cancer Screening</b>	39	61.5	Personal Income, Per Capita	29	41,204				
Dental Visit, Annual	48	56.1	Pertussis	1	1.6				
Dentists	39	49.6	Physical Activity	46	67.8				
Diabetes	45	11.6	Physical Inactivity	46	32.2				
Disparity in Health Status	16	26.5	Poor Mental Health Days	43	4.2				
Drug Deaths	27	12.9	Poor Physical Health Days	38	4.2				
Excessive Drinking	22	17.7	Premature Death	45	9625				
Fruits	44	1.18	Preterm Birth	49	15.3				
Heart Attack	41	5.3	Preventable Hospitalizations	48	80.3				
Heart Disease	40	5	Primary Care Physicians	20	123.7				
High Blood Pressure	47	39.8	Public Health Funding	27	69.01				
High Cholesterol	41	40.7	Salmonella	47	33.7				
High Health Status	47	44.4	Smoking	44	23.5				
High School Graduation	46	72	Stroke	45	4				
Immunization - Adolescents	11	72.6	Suicide	12	12.5				
Immunization – Children	31	69.1	Teen Birth Rate	44	43.1				
Immunization Dtap	16	87.9	Teeth Extractions	48	9.6				
Immunization HPV female	12	42.1	Underemployment Rate	23	12.7				
Immunization MCV4	9	87.7	Unemployment Rate, Annual	15	6.2				
Income Disparity	48	0.491	Vegetables	49	1.64				
Income Disparity Ratio	1	5.68	Violent Crime	44	496.9				
Infant Mortality	47	8.2	Youth Smoking		12.1				

# **Key Stakeholder Interviews -**

#### **INTRODUCTION:**

Tripp Umbach conducted interviews with community leaders on behalf of the Touro Infirmary. Leaders who were targeted for interviews encompassed a wide variety of professional backgrounds including 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (See Appendix 1 for a list of participating organizations listed by region). The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

This report represents a section of the overall community health needs assessment project completed by Tripp Umbach.

#### **DATA COLLECTION:**

The following qualitative data were gathered during individual interviews with 32 stakeholders in communities served by Touro Infirmary, 280-bed faith-based acute care community hospital located in New Orleans, LA Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach and previously reviewed by a Touro Infirmary CHNA oversight committee. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the communities served by Touro Infirmary, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 32 stakeholders interviewed. Those organizations represented included:

- Louisiana Office of Public Health
- Humana Louisiana
- Director Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- Delgado Community College
- Nouveau Marc Residential Retirement Living
- Kenner Council on Aging and Parks and Recreation
- City of Kenner

- City of New Orleans
- Catholic Charities
- LSU Health Science Center, Allied Health
- Tulane University School of Medicine
- Jefferson Parish
- NO/AIDS Task Force
- PACE Greater New Orleans
- New Wine Fellowship
- Jefferson Business Council
- Arc of St. Charles
- Healthy Start New Orleans

- Chief HIV Division of Infectious Disease
- Prevention Research Center at Tulane University
- The McFarland Institute
- Greater New Orleans Foundation

- Susan G. Komen, New Orleans
- Jefferson Parish Commissioner
- Ochsner Health System
- Cancer Association of Greater New Orleans (CAGNO)

#### **STAKEHOLDER RECOMMENDATIONS:**

The stakeholders provided many recommendations to address health issues and concerns for residents living in the Greater New Orleans area. Below is a brief summary of the recommendations:

- Incentivize healthy choices through employers and health insurance companies.
   Employers could offer monetary incentives and health insurance companies could offer discounted rates for practicing healthy behaviors. Entities responsible for the cost of unhealthy options show be held accountable (e.g., bars, fast food restaurants, residents making unhealthy choices) through a tax, similar to the tax placed on cigarettes.
- Hospitals could facilitate the community conversation among health providers in their service areas regarding collaboration to address common health issues and social determinants of health using the spectrum of care and care coordination to begin to move away from acute care models, increase prevention and education, and reduce prevalence rates improving population health.
- Healthcare providers could participate in a universal way in the exchange of health information in order to facilitate collaboration among all providers including FQHCs, Hospitals, and private practices.
- Increase care coordination and community support for residents, including seniors, to improve treatment compliance, medication management, appropriate use of healthcare resources, and outcomes.
- Hospitals could sponsor areas that encourage healthy activity like exercise stations along jogging paths.
- Increase the education of residents regarding healthy options like food preparation, preventive practices, prevention of STIs, etc.
- Disseminate information on an ongoing basis regarding healthy options (e.g., prenatal practices, prevention, healthy nutrition, etc.) and health resources (e.g., location, eligibility, services, etc.).
- The state could develop a strategy to effectively address poverty throughout Louisiana.
   This strategy could include plans to increase access to health insurance by expanding Medicaid, as well as increase the high-quality early child education and care to disrupt the generational cycle of poverty.

- Maintain critical access hospitals and enhance services provided to residents in rural areas.
- Integrate behavioral health services into primary care settings through co-location of behavioral health providers to decrease stigma and increase treatment options for behavioral health. Additional integration could include psychiatric consultation on an as needed basis for primary care providers to treat behavioral health issues that are not severe or persistent.
- Teach youth about prevention and healthy options in school settings in order to ensure accurate and complete information is being provided about important topics like HIV and STI prevention, healthy nutrition and exercise, etc.
- The city could increase foot-traffic of officers in areas where violence and crime are high to reduce the prevalence of violent crime.
- Increase the operational service hours of of primary care settings.

#### PROBLEM IDENTIFICATION:

During the interview process, stakeholders discussed five overall health needs and concerns in their community. The top five health needs in order from most discussed to least discussed were:

- 1. Accessibility of health services
- 2. Common health concerns
- 3. Social and environmental determinants of health
- 4. Personal behaviors that impact health
- 5. Behavioral health, including substance abuse

#### **ACCESSIBILITY OF HEALTH SERVICES:**

All stakeholders representing Eastbank communities articulated a need to improve the accessibility of health services (medical, dental, behavioral) in the study area. Several stakeholders acknowledged the significant investments that have been made in healthcare, including establishing community based care. The discussion about accessibility of services was related most often to the cost of care, acceptance of insurance, awareness of services available, and the number and location of providers.

Stakeholders discussed a shift in the way health services are provided from the charity care model where charity care was provided in large charity hospital settings before Katrina to the community-based clinic model providing charity care to residents through a network of community based clinics. Most stakeholders felt that the community based clinic model may prove to be more efficient and accessible to residents in Eastbank communities. One of the most discussed barriers to accessing health services in Eastbank communities was the awareness of residents about what services are available and where they are located. Residents are not securing health services in the proper locations because they are not aware of new clinics and services that may be available to them.

Stakeholders discussed the cost of health services in relationship to health insurance, uninsured care, and poor reimbursement rates of health service providers (medical, dental and behavioral). Many providers are not accepting patients with Medicaid insurance due to the low reimbursement rates (e.g., wound care specialist, sleep labs, etc.). This does not include non-profit hospitals. One stakeholder mentioned a trend among primary care providers toward a cash only payment model, which does not accept any form of insurance. Stakeholders discussed the lack of Medicaid expansion placing a strain on health resources to meet the needs of uninsured and underinsured residents. Many residents in the region do not qualify for Medicaid insurance, cannot afford private pay insurance or the cost of uninsured health services. This includes many residents that are employed in the service industry in Eastbank communities who do not have access to health insurance due to parttime employment. Additionally, residents employed in service industries may not qualify for Medicare as they age due to limited Social Security payments. Residents that are uninsured often seek health services when an issue becomes an emergency and requires more intense and costly care, which typically yields poorer outcomes than primary and preventive care practices.

Stakeholders discussed the fragmentation of health services and the gaps in services that are available. Stakeholders described disparate health resources with lower income neighborhoods containing the fewest resources. The Medicaid Waiver provides some access to care but does not cover prescription medications or specialty care. As a result, many community based clinics do not have access to specialty diagnostic services. Residents may have an undiagnosed illness that they cannot afford to treat due to the cost of medications.

Stakeholders discussed the lack of care coordination provided for uninsured and underinsured residents, including seniors, who are seeking care in inappropriate settings like the emergency room. Several stakeholders mentioned the benefits of home healthcare for care coordination, though Medicaid eligible residents, reportedly, are not often approved for home health services.

Stakeholders noted that the need for accessible healthcare among medically vulnerable populations (e.g., uninsured, low-income, Medicaid insured, etc.) has an impact on the health status of residents in a variety of ways and often leads to poorer heath out comes. Several of the noted effects are:

- Higher cost of healthcare that results from hospital readmissions and increased usage of costly emergency medical care.
- Residents delaying medical treatment and/or non-compliant due to the lack of affordable options and limited awareness of what options do exist.
- Poor outcomes in adult, maternal and pediatric care due to limited care coordination and lack of patient compliance.

#### **COMMON HEALTH CONCERNS:**

More than ninety percent of stakeholders discussed specific health concerns of residents. The most common health concerns discussed by stakeholders were obesity, diabetes, heart disease, cancer, and HIV.

- Obesity Over one half of stakeholders discussed the prevalence and cause of obesity among residents in Eastbank communities. Stakeholders indicated that obesity is an issue among adults as well as a growing problem among youth. Stakeholders identified social and environmental determinants (e.g., culture, lack of awareness, limited access to healthy nutrition, etc.) as well as personal choice and behaviors within the control of residents (e.g., choices about nutrition, exercise, etc.) as driving the high rates of obesity.
- 2. Diabetes Over one half of stakeholders discussed the prevalence and cause of diabetes as a common health issue among residents. Stakeholders identified social and environmental determinants (e.g., lack of awareness, limited access to primary care, food deserts, etc.) as well as personal choice and behaviors within the control of residents (e.g., choices about nutrition, exercise, etc.) as driving the high rates of diabetes.
- 3. Heart disease More than one third of stakeholders discussed heart disease and cardiovascular complications as a common health concern among residents.

  Stakeholders identified social and environmental determinants (e.g., lack of awareness, culture, etc.) as well as personal choice and behaviors within the control of residents (e.g., smoking, exercising, etc.) as driving the high rates of heart disease.

- 4. Cancer One quarter of stakeholders discussed cancer as a common health concern among residents. Stakeholders identified social and environmental determinants (e.g., exposure to cancer causing agents in the environment, etc.) as well as personal choice and behaviors within the control of residents (e.g., smoking, excessive alcohol consumption, etc.) as driving the high rates of cancer.
- 5. HIV One quarter of stakeholders discussed HIV as a common health concern among residents. Stakeholders identified social and environmental determinants (e.g., limited prevention education, etc.) as well as personal choice and behaviors within the control of residents (e.g., treatment non-compliance, risky behaviors, etc.) as driving the high rates of HIV.

The impact of common health issues can be poor health outcomes of a population and greater consumption of healthcare resources.

#### SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH:

Ninety-seven percent of stakeholders discussed the social and environmental determinants of health in Eastbank communities. The most common social and environmental factors discussed by stakeholders were the impact of culture, high rates of violence, lack of education, and poverty on the health of seniors, adults, children, and unborn children.

New Orleans and surrounding areas are famous for the culture, food, and drinking. Stakeholders discussed the impact that culture has on the practices, views and health of residents. Stakeholders noted that the culture of residents is close and supportive, but often centers around food and alcohol consumption. Traditional diets of residents are reflective of culture and historically are high in fried and fatty foods. Additionally, the tourism industry is focused on the party atmosphere and encourages excessive consumption of alcohol and foods that can be unhealthy. Stakeholders noted that changing behavior can be difficult particularly when it is steeped in accepted cultural practices and supported by the economy of tourism. Excessive consumption of alcohol and fried foods lead to diseases such as cardiovascular disease, obesity, diabetes and cancer.

One of the most discussed social determinants of health in Eastbank communities was the high rates of violence. Stakeholders indicated that the high rates of violence cause trauma in children, adults and seniors. Stakeholders felt that residents experienced a greater level of stress, which leads to stress related health issues, such as, higher rates of anxiety, heart disease, and low birth weight.

Hurricane Katrina worsened conditions in communities due to the displacement of residents, loss and extensive damage to property. Post-Katrina housing has been overcrowded due to extended family living arrangements resulting from damaged homes and an overall reduction in healthy safe living conditions. Stakeholders often reminisced about the informal support

networks for child care, transportation, etc. that existed in areas where poverty is the highest. According to stakeholders, many residents practiced almost a communal sharing of resources (child care, transportation, food, money, etc.). Many residents had to move from the communities where they lived after Katrina and lost access to these informal networks. While resources in these areas of poverty lessened due to unemployment, death, and loss of personal assets; residents were faced with having to pay for child care, transportation, etc. Katrina has had an impact on resources, mental health and stability of residents and according to stakeholders, the response has not been adequate to allow communities to fully heal and recover. As a result there are still many health needs related to Hurricanes Katrina and Ivan in the region.

The economy was discussed regarding the lack of employment opportunities many residents have. The primary industry is based in service, which does not offer financial stability or consistent access to employment benefits such as health insurance, retirement, etc. According to stakeholders, many residents live below the federal poverty line. Stakeholders addressed the high rates of poverty and the poor outcomes for residents in poverty. Discussions focused on poverty as an explanation for the high prevalence of substance abuse, low educational attainment, violence, poor health, limited access to health services, etc. Often stakeholders pointed out that the lack of opportunity, limited employment, and low educational attainment found in communities of poverty cause residents to feel apathetic. Stakeholders felt that the lack of education coupled with low exposure to healthy resources causes residents in poverty to be unaware of healthy options. When residents are aware of healthier choices they may perceive these options to be out of their reach. For eaxmple, healthy produce and nutrition may not be viewed as consistently attainable due to a lack of grocery stores, limited transportation, and cost.

Food security was discussed by stakeholders related to the health of seniors and youth. Grocery stores are not often located in low income neighborhoods creating what is being called a "food desert". Youth and seniors residing in these food deserts may not have ready access to healthy nutrition due to the lack of transportation options.

Transportation was addressed as a need across all of the Greater New Orleans area, including Eastbank communities. The lack of adequate transportation impacts health in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. Additionally, the limitations of transportation may restrict the access residents have to employment opportunities, which could be a barrier to health insurance and financial stability. One stakeholder identified transportation as one of several reasons expecting mothers are not always consistent with prenatal care. Transportation can take hours, which may be a significant barrier to attending prenatal appointments, particularly if the expecting mother has other children. Several of the communities where stakeholders felt

transportation was the poorest were the more rural communities, such as the Ninth Ward, Holy Cross, and St. Claude.

The education in charter schools was addressed as an issue related to the oversight of behavioral health, access youth have to physical exercise throughout the day, and education about reducing the spread of STIs and HIV. Stakeholders felt that youth are not always getting their behavioral health needs met in the school systems due to the lack of formal oversight for behavioral health in the charter school system. Additionally stakeholders discussed the decline or absence of physical activity in the school system. Stakeholders felt that youth are becoming obese for a variety of reasons, one of which is the limited exercise they may be participating in during school hours.

Stakeholders discussed the implications of social and environmental determinants of health as some of the following:

- Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease.
- Higher rates of poor birth outcomes such as low birth weight.
- Increased behavioral health symptoms of trauma e.g., risky behaviors, suicide, anxiety, depression, violence, apathy, etc.
- Limited access to healthy options.

#### PERSONAL BEHAVIORS THAT IMPACT HEALTH:

Almost three-quarters of the stakeholders interviewed discussed lifestyle choices that impact the health status and subsequent health outcomes for residents. Stakeholders noted that there are factors like smoking, lack of physical exercise, and risky behaviors that are related to the personal choices of residents and influence health outcomes. The topic of personal choice was most often discussed in relationship to obesity, the prevalence of STIs, and cancer and respiratory issues related to smoking and alcoholism. Note that these are also health concerns stakeholders felt were heavily influenced by social and environmental determinants of health. It is this coupling of social/environmental and personal choice determinants of health that present the greatest challenge to improving lifestyle related diseases like diabetes, obesity, cancer, and STIs.

Stakeholders recognized that there are social determinants that drive the rate of obesity such as food deserts, lack of awareness about healthy food preparation and the inability to exercise outdoors due to a lack of safety; however, stakeholders also recognized that residents often make personal choices based on preferences for unhealthy foods and limited motivation to exercise.

At the same time that stakeholders recognized that there are environmental determinants of cancer and respiratory diseases like chemical run off from factories and pollution facilitating

low birth weight, the rates of cancer and COPD in communities where smoking rates are greatest.

While stakeholders understood the impact of social and environmental determinants like youth not learning the practices that reduce the spread of STIs like HIV in school settings; stakeholders also recognized that parents are choosing not to provide education to their children about preventing the spread of STIs and youth are making the decision to practice risky behaviors.

#### **NEED FOR BEHAVIORAL HEALTH INCLUDING SUBSTANCE ABUSE SERVICES:**

Behavioral health services and issues were discussed separate from medical or dental health services, with almost three-quarters of stakeholders identifying a health need related to behavioral health and/or substance abuse. Stakeholders discussed the lack of behavioral health and substance abuse resources in general and many noted that behavioral health and substance abuse needs are highest in communities with the highest rates of poverty. Stakeholders felt that there is a connection between environmental factors and the prevalence of behavioral health and substance abuse. For example, several stakeholders discussed the traumatization of youth after Katrina and the link to the rising prevalence of behavioral health issues. experienced by the same youth (now teenagers and young adults) today. Stakeholders felt that the culture of New Orleans and its tourist industry encourages substance abuse and identified alcohol and marijuana as the most common substances being abused. Other substances noted were cocaine, heroin, methamphetamines, and prescription pain medications. Additionally, stakeholders discussed the role that the post-Katrina influx of illegal substances and increased gang activity plays in the prevalence of substance abuse. Stakeholders also felt that substance abuse is often a way for residents to self-medicate or cope with behavioral health issues including stress and serious mental illness (e.g., bipolar, schizophrenia, etc.).

"Katrina has had a major impact on the mental health of residents- the stress, and displacement of residents has had an impact and the response has not been adequate to meet the need." ~ First Responder

Often communities with higher rates of poverty are also the areas with limited resources available to treat diagnoses related to behavioral health and substance abuse. This is in part due to the low reimbursement rates for behavioral health services. There is reportedly a resistance among behavioral health providers to accept Medicaid insurance and the cost of uninsured behavioral health services is unaffordable for residents who are Medicaid eligible.

Stakeholders noted that there has been a decrease in funding for behavioral health and substance abuse services which has led to limited resources. While there are inpatient beds and

outpatient services available (e.g., The Help Unit in St. Charles Parish, etc.), stakeholders indicated that they are not adequate enough to meet the demand for behavioral health and substance abuse services on the Eastbank. In recent years there has been a decrease in the number of inpatient beds and outpatient services often have lengthy waiting lists for diagnostic services as well as ongoing treatment. One stakeholder noted that there are few behavioral health services for youth, particularly youth of color.

Stakeholders noted that behavioral health and substance abuse has an impact on the health status of residents in a variety of ways and often leads to poorer heath out comes. Several of the noted effects of behavioral health and substance abuse are:

- Incarceration rates among residents with behavioral health and/or substance abuse diagnosis is high.
- It can be difficult to secure out-of-home placement for a senior who has been committed for psychiatric treatment.
- Residents with a history of behavioral health and substance abuse do not always practice healthy behaviors and may be non-compliant with necessary medical treatments (e.g., HIV treatments, etc.).
- Babies born to mothers with behavioral health and/or substance abuse issues may not receive adequate prenatal care and/or consistent postpartum care to facilitate healthy child development. Mothers that have a history of substance abuse may not inform their physician due to laws that may lead to the removal of other children in the home.

#### **Survey of Vulnerable Populations**

Tripp Umbach worked closely with the Community Health Needs Assessment (CHNA) oversight committee to ensure that community members, including under-represented residents, were included in the needs assessment through a survey process.

#### **DATA COLLECTION:**

Vulnerable populations were identified by the CHNA oversight committee and through stakeholder interviews. Vulnerable populations targeted by the surveys were: seniors, low-income (including families), uninsured, Latino, chronically ill, had a mental health history, homeless, literacy challenged, limited English speaking, women of child bearing age, diabetic, and residents with special needs.

A total of 598 surveys were collected in the Touro Infirmary service area which provides a +/-2.89 confidence interval for a 95% confidence level. Tripp Umbach worked with the oversight committee to design a 32 question health status survey. The survey was administered by community based organizations providing services to vulnerable populations in the hospital service area.

- Community based organizations were trained to administer the survey using handdistribution.
- Surveys were administered onsite and securely mailed to Tripp Umbach for tabulation and analysis.
- Surveys were analyzed using SPSS software.

#### **Limitations of Survey Collection:**

There are several inherent limitations to using a hand-distribution methodology that targeted medically vulnerable and at-risk populations during survey collection. Often, the demographic characteristics of populations that are considered vulnerable populations are not the same as the demographic characteristics of a general population. For example, vulnerable populations by nature may have significantly less income than a general population. For this reason the findings of this survey are not relevant to the general population of the hospital service area. Additionally, hand-distribution is limited by the locations where surveys are administered. In this case Tripp Umbach asked CBOs to self-select into the study and as a result there are several populations that have greater representation in raw data (i.e., low-income, women, etc.). These limitations were unavoidable when surveying low-income residents about health needs in their local communities.

#### **Demographics:**

Survey respondents were asked to provide basic anonymous demographic data.

- Of the surveys gathered: 69.5% were female, 30.5% were male
- The majority of the survey respondents reported their race as Black or African American (77.2%), the next largest racial group was White or Caucasian (9.6%), and third largest Asian (7.8%).

Table 11: Survey Responses – Self-Reported Annual Income of Respondents

Income	Respondents (%)
< \$10k	28.3%
\$10-19,999	18.9%
\$20-29,999	14.3%
\$30-39,999	7.7%
\$40-49,999	6.4%
\$50-59,999	3.1%
\$60-69,999	1.3%
\$70-79,999	1.3%
\$80-99,999	2.9%
\$100-149,999	1.7%

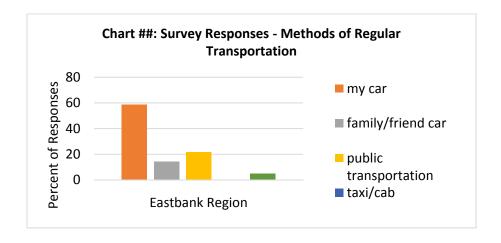
- The household income level with the most responses was < \$10,000 (28.3%) and \$10,000 \$19,999 (18.9%).
  - 61.5% of respondents reported less than \$29,999 annual household income.

Table 11: Survey Responses – Self-Reported Age of Respondent by County

Age	Respondents (%)
18-24	4.3%
25-34	15.3%
35-44	19.9%
45-54	17.0%
55-64	23.5%
65-74	12.0%
75-84	6.0%
85+	2.1%

#### Healthcare:

- The most popular place for residents to seek care is a doctor's office (49.5%), with the free or reduced cost clinics being the second most popular (20.4%), hospital clinics third (10.9%), and ER fourth (10.4%).
- The most common forms of health insurance carried by respondents was private/commercial (26.3%), no insurance (22.7%), and Medicaid only (23.0%).
- The most common reason why individuals indicated that they do not have health insurance is because they can't afford it (61.2%).
- 30.5% could not see a doctor in the last 12 because of cost; compared to the state (18.9%).
- Most respondents had been examined by a physician within the last 12 months at least once (70.8%).
- 25.3% of respondents reported not taking medications as prescribed in the last 12 months due to cost.
- Most adult respondents indicated related children were up-to-date on vaccinations (75.8%)



 Many respondents indicated that their primary form of transportation is some method other than their own car.

Table 12: Survey Responses Related to HIV/AIDS Testing

Ever Been			
Tested for HIV	Eastbank	LA	U.S.
Yes	59.9%	43.5%	35.2%
No	40.1%	56.5%	64.8%

• The Eastbank region reports a higher rate of HIV testing (59.9%) than the state (43.5%) or the U.S. (35.2%).

#### **Health Services:**

Table 13: Survey Responses – Health Services Received During the Previous 12 Month Period

	SELA	Eastbank
Test Received	Region	Region
Blood test	52.3%	55.4%
Check up	45.8%	45.7%
Cholesterol test	31.5%	35.1%
Flu shot	31.1%	34.1%
Urinalysis	23%	22.6%

- Respondents from the Eastbank region report similar testing rates as those across the SELA Region.
- Most respondents did not prefer to receive health services in a language other than English.

Table 13: Survey Responses – Perceptions About Health Service Availability

Eastbank	Available to me	Available to others	Not available	NA*
Dental services	65.0%	12.7%	8.0%	14.3%
Vision services	66.7%	13.7%	6.0%	13.5%
Affordable, safe, and healthy housing	57.5%	15.1%	8.0%	19.4%
Healthy foods	72.9%	11.0%	4.6%	11.4%
Cancer screening	14.2%	5.2%	4.5%	75.9%

<sup>\*</sup>NA = Not applicable

- When asked if the following was available to them or their family at least 1 in 10 respondents indicated they did not have access to: dental services (20.7%), vision services (19.7%), affordable, safe, and healthy housing (23.1%), healthy foods (15.6%), services for 60+ (10%), mental health services (13.1%), substance abuse services (11.8%), HIV services (11.5%), medical specialist (11.8%), accessible transportation (10.3%), pediatric & adolescent health (10.7%), employment assistance (16.2%), primary care (10.2%), and emergency medical care (11.1%)
- Most respondents indicated that they have access to: safe exercise, women's health, and surgical services.

Table 13: Survey Responses – Preferences for Receiving Information About Healthcare

Preferred Method	Respondents (%)
Newspaper	21.2%
TV	33.4%
Internet	29.4%
Word of Mouth	62.4%
Radio	13.7%
Library	2.5%
Clinics	21.2%
Faith/Religious Organizations	27.1%
Call 2-1-1	4.5%
Other	6.2%

<sup>✓</sup> Respondents reported preferring to receive information by word of mouth most often.

#### **Common Health Issues:**

Table14: Survey Responses – Health Issues Respondents Reported Ever Diagnosed with

	SELA	Eastbank		
Ever Diagnosed with	Region	Region	LA*	U.S.*
High blood pressure	44.8%	49.6%	39.9%	31.4%
High blood cholesterol	30%	32.4%		
Heart attack	6.2%	5.6%	5.3%	4.3%
Asthma	13.2%	11.3%	5.3%	4.3%
Still have asthma	8.8%	8.4%		
COPD, emphysema or chronic bronchitis	4.2%	3.1%	7.5%	6.5%
Arthritis/rheumatoid, gout, lupus, or	27.8%	30.5%	26.4%	25.3%
fibromyalgia	27.070	30.370	20.470	25.570
Depressive disorder	21.5%	18.4%	18.7%	18.7%
Pre-diabetes or borderline diabetes	18.6%	20.4%	11.6%	9.7%
Diabetes	16%	18.1%	10.3%	9.7%
Skin cancer	2.8%	2.8%	5%	6%
Other types of cancer (Breast-20.5%)	4.4%	3.5%	6.6%	6.7%
Receiving mental health treatment/medication	21.4%	19%		

<sup>\*</sup> Source: CDC

When asked to report health conditions that they had ever been diagnosed with by a health professional, survey respondent from the Eastank region reported:

- Higher diagnosis rates than the SELA region, the state and the nation for high blood pressure (49.6% vs. SELA- 44.8%, LA- 39.9%, and U.S.- 31.4%); high blood cholesterol (32.4% vs. SELA- 30%); arthritis/rheumatoid, gout, lupus, or fibromyalgia (30.5% vs. SELA- 27.8%, LA- 26.4%, and U.S.- 25.3%); pre-diabetes/borderline diabetes (20.4% vs. SELA- 18.6%, LA- 11.6%, and U.S.- 9.7%); diabetes (18.1% vs. SELA- 16%, LA- 10.3%, and U.S.- 9.7%).
- 1 in 5 survey respondents indicated they have received mental health treatment or medication at some point in their lives.

Table 15: Survey Responses – Top Health Concerns Reported

	SELA	Eastbank
Health Concern	Region	Region
Diabetes	50.8%	58.9%
High Blood Pressure	49.9%	57.9%
Drugs and Alcohol	47.7%	47.8%
Cancer	42.1%	40.8%
Heart disease	38.5%	40.6%

✓ When asked to identify five of the top health concerns in their communities; there was a great deal of agreement between the two regions. Several of the additional choices that were not as popular were: adolescent health, asthma, family planning / birth control, flood related health concerns (like mold), hepatitis infections, HIV, maternal and child health, pollution (e.g., air quality, garbage), sexually transmitted diseases, stroke, teen pregnancy, tobacco use, violence or injury, other, and don't know.

#### Lifestyle:

Table 16: Survey Responses – Average Body Mass Index of Survey Respondents

			Avg.	Avg.
	SELA	Eastbank	Female	Male
Weight & BMI	Region	Region	(5'4")*	(5'9")*

<sup>\*</sup> Source: CDC

- Respondents in both regions show higher weight and BMI than national and state averages regardless of gender.
- ✓ Most respondents reported having access to fresh fruits and vegetables (82.9%).

Table 17: Survey Responses – Self-Reported Smoking Rates

<sup>\*\*</sup> Survey Respondents were asked to report their weight and height, from which the BMI calculation was possible.

	SELA	Eastbank		
Smoking	Region	Region	LA*	U.S.*
Everyday	15.5%	11.4%	19.3%	15.4%
Some days	8.1%	7.6%	6.4%	5.7%
Not at all	74.7%	79.3%		

<sup>\*</sup>Behavioral Risk Factor Surveillance System

✓ Self-reported smoking rates are lower in the regions studied than is average for the state or the nation.

Table 18: Survey Responses – Self-Reported Physical Activity Rates

Physical Activities	SELA Region	Eastbank Region	U.S.*
Yes	57.3%	55.6%	74.7%
No	42.7%	44.4%	25.3%

<sup>\*</sup>Behavioral Risk Factor Surveillance System

Respondents in both the SELA and Eastbank regions report lower rates of physical activity than those reported for the nation.

#### **Conclusions and Recommended Next Steps**

The community needs identified through the Touro Infirmary CHNA process are not all related to the provision of traditional medical services provided by medical centers. However, the top needs identified in this assessment do "translate" into a wide variety of health-related issues that may ultimately require hospital services. Each health need identified has an impact on population health outcomes and ultimately the cost of healthcare in the region. For example: unmet behavioral health and substance abuse needs lead to increased use of emergency health services, increased death rates due to suicide, and higher consumption of other human service resources (e.g., the penal system).

Touro Infirmary, working closely with community partners, understands that the CHNA document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow the assessment – with a clear focus on addressing health priorities for the most vulnerable residents in the hospital service area.

The hospital service area contains a majority of populations with higher socio-economic needs (e.g., low-income, residents with a behavioral health history, unemployed, uninsured, homeless, seniors, etc.); which presents a unique challenge for hospital leadership when striving to meet the needs of residents. Orleans Parish shows the poor outcomes across many of the indicators included in this study. Ensuring access to health services by increasing care coordination across the service area to the most vulnerable populations in areas of concentrated poverty will have the greatest impact on outcomes. Hospital leadership will need to consider the health disparities that exist among Asian residents and African American residents throughout the service area. It is important to expand existing partnerships and build additional partnerships with multiple community organizations when developing strategies to address the top identified needs. Implementation strategies will need to consider the higher need areas in the study area and address the multiple barriers to healthcare. It will be necessary to review evidence-based practices prior to planning to address any of the needs identified in this assessment due to the complex interaction of the underlying factors at work driving the need in local communities.

Tripp Umbach recommends the following actions be taken by hospital leadership in close partnership with community organizations over the next five months.

#### **Recommended Action Steps:**

Widely	communicate	the	results	of	the	CHNA	document	to	Touro	Infirmary	staff,
provide	rs, leadership a	nd b	oards.								

■ Review the CHNA findings with a decision making body (e.g., a Board of Directors) for approval.

- Make the CHNA widely available to community residents, as well as through multiple outlets such as: the hospital website, neighborhood associations, stakeholders, community-based organizations, and employers.
- ☐ Review relevant evidence-based practices that the community has the capacity to implement.
- □ Touro Infirmary has taken into consideration specific strategies and reviewed evidence-based practices to address the top needs identified in the CHNA. The result was targeted action plans to address health priorities which include the following:
  - ✓ Objectives
  - ✓ Anticipated impact
  - ✓ Target population
  - ✓ Planned action steps
  - ✓ Planned resource commitment
  - Collaborating organizations
  - Evaluation methods and metrics
  - ✓ Annual progress

## APPENDIX A

# Community Resource Inventory

**TOURO INFIRMARY** 

September, 2015

Tripp Umbach completed an inventory of community resources available in the Touro Infirmary service area using resources identified by the hospital, internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the Touro Infirmary community (70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70130, 70131, and 70043) more than 315 community resources were identified with the capacity to meet the three community health needs identified in the Touro Infirmary CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

					INVENTORY O	F COMMUNITY RESOURC	ES AVAILABLE TO ADDRESS COMMUNITY HEA	LTH NEEDS I	DENTIFI	ED IN T	HE TOURO	INFIRMARY	CHNA														
rganization/Provider			Tin Code	Saluma1		Resolution Second	Equition Tourished	CCESS TO HEALTHCARE AND MEDICAL SERVICES	mited availability of affordable preventive care	mited availability of medical professionals stifty fees that may be unaffordable for some residents	ost of health insurance	ansportation availability	ordination of healthcare	ediatric Health Care	SHAVIORAL HEALTH AND SUBSTANCE ABUSE	ental health	ibstance abuse	ediatric Behavioral health (psychiatry, counseling, c.)	SOORCE AWARENESS AND REAL IN LIFERALT	rwices for Latino/Vietnamese residents (including anslation services)	ollaboration of business, hospitals and communities	mited outreach service provision	CCESS TO HEALTHY OPTIONS	ealthy nutrition	screational activities availability halterensocration availability	pervision of young people	TAIN ST
PRIORITY PERSONAL CARE		Contact Information 726 E. Judge Perez Drive		Column1 St. Bernard	Internet Information  More Information	Population Served No restrictions	Services Provided Provides home healthcare. Greater New Orleans	*	3 :	5 8	8	E	8	ă	- H	Σ	3	2 2	* .	8 5	8	- 5	*	ž	ž 1	3	, i
ST CLASS CARE, EVERY TIME	No restrictions	Chalmette, LA 70043 Phone: (504) 272-2373 2200 Veterans Blvd., Suite 115	70062	Jefferson	More Information	No restrictions	Area Application Center for Medicaid.  Provides home healthcare. Children's Choice	*	X :		х		х						^			х		х	+	+	3
BEAM OF LIGHT	No restrictions	Kenner, LA 70062 Phone: (504) 466-1550 1 (888) 988-8088 5201 WestBank Expressway	70072	Jefferson	More Information	No restrictions	Waiver. Greater New Orleans Area Application Center for Medicald. Provides home healthcare and assistance with		x :	x	х		х						^			х	*	х	_	-	
		Marrero, LA 70072 Phone: (504) 328-1627 (866) 328-1627					independent living.	*	1	х									k x			х	*	х			4
COMMUNITY APPROACH TO ARE	No restrictions	4480 General DeGaulle Drive Suite 202 New Orleans, LA 70131 Phone: (504) 393-6511 (877) 393-6510	70131	Orleans	More Information	No restrictions	Provides home healthcare. Greater New Orleans Area Application Center for Medicaid.	*	x :	x	x		x						k x			x	*	х			4
HOME CARE ALTERNATIVE OF REATER NEW ORLEANS	No restrictions	137 N. Clark Street Suite U-6 New Orleans, LA 70119 Phone: (504) 373-6527 (866) 821-5429	70119	Orleans	More Information	No restrictions	Provides home healthcare. Greater New Orleans Area Application Center for Medicaid.	*	x :	x	х		x						k x			х	*	х			ą
PIECE OF MIND CARE ROVIDER, INC	No restrictions	116 Oak Lane Suite B Luling, LA 70070 Phone: (985) 785-4451 (888) 900-4451	70070	St. Charles	More Information	No restrictions	Provides home healthcare. South Central Application Center for Medicaid.	*	x :	x	х		x						k x			х	*	х			4
+ PEOPLE SERVICES		12 A Westbank EXpressway Suite 204 Gretna, LA 70053	70053	Jefferson	More Information	No restrictions	Provides home healthcare. South Central Application Center for Medicaid.	*	:	x																	
-1 ABSOLUTE BEST CARE	No restrictions	Phone: (504) 362-4866 (866) 294-5672 401 Whitney Avenue, Suite 401 Gretna LA 70056	70053	Jefferson	More Information	No restrictions	Provides home care services, companionship care, fellowship care, and adult day care.	*		x			x						k x		х	х	*	х			4
1 ABSOLUTE BEST CARE	No restrictions	Phone Number: 504 368-0206 534 East Airline Highway La Place LA 70068	70068	St. John the Baptist	More Information	No restrictions	Provides home care services, companionship care, fellowship care, and adult day care.	*		x			x						k x		х	х	*	х			*
-1 CUSTOMIZED COMPANION ARE	No restrictions	Phone Number: 985 651-6003 2100 Belle Chase Highway Suite C Gretna, LA 70053	70053	Jefferson	More Information	No restrictions	Provides home healthcare. South Central Application Center for Medicaid.	*		x	х														_	+	
-1 In Home Companion Care, LC		Phone: (504) 259-4628 (888) 321-2375 2239 First Street Slidell, LA 70458 985.649.4357 1.877.464.4627	70458	St. Tammany	More Information	No restrictions	Provides Children's Choice (03), Personal Care Attendant, [MR/DD] (82), Supervised Independent Living (89), and Supported Employment (98).	*	:	x																	
CCESS HEALTH LOUISIANA	No restrictions	Albert Cammon Wellness Center 232 Pirate Drive St Rose, LA 70087 (985) 308-6101	70087	St. Charles	http://www.accesshealthla.org/	St. Rose Elementary and Albert Cammon Middle School	Tengoyment (36). Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	x x	х		х	x	*	х	х	x	k x				*	х			a
CCESS HEALTH LOUISIANA	No restrictions	Bonnabel High School 2801 Bruin Drive Kenner, LA 70065	70065	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	х :	x x	x		x	x	*	x	х	x	k x				*	х			*
CCESS HEALTH LOUISIANA	No restrictions	Cohen College Prep 3520 Dryades Street New Orleans, LA 70115 (504) 301-9023	70115	Orleans	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	хх	х		x	x	*	x	х	x	k x				*	х			a
CCESS HEALTH LOUISIANA		Internists - Cardiology and Nephrology Drive Raj and Drive Jay 1057 Paul Maillard Rd, Suite 240 Luling, LA 70070 (985) 785-2045			http://www.accesshealthla.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	x x	x		x	x	*	x	x	x	k x				*	х			2
CCESS HEALTH LOUISIANA		John Ehret High School 4300 Patriot Street Marrero, LA 70072	70072	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	x x	x		x	x	*	x	x	x	k x				*	x			k
CCESS HEALTH LOUISIANA	No restrictions	Joshua Butler Elementary School 300 Fourth Street Westwego, LA 70094	70094	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	x x	x		x	x	*	x	x	x	k x				*	x			s
CCESS HEALTH LOUISIANA	No restrictions	Paradis Wellness Center 434 South Street Paradis, LA 70080	70080	St. Charles	http://www.accesshealthla.org/	R.J. Vial Elementary School and J.B. Martin Middle School	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	x x	x		x	x	*	x	x	x	k x				*	х			ę
CCESS HEALTH LOUISIANA	No restrictions	Riverdale High School 240 Riverdale Drive Jefferson, LA 70121	70121	Jefferson	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	хх	х		х	х	*	х	х	x	k x				*	х			*
CCESS HEALTH LOUISIANA		South Broad Community Health Center 3300 South Broad St New Orleans, LA 70125 (504) 309-5061	70125	Orleans	http://www.accesshealthla.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	x x	х		x	x	*	x	х	x	k x				*	х			4
CCESS HEALTH LOUISIANA		Warren Easton Wellness Center 3036 Iberville Street New Orleans, LA 70119 (504) 324-7880	70119	Orleans	http://www.accesshealthla.org/	Students	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x :	хх	x		x	x	*	х	х	x	k x				*	x			4

