Introduction

East Jefferson General Hospital, a more than 420-bed community hospital located on Lake Pontchartrain, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). A CHNA was conducted between March 2015 and October 2015 to identify the needs of the residents served by East Jefferson General Hospital. As a partnering hospital of a regional collaborative effort to assess community health needs; East Jefferson General Hospital 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
- City of Kenner
- Children's Special Health Services
- Methodist Health Foundation
- City of New Orleans
- Catholic Charities
- LSU Health Science Center, Allied Health
- Tulane University School of Medicine
- Jefferson Parish
- NO/AIDS Task Force
- Institute of Women and Ethnic Studies
- 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)
- The Metropolitan Hospital Council of New Orleans (MHCNO)
- Ochsner Medical Center
- Ochsner Baptist Medical Center
- Ochsner Medical Center Northshore
- Ochsner Medical Center Westbank
- Ochsner St. Anne General Hospital
- Children’s Hospital of New Orleans
- Touro Infirmary
- University Medical Center
- East Jefferson General Hospital
- West Jefferson Medical Center
- St. Charles Parish Hospital
- Slidell Memorial 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 East
Jefferson General Hospital, 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 East Jefferson General Hospital and a project oversight committee to accomplish the assessment.
Community Health Needs Assessment
East Jefferson General Hospital
Tripp Umbach

Community Definition

While community can be defined in many ways, for the purposes of this report, the East Jefferson General Hospital (EJGH) community is defined as 15 zip codes – including 4 parishes that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

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Figure 1. Map of East Jefferson General Hospital Study Area
Consultant Qualifications

East Jefferson General Hospital 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 books1 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.

1 A Guide for Assessing and Improving Health Status Apple Book: 
http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1993.pdf and 

A Guide for Implementing Community Health Improvement Programs: 
Project Mission & Objectives

The mission of the East Jefferson General Hospital 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, 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 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 Care Act (ACA).
Methodology

Tripp Umbach facilitated and managed a comprehensive CHNA on behalf of East Jefferson General Hospital — resulting in the identification of community health needs. The assessment process included 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 East Jefferson General Hospital and other participating hospitals and organizations. This process lasted from March 2015 until August 2015.

- **Secondary Data:** Tripp Umbach completed a comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the East Jefferson General Hospital 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, CNI, Healthy People 2020, and other additional data sources. This process lasted from March 2015 until August 2015.

- **Trending from 2013 CHNA:** In 2013, East Jefferson General Hospital contracted with Tripp Umbach to complete a CHNA. The data sources used were the same data sources from the 2013 CHNA, 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 where relevant in the executive summary portion. The 2013 CHNA can be found online at:

- **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 series of 32 interviews were
completed with key stakeholders in the East Jefferson General Hospital 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 under-represented residents, were included in the needs assessment through a survey process. A total of 598 surveys were collected in the East Jefferson General Hospital 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:

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 2014 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, 2015. Consultants presented to community leaders the 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 East Jefferson General Hospital community.

- **Public comment regarding the 2013 CHNA and implementation plan:** East Jefferson General Hospital solicited public comment from community leaders and residents. Commenters were asked to review the CHNA and Action Plan adopted by East Jefferson General Hospital 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. East Jefferson General Hospital 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 CHNA 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, which resulted in the identification and prioritization of three community health priorities in the East Jefferson General Hospital community. Community leaders identified the following top community health needs 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. Many of the same underlying factors were identified in the 2013 CHNA, with slightly different priorities. A summary of the top three needs in the East Jefferson General Hospital 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 health care.
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 health care is an ongoing health need in rural areas across the U.S. Apart from issues related to insurance status and the Medicaid waiver\(^2\), access to health care 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 health care:

Socio-economic status creates barriers to accessing health care (e.g., lack of health insurance, inability to afford care, transportation challenges, etc.), which typically have a negative impact

\(^2\) In 2015, there are multiple Medicaid Waivers operating in Louisiana. Residents 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.
on the health of residents. Often, there is a high correlation between poor health outcomes, 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 assessment completed by East Jefferson General Hospital in 2013, community stakeholders and focus group participants identified access to health care and medical services (i.e., primary, preventive, and mental) as a need in the hospital services area.

- In findings from the 2013 CHNA, stakeholders perceived there was a lack of insurance coupled with increased poverty rates. Today, poverty remains prevalent in the area. “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.”

- Today, single parent homes are likely to be living in poverty with approximately one third of these homes below the federal poverty rate. In Norco, LA (70084) as many as half (57.0%) of single parent homes earn incomes below federal poverty rates. Eight additional zip code areas show one-third or more of the population of single parent home below the FPL (Kenner-70062 and 70065; New Orleans-70118, 70121, and 70123; Metairie-70002 and 70006; and Saint Rose-70087)

- 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 health care 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 overall CNI score for the East Jefferson General Hospital service area rose from 3.7 (2011) to 3.9 (2015); both scores are higher than the median for the scale (3.0) indicating an increase in already greater than average socio-economic barriers to accessing health care across the service area. Twelve (80%) of the fifteen zip code areas

that are included in the hospital service area fall above the median score for the scale. East Jefferson General Hospital serves one zip code areas with a 4.8 CNI score in Kenner, LA (70062); with the highest CNI score possible a 5.0, indicating significant barriers to accessing health care in these areas.

- The data suggest that there is an increase in barriers to accessing healthcare for the hospital service area. A closer look at the changes in scores shows there were 10 zip code areas that saw increases in barriers since 2011 and 4 remained unchanged or showed improvement (two of which were areas with high barriers, 4.0 or greater, that remained unchanged). 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. A similar pattern is present in zip code areas that had lower CNI scores (lower barriers to accessing health care) in 2013 show a much greater increase in barriers than those areas that had higher CNI scores (greater barriers to accessing health care) 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.

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 coverage is the federally administered Marketplace where 34% (approximately 298,000) of 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.

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4 Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey
• In the findings of the 2013 CHNA, many focus group participants felt that healthcare may have been difficult for some residents to secure due to limited outreach programs, costly procedures and a lack of health insurance coverage. Focus group participants also felt health insurance was difficult for some residents to afford at that time due to costly premiums and higher co-pays for medical care. Participants felt Medicare and supplemental insurance are costly and can be unaffordable for some residents that may be on a fixed income. Additionally, participants felt some residents may not be able to afford health insurance due to limited financial resources and the need to pay for basic necessities.

• During the 2015 study, the uninsured rate for the hospital service area (15.0%) is less than the state (19%); though there are three zip code areas that have higher rates of uninsured than the state and the nation i.e., New Orleans (70119, 70122, and 70118). Latino residents are more likely to be uninsured than their counterparts in Jefferson Parish (39.26% to 15.30% respectively). Additionally, we see the highest uninsured rates among residents reporting “Some other race”, Native American/Alaska Native, and Asian across all Parishes in the study area.

• During the community planning forum, community leaders discussed residents in areas with high rates of poverty as well as seniors that are not always able to afford prescription medication (e.g., uninsured, donut insurance coverage, etc.) without some form of assistance. Leaders and stakeholders indicated that there are very few resources available to subsidize prescription medications. Stakeholders addressed the limitations of the Medicaid Waiver, which does not cover prescription medications or specialty care. As a result, many community-based clinics do not have access to specialty diagnostic services and many treatment options. Among the results of the 2013 CHNA, stakeholders felt there is a lack of access to affordable medication resulting in some residents not being able to control chronic illness because they cannot afford their prescriptions.

• 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 and the impression that Medicare/Medicaid is not comprehensive enough to cover necessary services. Additionally, 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 (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 2015 study, the percent of insured population receiving Medicaid benefits (2009-2013) was 24.39% in Jefferson Parish meaning 1 in 4 residents receive some form of Medicaid. If physicians are not accepting new Medicaid patients, as primary data
suggests, it is possible that many patients in the hospital services area are not able to secure primary care using their insurance coverage.

- In the 2013 CHNA, some focus group participants perceived Medicare/Medicaid as not being comprehensive enough to cover the cost of medical care because they receive medical bills for the cost of services that are not covered by Medicare/Medicaid. Participants believed patients may, at times, resist care due to costly fees/co-pays and uninsured patients are less likely to seek medical care, which participants believed may result 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, affordable copays and/or high deductibles. This trend was apparent in surveys collected with 61.5% of respondents reporting less than $29,999 annual household income. A higher percentage of respondents indicated that they could not see a doctor in the last 12 because of cost (30.5%) when compared to the state average (18.9%). Additionally, 25.3% of respondents reported not taking medications as prescribed in the last 12 months due to cost. 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.

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., 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.

- 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 over use of emergency medical care for non-emergency issues. Some focus group participants believed that there was an out flux 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 are seeking pediatric 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 is not being provided to some residents upon discharge from an inpatient stay at local hospitals.
During the 2015 study, the primary care physician ratio in Jefferson Parish was on par with the state, and the national rates (112.3, 86.66, 78.92 per 100,000 pop.). The rates of Federally Qualified Health Centers was lower in Jefferson Parish when compared to the state, and national rates (1.39, 2.1, and 1.92 per 100,000 pop.).

While not as clear an indication of restricted access to healthcare as provider rates, hospitalizations 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 East Jefferson General Hospital service area there are higher rates throughout the study area when compared to the state and national rate across three of the PQI measures (i.e., lower extremity amputation among diabetics, perforated appendix, and low birth weight). It is apparent that there is a need for effective diabetes management resources in the hospital services area due to the higher than national rates of PQI across three of the four PQI measures related to diabetes. However, the hospitalization rate for perforated appendix is the highest (454.55) when compared to state (322.43) and national (323.43) norms.

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 creates 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.

- Today, 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.

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 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 health in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. 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 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.

• While the general population shows average or below average rates of households with no motor vehicles when compared to state (8.48%) and national (9.07%) norms; 40.9% of survey respondents indicated that they use some method of transportation other than a personal vehicle: 14.4% used a family/friend’s car; 21.5% used public transportation; and 5% said that they walk.

• At least 1 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 other
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 health outcomes. 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.

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, look-a-like clinic, and urgent care clinics. It will be very important to further understand the access issues for Vietnamese as well as the 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 target with increase 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 health care.

**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, and 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 by East Jefferson General Hospital in 2013, Stakeholder’s 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.
- During the 2015 study, the City of New Orleans Health Department published a dashboard of data depicting mental health utilization, which includes residents served by East Jefferson General Hospital. The dashboard 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.
- Data suggests there is a need for behavioral health services

<table>
<thead>
<tr>
<th>Measure of Mental Health Providers*</th>
<th>LA</th>
<th>Jefferson Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health providers (count)</td>
<td>5386</td>
<td>618</td>
</tr>
<tr>
<td>Mental health providers (ratio Population to provider)</td>
<td>859:1</td>
<td>704:1</td>
</tr>
</tbody>
</table>

*County Health Ranking 2015

- The ratio of population to mental health providers in Jefferson Parish and the state were 704 and 859 pop. per provider respectively. However, there is no measure of behavioral health providers that are willing to accept Medicaid and/or market place insurance

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Jefferson Parish reports the higher rates of age-adjusted mortality due to suicide for the study area at 12.79 per 100,000 population; this rate is higher than the state (11.94) and national rates (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; the study area parish is higher than this HP2020 Goal.

Almost 1 in 5 (19%) of survey respondents indicated that they have received mental health treatment or medication at some time in their lives. However, when asked if a variety of services are available them or their family, more than 1 in 10 survey respondents indicated that 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”.

Almost three-quarters of stakeholders 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, a sentiment that was echoed in the previous 2013 CHNA study as well.

Community leaders and stakeholders alike discussed the gaps in the available services for adults and children related to behavioral health and substance abuse diagnosis and treatment. 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. 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, and outpatient services for adults and youth. While there are inpatient beds and outpatient services available (e.g., Ochsner Medical Center-Kenner, The Help Unit in St. Charles Parish, etc.), stakeholders and community leaders indicated that they are not adequate enough to meet the demand for behavioral health and substance abuse services.
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Tripp Umbach

- 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 East Jefferson General Hospital.

- Nearly fifty percent (47.8%) of survey respondents 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 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 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.

- During the 2015 study, 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 has an impact on the health status of residents in a variety of ways and often leads 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 care Postpartum 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 included:

- **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.

**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
2. Presence of barriers related to 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 East Jefferson General Hospital service area. While there has been a great deal of development in community-based health services since the last needs assessment in 2013, 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 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, health literacy of residents and cultural sensitivity of providers in the hospital service area.

Findings supported by study data:

A lack of awareness about health resources:

- In the 2013 CHNA, stakeholders believed the healthcare system was still somewhat fractured and there was a lack of consistent information available, a lack of human resources to help with navigation of the system, and it also took a long time to get through the process to ultimately obtain the required health-related services. At the time, and still today, stakeholders believe hospital competition creates barriers to coordination of care throughout the region. Both stakeholders and focus group participants of the 2013 CHNA felt increased healthcare navigation was needed (i.e., helping people understand what is available to them and how to access resources).

- Today, 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, which provides charity care to residents through a network of community-based clinics. One of the most discussed about barriers to accessing health services in local communities was the awareness of residents about 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. When asked if the following was available them or their family, at least 1 in 10 survey respondents indicated the following health services were “not available as far as they know” or “available to others but not to them”: affordable, safe, and healthy housing (23.1%), dental services (20.7%), vision services (19.7%), healthy foods(15.6%), employment assistance (16.2%), medical specialist (11.8%), HIV services (11.5%), emergency medical care (11.1%), pediatric & adolescent health (10.7%), primary care (10.2%), and services for 60+ (10%). 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. Furthermore, respondents reported preferring to receive information by word of mouth.
(62.4%), limiting the effectiveness of outreach and advertisement efforts using other methods.

- Also in the 2013 CHNA, many focus group participants felt residents were unaware of meetings, events, programs and services in their communities due to ineffective dissemination of information. Specifically, participants felt that information about meetings, events, programs and services was not always publicized in their communities causing a lack of awareness and limited participation among residents at that time.

Language barriers related to accessing care and understanding care provided.

- In the 2013 CHNA results, stakeholders stated there was a lack of service and lack of appropriate match of services to specific populations due to language/cultural barriers. Stakeholders believed it was a diverse community and healthcare needed to be provided in a culturally sensitive way. Overall, stakeholders felt there was a lack of resources to address cultural barriers when dealing with the navigation of healthcare services at the time. Additionally, focus group participants for whom English was a second language stated that they felt uncomfortable obtaining health care services and health care coverage due to cultural and language barriers, ultimately leaving them uninsured at the time.

- During the 2015 study, the most current zip code level data suggests that there are pockets of populations in the hospital services area with limited English speaking skills. CNI data shows higher rates or residents with limited English speaking skills in Kenner (70062, 70065), and Metairie (70002 and 70006) (7.8%, 6.1%, 9.5% , and 5.0% of the population respectively) when compared to the average rates for the hospital service area (3.3%) and the average rates for a 14 parish area of South East Louisiana (1.6%).

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 populations with limited English skills and limited literacy skills. 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

East Jefferson General Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a regional community planning forum held on August 5th in New Orleans, LA. The community planning forum was conducted with community leaders representing the primary service area for East Jefferson General Hospital. Community leaders were identified by the CHNA oversight committee for East Jefferson General Hospital. East Jefferson General Hospital is a more than 420‐bed community hospital located on Lake Pontchartrain in Jefferson Parish, 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 East Jefferson General Hospital 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
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 health care.

**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,
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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 health care professionals do not accept new patients with Medicaid coverage.
- Residents are not always being assessed to determine their level of understanding and health literacy.
Tripp Umbach worked collaboratively with the East Jefferson General Hospital 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 East Jefferson General Hospital. 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 East Jefferson General Hospital (EJGH) study area. The EJGH Study Area is defined to include the 15 zip codes across the 4 parishes; for comparison purposes the EJGH Study Area looks to compare to Jefferson 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.

Demographic Profile – Key Findings:

✓ The EJGH study area encompasses more than 550,000 residents.

✓ In 2015, the largest parish in the study area is Jefferson Parish with 435,154 residents.

✓ From 2015 to 2020, St. Bernard Parish is projected to experience the largest percentage change in population with a 13.4% increase (6,216 people); St. Bernard Parish is also one of the smallest parishes in the study area with only 46,426 residents.

✓ Orleans Parish is projected to experience the largest rise in number of residents, going from 392,762 residents in 2015 to 429,069 residents in 202 (an increase of 36,307 residents, 9.2%).

✓ Of the five parishes in the study area, four are projected to have population growth while one is expected to have population decline - St. John the Baptist Parish is projected to experience population decline at 4.4% (a loss of 1,940 residents).

✓ The gender breakdown for the EJGH study area is generally consistent across the parishes and similar to state and national norms.
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- Jefferson Parish reports the largest population of residents aged 65 and older with 15.4%, followed by Orleans Parish with 12.6%, and St. John the Baptist Parish with 12.4%.

- St. Charles Parish reports the highest White, Non-Hispanic population percentage at 64.8%.

- Orleans Parish reports the highest Black, Non-Hispanic population across the study area counties at 58.7%; St. John the Baptist Parish reports the second highest percentage at 51.7%.

- All of the study area parishes report lower rates of Hispanic residents as compared with the country (17.6%). Jefferson Parish reports the highest Hispanic population rate at 14%. Jefferson Parish also reports the highest percentage of Asian or Pacific Islander residents (4.1%) as compared with the other parishes in the study area.

- Jefferson and St. Bernard parish each report the highest rate of residents with less than a high school degree (6.7%).

- Orleans Parish reports the highest rate of residents with a Bachelor’s degree or greater with 33.3%; this is higher than state (21.7%) and national (28.9%) norms.

- St. Bernard Parish reports the lowest average annual household income for the EJGH study area at $55,745.

- St. Charles Parish reports the highest average annual household income compared to the other parishes in the study area at $74,521. St. John the Baptist Parish is second highest at $63,775.

- Orleans Parish reports the highest rate of households that earn less than $15,000 per year (25.8%) in the EJGH study area; in other words, more than a 1 in every 4 residents of this parish 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). 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

6 Truven Health Analytics, Inc. 2015 Community Need Index.
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 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.
Across the 20 EJGH study area zip codes:

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

Zip code areas 70123 – Jefferson, and 70087 – St. Charles experienced the largest rises in CNI score (going from 2.8 to 3.6 for Jefferson; and going from 3.2 to 4.0 for St. Charles); while 70118 (from Orleans Parish) experienced the largest decline in CNI score (going from 5.0 to 4.6).
Table 3: East Jefferson General Hospital - 2015 CNI Detailed Data

<table>
<thead>
<tr>
<th>Zip</th>
<th>City</th>
<th>2015 CNI Score</th>
<th>Poverty 65+</th>
<th>Poverty Married w/ kids</th>
<th>Poverty Single w/ kids</th>
<th>Limited English</th>
<th>Minority</th>
<th>No High School Diploma</th>
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<th>Uninsured</th>
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<tbody>
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<td>Kenner</td>
<td>4.8</td>
<td>29.9%</td>
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<td>70118</td>
<td>New Orleans</td>
<td>4.4</td>
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<td>25.3%</td>
<td>42.2%</td>
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<td>11.7%</td>
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<td>19.9%</td>
<td>46.0%</td>
<td>9.5%</td>
<td>40.5%</td>
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<td>12.5%</td>
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</tr>
<tr>
<td>70121</td>
<td>New Orleans</td>
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<td>13.7%</td>
<td>24.3%</td>
<td>36.6%</td>
<td>2.8%</td>
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<td>70087</td>
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<td>16.3%</td>
<td>3.7%</td>
<td>4.0%</td>
<td>10.1%</td>
<td>31.9%</td>
</tr>
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For the EJGH study area, there is one zip code area with a CNI score of 4.8 (5.0 being the worst), indicating significant barriers to health care access.

Zip code area 70118, in New Orleans, reports the highest rates in the study area for: poverty among two parent homes (25.3%), uninsured residents (23.1%), and residents renting (54.6%).

- Zip code area 70062, in Kenner, reports the highest rates of residents aged 65 and older living in poverty (29.9%) as compared with the other zips in the EJGH study area.
- Zip code area 70062, in Kenner, also reports the highest rate of unemployed residents at 17.4%; this is much higher than state (6.6%) and national (5.5%) rates.7
- Zip code area 70094, in Westwego, reports the highest rate of residents with no high school diploma (25.7%).
- Zip code area 70002, in Metairie, reports the highest rate for the study area for residents with limited English (9.5%).
- 86.8% of zip code area 70122 in New Orleans identify themselves as a minority; this is the highest for the study area.
- Norco, LA (70079) reports the highest rates of single parent homes in poverty (57.0%).

On the other end of the spectrum, the lowest CNI score for the study area is 2.4 in 70124– New Orleans.

---

Zip code area 70124, in New Orleans, reports the lowest rates of married, as well as single, parents living in poverty with their children for the study area (4.5% and 13.2% respectively).

70124 in New Orleans also reports the lowest minority rate (16.3%), lowest rate of residents without a high school diploma (3.7%), and the lowest rate of unemployed residents (4.0%).

Destrehan zip code area 70047 reports the lowest rates of uninsured residents at 7.8%.

Chart 8. Overall CNI Values - EJGH, Parishes
The available data behind the rankings illustrates the supporting data for each CNI ranking.
A total of 10 of the 15 zip code areas (80%) for the East Jefferson General hospital study area fall above the median score for the scale (3.0), none fall at the median, and two fall below the median. 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.
Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)\textsuperscript{8}

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 East Jefferson General Hospital). 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\textsuperscript{9}
   - PQI 15 Asthma in Younger Adults Admission Rate\textsuperscript{10}

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\textsuperscript{11}

\textsuperscript{8} 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.
\textsuperscript{9} 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
\textsuperscript{10} 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”).
Community Health Needs Assessment
East Jefferson General Hospital

- PQI 9 Low Birth Weight Rate\(^1\)
- PQI 10 Dehydration Admission Rate
- PQI 11 Bacterial Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate

### Table 5. Prevention Quality Indicators (PQI) EJGH / LA / U.S.A. 2015

<table>
<thead>
<tr>
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<td><strong>Chronic Lung Conditions</strong></td>
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<tr>
<td>COPD or Adult Asthma (PQI5)</td>
<td>399.76</td>
<td>531.03</td>
<td>495.71</td>
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<td>Asthma in Younger Adults (PQI15)</td>
<td>27.26</td>
<td>42.83</td>
<td>46.02</td>
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<td>63.86</td>
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<td>Uncontrolled Diabetes (PQI14)</td>
<td>8.86</td>
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<td>Lower Extremity Amputation Among Diabetics (PQI16)</td>
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<td><strong>Heart Conditions</strong></td>
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<tr>
<td>Hypertension (PQI7)</td>
<td>35.08</td>
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<td>Congestive Heart Failure (PQI8)</td>
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<td>Perforated Appendix (PQI2)</td>
<td>454.55</td>
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<td>323.43</td>
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<td>+ 131.12</td>
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<td>Low Birth Weight (PQI9)</td>
<td>94.42</td>
<td>86.51</td>
<td>62.14</td>
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<td>Dehydration (PQI10)</td>
<td>77.66</td>
<td>124.53</td>
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<td>Bacterial Pneumonia (PQI11)</td>
<td>181.16</td>
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<td>Urinary Tract Infection (PQI12)</td>
<td>175.02</td>
<td>209.39</td>
<td>167.01</td>
<td>- 34.37</td>
<td>+ 34.37</td>
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</table>

**Key Findings from 2015 PQI Data:**

- There are 3 PQI measures that the EJGH study area scores higher on than the State of Louisiana. They are Lower Extremity Amputation Among Diabetics (+3.02), Low Birth Weight (+7.91), and Perforated Appendix (+132.12).

- When comparing the EJGH PQI data to the national rates, the EJGH study area reports higher preventable hospital admissions for:

\(^1\) 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.

\(^2\) 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.
There are a handful of PQI values in which the EJGH Study Area as well as a majority of the study area parishes report higher rates than is seen nationally (indicating areas in which there are more preventable hospital admissions than the national norm), these include:

- Diabetes, Short-Term Complications
- Diabetes, Long-Term Complications
- Congestive Heart Failure
- Perforated Appendix
- Low Birth Weight
- Urinary Tract Infection

There are also a number of PQI measures in which the EJGH Study Area and many of the parishes in the study area report lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:

- Diabetes, Short-Term Complications
- Congestive Heart Failure
- Perforated Appendix
- Urinary Tract Infection
- Asthma in Younger Adults
- Uncontrolled Diabetes
- Angina without Procedure
- Hypertension
- Dehydration
- Bacterial Pneumonia

**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.

The 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:

- St. John the Baptist Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 289.39 per 100,000 population; more than double the national rate of 117.37
- Orleans Parish reports the highest rate of diabetes, short-term complications for those aged 6 to 17 years old for the EJGH study area (42.41).
- St. Bernard, St. Charles, and St. John the Baptist all report the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 500.00 per 100,000 admissions.
- Jefferson Parish 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 31.01 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 East Jefferson General Hospital (EJGH) CHNA. The data is presented in the aforementioned categories below.

Social and Economic Factors

**Free/Reduced Price Lunch Eligible**

- St. John the Baptist Parish reports the highest rate of public school students who are eligible for free or reduced lunch eligible and has seen a rise in this rate (99.41%).

**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 the highest rate of food insecure population for the EJGH study area 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).
- St. John the Baptist Parish reports the lowest overall graduation rate as well as the lowest on-time graduation rate throughout the study area parishes (68.0% overall graduation, 60.5% on-time graduation).
- The Healthy People 2020 Target for on-time graduation is 82.4% – all of the study area parishes and the states 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**

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• 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 country at 45.07% and the highest rate for the study area. All of the other parishes in the EJGH study area report lower rates of cost-burdened households than the national average (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.

• All of the study area parishes report lower rates of households receiving public assistance income than the rates seen for the country.

• St. Bernard Parish reports the highest rate of households receiving public assistance at 2.46%. St. Charles Parish reports the lowest rate of households receiving public assistance at only 1.22%.

• St. Bernard Parish reports the highest average amount of public assistance received by households at $4,334.

**SNAP Benefits**

• Orleans Parish reports the highest rate of households receiving SNAP benefits across the EJGH study area at 20.70%.

• The Other Race population of St. John the Baptist Parish reports a high rate of receiving SNAP benefits at 46.15%.

• The Other Race population of St. Bernard Parish also reports one of the highest rates of receiving SNAP benefits across the study area at 44.87%.

• The Non-Hispanic White, Asian, and Hispanic/Latino populations report some of the lowest rates of receiving SNAP benefits for the EJGH 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”.

- Only two of the five study area parishes report “Some Disparity”. The remaining three parishes have “High Disparity” when it comes to SNAP benefits.
- Orleans Parish reports the highest SNAP Benefits Disparity Index score for the study area at 45.64 with St. Charles Parish a close second at 42.89.

**Medicaid**

- Orleans Parish reports the highest rate of Insured Residents Receiving Medicaid at 31.27%; 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 parishes.
- St. Bernard Parish reports the highest rate among the study area parishes/counties of residents aged 65 and older receiving Medicaid (33.24%).

**Insurance**

- St. Bernard Parish reports the highest rate of uninsured adults for the EJGH study area at 27.7%. Orleans Parish is a close second at 26.3%. These rates are higher than state (25.0%) and national (20.8%) norms.
- St. Bernard Parish has experienced drastic declines in its rates of uninsured adults going from a high of 41.60% in 2009 to its lowest rate in the most recent data year of 2012 reporting 27.40%.
- St. Bernard Parish reports the highest rate of uninsured children across the study area parishes at 5.9%.
- The State of Louisiana reports lower rates of uninsured children (5.6%) as compared with the country (7.5%)
- From 2011 to 2012, nearly all of the study area parishes reported declines in the rates of uninsured children.
  - St. Bernard Parish has seen the most drastic decline in the rates of uninsured children – going from 20.40% in 2009 to 5.90% in 2012.

**Uninsured Population**

- For most of the study area parishes, 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.
- 100% of the Native Hawaiian or Pacific Islander population in St. John the Baptist Parish is uninsured. Orleans Parish is a close second with 70%.
Residents reporting “Some Other Race” for the majority of the study area parishes have the highest rates of being uninsured.

### Social Support

- St. Bernard Parish exhibits the highest rate of residents with a lack of social or emotional support at 29.5% 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.
- St. Charles Parish is the only area in the study showing a lower rate (12.74%) than both the state and national 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 (the highest rate across the study area).
- The Hispanic/Latino population of the study area is living in poverty at lower rates than their counterparts in 3 of the 5 parishes, with 4 of them being below state and country norms.
- In St. John the Baptist Parish, 10.07% of the Hispanic/Latino population is living below the federal poverty level (the lowest for the study area).
- The Native Hawaiian or Pacific Islander population of Orleans Parish experiences some of the highest rates of living in poverty as compared with the other study area parishes (80.89%).
- For populations living below 200% of the federal poverty level Orleans Parish reports the highest rate at 48.41% with St. Bernard following at 46.15%.

### 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 EJGH study area. St. Charles Parish is the only location reporting below state and country norms for both male and female children.
- 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, a 3 of the 5 parishes in the EJGH
study area report higher rates of poverty in the Non-Hispanic population (Jefferson, Orleans, and St. John the Baptist).

- St. John the Baptist Parish reports the lowest rate of Hispanic/Latino children living in poverty at 16.35%. This is below both the state (25.89%) and country (32.39%) norms.
- The Native Hawaiian / Pacific Islander in Orleans Parish and the Native American / Alaska Native populations in St. John the Baptist Parish both report children in poverty at 100%.
- The African-American / Black population sees some of the highest rates of poverty across the EJGH study area.
- St. Charles Parish displays some of the lowest rates of poverty for the study area.
- 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**

- Three out of the five EJGH study area parishes have seen rises in the rates of births to teen mothers (aged 15-19).
  - Orleans, St. Bernard, and St. John the Baptist, reported slight inclines in the teen birth rates from the 2005-2011 5-year estimate census to the 2006-2012 5-year estimate census.
- St. Bernard Parish reports the highest teen birth rate among Non-Hispanic White girls (55.7 per 1,000 pop.).
- St. Bernard Parish reports the highest teen birth rate among Non-Hispanic Black girls (66.3 per 1,000 pop.).
- Jefferson Parish reports the highest teen birth rate among Hispanic/Latino girls (64.4 per 1,000 pop.).

**Unemployment Rate**

- In 2013 St. John the Baptist Parish reported the highest unemployment rate at 8.4% (LA = 6.7%, USA = 7.4%). St. Charles reported the lowest at 6.3%.
- For the most current reported data, the same parish reported the highest unemployment rates; St. John the Baptist = 7.6% (LA = 6.4%, USA = 5.6%).

**Violent Crime**

- Orleans Parish reports the highest violent crime rate across the EJGH study area counties at 789.05 per 100,000 population. This rate is higher than state (532.9) and national (395.5) rates.
- Jefferson Parish reports the second highest violent crime rate for the study area at 478.05 per 100,000 pop.
- St. John the Baptist reports the lowest for the area at 189.47.
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.; Jefferson follows at 83.23 per pop.; these rates are higher than state (71.56) and national (72.74) norms.

Grocery Stores

- In 2013, St. John the Baptist Parish reported the lowest rate of grocery stores per population at 21.78 per 100,000 pop.; St. Charles Parish follows at 22.74 per 100,000 pop.

Recreation and Fitness Facilities

- In 2013, St. John the Baptist Parish reported the lowest rate of recreation and fitness facilities per population at 4.36 per 100,000 pop.; St. Bernard Parish follows at 8.36 per 100,000 pop.; both are lower than state (9.6) and national (9.72) norms.

Housing

- All of the EJGH study area parishes have lower rates of HUD-Assisted housing units per 10,000 units.
- Orleans Parish reports the highest rate for the study area at 1,450.06 per 10,000 units.
- St. Charles Parish reports the lowest rate of HUD-Assisted housing units at 252.31 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 EJGH study area, of housing units with substandard conditions (45.68%). The state rate is 30.09% and the national rate is 36.11%.
- St. Charles Parish reports the highest rate of housing units lacking complete plumbing facilities at 1.17% (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%).
- St. Bernard Parish reports the highest rate, by far, of housing units lacking telephone facilities at 16.36% (LA = 2.91%, USA = 2.44%).
Orleans Parish reports the highest rate of vacant housing for the EJGH study area at 21.95%; St. Bernard follows at 18.24%; these are higher than state (13.5%) and national (12.45%) norms.

**Low Food Access**

- The low-income population St. Bernard Parish experiences the highest rates of low food access (19.59%); this is double and triple the rates seen for the state (10.82%) and nation (6.27%).
- St. John the Baptist Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 37.88 compared to 19.31 for the State of Louisiana and a national rate of 16.59.
- Within the parish of St. John the Baptist, the Non-Hispanic Other population experiences the highest rate of low food access (93.6%) followed by the Non-Hispanic Asian population (83.3%).
- St. Bernard Parish has the highest rate of SNAP-Authorized retailers for the EJGH study area at 142.07 per 100,000 population.
- St. Charles Parish reports the fewest SNAP-Authorized retailers for the study area at only 75.79 per 100,000 population.
- Orleans Parish has the highest rate of WIC-Authorized retailers for the EJGH study area at 18.3 per 100,000 population.
- Jefferson Parish reports the fewest WIC-Authorized retailers for the study area with 9.01 per 100,000 population.
- 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**

- Jefferson Parish reports the highest number of physicians across the study area at 383.
- St. Bernard Parish reports the fewest physicians with only 7.
- Orleans Parish has the highest primary care physician (PCP) rate per 100,000 population at 143.26 in 2012.
- St. Bernard Parish reports the lowest rate of PCPs per 100,000 population at only 19.21 in 2012.