								. SERVICES	antive care	onals or some residents					ABUSE			r, counseling.	перасу		its (including	d communities					
Organization/Provider	Counties Served	Contact information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICA	Limited availability of affordable prev	Limited availability of medical professi Costly fees that may be unaffordable f	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry etc.)	RESOURCE AWARENESS AND HEALTH I	Limited information dissemination	Services for Latino/Vietnamese reside translation services)	Collaboration of business, hospitals an	Limited outreach service provision		Recreational activities availability	Public transportation availability	Supervision of young people newaviors THAT IMPACT HEALTH
ACCESS HEALTH LOUISIANA	No restrictions	Belle Chasse Community Health Center 8200 Highway 23 Belle Chasse, LA 70037 (504) 398-1100	70037	Plaquemines	http://www.bchasse.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	х		х	х	*	х	х	x	*	х			*	* x			*
	No restrictions	Ruth U. Fertel/Tulane Community Health Center 711 N. Broad Street New Orleans, LA 70119 (504) 609-3500	70119	Orleans	http://www.rftchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		х	x	*	x	х	х	*	x			*	k x			*
ACCESS HEALTH LOUISIANA	No restrictions	St. Bernard Community Health Center 8050 W. Judge Perez Dr, Suite 1300 Chalmette, LA 70043 (504) 281-2800	70043	St. Bernard	http://www.stbchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	х		x	x	*	x	x	x	*	x			*	k x			*
	No restrictions	St. Charles Community Health Center 16004 River Road Norco, LA 70079 (985) 725-9330	70079	St. Charles	http://www.stcchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		x	x	*	х	х	x	*	x			*	k x			*
ACCESS HEALTH LOUISIANA	No restrictions	St. Charles Community Health Center 200 W. Esplanade Avenue Suites 305, 310, 413 Kenner, LA 70065 (504) 712-7800	70065	Jefferson	http://www.stcchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		x	x	*	x	х	х	*	x			*	<b>k</b> x			*
	No restrictions	St. Charles Community Health Center 843 Milling Avenue Luling, LA 70070 (985) 785-5800	70070			No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		x	x	*	x	х	х	*	x			*	* x			*
	No restrictions	St. Charles Community Health Center 853 Milling Avenue Luling, LA 70070 (985) 785-5800	70070	St. Charles	http://www.stcchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		x	x	*	x	x	x	*	x			*	k x			*
	No restrictions	St. Tammany Community Health Center 1301 N. Florida Street Covington LA 70433 (985) 400-5340	70433	St. Tammany	http://www.sttchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		x	x	*	x	х	x	*	x			*	k x			*
ACCESS HEALTH LOUISIANA	No restrictions	St. Tammany Community Health Center 501 Robert Blvd Slidell, LA 70458 (985) 607-0400	70458	St. Tammany	http://www.sttchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		х	x	*	х	х	x	*	x			*	* x			*
ACCESS HEALTH LOUISIANA	No restrictions	Washington Community Health Center 2807 S. Columbia Street Bogalusa, LA 70427 (985) 730-7310	70427	Washington	http://www.washchc.org/	No restrictions	Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.	*	x	x x	x		х	x	*	х	х	x	*	х			*	k x			*
REFERRAL CENTERS	No restrictions	921 Aris Avenue, Ste. B Metairie, LA 70005 (504) 832-1503	70065	Jefferson Jefferson	http://accesspregnancy.com/access- pregnancy-counseling-new-orleans- metairie/ http://dhh.louisiana.gov/index.cfm/		Provides individualized support and referrals for pregnancy-related concerns and application for Medicaid. Professional counseling services are available by referral. Provides services and access to resources for	*	x	x x	х				*	x			*	х	х	х	x *	<b>k</b> x			*
Accessibility Community Living, Inc.  ACTION RESOURCES TOTAL		1799 Stumpf Blvd., Bldg. 3 Suite 1 , Gretna, LA 70056 Phone: (504) 361-8807 (866) 363-8807			directory/detail/5349		people with disabilities.	*	x	хх	х		х		*	х			*	х	x	x	x				*
CARE	Orleans, Jefferson, Plaquemines, St. Bernard	8000 Crowder Blvd., Suite A New Orleans, LA 70128 Phone: (504) 244-8688 (866) 746-4584	70128	Orleans	http://actionrtci.net/ http://acercanhelp.com/services-2/	No restrictions	Provides personal care services and applications for Medicaid.  Provides treatment of addictive disorders	*	х	хх	х	х							*	х	x	x	x *	* x		х	*
EDUCATIONAL RESOURCES (ACER)		Slidell, LA 70458 Phone: (985)690-6622													*	х	х		*	х	х	x	х				*
ADDICTION COUNSELING & EDUCATIONAL RESOURCES (ACER)	No restrictions	2321 North Hullen Street Suite B Metairie, LA 70001 504-941-7580	70001	Jefferson	http://acercanhelp.com/services-2/		Provides treatment of addictive disorders.								*	х	х		*	x	x	x	x				*
ADDICTION COUNSELING & EDUCATIONAL RESOURCES (ACER)	No restrictions	7532 Judge Perez Arabi, LA 70032 504-682-9550	70032	St. Bernard	http://acercanhelp.com/services-2/		Provides treatment of addictive disorders.								*	х	х		*	х	х	x	х				*
RESOURCES	No restrictions	1615 Canal Street, Ste. A-1 New Orleans, LA 70112 1.866.399.HOPE (4673)	70112	Orleans	http://www.arrno.com/	No restrictions	Provides alcohol and substance abuse treatment.								*	х	х		*	x							*
RESOURCES	No restrictions	4933 Wabash Street Metairie, LA 70001 1.866.399.HOPE (4673)	70001	Jefferson		No restrictions	Provides alcohol and substance abuse treatment.								*	х	х		*	x							*
ADOLESCENT SCHOOL HEALTH PROGRAM		1450 Poydras, Room 2060 New Orleans, LA 70112 Phone: (504) 568-8164	70112	Orleans	http://www.dhh.state.la.us/index.cf m/directory/detail/4938		Provides school based health services.	*	x	хх	х			x					*	х	х	x	x *	* x	х		x *
ADVOCACY CENTER	No restrictions	8325 Oak Street New Orleans, LA 70118 Telephone: (504) 522-2337		Orleans	More Information		Provides information about resources and referrals for legal, social, health, education, employment, and other related services; assists disabled persons with obtaining benefits.												*	x	x	x	x				
Advocates for Juvenile & Adults Rights, Inc. (A.J.A.R)	No restrictions	3909 Fourth Street New Orleans, LA 70125 Phone: (504) 309-8613 (888) 309-2527	70125	Orleans	http://www.dhh.state.la.us/index.cf m/directory/detail/3125	No restrictions	Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities								*	х											*

										n																	
Organization/Provider	Counties Served	Contact Information	Zin Code	Column1	Internet Information	Population Served	Services Provided	CCESS TO HEALTHCARE AND MEDICAL SERVICES	imited availability of affordable preventive care	imite d availability of medical professionals costly fees that may be unaffordable for some residen	ost of health insurance	ransportation availability	oordination of healthcare	ediatric Health Care	EHAVIORAL HEALTH AND SUBSTANCE ABUSE	Aental health	ubstance abuse ediaric Behavioral health (psychiatry, courseling. ft.)	ESOURCE AWARENESS AND HEALTH LITERACY	imite d information dissemination	ervices for Latino/Vietnamese residents (including ranslation services)	ollaboration of business, hospitals and communities	imited outreach service provision	CCESS TO HEALTHY OPTIONS	fealthy nutrition	ecreational activities availability ublic transportation availability	upervision of young people	EHAVIORS THAT IMPACT HEALTH
	No restrictions	1011 North Causeway Blvd, Suite 39 Mandeville, LA 70471				Children and families	Supports community programs that promote and support children. Raises awareness for children's	⋖	- 3	5 0	0	F	0			2	ज द ७	*	x	X	х	x	*	x	2 6	<u> </u>	*
AGENDA FOR CHILDREN	No restrictions	P: (985) 624-2950 1340 West Tunnel Blvd, Suite 550 Houma, LA 70360	70360	Terrebonne	www.agendaforchildren.org	Children and families	Issues.  Supports community programs that promote and support children. Raises awareness for children's											*	×	x	x	x	*	х		+	*
AGENDA FOR CHILDREN	No restrictions	P: (985) 446-8330 8300 Earhart Blvd, Suite 201	70118	Orleans	www.agendaforchildren.org	Children and families	issues. Supports community programs that promote and												*	*	Χ			^		-	
		New Orleans, LA 70118 P: (504) 586-8509					support children. Raises awareness for children's issues.											*	х	х	х	х	*	х		$\perp$	*
All America Personal Care, Inc.	No restrictions	4232 Williams Blvd. Suite 109 Kenner, LA 70065 Phone: (504) 214-3940 (866) 364-1822	70056	Jefferson	http://www.dhh.state.la.us/index.cf m/directory/detail/3139	No restrictions	Provides home healthcare.	*		x																	
ALPHACARE SUPPORT COORDINATION, LLC	No restrictions	7809 Airline Drive Suite 210 Metairie, LA 70003	70003	Jefferson	http://alphacaresupport.com/5339. html	Individuals with developmental disabilities	Provides community support services for individuals with developmental delays/disabilities	*		хх	х		х	х	*	х	х	*			х	х					*
AMERICAN CANCER SOCIETY NEW ORLEANS OFFICE	No restrictions	Phone: 504-731-3100 2605 River Road New Orleans, LA	70121	Jefferson	www.cancer.org	Cancer patients and their families	and/or HIV.  Provides access to information and services for cancer patients and their families.	*	х									*	х		х	х	*				*
AMERICAN HEART ASSOCIATION	No restrictions	504-469-0021 110 Veterans Blvd., Suite 160 Metairie I A	70005	Jefferson	www.heart.org	No restrictions	Provides information and support relating to diseases of the heart.											*			v	v		+		+	*
ANGEL'S CARE, LLC	No restrictions	504-830-2300 1317 Airline Hwy STE C	70068	St. John the	http://www.angelcarela.com/Person	No restrictions	Provides support services to individuals with												Х	х		х				+	
ANGEL'S CARE. LLC	No restrictions	La Place, LA 70068 985-359-2162 7809 Airline Drive, Suite 208 B	70003	Baptist	al-Care-Services.html  http://www.angelcarela.com/Person		developmental disabilities.  Provides support services to individuals with	*		хх	х							*	х		х	х	*	х	х	х	*
ANGEL'S CARE, LLC	No restrictions	Metairie, LA 70003 Phone: (504) 739-1592 (866) 739-1592	70003		al-Care-Services.html	No restrictions	developmental disabilities.	*		x x	x							*	х		x	х	*	x	x	х	*
ARC OF GREATER NEW ORLEANS	St. Bernard,	925 S. Labarre Road Metairie, LA 70001 Phone: 504-837-5140	70001	Jefferson	www.arcgno.org/	Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*		х	х	х	х	x	*	x	х	*	x	x	х	х	*	x	x	х	*
ARC OF GREATER NEW ORLEANS	St. Bernard,	Chalmette Community Center 3700 Jean Lafitte Pkwy. Chalmette, LA 70043	70043	St. Bernard	www.arcgno.org/	Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*				x				х							*			х	
ARC OF GREATER NEW ORLEANS	St. Bernard, Plaguemines and St.	Individual Options 333 Sala Avenue Westwego, LA 70094 504-341-4414	70094	Jefferson	www.arcgno.org/	Adults with intellectual disabilities	Provides support for Individuals to take part in volunteer projects and work at other non-profit agencies and/or provides support and supervision in various community and health and fitness activities relevant to each individual's interest.	*				x			*	х		*	x	x	x	х	*		x		*
ARC OF GREATER NEW ORLEANS	St. Bernard, Plaquemines and St.	Individual Options 3406 Hessmer Avenue Metairie, LA 70002 504-267-7741	70002	Jefferson	www.arcgno.org/	Adults with intellectual disabilities	Provides support for Individuals to take part in volunteer projects and work at other non-profit agencies and/or provides support and supervision in various community and health and fitness activities relevant to each individual's interest.	*				x			*	х		*	x	х	x	x	*		х		*
ARC OF GREATER NEW ORLEANS	St. Bernard, Plaquemines and St.	Individual Options 5700 Loyola Ave. New Orleans, LA 70115 504-897-0134	70115	Orleans	www.arcgno.org/	Adults with intellectual disabilities	Provides support for individuals to take part in volunteer projects and work at other non-profit agencies and/or provides support and supervision in various community and health and fitness activities relevant to each individual's interest.	*				х			*	x		*	x	x	x	x	*		х		*
ARC OF GREATER NEW ORLEANS	St. Bernard,	Northshore Community Center 106 E. 25th Avenue Covington, LA 70433	70433	St. Tammany		Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*		x	х	х	х	x	*	x	х	*	x	x	x	x	*	x	x	х	*
ARC OF GREATER NEW ORLEANS	St. Bernard,	Sterling Hall 3700 Jean Lafitte Parkway, Suite B Chalmette, LA 70043	70043	St. Bernard	www.arcgno.org/	Individuals with intellectual disabilities and their families.	Arc provides various services throughout the entire community including Family Services Coordination, Respite, Personal Care, Employment/Habitation and Supported Living Assistance.	*		х	х	х	х	x	*	x	х	*	x	х	х	х	*	х	х	х	*
Assisi Bridge House	No restrictions	600 Bull Run Road Schriever, LA 70395	70395	Terrebonne	More Information	No restrictions	Provides substance abuse services.								*		х										
Assurance Care Provider, LLC	No restrictions	Phone: (985) 872-5529 2145 Rev. Richard Wilson Drive Kenner, LA 70062	70062	Jefferson	More Information	No restrictions	Provides substance abuse services.								*		х									+	
Authentic Community Living, Inc.		Phone: (504) 472-0068 1799 Stumpf Blvd., Bldg. 7, Suite 1 Gretna, LA 70056	70056	Jefferson	http://dhh.louisiana.gov/index.cfm/ directory/detail/5375	No restrictions	Provides support services to individuals with developmental disabilities.	*		x x	х							*	х		х	х	*	х	x	х	*
AUTISIM SOCIETY - GREATER NEW ORLEANS CHAPTER		Phone: (504) 368-4535 P.O. Box 26057 New Orleans, LA 70186	70186	Orleans		No restrictions	Provides information and referrals, advocacy and support for individuals with Autism Spectrum	*						x	*	x	x	*	x	х		x				+-	*
BAPTIST COMMUNITY MINISTRIES		Phone: 504-464-5733 400 Poydras Street, Sulte 2950, New Orleans, LA info@bcm.org 504-593-2323	70130	Orleans	www.bcm.org	No restrictions	Disorder (ASD) and their families.  Provides financial support to non profit organizations located in the greater New Orleans area. Is committed to the development of a healthy community offering a wholesome quality of life to list residents and to improving the							^			^	*	x	^		x					
							physical, mental, and spiritual health of the individuals we serve.																			L	
BEACON BEHAVIORAL HOSPITAL		14500 Hayne Blvd Suite 200 New Orleans, LA (504) 210-0460	70128	Orleans	http://beaconbh.com.kntrl2.com/ab out-us	No restrictions	Provides behavioral and mental health care.	*	х	x x	х		х		*	х		*	х	х	х	х		T			*

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Organization/Provider	Counties Served	Contact Information	7in Code	Column 1	Internet Information	Population Served	Services Provided	CCESS TO HEALTHCARE AND MEDICAL SERVICES	mited availability of affordable preventive care	mited availability of medical professionals ostly fees that may be unaffordable for some resident:	ost of health insurance	ransportation availability	oordination of healthcare	ediatric Health Care	EHAVIORAL HEALTH AND SUBSTANCE ABUSE	Nental health	ubstance abuse	ediatric Behavioral health (psychiatry, counseling, tc.)	ESOURCE AWARENESS AND HEALTH LITERACY	inited information dissemination	ervices for Latino/Vietnamese residents (including anslation services)	olaboration of business, hospitals and communities	imited outreach service provision	CCESS TO HEALTHY OPTIONS	lealthy nutrition	ecreational activities availability ublic transportation availability	upervision of young people	EHAVIORS THAT IMPACT HEALTH
BEACON BEHAVIORAL HOSPITAL		2130 1st Street Slidell, LA 70458	70458	St. Tammany	http://beaconbh.com.kntrl2.com/ab out-us	No restrictions	Provides behavioral and mental health care.	*	x	x x	х	_	х	_	*	x	9	C 0	*	x	х	x	х	4	_	2 4		*
BEACON BEHAVIORAL HOSPITAL	L No restrictions	985-607-0290 3200 Ridgelake Drive, Suite 100 Metairie, LA 70002	70002	Jefferson	http://beaconbh.com.kntrl2.com/ab out-us	No restrictions	Provides behavioral and mental health care.	*	х	хх	х		х		*	х			*	х	х	х	х					*
BEACON BEHAVIORAL HOSPITAL	No restrictions	Phone: 504.581.4333 5789 Highway 311, Suite 2 Houma, LA 70360	70360	Terrebonne	http://beaconbh.com.kntrl2.com/ab out-us	No restrictions	Provides behavioral and mental health care.	*	х	хх	х		х		*	х			*	х	х	x	х			+	+	*
BEST CARE PROVIDERS, INC	No restrictions	985-346-0436 4443 Copernicus Street New Orleans, LA 70131	70131	Orleans	http://dhh.louisiana.gov/index.cfm/ directory/detail/5379	No restrictions	Provides support services to individuals with developmental disabilities.	*		x x	х								*	x		x	х	*	x	x	х	*
BHG NEW ORLEANS	No restrictions	Phone: (504) 392-7157 417 South Johnson Street	70112	Orleans	https://new-orleans-	No restrictions	Provides substance abuse services.			^ ^	^				*					^		^	^		^		+	
DOWNTOWN TREATMENT CENTER BHG NEW ORLEANS WESTBANK	No restrictions	New Orleans, LA 70112 Phone: (504) 524-7205 1141 Whitney Avenue Building 4	70056	Jefferson	downtown.bhgrecovery.com/ https://new-orleans-	No restrictions	Provides substance abuse services.										х									+	+-	
TREATMENT CENTER BIRDS TRANSPORTATION LLC	Jefferson, Orleans,	Gretna, LA 70056 P: 504-347-1120 7530 Malvern Drive	70126	Orleans	westbank.bhgrecovery.com/	No restrictions	Provides non-emergency medical transportation.								*		х									_		
	Plaquemines, St. Bernard	New Orleans, LA 70126 Phone: (504) 458-8614						*				х																
BOAT PEOPLE SOS	No restrictions	925 Behrman Highway, Suite 14 Gretna, LA 70056 Phone: 504-433-8668	70056	Jefferson		Targets Vietnamese population	Provides access to services for Vietnamese population. South Central Application Center for Medicaid.												*	x	x	x	х					
BOY SCOUTS OF AMERICA SOUTHEAST LOUISIANA COUNCIL	Jefferson, Orleans, Plaquemine, St. John the Baptist, St. Bernard, St. Charles, St. Tammany	4200 S. I-10 Service Rd. West, Metairie, LA 504-889-0388	70001	Jefferson	www.bsa-selacouncil.org	Youth	The BSA provides a program for young people that builds character, trains them in the responsibilities of participating citizenship, and develops personal fitness.												*	x		x		*	x	x	x	*
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	Covington Boys & Girls Club 919 N. Columbia Street Covington, LA 70433 985-327-7634	70433	St. Tammany	More Information	Youth	Club programs work to achieve three priority outcomes: academic success, good character and citizenship and healthy lifestyles.												*	x		x	x	*	х	x	x	*
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	NFL-YET New Orleans 1140 S. Broad Street New Orleans, LA 70125	70125	Orleans	More Information	Youth	Club programs work to achieve three priority outcomes: academic success, good character and citizenship and healthy lifestyles.												*	х		x	х	*	х	х	х	*
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	504-309-7952 Slidell Boys & Girls Club 705 Dewey Drive Slidell, LA 70458	70458	St. Tammany	More Information	Youth	Club programs work to achieve three priority outcomes: academic success, good character and citizenship and healthy lifestyles.												*	х		x	x	*	x	x	х	*
BOYS & GIRLS CLUB OF SOUTHEAST LOUISIANA	No restrictions	985-643-3464 Westbank Boys & Girls Club 900 Tenth Street Gretna, LA 70053	70053	Jefferson	More Information	Youth	Club programs work to achieve three priority outcomes: academic success, good character and citizenship and healthy lifestyles.												*	х		x	х	*	x	x	х	*
Bridge House Corporation	No restrictions	504-368-3434 4150 Earhart Blvd. New Orleans, LA 70125	70125	Orleans	More Information	No restrictions	Provides substance abuse services.								*		х										+	
CANCER ASSOCIATION OF GREATER NEW ORLEANS	No restrictions	Phone: (504) 522-4475 824 Elmwood Park Blvd., Suite 154 New Orleans, LA 70123 Phone: (504) 733.5539	70123	Jefferson	http://www.cagno.org/wp/services- offered/	Targets cancer patients and their families	Patient services program can help cover the costs of prescription pain and treatment medications, colostomy bags and comfort items (bedpads, etc.) for cancer patients who cannot afford them.  Also, provides health education.	*		х									*	x		x	х					*
CANON HOSPICE	No restrictions	1221 S. Clearview Parkway, 4th Floor Jefferson, LA 70121	70121	Jefferson	http://www.canonhospice.com/	No restrictions	Provides end of life care. South Central Application Center for Medicaid.	*	x	хх	х		х						*	х	х	x	х	*	х	х		*
CARE, INC	No restrictions	(504)818-2723 3013 Highway 51, Suite A , La Place, LA 70068 Phone: (985) 653-7575 (800) 630-9883 FaX: (985) 653-4996 Email: Tsalinas@careinc.com	70068	St. John the Baptist	http://www.careinc.com/Services/ta bid/56/Default.aspX		Assisting individuals with daily living skills, transportation, companionship, meal preparation, personal hygiene, medication reminders, social activities and light housekeeping.	*		x		x												*	х	x		*
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	No restrictions	1000 Howard Avenue, Suite 200, New Orleans, LA 70113 Phone: 504-523-3755	70113	Orleans	www.ccano.org	No restrictions	Operates programs addressing hunger, poverty, immigration, unemployment, domestic violence, education and the needs of the mentally ill, low- income seniors and at-risk children.	*		x	x		x	x	*	x	х	х	*	x	x	x	x	*	x	x	x	*
CELEBRATION HOPE CENTER	No restrictions	1901-B Airline Drive Metairie, LA 70001 Phone: (504) 833-4673	70001	Jefferson	http://www.healingheartsnola.org/c hc/?page_id=19		Provides substance abuse services.								*		х											
CENTER FOR HOPE CHILDREN AND FAMILY SERVICES	No restrictions	106 Smart Place Unit B Sildell, LA 70458 Phone: (504) 241-6006	70458	St. Tammany	http://centerforhopeservices.com/	No restrictions	Provides substance abuse and mental health services.								*	x	x	x	*	x		x	x					
CENTER FOR HOPE CHILDREN AND FAMILY SERVICES	No restrictions	5630 Crowder Blvd., Suite 208 New Orleans, LA 70127 Phone: (504) 241-6006	70127	Orleans	http://centerforhopeservices.com/	No restrictions	Provides substance abuse and mental health services.								*	x	х	x	*	х		x	х					
CHEATAM MEDICAL TRANSIT	Jefferson, Orleans, Plaquemines, St. Bernard		70058	Jefferson		No restrictions	Provides non-emergency medical transportation.	*				х																
CHILDREN'S HOSPITAL	No restrictions	Main Campus 200 Henry Clay Avenue New Orleans, LA 70118	70118	Orleans	http://www.chnola.org/	Children	Provides pediatric health care.	*	x	хх	х		х	х					*	x	х	x	х	*	х			*
CHILDREN'S HOSPITAL	No restrictions	(504) 899-9511 4052 Ulloa Street New Orleans, LA 70119 (504) 488-7505	70119	Orleans	More Information	Children	Provides pediatric health care.	*	x	хх	х		х	х					*	х	х	х	x	*	х			*

Organization/Provider	Counties Served	Contact information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some residents	Cost of health insurance	ransportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE A BUSE	Mental health	Substance abuse redistric Behavioral health (psychistry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vetnamese residents (in cluding translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability Public transportation availability	Supervision of young people	ВЕНАМОРЅ ТНАТ ІМРАСТ НЕАLTH
CHILDREN'S HOSPITAL	No restrictions	Autism Center, Rapid Treatment Program, Behavioral Health 935 Calhoun Street New Orleans, LA 70118 Phone: 504-896-7272	70118	Orleans	More information	Children	Provides pediatric behavioral health care.	*		x x	×		х	x	*	х	х	*	x	х	х	х	*	х			*
CHILDREN'S HOSPITAL	No restrictions	Calhoun Campus 1040 Calhoun Street New Orleans, LA 70118 (504) 896-7200	70118	Orleans	More Information	Children	Provides pediatric health care.	*	x	хх	x		x	x				*	x	х	х	х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Children's Hospital After Hours 3040 33rd Street (Located at I-10 and Causeway, next to the Galleria) Metairle, LA 70001 Phone (504) 837-7760			More Information	Children	Provides pediatric health care and treatment of minor illnesses and injuries after regular business hours.	*	x	x x	×		х	х				*	х	x	x	x	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Kids First New Orleans East 14401 Chef Menteur Highway New Orleans, LA 70129 (504) 662-0644		Orleans	More Information	Children	Provides pediatric health care.	*		x x	x												*				*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Kids First TigerCare Pediatrics (New Orleans) 1661 Canal Street, Suite 1200 New Orleans, LA 70112 (504) 299-9980			More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	х		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Klds First Westbank 829 Barataria Blvd. Marrero, LA 70072 (504) 368-7337	70072	Jefferson	More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	x		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Lakeside Pediatrics 4740 5 I-10 Service Road Metairie, LA 70001 [504] 883-3703	70001	Jefferson	More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	x		x	x				*	x			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Metairie Pediatrics 2201 Veteran's Blvd., Suite 300 Metairie, LA 70002 Phone: (504) 833-7374	70002	Jefferson	More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	x		x	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Napoleon Pediatrics - Metairie 3040 33rd Street Metairie, LA 70001 (504) 219-0880	70001		More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	х		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Napoleon Pediatrics - Uptown 2633 Napoleon Avenue Suite 707 New Orleans, LA 70115 (504) 897-4242		Orleans	More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	х		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Northlake Pediatrics 728 W 11th Avenue Covington, LA 70433 (985) 893-3395			More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	x		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Ormond Pediatrics 141 Ormond Center Court Destrehan, LA 70047 (985) 764-7337			More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	x		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Pelican Pediatric Physicians 3100 Kingman Street, Suite 110 Metairie, LA 70006 (504) 887-6355	70006		More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	x		х	х				*	х			х	*	х			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)	No restrictions	Pelican Pediatric Physicians 501 Rue de Sante Suite 13 La Place, LA 70068 (985) 652-6359	70068	St. John the Baptist	More Information	Children	Provides primary and preventive pediatric health care.	*	x	x x	×		x	x				*	x			x	*	x			*
CHILDREN'S HOSPITAL MEDICAL PRACTICE CORPORATION (CHMPC)		Physicians of River Ridge 9605 Jefferson Highway, Suite E River Ridge, LA 70123 (504) 738-1604			More Information		Provides primary and preventive pediatric health care.	*	x	x x	x		х	х				*	х			х	*	х			*
,	No restrictions Orleans	128 Woodland Drive La Place, LA 70068 Phone: (985) 651-3777 Health Care for the Homeless		St. John the Baptist Orleans	http://www.choicesla.com/services/		Provides substance abuse services.  Provides primary health care. Greater New								*		х								$\perp$	1	
		1300 Perdido Street Room 8E18 New Orleans, LA 70112 Phone: 504-941-3026			ms/homeless/		Orleans Area Application Center for Medicald.	*	x	хх	х							*	х	х	х	х			$\perp$	1	*
	Orleans	Health Care for the Homeless 2222 Simon Bolivar Avenue 2nd Floor New Orleans, LA 70112 (504) 658-2785		Orleans	ms/homeless/		Adult Primary Care, OB, Dental, GNOCHC Provider	*	x	хх	x							*			х	x	*	х			*
	Orleans	Healthcare for the Homeless at the VA CRC clinic 1530 Gravier Street New Orleans, LA 70112 Phone: (504)658-2785			http://www.nola.gov/health/progra ms/homeless/			*	x	x x	x							*			x	х	*	х			*
CITY OF NEW ORLEANS	Orleans	Healthcare for the Homeless Mobile Unit New Orleans, LA 70114	70114	Orleans	http://www.nola.gov/health/progra ms/homeless/	Serves schools only	Pediatric Primary Care, Dental	*	х	x x	х			х				*			х	х					*
COMMON GROUND  COMMON GROUND HEALTH	No restrictions  No restrictions	Latino Health Outreach Mobile Unit, New Orleans, LA 504-377-7281 1400 Teche Street, New Orleans, LA		Orleans Orleans	More Information  More Information	Adults  No restrictions	Adult Primary Care	*	х	хх	х		х										*	1	1	I	*
CUNIC HEALTH	No restrictions	1400 Feche Street, New Orleans, LA 504-361-9800	/0114	Griedris	wore mornistron	INO TESTRICUONS	Provides adult and pediatric primary and preventive health care, mental health services, and counseling. Also, provides a Latino Clinic. Greater New Orleans Area Application Center for Medicaid.	*		x x	x		х	x	*	x	x	*	х	x	x	х	*	х			*

		Contact Information 1421 General Taylor S.			Internet Information http://www.communityarehospital.	Population Served	Services Provided Provides mental and behavioral health care.	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limite d information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
COMMONTT CARE HOSPITAL	No restrictions	New Orleans, LA (504) 899-2500	70113	Orieans	com/	Addits	Provides illerital and behavioral fleatificate.								*	х												
COMMUNITY CHRISTIAN CONCERN	No restrictions	2515 Carey St Slidell, LA 70458	70458	St. Tammany	http://www.cccslidell.org/contact.ht ml	No restrictions	Provides food pantry, clothing, access to social services, and housing.												*	х		х	х	*	x			*
COMMUNITY MENTAL HEALTH CLINIC	Orleans, Plaquemines and St Bernard	Phone: (983) 646-0337 Chartres-Poncharian Mental Health Clinic 7.19 Eyipian Fields New Orleans, L. A 70117 504-942-8132/Adulescent Services 504-942-8131/Adulet Services	70117	Orleans	http://www.prd.doa.louisiana.gov/la services/publicoages/ServiceDetall.cf m?service_id=2466	Adults and children living below Canal Street except for Desire/Florida area	Provides out-patient services to adults and children. Services are provided to individuals who are homically, suicided or gravely disabled and/or have a diagnosis of servious mental lilness. The Happani Chinic provides culturally sender when the Happani Chinic provides culturally sender when the thing the control of the Happani Chinic provides culturally sender when the thing the things of the Happani Chinic provides culturally sender happanis to Creater New Orleans Area Application Center for Medical Chinic Provides and the Happanis Center for Medical Chinic Provides and the Happanis Chinic Provides and the Happanis Center for Medical Chinic Provides and the Happanis Chinic Provides and the Happanis Center for Medical Chinic Provides and the Happanis Center for Medical Chinic Provides and the Happanis Chinic Prov								*	x		x	*	x	x							*
COMMUNITY MENTAL HEALTH CLINIC	Orleans	Central City Mental Health Clinic 2221 Philip Street New Orleans, LA 70113 (504) 568-6650	70113	Orleans	More Information	No restrictions	Central City Mental Health Clinic provides a wide range of services to address the needs of its patients.								*	х	х											
Community Support Specialists, Inc.	No restrictions	7921 Bullard Road. Unit 2B New Orleans, LA 70128	70128	Orleans	http://dhh.louisiana.gov/index.cfm/ directory/detail/5401	No restrictions	Provides home healthcare.	*		x																		
COVENANT HOUSE	No restrictions	Phone: (504) 245-5757 (877) 245-5620 611 N. Rampart Street New Orleans, Ld 70116 Phone: 504-988-4732	70116	Orleans		Children	Services include case management, health services, counseling, educational services, employment services, and bus tickets. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х	х	х	x	*	х	х	х	*	х	х	x	x	*	x	x x	x	*
CRAWFORD TRANSIT SERVICES	Jefferson, Orleans, Plaquemines, St. Bernard	P. O. Box 8040 New Orleans, LA 70182 Phone: (504) 874-7002	70122	Orleans		No restrictions	Provides non-emergency medical transportation.	*				х																
Crossroads Louisiana Inc.	No restrictions	3727 General DeGaulle New Orleans, LA 70114 Phone: (504) 366-1828 (866) 663-9448		Orleans	http://www.crossroadsla.com/	No restrictions	Provides independent living support, social and physical fitness opportunities, access to social services, transportation, and residential programs.	*				х			*	х			*	x	х	x	x	*	x	х	х	*
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	100 Warrington Drive New Orleans, LA 70117 (504) 207-3060 Phone		Orleans		No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care.	*	x	x x	х		х	х	*	х		x	*	x				*				*
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	1030 Lesseps St New Orleans, LA 70117 (504) 941-6041	70117	Orleans	More Information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	x		x	x	*	x		х	*	x				*				*
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	111 N Causeway Blvd Metairie, LA 70001 (504) 482-0084	70001	Jefferson	More Information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	x		x	x	*	x		x	*	x				*				*
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	3201 S Carrollton Avenue New Orleans, LA 70118 (504) 207-3060	70118	Orleans	More Information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	x		х	х	*	x		х	*	x				*				*
DAUGHTERS OF CHARITY HEALTH CENTER	No restrictions	5630 Read Blvd. New Orleans, LA 70127 (504) 248-5357 Phone	70127	Orleans	More Information	No restrictions	A federally qualified health center providing primary, preventive, behavioral, pediatric and dental health care.	*	x	x x	х		х	х	*	х		x	*	x				*				*
DuraCARE Counseling & Consulting Services, LLC	No restrictions	4323 Division Street, Suite 102 METAIRIE, LA 70002 Phone: (504) 327-5753	70002	Jefferson	http://duracarecounseling.com/services/	No restrictions	Provides behavioral health, mental health, and substance abuse services.								*	х	х	x										
EAST JEFFERSON GENERAL HOSPITAL	No restrictions	A200 Houma Blvd Metairie, LA 70006-2996 (504) 454-4000	70006	Jefferson	http://www.ejgh.org/	No restrictions	Provides primary, preventive, emergency, mental health and specialty care. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х		х	х	*	х			*	х	х	x	х	*	x			*
EASTER SEALS LOUISIANA	No restrictions	1010 Common Street, Suite 2000 New Orleans, LA Phone: 504-595-3408	70112	Orleans	http://www.louisiana.easterseals.co m		Provides access to services and resources need by those that are physically or mentally disabled. Also provides recreational activities.	*		х	х		х		*	х		x	*	х	х	х	x					
EXCELTH, INC.	No restrictions	Family Dental Center - Algiers Arthur Monday Multi-Purpose Center 1111 Newton Street Sulte 207 New Orleans, LA 70114 (504) 302-9236		Orleans		No restrictions	Federally qualified health center providing: General Dentistry, exams, x-rays( check ups), cleanings, fluoride treatment, fillings, extractions (tooth removal),crowns, complete and partial dentures and denture repair, relines.	*	x	x x	х		x	x					*	x			x					*
EXCELTH, INC.	No restrictions	Family Dental Center-New Orleans East 9900 Lake Forest Boulevard, Suite F New Orleans, LA 70127 (504) 302-9236	70127	Orleans	More Information	No restrictions	Federally qualified health center providing general dentistry care.	*	x	x x	х		х	х					*	x			x					*
EXCELTH, INC.	No restrictions	Family Health Center - Algiers 4422 General Meyer Avenue, Suite 103 New Orleans, LA 70114 (504) 526-1179	70114	Orleans	More Information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and mental health, and some speciality care for adults and children; care coordination, nutrition courseling; family planning; chronic disease management; medication assistance; social services; and transportation assistance regardless of ability to pay. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	x	x	x			x							x	*	x			*