**Dentists**
• Jefferson Parish reports the highest number of dentists across the study area parishes at 344.
• St. Bernard and St. John the Baptist parishes both reports the fewest dentists with only 12.
• Jefferson Parish has the highest dentist rate per 100,000 population at 79.12 in 2013.
• St. Bernard Parish reports the lowest rate of dentists per 100,000 population for the EJGH study area at only 27.6 in 2013.

Mammogram – Medicare Enrollees

• St. Charles Parish as well as 3 of other parishes in the EJGH study area has seen a decline in the rates of women with Medicare receiving a mammogram.
• St. Bernard and St. John the Baptist parishes have both seen a steady increase from 2011 to 2012, however, St. John the Baptist Parish still falls below the state and country norms.

Cancer Screening – Pap Test

• Louisiana reports 78.1% of their populations as having received a Pap Test; this rate is slightly lower than the national rate of 78.48%.
• St. Bernard Parish reports the lowest rate of female residents aged 18 and older receiving a Pap Test at only 67.3%.

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.
• St. Bernard Parish reports the lowest rate of residents receiving a sigmoidoscopy or colonoscopy at only 36%; St. Charles Parish hold the highest rate at 61.90% of the population receiving these cancer screening tests.

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% that have never been tested.
• St. Bernard Parish reports the highest rate of residents having never been tested for HIV/AIDS across the EJGH study area at 68.44%.

Pneumonia Vaccine

• St. Charles Parish reports the highest rate of residents receiving the pneumonia vaccine at 76.40%, followed closely by St. Bernard Parish at 73.40%.
• 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. Four of the 5 parishes of the EJGH study area report lower rates than the national rate, with the lowest being 76.8% for Orleans Parish. St. Charles was the only parish above the national rate at 85.83%.

**High Blood Pressure**

• All of the parishes in the EJGH study area report 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%.
• Jefferson Parish reports the highest rate of adult residents with high blood pressure not taking their medication for the study area at 20.33%.

**Dental Exam**

• Orleans Parish has the highest rate of adults with no dental exam at 38.46%; the national rate is 30.15%. Three of the 5 parishes fall below the state and national norms.

**Federally Qualified Health Centers (FQHCs)**

• The majority of the EJGH study area rates significantly higher than the state and national rates of FQHCs.
• St. Charles Parish reports the highest rate of FQHCs per population at 5.68 per 100,000.
• Jefferson Parish reports the lowest at 1.39 FQHCs per 100,000.

**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)**

• The parishes of Orleans and St. Bernard report at 100% for population living in an HPSA.
• Conversely, the parishes of St. Charles and St. John the Baptist report at 0%.
Health Behaviors

Leisure Time Physical Activity

- St. Bernard Parish reports the highest rate of population with no leisure time activity (37.3%) for the EJGH study area; higher than state (29.8%) and national (22.64%) norms.
- All of the parishes/counties of the EJGH study area report higher rates than the national norms for population who do not partake in leisure time physical activity.
- Men consistently report lower rates of no leisure time physical activity than do women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as do men.
- St. Bernard Parish, currently with the highest rate of population not partaking in leisure time physical activity, has seen a somewhat steady rise in this rate since 2004 (with a slight dip in the rate for 2009).

Fruit/Vegetable Consumption

- All but one (St. John the Baptist) of the parishes in the EJGH study area 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%; only two of the 5 parishes in the EJGH study area report higher rates of adults drinking excessively.
- Orleans Parish reports the highest rate, for the EJGH study area, of adults drinking excessively at 19.60%.

Smoking

- St. Bernard Parish has the highest percent of population smoking cigarettes at 22%. This is higher than both the state (21.90%) and country (18.08%) rates.
- St. John the Baptist Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 74.09%; 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%).
- Four of the 5 parishes in the EJGH study area report lower rate of depression than the national rate.
St. Bernard Parish reports the highest rate of residents with depression within the EJGH study area at 16.44%.

**Diagnosed Diabetes**

- St. John the Baptist Parish reports the highest rate of residents with diagnosed diabetes (13.30%).
- All of the study area parishes as well as the overall state rates for Louisiana are higher than national rates for population being diagnosed with diabetes.
- Men have higher rates of being diagnosed with diabetes than women for the EJGH study area.
- The State of Louisiana reports a higher rates of diabetes than the country.
- The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for the EJGH study area parishes.
- Looking specifically at the Medicare population, St. John the Baptist Parish reports the highest rate of diagnosed diabetes at 30.84%; the national rate being 27.03%.

**High Cholesterol**

- Four of the five parishes report higher rates of residents with high cholesterol than the state average of 38.68% and national average of 38.52%.
- Jefferson Parish reports the highest rate of residents with high cholesterol at 40.78%.
- Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with high cholesterol at 43.12%; the national rate being 44.75%.

**Heart Disease**

- St. Bernard Parish reports the highest rate of residents who have heart disease (7.92%); this rate is much higher than the national rate of 4.40%.
- Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with heart disease at 31.49% (differing from St. Bernard Parish for the total population); the national rate being 28.55%.

**High Blood Pressure**

- Orleans Parish reports the highest rate of residents who have high blood pressure (37.60%); all parishes in the EJGH study area rate higher than the national rate of 28.16%.
- Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with high blood pressure at 61.12%; the national rate being 55.49%.

**Overweight and Obese**
Community Health Needs Assessment

East Jefferson General Hospital

Tripp Umbach

- St. Bernard Parish reports the highest rate of residents who are overweight (42.98%); close to half of the population of this parish is overweight; this rate is higher than the national rate of 35.78%.
- St. Charles Parish reports the highest rate of residents who are obese (35.4%).
- The lowest rates in the study area fall at 32% for Jefferson and Orleans parishes; the national rate is 27.14%.
- There are not significant differences in males and females in terms of obesity; for the study area, some parishes see women having higher rates of obesity, for other parishes, men are more likely to be obese.
- On a national level, men are more likely to be obese than women (27.7% vs. 26.59%).
- The rates of obesity in the EJGH study area and nationally have seen steady rises over the years. Jefferson and Orleans parish are the lowest in the study area at 32%; the national rate is 27.14%. St. John the Baptist Parish has seen a decline in obesity since 2008, but still scores higher than state and national rates.

Asthma

- St. Bernard reports the highest rate of adults with asthma for the EJGH study area at 13.76%; this is higher than the national rate of 13.36%.

Dental Health

- Orleans Parish reports the highest rate of adults with poor dental health for the EJGH study area at 17.93%; this is higher than the national rate of 15.65%.
- All parishes in the EJGH study area report lower than the state.

Poor Health

- St. John the Baptist reports the highest rate of poor general health (22.08%).
- All five of the parishes in the EJGH study area 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 all of the other study area parishes, state, and country at 1,654.9 per 100,000 population in 2011 (the next highest rate being 623.6 for St. John the Baptist Parish – less than half the rate seen for Orleans Parish). 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 all of the other study area parishes, state, and country at 476.2
per 100,000 population in 2011 (the next highest rate being 73.0 for St. John the Baptist Parish – 15% of the rate seen for Orleans Parish). 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, many of the study area parishes experienced rises or slight declines then larger rises in the HIV/AIDS rates for their parish. Therefore 2010 rates of HIV/AIDS in the EJGH study area are higher than 2008 rates.

Breast Cancer

- St. Bernard Parish reports the highest incidence rate of breast cancer for the EJGH study area at 143.2 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; all of the study area parishes and state report rates more than double this goal.
- The African-American / Black population of St. Charles Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (138 per 100,000 pop.).

Cervical Cancer

- Orleans Parish reports the highest incidence rate of cervical cancer for the EJGH 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; all of the study area parishes and state report rates higher than this goal.

Colon and Rectum Cancer

- St. Bernard Parish reports the highest incidence rate of colon and rectum cancer for the EJGH study area at 54.6 per 100,000 population; this is higher than the national rate of 43.3 per 100,000 pop.
Community Health Needs Assessment
East Jefferson General Hospital

- The Healthy People 2020 goal is for colon and rectum cancer incidence to be less than or equal to 38.7 per 100,000 population; all of the study area parishes and state 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 EJGH study area, the state, and nationally.

Lung Cancer

- St. Bernard Parish reports the highest incidence rate of lung cancer for the EJGH study area at 99.9 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 St. Bernard Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (111.2 per 100,000 pop.).

Prostate Cancer

- Orleans Parish reports the highest incidence rate of prostate cancer for the EJGH study area at 166.3 per 100,000 population followed closely by St. Charles Parish at 164.2; these values are 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 EJGH study area, the states, and nationally.

Low Birth Weight

- Orleans Parish reports the highest rate of low-weight births for the EJGH study area at 1.4%.
- All of the study area parishes 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%; all of the study area parishes and state 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 EJGH 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.
St. Bernard Parish reports the highest rate of age-adjusted mortality due to cancer for the EJGH study area at 250.11 per 100,000 population.

All of the study area parishes 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; all of the study area parishes and state report rates higher than this goal.

Across the EJGH study area, all of the parishes, states, and nationally; men have higher mortality rates due to cancer than women.

The Non-Hispanic White population of St. Bernard Parish reports the highest rate of mortality due to cancer for the EJGH study area with 279.34 per 100,000 population.

**Mortality – Heart Disease**

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to heart disease for the EJGH study area at 275.29 per 100,000 population.
- On a national level and for all of the study area parishes, men are more likely to die as a result of heart disease than women.
- The Non-Hispanic / Black population of St. John the Baptist reports the highest rate of death due to heart disease across the EJGH study area at 303.01 per 100,000 population.

**Mortality – Ischemic Heart Disease**

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the EJGH study area at 174.72 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 and St. Charles parishes report rates already lower than this HP2020 Goal.
- On a national level and for all of the study area parishes, men are more likely to die as a result of ischemic heart disease than women.
- Non-Hispanic Black residents of St. John the Baptist Parish report the highest rate of death due to ischemic heart disease for the EJGH study area at 183.19 per 100,000 population.

**Mortality – Lung Disease**

- St. Charles Parish reports the highest rate of mortality due to lung disease for the EJGH study area at 39.36 per 100,000 population; following close behind is St. Bernard Parish at 39.23.
- All the parishes in the EJGH study are below state and national rates.
• On a national level and for all of the EJGH study area parishes, men are more likely to die as a result of lung disease than women.
• The Non-Hispanic White population of St. Bernard Parish reports the highest rate of death as a result of lung disease for the EJGH study area at 46.59 per 100,000 population.

Mortality – Stroke

• St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to stroke for the EJGH study area at 51.57 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; all of the EJGH study area parishes 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 EJGH study area it is mixed.
• The Non-Hispanic Black population of St. Bernard Parish reports the highest rate of death as a result of stroke for the EJGH study area at 82.89 per 100,000 population.

Mortality – Unintentional Injury

• St. Bernard Parish reports the highest rate of age-adjusted mortality due to unintentional injury for the EJGH study area at 61.29 per 100,000 population.
• 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; all of the EJGH study area parishes report rates higher than this goal.
• On a national level and across all of the EJGH study area parishes, men are more likely to die as a result of unintentional injury than women.
• The Non-Hispanic White population of St. John Baptist reports the highest rate of mortality due to unintentional injury for the EJGH study area at 69.3 per 100,000 population.

Mortality – Motor Vehicle Accident

• St. Bernard reports the highest rate of deaths due to motor vehicle accidents for the EJGH study area at 12.35 per 100,000 population; this is higher than the national rate of 7.55 per 100,000 population. This rate is also higher than the other study area parishes which are closer to the national rate of 7.5.
• Men are more likely to die as a result of a motor vehicle accident than women.
• The Non-Hispanic Black population of St. John the Baptist reports the highest rate of death due to motor vehicle accident at 12.9 per 100,000 population.

Mortality – Pedestrian Accident
St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the EJGH study area at 3.63 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; none of the parishes in the EJGH study area meet this goal.

**Mortality – Homicide**

Orleans Parish reports the highest rate of age-adjusted mortality due to homicide for the EJGH study area at 47.88 per 100,000 population; this rate is much higher than the national rate (5.63) and all of the other study area parishes.

The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; all the parishes in the EJGH study area are higher than this HP2020 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 EJGH study area at 73.18 per 100,000 population.

**Mortality – Suicide**

St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to suicide for the EJGH study area at 13.4 per 100,000 population; this rate is higher than the national rate (11.82) and all of the other study area parishes.

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 and St. Bernard parishes report rates already lower than this HP2020 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 EJGH study area, the Non-Hispanic White population of St. John the Baptist reports the highest rate of suicide at 21.27 per 100,000 population.

**Infant Mortality Rate**

St. John the Baptist Parish reports the highest rate of infant mortality due for the EJGH study area at 10.2 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; St. Bernard Parish report rates already lower than this HP2020 Goal.

The Non-Hispanic Black population of St. John the Baptist reports the highest rate of infant mortality for the EJGH study area parishes at 12.8 per 1,000 births.
The County Health Rankings were completed as collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.14

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.
Key Findings from County Health Rankings:

- St. Bernard Parish reports the highest ranks (unhealthiest parish of the EJGH study area) for the majority of the County Health Rankings:
  - A rank of 44 out of the worst possible 64 for health outcomes.
  - A rank of 38 for health factors.
  - A rank of 53 for morbidity.
  - A rank of 21 for health behaviors.
  - A rank of 35 of clinical care.

- Orleans Parish holds the highest rank for the study area for:
  - A rank of 45 for mortality.
  - A rank of 48 for social and economic factors.

- St. John the Baptist ranks 64th (the worst parish in the state) for physical environment.
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)
  ✓ Region 1 – Orleans, Plaquemines, St. Bernard
  ✓ Region 10 – Jefferson
- Regions 2 and 9
  ✓ Region 2 – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
  ✓ 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
  ✓ Region 4 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
  ✓ 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 EJGH Study Area, Region 10 (Jefferson Parish) reports the highest current rate of alcohol use in the past month at 52.19% of the population aged 12 and older. However,
this region/parish has seen the largest decline 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 and the only rise in binge alcohol use for the EJGH study area from 2002-2004 to 2010-2012.

**Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week**
- All of the EJGH study area regions have shown rises in the perceptions of risk of having five or more drinks once or twice a week from 2002-2004 to 2010-2012.
Needing but Not Receiving Treatment for Alcohol Use in the Past Year

- All of the EJGH 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 3 reports the highest currently and in the past (with little difference from 2002-2004 to 2010-2012) of tobacco use in the past month at 34.61%.
Cigarette Use in the Past Month

- Cigarette use in the past month is highest for Region 3 and was for the 2002-2004 analysis as well; it has seen a slight decline in rate over the years going from 30.13% to 29.63%.

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

- All of the EJGH study area regions report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day; Region 3 reports the lowest rate (correlating to the higher usage).
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.

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%.
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%.

Nonmedical Use of Pain Relievers in the Past Year

- Region 3 reports the highest current rate of nonmedical use of pain relievers in the past year at 5.08% of the population aged 12 and over.
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.
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
  - 44th for smoking
  - 45th for diabetes
  - 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.
  - 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.
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<td>Teeth Extractions</td>
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<td>Immunization MCV4</td>
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<td>8.2</td>
<td>Youth Smoking</td>
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**Key Stakeholder Interviews**

**INTRODUCTION:**

Tripp Umbach conducted interviews with community leaders on behalf of East Jefferson General Hospital. 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 CHNA project completed by Tripp Umbach.

**DATA COLLECTION:**

The following qualitative data were gathered during individual interviews with 32 stakeholders in communities served by the East Jefferson General Hospital, more than 420-bed community hospital located on Lake Pontchartrain. 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 an East Jefferson General Hospital CHNA oversight committee. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the communities served by East Jefferson General Hospital, 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
- Pickering and Cotogno
- Nouveau Marc Residential Retirement Living
- Kenner Council on Aging and Parks and Recreation
- City of Kenner
- Children's Special Health Services
- Methodist Health Foundation
- City of New Orleans
- Catholic Charities
- LSU Health Science Center, Allied Health
- Tulane University School of Medicine
- Jefferson Parish
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 health 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 healthy 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 hours of operation 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 interviewed 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 and building the University Medical Center. 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 the study area. One of the most discussed about barriers to accessing health services on in the study area 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 the study area who do not have access to health insurance due to the part-time 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.

Stakeholder 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.

According to stakeholders, there were several health services that are not readily available in their communities, specifically: outpatient Medicaid providers (dental, pediatricians, psychiatrist, etc.),
pediatric neurosurgery, pediatric cardiology, inpatient behavioral health and substance abuse services, outpatient behavioral health and substance abuse services, care coordination, after-hours specialty care (e.g., HIV Clinics), prescription assistance, and primary care (more rural areas). 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 health outcomes. 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.

1. **Obesity** – Over one-half of stakeholders discussed the prevalence and cause of obesity among residents in the study area. 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 health care resources.

**SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH:**

Ninety-seven percent of stakeholders discussed the social and environmental determinants of health in the study area. 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 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 can cause lifestyle diseases such as cardiovascular disease, obesity, diabetes and cancer.

One of the most discussed social determinants of health in the study area 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 facilitated 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 due to 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 Katrina and Ivan in the region.

The economy was discussed regarding the lack of opportunity 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 e.g., 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 the study area. 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 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, 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 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.
- Poor birth outcomes and 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 social and environmental determinants of cancer and respiratory diseases like chemical run off from factories and pollution; they discussed the
personal choice to continue smoking as an additional factor that facilitates 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 prevalence of behavioral health experienced by the same youth (now teenagers and young adults) today. Stakeholders felt that the culture of New Orleans and 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., Ochsner Medical Center-Kenner, 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 in the EJGH community. 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 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 care Postpartum 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 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 East Jefferson General Hospital 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 hand-distribution.
- 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 targets 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. 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 6: Survey Responses – Self-Reported Annual Income of Respondents

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<th>Income</th>
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<td>$100-149,999</td>
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</table>

- 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 7: Survey Responses – Self-Reported Age of Respondents

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<td>35-44</td>
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</tr>
<tr>
<td>45-54</td>
<td>17.0%</td>
</tr>
<tr>
<td>55-64</td>
<td>23.5%</td>
</tr>
<tr>
<td>65-74</td>
<td>12.0%</td>
</tr>
<tr>
<td>75-84</td>
<td>6.0%</td>
</tr>
<tr>
<td>85+</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
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 were 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 months 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 their own car.

Table 7: Survey Responses Related to HIV/AIDS Testing

<table>
<thead>
<tr>
<th>Ever Been Tested for HIV</th>
<th>Eastbank</th>
<th>LA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>59.9%</td>
<td>43.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>No</td>
<td>40.1%</td>
<td>56.5%</td>
<td>64.8%</td>
</tr>
</tbody>
</table>

- 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 8: Survey Responses – Health Services Received During the Previous 12 Month Period

<table>
<thead>
<tr>
<th>Test Received</th>
<th>SELA Region</th>
<th>Eastbank Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood test</td>
<td>52.3%</td>
<td>55.4%</td>
</tr>
<tr>
<td>Check up</td>
<td>45.8%</td>
<td>45.7%</td>
</tr>
<tr>
<td>Cholesterol test</td>
<td>31.5%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Flu shot</td>
<td>31.1%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>23%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

- 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 9: Survey Responses – Perceptions About Health Service Availability

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

*NA = Not applicable

- When asked if the following was available to them or their family at least one 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 10: Survey Responses – Preferences for Receiving Information About Healthcare

<table>
<thead>
<tr>
<th>Preferred Method</th>
<th>Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper</td>
<td>21.2%</td>
</tr>
<tr>
<td>TV</td>
<td>33.4%</td>
</tr>
</tbody>
</table>
Community Health Needs Assessment
East Jefferson General Hospital
Tripp Umbach

<table>
<thead>
<tr>
<th>Preferred Method</th>
<th>Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet</td>
<td>29.4%</td>
</tr>
<tr>
<td>Word of Mouth</td>
<td>62.4%</td>
</tr>
<tr>
<td>Radio</td>
<td>13.7%</td>
</tr>
<tr>
<td>Library</td>
<td>2.5%</td>
</tr>
<tr>
<td>Clinics</td>
<td>21.2%</td>
</tr>
<tr>
<td>Faith/Religious Organizations</td>
<td>27.1%</td>
</tr>
<tr>
<td>Call 2-1-1</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

- Respondents reported preferring to receive information by word of mouth most often.

Common Health Issues:

Table 11: Survey Responses – Health Issues Respondents Reported Ever Diagnosed with

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

* 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
Community Health Needs Assessment
East Jefferson General Hospital

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%).

- One in five survey respondents indicated they have received mental health treatment or medication at some point in their lives.

### Table 12: Survey Responses – Top Health Concerns Reported

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>SELA Region</th>
<th>Eastbank Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>50.8%</td>
<td>58.9%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>49.9%</td>
<td>57.9%</td>
</tr>
<tr>
<td>Drugs and Alcohol</td>
<td>47.7%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Cancer</td>
<td>42.1%</td>
<td>40.8%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>38.5%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

- 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 13: Survey Responses – Average Body Mass Index of Survey Respondents

<table>
<thead>
<tr>
<th>Weight &amp; BMI</th>
<th>SELA Region</th>
<th>Eastbank Region</th>
<th>Avg. Female (5’4”)*</th>
<th>Avg. Male (5’9”)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI**</td>
<td>29.3</td>
<td>29.27</td>
<td>26.5</td>
<td>26.6</td>
</tr>
</tbody>
</table>

* Source: CDC

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

- 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 14: Survey Responses – Self-Reported Smoking Rates

<table>
<thead>
<tr>
<th>Smoking</th>
<th>SELA Region</th>
<th>Eastbank Region</th>
<th>LA*</th>
<th>U.S.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>15.5%</td>
<td>11.4%</td>
<td>19.3%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Some days</td>
<td>8.1%</td>
<td>7.6%</td>
<td>6.4%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>
• Self-reported smoking rates are lower in the regions studied than is average for the state or the nation.

**Table 15: Survey Responses – Self-Reported Physical Activity Rates**

<table>
<thead>
<tr>
<th>Physical Activities</th>
<th>SELA Region</th>
<th>Eastbank Region</th>
<th>U.S.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>57.3%</td>
<td>55.6%</td>
<td>74.7%</td>
</tr>
<tr>
<td>No</td>
<td>42.7%</td>
<td>44.4%</td>
<td>25.3%</td>
</tr>
</tbody>
</table>

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 East Jefferson General Hospital 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, poor health, and higher consumption of other human service resources (e.g., the penal system).

East Jefferson General Hospital, 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 pockets of concentrated poverty with higher socio-economic needs (e.g., low-income, residents with a behavioral health history, unemployed, uninsured, homeless, residents with limited English speaking skills, single parent families in poverty, etc.); which presents a unique challenge for hospital leadership when planning to meet the needs of all residents. With the lowest FQHC ratio in the study area and a high rate of uninsured residents, it will be important to continue to strive to address the primary care needs of the under/uninsured residents in Jefferson Parish in a way that takes into consideration the challenges related to transportation. Several of the areas that show heaviest concentrations of poverty include New Orleans (70118), Kenner (70062), and Metairie (70002). Hospital leadership will need to consider the health disparities that exist among Native American residents, Asian residents, African American populations throughout the service area, and residents with limited English speaking skills in Kenner (70062 and 70065) and Metairie (70002 and 70006). Investments in increasing access to care and outreach education in Kenner (70062), New Orleans (70118), and Metairie (70002) have the greatest chance of yielding the greatest impact on population health. 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 related to addressing barriers related to language, awareness, and poverty 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 the hospital sponsors in close partnership with community organizations over the next five months.

**Recommended Action Steps:**

- Widely communicate the results of the CHNA document to East Jefferson General Hospital staff, providers, leadership, and boards.

- 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.

- Develop “Working Groups” to focus on specific strategies to address the top needs identified in the CHNA. The working groups should meet for a period of four to six weeks to review evidence-based practices and develop action plans for each health priority, which should 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

EAST JEFFERSON GENERAL HOSPITAL

September, 2015
<table>
<thead>
<tr>
<th>Organization Provider</th>
<th>County Served</th>
<th>Contact Information</th>
<th>Zip Code</th>
<th>Internet Information</th>
<th>Population Served</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>600 North Avenue, Suite 100, New Orleans, LA 70123</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>5000 West End Avenue, Suite 310, New Orleans, LA 70123</td>
<td>70125</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>400 E. Howard Avenue, Ste. 300, New Orleans, LA 70112</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>3000 Howard Avenue, Suite 300, New Orleans, LA 70130</td>
<td>70119</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>2000 Howard Avenue, Suite 200, New Orleans, LA 70117</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>1000 Howard Avenue, Suite 300, New Orleans, LA 70112</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>900 Howard Avenue, Suite 300, New Orleans, LA 70112</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>700 Howard Avenue, Suite 300, New Orleans, LA 70112</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>500 Howard Avenue, Suite 300, New Orleans, LA 70112</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
<tr>
<td>ACCESS HEALTH LOUISIANA</td>
<td>No restrictions</td>
<td>300 Howard Avenue, Suite 300, New Orleans, LA 70112</td>
<td>70112</td>
<td><a href="http://www.stcchc.org/">http://www.stcchc.org/</a></td>
<td>No restrictions</td>
<td>Federally qualified health center providing access to WIC, primary, preventive, pediatric, behavioral, dental, substance abuse, and some specialty care regardless of ability to pay.</td>
</tr>
</tbody>
</table>

**Note:** The table is truncated for brevity. The full table contains detailed information about each organization, including their contact information, zip codes, internet information, population served, and services provided.
<table>
<thead>
<tr>
<th>Organization/Provider</th>
<th>Counties Served</th>
<th>Contact Information</th>
<th>Zip Code</th>
<th>Internet Information</th>
<th>Population Served</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Jefferson, Orleans</td>
<td>535 North Succession Blvd, Suite B, New Orleans, LA 70186</td>
<td>70131</td>
<td><a href="mailto:info@bcm.org">info@bcm.org</a></td>
<td>Youth and Families</td>
<td>Mental health counseling, counseling, case management, advocacy, counseling, and case management.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Jefferson</td>
<td>1799 Stumpf Blvd., Bldg. 7, Suite 1, Metairie, LA 70003</td>
<td>70003</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Individuals with intellectual disabilities</td>
<td>Employment/Habitation and Supported Living Assistance.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Orleans</td>
<td>3925 S. Labarre Road, Suite 200, New Orleans, LA 70124</td>
<td>70124</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Individuals with intellectual disabilities</td>
<td>Employment/Habitation and Supported Living Assistance.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Jefferson, Orleans</td>
<td>7809 Airline Drive, Suite 208 B, Metairie, LA 70003</td>
<td>70003</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Youth and Families</td>
<td>Mental health counseling, counseling, case management, advocacy, counseling, and case management.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Orleans</td>
<td>7300 Peppertree Drive, Suite 100, New Orleans, LA 70115</td>
<td>70115</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Youth and Families</td>
<td>Mental health counseling, counseling, case management, advocacy, counseling, and case management.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Orleans</td>
<td>925 S. Labarre Road, Suite 200, New Orleans, LA 70130</td>
<td>70130</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Youth and Families</td>
<td>Mental health counseling, counseling, case management, advocacy, counseling, and case management.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Jefferson, Orleans</td>
<td>2605 River Road, Metairie, LA 70002</td>
<td>70002</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Adults with intellectual disabilities</td>
<td>Employment/Habitation and Supported Living Assistance.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Orleans</td>
<td>7500 Airline Drive, Suite 201, New Orleans, LA 70115</td>
<td>70115</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Adults with intellectual disabilities</td>
<td>Employment/Habitation and Supported Living Assistance.</td>
</tr>
<tr>
<td>TEST MINISTRIES YEAR</td>
<td>Orleans</td>
<td>925 S. Labarre Road, Suite 200, New Orleans, LA 70130</td>
<td>70130</td>
<td><a href="http://www.arcgno.org">www.arcgno.org</a></td>
<td>Youth and Families</td>
<td>Mental health counseling, counseling, case management, advocacy, counseling, and case management.</td>
</tr>
<tr>
<td>Organization/Provider</td>
<td>Counties Served</td>
<td>Contact Information</td>
<td>City Code</td>
<td>Council</td>
<td>Internet Information</td>
<td>Population Served</td>
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<tr>
<td>BEACON BEHAVIORAL HOSPITAL</td>
<td>St. Tammany</td>
<td>1000 Howard Avenue, Suite 200, Slidell, LA 70460</td>
<td>T1505</td>
<td>St. Tammany</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
</tr>
<tr>
<td>BEACON BEHAVIORAL HOSPITAL</td>
<td>St. Tammany</td>
<td>1000 Howard Avenue, Suite 200, Slidell, LA 70460</td>
<td>T1506</td>
<td>St. Tammany</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>WEST DIVISION PROVIDERS, INC</td>
<td>Orleans</td>
<td>5151 Esplanade Avenue, New Orleans, LA 70117</td>
<td>T2115</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>NEW ORLEANS COMMUNITY TREATMENT CENTER</td>
<td>Orleans</td>
<td>612 South Claiborne Avenue, New Orleans, LA 70113</td>
<td>T2116</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>WEST DIVISION MEDICAL TREATMENT CENTER</td>
<td>Orleans</td>
<td>3333 Flying Dutchman Avenue, New Orleans, LA 70124</td>
<td>T2106</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>WEST PROPS LLC</td>
<td>Orleans</td>
<td>2334 Tchoupitoulas Street, New Orleans, LA 70112</td>
<td>T1505</td>
<td>Orleans</td>
<td><a href="http://www.careinc.com/Services/ta">www.careinc.com/Services/ta</a></td>
<td>No restrictions</td>
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<tr>
<td>HOTPOTS</td>
<td>Orleans</td>
<td>417 South Johnson Street, New Orleans, LA 70112</td>
<td>T126</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>BEACON BEHAVIORAL HOSPITAL</td>
<td>Orleans</td>
<td>3200 Ridgelake Drive, Suite 100, Slidell, LA 70458</td>
<td>T1508</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>CHEATAM MEDICAL TRANSPORT</td>
<td>Orleans</td>
<td>100 Henry Clay Avenue, Harvey, LA 70058</td>
<td>T1312</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<tr>
<td>CELEBRATION HOPE CENTER</td>
<td>Orleans</td>
<td>4443 Copernicus Street, New Orleans, LA 70119</td>
<td>T2123</td>
<td>Orleans</td>
<td>PCInitial.org</td>
<td>No restrictions</td>
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<td>Organization/Provider</td>
<td>County Served</td>
<td>Contact Information</td>
<td>Zip Code</td>
<td>Internet Information</td>
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</tr>
<tr>
<td>Jefferson Pediatrician</td>
<td>Jefferson</td>
<td>1410 Fraternity Road</td>
<td>70115</td>
<td>Children</td>
<td>Services Provided: Tobacco, Behavioral Health Care</td>
<td>X x x x x x x x x x x x x x x x</td>
</tr>
<tr>
<td>Jefferson Pediatrician</td>
<td>Jefferson</td>
<td>1410 Fraternity Road</td>
<td>70115</td>
<td>Children</td>
<td>Services Provided: Tobacco, Behavioral Health Care</td>
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<td>Jefferson Pediatrician</td>
<td>Jefferson</td>
<td>1410 Fraternity Road</td>
<td>70115</td>
<td>Children</td>
<td>Services Provided: Tobacco, Behavioral Health Care</td>
<td>X x x x x x x x x x x x x x x x</td>
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<td>Jefferson Pediatrician</td>
<td>Jefferson</td>
<td>1410 Fraternity Road</td>
<td>70115</td>
<td>Children</td>
<td>Services Provided: Tobacco, Behavioral Health Care</td>
<td>X x x x x x x x x x x x x x x x</td>
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<td>Jefferson Pediatrician</td>
<td>Jefferson</td>
<td>1410 Fraternity Road</td>
<td>70115</td>
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<td>Services Provided: Tobacco, Behavioral Health Care</td>
<td>X x x x x x x x x x x x x x x x</td>
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<td>Jefferson Pediatrician</td>
<td>Jefferson</td>
<td>1410 Fraternity Road</td>
<td>70115</td>
<td>Children</td>
<td>Services Provided: Tobacco, Behavioral Health Care</td>
<td>X x x x x x x x x x x x x x x x</td>
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<td>Organization/Provider</td>
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<td>Zip Code</td>
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<tr>
<td>Orleans</td>
<td>A federally qualified health center providing primary, preventive, behavioral, and oral health care</td>
<td>70127</td>
<td>Orleans</td>
<td><a href="http://www.crossroadsla.com/">http://www.crossroadsla.com/</a></td>
<td>Orleans</td>
<td>* X X X X X X X X X X X X X X X X</td>
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<td>ACTION PROGRAMS (JEFFCAP)</td>
<td>Jefferson</td>
<td>4103 LAC Couture Drive, Bridge City, LA 70094</td>
<td>70094</td>
<td>Jefferson Parish</td>
<td>Provides behavioral health, mental health, substance abuse, and counseling services for all ages. * X X X X X</td>
<td>x X x x</td>
</tr>
<tr>
<td>ACTION PROGRAMS (JEFFCAP)</td>
<td>Jefferson</td>
<td>1790 Brandi Blvd, Building 9, Suite 08, Harvey, LA 70066</td>
<td>70066</td>
<td>Residents of Jefferson Parish</td>
<td>Provides behavioral health, mental health, substance abuse, and counseling services for all ages. * X X X X X</td>
<td>x X X X</td>
</tr>
<tr>
<td>ACTION PROGRAMS (JEFFCAP)</td>
<td>Jefferson</td>
<td>401 Whitney Avenue Suite 104, Gretna, LA 70056</td>
<td>70056</td>
<td>Jefferson Parish</td>
<td>Provides behavioral health, mental health, substance abuse, and counseling services for all ages. * X X X X X</td>
<td>x X X X</td>
</tr>
<tr>
<td>ACTION PROGRAMS (JEFFCAP)</td>
<td>Orleans</td>
<td>201 Evans Road, Building 3, Suite 311, Metairie, LA 70003</td>
<td>70003</td>
<td>Orleans</td>
<td>Provides behavioral health, mental health, substance abuse, and counseling services for all ages. * X X X X X</td>
<td>x X X X</td>
</tr>
</tbody>
</table>