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Organization/Provider	Counties Served	Contact information	Zip Code	Column1	Internet information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some residen	Cost of health insurance	Transportation availability	Coordination of health care	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counse ling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination Services for Latino/Vietnamese residents (including		Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
		Family Health Center - Gentilly 2050 Caton Street			More Information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and mental						Ŭ				- J.										
EXCELTH, INC.	No restrictions	Family Health Center- New Orleans East	70127	Orleans	More information	No restrictions	health, and some specialty care for adults and children; care coordination; nutrition counseling; family planning; chronic disease management; medication assistance; social services; and transportation assistance regardless of ability to pay. Greater New Orleans Area Application Center for Medicaid. Federally qualified health center providing:	*	x	хх	х	х	x			x						х	*	x			*
Excellin, Inc.	No restrictions	9900 Lake Forest Boulevard, Suite F New Orleans, LA 70127 (504) 620-0500	70127	Cileans	WOLE INCOME	Notestictions	General Dentistry, exams, x-ays( check ups), cleanings, fluoride treatment, fillings, extractions (tooth removal),crowns, complete and partial dentures and denture repair, relines.	*	x	x x	х		x	x					*	x		x					*
EXCELTH, INC.	No restrictions	Mobile Unit New Orleans, IA 70112 Phone: (504) 444-7071	70112	Orleans	<u>More information</u>	No restrictions	Immunizations, Medication Assistance, Primary & Preventive Care.  Accept Medicaid. Minimum fee of \$25.00. Sliding fee scale used for persons whose household income is between 100% and 200% of Federal Poverty Guideline. Fees for laboratory tests and other procedures are at additional cost.	*		x x	x												*				*
,	Orleans, Plaquemines, St. Bernard	7240 Crowder Boulevard, Suite 202 New Orleans, LA 504-943-0343	70127	Orleans	www.fhfsela.org	Residents of Orleans, Plaquemines and St. Bernard Parishes that are disabled and their families	Provides individualized services, information, resources and support to positively enhance the independence, productivity and inclusion of individuals with disabilities.												*	х							
NEW ORLEANS	No restrictions	3525 N. Causeway #700 , Metairie, LA 70002 Phone: (504) 828-6070 (800) 770-0143 Email: familyhelpers@fhogno.com	70002	Jefferson	http://dhh.louisiana.gov/index.cfm/ directory/detail/5425	No restrictions	Provides home healthcare. Medicaid application site.	*	x	x x	х																
NEW ORLEANS	No restrictions	1799 Stumpf Blvd, Building 5, Suite 3B Gretna, LA 70056 Phone: 504.733-4031	70056	Jefferson	More Information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.								*	х	х	х	*		×	x					*
FAMILY SERVICE OF GREATER NEW ORLEANS	No restrictions	201 Evans Road, Building 3, Suite 311 Harahan, LA 70123 Phone: 504.733.4031	70123	Jefferson	More Information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.								*	х	x	х	*		x	x					*
FAMILY SERVICE OF GREATER NEW ORLEANS	No restrictions	2515 Canal Street, Suite 201 New Orleans, LA 70119 Phone: (504) 822-0800	70119	Orleans	More Information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.								*	х	х	x	*		×	x					*
NEW ORLEANS	No restrictions	8352 Lafitte Court Chalmette, LA 70043 Phone: 504.271.3781	70043	St. Bernard	More Information	No restrictions	Provides behavioral health, mental health, substance abuse, and counseling services for all ages.								*	х	х	х	*		x	x					*
GALVEZ DOCTOR'S CLINIC	No restrictions	1407 Piety Street , New Orleans, LA 70117   Phone: 5049400820	70117	Orleans	http://dhh.louislana.gov/index.cfm/ directory/detail/4207	No restrictions	Greater New Orleans Area Application Center for Medicaid.	*	х	x x	x																
Gateway Recovery Systems	No restrictions	4103 LAC Couture Drive Harvey, LA 70058 Phone: (504) 368-9935	70058	Jefferson	http://www.gatewayrecovery.com/	Adult males	Provides substance abuse services.								*	х	х										
GREAT EXPECTATIONS FOUNDATION, INC	No restrictions	4298 Elysian Fields Avenue, Suite B , New Orleans, LA 70122   Phone: 5042887818	70122	Orleans	http://dhh.louisiana.gov/index.cfm/ directory/detail/4209	No restrictions	Greater New Orleans Area Application Center for Medicaid.	*	х	хх	х																
GREATER NEW ORLEANS RESOURCE CENTER ON DEVELOPMENTAL DISABILITIES	No restrictions	4460 General Meyer Avenue New Orleans, LA 70131 504.364.6600	70131	Orleans	More Information	Persons with disabilites	Provides information on and access to programs for developmentally disabled individuals.								*	х	х	х	*	x							
	No restrictions	411 South Broad Avenue New Orleans, LA 70119	70119	Orleans	More Information	No restrictions	Provides substance abuse services.								*		х								$\vdash$		
GULF COAST SOCIAL SERVICES		Phone: (504) 827-2928 401 Whitney Avenue Suite 104 , Gretna, LA 70056 504-361-9950	70056	Jefferson	http://www.gctfs.org/about_us.php	Persons with disabilites	Provides services and access to resources for people with disabilities.	*		хх	х	х	x			х			*	х	х	: x	*		x	х	*
Gulf South Addiction & Wellness, LLC	Bernard, Jefferson No restrictions	info@gctfs.org 1539 Jackson Avenue, Suite 220 New Orleans, LA 70130 Phone: (504)-529-9500	70130	Orleans	http://gsawllc.com/	No restrictions	Provides substance abuse services.								*		х										
Holistic Educational Rehabilitation Center	No restrictions	Phone: (504)-529-9500 2100 Belle Chase Highway Gretna, LA 70053 Phone: (504) 367-6630	70053	Jefferson	More Information	No restrictions	Provides substance abuse services.								*		х										
HOPE HOUSE	No restrictions	916 St. Andrew Street New Orleans, LA	70130	Orleans	www.hopehouseneworleans.org	Eligible residents	Emergency Assistance with food, rent, utilities, shelter, bus tokens, clothes. After school youth												*		х	:	*	х	х :	х х	*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	504-525-2561 11312 Jefferson Highway River Ridge, LA 70123 (504) 463-3002	70123	Jefferson	More Information	No restrictions	programs. Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х		x	x	*	х		x	*	x		x	*	х			*
HEALTH CARE CENTERS	No restrictions	1855 Ames Boulevard Marrero, LA 70072 (504) 371-8958	70072	Jefferson	More Information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children.	*	x	x x	х		x	х	*	х		x	*	x		x	*	х			*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	3932 U.S. Highway 90 Avondale, LA 70094 504.436.2223	70094	Jefferson	More Information	No restrictions	Federally qualified health center providing primary, preventive, behavioral and dental health care for adults and children. South Central	*	x	хх	х		х	x	*	х		x	*	x		x	*	х			*
JEFFERSON COMMUNITY HEALTH CARE CENTERS	No restrictions	5140 Church Street Lafitte, LA 70067	70067	Jefferson	More Information	No restrictions	Application Center for Medicaid.  Federally qualified health center providing primary, preventive, behavioral and dental health	*	x	хх	х		х	х	*	х		х	*	х		х	*	х			*
Kindred Hospital New Orleans	No restrictions	504.349.6525 3601 Collseum St New Orleans, LA 70115	70115	Orleans	http://www.kindredhospitalnola.co m/our-services/	No restrictions	care for adults and children. Provides specialty health care.	*	х	x			х						*	x :	x x	. x	*	х	х		*
		Phone: (504) 899-1555	1			1	1			$\perp \perp$	1	1													-		

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Organization/Provider	Counties Served	Contact information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some re	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Core	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse Pediatric Behavioral health (psychiatry, counsell	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (includ translation services)	Collaboration of business, hospitals and commur	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability Public transportation availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
KINGSLEY HOUSE, INC.	Orleans	1600 Constance St. New Orleans LA 70130 Phone: (504) 523-6221	70130	Orleans	http://www.kingsleyhouse.org/	Seniors and disabled in Orleans Parish	Provides day care for senior citizens and medically fragile adults 18 and over; daily after school educational enrichment, psychosocial skills building, creative arts and recreational activities for youth between the ages of 5 to 17; education programs for children; counseling; transportation; social opportunities; and access to social services.								*	x	х	*	x	x	x	x	*	x	х	х	*
LAKEVIEW REGIONAL MEDICAL CENTER	No restrictions	95 Judge Tanner Blvd Covington, LA 70433 (985) 867-3800	70433	St. Tammany	http://lakeviewregional.com/service s/index.dot	No restrictions	Provides acute, emergency, behavioral, women's, pediatric, and specialty health care and health education. North Shore Area Application Center	*	x	хх	x		x	х	*	х	x	*	х	х	х	х	*	х			*
LEONA TATE FOUNDATION FOR CHANGE, INC	No restrictions	P.O. Box: 872337 New Orleans, LA 70187 Phone: 504-681-7763	70187	Orleans	http://www.ltfcinc.org/	Targets inner city students of New Orleans	for Medicaid.  Provides opportunities and resources for students of New Orleans inner city schools and access to social services. Greater New Orleans Area Application Center for Medicaid.											*	х	х	x	x	*	х	х	х	*
LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS	No restrictions	628 N. 4th Street Baton Rouge, LA 70802 PHONE: 225.342.9500	70802	East Baton Rouge	http://new.dhh.louisiana.gov/	No restrictions	Provides information on and access to health care.	*	х	х	х	x	х	х	*	х	х х	*	x	х	x	х	*	х	х х	x	*
HEALTH & HOSPITALS	No restrictions	628 N. 4th Street Baton Rouge, LA 70802 PHONE: 225.342.9500	70802	East Baton Rouge	http://new.dhh.louisiana.gov/index.c fm/page/262	No restrictions	Online database of Medicaid application sites in Louisiana.	*	х	х	х	х	х	х	*	х	х х	*	х	х	х	х	*	х	х х	x	*
MAGNOLIA COMMUNITY SERVICES	No restrictions	100 Central Avenue Jefferson, LA 70121 Phone: (504) 731-1371 (866) 266-1612	70121	Jefferson	http://www.mcs- nola.org/programs/	Adults with intellectual and other developmental disabilities.	We offer supports and services in nineteen group homes, supported community living, a vocational/day habilitation program, and supported employment.								*	х							*	х	x		*
MARCH OF DIMES - METRO NEW ORLEANS DIVISION	No restrictions	3000 26th Street, Suite 100, Metairie, LA (504) 836-2087	70002	Jefferson	http://www.marchofdimes.com/loui slana/	Pregnant women and newborns	Provide support to pregnant women to ensure best outcome for both mother and baby.	*	х	х	х			х				*	x	х	x	х	*	х			*
MERCY FAMILY CENTER	No restrictions	110 Veterans Memorial Blvd., Suite 425 Metairie, LA 70005 (504) 838-8283	70005	Jefferson	More information	No restrictions	Provides outpatient counseling, psychiatry, educational services and school based mental health services to children, youth, and adults. Greater New Orleans Area Application Center for Medicaid.	*		x x	x			х	*	x	x	*	x								*
MERCY FAMILY CENTER MERCY FAMILY CENTER	No restrictions	1437 W. Causeway Approach Mandeville, LA 70471	70471		More Information	Children and adolescents	Provides academic support to children and adolescents.								*	х	х	*	х			х	*	х		х	*
MERCY FAMILY CENTER	No restrictions	1445 W. Causeway Approach Mandeville, LA 70471	70471	St. Tammany	More Information	No restrictions	Provides outpatient counseling, psychiatry, educational services and school based mental health services to children, youth, and adults. Greater New Orleans Area Application Center for Medicaid.	*		x x	x			x	*	х	x	*	x								*
MERCY FAMILY CENTER	No restrictions	3221 Behrman Place Suite 105 New Orleans, LA 70114	70114	Orleans	More Information	No restrictions	Provides outpatient counseling, psychiatry, educational services and school based mental health services to children, youth, and adults. Greater New Orleans Area Application Center for Medicaid.	*		x x	х			x	*	x	x	*	х								*
METROPOLITAN HUMAN SERVICES DISTRICT	Bernard	1010 Common Street, Fifth Floor t. New Orleans, LA 70112 Phone: 504.599.0245	70112	Orleans	More Information	Residents of Orleans, Plaquemines and St. Bernard Parishes	Provides primary health care, addictive disorder, developmental disability and mental health services for adults and children.	*		x x	х		х	x	*	х	x x	*	х		x	х	*	x		х	*
MMO BEHAVIORAL HEALTH SYSTEM	No restrictions	201 Greenbriar Boulevard Covington, LA 70433 Ph: 985.893.2970	70433			Adults	Provides behavioral and mental health care.								*	х		*	x	x	x	х	*	x			*
MMO BEHAVIORAL HEALTH SYSTEM	No restrictions	201 Greenbrier Boulevard Covington, LA 70433 Ph: 985.249.7780	70433		http://www.mmoinc.com/services	Adults	Provides behavioral and mental health care.								*	х		*	х	x	х	х	*	х			*
MMO BEHAVIORAL HEALTH SYSTEM	No restrictions	4429 Shores Drive Metairie, LA 70006 Ph: 504.267.6028	70006	Jefferson		Adults	Provides behavioral and mental health care.								*	х		*	х	x	х	х	*	х			*
NEIGHBORHOODS PARTNERSHIP NETWORK	No restrictions	4902 Canal Street, Rm. 301, New Orleans, LA info@npnnola.com 504-940-2207	70119	Orleans	www.npnnola.com	No restrictions	Facilitate neighborhood collaboration, increase access to government and information, and strengthen the voices of individuals and communities across New Orleans											*	х		x						
NEW ORLEANS AIDS TASK FORCE	No restrictions	2601 Tulane Avenue, Suite 500 New Orleans, LA 70119 Phone: 5048212601	70119	Orleans	http://noaidstaskforce.org/	Individuals with HIV	Provides case management, mental and behavioral health, advocacy, medication assistance, housing assistance and coordination, HIV medical clinic, meal delivery, food pantry, and applications for Medicaid.	*	x	x x	х		x		*	x		*	х	х	x	x	*	x			*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	Esperanza Charter School 4701 South Carrollton Ave. New Orleans, LA 70119	70119	Orleans	http://www.nochp.org/services/heal th-services	Children	Provides primary, preventive, and mental health care, asthma & allergy services, weight management & education, and health education.	*	x	x x	х		х	х	*	х	х	*	х	x	x	х	*	x			*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	Hispanic Resource Center 4312 Florida Ave. Kenner, LA 70065	70065	Jefferson	http://www.nochp.org/services/heal th-services	Children	Provides primary, preventive, and mental health care, asthma & allergy services, weight management & education, and health education.	*	х	x x	х		x	х	*	х	х	*	х	х	х	x	*	х			*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	Sarah T Reed High School 5316 Michoud Blvd. New Orleans, LA 70129	70129	Orleans	http://www.nochp.org/services/heal th-services	Children	Provides primary, preventive, and mental health care, asthma & allergy services, weight management & education, and health education.	*	х	x x	х		x	х	*	х	х	*	х	х	х	x	*	х			*
NEW ORLEANS CHILDRENS HEALTH PROJECT	Orleans	St. Luke's Medical Center 4201 Woodland Dr. Suite 200 Algiers, LA 70131	70131	Orleans	http://www.nochp.org/services/heal th-services	Children	Provides primary, preventive, and mental health care, asthma & allergy services, weight management & education, and health education.	*	x	x x	x		x	x	*	х	х	*	х	х	x	x	*	х			*

Organization/Provider	<b>Counties Served</b>	Contact Information	Zip Code	Column1	Internet information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Umited availability of affordable preventive care	Limite d availability of medical professionals Costly fees that may be unaffordable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric He alth Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental he alth	Substance abuse Pediatric Behavioral health (psychiatry, courseling,	etc.) RESOURCE AWARENESS AND HEALTH LITERACY	Limite d information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people BEHAVIORS THAT IMPACT HEALTH
NEW ORLEANS COUNCIL ON AGING	Orleans	2475 Canal St # 400 New Orleans, LA 70119 (504) 821-4121	70119	Orleans	http://nocoa.org/main/index.php	Seniors	Provides programs for seniors including access to social services, wellness, transportation, nutrition, recreation, physical activity and social opportunities.	*	x	хх	х	х	х		*	х	х	*	х	х	х	х	*	х	х	х	*
NEW ORLEANS EAST LOUISIANA (NOELA) COMMUNITY HEALTH CENTER	No restrictions	13085 Chef Menteur Hwy, New Orleans, LA 70129 Phone: (504) 255.8665 Adults Phone:(504) 309-8390 Pediatrics	70129	Orleans	https://sites.google.com/site/noelac ommunityhltctr/	No restrictions	Provides adult and pediatric primary and preventive health care, mental health services, and counseling.	*	x	x x	x		x	x	*	х	:	× *	x	х	x	x					*
NEW ORLEANS PUBLIC LIBRARY	Orleans	1401 S. Carrollton Avenue New Orleans, LA 70118 (504) 596-2630	70118	Orleans	http://www.neworleanspubliclibrary .org/	Residents of Orleans Parish	Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY	Orleans	1611 Caffin Avenue New Orleans, LA 70117 (504) 596-2695	70117	Orleans	http://www.neworleanspubliclibrary .org/	Residents of Orleans Parish	Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY	Orleans	219 Loyola Ave New Orleans, LA 70112 504-596-2560	70112	Orleans	http://www.neworleanspubliclibrary .org/	Residents of Orleans Parish	Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY		2405 Jackson Ave. New Orleans, LA 70113 (504) 596-3110	70113	Orleans	<u>.org/</u>		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	x	*				x *
NEW ORLEANS PUBLIC LIBRARY		3001 Gentilly Blvd. New Orleans, LA 70122 (504) 596-3100	70122	Orleans	http://www.neworleanspubliclibrary .org/		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY	Orleans	3014 Holiday Drive New Orleans, LA 70131 (504) 596-2641	70131	Orleans	http://www.neworleanspubliclibrary .org/	Residents of Orleans Parish	Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY	Orleans	3700 Orleans Ave. New Orleans, LA 70119 (504) 596-2654	70119	Orleans	http://www.neworleanspubliclibrary .org/	Residents of Orleans Parish	Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY	Orleans	4300 S Broad St New Orleans, LA 70125 (504) 596-2660	70125	Orleans	http://www.neworleanspubliclibrary .org/	Residents of Orleans Parish	Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY	Orleans	5120 St. Charles Avenue New Orleans, LA 70115 (504) 596-2625	70115	Orleans	.org/		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY		5641 Read Blvd. New Orleans, LA 70127 (504) 596-0200	70127	Orleans	.org/		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	x	х	x	*				x *
NEW ORLEANS PUBLIC LIBRARY		6301 Canal Blvd New Orleans, LA 70124 (504) 596-2638	70124	Orleans	.org/		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY		725 Pelican Avenue New Orleans, LA 70114 (504) 596-3113	70114	Orleans	<u>.org/</u>		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY		913 Alvar Street New Orleans, LA 70117 (504) 596-2667	70117	Orleans	<u>.org/</u>		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NEW ORLEANS PUBLIC LIBRARY		913 Napoleon Avenue New Orleans, LA 70115 (504) 596-2628	70115	Orleans	<u>.org/</u>		Provides educational programing for all ages, community activities, meeting rooms, internet access, and health awareness.											*	х	х	х	х	*				x *
NORTHLAKE BEHAVIORAL HEALTH SYSTEM	No restrictions	23515 Highway 190 Mandeville, LA 70448 Phone: (985) 626-6300	70448		http://www.northlakebehavioralheal th.com/services.htm		Provides mental and behavioral health care and substance abuse services. North Shore Area Application Center for Medicaid.								*	х	х :	× *	х	х	х	х					
OCHSNER HEALTH SYSTEM	No restrictions	Leonard J. Chabert Medical Center 1978 Industrial Blvd. Houma, LA 70363 Phone: 985-873-2200	70363	Terrebonne	More Information	No restrictions	Provides primary, preventive, specialty, and emergency health care services.	*	x	хх	x	x	x	x	*	x	х :	× *	x	x	x	x	*	x	x	<b>x</b>	x *
OCHSNER HEALTH SYSTEM	No restrictions	Lieselotte Tansey Breast Center at Ochsner 1319 Jefferson Highway New Orleans, LA 70121	70121	Jefferson	More Information	No restrictions	Provides health care services for detection and treatment of breast disease.	*	х	x x	х	x	х	x	*	x	х :	× *	x	х	х	х	*	х	x	x :	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-842-6406 Ochsner Baptist - A Campus of Ochsner Medical Center 2700 Napoleon Avenue New Orleans, LA 70115 Phone: 504-899-9311	70115	Orleans	More Information	No restrictions	Provides primary, preventive, specialty, and emergency health care.	*	х	x x	x	x	x	x	*	x	х :	× *	х	х	х	х	*	x	x	x :	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Baptist Women's Pavilion 2700 Napoleon Avenue New Orleans, LA 70115	70115	Orleans	More Information	Women	Provides women's health care.	*	х	хх	х	х	х	x	*	х	х :	× *	х	х	х	х	*	х	х	х :	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Center for Primary Care and Wellness 1401 Jefferson Highway New Orleans, LA 70121	70121	Jefferson	More Information	No restrictions	Provides primary, preventive and specialty health care.	*	х	хх	х	х	х	x	*	х	х :	× *	х	х	х	х	*	х	х	х :	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-842-4747 Ochsner Family Doctor Clinic - Mathews 111 Acadia Drive	70394	Lafourche	More Information	No restrictions	Provides primary and preventive health care.	*	x	хх	х	х	х	x	*	x	x :	x *	х	х	х	х	*	х	х	х :	x *
OCHSNER HEALTH SYSTEM	No restrictions	Raceland, LA 70394 Ochsner Health Center - Algiers 3401 Behrman Pl. Algiers, LA 70114	70114	Orleans	More Information	No restrictions	Provides primary, preventive and pediatric health care.	*	х	хх		x	x	х	*	х	х :		x		х	x	*	х			x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-371-9323  Ochsner Health Center - Baptist McFarland Medical Plaza	70115	Orleans	More Information	No restrictions	Provides Neurology, Pain Management and OB/GYN health care.	*	×	v	L.	,			*		x	*	×			,	*	,	_	+	x *
OCHSNER HEALTH SYSTEM	No restrictions	4429 Clara Street New Orleans, LA 70115 Ochsner Health Center - Baptist Napoleon Medical Plaza	70115	Orleans	More Information	No restrictions	Provides primary, preventive and specialty health care.			X X	х	х	х	х		х		` .		-	х	х		х			
		2820 Napoleon Avenue New Orleans, LA 70115						*	x	хх	Х	х	х	х	*	Х	х :	x *	х	х	х	х	*	х	Х	х	x *

Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some residents	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY		Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision		Recreational activities availability	Public transportation availability	Supervision of young people BEHAVIORS THAT IMPACT HEALTH
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Belle Chasse 7772 Highway 23 Belle Chasse, LA 70037	70037	Plaquemines	More Information	No restrictions	Provides primary and preventive health care.	*	x	хх	х	х	х	х	*	х	х	х	*	x	х	x 2	х э	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-371-9370 Ochsner Health Center - Covington 1000 Ochsner Blvd. Covington, LA 70433 Phone: 985-875-2828	70433	St. Tammany	More Information	No restrictions	Provides specialty health care.	*	x	хх	х	х	х	x	*	х	х	х	*	x	x	х :	х з	* x	х	x	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Destrehan Family Health 159 Longview Drive Destrehan, LA 70047	70047	St. Charles	More Information	No restrictions	Provides primary and preventive health care.	*	x	хх	х	х	х	х	*	х	х	х	*	х	x	х :	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-764-7669 Ochsner Health Center - Driftwood 2120 Driftwood Blvd. Kenner, LA 70065	70065	Jefferson	More Information	No restrictions	Provides primary, preventive, and specialty care. Also, provides nutrition education and information.	*	x	x x	х	х	х	x	*	х	х	х	*	х	x	x 2	х ;	* x	х	x	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-443-9500 Ochsner Health Center - Elmwood 1221 S. Clearview Pkwy.	70121	Jefferson	More Information	No restrictions	Provides primary, preventive and specialty health care.	*	х	хх	х	х	x	х	*	х	х	х	*	х	х	x 1	х э	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Harahan, LA 70121 Ochsner Health Center - Gretna 441 Wall Blvd. Gretna, LA 70056	70056	Jefferson	More Information	No restrictions	Provides primary and preventive health care.	*	х	x x	х	х	х	x	*	х	х	х	*	x	x	x 2	х ;	* x	х	x	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-371-6550 Ochsner Health Center - Kenner 200 W. Esplanade Avenue Kenner, LA 70065	70065	Jefferson	More Information	No restrictions	Provides primary, preventive and specialty health care.	*	x	хх	х	х	x	x	*	х	х	х	*	х	x	x :	х ,	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-464-8506 Ochsner Health Center - La Place Medical 735 W. 5th Street La Place, LA 70068 Phone: 985-652-9504	70068	St. John the Baptist	More Information	No restrictions	Provides primary and preventive health care.	*	x	хх	х	х	x	х	*	х	х	х	*	х	x	x :	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Lakeview 101 W. Robert E Lee Blvd., Suite 201 New Orleans, LA 70124 Phone: 504-846-9646	70124	Orleans	More Information	No restrictions	Provides primary, preventive, specialty, psychiatric, and mental health care.	*	x	x x	х	х	x	х	*	х	х	х	*	x	x	x :	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Lapalco 4225 Lapalco Blvd. Marrero, LA 70072 Phone: 504-371-9355	70072	Jefferson	More Information	No restrictions	Provides primary, preventive, specialty, pediatric, pediatric specialty and urgent health care.	*	x	x x	х	х	x	х	*	х	х	х	*	x	x	x :	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Luling 1057 Paul Maillard Rd. Luling, LA 70070 Phone: 985-785-3740	70070	St. Charles	More Information	No restrictions	Provides primary, preventive, and specialty care.	*	x	x x	x	х	х	х	*	х	х	х	*	x	х	x :	х э	* x	х	x	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Metairle 2005 Veterans Memorial Blvd. Metairle, LA 70002 Phone: (504) 836-9820	70002	Jefferson	More Information	No restrictions	Provides primary, preventive, specialty and urgent health care. Also, provides nutrition education and information.	*	x	x x	х	х	x	х	*	х	х	х	*	x	x	x :	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Mid-City 411 N Carrollton Avenue, Suite 4 New Orleans, LA 70119 Phone: 504-842-7400	70119	Orleans	More Information	No restrictions	Provides primary and preventive health care.	*	x	x x	х	х	x	х	*	х	х	х	*	x	x	x 2	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Pearl River 64629 LA 41 Pearl River, LA 70452 Phone: 983-639-3777	70452	St. Tammany	More Information	No restrictions	Provides primary and preventive health care.	*	x	x x	х		x	х	*	х		х	*	х	х	x I	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Raceland 106 Cypress Street Raceland, LA 70394 Phone: 985-537-2273	70394	Lafourche	More Information	No restrictions	Provides primary, preventive and specialty health care.	*	x	x x	х	х	x	х	*	х	х	х	*	x	x	x :	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsier Health Center – River Parishes 502 Rue de Santé La Place, LA 70068 Phone: 985-652-3500	70068	St. John the Baptist	More Information	No restrictions	Provides primary, preventive, specialty, emergency health care.	*	x	x x	х	х	х	x	*	х	х	х	*	x	х	x :	х ;	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center - Slidell 2750 E. Gause Blvd. Slidell, LA 70461 Phone: 985-639-3777	70461	St. Tammany	More Information	No restrictions	Provides primary, preventive, pediatric, pediatric specialty, specialty, and urgent health care.	*	x	x x	х		х	x	*	х		х	*	x	x	x 2	х 3	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Prione: 985-595-3777 Ochsner Health Center - Uptown 3423 St. Charles Avenue New Orleans, La 70115 Phone: 504-842-7400	70115	Orleans	More Information	Women	Provides women's health care.	*	x	x x	х	х	х	х	*	х	х	х	*	х	x	x :	х з	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-842-7400 Ochsner Health Center - West Bank 120 Meadowcrest Street Gretna, LA 70056 Phone: 504-371-9355	70056	Jefferson	More Information	No restrictions	Provides primary, preventive, specialty, psychiatric and mental health care.	*	x	x x	х	х	х	х	*	х	х	х	*	х	x	x :	х з	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-371-9355 Ochsner Health Center For Children - Covington 101 E. Judge Tanner Blvd., Suite 302 Covington, LA 70433 Phone: 985-809-5800	70433	St. Tammany	More Information	Children	Provides pediatric health care.	*	x	x x	х	х	х	х	*	х	х	х	*	х	x	x :	х з	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - Destrehan 1970 Ormond Blvd. Destrehan, LA 70047	70047	St. Charles	More Information	Children	Provides pediatric health care.	*	x	x x	х	х	х	х	*	х	х	х	*	х	x	x :	х ,	* x	х	х	x *
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-764-6036 Ochsner Health Center For Children - Metairie 4901 Veterans Memorial Blvd. Metairie, LA 70006 Phone: 504-887-1133	70006	Jefferson	More Information	Children	Provides pediatric health care.	*	x	хх	x	х	x	x	*	х	х	х	*	х	x	х :	х з	* x	х	х	x *

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Organization/Provider	Counties Served	Contact Information	Zin Code	Column1	Internet Information	Population Served	Services Provided	CCESS TO HEALTHCARE AND MEDICAL SERVICES	mited availability of affordable preventive care	imited availability of medical professionals ostly fees that may be unaffordable for some resic	ost of health insurance	ransportation availability	oordination of healthcare	ediatric Health Care	EHAVIORAL HEALTH AND SUBSTANCE ABUSE	nental health	ub stance a bu se	ediatric Behavioral health (psychiatry, counseling, tc.)	ESOURCE AWARENESS AND HEALTH LITERACY	imited information dissemination	ervices for Latino/Vietnamese residents (including ranslation services)	ollaboration of business, hospitals and communiti	imited outreach service provision	CCESS TO HEALTHY OPTIONS ealthy nutrition	ecreational activities availability	ublic transportation availability	upervision of young people	EHAVIORS THAT IMPACT HEALTH
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Health Center For Children - New Orleans			More Information	Children	Provides specialty pediatric care.	- 4	-	3 0		=	٥	_		2	- v	- a	~	3 .	.= .	0 "		· I	~	_	- S	
		1315 Jefferson Highway New Orleans, LA 70121						*	х	хх	х	х	х	х	*	х	x	х	*	x	х :	x >	k 3	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 504-842-3900 Ochsner Health Center For Children - Slidell	70461	St. Tammany	More Information	Children	Provides pediatric health care.														-				+	+-	$\vdash$	
		2370 E. Gause Blvd. Slidell, LA 70461 Phone: 985-639-3755						*	х	хх	х		х	х	*	х		х	*	х	x :	x >	( )	* x	x x	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Hospital For Children	70121	Jefferson	More Information	Children	Provides primary, preventive, specialty and																		1			
		1514 Jefferson Highway New Orleans, LA 70121 Phone: 1-866-OCHSNER					emergency health care for children.	*	х	хх	х	х	х	х	*	х	х	х	*	х	x :	x >	( ×	* x	x x	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Kenner Medical Office Building - Ochsner Health Clinics 200 West Esplanade Avenue	70065	Jefferson	More Information	No restrictions	Provides preventive and specialty health care.	*	v	x x	x	x	х	x	*	x	x	x	*	x	x :	x >	ς 3	* x	x x	x	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Kenner, LA 70065 Phone: 504-443-9500 Ochsner Medical Center - Kenner	70065	Jefferson	More Information	No restrictions	Provides primary, preventive, specialty, and						^					^		^		. ,		^	<u>_</u> ^	<u> </u>	_	
SCHORECTICALITY STSTEM	NO TESTICATION	180 W. Esplanade Avenue Kenner, LA 70065 Phone: 504-443-9500	70003	Jener John	WOLCH MOUNTAINS	NO TESTICATORS	emergency health care.	*	х	x x	x	х	x	x	*	x	x	x	*	х	x :	x >	k 3	* x	х	x	x	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Center - North Shore 100 Medical Center Drive Sildell. LA 70461	70461	St. Tammany	More Information	No restrictions	Provides primary, preventive, pediatric, pediatric specialty, specialty, and emergency health care services.	*	x	хх	х		х	x	*	х		х	*	х	x :	х >	( )	* x	x x	x	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-649-7070 Ochsner Medical Center - West Bank Campus	70056	Jefferson	More Information	No restrictions	Provides primary, preventive, behavioral, mental,																		+-		$\vdash$	
		2500 Belle Chasse Highway Gretna, LA 70056 Phone: 504-392-3131					specialty, and emergency health care.	*	х	хх	х	x	х	X	*	x	x	х	*	x	х :	х >	k 3	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Medical Center 1514 Jefferson Highway New Orleans, LA 70121	70121	Jefferson	More Information	No restrictions	Provides primary, preventive, specialty, and emergency health care. Greater New Orleans Area Application Center for Medicaid.	*	x	хх	х	x	х	x	*	х	x	х	*	х	x :	x x	k 3	* x	x	x	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 1-866-OCHSNER Ochsner Medical Complex – River Parishes 500 Rue de Santé La Place, LA 70068	70068	St. John the Baptist	More Information	No restrictions	Provides primary, preventive, specialty, and emergency health care.	*	х	хх	х	х	x	х	*	х	x	х	*	х	х :	x )	k *	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-652-7000 Ochsner Orthopedic Health Center - Slidell 104 Medical Center Drive	70461	St. Tammany	More Information	No restrictions	Provides adult and pediatric orthopedic health care.	*	×	x x	x		х	x	*	x		x	*	x	x :	x >	<b>(</b> )	* x	x	x	x	*
OCHSNER HEALTH SYSTEM	No restrictions	Slidell, LA 70461 Phone: 985-646-5550 Ochsner Specialty Health Center - Raceland	70394	Lafourche	More Information	No restrictions	Provides primary, preventive, specialty, and		-																+-	+-	<u> </u>	
		141 Twin Oaks Raceland, LA 70394 Phone: 985-537-2666					pediatric specialty health care.	*	х	хх	x	х	х	х	*	x	x	х	*	x	x :	х )	k 3	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Specialty Health Center One - Slidell 1850 Gause Blvd. East Slidell, LA 70461	70461	St. Tammany	More Information	No restrictions	Provides specialty health care and psychiatric and mental health services.	*	х	хх	х		х	х	*	х		х	*	x	x :	х >	, ×	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-639-3777 Ochsner Specialty Health Center Two – Slidell		St. Tammany	More Information	No restrictions	Provides specialty health care.														+				+	+	$\vdash$	
		105 Medical Center Drive, Northshore Two Bldg., Suite 202 & 205 Slidell, LA 70461	•					*	х	x x	х		х	x	*	х		x	*	x	х :	x >	( <sup>3</sup>	* x	x	x	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-639-3777 Ochsner St. Anne Hospital	70394	Lafourche	More Information	No restrictions	Provides primary, preventive, specialty, and														+				+	+-	$\vdash$	
		4608 Highway 1 Raceland, LA 70394 Phone: 985-537-6841					emergency health care.	*	х	х	x	х	х	х	*	x	x	х	*	x	x :	х )	k 3	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Women's Health Center – Slidell 105 Medical Center Drive, Northshore Two Bldg., Suite	70461	St. Tammany	More Information	Women	Provides women's health care.	*											ų.					ı.				
		303 Slidell, LA 70461 Phone: 985-639-3777						*	х	хх	х		х	х	*	х		х	*	х	x :	x >	× *	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Women's Health Center - Covington 101 E. Judge Tanner Blvd., Suite 301	70433	St. Tammany	More Information	Women	Provides women's health care.	*							*				*									*
OCHENED HEALTH CVCT-	No contribution	Covington, LA 70433 Phone: 985-809-5850	70394	Lafourche		No restrictions	Consider the later to the later	*	x	хх	Х	х	х	х	*	х	х	х	*	х	х :	х >	( *	* x	х	х	х	•
OCHSNER HEALTH SYSTEM	No restrictions	Ochsner Women's Health Center - Raceland 104 Acadia Park Drive Raceland, LA 70394 Phone: 985-537-3211	70394	raiourche	More Information	NO TESTRICTIONS	Provides women's health care.	*	х	x x	х	x	x	x	*	x	x	x	*	x	x :	x >	( *	* x	x	x	x	*
OCHSNER HEALTH SYSTEM	No restrictions	Optical Shop - Ochsner Health Center - Covington 1000 Ochsner Blvd. Covington, LA 70433	70433	St. Tammany	More Information	No restrictions	Provides ophthalmic and optometric care to adults and children.	*	х	хх	x	х	х	х	*	x	x	х	*	x	х :	x )	k *	* x	х	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-875-2740 Pediatric Subspecialty Clinic 71211 Highway 21	70433	St. Tammany	More Information	Children	Provides specialty pediatric care.	*	x	хх	x	х	х	x	*	x	x	х	*	x	х :	x )	k *	* x	х	x	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Covington, LA 70433 Phone: 985-898-7400 Pharmacy & Wellness - Covington	70433	St. Tammany	More Information	No restrictions	Provides prescription medication services and	*																		+		*
OCHSNER HEALTH SYSTEM	No restrictions	1000 Ochsner Blvd. Covington, LA 70433 St. Charles Parish Hospital	70070	St Charles	More Information	No restrictions	health education.  Provides primary, preventive, specialty,	*	Х	хх	х	х	х	X	*	х	х	х	*	х	х :	х >	( *	* x	х	х	х	
_ and the meating of the man		1057 Paul Maillard Rd. Luling, LA 70070		at. Cridities		resumments	psychiatric and mental, and emergency health care. Also provides nutrition education and	*	x	x x	х	x	х	x	*	x	x	x	*	x	x :	х >	( ×	* x	х	x	x	*
		Phone: 985-785-6242	1		I .	1	information.				1	1															$\perp$	