*Limited availability of affordable preventive care

**Limited availability of medical professionals

***Costly fees that may be unaffordable for some residents
<table>
<thead>
<tr>
<th>Organization/Provider</th>
<th>Counties Served</th>
<th>Contact Information</th>
<th>Zip Code</th>
<th>Internet Information</th>
<th>Population Served</th>
<th>Services Provided</th>
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</thead>
<tbody>
<tr>
<td>Jefferson Community Action Programs (JEFFCAP)</td>
<td>Jefferson</td>
<td>Marrero Community &amp; Senior Center, 1861 Ames Blvd, Marrero, LA 70072</td>
<td>70072</td>
<td><a href="http://www.jeffparish.net/index.asp">http://www.jeffparish.net/index.asp</a></td>
<td>Residents of Jefferson Parish</td>
<td>Emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FAMO and the Food Box. Citizens can rent the facilities for nominal fees. They also host forums, seminars, Youth Development and Civic Association meetings. Access to healthcare and medical services. Services are also offered. South Central Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JEFFCAP)</td>
<td>Jefferson</td>
<td>Hazel Rhea Hurst Community Center, 1215 S. Audubon Rd, Harvey, LA 70066</td>
<td>70066</td>
<td><a href="http://www.jeffparish.net/index.asp">http://www.jeffparish.net/index.asp</a></td>
<td>Residents of Jefferson Parish</td>
<td>Emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FAMO and the Food Box. Citizens can rent the facilities for nominal fees. They also host forums, seminars, Youth Development and Civic Association meetings. Access to healthcare and medical services. Services are also offered. South Central Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JEFFCAP)</td>
<td>Jefferson</td>
<td>Harvey Community Center, 4008 U.S. Highway 90, Harvey, LA 70063</td>
<td>70063</td>
<td><a href="http://www.jeffparish.net/index.asp">http://www.jeffparish.net/index.asp</a></td>
<td>Residents of Jefferson Parish</td>
<td>Emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FAMO and the Food Box. Citizens can rent the facilities for nominal fees. They also host forums, seminars, Youth Development and Civic Association meetings. Access to healthcare and medical services. Services are also offered. South Central Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JEFFCAP)</td>
<td>Jefferson</td>
<td>Barataria/Lafitte Head Start, 149 Ludwig Lane, Westwego, LA 70094</td>
<td>70094</td>
<td><a href="http://www.jeffparish.net/index.asp">http://www.jeffparish.net/index.asp</a></td>
<td>Residents of Jefferson Parish</td>
<td>Emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FAMO and the Food Box. Citizens can rent the facilities for nominal fees. They also host forums, seminars, Youth Development and Civic Association meetings. Access to healthcare and medical services. Services are also offered. South Central Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JEFFCAP)</td>
<td>Jefferson</td>
<td>Harvey Community Center, 4008 U.S. Highway 90, Harvey, LA 70063</td>
<td>70063</td>
<td><a href="http://www.jeffparish.net/index.asp">http://www.jeffparish.net/index.asp</a></td>
<td>Residents of Jefferson Parish</td>
<td>Emergency assistance for rent, utilities and medical services. Centers distribute commodities provided by USDA, FAMO and the Food Box. Citizens can rent the facilities for nominal fees. They also host forums, seminars, Youth Development and Civic Association meetings. Access to healthcare and medical services. Services are also offered. South Central Application Center for Medicaid.</td>
</tr>
<tr>
<td>Organization/Provider</td>
<td>Counties Served</td>
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<td>Zip Code</td>
<td>Internet Information</td>
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<td>Services Provided</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>365 Fourth St.</td>
<td>70116</td>
<td><a href="http://www.jplibrary.net/">http://www.jplibrary.net/</a></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>102 Willow Dr.</td>
<td>70063</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides programs for seniors including access to health care, nutrition, recreation, physical activity and social environments for adults and children.</td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>125 Acadia Dr.</td>
<td>70006</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>4036 Jefferson Hwy.</td>
<td>70072</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>5001 West Bank Expwy, Marrero, LA 70072</td>
<td>70072</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>630 West Esplanade Ave.</td>
<td>70034</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>13312 Jefferson Highway</td>
<td>70058</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>2350 Metairie Rd.</td>
<td>70001</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>11312 Jefferson Highway</td>
<td>70058</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>680 Heritage Ave.</td>
<td>70072</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>6616 East Esplanade Ave</td>
<td>70034</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>365 Fourth St.</td>
<td>70116</td>
<td></td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, community activities, meeting rooms, internet access, and health awareness.</td>
</tr>
<tr>
<td>Organization/Provider</td>
<td>Counties Served</td>
<td>Contact Information</td>
<td>Zip Code</td>
<td>Internet Information</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>616 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>Jefferson Parish Library</td>
<td>Jefferson Parish</td>
<td>Provides virtual access to information, health resources, cultural events, and more.</td>
</tr>
<tr>
<td>Jefferson Parish Public School System</td>
<td>Jefferson</td>
<td>420 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>Jefferson Parish Schools Virtual Library</td>
<td>Jefferson Parish</td>
<td>Provides virtual school resources, including virtual classes, homework help, and more.</td>
</tr>
<tr>
<td>Medical Hospital New Orleans</td>
<td>No restrictions</td>
<td>3400 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>Medical Hospital New Orleans Website</td>
<td>Jefferson Parish</td>
<td>Provides specialty care services.</td>
</tr>
<tr>
<td>St. Joseph Parish Medical Center</td>
<td>No restrictions</td>
<td>400 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>St. Joseph Parish Medical Center Website</td>
<td>Jefferson Parish</td>
<td>Provides primary, preventive, specialty, and emergency health care services.</td>
</tr>
<tr>
<td>Louisiana Department of Health &amp; Hospitals</td>
<td>No restrictions</td>
<td>420 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>Louisiana Department of Health &amp; Hospitals Website</td>
<td>Jefferson Parish</td>
<td>Provides health services to children, youth, and adults.</td>
</tr>
<tr>
<td>New Orleans East Louisiana Health System</td>
<td>Jefferson</td>
<td>420 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>New Orleans East Louisiana Health System Website</td>
<td>Jefferson Parish</td>
<td>Provides behavioral and mental health care.</td>
</tr>
<tr>
<td>New Orleans East Louisiana Community Health Center</td>
<td>No restrictions</td>
<td>420 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>New Orleans East Louisiana Community Health Center Website</td>
<td>Jefferson Parish</td>
<td>Provides behavioral and mental health care.</td>
</tr>
<tr>
<td>New Orleans East Louisiana Behavioral Health System</td>
<td>No restrictions</td>
<td>420 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>New Orleans East Louisiana Behavioral Health System Website</td>
<td>Jefferson Parish</td>
<td>Provides behavioral and mental health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>420 N. 2nd Street, New Orleans, LA 70121</td>
<td>70121</td>
<td>Ochsner Health System Website</td>
<td>Jefferson Parish</td>
<td>Provides behavioral and mental health care.</td>
</tr>
</tbody>
</table>

Note: The table above represents a sample of the information provided in the document. The full document contains similar information for various organizations and providers in different areas. The information includes details such as contact information, services provided, and the populations served.
<table>
<thead>
<tr>
<th>Organization/Provider</th>
<th>Counties Served</th>
<th>Contact Information</th>
<th>Zip Code</th>
<th>Internet Information</th>
<th>Population Served</th>
<th>Services Provided</th>
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<tbody>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans - Baptist Campus of Ochsner Medical Center</td>
<td>2820 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides specialty health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Baptist Women's Pavilion</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides specialty health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Cancer Care for Primary Care and Women</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary, preventive and specialty health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Health Center - Baptist McFarland Medical Plaza</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary and preventive health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Health Center - Baptist McFarland Medical Plaza</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary and preventive health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Health Center - Baptist McFarland Medical Plaza</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary and preventive health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Health Center - Baptist McFarland Medical Plaza</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary and preventive health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Health Center - Baptist McFarland Medical Plaza</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary and preventive health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
<td>70119</td>
<td>Orleans Health Center - Baptist McFarland Medical Plaza</td>
<td>2900 Napoleon Avenue, New Orleans, LA 70115</td>
<td>Provides primary and preventive health care.</td>
</tr>
<tr>
<td>Ochsner Health System</td>
<td>Orleans</td>
<td>2900 Napoleon Avenue</td>
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<tr>
<td>Ochsner Health Center – River Parishes</td>
<td>St. John, St. Tammany, Tangipahoa</td>
<td>100 Medical Center Drive, Slidell, LA 70461</td>
<td>70461</td>
<td>Phone: 985-646-5550</td>
<td>St. John</td>
<td>Provides pediatric health care.</td>
</tr>
<tr>
<td>Ochsner Health Center For Children - New Orleans</td>
<td>Orleans</td>
<td>500 Rue de Santé New Orleans, LA 70121</td>
<td>70121</td>
<td>Phone: 504-392-3131</td>
<td>Orleans</td>
<td>Provides pediatric health care.</td>
</tr>
<tr>
<td>Ochsner Specialty Health Center - Raceland</td>
<td>St. John the Baptist</td>
<td>100 Medical Center Drive Slidell, LA 70461</td>
<td>70461</td>
<td>Phone: 985-639-3777</td>
<td>St. John</td>
<td>Provides pediatric health care.</td>
</tr>
</tbody>
</table>

**ACCESS TO HEALTHCARE AND MEDICAL SERVICES**

- Limited availability of medical professionals
- Costly fees that may be unaffordable for some residents
- Transportation availability
- Coordination of healthcare

**BEHAVIORS THAT IMPACT HEALTH**

- Substance abuse
- Overweight
- Lack of exercise
- Healthy eating
- Smoking
- etc.)

**LIMITED INFORMATION DISSEMINATION**

- Limited information dissemination
- Translation services
- Limited outreach service provision

**PUBLIC TRANSPORTATION AVAILABILITY**

- Public transportation availability
- Coordination of healthcare

**PUBLIC HEALTH SERVICES**

- Preventive services
- Emergency health care
- Specialty services
- Specialty health care and psychiatric and mental health care services.
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<td>OCHSNER HEALTH SYSTEM</td>
<td>St. Tammany</td>
<td>105 Medical Center Drive, Northshore Two Bldg., Suite 550, Covington, LA 70433</td>
<td>70433</td>
<td><a href="http://www.rhd.org/Program.aspx?pid=111">http://www.rhd.org/Program.aspx?pid=111</a></td>
<td>27136</td>
<td>Provides behavioral health care.</td>
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<tr>
<td>OCHSNER HEALTH SYSTEM</td>
<td>Jefferson</td>
<td>2121 1st Avenue, Suite 315, Harvey, LA 70058</td>
<td>70058</td>
<td><a href="http://rcainc.net/services.htm">http://rcainc.net/services.htm</a></td>
<td></td>
<td>Provides specialty pediatric care.</td>
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<td>OCHSNER HEALTH SYSTEM</td>
<td>Jefferson</td>
<td>4330 North Derusseau Street, Harvey, LA 70058</td>
<td>70058</td>
<td><a href="http://rcainc.net/services.htm">http://rcainc.net/services.htm</a></td>
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| RESOURCES FOR HUMAN DEVELOPMENT | Orleans | 1061 Tulane Avenue, Suite 6 & 7 | 70119 | Orleans | Orleans | Assertive Community Treatment Team 1
Assertive Community Treatment Team 2
| RIC/LA-SAFE Focused Outreach Case Management | Orleans | 1901 West Bank Expressway | 70058 | http://www.rhd.org/Program.aspx?pid=7 | Orleans area Parish and Greater New Orleans | Phase I provides permanent supportive housing
JPHSA Pathways Phase I
New Hope NOLA
Family House is a residential substance abuse treatment program for pregnant women and women with children. WOMEN OF FAMILY HOUSE
women—women and families together and children out of state treatment rather than incarceration and keeping families together and children out of state.

**COORDINATION OF CATCHMENT AREAS**

- Orleans area Parish
- Greater New Orleans
- Jefferson Parish
- Orleans
- Women with children
- Pregnant women and women with children
- Women
- Recurrent acute episodes of mental illness and to consumer experiences, minimize or prevent the debilitating symptoms of mental illness each phase of care. ACT is an evidenced based, recovery oriented service accompanied by a substance abuse disorder and/or a developmental disability. ACT is an multidisciplinary approach of consumer care. ACT Team includes Psychiatrists, Nurses, Mental Health Professionals, Addiction Counselors, Institutional Specialties and Peer Specialists.

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<td>SEASIDE HEALTH CARE</td>
<td>Orleans</td>
<td>471 Central Avenue</td>
<td>70113</td>
<td>New Orleans, LA</td>
<td>Provides substance abuse services.</td>
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<td>JPHSA MOBILE CRISIS SERVICES</td>
<td>Orleans</td>
<td>3616 S I-10 Service Road W.</td>
<td>70301</td>
<td>New Orleans, LA</td>
<td>Provides primary, preventive, behavioral, and mental health services.</td>
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<td>STRIVE INCORPORATED</td>
<td>St. John the Baptist</td>
<td>1799 Stumpf Blvd., Bldg. 7, Ste. 4</td>
<td>70066</td>
<td>Reserve, LA</td>
<td>Provides access to community, social, and legal services.</td>
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<td>Reserve, LA</td>
<td></td>
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<tr>
<td></td>
<td>St. John the Baptist</td>
<td><a href="http://www.stthomaschc.org">http://www.stthomaschc.org</a></td>
<td>70066</td>
<td>Reserve, LA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>St. John the Baptist</td>
<td>* X X X X</td>
<td>70066</td>
<td>Reserve, LA</td>
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<tr>
<td></td>
<td>St. John the Baptist</td>
<td>More Information</td>
<td>70066</td>
<td>Reserve, LA</td>
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</tr>
<tr>
<td>THE EXTRAMILE, SOUTHEAST LOUISIANA, INC</td>
<td>Lafourche</td>
<td>229 Bellemeade Blvd.</td>
<td>70301</td>
<td>Thibodaux, LA</td>
<td>Provides primary, preventive, behavioral, and mental health services.</td>
</tr>
<tr>
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<tr>
<td>TERREBONNE GENERAL HEALTH CENTER</td>
<td>Terrebonne</td>
<td>1709 Ridgefield Rd.</td>
<td>70301</td>
<td>Houma, LA</td>
<td>Provides primary, preventive, behavioral, and mental health services.</td>
</tr>
<tr>
<td></td>
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<td>70301</td>
<td>Houma, LA</td>
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<td>Terrebonne</td>
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<td>Terrebonne</td>
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<td>Houma, LA</td>
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<td>Terrebonne</td>
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<tr>
<td>RESOURCES FOR HUMAN DEVELOPMENT</td>
<td>Jefferson</td>
<td>4200 Houma Blvd, 4th floor</td>
<td>70301</td>
<td>Houma, LA</td>
<td>Provides primary, preventive, behavioral, and mental health services.</td>
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<td>Organization/Provider</td>
<td>Counties Served</td>
<td>Contact Information</td>
<td>Zip Code</td>
<td>Telephone</td>
<td>Email</td>
</tr>
<tr>
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<td>-----------------</td>
<td>---------------------</td>
<td>----------</td>
<td>-----------</td>
<td>-------</td>
</tr>
</tbody>
</table>
| THE DENTAL CLINIC, SOUTH SHORES, INC. | Orleans | 1432 St. Bernard Highway, Harvey, LA 70058 | 70058 | 504.398.1717 | | | Services:  
- Adult and pediatric primary care  
- Preventive care  
- Limited information dissemination  
- Limited translation services  
- Limited transportation availability  
- Limited transportation availability to disadvantaged individuals  
- Special health care  
- Special health care for Medicaid  
- Special health care for Medicare  
- Special health care for veterans  
- Special health care for veterans, non-profit organizations  
- Special health care for veterans, public facilities  
- Specialized medical care  
- Specialized medical care for Medicaid  
- Specialized medical care for Medicare  
- Specialized medical care for veterans  
- Specialized medical care for veterans, non-profit organizations  
- Specialized medical care for veterans, public facilities  |
| THE OUTPATIENT CENTER, INC. | Orleans | 655 N. Oaka N, 3rd Floor, Yabouchka, LA 70058 | 70058 | 504.996.4507 | | | Services:  
- Adult and pediatric primary care  
- Preventive care  
- Limited information dissemination  
- Limited translation services  
- Limited transportation availability  
- Limited transportation availability to disadvantaged individuals  
- Special health care  
- Special health care for Medicaid  
- Special health care for Medicare  
- Special health care for veterans  
- Special health care for veterans, non-profit organizations  
- Special health care for veterans, public facilities  
- Specialized medical care  
- Specialized medical care for Medicaid  
- Specialized medical care for Medicare  
- Specialized medical care for veterans  
- Specialized medical care for veterans, non-profit organizations  
- Specialized medical care for veterans, public facilities  |
| TULANE REGIONAL MEDICAL CENTER | Orleans | 655 N. Oaka N, 3rd Floor, Yabouchka, LA 70058 | 70058 | 504.996.4507 | | | Services:  
- Adult and pediatric primary care  
- Preventive care  
- Limited information dissemination  
- Limited translation services  
- Limited transportation availability  
- Limited transportation availability to disadvantaged individuals  
- Special health care  
- Special health care for Medicaid  
- Special health care for Medicare  
- Special health care for veterans  
- Special health care for veterans, non-profit organizations  
- Special health care for veterans, public facilities  
- Specialized medical care  
- Specialized medical care for Medicaid  
- Specialized medical care for Medicare  
- Specialized medical care for veterans  
- Specialized medical care for veterans, non-profit organizations  
- Specialized medical care for veterans, public facilities  |
| TOWN OF GRAND ISLE | Orleans | 15577 Highway 15, Highway 15, Grand Isle, LA 70358 | 70358 | 504.574.2772 | | | Services:  
- Adult and pediatric primary care  
- Preventive care  
- Limited information dissemination  
- Limited translation services  
- Limited transportation availability  
- Limited transportation availability to disadvantaged individuals  
- Special health care  
- Special health care for Medicaid  
- Special health care for Medicare  
- Special health care for veterans  
- Special health care for veterans, non-profit organizations  
- Special health care for veterans, public facilities  
- Specialized medical care  
- Specialized medical care for Medicaid  
- Specialized medical care for Medicare  
- Specialized medical care for veterans  
- Specialized medical care for veterans, non-profit organizations  
- Specialized medical care for veterans, public facilities  |
| Tulane University School of Medicine | Orleans | 1432 St. Bernard Highway, Harvey, LA 70058 | 70058 | 504.398.1717 | | | Services:  
- Adult and pediatric primary care  
- Preventive care  
- Limited information dissemination  
- Limited translation services  
- Limited transportation availability  
- Limited transportation availability to disadvantaged individuals  
- Special health care  
- Special health care for Medicaid  
- Special health care for Medicare  
- Special health care for veterans  
- Special health care for veterans, non-profit organizations  
- Special health care for veterans, public facilities  
- Specialized medical care  
- Specialized medical care for Medicaid  
- Specialized medical care for Medicare  
- Specialized medical care for veterans  
- Specialized medical care for veterans, non-profit organizations  
- Specialized medical care for veterans, public facilities  |