Organization/Provider	Counties Served	Contact Information	Zin Code	Column1	Internet information	Population Served	Services Provided	CCESS TO HEALTHCARE AND MEDICAL SERVICES	mited availability of affordable preventive care	imited availability of medical professionals ostly fees that may be unaffordable for some residents	ost of health insurance	ransportation availability	oordination of healthcare	ediatric Health Care	EHA VIORAL HEALTH AND SUBSTANCE ABUSE	Nental health	ubstance abuse	ediatric Behavioral health (psychiatry, counseling, tc.)	ESOURCE AWARENESS AND HEALTH LITERACY	imited information dissemination	ervices for Latino/Vietnamese residents (including ranslation services)	ollaboration of business, hospitals and communities	imited outreach service provision	CCESS TO HEALTHY OP TIONS Positive outsting	ecreational activities availability	ublic transportation availability	upe rvision of young people	EHA VIORS THAT IMPACT НЕАLTH
OCHSNER HEALTH SYSTEM		St. Tammany Parish Hospital 1202 S. Tyler Street Covington, LA 70433				No restrictions	Provides primary, preventive, specialty, and emergency health care.	*	х	x x	x	х	х	х	*	x	x	х	*	х	х	х	ς ,	* x	. x	х	х	*
OCHSNER HEALTH SYSTEM	No restrictions	Phone: 985-898-4000 The Gayle and Tom Benson Cancer Center 1514 Jefferson Highway New Orleans, LA 70121 Phone: 1-866-OCHSNER	70121	Jefferson	More Information	No restrictions	Provides health care services for detection and treatment of cancer.	*	х	x x	х	х	х	x	*	х	х	х	*	x	х	х	<b>(</b> )	* x	: х	х	х	*
ODDYSSEY HOUSE LOUISIANA (OHL)	No restrictions	1125 North Tontl New Orleans, LA 70119 Ph: (504) 821-9211	70119	Orleans	http://www.ohlinc.org/reach- us.html	No restrictions	Provides behavioral health care and substance abuse services for adults and adolescents. Also operates a community medical clinic that provides primary and preventive health care and nutrition education. Also, a Greater New Orleans Area Application Center for Medicaid.	*	x	x x	x		x	x	*	x	x	x	*	x		x	. *	* х	ı			*
Options for Independence	No restrictions	8326 Main Street, Building #3 Houma, Louisiana 70363-4871 Phone:(985) 868-2620	70363	Terrebonne	http://optionsforindependence.com/	No restrictions	Provides behavioral health, mental health, and substance abuse services.								*	х	х	х										*
PACE OF GREATER NEW ORLEANS	Orleans	4201 N. Rampart St. New Orleans LA 70117 Phone: 5049416056	70117	Orleans		Seniors and disabled of Greater New Orleans	Provides quality of life services for seniors including: transportation, nutrition, and independent living assistance.	*				х							*	х	х	х	<b>κ</b> 3	* ×	: x			*
PLAQUEMINES MEDICAL CENTER	No restrictions	27136 Highway 23 Port Sulphur, LA 70083 504-564-3344	70083	Plaquemines	www.plagueminesmedicalcenter.co m	No restrictions	Provides primary, specialty, acute, and specialty health care. Operates mobile medical clinic. South Central Application Center for Medicaid.	*	x	x x	х		x						*	x		x	k 3	* ×	1			*
CENTER	No restrictions	3330 Canal St New Orleans, LA 70119-6246 Phone: (504) 827-2701	70119	Orleans	http://positivelivingtreatment.org/		Provides mental healthcare. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х				*	х												*
REGIONAL TRANSIT AUTHORITY OF ORLEANS & JEFFERSON		2817 Canal Street New Orleans LA 70119-6301 Phone: 504-827-8302		Orleans	http://www.norta.com/	Orleans Parish, Kenner (Jefferson Parish)	Provides public transportation and special paratransit services.	*				x											þ	*		х		
RELIABLE COMMUNITY ALTERNATIVES, INC.	No restrictions	151 Almedia Rd, Suite 6 St. Rose, LA 70087 Office (985) 465-5322	70087	St. Charles	http://rcainc.net/services.htm	No restrictions	Provides personal care. Application Center for Medicaid.	*	x	x x	х			х					*	x			k 3	*			х	*
RELIABLE COMMUNITY ALTERNATIVES, INC.	No restrictions	5416 Veterans Memorial Boulevard Suite 315 Metairie, LA 70003 Office (504) 779-4740	70003	Jefferson		No restrictions	Provides personal care. Application Center for Medicaid.	*	x	x x	х			х					*	х			<b>k</b> 3	*			х	*
RELIABLE COMMUNITY ALTERNATIVES, INC.	No restrictions	8301 W. Judge Perez Drive, Suite 209 A Chalmette, LA 70043 (504) 682-5991 Phone	70043	St. Bernard	http://rcainc.net/services.htm	No restrictions	Provides personal care. Application Center for Medicaid.	*	x	x x	х			х					*	x			( ×	*			х	*
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	Metropolitan Crisis Response Team (MCRT) 3303 Tulane Augustus Suife 6.8.7 New Orleans, LA 70119 Phone: 504-826-2675	70119	Orleans	http://www.rhd.org/Program.aspx? pid=16	No restrictions	Telephone and face-to-face triage, assessment, and intervention for persons experiencing mental health or substance abuse crises. 24/7 clinical staff used to prevent unnecessary mental health hospitalizations and instead link consumers to community based services that better address their needs.	*					x		*	x	x		*	x	x	x	ĸ					
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	New Hope NOLA 3303 Tulane Avenue, Sultes 6 & 7 New Orleans, LA 70119 Phone: 504-826-5206		Orleans	http://www.rhd.org/Program.aspx? pid=193		Provides a short-term crisis stabilization program that operates in a home-like environment where clients are offered a safe, supportive place to regain skills and reduce symptoms of their psychiatric illenss. 24/7 clinical staff with on-call psychiatric illenss. 24/7 clinical staff with on-call psychiatrist and nurse.								*	х			*	x	x	x	ĸ					
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	Metropolitan ACT P.O. Box 850082 New Orleans, LA 70185 Phone: 504-821-7085		Orleans	http://www.rhd.org/Program.aspx? pid=223		A mutidisciplinary, recovery oriented team, which provides in home treatment to individuals diagnosed with a serious mental illness. ACT is designed for individuals who are not able to have their needs met in traditional outpatients settings. The ACT Team includes Psychiatrists, Nurses, Mental Health Professional, Addiction Counselors, Vocational Specialists and Peer Specialists.	*		x x	х		x		*	x	x		*	x	x	x	×					
RESOURCES FOR HUMAN DEVELOPMENT		RIC/LA-SAFE Focused Outreach Case Management Program 1901 West Bank Expressway Suite 550 Harvey, LA 70058 Phone: 504-376-2524	70058	Jefferson	http://www.rhd.org/Program.asps2 pid=2253	Women	RHD's Tocused Outreach Case Management Program empowers and supports women who are involved with the criminal justice system and popartment of Children and Family Services as a result of their struggles with substance abuse. The overall aim of services is to promote and support individual recovery utilizing a comprehensive, empowerment, and strengths- based approach. The program supports treatment either than incarceration and feeping returnment either than incarceration and feeping custody. The forused Outreach Case custody. The forused Outreach Case Management Program Includes LA-SAFE and Reach-in CARE services.								*	х	x		*	x	x	х	K					

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Organization/Provider	Counties Served	Contact Information	Zip Code	Column1	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some resident:	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Public transportation availability	Supervision of young people BEHAVIORS THAT IMPACT HEALTH
RESOURCES FOR HUMAN DEVELOPMENT		Family House Louisiana 112 Holmes Blvd., Bldg. B, Apt. 1			http://www.rhd.org/Program.aspx? pid=48		Family House is a residential substance abuse treatment program for pregnant women and					_					<u> </u>				0, 2						
		Terrytown, LA 70056 Phone: (504) 367-7600					women with children. While at Family House, women receive individual therapy, individual parenting, and groups that include: substance abuse education, parenting education, trauma, feelings process, life skills and much more.								*	х	х		*	x	x	x :	ĸ				
RESOURCES FOR HUMAN DEVELOPMENT		Assertive Community Treatment Team 2 1001 West Bank Expersawy Suite 550 Harvey, LA 70058 Phone: 504-247-9120	70058	Jefferson	http://www.rhd.org/Program.aspx2 pld=2	Consumers in Jefferson Parish and the Greater New Orleans area	The ACT Program provides community based services to individuals with severe and persistent mental illness. Their mental illness may also be accompanied by a substance abuse disorder and/or a developmental disability. ACT is an evidenced based, recovery oriented service delivery model that provides a holistic, multiduciplinary approach of consumer care. ACT support services are not time bound. The primary goals of the program are to lesson or eliminate the debilitating symptom of mental lines each the consumer care of the properties of the consumer courtern acroit epitodes of the lines and to enhance quality of life and functioning.								*	x	х		*	x	x	x 2	κ.				
RESOURCES FOR HUMAN DEVELOPMENT		1901 West Bank Expressway Sulte 550 Harvey, LA 70058 Phone: 504-247-9120	70058	Jefferson	http://www.rhd.org/Program.aspx? pid=8	Adult residents of Jefferson Parish and Greater New Orleans	Provides community based services to individuals with severe and persistent mental illness.								*	x	х		*	x	x	х :	ĸ				
RESOURCES FOR HUMAN DEVELOPMENT		Assertive Community Treatment Team 1 1001 West Bank Epressway Suite 550 Harvey, LA 7058 Phone: 504-247-9120	70058	Jefferson	http://www.rhd.org/Program.asgs2 pid=8		The ACT Program provides community based services to individuals with severe and persistent mental illness. Their mental illness may also be accompanied by a substance abuse disorder and/or a developmental disability. ACT is an evidenced based, recovery oriented service delivery model that provides a holistic, multidisciplinary approach of consumer care. ACT support services are not time bound. The primary gash of the program are to lessen or eliminate the debilitating symptoms of mental illness each consumer experiences, minimize or prevent recurrent acute episodes of the illness and to enhance quality of life and functioning.								*	x	x		*	x	x	<b>x</b> 3	K				
RESOURCES FOR HUMAN DEVELOPMENT		Womanspace Louisiana 2407 Baronne Street New Orleans, LA 70113 Phone: 504-895-6600	70113	Orleans	http://www.rhd.org/Program.aspx? pid=95	Women	A safe haven for women who are experiencing homelessness, mental illiness, and/or substance abuse. The 15-bed emergency shelter provides a nurturing environment for these women as they stabilize before moving to treatment or transitional housing.	*					x		*	x	x		*	x	x	x I	· *	x			*
RESOURCES FOR HUMAN DEVELOPMENT	No restrictions	151 Meadowcrest Street, Suite C Gretna , LA 70056 Phone: (504) 361-9573	70056	Jefferson	More Information	Adults in the Greater New Orleans area	Provides substance abuse services.								*		х										
RESPONSIABILTIY HOUSE	No restrictions	1799 Stumpf Blvd., Bldg. 7, Ste. 4 Terrytown, LA 70056 Phone: (504) 367-4426	70056	Jefferson	http://www.responsibilityhouse.org/ contact_us0.aspx	No restrictions	Provides substance abuse services.								*		х										
River Oaks Hospital		1525 River Oaks Rd W New Orleans, LA 70123-2199 (504) 734-1740	70123	Jefferson	http://www.riveroakshospital.com/	No restrictions	Provides mental healthcare.	*		х					*	х		х									
RIVERSIDE MEDICAL CENTER	No restrictions	Pediatric/Internal Medicine Clinic 1900 Main St Franklinton, LA (985) 839-4431	70438		http://www.rmchospital.com/	No restrictions	Provides primary, preventive, emergency, mental health and specialty care.	*	x	x x	x		x	x	*	х		x	*	х	х	х :	ĸ				*
SEASIDE HEALTH CARE		229 Bellemeade Blvd. Gretna, LA 70056 (504) 391-2440	70056	Jefferson	http://www.seasidehc.com/seaside- behavioral-center-locations/		Partial hospitalization and intensive outpatient programs for patients 18 and older.								*	х	х										
SEASIDE HEALTH CARE		350 North Causeway Blvd. Mandeville, LA 70448 (985) 674-7694		·	http://www.seasidehc.com/seaside- behavioral-center-locations/		Partial hospitalization and intensive outpatient programs for patients 18 and older.								*	х	х										
SEASIDE HEALTH CARE		4200 Houma Blvd, 4th floor Metairie, LA 70006 (504) 503-4900	70006	Jefferson	http://www.seasidehc.com/seaside- behavioral-center-locations/		Inpatient program offering adult psychiatric services for patients 30 and older.								*	х	х										
SEASIDE HEALTH CARE	No restrictions	4201 Woodland Drive New Orleans, LA 70131 (504) 393-4223		Orleans	http://www.seasidehc.com/seaside- behavioral-center-locations/		Inpatient program offering adult and geriatric psychiatric services for patients 30 and older.								*	х	х										
SEASIDE HEALTH CARE		8060 Crowder Blvd. Suite A New Orleans, LA 70127 (504) 324-7892	70127	Orleans	http://www.seasidehc.com/seaside- behavioral-center-locations/		Partial hospitalization and intensive outpatient programs for patients 18 and older.								*	х	х										
ST. THOMAS COMMUNITY HEALTH CENTER	No restrictions	1020 Saint Andrew Street New Orleans, LA 504-529-5558	70130	Orleans	www.stthomaschc.org	No restrictions	Provides primary, preventive, behavioral, pediatric and women's health care.	*	x	x x	х		x	x	*	х		х	*	х	x	x :	*	x			*
ST. THOMAS COMMUNITY HEALTH CENTER		Columbia Parc Health Center 3943 St. Bernard Ave. New Orleans, LA 70122 504.529.5558	70130	Orleans	www.stthomaschc.org	No restrictions	Provides primary, preventive, behavioral, pediatric and women's health care.	*	x	хх	х		х	х	*	х		x	*	х	х	x z	*	x			*
ST. THOMAS COMMUNITY HEALTH CENTER		Donald T. Erwin Center 1936 Magazine St. New Orleans, LA 70130 504.529.5558	70130	Orleans	www.stthomaschc.org	No restrictions	Provides primary, preventive, behavioral, pediatric and women's health care.	*	x	x x	x		x	x	*	х		x	*	x	x	х :	*	х			*

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Organization/Provider	Counties Served	Contact information	Zip Code	Column1	Internet information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limite d availability of affordable preventive care	Limited availability of medical professionals Costly fees that may be unaffordable for some resident	Cost of health insurance	Transportation availability	Coordination of healthcare	Pediatric He alth Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental he alth	Substance abuse Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limite d information dissemination	Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability	Supervision of young people	BEHAVIORS THAT IMPACT HEALTH
	No restrictions	St. Thomas at Mahalia Jackson 2405 Jackson Avenue Building B,	70130	Orleans	www.stthomaschc.org	No restrictions	Provides primary, preventive, behavioral, pediatric and women's health care.							_	_				_	0, 0							
		Suite 222 New Orleans, LA 70130 504-359-6807						*	х	хх	х		х	х	*	х	х	*	х	х	х	х	*	х			*
STRIVE INCORPORATED	No restrictions	1139 Napoleon Avenue New Orleans, LA 70115 Phone: (504) 895-2557	70115	Orleans	More Information	Individuals with mental retardation and/or developmental disabilities	Provides adult day care, employment opportunities, residential facilities, supervised independent living, assessment, and recreation services.	*		x					*	х		*			x		*	x	х		*
TECHE ACTION CLINIC	No restrictions	1014 West Tunnel Blvd. Houma, LA 70360 Ph: (985) 851-1717	70360	Terrebonne	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	x	x x	x	х	х	x	*	х	х	*	x	х	x	x	*	x			*
TECHE ACTION CLINIC	No restrictions	159 East Third Street Edgard, LA 70049 Ph: (985) 497-8726	70049	St. John the Baptist	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	x	x x	х	х	x	х	*	х	х	*	x	х	x	x	*	x			*
TECHE ACTION CLINIC	No restrictions	1709 Ridgefield Rd. Thibodaux, LA 70301 Ph: (985) 446-7341	70301	Lafourche	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	х	хх	х	х	x	x	*	х	х	*	x	х	x	x	*	x			*
TECHE ACTION CLINIC	No restrictions	189 Mozart Drive Houma, LA 70363 Ph: (985) 868-3700	70363	Terrebonne	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	x	x x	х	х	х	х	*	х	х	*	x	х	x	x	*	x		+	*
TECHE ACTION CLINIC	No restrictions	471 Central Avenue Reserve, LA 70084 Ph: (985) 479-1315	70084	St. John the Baptist	http://www.tabhealth.org/services	No restrictions	Provides primary, preventive, behavioral, and women's health care, health education, nutrition education, and access to WIC and Medicaid.	*	x	хх	х	х	х	х	*	х	х	*	х	х	х	x	*	x		+	*
TERREBONNE GENERAL MEDICAL CENTER	No restrictions	8166 Main Street Houma, LA 70360 Phone: 9858735292	70360	Terrebonne	http://www.tgmc.com/contact/	No restrictions	Provides primary, preventive, specialty, and women's health care. South Central Application Center for Medicaid.	*	х	хх	х		x	х				*	х	х	х	х	*	х			*
THE EXTRA MILE, SOUTHEAST LOUISIANA, INC	No restrictions	3616 S I-10 Service Road W. Metairie, LA 70001 Phone: 504.349.8748	70001	Jefferson	http://www.temsela.org/contact_us. html		Provides access to community, social, and assistance services to disadvantaged individuals.											*	х	х	x	х					
THE EXTRA MILE, SOUTHEAST LOUISIANA, INC	No restrictions	JPHSA Clinic 5001 Westbank Expressway Marrero, LA 70072 Phone: 504.349.8748	70072	Jefferson	http://www.temsela.org/contact_us. html	No restrictions	Provides access to community, social, and assistance services to disadvantaged individuals.											*	x	x	x	x					
	No restrictions	402 Girod St. Mandeville, Louisiana 70448 tel:9856264457	70448	St. Tammany		No restrictions	Provides food pantry, clothing, emergency financial assistance, transportation assistance, and information on social services.											*	х		x	x	*	х			
THIBODAUX REGIONAL MEDICAL CENTER	No restrictions	602 N. Acadia Road Thibodaux, LA 70301 Phone: 9854934772	70301	Lafourche	http://www.thibodaux.com/Centers- and-Services.aspx		Provides primary, preventive, specialty, behavioral, pediatric, and women's health care and health education services. South Central Application Center for Medicaid.	*	x	x x	x		x	x	*	х	x	*	х	х	x	x	*	x			*
TOWNSEND	No restrictions  No restrictions	19411 Helenberg Road Suite 101 Covington, LA 70433 Phone: (985)893-2522 1340 W. Tunnel Blvd. 5te 310	70433	St. Tammany Terrebonne	http://townsendla.com/ http://townsendla.com/locations/ho	No restrictions	Provides substance abuse services.  Provides substance abuse services.								*		х										
TOWNSEND	No restrictions	Houma, LA 70360 985-746-3946	70360	rerreponne	uma-la/	NO restrictions	Provides substance abuse services.								*		x										
TRIUMPH OF SPECIAL PEOPLE	No restrictions	650 Poydras Street, Suite 2708 New Orleans, LA 70130 Phone: (504) 568-0026 (866) 208-7780	70130	Orleans	More Information	Individuals with developmental disabilities	Provides personal care attendant, supported independent living, housing location, and financial assistance with social activities and transportation.	*		x					*	х		*	x		x		*	x	х		*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Behavioral Health Clinic – Metairie 4641 Fairfield St., Suite F Metairie, LA 70006 (504) 988-7250	70006	Jefferson	http://tulane.edu/som/departments /psychiatry/patientCare/behavioral- health-clinic.cfm	Adults	Provides adult mental health psychotherapy and medication management.								*	х		*	х	х	x	х					
TULANE UNIVERSITY SCHOOL OF MEDICINE	F No restrictions	Tulane Center for Women's Health 4720 South I-10 Service Road, Suite 300 Metairie, LA 70001 504-988-8070	70001	Jefferson	http://tulane.edu/som/patients/inde x.cfm	Women	Provides women's health care.	*	х	x x	х		х					*	x	х	х	x	*	x			*
TULANE UNIVERSITY SCHOOL OF MEDICINE	F No restrictions	304-986-8070 Tulane Hospital for Children 1415 Tulane Avenue New Orleans, LA 70112 504-988-5800	70112	Orleans	http://tulane.edu/som/patients/index.cfm	Children	Provides primary, preventive, specialty, and emergency pediatric health care. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х		х	х				*	х	х	x	х	*	х		T	*
TULANE UNIVERSITY SCHOOL OF MEDICINE	P No restrictions	304-986-3000 Tulane Medical Center 1415 Tulane Avenue New Orleans, LA (504) 988-5263	70112	Orleans	http://tulane.edu/som/patients/index.cfm	No restrictions	Provides primary, preventive, specialty, and emergency health care. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х		х	х				*	х	х	x	х	*	x			*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	L3041 986-3203 Tulane Multispecialty Clinic at University Square 200 Broadway, Suite 230 New Orleans, LA 70118 504-988-9000	70118	Orleans	http://tulane.edu/som/patients/index.cfm	No restrictions	Provides family and community medicine and pediatrics. Greater New Orleans Area Application Center for Medicaid.	*	x	x x	х		х	х				*	х	х	x	х	*	x			*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Tulane-Lakeside Hospital 4700 South I-10 Service Road West Metairie, LA 70001 504-780-8282	70001	Jefferson	http://tulane.edu/som/patients/inde x.cfm	No restrictions	Provides specialty health care. Greater New Orleans Area Application Center for Medicaid.	*	х	x x	х		х					*	х	х	x	х	*	х			*
TULANE UNIVERSITY SCHOOL OF MEDICINE	No restrictions	Center for Autism and Related Disorders 131 S. Robertson St. New Orleans, LA 70112 Phone: (504) 988-3533	70112	Orleans	http://tulane.edu/som/TCARD/conta ct-us.cfm	No restrictions	Provides diagnostic services, therapies, parent education and support.								*	х	х	*	х	х	х	x					
TULANE UNIVERSITY SCHOOL OF MEDICINE	F Orleans	Prone: (504) 988-3533 Drop-In Center @ Covenant House 611 N. Rampart Street New Orleans, LA 70116	70116	Orleans	www.tulane.edu/~dropin	Homeless youth	Provides primary healthcare and substance abuse, mental health, case management and outreach services. Greater New Orleans Area Application Center for Medicaid.	*	x	хх	x		x	х	*	х	х х	*	х	х	х	х	*	х			*

Organization/Provider	Counties Served	Contact Information	Zip Code	: Column1	Internet information	Population Served	Services Provided	ACCESS TO HEALTHCARE AND MEDICAL SERVICES	Limited availability of affordable preventive care Limited availability of medical professionals	Costly fees that may be unaffordable for some residents Cost of health insurance	fransportation availability Coordination of healthcare	Pediatric Health Care	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Mental health	Substance abuse	Pediatric Behavioral health (psychiatry, counseling, etc.)	RESOURCE AWARENESS AND HEALTH LITERACY	Limited information dissemination Services for Latino/Vietnamese residents (including translation services)	Collaboration of business, hospitals and communities	Limited outreach service provision	ACCESS TO HEALTHY OPTIONS	Healthy nutrition	Recreational activities availability Public transportation availability	Supervision of young people	BEHA WORS THAT IMPACT HEALTH
UNITED CEREBRAL PALSEY OF GREATER NEW ORLEANS	Orleans, Jefferson, Avondale, St. Bernard	1000 Leonidas Street New Orleans LA 70118 Phone: (504) 865-0003	70118	Orleans	http://ucpgno.org/	Persons with disabilites	Provides a dental clinic and non-emergency transportation.	*	хх	х	х	х					*	х х	x	х	*	х	х х		*
UNIVERSITY MEDICAL CENTER NEW ORLEANS		2000 Canal Street New Orleans, LA 70112 Phone: 504-702-3000	70112	Orleans	http://www.umcno.org/	No restrictions	Provides primary, preventive, specialty, pediatric, women's, and emergency health care.	*	хх	х х	х	х					*	х х	x	х	*	х			*
Volunteers of America of GNO	No restrictions	4152 Canal Street New Orleans, LA 70119 (504)482-2130	70119	Orleans	www.voagno.org	No restrictions	Provides programs for disadvantaged individuals and access to social services and other community based organizations.	*	хх	х х	х	х	*	х	х	x	*	x x	x	х	*	х			*
WEST JEFFERSON MEDICAL CENTER	No restrictions	1111 Medical Center Blvd. Suite S-850 Marrero, LA 70072 Phone: 504.347.5511	70072	Jefferson	More Information	No restrictions	Provides adult and pediatric primary and preventive care. South Central Application Center for Medicaid.	*	x x	x x	х	x					*	х	х	x	*	х			*
WEST JEFFERSON MEDICAL CENTER	No restrictions	Grand Isle Multiplex 3101 Louisiana Highway 1 Grand Isle, LA, 70358	70358	Jefferson	More Information	No restrictions	Provides adult and pediatric primary and preventive care.	*	хх	х х	х	х					*	х	x	х	*	х			*
WEST JEFFERSON MEDICAL CENTER	No restrictions	Lapalco Clinic 3909 Lapalco Blvd. Suite 100 Harvey, LA 70058 504.349.6900	70058	Jefferson	More Information	No restrictions	Provides adult and pediatric primary and preventive care.	*	хх	x x	x	x					*	x	х	x	*	x			*
WEST JEFFERSON MEDICAL CENTER	No restrictions	Manhattan Clinic 2845 Manhattan Blvd. Harvey, LA 70058 504.349.6930	70058	Jefferson	More Information	No restrictions	Provides adult and pediatric primary and preventive care.	*	хх	x x	х	х					*	х	х	х	*	х			*
WEST JEFFERSON MEDICAL CENTER	No restrictions	Oakwood Clinic 175 Hector Avenue Gretna, LA 70056 504.349.6925	70056	Jefferson	More Information	No restrictions	Provides adult and pediatric primary and preventive care.	*	x x	x x	x	x					*	х	x	x	*	х			*
YMCA	No restrictions	15577 Highway 15 Davant, LA 70040 504-279-5270	70040	Plaquemines	More Information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.										*	x	x	х	*	х	x	x	*
YMCA	No restrictions	278 Civic Dr Port Sulphur, LA 70083 504-564-0911	70083	Plaquemines	More Information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.										*	х	x	х	*	x	x	х	*
YMCA	No restrictions	36342 Highway 11 Buras, LA 70041 504-564-0591	70041	Plaquemines	More Information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.										*	х	х	х	*	х	х	х	*
YMCA	No restrictions	6691 Riverside Drive Metairie, LA 504-888-9622	70003	Jefferson	More Information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.										*	х	х	х	*	х	х	х	*
YMCA	No restrictions	71256 Francis Road Covington, LA 70433 985-893-9622	70433	St. Tammany	More Information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.										*	x	х	х	*	х	х	х	*
YMCA	No restrictions	8101 Belle Chasse Highway Belle Chasse, LA 70037 Phone: 504-392-9622	70037	Plaquemines	More Information	Youth	The YMCA provides programs for all ages to promote wellness and physical fitness.										*	x	х	х	*	х	х	х	*
YOUTH SERVICE BUREAU	No restrictions	150 Cleveland Avenue Slidell, LA 70438 Client Services: 985-643-5746	70438		http://www.ysbworks.com/contact. php	Youth	Provides substance abuse services.						*	х	х	x									
YOUTH SERVICE BUREAU	No restrictions	314 & 316 Austin Street Bogalusa, LA 70427 Client Services: 985-735-1687	70427		http://www.ysbworks.com/contact. php	Youth	Provides substance abuse services.						*	х	х	x									
YOUTH SERVICE BUREAU	No restrictions	430 North New Hampshire Covington, LA 70433 Phone: (985)893-2570	70433	St. Tammany	http://www.ysbworks.com/contact.php	Youth	Provides substance abuse services.						*	х	х	x									
YOUTH SERVICE BUREAU	No restrictions	911 Washington Street Franklinton, LA 70438 Office: 985-839-4090	70438		http://www.ysbworks.com/contact.php	Youth	Provides substance abuse services.						*	х	х	x									

# APPENDIX B

# Secondary Data Profile

TOURO INFIRMARY August, 2015

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## **Touro Infirmary Study Area Definition**

While community can be defined in many ways, for the purposes of this report, the **Touro Infirmary** community is defined as 16 zip codes – including 2 parishes that hold a large majority (75%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Table 1. Touro Infirmary Study Area Definition – Zip Codes									
City Zip Code Paris		Parish	City	Zip Code	Parish				
New Orleans	70113	Orleans Parish	New Orleans	70124	Orleans Parish				
New Orleans	70114	Orleans Parish	New Orleans	70125	Orleans Parish				
New Orleans	70115	Orleans Parish	New Orleans	70126	Orleans Parish				
New Orleans	70116	Orleans Parish	New Orleans	70127	Orleans Parish				
New Orleans	70117	Orleans Parish	New Orleans	70128	Orleans Parish				
New Orleans	70118	Orleans Parish	New Orleans	70130	Orleans Parish				
New Orleans	70119	Orleans Parish	New Orleans	70131	Orleans Parish				
New Orleans	70122	Orleans Parish	Chalmette	70043	St. Bernard Parish				

Figure 1. Map of Touro Infirmary Study Area



### **Demographic Data**

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the **Touro Infirmary** Study Area. The Touro Infirmary Study Area is defined to include the 16 zip codes across 2 parishes; for comparison purposes the Touro Infirmary Study Area looks to compare to Orleans Parish (the parish with the largest number of zip codes that make up the study area).

Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

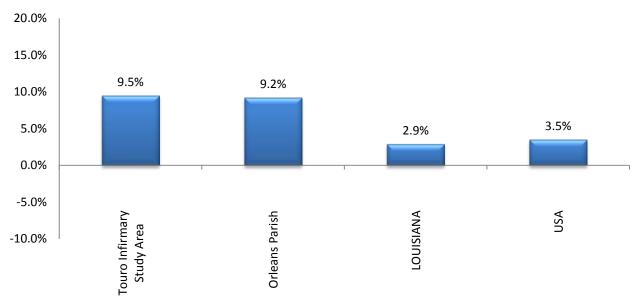
#### **Population Change**

- The Touro Infirmary Study Area encompasses 399,840 residents.
- Orleans Parish encompasses 392,762 residents.
- From 2015 to 2020 the Touro Infirmary Study Area is projected to experience the largest percentage change in population with a 9.5% increase (37,930 people).
- All of the study area is projected to have population growth in 2020.

Table 2. Population Size and Change Projections 2015, 2020

	Touro Infirmary Study Area	Orleans Parish	Louisiana	USA
2015 Total Population	399,840	392,762	4,662,874	319,459,991
2020 Projected Population	437,770	429,069	4,800,027	330,689,265
# Change	37,930	36,307	137,153	11,229,374
% Change	9.5%	9.2%	2.9%	3.5%

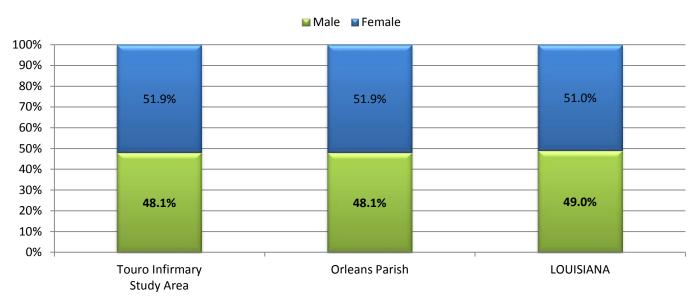
**Chart 1. Population Change 2015 - 2020** 



#### <u>Gender</u>

• The gender breakdown for the study area is generally consistent across the study area parish and similar to state and national norms.

**Chart 2. Gender (2015)** 



#### **Age**

• The Touro Infirmary Study Area and Orleans Parish both report a rate of 12.6% for the population of residents aged 65 and older.

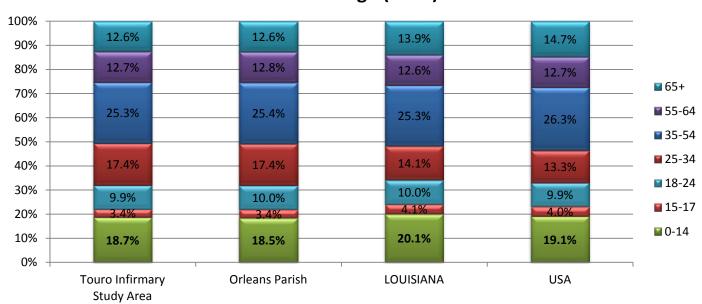
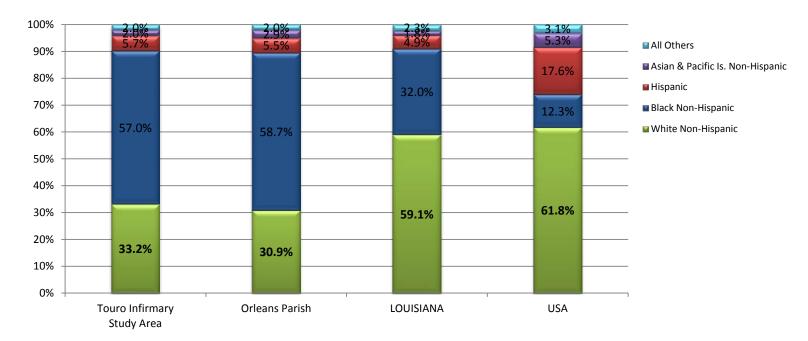


Chart 3. Age (2015)

#### Race

- The Touro Infirmary Study Area reports the highest White, Non-Hispanic population percentage at 33.2%; this is much lower than state (59.1%) and national norms (61.8%).
- Orleans Parish reports the highest Black, Non-Hispanic population across the study area at 58.7%; The Touro Infirmary Study Area reports the second highest percentage at 57.0%.
- The study area as well as Orleans Parish report lower rates of Hispanic residents as compared with the country (17.6%). The Touro Infirmary Study Area reports the highest Hispanic population rate at 5.7% compared with Orleans Parish and the state.

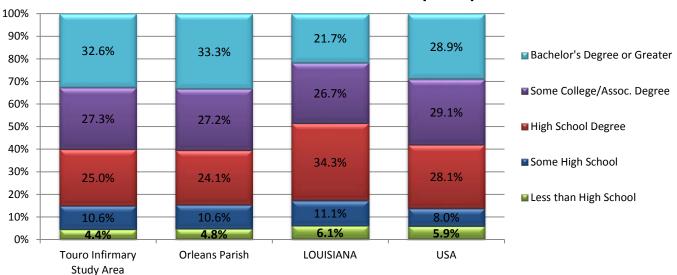
### Chart 4. Race (2015)



#### **Education Level**

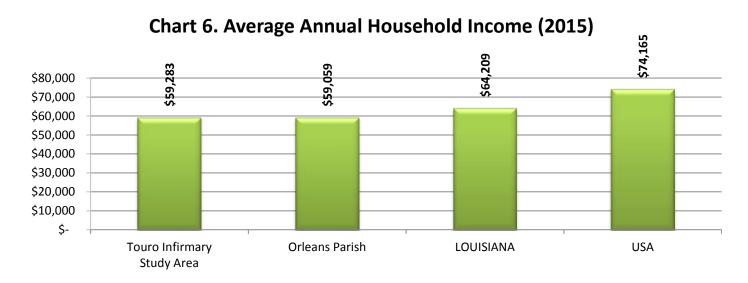
- Orleans Parish reports the highest rate for the study area of residents with 'Less than a high school' degree (4.8%); this is lower than the state (6.1%) and national (5.9%) rates.
- Orleans Parish reports the highest rate of residents with a Bachelor's degree or higher with 33.3%; this is higher than state (21.7%) and national (28.9%) norms.



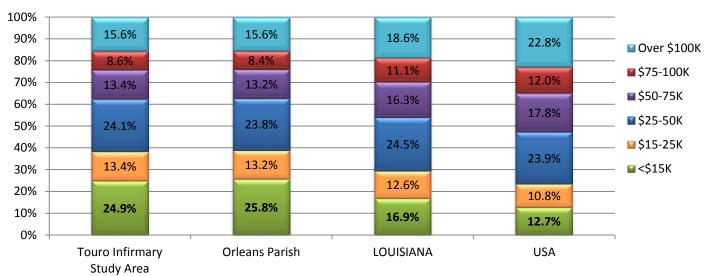


#### Income

- Orleans Parish reports the lowest average annual household income for the study area at \$59,059, followed closely by the Touro Infirmary Study Area at \$59,283.
- Orleans Parish and the Touro Infirmary Study Area both report high rates of households that earn less than \$15,000 per year (25.8% and 24.9% respectively); in other words, more than 1 in every 4 residents of these areas have household incomes less than \$15,000 per year.



**Chart 7. Annual Household Income Detail (2015)** 



## **Community Needs Index (CNI)**

In 2005, Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to health care access. Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

#### 1. Income Barrier

- a. Percentage of households below poverty line, with head of household age 65 or more
- b. Percentage of families with children under 18 below poverty line
- c. Percentage of single female-headed families with children under 18 below poverty line

#### 2. Cultural Barrier

- a. Percentage of population that is minority (including Hispanic ethnicity)
- b. Percentage of population over age 5 that speaks English poorly or not at all

#### 3. Education Barrier

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

#### 4. Insurance Barrier

- a. Percentage of population in the labor force, aged 16 or more, without employment
- b. Percentage of population without health insurance

#### 5. Housing Barrier

a. Percentage of households renting their home

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

<sup>&</sup>lt;sup>1</sup> Truven Health Analytics, Inc. 2015 Community Need Index.

Table 3. Complete Zip Code CNI List – 2011 to 2015 Comparison

Zip	Community Name	Parish	Income Rank	Culture Rank	Education Rank	Insurance Rank	Housing Rank	2015 CNI Score	2011 CNI Score	Diff. 2011 – 2015
70113	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0
70114	New Orleans	Orleans Parish	5	5	5	5	5	5.0	4.8	+ 0.2
70117	New Orleans	Orleans Parish	5	5	5	5	5	5.0	5.0	0.0
70116	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70119	New Orleans	Orleans Parish	5	5	4	5	5	4.8	5.0	- 0.2
70125	<b>New Orleans</b>	Orleans Parish	5	5	4	5	5	4.8	4.8	0.0
70126	New Orleans	Orleans Parish	5	5	4	5	5	4.8	4.2	+ 0.6
70127	<b>New Orleans</b>	Orleans Parish	5	5	4	5	5	4.8	4.2	+ 0.6
70122	New Orleans	Orleans Parish	4	5	4	5	5	4.6	4.2	+ 0.4
70043	Chalmette	St. Bernard Parish	4	4	4	5	5	4.4	3.8	+ 0.6
70118	New Orleans	Orleans Parish	4	5	3	5	5	4.4	4.6	- 0.2
70130	New Orleans	Orleans Parish	5	4	3	5	5	4.4	4.8	- 0.4
70131	New Orleans	Orleans Parish	4	5	3	5	5	4.4	3.4	+ 1.0
70128	New Orleans	Orleans Parish	4	5	3	5	4	4.2	3.6	+ 0.6
70115	New Orleans	Orleans Parish	4	4	2	5	5	4.0	4.6	- 0.6
70124	New Orleans	Orleans Parish	1	3	1	3	4	2.4	2.2	+ 0.2

A total of 15 of the 16 zip code areas (93.8%) for the Touro Infirmary study area fall above the median score for the scale (3.0). Being above the median for the scale indicates that these zip code areas have more than average the number of barriers to health care access.

☐ 2015 CNI Score by ZIP Code 3.6 2.2 70129 70002 70124 Metairie<sub>o</sub> 3152 3139 70121 70032 **New Orleans** 70075 70092 defferson 70056 Mississippi 70058 70037 **Plaguemines** 70040

Figure 2. Touro Infirmary Study Area 2015 CNI Map

Across the 16 Touro Infirmary study area zip codes:

- 8 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)
- 4 remained the same from 2011 to 2015
- 4 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)

Zip code area 70131 – New Orleans experienced the largest rises in CNI score (going from 3.4 to 4.4); while 70115 – New Orleans experienced the largest decline in CNI score (going from 4.6 to 4.0).