**Additional Notes:**  
- Services may vary by location.  
- For more information, visit the respective organization's website or contact them directly.
<table>
<thead>
<tr>
<th>Organization/Provider</th>
<th>Counties Served</th>
<th>Contact Information</th>
<th>Zip Code</th>
<th>Services Provided</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limited availability of preventive care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limited availability of medical professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Costly fees that may be unaffordable for some residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cost of health insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transportation availability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Coordination of healthcare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</strong></td>
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<td></td>
<td></td>
<td></td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pediatric Behavioral health (psychiatry, counseling, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td><strong>RESOURCE AWARENESS AND HEALTH LITERACY</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limited information dissemination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Services for Latino/Vietnamese residents (including translation services)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Collaboration of business, hospitals and communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limited outreach service provision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>ACCESS TO HEALTHY OPTIONS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Healthy nutrition</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Recreational activities availability</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td>Public transportation availability</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Supervision of young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>BEHAVIORS THAT IMPACT HEALTH</strong></td>
</tr>
</tbody>
</table>
APPENDIX B

Secondary Data Profile

EAST JEFFERSON GENERAL HOSPITAL
August, 2015
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East Jefferson General Hospital Study Area Definition

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Community Commons Data

Social and Economic Factors

Physical Environment

Clinical Care

Health Behaviors

Health Outcomes

County Health Rankings

Substance Abuse and Mental Health

America’s Health Rankings
East Jefferson General Hospital Study Area Definition

While community can be defined in many ways, for the purposes of this report, the East Jefferson General Hospital (EJGH) community is defined as 15 zip codes – including 4 parishes that hold a large majority (75%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Table 1. East Jefferson General Hospital Study Area Definition – Zip Codes

<table>
<thead>
<tr>
<th>City</th>
<th>Zip Code</th>
<th>Parish</th>
<th>City</th>
<th>Zip Code</th>
<th>Parish</th>
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<tbody>
<tr>
<td>Metairie</td>
<td>70001</td>
<td>Jefferson Parish</td>
<td>LA Place</td>
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<td>Metairie</td>
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<td>Jefferson Parish</td>
<td>Norco</td>
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<td>St. Charles Parish</td>
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<td>70003</td>
<td>Jefferson Parish</td>
<td>Saint Rose</td>
<td>70087</td>
<td>St. Charles Parish</td>
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<td>70005</td>
<td>Jefferson Parish</td>
<td>New Orleans</td>
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<td>Metairie</td>
<td>70006</td>
<td>Jefferson Parish</td>
<td>New Orleans</td>
<td>70121</td>
<td>Jefferson Parish</td>
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<tr>
<td>Destrehan</td>
<td>70047</td>
<td>St. Charles Parish</td>
<td>New Orleans</td>
<td>70123</td>
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<td>Kenner</td>
<td>70062</td>
<td>Jefferson Parish</td>
<td>New Orleans</td>
<td>70124</td>
<td>Orleans Parish</td>
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<tr>
<td>Kenner</td>
<td>70065</td>
<td>Jefferson Parish</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Map of East Jefferson General Hospital Study Area
Demographic Data

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the East Jefferson General Hospital (EJGH) study area. The EJGH Study Area is defined to include the 20 zip codes across the 5 parishes; for comparison purposes the EJGH Study Area looks to compare to Jefferson, Orleans, St. Bernard, St. Charles, and St. John the Baptist parishes (parishes 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 EJGH study area encompasses more than 550,000 residents.
- In 2015, the largest parish in the study area is Jefferson Parish with 435,154 residents.
- From 2015 to 2020, St. Bernard Parish is projected to experience the largest percentage change in population with a 13.4% increase (6,216 people); St. Bernard Parish is also one of the smallest parishes in the study area with only 46,426 residents.
- Orleans Parish is projected to experience the largest rise in number of residents, going from 392,762 residents in 2015 to 429,069 residents in 202 (an increase of 36,307 residents, 9.2%).
- Of the five parishes in the study area, four are projected to have population growth while one is expected to have population decline - St. John the Baptist Parish is projected to experience population decline at 4.4% (a loss of 1,940 residents).

<table>
<thead>
<tr>
<th>Population Change</th>
<th>EJGH Study Area</th>
<th>Jefferson Parish</th>
<th>Orleans Parish</th>
<th>St. Bernard Parish</th>
<th>St. Charles Parish</th>
<th>St. John the Baptist Parish</th>
<th>Louisiana</th>
<th>USA</th>
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<tbody>
<tr>
<td><strong>2015 Total Population</strong></td>
<td>551,027</td>
<td>435,154</td>
<td>392,762</td>
<td>46,426</td>
<td>50,783</td>
<td>43,705</td>
<td>4,662,874</td>
<td>319,459,991</td>
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<tr>
<td><strong>2020 Projected</strong></td>
<td>570,027</td>
<td>441,911</td>
<td>429,069</td>
<td>52,642</td>
<td>51,124</td>
<td>41,765</td>
<td>4,800,027</td>
<td>330,689,265</td>
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<tr>
<td># Change</td>
<td>19,364</td>
<td>6,757</td>
<td>36,307</td>
<td>6,216</td>
<td>341</td>
<td>- 1,940</td>
<td>137,153</td>
<td>11,229,374</td>
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<tr>
<td>% Change</td>
<td>3.5%</td>
<td>1.6%</td>
<td>9.2%</td>
<td>13.4%</td>
<td>0.7%</td>
<td>- 4.4%</td>
<td>2.9%</td>
<td>3.5%</td>
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</table>
Gender

- The gender breakdown for the EJGH study area is generally consistent across the parishes and similar to state and national norms.
**Age**

- Jefferson Parish reports the largest population of residents aged 65 and older with 15.4%, followed by Orleans Parish with 12.6%, and St. John the Baptist Parish with 12.4%.

**Chart 3. Age (2015)**

**Race**

- St. Charles Parish reports the highest White, Non-Hispanic population percentage at 64.8%.

- Orleans Parish reports the highest Black, Non-Hispanic population across the study area counties at 58.7%; St. John the Baptist Parish reports the second highest percentage at 51.7%.

- All of the study area parishes report lower rates of Hispanic residents as compared with the country (17.6%). Jefferson Parish reports the highest Hispanic population rate at 14%. Jefferson Parish also reports the highest percentage of Asian or Pacific Islander residents (4.1%) as compared with the other parishes in the study area.
**Education Level**

- Jefferson and St. Bernard parish each report the highest rate of residents with less than a high school degree (6.7%).

- Orleans Parish reports the highest rate of residents with a Bachelor’s degree or greater with 33.3%; this is higher than state (21.7%) and national (28.9%) norms.
Income

- St. Bernard Parish reports the lowest average annual household income for the EJGH study area at $55,745.
- St. Charles Parish reports the highest average annual household income compared to the other parishes in the study area at $74,521. St. John the Baptist Parish is second highest at $63,775.
- Orleans Parish reports the highest rate of households that earn less than $15,000 per year (25.8%) in the EJGH study area; in other words, more than a 1 in every 4 residents of this parish 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).\textsuperscript{1} 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 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.

\textsuperscript{1} Truven Health Analytics, Inc. 2015 Community Need Index.
<table>
<thead>
<tr>
<th>Zip</th>
<th>Community Name</th>
<th>County</th>
<th>Income Rank</th>
<th>Culture Rank</th>
<th>Education Rank</th>
<th>Insurance Rank</th>
<th>Housing Rank</th>
<th>2015 CNI Score</th>
<th>2011 CNI Score</th>
<th>Diff. 2011–2015</th>
</tr>
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<td>70062</td>
<td>Kenner</td>
<td>Jefferson Parish</td>
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<td>5</td>
<td>5</td>
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<td>4.8</td>
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<tr>
<td>70118</td>
<td>New Orleans</td>
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<td>St. Charles Parish</td>
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</tr>
</tbody>
</table>

A total of 17 of the 20 zip code areas (85%) for the East Jefferson General hospital study area fall above the median score for the scale (3.0), none fall at the median, and three fall below the median. 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.

**Figure 2. EJGH Study Area 2015 CNI Map**

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

Zip code areas 70123 – Jefferson, and 70087 – St. Charles experienced the largest rises in CNI score (going from 2.8 to 3.6 for Jefferson; and going from 3.2 to 4.0 for St. Charles); while 70119 and 70118 (both from Orleans Parish) experienced the largest decline in CNI score (going from 5.0 to 4.8 and 4.6 to 4.4 respectively).

**Figure 3. EJGH Study Area 2011 - 2015 CNI Difference Map**

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

**Table 4. EJGH - 2015 CNI Detailed Data**
<table>
<thead>
<tr>
<th>Zip</th>
<th>City</th>
<th>2015 CNI Score</th>
<th>Poverty 65+</th>
<th>Poverty Married w/ kids</th>
<th>Poverty Single w/ kids</th>
<th>Limited English</th>
<th>Minority</th>
<th>No High School Diploma</th>
<th>Unemployed</th>
<th>Uninsured</th>
<th>Renting</th>
</tr>
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<tr>
<td>70062</td>
<td>Kenner</td>
<td>4.8</td>
<td>29.9%</td>
<td>28.3%</td>
<td>49.1%</td>
<td>7.8%</td>
<td>62.6%</td>
<td>23.3%</td>
<td>17.4%</td>
<td>17.7%</td>
<td>48.9%</td>
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<td>45.5%</td>
<td>11.7%</td>
<td>10.5%</td>
<td>23.1%</td>
<td>54.6%</td>
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<td><strong>9.5%</strong></td>
<td>40.5%</td>
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<td>50.1%</td>
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<td>1.4%</td>
<td>16.3%</td>
<td>3.7%</td>
<td><strong>4.0%</strong></td>
<td>10.1%</td>
<td>31.9%</td>
</tr>
</tbody>
</table>

For the EJGH study area there are 2 zip code areas with CNI scores of 4.8 (5.0 being the worst), indicating significant barriers to health care access.

Zip code area 70119 in New Orleans reports the highest rates for the study area for: married parents with children living in poverty (48.3%), single parents with children living in poverty (66.8%), the uninsured (31.1%), and residents renting (67.0%).

- Zip code area 70062 in Kenner reports the highest rates of residents aged 65 and older living in poverty (29.9%) as compared with the other zips in the EJGH study area.
- Zip code area 70062 in Kenner also reports the highest rate of unemployed residents at 17.4%; this is much higher than state (6.6%) and national (5.5%) rates.²
- Zip code area 70094 in Westwego reports the highest rate of residents with no high school diploma (25.7%).
- Zip code area 70002 in Metairie reports the highest rate for the study area for residents with limited English (9.5%).
- 86.8% of zip code area 70122 in New Orleans identify themselves as a minority; this is the heist for the study area.

On the other end of the spectrum, the lowest CNI score for the study area is 2.4 in 70124– New Orleans.

• Zip code area 70124 in New Orleans reports the lowest rates of married as well as single parents living in poverty with their children for the study area (4.5% and 13.2% respectively).

• 70124 in New Orleans also reports the lowest minority rate (16.3%), lowest rate of residents without a high school diploma (3.7%), and the lowest rate of unemployed residents (4.0%).

• Zip code area 70070 in Luling reports the lowest rate of residents renting for the study area at only 16.8%.

• Destrehan zip code area 70047 reports the lowest rates of uninsured residents at 7.8%.

• New Orleans zip code area 70122 also reports the lowest limited English rate for the study area at only .08%.

**Chart 8. Overall CNI Values - EJGH, Parishes**

<table>
<thead>
<tr>
<th>EJGH Study Area</th>
<th>Jefferson</th>
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Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)³

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 Rate⁴
   - PQI 15 Asthma in Younger Adults Admission Rate⁵
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 Rate⁶
   - PQI 9 Low Birth Weight Rate⁷
   - PQI 10 Dehydration Admission Rate
   - PQI 11 Bacterial Pneumonia Admission Rate
   - PQI 12 Urinary Tract Infection Admission Rate

³ 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.
⁴ 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
⁵ 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”).
⁶ 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.
⁷ 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>
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<td>531.03</td>
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<td>Asthma in Younger Adults (PQI15)</td>
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<td>Diabetes Short-Term Complications (PQI1)</td>
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<td>Uncontrolled Diabetes (PQI14)</td>
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<td>15.72</td>
<td>- 6.71</td>
<td>- 6.86</td>
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<td>Lower Extremity Amputation Among Diabetics (PQI16)</td>
<td>15.76</td>
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<td>- 0.74</td>
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<td>Heart Conditions</td>
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<td></td>
</tr>
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<td></td>
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<td>Perforated Appendix (PQI2)</td>
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<td>323.43</td>
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<td>+ 131.12</td>
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<td>Low Birth Weight (PQI9)</td>
<td>94.42</td>
<td>86.51</td>
<td>62.14</td>
<td>+ 7.91</td>
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<td>Dehydration (PQI10)</td>
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<td>- 58.04</td>
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<td>Bacterial Pneumonia (PQI11)</td>
<td>181.16</td>
<td>305.80</td>
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<td>- 67.03</td>
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<tr>
<td>Urinary Tract Infection (PQI12)</td>
<td>175.02</td>
<td>209.39</td>
<td>167.01</td>
<td>- 34.37</td>
<td>+ 34.37</td>
</tr>
</tbody>
</table>

**Key Findings from 2015 PQI Data:**

- There are 3 PQI measures that the EJGH study area scores higher on than the State of Louisiana. They are Lower Extremity Amputation Among Diabetics (+3.02), Low Birth Weight (+7.91), and Perforated Appendix (+132.12).

- When comparing the EJGH PQI data to the national rates, the EJGH study area reports higher preventable hospital admissions for:
  - Diabetes, Short-Term Complications
  - Diabetes, Long-Term Complications
  - Congestive Heart Failure
  - Perforated Appendix
  - Low Birth Weight
  - Urinary Tract Infection
There are a handful of PQI values in which the EJGH Study Area as well as a majority of the study area parishes report higher rates than is seen nationally (indicating areas in which there are more preventable hospital admissions than the national norm), these include:

- Diabetes, Short-Term Complications
- Low Birth Weight
- Congestive Heart Failure
- Perforated Appendix
- Urinary Tract Infection

There are also a number of PQI measures in which the EJGH Study Area and many of the parishes in the study area report lower values than the nation (indicating areas in which there are fewer preventable hospital admissions than the national norm), these include:

- Asthma in Younger Adults
- Uncontrolled Diabetes
- Angina without Procedure
- Hypertension
- Dehydration
- Bacterial Pneumonia

**Chronic Lung Conditions:**

![COPD or Adult Asthma (PQI 5)](chart)

![Asthma in Younger Adults (PQI 15)](chart)
Heart Conditions:

- **Lower Extremity Amputation Among Diabetics (PQI 16)**
  - EJGH Study Area
  - Jefferson
  - Orleans
  - St. Bernard
  - St. Charles
  - St. John the Baptist
  - LOUISIANA
  - U.S.A.

- **Hypertension (PQI 7)**
  - EJGH Study Area
  - Jefferson
  - Orleans
  - St. Bernard
  - St. Charles
  - St. John the Baptist
  - LOUISIANA
  - U.S.A.

- **Congestive Heart Failure (PQI 8)**
  - EJGH Study Area
  - Jefferson
  - Orleans
  - St. Bernard
  - St. Charles
  - St. John the Baptist
  - LOUISIANA
  - U.S.A.
Other Conditions:

Angina Without Procedure (PQI 13)

Perforated Appendix (PQI 2)

Low Birth Weight (PQI 9)
**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:

- St. John the Baptist Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 289.39 per 100,000 population; more than double the national rate of 117.37.
- Orleans Parish reports the highest rate of diabetes, short-term complications for those aged 6 to 17 years old for the EJGH study area (42.41).
- St. Bernard, St. Charles, and St. John the Baptist all report the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 500.00 per 100,000 admissions.
- Jefferson Parish 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 31.01 per 100,000 population being admitted while the national rate stands at 29.64.
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 East Jefferson General Hospital (EJGH) CHNA. The data is presented in the aforementioned categories below.

### Social and Economic Factors

**Free/Reduced Price Lunch Eligible**

- St. John the Baptist Parish reports the highest rate of public school students who are eligible for free or reduced lunch eligible and has seen a rise in this rate (99.41%).

#### Percent Population Free/Reduced Price Lunch Eligible, 2012-2013

<table>
<thead>
<tr>
<th>Parish</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
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<tr>
<td>Jefferson</td>
<td>76.86%</td>
<td>76.07%</td>
<td>77.41%</td>
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</tr>
<tr>
<td>Orleans</td>
<td>82.67%</td>
<td>83.86%</td>
<td>82.45%</td>
<td>81.02%</td>
</tr>
<tr>
<td>St. Bernard</td>
<td>74.02%</td>
<td>73.16%</td>
<td>77.60%</td>
<td>75.39%</td>
</tr>
<tr>
<td>St. Charles</td>
<td>49.97%</td>
<td>49.18%</td>
<td>50.35%</td>
<td>52.83%</td>
</tr>
<tr>
<td>St. John the Baptist</td>
<td>87.19%</td>
<td>88.62%</td>
<td>86.02%</td>
<td>99.41%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>65.78%</td>
<td>66.20%</td>
<td>67.12%</td>
<td>66.23%</td>
</tr>
<tr>
<td>USA</td>
<td>47.76%</td>
<td>49.24%</td>
<td>48.29%</td>
<td>51.77%</td>
</tr>
</tbody>
</table>

**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 the highest rate of food insecure population for the EJGH study area at 22.33% of the population.

![Food Insecure Population, Percent, 2012](image)

**Graduation Rate**

- This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).
- St. John the Baptist Parish reports the lowest overall graduation rate as well as the lowest on-time graduation rate throughout the study area parishes (68.0% overall graduation, 60.5% on-time graduation).
- The Healthy People 2020 Target for on-time graduation is 82.4% – all of the study area parishes and the states 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 country at 45.07% and the highest rate for the study area. All of the other parishes in the EJGH study area report lower rates of cost-burdened households than the national average (35.47%).

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

- **Jefferson**: 34.52%
- **Orleans**: 45.07%
- **St. Bernard**: 30.97%
- **St. Charles**: 27.09%
- **St. John the Baptist**: 30.97%
- **LOUISIANA**: 29.02%
- **USA**: 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.
- All of the study area parishes report lower rates of households receiving public assistance income than the rates seen for the country.
- St. Bernard Parish reports the highest rate of households receiving public assistance at 2.46%. St. Charles Parish reports the lowest rate of households receiving public assistance at only 1.22%. 
St. Bernard Parish reports the highest average amount of public assistance received by households at $4,334.
SNAP Benefits

- Orleans Parish reports the highest rate of households receiving SNAP benefits across the EJGH study area at 20.70%.
- The Other Race population of St. John the Baptist Parish reports a high rate of receiving SNAP benefits at 46.15%.
- The Other Race population of St. Bernard Parish also reports one of the highest rates of receiving SNAP benefits across the study area at 44.87%.
- The Non-Hispanic White, Asian, and Hispanic/Latino populations report some of the lowest rates of receiving SNAP benefits for the EJGH 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".
- Only two of the five study area parishes report “Some Disparity”. The remaining three parishes have “High Disparity” when it comes to SNAP benefits.
- Orleans Parish reports the highest SNAP Benefits Disparity Index score for the study area at 45.64 with St. Charles Parish a close second at 42.89.
Medicaid

- Orleans Parish reports the highest rate of Insured Residents Receiving Medicaid at 31.27%; 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 parishes.
- St. Bernard Parish reports the highest rate among the study area parishes/counties of residents aged 65 and older receiving Medicaid (33.24%).

Percent of Insured Population Receiving Medicaid, 2009-2013

Percent of Insured Population Receiving Medicaid, by Age Group, 2009-2013
Insamsurance

- St. Bernard Parish reports the highest rate of uninsured adults for the EJGH study area at 27.7%. Orleans Parish is a close second at 26.3%. These rates are higher than state (25.0%) and national (20.8%) norms.

- St. Bernard Parish has experienced drastic declines in its rates of uninsured adults going from a high of 41.60% in 2009 to its lowest rate in the most recent data year of 2012 reporting 27.40%.

Percent Population without Medical Insurance (Uninsured Adults)
• St. Bernard Parish reports the highest rate of uninsured children across the study area parishes at 5.9%.
• The State of Louisiana reports lower rates of uninsured children (5.6%) as compared with the country (7.5%)

From 2011 to 2012, nearly all of the study area parishes reported declines in the rates of uninsured children.
  - St. Bernard Parish has seen the most drastic decline in the rates of uninsured children – going from 20.40% in 2009 to 5.90% in 2012.

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

- For most of the study area parishes, 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](chart)

- 100% of the Native Hawaiian or Pacific Islander population in St. John the Baptist Parish is uninsured. Orleans Parish is a close second with 70%.
- Residents reporting “Some Other Race” for the majority of the study area parishes have the highest rates of being uninsured.
Social Support

- St. Bernard Parish exhibits the highest rate of residents with a lack of social or emotional support at 29.5% 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.
- St. Charles Parish is the only area in the study showing a lower rate (12.74%) than both the state and national 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 (the highest rate across the study area).

**Poverty - Gender, 2009-2013**

- The Hispanic/Latino population of the study area is living in poverty at lower rates than their counterparts in 3 of the 5 parishes, with 4 of them being below state and country norms.
- In St. John the Baptist Parish, 10.07% of the Hispanic/Latino population is living below the federal poverty level (the lowest for the study area).

**Poverty - Ethnicity, 2009-2013**
• The Native Hawaiian or Pacific Islander population of Orleans Parish experiences some of the highest rates of living in poverty as compared with the other study area parishes (80.89%).

**Poverty - Race, 2009-2013**

• For populations living below 200% of the federal poverty level Orleans Parish reports the highest rate at 48.41% with St. Bernard following at 46.15%.

**Percent Population with Income at or Below 200% FPL, 2009-2013**
Children in Poverty

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

**Children in Poverty - Below 100% FPL, 2009-2013**

- Male and female children tend to live in poverty at similar rates in the EJGH study area. St. Charles Parish is the only location reporting below state and country norms for both male and female children.

**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, a 3 of the 5 parishes in the EJGH study area report higher rates of poverty in the Non-Hispanic population (Jefferson, Orleans, and St. John the Baptist).

• St. John the Baptist Parish reports the lowest rate of Hispanic/Latino children living in poverty at 16.35%. This is below both the state (25.89%) and country (32.39%) norms.

• The Native Hawaiian / Pacific Islander in Orleans Parish and the Native American / Alaska Native populations in St. John the Baptist Parish both report children in poverty at 100%.

• The African-American / Black population sees some of the highest rates of poverty across the EJGH study area.

• St. Charles Parish displays some of the lowest rates of poverty for the study area.
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

- Three out of the five EJGH study area parishes have seen rises in the rates of births to teen mothers (aged 15-19).
  - Orleans, St. Bernard, and St. John the Baptist, reported slight inclines 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)**

- St. Bernard Parish reports the highest teen birth rate among Non-Hispanic White girls (55.7 per 1,000 pop.).
- St. Bernard Parish reports the highest teen birth rate among Non-Hispanic Black girls (66.3 per 1,000 pop.).
- Jefferson Parish reports the highest teen birth rate among Hispanic/Latino girls (64.4 per 1,000 pop.).

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

- In 2013 St. John the Baptist Parish reported the highest unemployment rate at 8.4% (LA = 6.7%, USA = 7.4%). St. Charles reported the lowest at 6.3%.

Unemployment Rate by Year

- For the most current reported data, the same parish reported the highest unemployment rates; St. John the Baptist = 7.6% (LA = 6.4%, USA = 5.6%).

Unemployment Rate by Month
**Violent Crime**

- Orleans Parish reports the highest violent crime rate across the EJGH study area counties at 789.05 per 100,000 population. This rate is higher than state (532.9) and national (395.5) rates.
- Jefferson Parish reports the second highest violent crime rate for the study area at 478.05 per 100,000 pop.
- St. John the Baptist reports the lowest for the area at 189.47.

**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.; Jefferson follows at 83.23 per pop.; these rates are higher than state (71.56) and national (72.74) norms.
Grocery Stores

- In 2013, St. John the Baptist Parish reported the lowest rate of grocery stores per population at 21.78 per 100,000 pop.; St. Charles Parish follows at 22.74 per 100,000 pop.

Recreation and Fitness Facilities

- In 2013, St. John the Baptist Parish reported the lowest rate of recreation and fitness facilities per population at 4.36 per 100,000 pop.; St. Bernard Parish follows at 8.36 per 100,000 pop.; both are lower than state (9.6) and national (9.72) norms.


Housing

- All of the EJGH study area parishes have lower rates of HUD-Assisted housing units per 10,000 units.
- Orleans Parish reports the highest rate for the study area at 1,450.06 per 10,000 units.
- St. Charles Parish reports the lowest rate of HUD-Assisted housing units at 252.31 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.

![Percentage of Housing Units Overcrowded, 2008-2012](chart)

- Orleans Parish reports the highest rate, for the EJGH 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](chart)
• St. Charles Parish reports the highest rate of housing units lacking complete plumbing facilities at 1.17% (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%).
• St. Bernard Parish reports the highest rate, by far, of housing units lacking telephone facilities at 16.36% (LA = 2.91%, USA = 2.44%).

![Vacant Housing Units, Percent, 2009-2013](chart.png)

• Orleans Parish reports the highest rate of vacant housing for the EJGH study area at 21.95%; St. Bernard follows at 18.24%; these are higher than state (13.5%) and national (12.45%) norms.
Low Food Access

- The low-income population St. Bernard Parish experiences the highest rates of low food access (19.59%); this is double and triple the rates seen for the state (10.82%) and nation (6.27%).

Percent Low Income Population with Low Food Access, 2010

- St. John the Baptist Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 37.88 compared to 19.31 for the State of Louisiana and a national rate of 16.59.
• Within the parish of St. John the Baptist, the Non-Hispanic Other population experiences the highest rate of low food access (93.6%) followed by the Non-Hispanic Asian population (83.3%).

**Low Food Access - Race, 2010**

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Asian
- Non-Hispanic American Indian / Alaska Native
- Non-Hispanic Other
- Multiple Race
- Hispanic or Latino

• St. Bernard Parish has the highest rate of SNAP-Authorized retailers for the EJGH study area at 142.07 per 100,000 population.

• St. Charles Parish reports the fewest SNAP-Authorized retailers for the study area at only 75.79 per 100,000 population.

**SNAP-Authorized Retailers, Rate per 100,000 population, 2014**

- Jefferson
- Orleans
- St. Bernard
- St. Charles
- St. John the Baptist
- LOUISIANA
- USA
• Orleans Parish has the highest rate of WIC-Authorized retailers for the EJGH study area at 18.3 per 100,000 population.

• Jefferson Parish reports the fewest WIC-Authorized retailers for the study area with 9.01 per 100,000 population.

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

- Orleans
- Jefferson
- St. Bernard
- St. Charles
- St. John the Baptist
- LOUISIANA
- USA

• 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**

- Orleans
- Jefferson
- St. Bernard
- St. Charles
- St. John the Baptist
- LOUISIANA
- USA
Clinical Care

Primary Care Physicians

- Jefferson Parish reports the highest number of physicians across the study area at 383.
- St. Bernard Parish reports the fewest physicians with only 7.

![Primary Care Physicians, 2012](chart1.png)

- Orleans Parish has the highest primary care physician (PCP) rate per 100,000 population at 143.26 in 2012.
- St. Bernard Parish reports the lowest rate of PCPs per 100,000 population at only 19.21 in 2012.

![Primary Care Physicians, Rate per 100,000 population](chart2.png)
**Dentists**

- Jefferson Parish reports the highest number of dentists across the study area parishes at 344.
- St. Bernard and St. John the Baptist parishes both report the fewest dentists with only 12.

**Dentists, 2013**

- Jefferson Parish has the highest dentist rate per 100,000 population at 79.12 in 2013.
- St. Bernard Parish reports the lowest rate of dentists per 100,000 population for the EJGH study area at only 27.6 in 2013.
Mammogram – Medicare Enrollees

- St. Charles Parish as well as 3 of other parishes in the EJGH study area has seen a decline in the rates of women with Medicare receiving a mammogram.
- St. Bernard and St. John the Baptist parishes have both seen a steady increase from 2011 to 2012, however, St. John the Baptist Parish still falls below the state and country norms.

Cancer Screening – Pap Test

- Louisiana reports 78.1% of their populations as having received a Pap Test; this rate is slightly lower than the national rate of 78.48%.
- St. Bernard Parish reports the lowest rate of female residents aged 18 and older receiving a Pap Test at only 67.3%.
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.
- St. Bernard Parish reports the lowest rate of residents receiving a sigmoidoscopy or colonoscopy at only 36%; St. Charles Parish hold the highest rate at 61.90% of the population receiving these cancer screening tests.

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% that have never been tested.
- St. Bernard Parish reports the highest rate of residents having never been tested for HIV/AIDS across the EJGH study area at 68.44%.

Percent AdultsNever Screened for HIV/AIDS, 2011-2012
**Pneumonia Vaccine**

- St. Charles Parish reports the highest rate of residents receiving the pneumonia vaccine at 76.40%, followed closely by St. Bernard Parish at 73.40%.
- Orleans Parish reports the lowest rate of residents receiving the pneumonia vaccination at 61.80%.

![Pneumonia Vaccination (Age-Adjusted Percentage), 2006-2012](image)

**Diabetes Screening**

- The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. Four of the 5 parishes of the EJGH study area report lower rates than the national rate, with the lowest being 76.8% for Orleans Parish. St. Charles was the only parish above the national rate at 85.83%.

![Diabetes Management - Hemoglobin A1c Test, Percent Medicare Enrollees with Diabetes with Annual Exam](image)
**High Blood Pressure**

- All of the parishes in the EJGH study area report 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%.
- Jefferson Parish reports the highest rate of adult residents with high blood pressure not taking their medication for the study area at 20.33%.

![Graph: High Blood Pressure, Percent Adults Not Taking Medication, 2006-2010](image)

**Dental Exam**

- Orleans Parish has the highest rate of adults with no dental exam at 38.46%; the national rate is 30.15%. Three of the 5 parishes fall below the state and national norms.

![Graph: Percent Adults with No Dental Exam, 2006-2010](image)
Federally Qualified Health Centers (FQHCs)

- The majority of the EJGH study area rates significantly higher than the state and national rates of FQHCs.
- St. Charles Parish reports the highest rate of FQHCs per population at 5.68 per 100,000.
- Jefferson Parish reports the lowest at 1.39 FQHCs per 100,000.

```
Rate of Federally Qualified Health Centers per 100,000 population, 2014

Jefferson  Orleans  St. Bernard  St. Charles  St. John the Baptist  LOUISIANA  USA
1.39  3.78  2.79  5.68  4.36  2.1  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%.