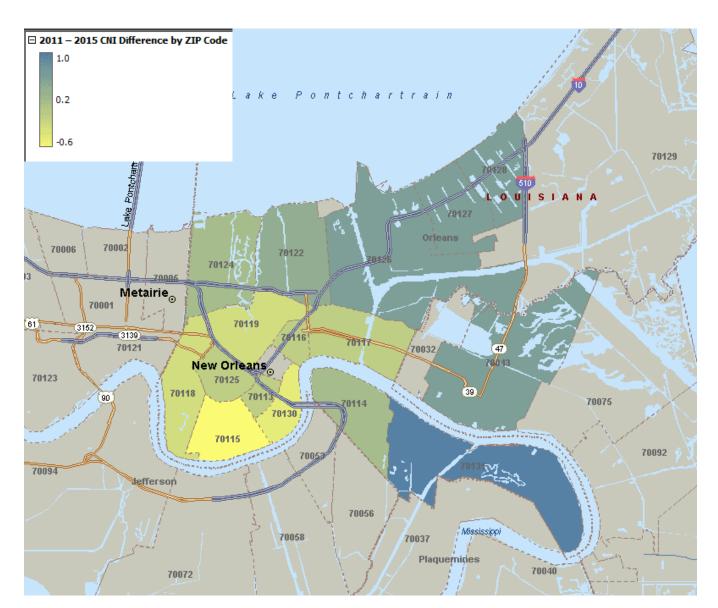


Figure 3. Touro Infirmary Study Area 2011 - 2015 CNI Difference Map

The available data behind the rankings illustrates the supporting data for each CNI ranking.

Table 4. Touro Infirmary - 2015 CNI Detailed Data

Zip	City	2015 CNI Score	Poverty 65+	Poverty Married w/ kids	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Un- employed	Un- insured	Renting
70113	New Orleans	5.0	36.0%	56.3%	60.9%	1.0%	85.5%	28.8%	23.8%	42.0%	78.3%
70114	New Orleans	5.0	24.4%	39.6%	60.3%	2.2%	82.0%	20.6%	15.3%	27.9%	56.7%
70117	<b>New Orleans</b>	5.0	29.5%	46.8%	63.6%	0.6%	78.5%	22.0%	14.3%	31.9%	50.6%
70116	New Orleans	4.8	19.7%	54.7%	65.9%	1.2%	56.3%	16.5%	14.2%	24.8%	67.3%
70119	New Orleans	4.8	25.4%	48.3%	66.8%	3.4%	70.7%	19.2%	15.4%	31.1%	67.0%
70125	New Orleans	4.8	22.3%	40.4%	54.1%	0.8%	67.2%	14.8%	14.4%	25.4%	55.0%
70126	New Orleans	4.8	11.8%	46.4%	55.3%	1.0%	95.3%	18.4%	16.2%	29.5%	45.5%
70127	New Orleans	4.8	21.7%	44.5%	65.2%	1.2%	97.7%	15.1%	14.5%	30.6%	49.3%
70122	New Orleans	4.6	15.8%	27.9%	42.4%	0.8%	86.8%	14.1%	14.1%	25.2%	38.3%
70043	Chalmette	4.4	7.4%	22.9%	48.0%	2.4%	36.4%	17.0%	10.8%	17.1%	42.3%
70118	New Orleans	4.4	18.6%	25.3%	42.2%	0.9%	45.5%	11.7%	10.5%	23.1%	54.6%
70130	New Orleans	4.4	24.5%	30.6%	71.3%	0.9%	39.2%	11.1%	8.3%	21.1%	68.2%
70131	New Orleans	4.4	11.9%	24.3%	51.3%	1.9%	74.4%	12.9%	10.2%	17.5%	42.1%
70128	New Orleans	4.2	16.3%	30.0%	52.2%	1.8%	97.9%	12.6%	11.9%	23.0%	31.2%
70115	New Orleans	4.0	14.9%	22.7%	43.7%	1.3%	37.0%	9.6%	10.6%	18.8%	56.3%
70124	New Orleans	2.4	11.2%	4.5%	13.2%	1.4%	16.3%	3.7%	4.0%	10.1%	31.9%

For the study area there are 3 zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70113, 70114, and 70117 – New Orleans.

- Zip code area 70113 in New Orleans reports the highest rates for the study area for: residents aged 65 or older living in poverty (36.0%), married parents with children living in poverty (56.3%), residents without a high school diploma (28.8%), unemployed residents (23.8%), uninsured residents (42.0%), and residents renting (78.3%).
- Zip code area 70119 in New Orleans reports the highest rates of residents with limited English proficiency (3.4%).
- Zip code area 70130, also, in New Orleans, reports the highest rate of single with children living in poverty (71.3%).
- 97.9% of zip code area 70128 in New Orleans identify themselves as a minority; this is the highest for the study area.

On the other end of the spectrum, the lowest CNI score for the study area is 2.4 in New Orleans.

- Zip code area 70117 in New Orleans reports the lowest rates of residents with limited English proficiency (0.6%).
- Zip code area 70043 in Chalmette reports only 7.4% of their population as aged 65 and older living in poverty.
- Zip code area 70128 in New Orleans reports the lowest rate of residents renting at 31.2%.
- Zip code area 70124 in New Orleans reports the lowest rates in the study area for: residents married with children living in poverty (4.5%), single residents with children living in poverty (13.2%), residents identifying as a minority (16.3%), residents without a high school diploma (3.7%), unemployed residents (4.0%), and uninsured residents (10.1%).

5
4.5
4
3
2
1
Touro Infirmary
Study Area

**Chart 8. Overall CNI Values - Touro Infirmary and Orleans Parish** 

# Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)<sup>2</sup>

#### **Prevention Quality Indicators (PQI)**

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations. The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators.

The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. Lower index scores represent fewer admissions for each of the PQIs.

#### PQI Subgroups:

- 1. Chronic Lung Conditions
  - PQI 5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40+) Admission Rate<sup>3</sup>
  - PQI 15 Asthma in Younger Adults Admission Rate<sup>4</sup>

#### 2. Diabetes

- PQI 1 Diabetes Short-Term Complications Admission Rate
- PQI 3 Diabetes Long-Term Complications Admission Rate
- PQI 14 Uncontrolled Diabetes Admission Rate
- PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

#### 3. Heart Conditions

- PQI 7 Hypertension Admission Rate
- PQI 8 Congestive Heart Failure Admission Rate
- PQI 13 Angina Without Procedure Admission Rate

#### 4. Other Conditions

- PQI 2 Perforated Appendix Admission Rate<sup>5</sup>
- PQI 9 Low Birth Weight Rate<sup>6</sup>
- PQI 10 Dehydration Admission Rate
- PQI 11 Bacterial Pneumonia Admission Rate

<sup>&</sup>lt;sup>2</sup> PQI and PDI values were calculated including all relevant zip-code values from Louisiana; Mississippi data could not be obtained and was therefore not included.

<sup>&</sup>lt;sup>3</sup> PQI 5 for past study was COPD in 18+ population; PQI 5 for current study is now restricted to COPD and Asthma in 40+ population

<sup>&</sup>lt;sup>4</sup> PQI 15 for past study was Adult Asthma in 18+ population; PQI 15 for current study is now restricted to Asthma in 18-39 population ("Younger").

<sup>&</sup>lt;sup>5</sup> PQI 2 changed from Perforated Appendix in Males 18+ for the past study to Perforated Appendix in Total 18+ population as a rate per 1,000 ICD-9 code admissions for appendicitis. This shift has changed the values for this measure drastically and therefore, Tripp Umbach did not adjust.

<sup>&</sup>lt;sup>6</sup> Although not clearly explained by the AHRQ, it would seem that a definition of Newborn population has shifted for PQI 9 because the values are drastically lower in 2014 than in previous years (2011). This has shifted PQI 9 values drastically. Tripp Umbach did not adjust.

PQI 12 Urinary Tract Infection Admission Rate

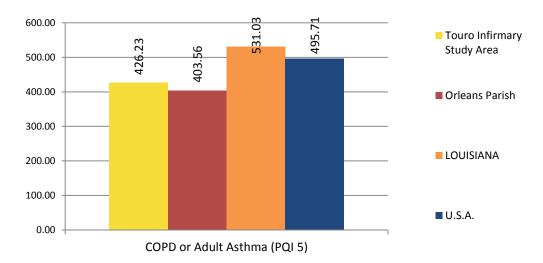
Table 5. Prevention Quality Indicators (PQI) Touro Infirmary / LA / U.S.A. 2015									
Prevention Quality Indicators (PQI)	Touro Infirmary Study Area 2015 PQI	LA 2015 PQI	U.S.A. 2015 PQI	Touro Infirmary Study Area – LA Diff.	Touro Infirmary Study Area – U.S.A. Diff.				
Chronic Lung Conditions									
COPD or Adult Asthma (PQI5)	426.23	531.03	495.71	- 104.80	- 69.48				
Asthma in Younger Adults (PQI15)	37.78	42.83	46.02	- 5.05	- 8.24				
Diabetes									
Diabetes Short-Term Complications (PQI1)	115.05	98.10	63.86	+ 16.95	+ 51.19				
Diabetes Long-Term Complications (PQI3)	135.09	126.06	105.72	+ 9.03	+ 29.37				
Uncontrolled Diabetes (PQI14)	9.18	15.57	15.72	- 6.39	- 6.54				
Lower Extremity Amputation Among Diabetics (PQI16)	15.11	12.74	16.50	+ 2.37	- 1.39				
Heart Conditions									
Hypertension (PQI7)	44.60	46.06	54.27	- 1.46	- 9.67				
Congestive Heart Failure (PQI8)	365.55	404.11	321.38	- 38.56	+ 44.17				
Angina Without Procedure (PQI13)	6.03	13.74	13.34	- 7.71	- 7.31				
Other Conditions									
Perforated Appendix (PQI2)	411.48	322.43	323.43	+ 89.05	+ 88.05				
Low Birth Weight (PQI9)	109.85	86.51	62.14	+ 23.34	+ 47.71				
Dehydration (PQI10)	75.78	124.53	135.70	- 48.75	- 59.92				
Bacterial Pneumonia (PQI11)	155.94	305.80	248.19	- 149.86	- 92.25				
Urinary Tract Infection (PQI12)	146.59	209.39	167.01	- 62.80	- 20.42				

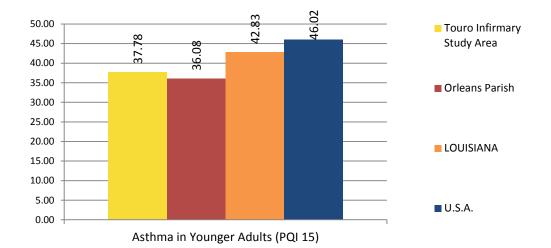
#### **Key Findings from 2015 PQI Data:**

- > The PQI measures in which the study area reports higher preventable admission rates than the state of Louisiana is for:
  - o Diabetes, Short-Term Complications
  - o Diabetes, Long-Term Complications
  - o Lower Extremity Amputation Among Diabetics
  - o Perforated Appendix
  - o Low Birth Weight
- ➤ When comparing the PQI data to the national rates, the study area reports higher preventable hospital admissions for:
  - o Diabetes, Short-Term Complications
  - o Diabetes, Long-Term Complications
  - o Congestive Heart Failure
  - o Perforated Appendix

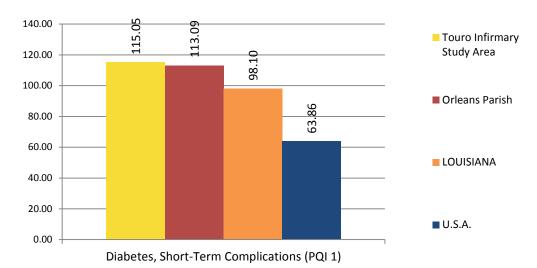
- o Low Birth Weight
- There are also a number of PQI measures in which the Touro Infirmary Study Area and Orleans Parish report lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:
  - o COPD or Adult Asthma
  - o Asthma in Younger Adults
  - Uncontrolled Diabetes
  - o Lower Extremity Amputation among Diabetics
  - Hypertension
  - Angina Without Procedure
  - o Dehydration
  - o Bacterial Pneumonia
  - o Urinary Tract Infection

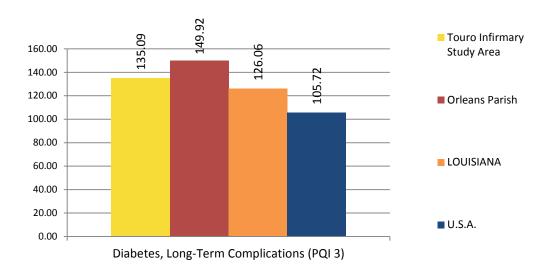
#### **Chronic Lung Conditions:**

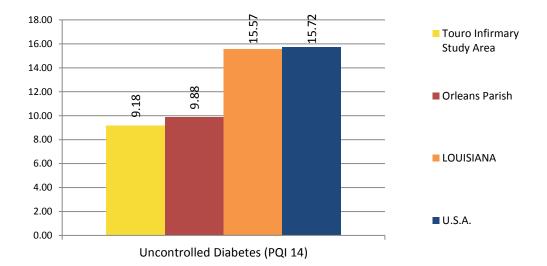




#### **Diabetes:**

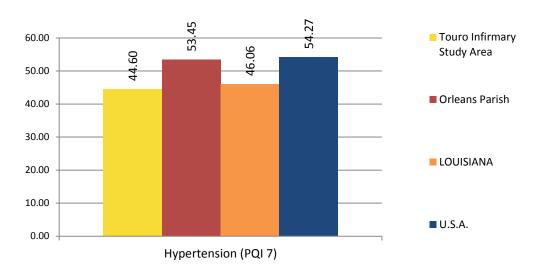


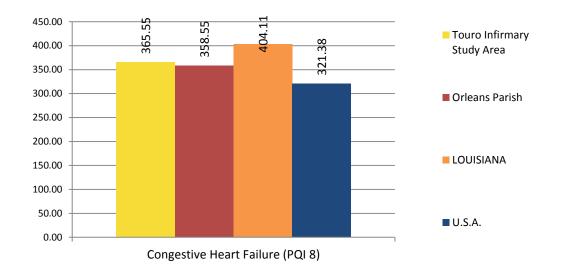


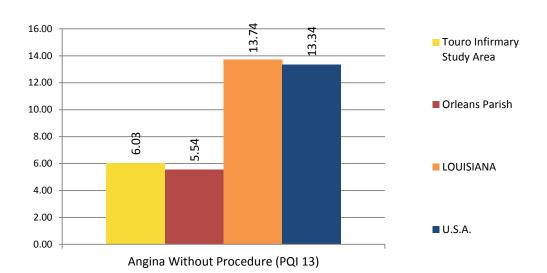


15.50 18.00 15.09 15.11 ■ Touro Infirmary 16.00 Study Area 14.00 12.00 Orleans Parish 10.00 8.00 LOUISIANA 6.00 4.00 2.00 ■ U.S.A. 0.00 Lower Extremity Amputation Among Diabetics (PQI 16)

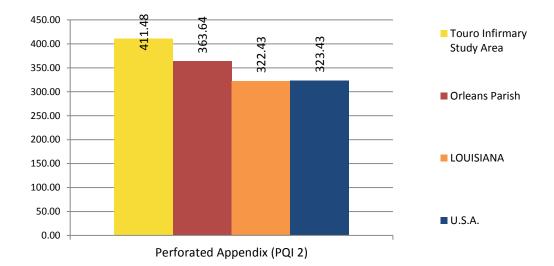
#### **Heart Conditions:**

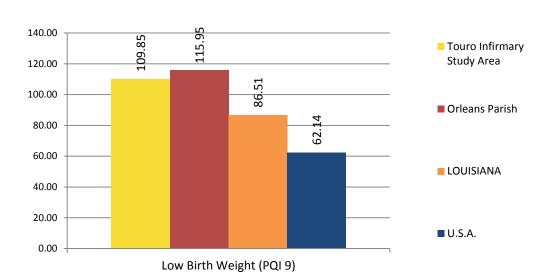


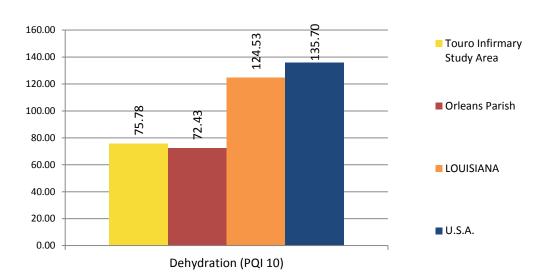


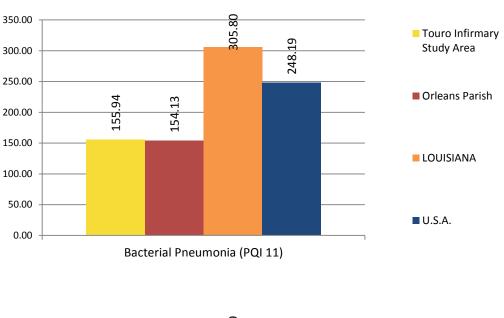


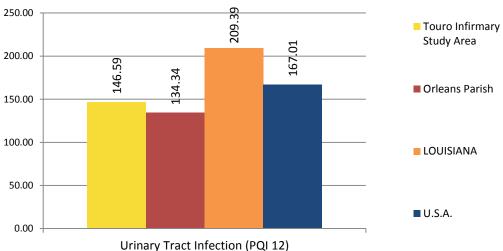
#### **Other Conditions:**











#### **Pediatric Quality Indicators Overview**

The Pediatric Quality Indicators (PDIs) are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level.

Development of quality indicators for the pediatric population involves many of the same challenges associated with the development of quality indicators for the adult population. These challenges include the need to carefully define indicators using administrative data, establish validity and reliability, detect bias and design appropriate risk adjustment, and overcome challenges of implementation and use. However, the special population of children invokes additional, special challenges. Four factors—differential epidemiology of child healthcare relative to adult healthcare, dependency, demographics, and development—can

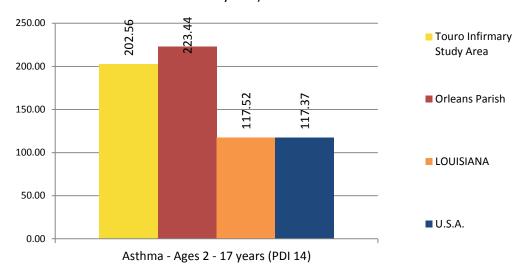
pervade all aspects of children's healthcare; simply applying adult indicators to younger age ranges is insufficient.

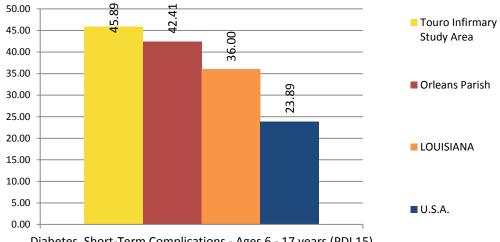
This PDIs focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals, and on preventable hospitalizations among pediatric patients.

The PDIs apply to the special characteristics of the pediatric population; screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the provider level or area level; and, help to evaluate preventive care for children in an outpatient setting, and most children are rarely hospitalized.

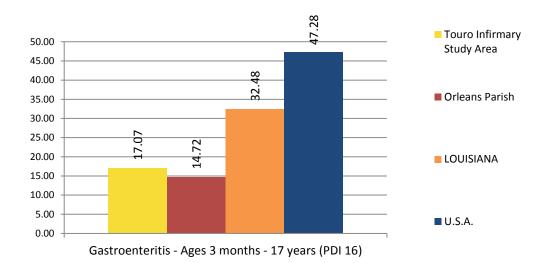
#### PDI Subgroups:

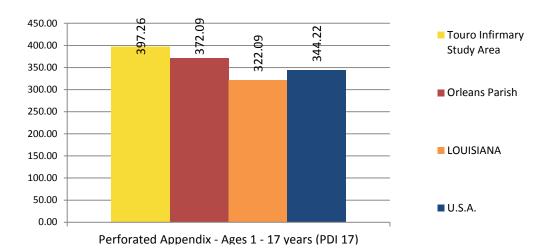
- PDI 14 Asthma Admission Rate (per 100,000 population ages 2 17)
- PDI 15 Diabetes, Short-Term Complications Admission Rate (per 100,000 population ages 6 17)
- PDI 16 Gastroenteritis Admission Rate (per 100,000 population ages 3 months –
   17 years)
- PDI 17 Perforated Appendix Admission Rate (per 1,000 admissions ages 1 17)
- PDI 18 Urinary Tract Infection Admission Rate (per 100,000 population ages 3 months 17 years)

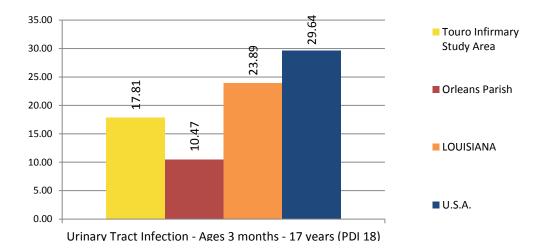




Diabetes, Short-Term Complications - Ages 6 - 17 years (PDI 15)







#### **Key Findings from PDI Data:**

- ➤ Orleans Parish reports the highest rate of preventable hospitalizations due to asthma for children aged 2 to 17 at 223.44 per 100,000 population; almost double the national rate of 117.37.
- The Touro Infirmary Study Area reports the highest rates of diabetes, short-term complications for those aged 6 to 17 years old for the study area at 45.89 per 100,000 population; this rate is higher than the national rate of 23.89.
- The Touro Infirmary Study Area reports the highest rate of gastroenteritis for the study area at 17.07 per 100,000 population aged 3 months to 17 years; Orleans Parish and the state fall below the national rate of 47.28.
- ➤ The Touro Infirmary Study Area reports the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 397.26 per 100,000 admissions.
- ➤ The Touro Infirmary Study Area is the only parish to report a value higher than the national rate of preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years with 17.81 per 100,000 population being admitted while the national rate stands at 29.64.

## **Community Commons Data**

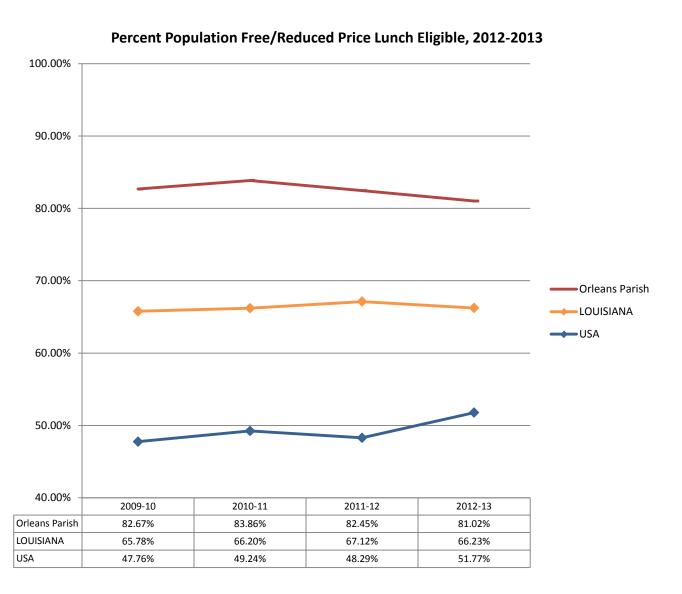
Tripp Umbach gathered data from Community Commons related to social and economic factors, physical environment, clinical care, and health behaviors for the parishes of interest for the Touro Infirmary Study Area.<sup>7</sup> The data is presented in the aforementioned categories below.

<sup>&</sup>lt;sup>7</sup> Community Commons. http://www.communitycommons.org/ Accessed 06/08/2015.

#### **Social and Economic Factors**

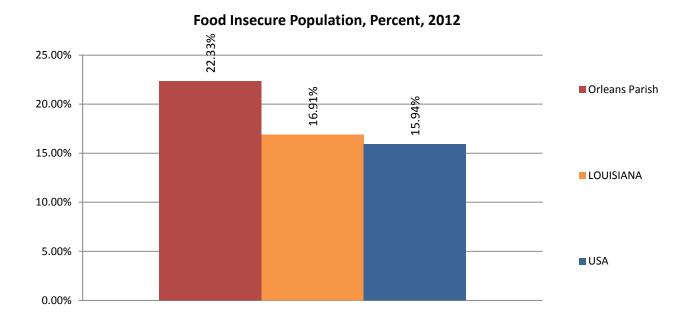
#### Free/Reduced Price Lunch Eligible

 Orleans Parish reports the highest rate of public school students who are eligible for free or reduced lunch eligible and has seen a decline in this rate (81.02%).



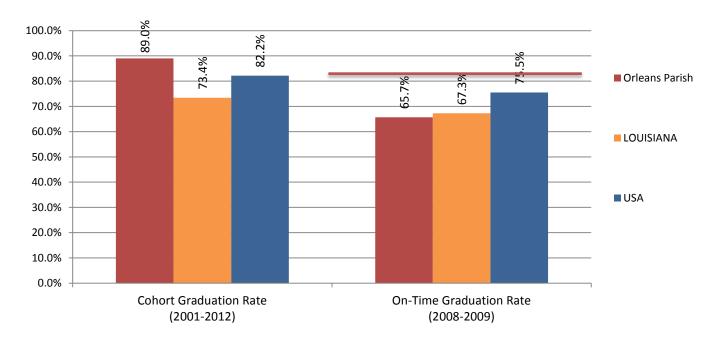
#### **Food Insecure Population**

- This indicator reports the estimated percentage of the population that experienced food
  insecurity at some point during the report year. Food insecurity is the household-level
  economic and social condition of limited or uncertain access to adequate food.
- Orleans Parish reports higher food insecurity rates than the state of Louisiana at 22.33% of the population.



#### **Graduation Rate**

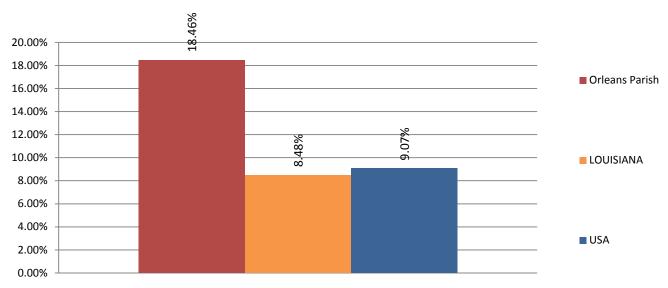
- This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).
- Orleans Parish reports the highest overall graduation rate throughout the study area at 89.0%; this is higher than state (73.4%) and national (82.2%) rates.
- The Healthy People 2020 target for on-time graduation is 82.4% Orleans Parish and the state fall below this goal.



#### **Households with No Motor Vehicle**

Orleans Parish reports the highest rate of households with no motor vehicle (18.48%).
 Orleans Parish includes the City of New Orleans which has more public transportation options for residents.

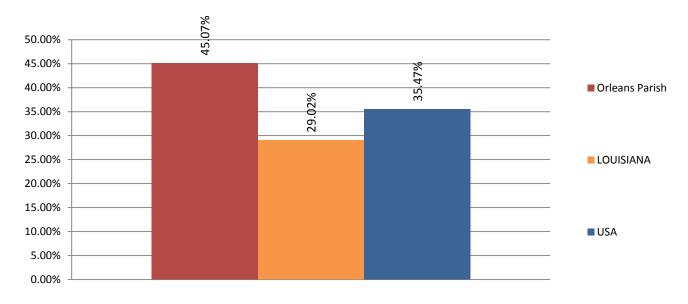




#### **Cost Burdened Households**

- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.
- Orleans Parish reports a higher percentage of cost-burdened households as compared with the nation at 45.07% and the highest rate for the study area; the national average is 35.47%.

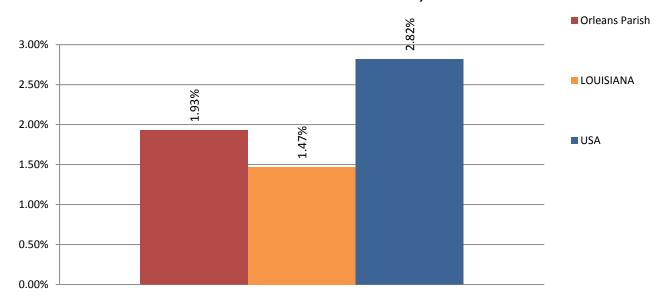
#### Percentage of Cost Burdened Households (Over 30% of Income), 2009-2013



#### **Public Assistance**

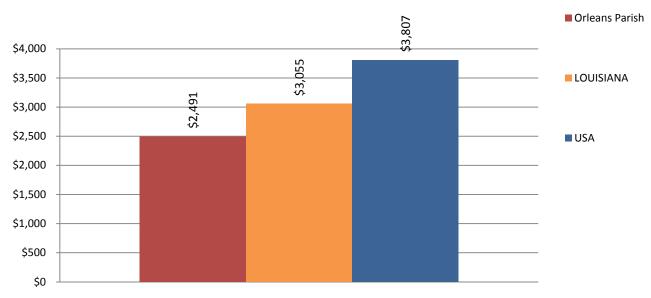
- This indicator reports the percentage households receiving public assistance income.
   Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.
- Orleans Parish reports lower rates of households receiving public assistance income than the rates seen for the country (2.82%).
- Orleans Parish reports a higher rate of households receiving public assistance than the state at 1.93%.

#### Percent Households with Public Assistance Income, 2009-2013



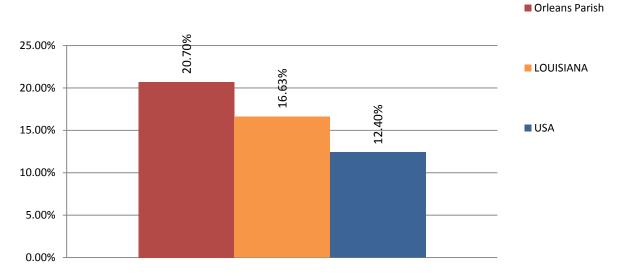
• Orleans Parish reports a lower average amount of public assistance received by households at \$2,491 than the state or country (\$3,055 and \$3.807 respectively).





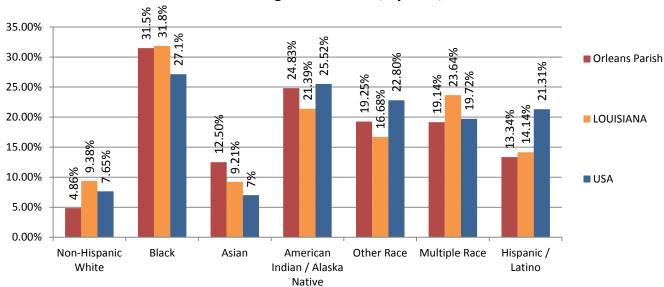
#### **SNAP Benefits**





- Orleans Parish reports the highest rate of households receiving SNAP benefits across the study area at 20.70%.
- The African American / Black population of Orleans Parish reports a high rate of receiving SNAP benefits at 31.5%.
- The American Indian / Alaska Native, African-American / Black, and Multiple race populations of the study area see some of the highest rates of receiving SNAP benefits.
- The Non-Hispanic White, Asian, and Hispanic/Latino populations report some of the lowest rates of receiving SNAP benefits for the study area.

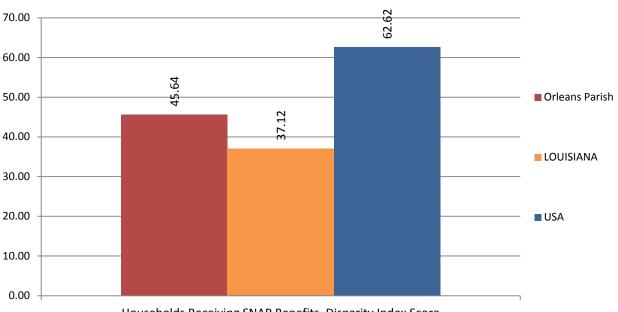
#### Percent Households Receiving SNAP Benefits, by Race, 2009-2013



#### **Households Receiving SNAP Benefits, Disparity Index**

- The Index of Disparity (ID) measures the magnitude of variation in indicator percentages across population groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage".
- The Orleans Parish study area reports "High Disparity" in households receiving SNAP benefits (Disparity Index score of 45.64); the country reports the highest SNAP Benefits Disparity Index score for the study area at 62.62.

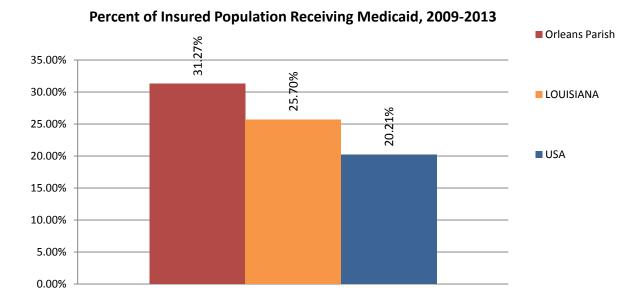
## Households Receiving SNAP Benefits, Disparity Index Score 2009-2013



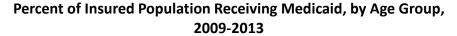
Households Receiving SNAP Benefits, Disparity Index Score (0 = No Disparity; 1 - 40 = Some Disparity; Over 40 = High Disparity)

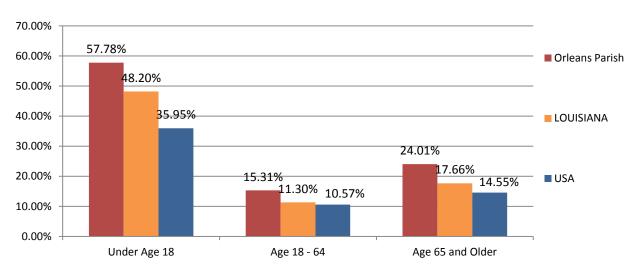
#### Medicaid

• Orleans Parish reports the highest rate of Insured Residents Receiving Medicaid at 31.12%; this rate is higher than state (25.70%) and national (20.21%) rates.



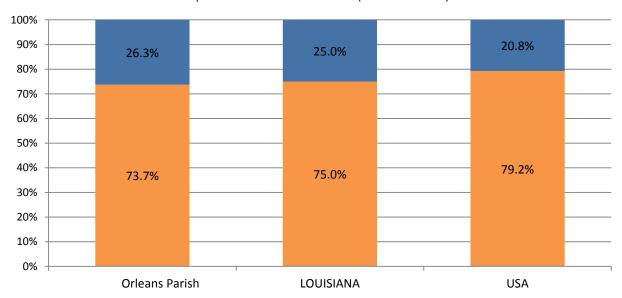
- The population under the age of 18 receives the highest rates of Medicaid assistance across all of the study area regions.
- Orleans Parish reports the highest rate of residents aged 65 and older receiving Medicaid (24.01%) compared with the state and country.





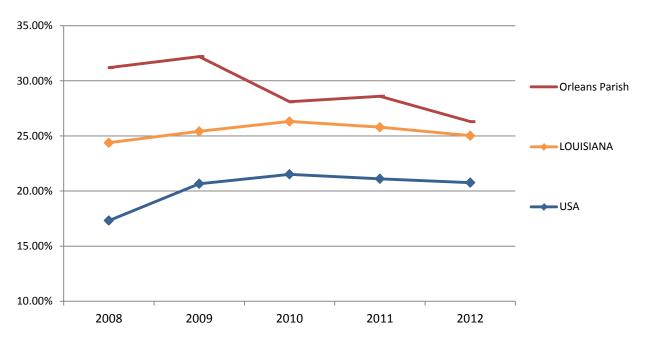
#### **Insurance**

- Orleans Parish reports the highest rate of uninsured adults for the study area at 26.3%; this rate is higher than state (25.0%) and national (20.8%) norms.
  - Percent Population Without Medical Insurance (Uninsured Adults) 2012
     Percent Population With Medical Insurance (Uninsured Adults) 2012

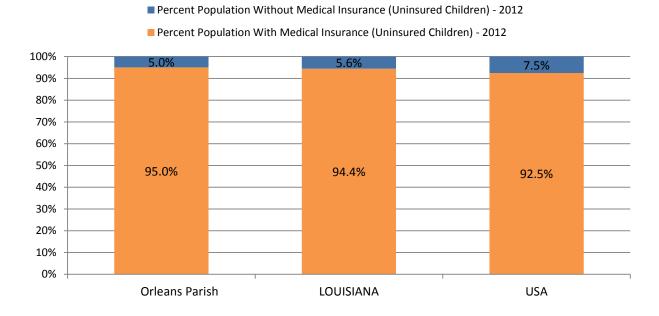


• Orleans Parish has experienced drastic declines in its rates of uninsured adults going from a high of 32.20% in 2009 to its lowest rate in the most recent data year of 2012 reporting 26.30%.

#### **Percent Population without Medical Insurance (Uninsured Adults)**

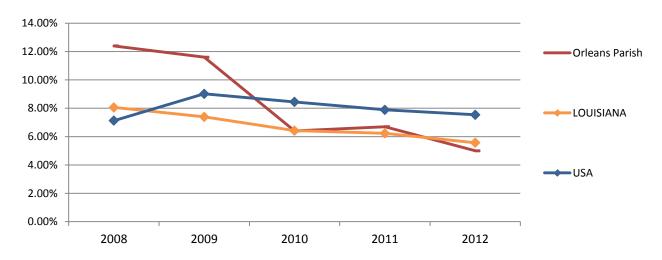


- Orleans Parish reports a rate of 5.0% for uninsured children.
- The state of Louisiana reports lower rates of uninsured children as compared with the with the country (7.5%)



• From 2011 to 2012, Orleans Parish reported declines in the rates of uninsured children.

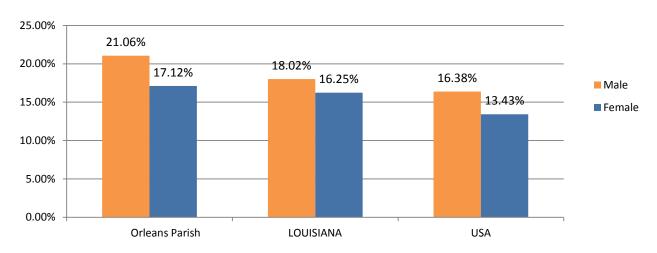
## Percent Population without Medical Insurance (Uninsured Children), 2012



#### **Uninsured Population**

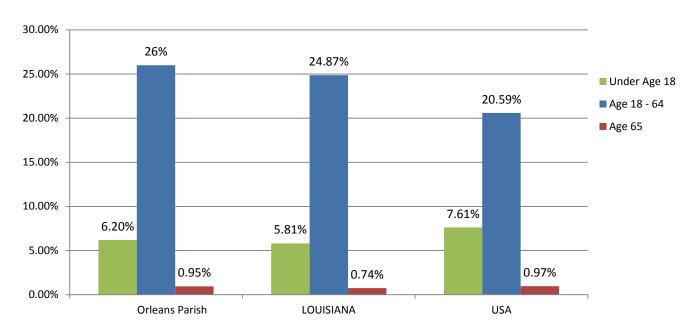
• For the study area, men are more likely to be uninsured than women.

Uninsured - Gender, 2009-2013



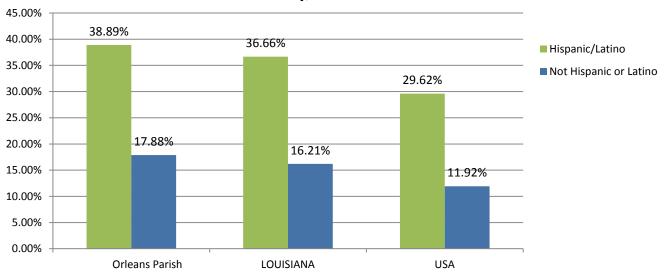
 Those aged 18 – 64 are more likely to be uninsured as compared with those under 18 or those 65 and older.

Uninsured - Age, 2009-2013



 Residents of Hispanic or Latino ethnicity are more likely to be uninsured than their counterparts.

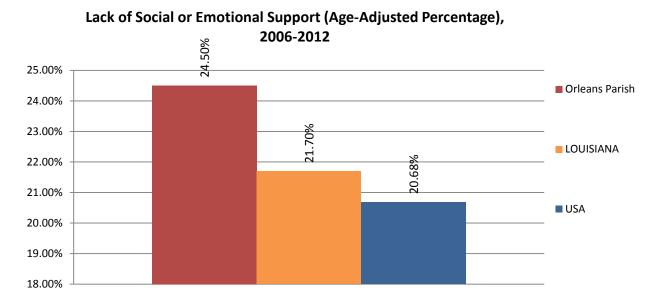
#### Uninsured - Ethnicity, 2009-2013



- 70% of the Native Hawaiian or Pacific Islander population in Orleans Parish is uninsured.
- Residents reporting "Some other race", for the majority of the study area, state, and nation have the highest rates of being uninsured.

#### **Social Support**

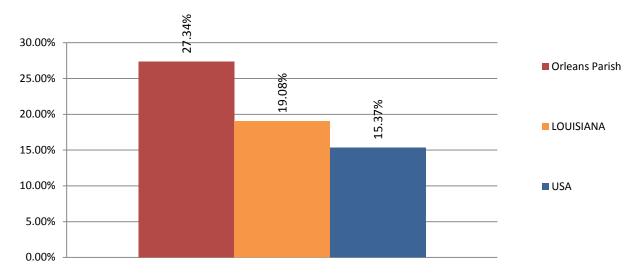
• Orleans Parish exhibits the highest rate of residents with a lack of social or emotional support at 24.50% of the population; this is higher than state (21.7%) and national (20.68%) norms.



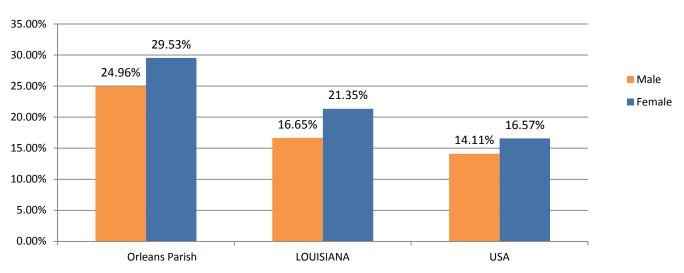
#### **Poverty**

• Orleans Parish shows the highest rate of population that is living below the federal poverty level (100% FPL) at 27.34% of the population; this is higher than state (19.08%) and national (15.37%) norms.



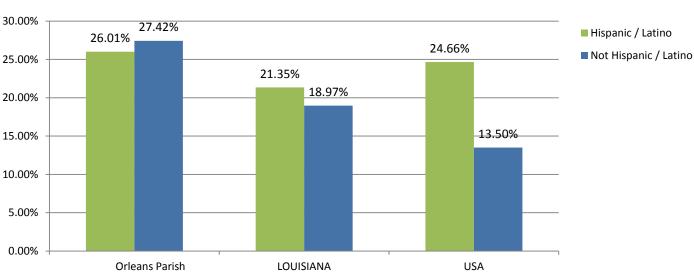


- Across all of the study area regions, women are more likely than men to be living in poverty.
- 29.53% of female residents of Orleans Parish are living in poverty; this is higher than state (21.35%) and national (16.57%) rates.



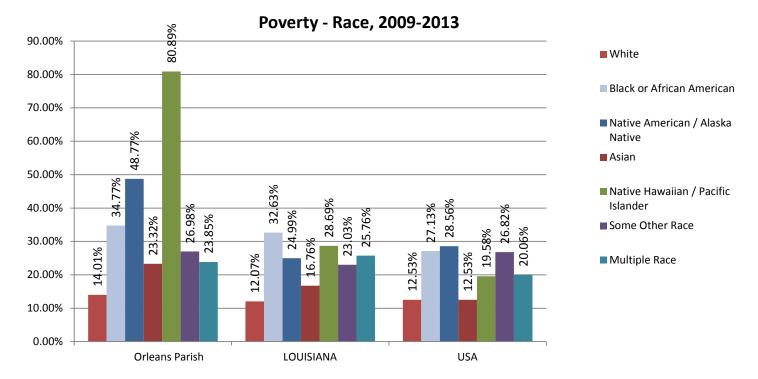
Poverty - Gender, 2009-2013

• In general, the Hispanic/Latino population is living in poverty at higher rates than their counterparts. However, in Orleans Parish this is reversed; 27.42% of the Not Hispanic/Latino population is living in poverty compared to 26.01% of the Hispanic/Latino population.

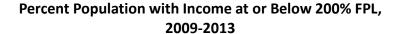


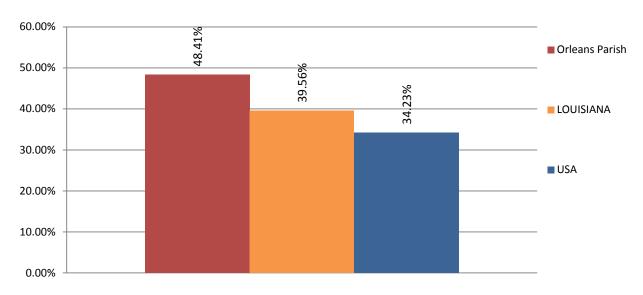
Poverty - Ethnicity, 2009-2013

• The Native Hawaiian or Pacific Islander populations of Orleans Parish experiences some of the highest rates of living in poverty as compared with the state and country (80.89%).



• For populations living below 100% of the federal poverty level, Orleans Parish reported the highest rate. For populations living below 200% of the federal poverty level Orleans Parish also reports the highest rate at 48.41%, as compared to state (38.59%) and national (34.23%) norms.

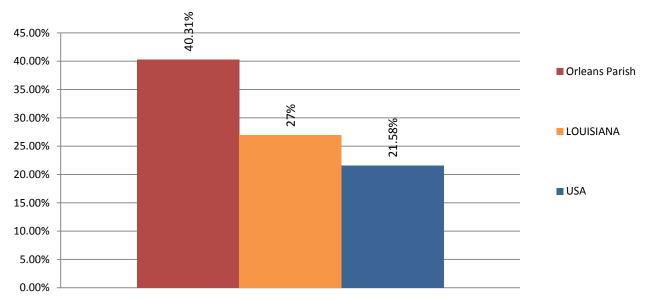




# **Children in Poverty**

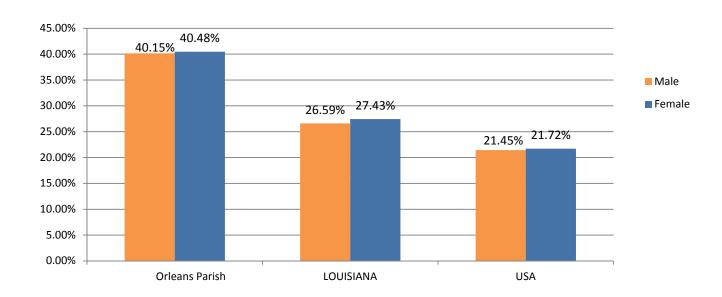
 More than 40% of the children and adolescents (under 18) in Orleans Parish are living in poverty (below 100% FPL).





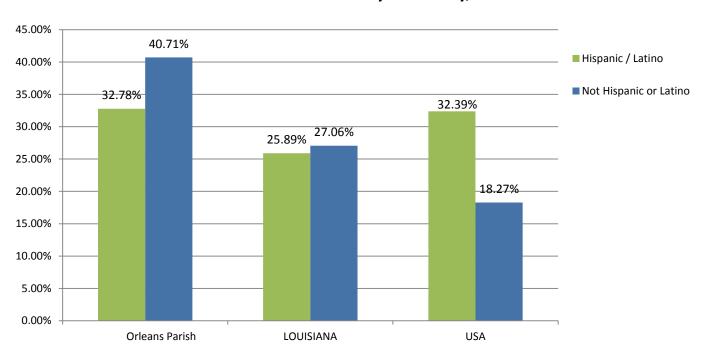
• Male and female children tend to live in poverty at similar rates in the study area.

# Children in Poverty - Gender, 2009-2013

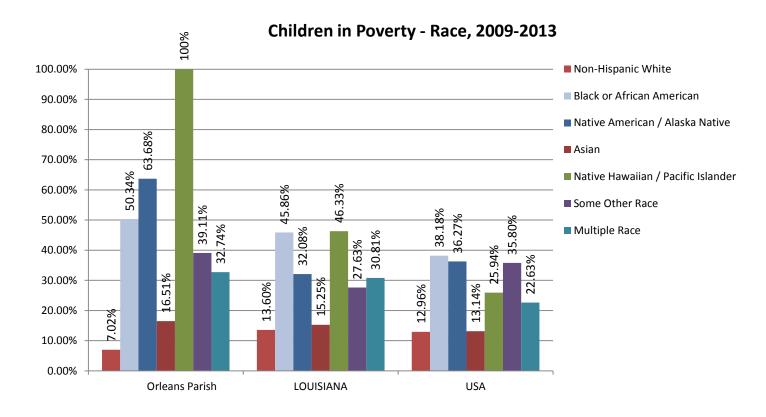


• Similar to gender, the ethnicity of a child varies in whether or not it is related to living in poverty or not. For adults, the Hispanic/Latino population is more likely to live in poverty than their counterparts; however, for children, Orleans Parish reports higher rates of poverty in the Non-Hispanic population (40.71%).

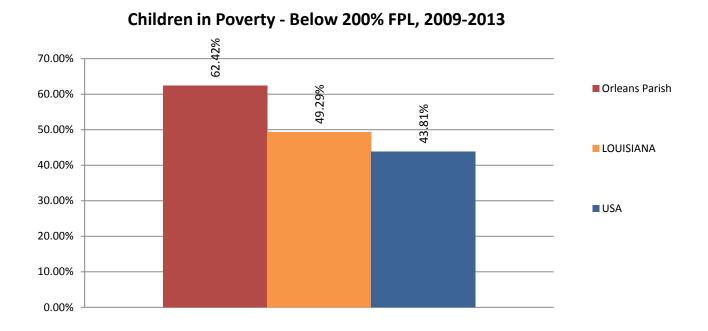
# Children in Poverty - Ethnicity, 2009-2013



- The Native Hawaiian or Pacific Islanders in Orleans Parish report that 100% of their population is living in poverty.
- After Native Hawaiian / Pacific Islander and Native American / Alaska Native populations, the African-American / Black population sees some of the highest rates of poverty across the study area.
  - o 63.68% of the Native American / Alaska Native population of Orleans Parish is living in poverty.

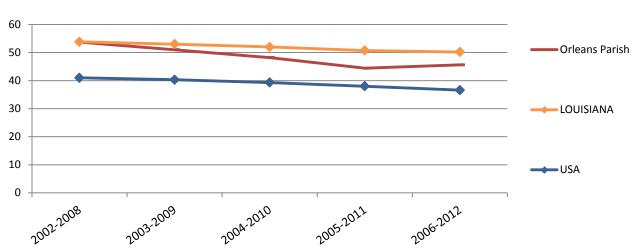


• Similar to children living in poverty below the 100% FPL, Orleans Parish reports the highest rate of children living below 200% of the federal poverty level as well (62.42%).



#### **Teen Birth Rate**

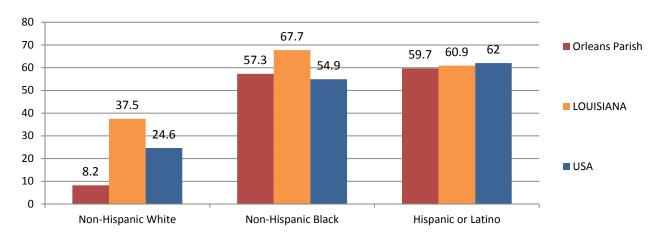
Orleans Parish reported slight rises in the teen birth rates from the 2005-2011 5-year estimate census to the 2006-2012 5-year estimate census.



# Teen Birth Rate (Age 15-19, per 1,000 population)

- Orleans Parish reports the lowest teen birth rate among Non-Hispanic White girls (8.2 per 1,000 pop.).
- Orleans Parish reports a teen birth rate among Non-Hispanic Black girls that is higher than the country but below the state (57.3 per 1,000 pop.).
- Orleans Parish reports a lower teen birth rate among Hispanic/Latino girls than the state or country (59.7 per 1,000 pop.).

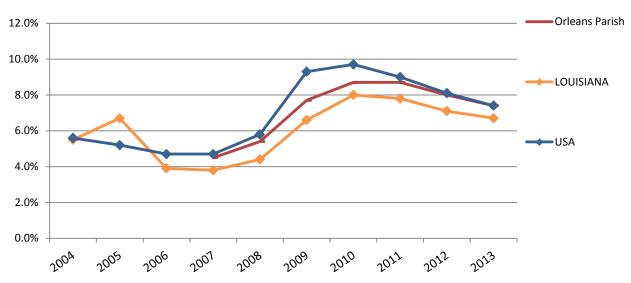
Teen Birth Rate (Age 15-19, per 1,000 population) - By Race/Ethnicity, 2006-2012



# **Unemployment Rate**

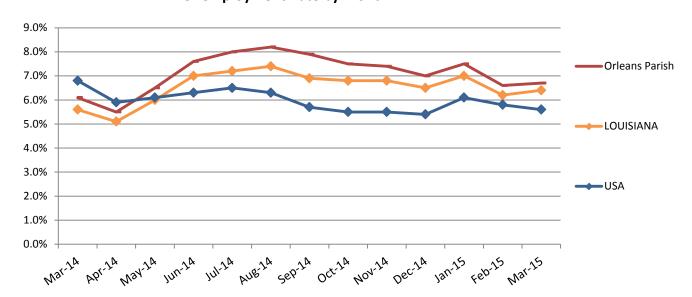
• Orleans Parish, the state, and the country have seen recent declines in the rate of unemployment from 2010-2013.





• For the most current reported data, Orleans Parish has seen a slight rise in unemployment rate by month at 6.7% in March 2015, up from 6.6% in Feb 2015 (LA = 6.4%, USA = 5.6%).

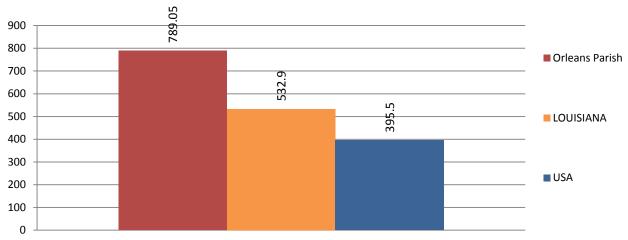
# **Unemployment Rate by Month**



# **Violent Crime**

• Orleans Parish reports the highest violent crime rate across the study area at 789.05 per 100,000 population. This rate is higher than state (532.9) and national (395.5) rates.

Violent Crime Rate (Per 100,000 Pop.), 2010-2012

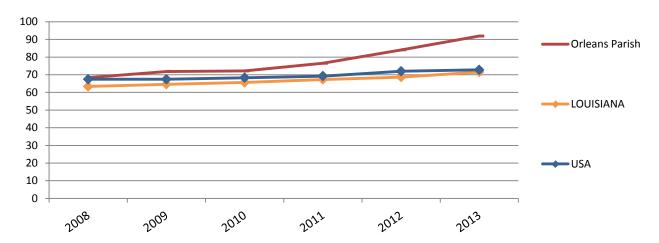


# **Physical Environment**

#### **Fast Food**

• In 2013, Orleans Parish reported the highest rate of fast food restaurants per population at 91.91 per 100,000 pop; this rate is higher than state (71.56) and national (72.74) norms.

Fast Food Establishments, Rate per 100,000 population

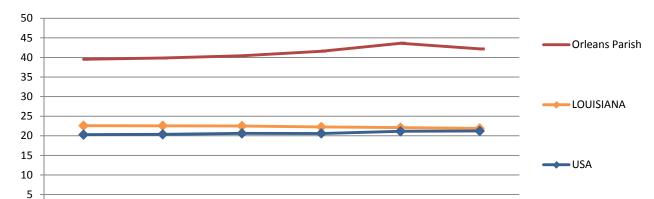


# **Grocery Stores**

0

2008

• In 2013, Orleans Parish reported 42.17 per 100,000 population for grocery store establishments; this is higher than both state (21.88) and national (21.2) norms.



2011

Grocery Store Establishments, Rate per 100,000 population

#### **Recreation and Fitness Facilities**

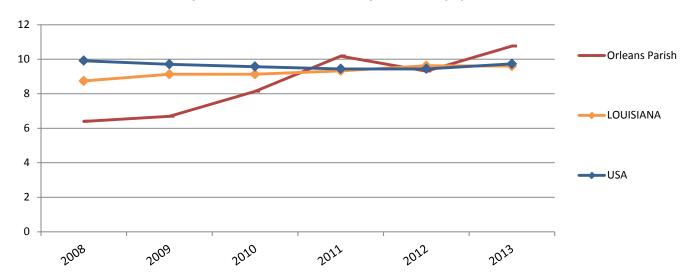
2009

• In 2013, Orleans Parish reported the highest rate of recreation and fitness facilities per population at 10.76 per 100,000 pop.; this rate is higher than state (9.6) and national (9.72) norms.

2013

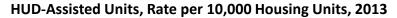
#### Recreation and Fitness Facility Access, Establishment Rate per 100,000 population

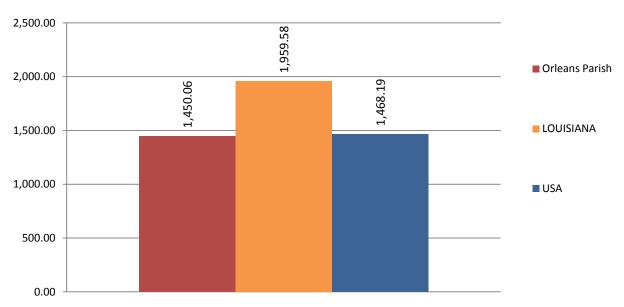
2010



# **Housing**

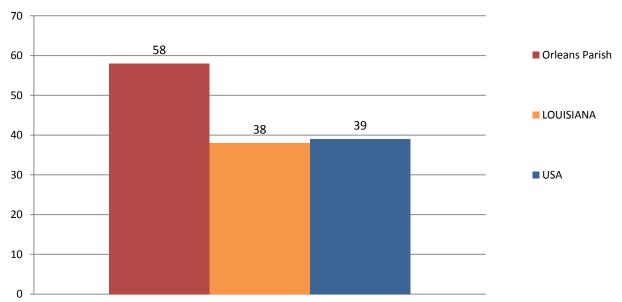
- Orleans Parish reports lower rates of HUD-Assisted housing units per 10,000 units than the national rate of 1468.19.
- Orleans Parish reports the highest rate for the study area at 1,450.06 per 10,000 units.





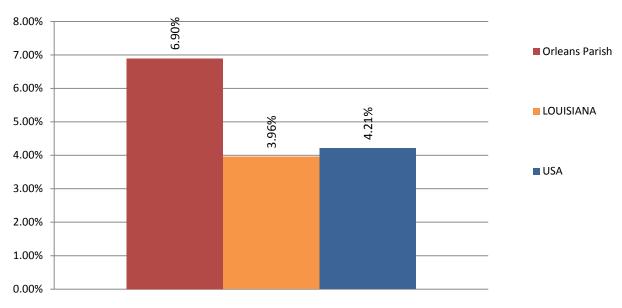
- Housing Unit Age (below) This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed.
- Orleans Parish has the highest median housing age at 58 years old.

Housing Unit Age - Years Old, 2013



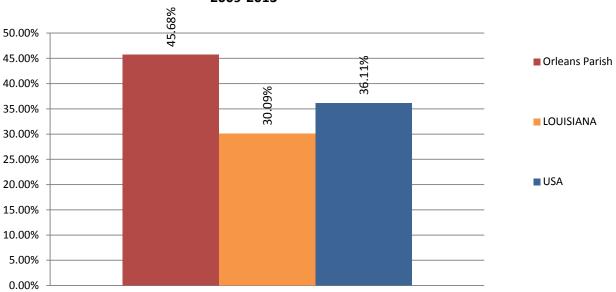
• Orleans Parish reports the highest rate of overcrowded housing at 6.9%; this is higher than state (3.96%) and national (4.21%) norms.

Percentage of Housing Units Overcrowded, 2008-2012

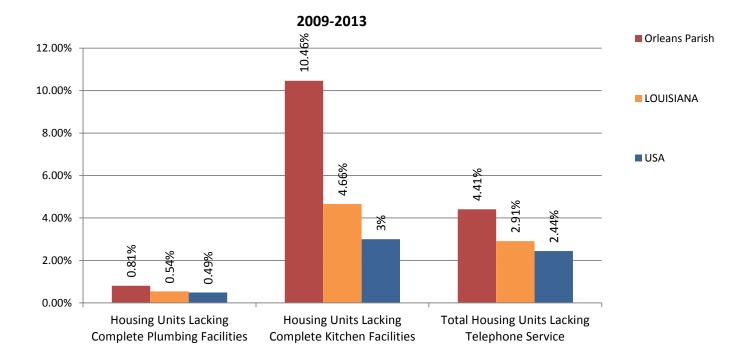


• Orleans Parish reports the highest rate, for the study area, of housing units with substandard conditions (45.68%). The state rate is 30.09% and the national rate is 36.11%.

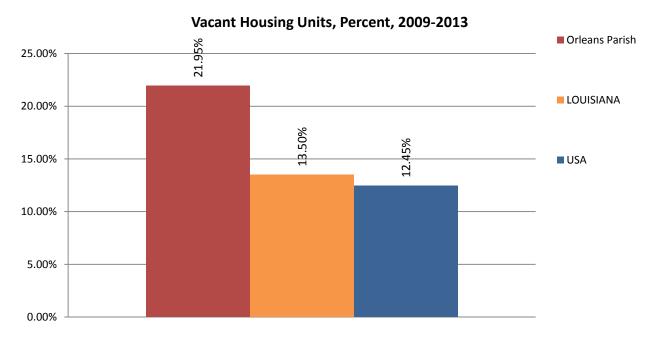
# Percent Occupied Housing Units with One or More Substandard Conditions 2009-2013



- Orleans Parish reports the highest rate of housing units lacking complete plumbing facilities at 0.81% (LA = 0.54%, USA = 0.49%).
- Orleans Parish reports the highest rate of housing units lacking complete kitchen facilities at 10.46% (LA = 4.66%, USA = 3%).
- Orleans Parish reports the highest rate, by far, of housing units lacking telephone facilities at 4.41% (LA = 2.91%, USA = 2.44%).



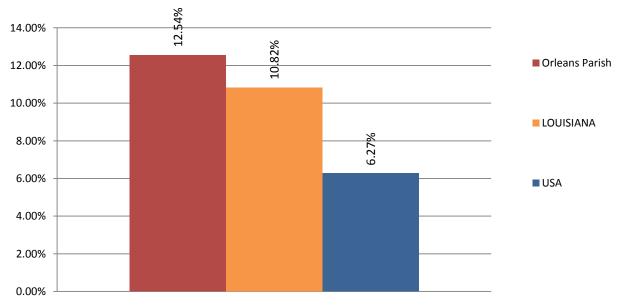
• Orleans Parish reports the highest rate of vacant housing for the study area at 21.95%; this is higher than state (13.5%) and national (12.45%) norms.



# **Low Food Access**

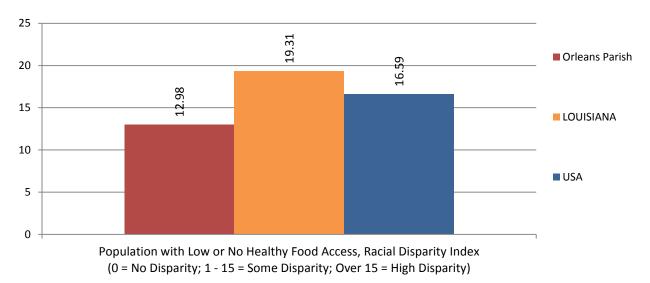
• The low-income populations of Orleans Parish experience the highest rates of low food access (12.54%). This rate is higher than rates seen for the state (10.82%) and nation (6.27%).





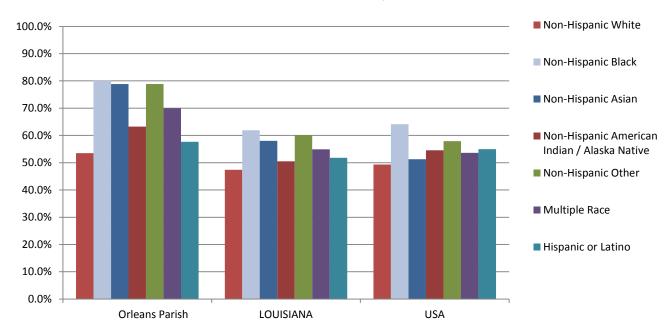
• Orleans Parish experiences the lowest rate of populations with low or no healthy food access; this parish has a disparity index of 12.98 compared to 19.31 for the state of Louisiana and a national rate of 16.59.

# Population with Low or No Healthy Food Access, Racial Disparity Index, 2010



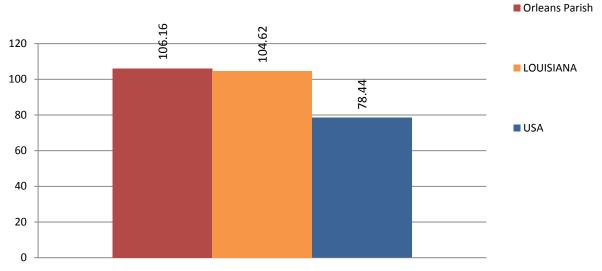
• Within the parish of Orleans, the Non-Hispanic Black population experiences the highest rate of low food access (80.1%), followed by the Non-Hispanic Asian population and the Non-Hispanic Other population (78.9%), and the Multiple Race population (70.0%).

# Low Food Access - Race, 2010



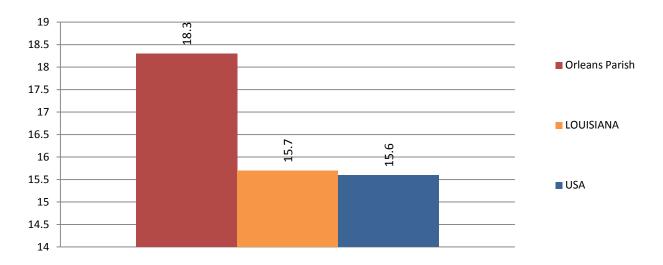
• Orleans Parish has the highest rate of SNAP-Authorized retailers for the study area at 106.16 per 100,000 population; this is higher than the national rate of 78.44.





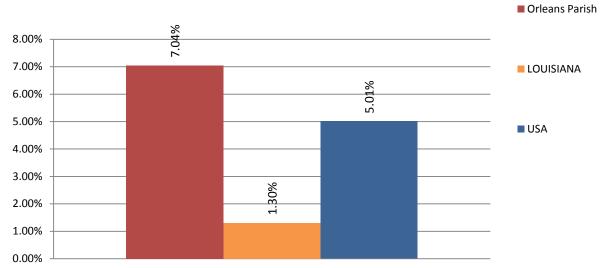
• Orleans Parish has the highest rate of WIC-Authorized retailers for the study area at 18.3 per 100,000 population. This rate is higher than the state (15.7) and country (15.6).

# WIC-Authorized Food Store Rate (Per 100,000 Population), 2011



 Orleans Parish reports the highest rate of residents using public transportation to commute to work (7.06%); higher than state (1.30%) and national (5.01%) norms. This can be attributed to the urban nature of Orleans Parish including the City of New Orleans.

# Percent Population Using Public Transit for Commute to Work, 2009-2013

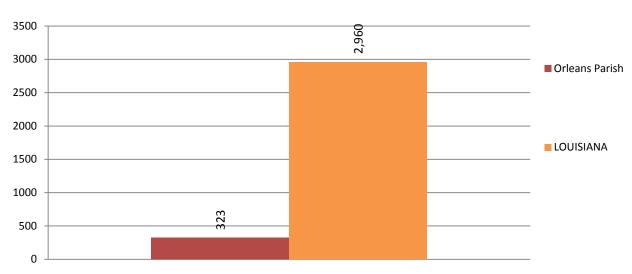


#### **Clinical Care**

# **Primary Care Physicians**

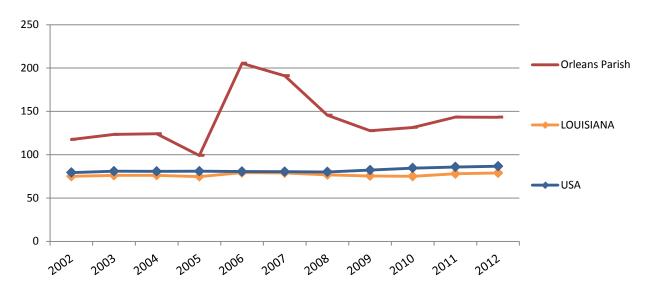
• Orleans Parish reports a low number of physicians across the study area at 323; the state of Louisiana reports 2,960.





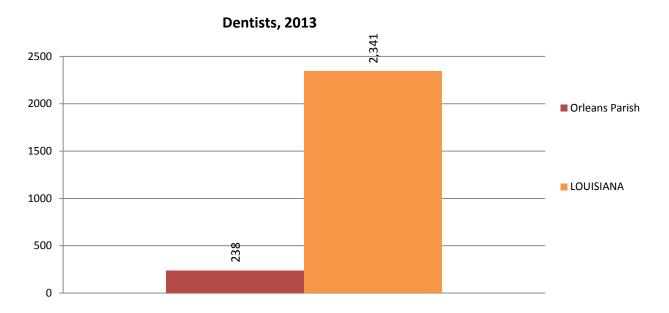
 Orleans Parish has the highest primary care physician (PCP) rate per 100,000 population at 143.26 in 2012.

#### Primary Care Physicians, Rate per 100,000 population



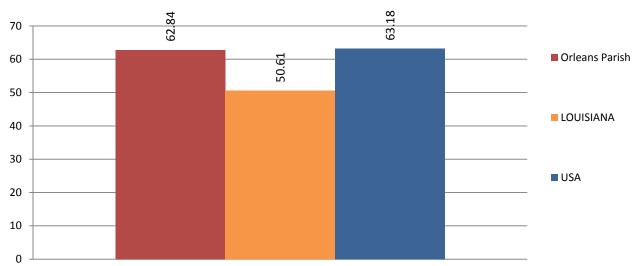
# **Dentists**

• Orleans Parish reports a low number of dentists across the study area at 238 as compared with the state of Louisiana (2,341).



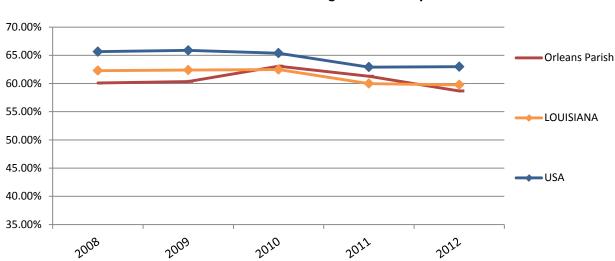
• Orleans Parish has a higher dentist rate per 100,000 population at 62.84 in 2013 than the state (50.61).





#### <u>Mammogram – Medicare Enrollees</u>

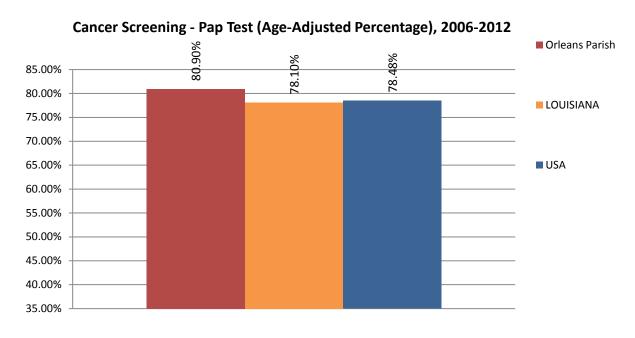
• Orleans Parish has seen a decline in the rates of women with Medicare receiving a mammogram. In 2012, Orleans Parish reports 59.76% of females with Medicare receiving a mammogram; this means that almost half of this population is not receiving this test.



#### Female Medicare Enrollees with Mammogram in Past 2 years

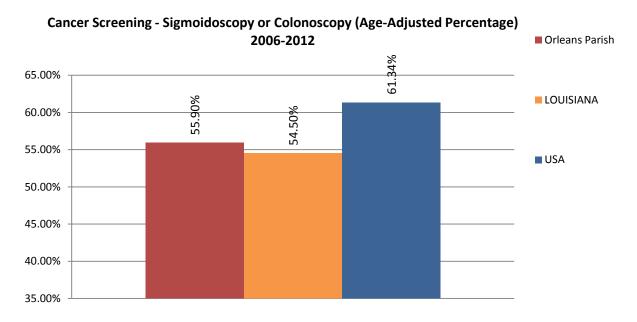
#### **Cancer Screening - Pap Test**

- The state of Louisiana reports 78.1% of their population as having received a Pap Test; this rate is slightly lower than the national rate of 78.48%.
- Orleans Parish reports the highest rate of female residents aged 18 and older receiving a Pap Test at 80.90%.



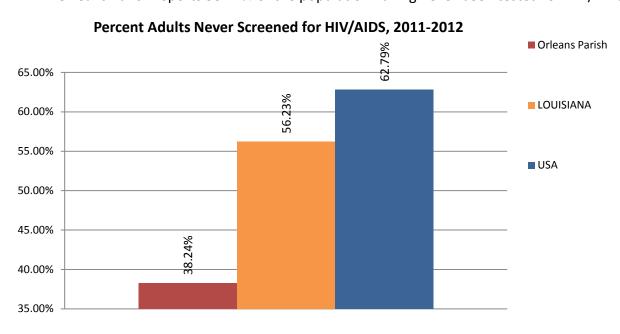
# <u>Cancer Screening – Sigmoidoscopy or Colonoscopy</u>

- 61.34% of the national age-appropriate population (aged 50 and older) receives a sigmoidoscopy or colonoscopy; across the state of Louisiana only 54.5% receive this screening.
- Orleans Parish reports a rate of residents receiving a sigmoidoscopy or colonoscopy at 55.90%.



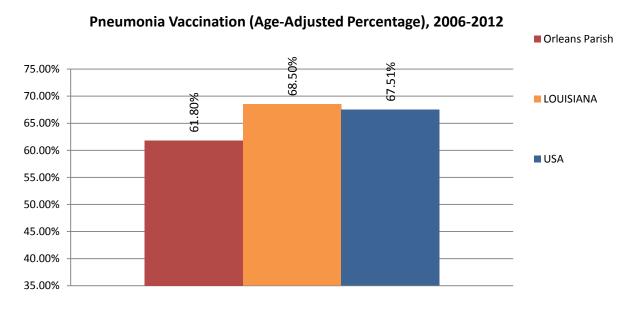
#### **HIV/AIDS**

- The national rate of the population that has never been tested for HIV/AIDS is 62.79%; in Louisiana it is 56.23% have never been tested.
- Orleans Parish reports 38.24% of the population having never been tested for HIV/AIDS.



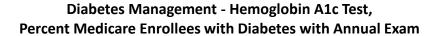
# **Pneumonia Vaccine**

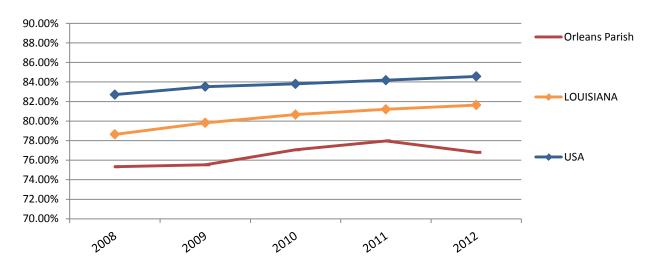
• Orleans Parish reports the lowest rate of residents receiving the pneumonia vaccination at 61.80%.



# **Diabetes Screening**

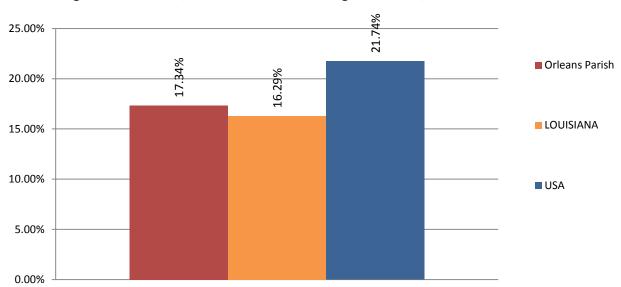
• The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. Orleans Parish reports the lowest rate at 76.8%.





# **High Blood Pressure**

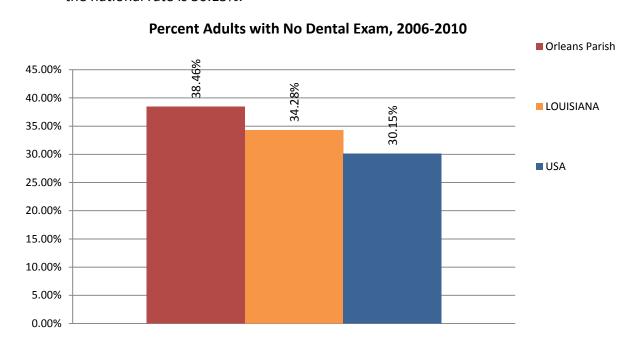
- Orleans Parish reports lower rates of adult residents with high blood pressure who are not taking their medication than the national average, 21.74%.
- Orleans Parish reports the highest rate of adult residents with high blood pressure not taking their medication for the study area at 17.3%.



High Blood Pressure, Percent Adults Not Taking Medication, 2006-2010

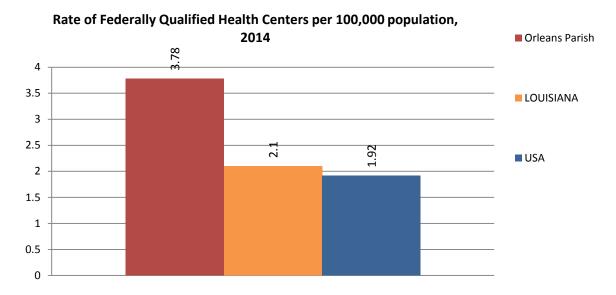
# **Dental Exam**

• Orleans Parish reports the highest rate for adults not receiving a dental exam at 38.46% the national rate is 30.15%.



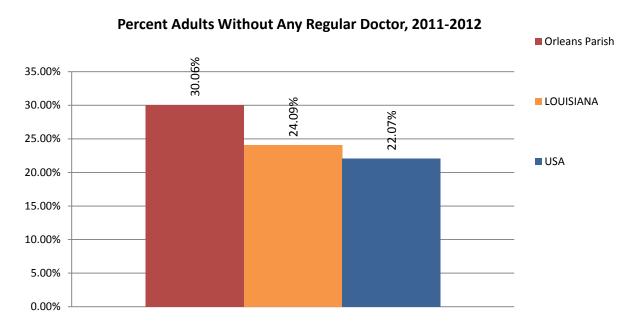
# **Federally Qualified Health Centers (FQHCs)**

• Orleans Parish reports the highest rate of FQHCs per population at 3.78 per 100,000; this is higher than the state (2.1) and nation (1.92).



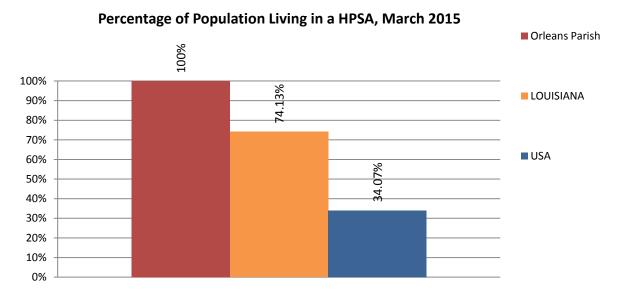
#### **Regular Doctor**

- Across the country, 22.07% of residents report not having a regular doctor (77.93% have a regular doctor); in Louisiana the rate is 24.09%.
- Orleans Parish reports the highest rate of residents who do not have a regular doctor at 30.06%.



# **Population Living in an HPSA (Health Professional Shortage Area)**

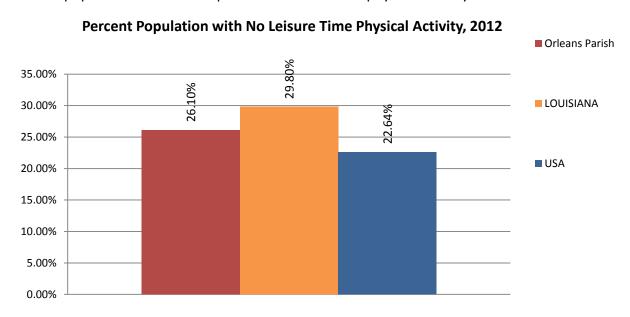
• Orleans Parish is a health care professional shortage area (HPSA) designated parish; therefore 100% of their populations live in an HPSA designated area.



#### **Health Behaviors**

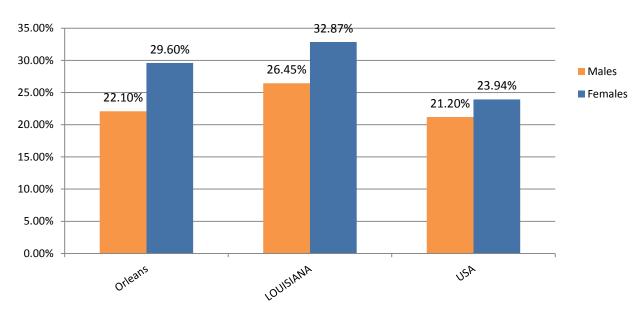
# **Leisure Time Physical Activity**

 Orleans Parish and the state of Louisiana report higher rates than the national norms for population who do not partake in leisure time physical activity.

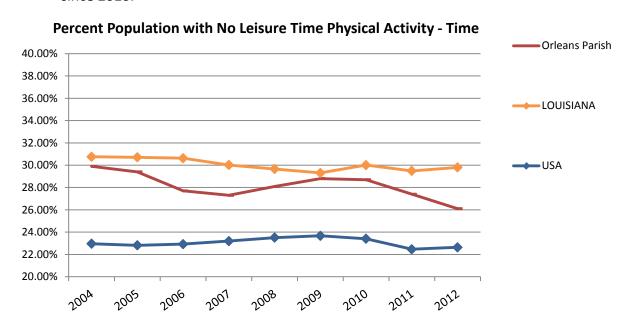


 Men consistently report lower rates of not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.



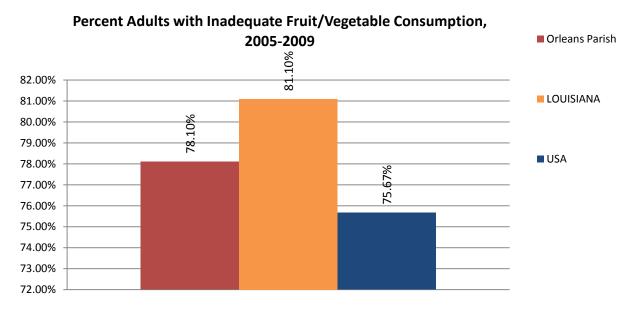


 Orleans Parish, currently with the lowest rate for the study area of population not partaking in leisure time physical activity, has seen a somewhat steady drop in this rate since 2010.



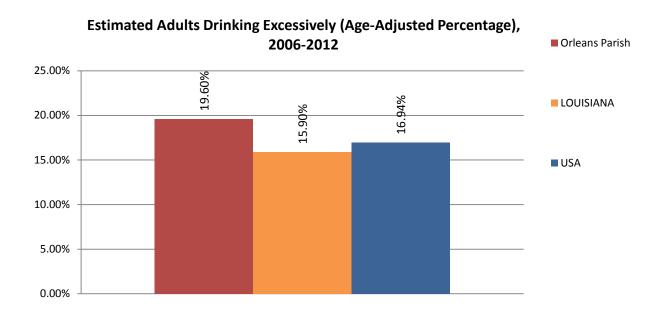
# **Fruit/Vegetable Consumption**

• Orleans Parish and the state of Louisiana report higher rates than the national rate (75.6%) for adults not eating enough fruits and vegetables.



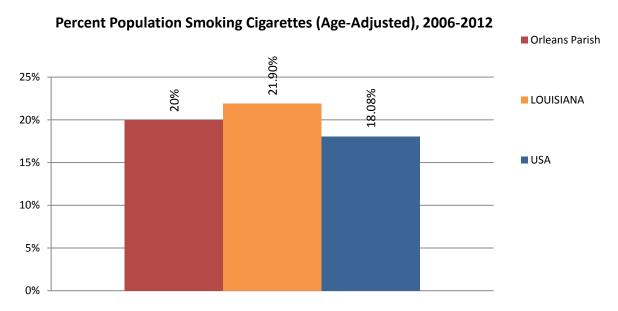
# **Excessive Drinking**

• The national rate of adults drinking excessively is 16.94%; Orleans Parish reports a higher rate of 19.60%.

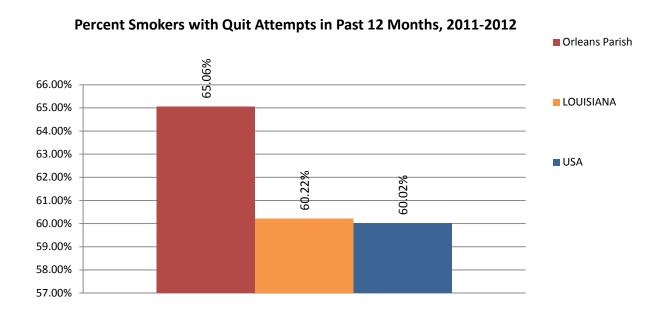


# **Smoking**

• 20% of the Orleans Parish population reports as smoking cigarettes; this rate is higher than the national average of 18.08% but lower than the state rate of 21.9%.



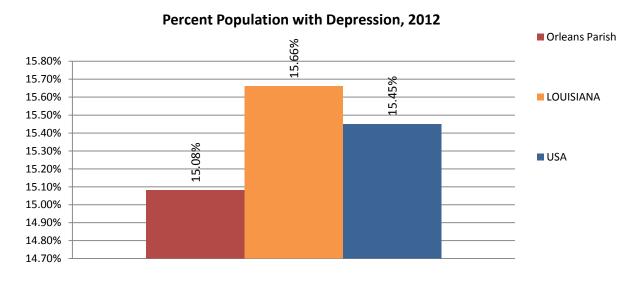
 Orleans Parish reports a high rate of adults trying to quit smoking in the past 12 months at 65.06%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.



#### **Health Outcomes**

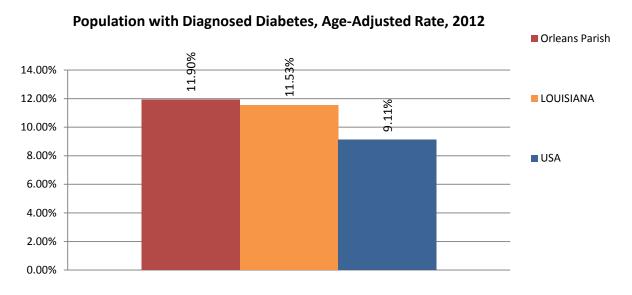
#### **Depression**

- The state of Louisiana reports a higher rate of residents with depression (15.66%) than the country (15.45%).
- Orleans Parish reports the lowest rate of residents with depression within the study area at 15.08%.



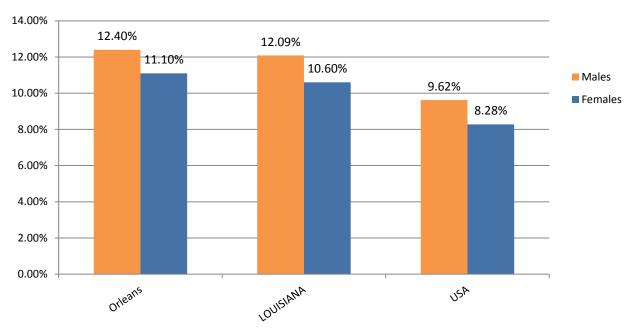
#### **Diagnosed Diabetes**

Orleans Parish reports the highest rate of residents with diagnosed diabetes (11.90%);
 this is higher than both the state (11.53%) and national (9.11%) rates.



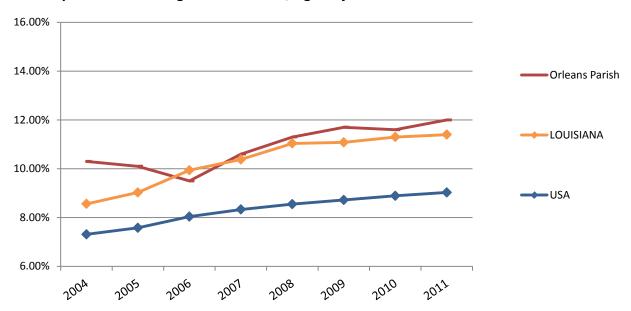
- Men have higher rates of being diagnosed with diabetes than women for the study area.
- 12.40% of the Orleans Parish male population reports being diagnosed with diabetes.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Gender, 2012

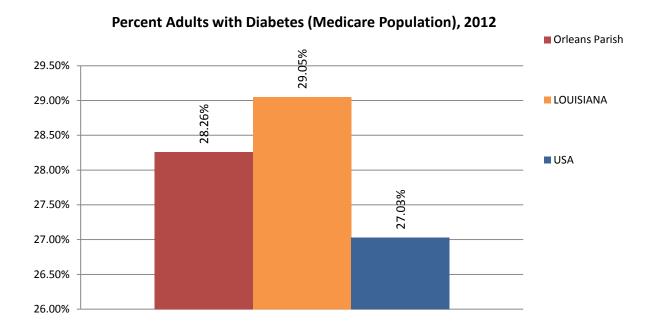


• The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for the study area.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Time

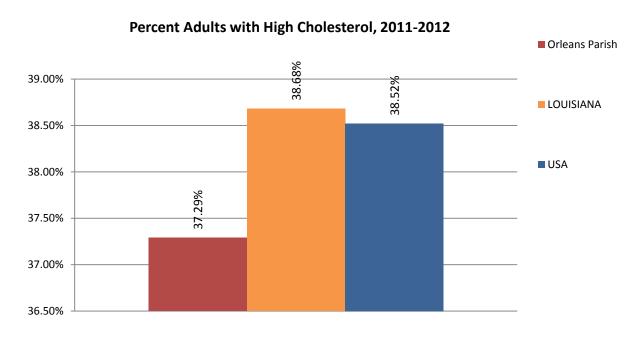


• Looking specifically at the Medicare population, Orleans Parish also reports the highest rate of diagnosed diabetes at 28.26%; the national rate being 27.03%.

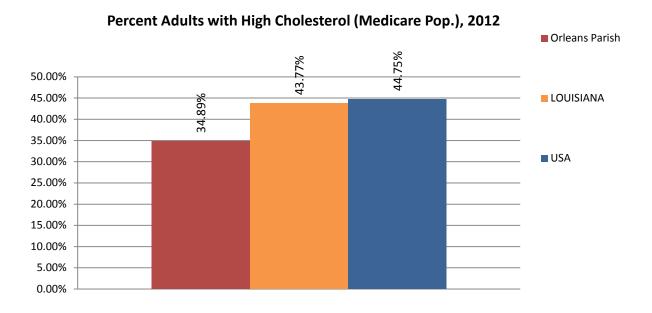


# **High Cholesterol**

• Orleans Parish reports the lowest rate of residents with high cholesterol at 37.29%.

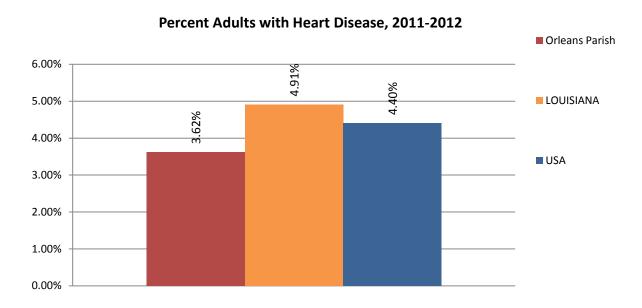


• Looking specifically at the Medicare population, Orleans Parish reports the lowest rate of residents with high cholesterol at 34.89%; the national rate being 44.75%.

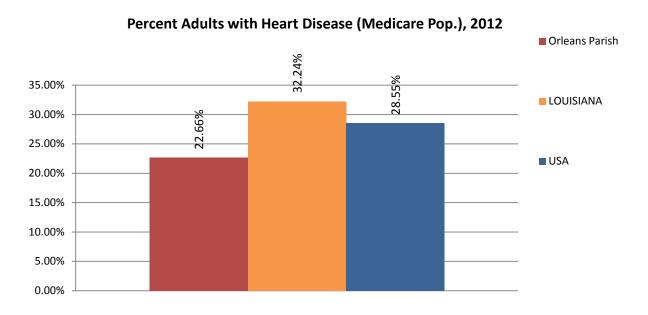


#### **Heart Disease**

• Orleans Parish reports the lowest rate of residents who have heart disease (3.62%); the national rate is 4.40%.

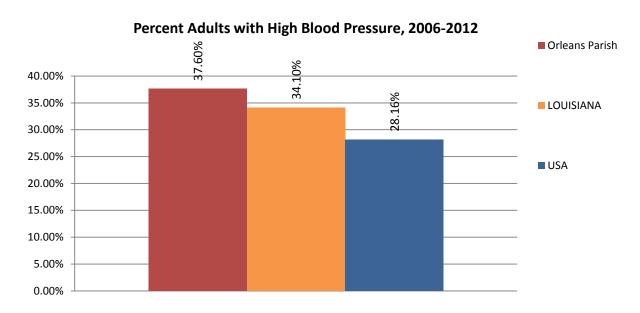


• Looking specifically at the Medicare population Orleans Parish also has the lowest rate at 22.66%; the national rate being 28.55%.

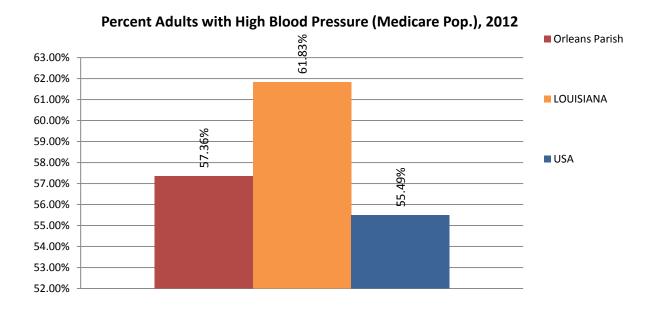


#### **High Blood Pressure**

• Orleans Parish reports the highest rate of residents who have high blood pressure (37.60%); this rate is higher than the national rate of 28.16%.

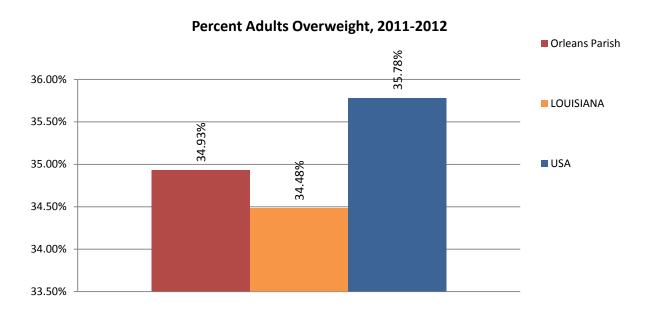


- Looking specifically at the Medicare population, Orleans Parish continues to report a higher rate of residents with high blood pressure than the nation at 57.36%.
- The state of Louisiana reports a rate higher of adults with high blood pressure (61.83%) than the nation and Orleans Parish.

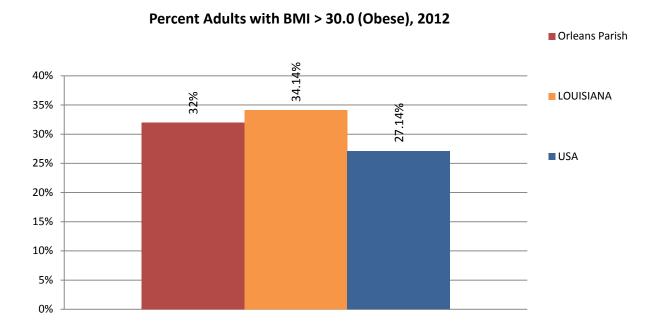


#### **Overweight and Obese**

• Orleans Parish reports the highest rate of residents who are overweight (34.93%); this rate is lower than the national rate of 35.78%.

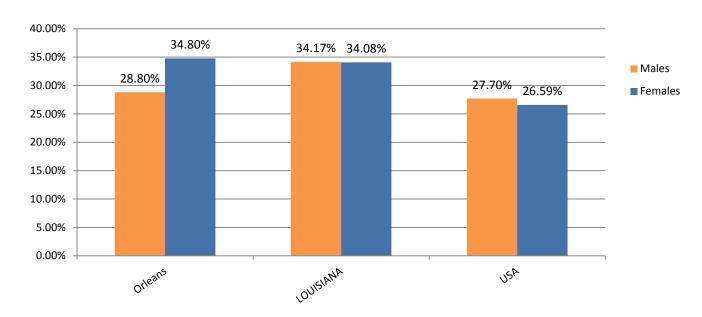


• Orleans Parish reports a rate higher than the nation for adult obesity at 32%; the national rate is 27.14%.

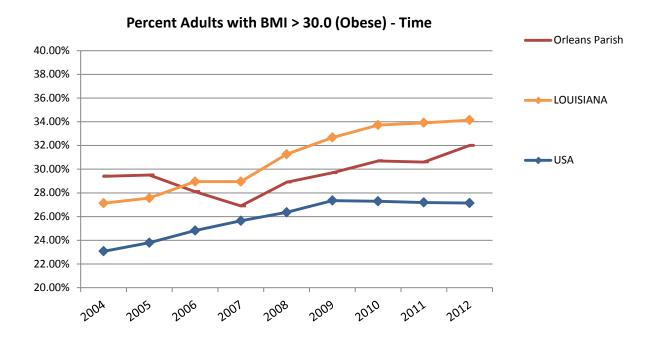


- Women are more likely to be overweight than men for the parish of Orleans 34.80% vs. 28.80%).
- On a national level, men are more likely to be obese than women (27.7% vs. 26.59%).

# Percent Adults with BMI > 30.0 (Obese) - Gender, 2012

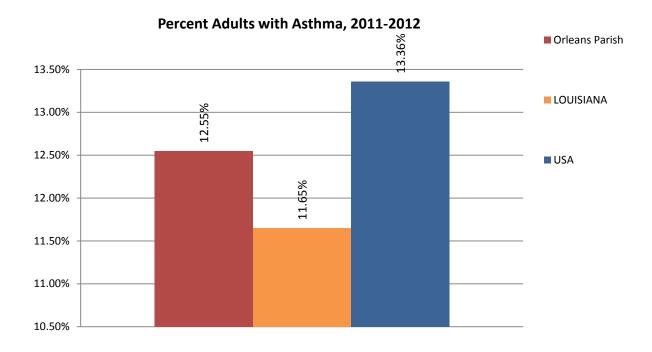


 The rates of obesity in the study area and nationally have seen steady rises over the years.



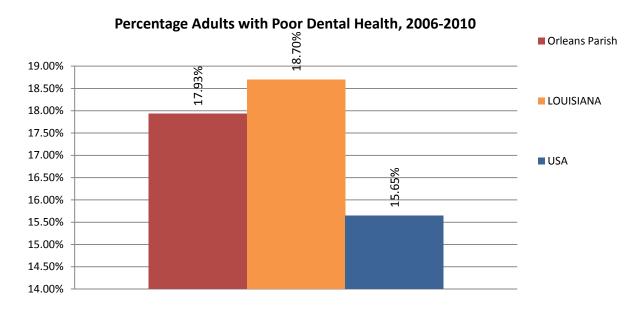
# **Asthma**

• Orleans Parish reports the highest rate of adults with asthma for the study area at 12.55%; this is lower than the national rate of 13.36%.



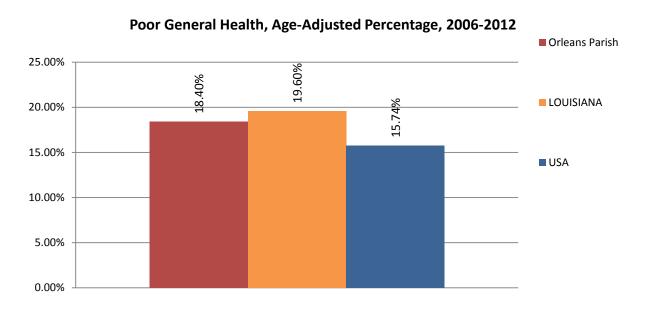
# **Dental Health**

• Orleans Parish reports the highest rate of adults with poor dental health for the study area at 17.93%; this is higher than the national rate of 15.65%.



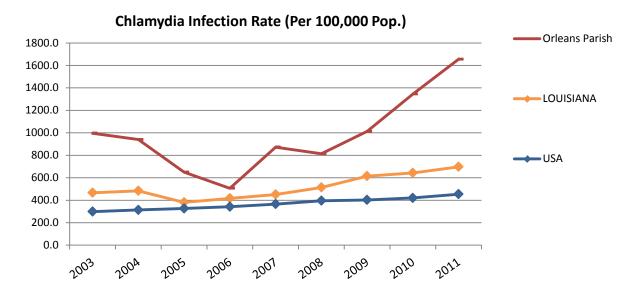
# **Poor Health**

• Both Orleans Parish and the state of Louisiana report higher rates of poor general health than the national rate of 15.74%.



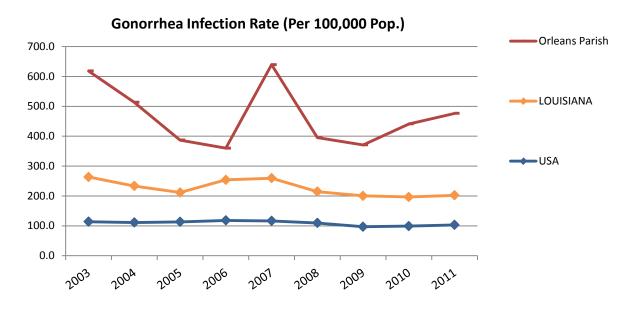
#### **Chlamydia Infection**

• Orleans Parish reports a substantially higher rate of chlamydia infection than the study area state and country at 1,654.9 per 100,000 population in 2011. The national chlamydia rate is 454.1 per 100,000 population.



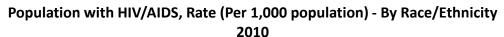
#### **Gonorrhea Infection**

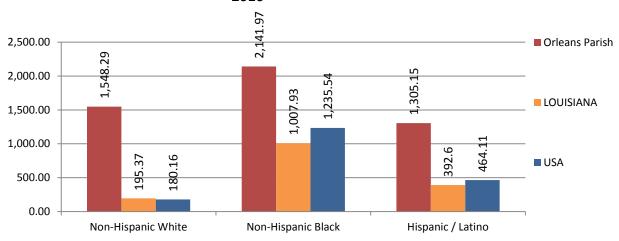
• Similar to chlamydia infection, Orleans Parish reports a substantially higher rate of gonorrhea infection than the study area state and country at 476.2 per 100,000 population in 2011. The national chlamydia rate is 103.09 per 100,000 population.



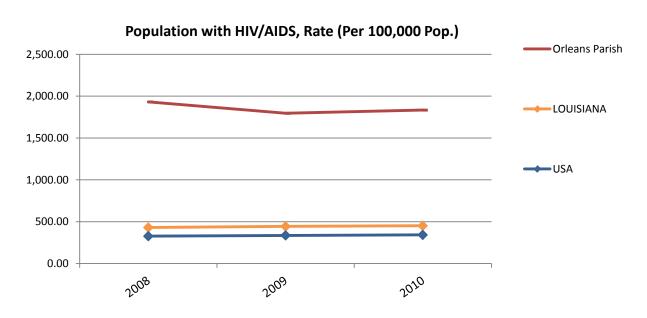
#### **HIV/AIDS**

- The Non-Hispanic Black population is the population that sees the highest rates of HIV/AIDS.
- Orleans Parish specifically sees the highest rates of HIV/AIDS for the study area;
   2,141.97 per 100,000 Non-Hispanic Black population has HIV/AIDS, 1,548.29 per
   100,000 Non-Hispanic White, and 1,305.15 per 100,000 Hispanic/Latino population.



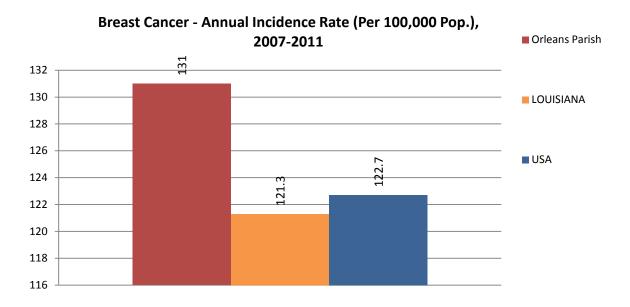


• From 2008 to 2010, Orleans Parish has seen a slight decline in its HIV/AIDS rate.

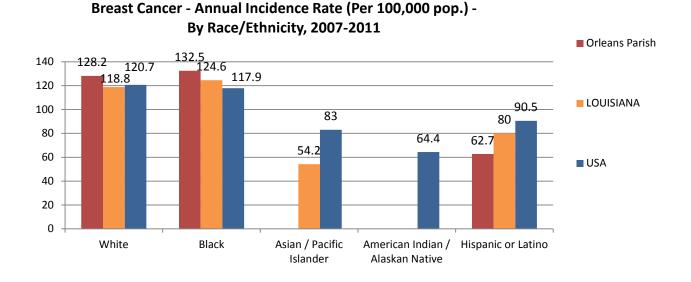


# **Breast Cancer**

- Orleans Parish reports the highest incidence rate of breast cancer for the study area at 131 per 100,000 population; this is higher than the national rate of 122.7 per 100,000 pop.
- The Healthy People 2020 goal is for breast cancer incidence to be less than or equal to 40.9 per 100,000 population; Orleans Parish and the state of Louisiana report rates more than double this goal.

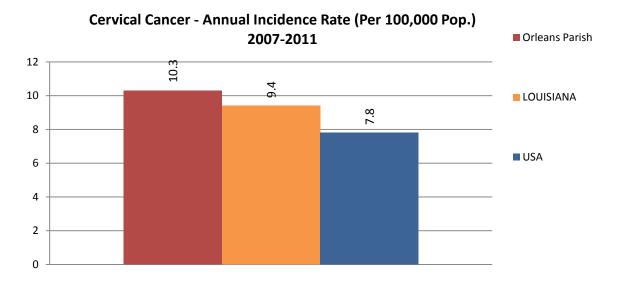


 The African-American / Black population of Orleans Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (132.5 per 100,000 pop.).



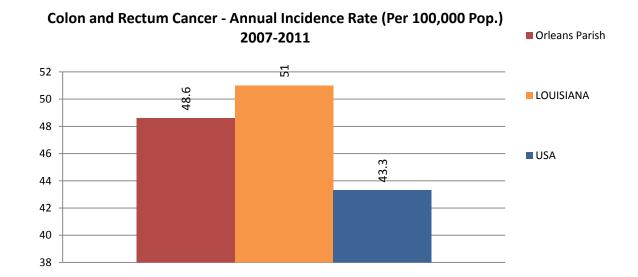
#### **Cervical Cancer**

- Orleans Parish reports the highest incidence rate of cervical cancer for the study area at 10.3 per 100,000 population; this is higher than the national rate of 7.8 per 100,000 pop.
- The Healthy People 2020 goal is for cervical cancer incidence to be less than or equal to 7.1 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.



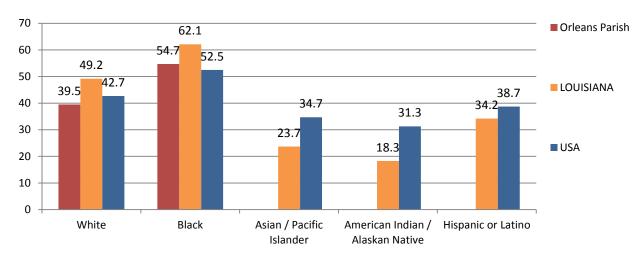
## **Colon and Rectum Cancer**

- Orleans Parish reports a high incidence rate of colon and rectal cancer for the study area at 48.6 per 100,000 population; this is higher than the national rate of 43.3 per 100,000 pop.
- The Healthy People 2020 goal is for colon and rectal cancer incidence to be less than or equal to 38.7 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.



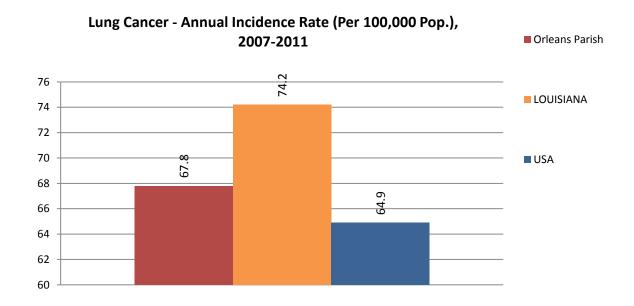
 The African-American / Black population reports higher rates of colon and rectum cancer incidence as compared with other racial groups for the study area, the state, and nationally.

Colon and Rectum Cancer - Annual Incidence Rate (Per 100,000 pop.) - By Race/Ethnicity, 2007-2011



### **Lung Cancer**

 Orleans Parish reports the highest incidence rate of lung cancer for the study area at 67.8 per 100,000 population; this value is higher than the national rate of 64.9 per 100,000 pop.



 The African-American / Black population in Orleans Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (82.5 per 100,000 pop.).

<del>82.5</del>79.4 90 74.9 80 68.2 Orleans Parish 65.6 70 60 50.8 50 43.4 37.5 <sub>36.2</sub> LOUISIANA 34.5 34.6 40 30 18.6 20 USA 10 0 White Black Asian / Pacific American Indian / Hispanic or Latino

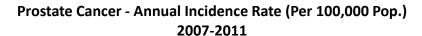
Islander

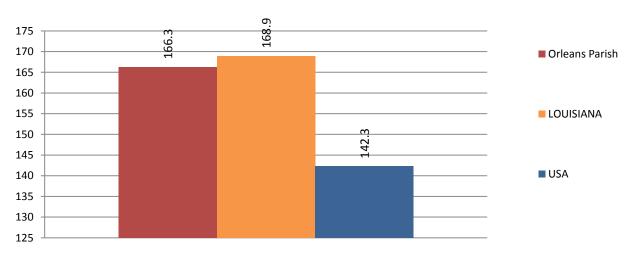
Lung Cancer - Annual Incidence Rate (Per 100,000 pop.) -By Race/Ethnicity, 2007-2011

#### **Prostate Cancer**

• Orleans Parish reports the highest incidence rate of prostate cancer for the study area at 166.3 per 100,000; this value is higher than the national rate of 142.3 per 100,000 pop.

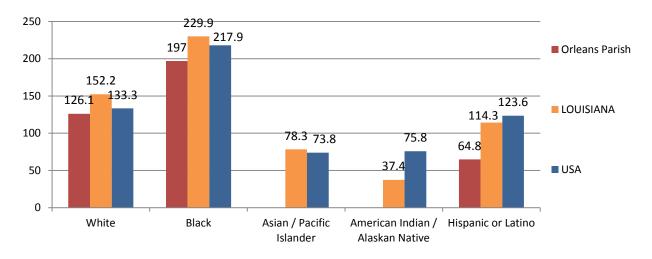
Alaskan Native





 The African-American / Black population reports higher rates of prostate cancer incidence as compared with other racial groups for the study area, the state, and nationally.

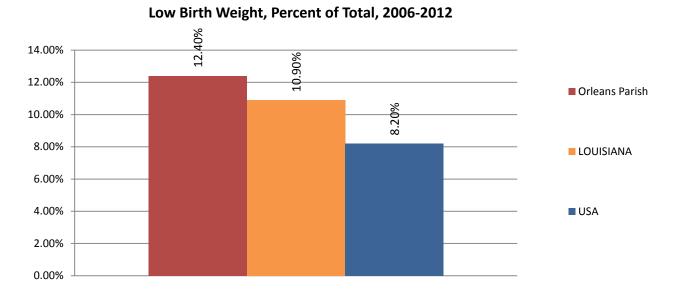
Prostate Cancer - Annual Incidence Rate (Per 100,000 pop.) - By Race/Ethnicity, 2007-2011



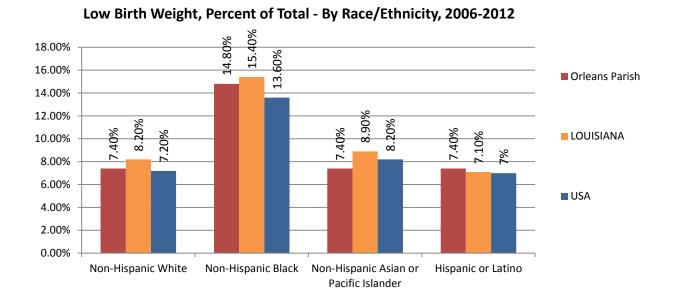
#### **Low Birth Weight**

- Orleans Parish reports the highest rate of low-weight births for the study area at 1.4%.
- Orleans Parish and the state of Louisiana report higher rates of low-weight births than the national rate of 8.2%.

• The Healthy People 2020 goal is for low –weight births to be less than or equal to 7.8%; Orleans Parish and the state of Louisiana report rates higher than this goal.

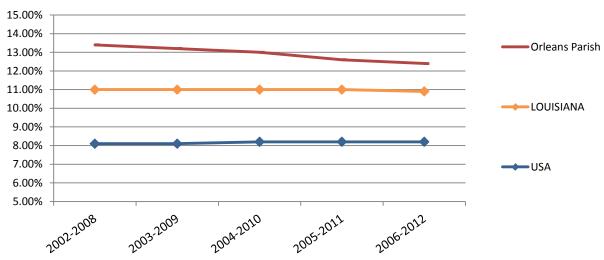


• The Non-Hispanic African-American / Black population sees higher rates of low-weight births as compared with other racial groups for the study area, the state, and nationally.



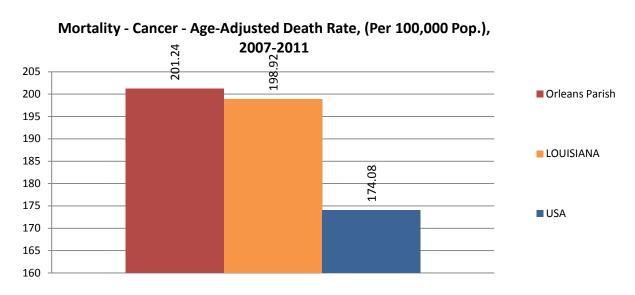
• Orleans Parish reports the highest rate of low-weight births in 2006-2012 (12.4%), but this rate has been steadily declining since 2002-2008.





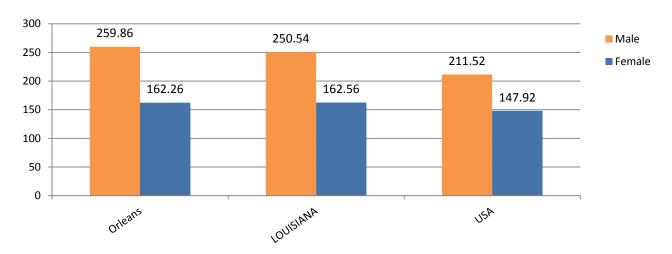
#### **Mortality - Cancer**

- Orleans Parish reports the highest rate of age-adjusted mortality due to cancer for the study area at 201.24 per 100,000 population.
- Orleans Parish and the state of Louisiana report higher rates of mortality due to cancer than the national rate of 174.08 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to cancer to be less than or equal to 160.6 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.



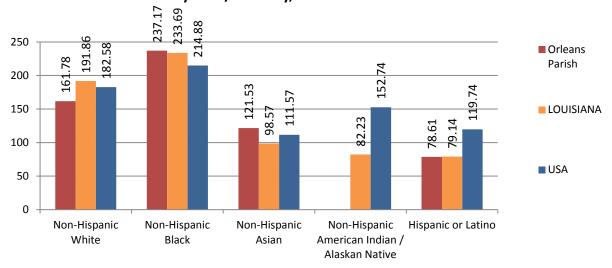
 Across the study area, Orleans Parish, and Louisiana; men have higher mortality rates due to cancer than women.

Mortality - Cancer - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• The Non-Hispanic Black population of Orleans Parish reports the highest rate of mortality due to cancer for the study area with 237.17 per 100,000 population.

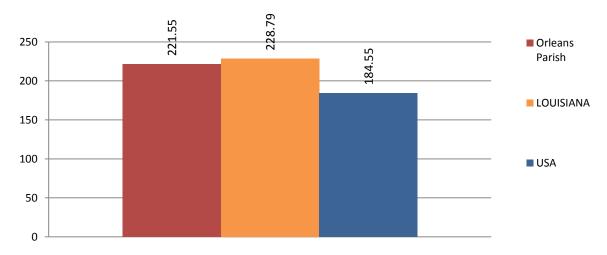
Mortality - Cancer - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



#### **Mortality – Heart Disease**

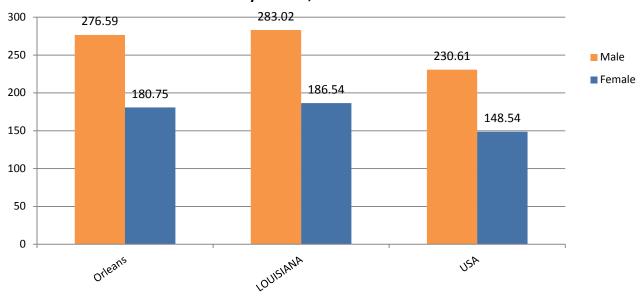
• Orleans Parish and the state of Louisiana report a higher rate of age-adjusted mortality due to heart disease than the nation (184.55 per 100,000 population).

Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) 2007-2011



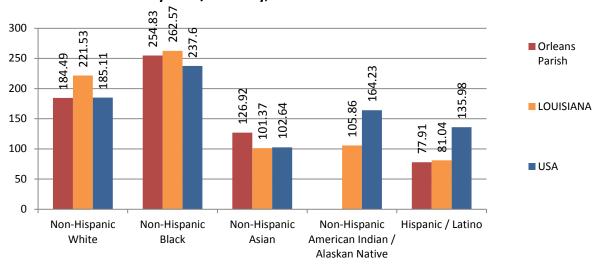
• On a national level and for Orleans Parish, men are more likely to die as a result of heart disease than women.

Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• The African-American / Black population of Orleans Parish report the highest rate of death due to heart disease across the study area at 254.83 per 100,000 population.

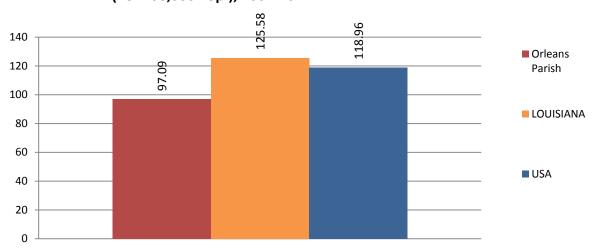
Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



#### **Mortality – Ischemic Heart Disease**

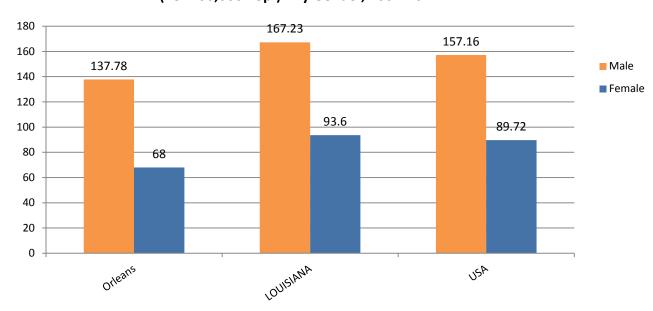
- Orleans Parish reports a lower rate of age-adjusted mortality due to ischemic heart disease for the study area at 97.09 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to ischemic heart disease to be less than or equal to 103.4 per 100,000 population; Orleans Parish reports rates already lower than this Healthy People 2020 Goal.

Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



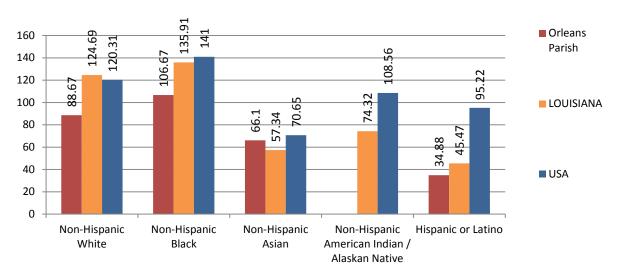
• On a national level and for Orleans Parish, men are more likely to die as a result of ischemic heart disease than women.

Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• Non-Hispanic Black residents of Orleans Parish report the highest rate of death due to ischemic heart disease for the study area at 106.67 per 100,000 population.

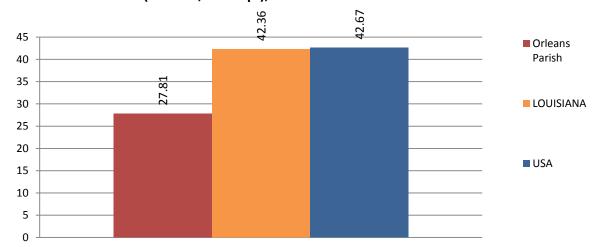
Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



# **Mortality – Lung Disease**

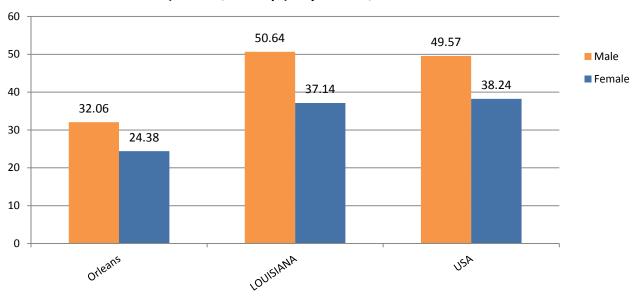
• Orleans Parish reports a lower rate of mortality due to lung disease for the study area at 27.81 per 100,000 population; this is less than the national rate of 42.67.

Mortality - Lung Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



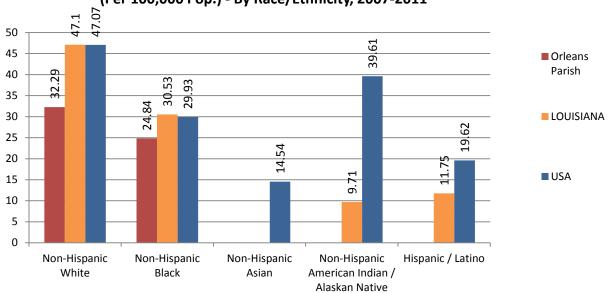
 On a national level and for Orleans Parish, men are more likely to die as a result of lung disease than women.

Mortality - Lung Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• The Non-Hispanic White population of Orleans Parish reports the highest rate of death as a result of lung disease for the study area at 32.29 per 100,000 population.

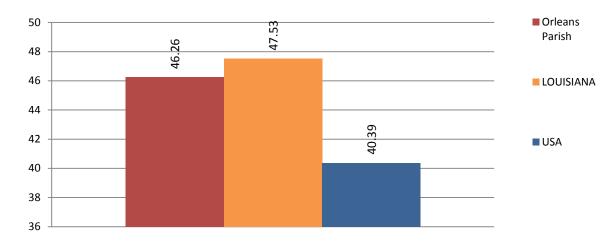
Mortality - Lung Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



# Mortality - Stroke

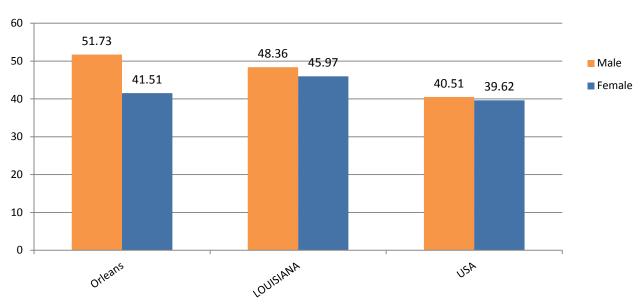
- Orleans Parish reports the highest rate of age-adjusted mortality due to stroke for the study area at 46.26 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to stroke to be less than or equal to 33.8 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.

Mortality - Stroke - Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



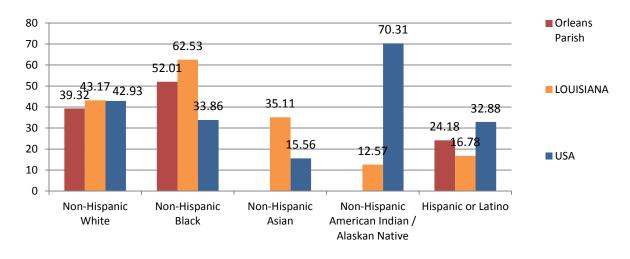
• On a national level, men are more likely to die as a result of stroke than women (40.51 per 100,000 pop. vs. 39.62); for the study area it is the same.

Mortality - Stroke - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• The Non-Hispanic Black population Orleans Parish reports the highest rate of death as a result of stroke for the study area at 52.01 per 100,000 population.

Mortality - Stroke - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011

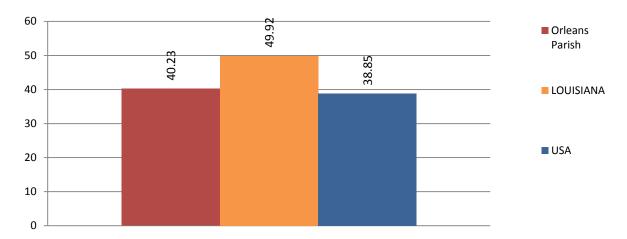


#### **Mortality – Unintentional Injury**

Orleans Parish reports a rate of 40.23 per 100,000 population for age-adjusted mortality due to unintentional injury for the study area.

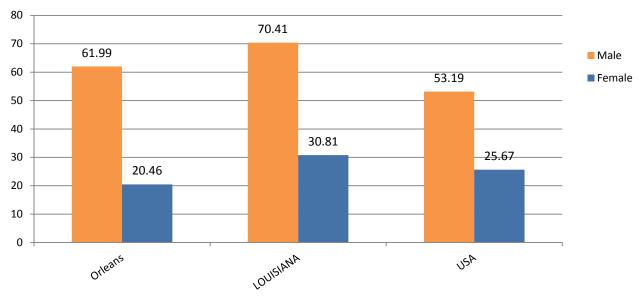
• The Healthy People 2020 goal is for mortality due to unintentional injury to be less than or equal to 36.0 per 100,000 population; Orleans Parish and the state of Louisiana report rates higher than this goal.

Mortality - Unintentional Injury - Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



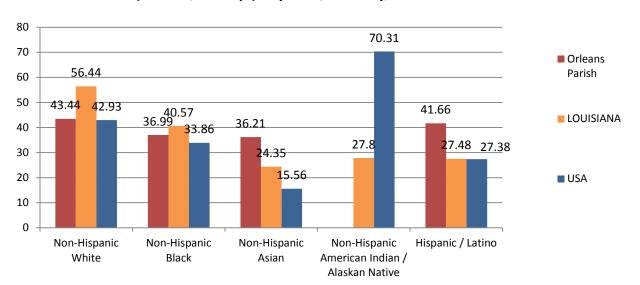
• On a national level and for Orleans Parish, men are more likely to die as a result of unintentional injury than women.

Mortality - Unintentional Injury - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• The Non-Hispanic White population of Orleans Parish reports the highest rate of mortality due to unintentional injury for the study area at 43.44 per 100,000 population.

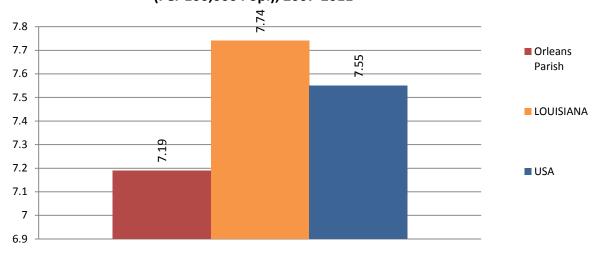
Mortality - Unintentional Injury - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



#### **Mortality – Motor Vehicle Accident**

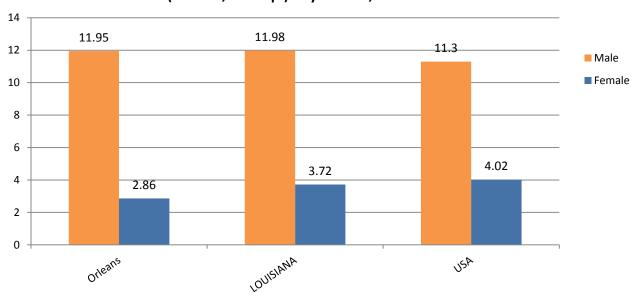
 Orleans Parish reports the lowest rate of deaths due to motor vehicle accidents for the study area at 7.19 per 100,000 population; this is lower than the national rate of 7.55 per 100,000 population.

Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



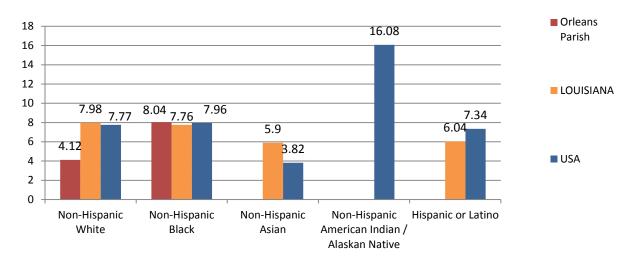
• Men are more likely to die as a result of a motor vehicle accident than women.

Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011



• The Non-Hispanic White population of Orleans Parish reports the lowest rate of death due to motor vehicle accident at 4.12 per 100,000 population.

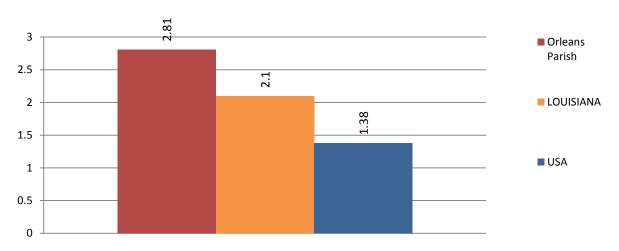
Mortality - Motor Vehicle Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity



#### **Mortality – Pedestrian Accident**

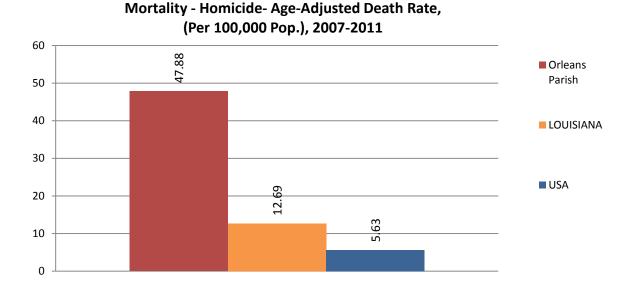
- Orleans Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the study area at 2.81 per 100,000 population.
- The Healthy People 2020 goal is for mortality due to pedestrian accident to be less than or equal to 1.3 per 100,000 population; Orleans Parish, the state of Louisiana, and the country all report rates higher than this Healthy People 2020 Goal.

Mortality - Pedestrian Accident- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2008-2010

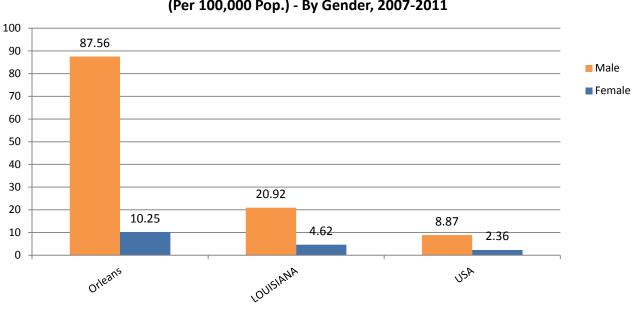


#### **Mortality – Homicide**

- Orleans Parish reports the highest rate of age-adjusted mortality due to homicide for the study area at 47.88 per 100,000 population; this rate is much higher than the national rate (5.63).
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; Orleans Parish, the state of Louisiana, and the country all report rates higher than this Healthy People 2020 Goal.

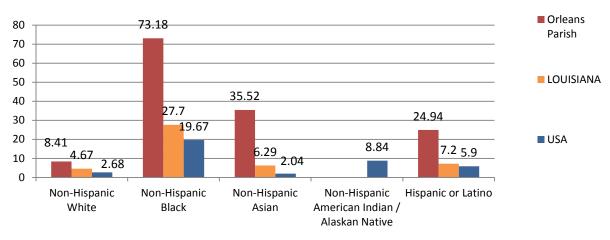


• Men are more likely to die as a result of homicide than women.



• The Non-Hispanic Black population of Orleans Parish reports the highest rate of death as a result of homicide across the study area at 73.18 per 100,000 population.

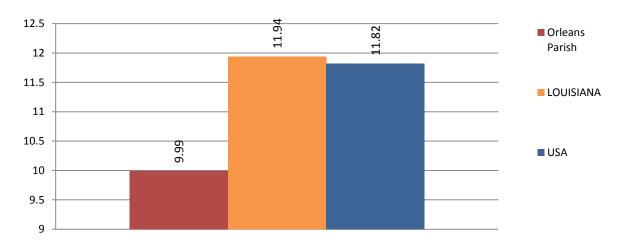
Mortality - Homicide- Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011



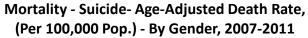
#### Mortality - Suicide

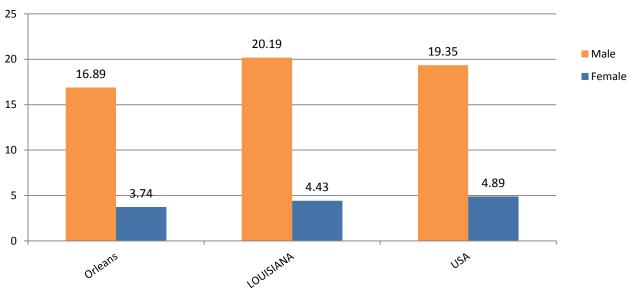
- Orleans Parish reports the lowest rate of age-adjusted mortality due to suicide for the study area at 9.99 per 100,000 population; this rate is lower than the national rate (11.82).
- The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Orleans Parish reports rates already lower than this Healthy People 2020 Goal.

Mortality - Suicide- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011



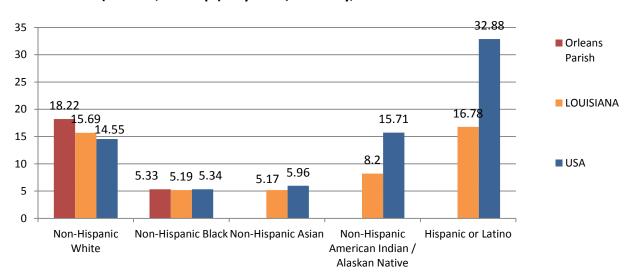
• Men are more likely than women to die as a result of a suicide.





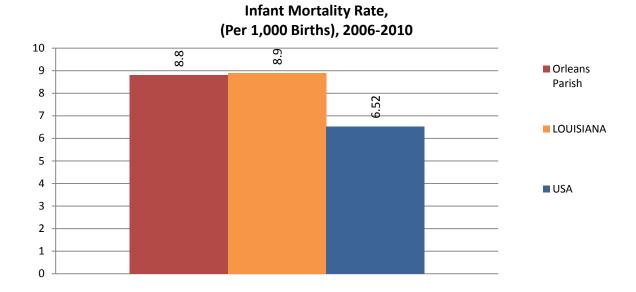
- The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
- For the study area, the Non-Hispanic White population of Orleans Parish reports the highest rate of suicide at 18.22 per 100,000 population.

# Mortality - Suicide- Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011

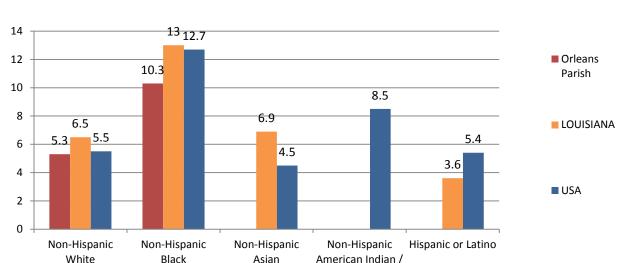


#### **Infant Mortality Rate**

- Orleans Parish reports a high rate of infant mortality for the study area at 8.8 per 1,000 births; this rate is higher than the national rate of 6.52 per 1,000 births.
- The Healthy People 2020 goal is for infant mortality to be less than or equal to 6.0 per 1,000 births; Orleans Parish, the state of Louisiana, and the country all report rates higher than this Healthy People 2020 Goal.



• The Non-Hispanic Black population of Orleans Parish reports the highest rate of infant mortality for the study area at 10.3 per 1,000 births.



Alaskan Native

Infant Mortality Rate, (Per 1,000 Pop.) - By Race/Ethnicity, 2006-2010

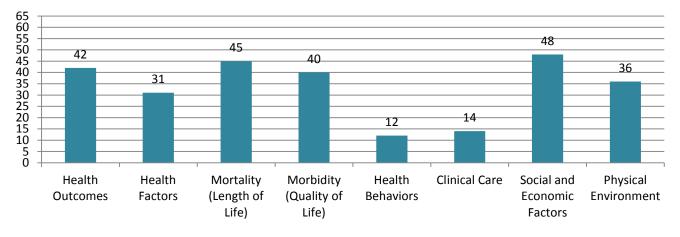
# **County Health Rankings**

The County Health Rankings were completed as collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.<sup>8</sup>

Each parish receives a summary rank for its health outcomes, health factors, and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific parish-level data (as well as state benchmarks) for the measures upon which the rankings are based. Parishes in each of the 50 states are ranked according to summaries of more than 30 health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Parishes are ranked relative to the health of other parishes in the same state on the following summary measures:

- Health Outcomes Rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors Rankings are based on weighted scores of four types of factors:
  - · Health behaviors
  - · Clinical care
  - Social and economic
  - Physical environment
- Louisiana has 64 parishes. A score of 1 indicates the "healthiest" parish for the state in a specific measure. A score of 64 for LA indicates the "unhealthiest" parish for the state in a specific measure.

# **Orleans Parish Health Rankings**



 $<sup>^{8}</sup>$  2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

#### **Key Findings from County Health Rankings:**

- > Orleans Parish reports high ranks (unhealthy) for the following County Health Rankings:
  - o A rank of 42 for Health Outcomes.
  - o A rank of 45 for Mortality (length of life).
  - o A rank of 40 for Morbidity (quality of life).
  - o A rank of 48 for Social and Economic Factors.
  - o A rank of 36 for Physical Environment. .
- > Orleans Parish reports lower (healthier) ranks for the following County Health Rankings:
  - o A rank of 31 for Health Factors.
  - o A rank of 12 for Health Behaviors.
  - o A rank of 14 for Clinical Care.

# **Substance Abuse and Mental Health**

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region specific data from the entire United States in relation to substance use (alcohol and illicit drugs) and mental health.

Every state is parceled into regions defined by SAMHSA. The regions are defined in the 'Substate Estimates from the 2010-2012 National Surveys on Drug Use and Health'. Data is provided at the first defined region (i.e., those that are grouped).

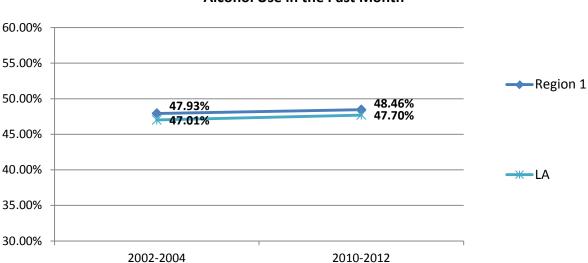
#### The Substate Regions for Louisiana are defined as such:

- Regions 1 and 10 (Data for Regions 1 and 10 provided separately for this grouping only)
  - o Region 1 Orleans, Plaquemines, St. Bernard
  - o Region 10 Jefferson
- Regions 2 and 9
  - Region 2 Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee,
     West Baton Rouge, West Feliciana
  - o Region 9 Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
- Region 3
  - Region 3 Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
- Regions 4, 5, and 6
  - o Region 4 Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
  - o Region 5 Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
  - Region 6 Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon,
     Winn
- Regions 7 and 8
  - Region 7 Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River,
     Sabine, Webster
  - Region 8 Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison,
     Morehouse, Ouachita, Richland, Tensas, Union, West Carroll

Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.

#### **Alcohol Use in the Past Month**

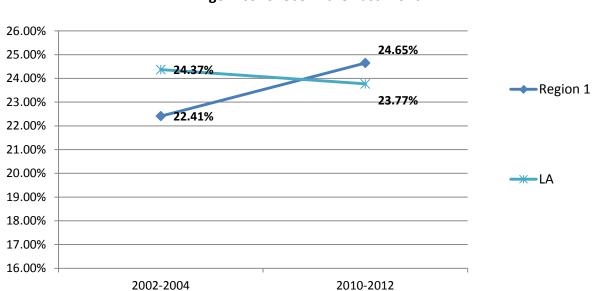
 For the Study Area, Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest current rate of alcohol use in the past month at 48.46% of the population aged 12 and older. This region/parish has seen a slight incline in alcohol use rate from 2002-2004 to 2010-2012.



#### **Alcohol Use in the Past Month**

### **Binge Alcohol Use in the Past Month**

• Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate for the study area as well as a rise in binge alcohol use from 2002-2004 to 2010-2012.

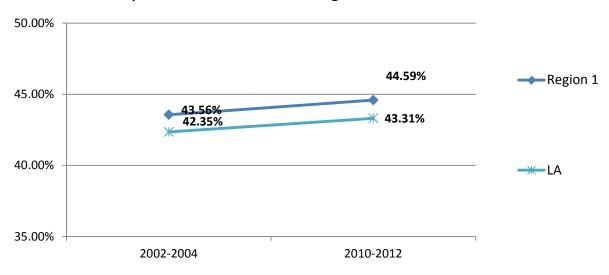


#### Binge Alcohol Use in the Past Month

#### Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week

- Region 1 has shown rises in the perceptions of risk of having five or more drinks once or twice a week from 2002-2004 to 2010-2012.
- The state of Louisiana rates of perceptions of risk of having five or more drinks once or twice a week have increased from 2002-2004 to 2010-2012.

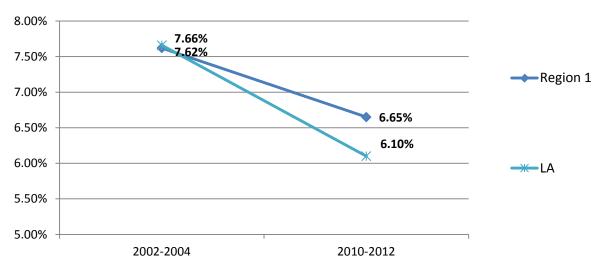
#### Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks



#### **Needing but Not Receiving Treatment for Alcohol Use in the Past Year**

- All of the study area regions have seen declines in the rates of residents needing but not receiving treatment for alcohol use from 2002-2004 to 2010-2012.
- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate for the study area of residents who needed but did not receive treatment for alcohol use in the past year at 6.65%.

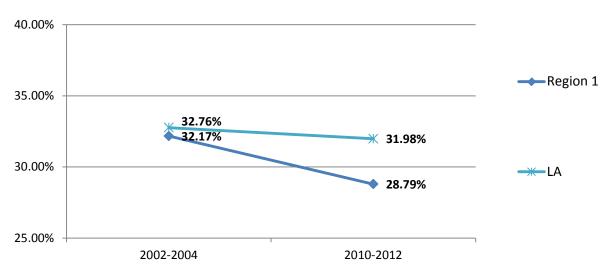




#### **Tobacco Use in the Past Month**

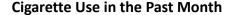
• Region 1 reports the lowest current rate of tobacco use in the past month for the study area at 28.79%; this region has seen a decline in the rate from 32.17% in 2002-2004.

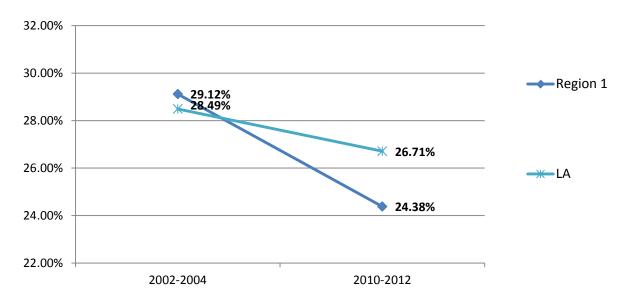
#### **Tobacco Use in the Past Month**



#### **Cigarette Use in the Past Month**

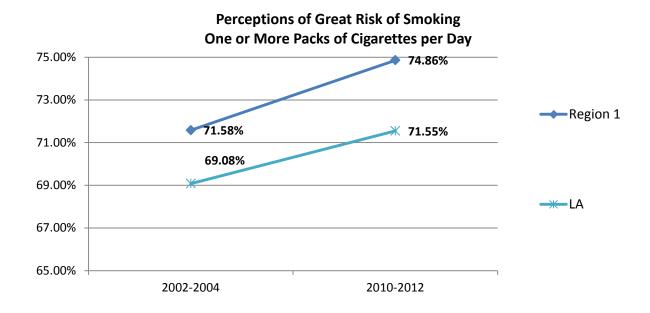
• Cigarette use in the past month is lowest for Region 1 in the 2010-2012 analysis; it has seen a large decline in rate over the years going from 29.12% to 24.38%.





## Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day

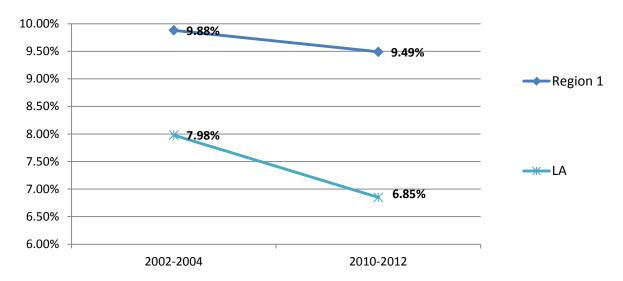
 All of the study area regions report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day.



#### **Illicit Drug Use in the Past Month**

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of illicit drug use in the past month with 9.49% of the population aged 12 and older participating in drug use.
- The Louisiana regions of SAMHSA report declines in rates of illicit drug use.

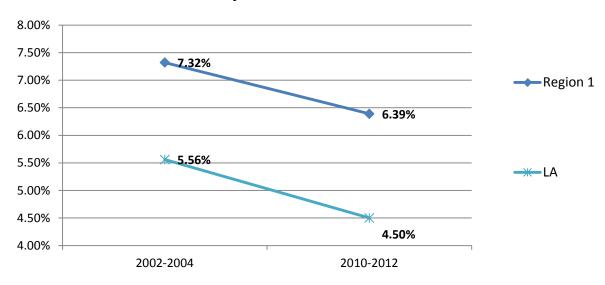
# Illicit Drug Use in the Past Month



#### **Marijuana Use in the Past Month**

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of marijuana use in the past month with 6.39% of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 7.32%.
- The Louisiana regions of SAMHSA report declines in rates of marijuana use.

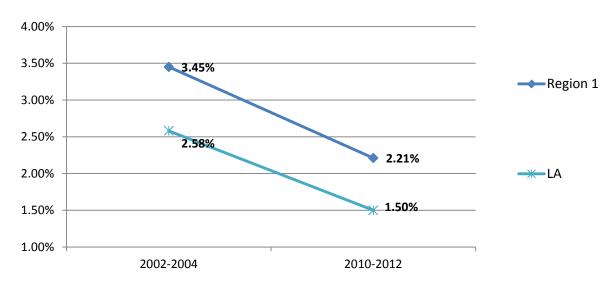




#### **Cocaine Use in the Past Year**

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate of cocaine use in the past month with 2.21 % of the population aged 12 and older reporting use; this rate has been on the decline since 2002-2004 in which it was 3.45%.
- All of the study area regions have seen declines in the rates of cocaine use from 2002-2004 to 2010-2012.

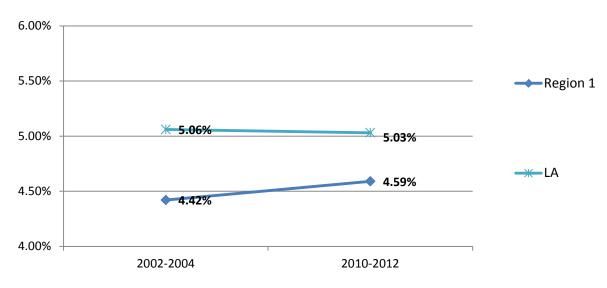
#### Cocaine Use in the Past Year



#### Nonmedical Use of Pain Relievers in the Past Year

• Region 1 reports a rate of 4.59% for nonmedical use of pain relievers in the past year for the population aged 12 and over and has seen this rate rise since 2002-2004 when it was 4.42%.

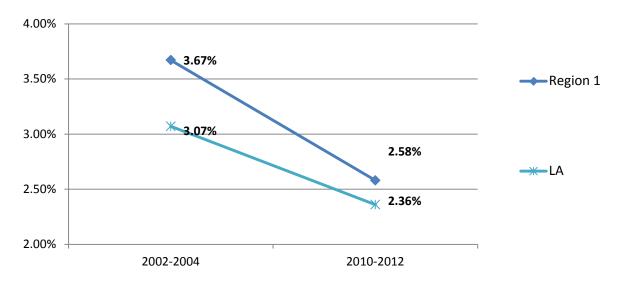




#### Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year

• All of the study area regions report declines in the rates of residents reporting needing but not receiving treatment for illicit drug use in the past year. Region 1 still reports the highest rate for the study area at 2.58% needing but not receiving treatment.

#### Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year



# **America's Health Rankings**

America's Health Rankings® is the longest-running annual assessment of the nation's health on a state-by-state basis. For the past 25 years, America's Health Rankings® has provided a holistic view of the health of the nation. America's Health Rankings® is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.

For this study, the Louisiana State report was reviewed. The following were the key findings/rankings for Louisiana:

- Louisiana Ranks:
  - 48th overall in terms of health rankings
  - o 44th for smoking
  - o 45th for diabetes
  - o 45th in obesity
- Louisiana Strengths:
  - Low incidence of pertussis
  - High immunization coverage among teens
  - Small disparity in health status by educational attainment
- Louisiana Challenges:
  - High incidence of infectious disease
  - High prevalence of low birthweight
  - High rate of preventable hospitalizations
- Louisiana Highlights:
  - In the past year, children in poverty decreased by 15 percent from 31.0 percent to 26.5 percent of children.
  - In the past 2 years, physical inactivity decreased by 10 percent from 33.8 percent to 30.3 percent of adults.
  - In the past 20 years, low birthweight increased by 15 percent from 9.4 percent to
     10.8 percent of births. Louisiana ranks 49th for low birthweight infants.
  - o In the past 2 years, drug deaths decreased by 25 percent from 17.1 to 12.9 deaths per 100,000 population.
  - Since 1990, infant mortality decreased by 32 percent from 11.8 to 8.2 deaths per
     1,000 live births. Louisiana now ranks 47th in infant mortality among states.

Table 6. America's Health Rankings - Louisiana					
Measure	Rank	Value	Measure	Rank	Value
Air Pollution	26	9.2	Infectious Disease	48	
All Determinants	48	-0.53	Insufficient Sleep	34	37
All Outcomes	44	-0.273	Lack of Health Insurance	39	16.7
Binge Drinking	21	16.3	Low Birthweight	49	10.8
Cancer Deaths	47	217.4	Median Household Income	50	39,622
Cardiovascular Deaths	46	307.5	Obesity	45	33.1
Children in Poverty	44	26.5	Obesity – Youth		13.5
Chlamydia	47	597.9	Occupational Fatalities	47	8.2
Cholesterol Check	26	76.2	Overall	48	-0.803
Colorectal Cancer Screening	39	61.5	Personal Income, Per Capita	29	41,204
Dental Visit, Annual	48	56.1	Pertussis	1	1.6
Dentists	39	49.6	Physical Activity	46	67.8
Diabetes	45	11.6	Physical Inactivity	46	32.2
Disparity in Health Status	16	26.5	Poor Mental Health Days	43	4.2
Drug Deaths	27	12.9	Poor Physical Health Days	38	4.2
<b>Excessive Drinking</b>	22	17.7	Premature Death	45	9625
Fruits	44	1.18	Preterm Birth	49	15.3
Heart Attack	41	5.3	Preventable Hospitalizations	48	80.3
Heart Disease	40	5	Primary Care Physicians	20	123.7
High Blood Pressure	47	39.8	Public Health Funding	27	69.01
High Cholesterol	41	40.7	Salmonella	47	33.7
High Health Status	47	44.4	Smoking	44	23.5
High School Graduation	46	72	Stroke	45	4
Immunization - Adolescents	11	72.6	Suicide	12	12.5
Immunization – Children	31	69.1	Teen Birth Rate	44	43.1
Immunization Dtap	16	87.9	Teeth Extractions	48	9.6
Immunization HPV female	12	42.1	Underemployment Rate	23	12.7
Immunization MCV4	9	87.7	Unemployment Rate, Annual	15	6.2
Income Disparity	48	0.491	Vegetables	49	1.64
Income Disparity Ratio	1	5.68	Violent Crime	44	496.9
Infant Mortality	47	8.2	Youth Smoking		12.1

Figure 4. Louisiana Health Rankings Bubble Chart