```
Percent Adults Without Any Regular Doctor, 2011-2012

Jefferson  Orleans  St. Bernard  St. Charles  St. John the Baptist  LOUISIANA  USA
26.76%  30.06%  22.71%  16.76%  29.16%  24.09%  22.07%
```
**Population Living in an HPSA (Health Professional Shortage Area)**

- The parishes of Orleans and St. Bernard report at 100% for population living in an HPSA.
- Conversely, the parishes of St. Charles and St. John the Baptist report at 0%.

**Health Behaviors**

**Leisure Time Physical Activity**

- St. Bernard Parish reports the highest rate of population with no leisure time activity (37.3%) for the EJGH study area; higher than state (29.8%) and national (22.64%) norms.
- All of the parishes/counties of the EJGH study area report higher rates than the national norms for population who do not partake in leisure time physical activity.
Men consistently report lower rates of no leisure time physical activity than do women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as do men.

St. Bernard Parish, currently with the highest rate of population not partaking in leisure time physical activity, has seen a somewhat steady rise in this rate since 2004 (with a slight dip in the rate for 2009).

Percent Population with No Leisure Time Physical Activity - Gender, 2012

Percent Population with No Leisure Time Physical Activity - Time
**Fruit/Vegetable Consumption**

- All but one (St. John the Baptist) of the parishes in the EJGH study area report higher rates than the national rate (75.6%) for adults not eating enough fruits and vegetables.

**Percent Adults with Inadequate Fruit/Vegetable Consumption, 2005-2009**

<table>
<thead>
<tr>
<th>Parish</th>
<th>2005-2009 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson</td>
<td>82.60%</td>
</tr>
<tr>
<td>Orleans</td>
<td>78.10%</td>
</tr>
<tr>
<td>St. Bernard</td>
<td>79.20%</td>
</tr>
<tr>
<td>St. Charles</td>
<td>74.50%</td>
</tr>
<tr>
<td>St. John the Baptist</td>
<td>81.10%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>75.67%</td>
</tr>
<tr>
<td>USA</td>
<td>78.10%</td>
</tr>
</tbody>
</table>

**Excessive Drinking**

- The national rate of adults drinking excessively is 16.94%; only two of the 5 parishes in the EJGH study area report higher rates of adults drinking excessively.
- Orleans Parish reports the highest rate, for the EJGH study area, of adults drinking excessively at 19.60%.

**Estimated Adults Drinking Excessively (Age-Adjusted Percentage), 2006-2012**

<table>
<thead>
<tr>
<th>Parish</th>
<th>2006-2012 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson</td>
<td>13.80%</td>
</tr>
<tr>
<td>Orleans</td>
<td>19.60%</td>
</tr>
<tr>
<td>St. Bernard</td>
<td>17.30%</td>
</tr>
<tr>
<td>St. Charles</td>
<td>16.30%</td>
</tr>
<tr>
<td>St. John the Baptist</td>
<td>11.20%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>15.90%</td>
</tr>
<tr>
<td>USA</td>
<td>16.94%</td>
</tr>
</tbody>
</table>
Smoking

- St. Bernard Parish has the highest percent of population smoking cigarettes at 22%. This is higher than both the state (21.90%) and country (18.08%) rates.

**Percent Population Smoking Cigarettes (Age-Adjusted), 2006-2012**

- St. John the Baptist Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 74.09%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.

**Percent Smokers with Quit Attempts in Past 12 Months, 2011-2012**
Health Outcomes

**Depression**
- The State of Louisiana reports a higher rate of residents with depression (15.66%) than the country (15.45%).
- Four of the 5 parishes in the EJGH study area report lower rate of depression than the national rate.
- St. Bernard Parish reports the highest rate of residents with depression within the EJGH study area at 16.44%.

**Diagnosed Diabetes**
- St. John the Baptist Parish reports the highest rate of residents with diagnosed diabetes (13.30%).
- All of the study area parishes as well as the overall state rates for Louisiana are higher than national rates for population being diagnosed with diabetes.
• Men have higher rates of being diagnosed with diabetes than women for the EJGH study area.

• The State of Louisiana reports a higher rates of diabetes than the country.

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 EJGH study area parishes.

Population with Diagnosed Diabetes, Age-Adjusted Rate - Time
- Looking specifically at the Medicare population, St. John the Baptist Parish reports the highest rate of diagnosed diabetes at 30.84%; the national rate being 27.03%.

### Percent Adults with Diabetes (Medicare Population), 2012

<table>
<thead>
<tr>
<th>Parish</th>
<th>Rate (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson</td>
<td>28.33%</td>
</tr>
<tr>
<td>Orleans</td>
<td>28.26%</td>
</tr>
<tr>
<td>St. Bernard</td>
<td>29.52%</td>
</tr>
<tr>
<td>St. Charles</td>
<td>30.47%</td>
</tr>
<tr>
<td>St. John the Baptist</td>
<td>30.84%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>29.05%</td>
</tr>
<tr>
<td>USA</td>
<td>27.05%</td>
</tr>
</tbody>
</table>

### High Cholesterol

- Four of the 5 parishes report higher rates of residents with high cholesterol than the state average of 38.68% and national average of 38.52%.
- Jefferson Parish reports the highest rate of residents with high cholesterol at 40.78%.

### Percent Adults with High Cholesterol, 2011-2012

<table>
<thead>
<tr>
<th>Parish</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Jefferson</td>
<td>40.78%</td>
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<td>St. Bernard</td>
<td>37.42%</td>
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<tr>
<td>St. Charles</td>
<td>37.09%</td>
</tr>
<tr>
<td>St. John the Baptist</td>
<td>35.35%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>38.05%</td>
</tr>
<tr>
<td>USA</td>
<td>38.52%</td>
</tr>
</tbody>
</table>
Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with high cholesterol at 43.12%; the national rate being 44.75%.

Heart Disease

St. Bernard Parish reports the highest rate of residents who have heart disease (7.92%); this rate is much higher than the national rate of 4.40%.
Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with heart disease at 31.49% (differing from St. Bernard Parish for the total population); the national rate being 28.55%.

High Blood Pressure

Orleans Parish reports the highest rate of residents who have high blood pressure (37.60%); all parishes in the EJGH study area rate higher than the national rate of 28.16%.
• Looking specifically at the Medicare population, St. Charles Parish reports the highest rate of residents with high blood pressure at 61.12%; the national rate being 55.49%.

Overweight and Obese

• St. Bernard Parish reports the highest rate of residents who are overweight (42.98%); close to half of the population of this parish is overweight; this rate is higher than the national rate of 35.78%.
- St. Charles Parish reports the highest rate of residents who are obese (35.4%).
- The lowest rates in the study area fall at 32% for Jefferson and Orleans parishes; the national rate is 27.14%.

**Percent Adults with BMI > 30.0 (Obese), 2012**

- There are not significant differences in males and females in terms of obesity; for the study area, some parishes see women having higher rates of obesity, for other parishes, men are more likely to be obese.
- 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 EJGH study area and nationally have seen steady rises over the years. Jefferson and Orleans parish are the lowest in the study area at 32%; the national rate is 27.14%. St. John the Baptist Parish has seen a decline in obesity since 2008, but still scores higher than state and national rates.

Asthma

• St. Bernard reports the highest rate of adults with asthma for the EJGH study area at 13.76%; this is higher than the national rate of 13.36%. 
**Dental Health**

- Orleans Parish reports the highest rate of adults with poor dental health for the EJGH study area at 17.93%; this is higher than the national rate of 15.65%.
- All parishes in the EJGH study area report lower than the state.

**Poor Health**

- St. John the Baptist reports the highest rate of poor general health (22.08%).
- All five of the parishes in the EJGH study area 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 all of the other study area parishes, state, and country at 1,654.9 per 100,000 population in 2011 (the next highest rate being 623.6 for St. John the Baptist Parish – less than half the rate seen for Orleans Parish). The national chlamydia rate is 454.1 per 100,000 population.

![Chlamydia Infection Rate (Per 100,000 Pop.)](image)

Gonorrhea Infection

- Similar to chlamydia infection, Orleans Parish reports a substantially higher rate of gonorrhea infection than all of the other study area parishes, state, and country at 476.2 per 100,000 population in 2011 (the next highest rate being 73.0 for St. John the Baptist Parish – 15% of the rate seen for Orleans Parish). The national chlamydia rate is 103.09 per 100,000 population.

![Gonorrhea Infection Rate (Per 100,000 Pop.)](image)
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.

Population with HIV/AIDS, Rate (Per 1,000 population) - By Race/Ethnicity

- From 2008 to 2010, many of the study area parishes experienced rises or slight declines then larger rises in the HIV/AIDS rates for their parish. Therefore 2010 rates of HIV/AIDS in the EJGH study area are higher than 2008 rates.
Breast Cancer

- St. Bernard Parish reports the highest incidence rate of breast cancer for the EJGH study area at 143.2 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; all of the study area parishes and state report rates more than double this goal.

- The African-American / Black population of St. Charles Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (138 per 100,000 pop.).
**Cervical Cancer**

- Orleans Parish reports the highest incidence rate of cervical cancer for the EJGH 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; all of the study area parishes and state report rates higher than this goal.

**Colon and Rectum Cancer**

- St. Bernard Parish reports the highest incidence rate of colon and rectum cancer for the EJGH study area at 54.6 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 rectum cancer incidence to be less than or equal to 38.7 per 100,000 population; all of the study area parishes and state 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 EJGH study area, the state, and nationally.

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

Lung Cancer

• St. Bernard Parish reports the highest incidence rate of lung cancer for the EJGH study area at 99.9 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 St. Bernard Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (111.2 per 100,000 pop.).

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

**Prostate Cancer**

• Orleans Parish reports the highest incidence rate of prostate cancer for the EJGH study area at 166.3 per 100,000 population followed closely by St. Charles Parish at 164.2; these values are higher than the national rate of 142.3 per 100,000 pop.

![Prostate Cancer - Annual Incidence Rate (Per 100,000 Pop.) 2007-2011](image)
• The African-American / Black population reports higher rates of prostate cancer incidence as compared with other racial groups for the EJGH study area, the states, 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 EJGH study area at 1.4%.
• All of the study area parishes 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%; all of the study area parishes and state report rates higher than this goal.

**Low Birth Weight, Percent of Total, 2006-2012**
The Non-Hispanic African-American / Black population sees higher rates of low-weight births as compared with other racial groups for the EJGH 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

- St. Bernard Parish reports the highest rate of age-adjusted mortality due to cancer for the EJGH study area at 250.11 per 100,000 population.
- All of the study area parishes 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; all of the study area parishes and state report rates higher than this goal.

- Across the EJGH study area, all of the parishes, states, and nationally; men have higher mortality rates due to cancer than women.
• The Non-Hispanic White population of St. Bernard Parish reports the highest rate of mortality due to cancer for the EJGH study area with 279.34 per 100,000 population.

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

Mortality – Heart Disease

• St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to heart disease for the EJGH study area at 275.29 per 100,000 population.

**Mortality - Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - 2007-2011**
• On a national level and for all of the study area parishes, men are more likely to die as a result of heart disease than women.

• The Non-Hispanic / Black population of St. John the Baptist reports the highest rate of death due to heart disease across the EJGH study area at 303.01 per 100,000 population.

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

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

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the EJGH study area at 174.72 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 and St. Charles parishes report rates already lower than this HP2020 Goal.

On a national level and for all of the study area parishes, men are more likely to die as a result of ischemic heart disease than women.
• Non-Hispanic Black residents of St. John the Baptist Parish report the highest rate of death due to ischemic heart disease for the EJGH study area at 183.19 per 100,000 population.

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

#### Mortality – Lung Disease

• St. Charles Parish reports the highest rate of mortality due to lung disease for the EJGH study area at 39.36 per 100,000 population; following close behind is St. Bernard Parish at 39.23.

• All the parishes in the EJGH study are below state and national rates.
• On a national level and for all of the EJGH study area parishes, men are more likely to die as a result of lung disease than women.

• The Non-Hispanic White population of St. Bernard Parish reports the highest rate of death as a result of lung disease for the EJGH study area at 46.59 per 100,000 population.
Mortality – Stroke

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to stroke for the EJGH study area at 51.57 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; all of the EJGH study area parishes report rates higher than this goal.

![Mortality - Stroke - Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011](chart1)

- 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 EJGH study area it is mixed.

![Mortality - Stroke - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011](chart2)
The Non-Hispanic Black population of St. Bernard Parish reports the highest rate of death as a result of stroke for the EJGH study area at 82.89 per 100,000 population.

Mortality – Unintentional Injury

- St. Bernard Parish reports the highest rate of age-adjusted mortality due to unintentional injury for the EJGH study area at 61.29 per 100,000 population.
- 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; all of the EJGH study area parishes report rates higher than this goal.
• On a national level and across all of the EJGH study area parishes, men are more likely to die as a result of unintentional injury than women.

\[
\begin{array}{cccccc}
\text{Mortality - Unintentional Injury - Age-Adjusted Death Rate,} \\
\text{(Per 100,000 Pop.) - By Gender, 2007-2011} \\
\hline
\text{Gender} & \text{Jefferson} & \text{Orleans} & \text{St. Bernard} & \text{St. Charles} & \text{St. John the Baptist} & \text{USA} \\
\text{Male} & 64.14 & 61.99 & 79.4 & 60.99 & 70.3 & 53.19 \\
\text{Female} & 76.04 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\hline
\end{array}
\]

• The Non-Hispanic White population of St. John Baptist reports the highest rate of mortality due to unintentional injury for the EJGH study area at 69.3 per 100,000 population.

\[
\begin{array}{cccccc}
\text{Mortality - Unintentional Injury - Age-Adjusted Death Rate,} \\
\text{(Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011} \\
\hline
\text{Race/Ethnicity} & \text{Jefferson} & \text{Orleans} & \text{St. Bernard} & \text{St. Charles} & \text{St. John the Baptist} & \text{USA} \\
\text{Non-Hispanic White} & 76.19 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\text{Non-Hispanic Black} & 67.3 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\text{Non-Hispanic Asian} & 76.19 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\text{Non-Hispanic American Indian / Alaskan Native} & 76.19 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\text{Hispanic / Latino} & 76.19 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\text{LOUISIANA} & 76.19 & 20.46 & 41.9 & 29.71 & 37.32 & 25.67 \\
\hline
\end{array}
\]
Mortality – Motor Vehicle Accident

- St. Bernard reports the highest rate of deaths due to motor vehicle accidents for the EJGH study area at 12.35 per 100,000 population; this is higher than the national rate of 7.55 per 100,000 population. This rate is also higher than the other study area parishes which are closer to the national rate of 7.5.

- Men are more likely to die as a result of a motor vehicle accident than women.
The Non-Hispanic Black population of St. John the Baptist reports the highest rate of death due to motor vehicle accident at 12.9 per 100,000 population.

**Mortality – Pedestrian Accident**

- St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the EJGH study area at 3.63 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; none of the parishes in the EJGH study area meet this goal.
Mortality – Homicide

- Orleans Parish reports the highest rate of age-adjusted mortality due to homicide for the EJGH study area at 47.88 per 100,000 population; this rate is much higher than the national rate (5.63) and all of the other study area parishes.
- The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; all the parishes in the EJGH study area are higher than this HP2020 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 EJGH 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

• St. John the Baptist Parish reports the highest rate of age-adjusted mortality due to suicide for the EJGH study area at 13.4 per 100,000 population; this rate is higher than the national rate (11.82) and all of the other study area parishes.

• 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 and St. Bernard parishes report rates already lower than this HP2020 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 EJGH study area, the Non-Hispanic White population of St. John the Baptist reports the highest rate of suicide at 21.27 per 100,000 population.
**Infant Mortality Rate**

- St. John the Baptist Parish reports the highest rate of infant mortality due for the EJGH study area at 10.2 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; St. Bernard Parish report rates already lower than this HP2020 Goal.

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**Infant Mortality Rate, (Per 1,000 Births), 2006-2010**

- The Non-Hispanic Black population of St. John the Baptist reports the highest rate of infant mortality for the EJGH study area parishes at 12.8 per 1,000 births.

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**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. 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 indicates the “unhealthiest” parish for the state in a specific measure.

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9 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
Key Findings from County Health Rankings:

- St. Bernard Parish reports the highest ranks (unhealthiest parish of the EJGH study area) for the majority of the County Health Rankings:
  - A rank of 44 out of the worst possible 64 for health outcomes.
  - A rank of 38 for health factors.
  - A rank of 53 for morbidity.
  - A rank of 21 for health behaviors.
  - A rank of 35 of clinical care.

- Orleans Parish holds the highest rank for the study area for:
  - A rank of 45 for mortality.
  - A rank of 48 for social and economic factors.

- St. John the Baptist ranks 64th (the worst parish in the state) for physical environment.
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)
  - Region 1 – Orleans, Plaquemines, St. Bernard
  - Region 10 – Jefferson

- **Regions 2 and 9**
  - Region 2 – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
  - 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**
  - Region 4 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
  - 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 EJGH Study Area, Region 10 (Jefferson Parish) reports the highest current rate of alcohol use in the past month at 52.19% of the population aged 12 and older. However, this region/parish has seen the largest decline in alcohol use rate from 2002-2004 to 2010-2012.

Binge Alcohol Use in the Past Month

- Region 1 (Orleans, Plaquemines, St. Bernard parishes) reports the highest rate and the only rise in binge alcohol use for the EJGH study area from 2002-2004 to 2010-2012.
Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week

- All of the EJGH study area regions have shown rises in the perceptions of risk of having five or more drinks once or twice a week from 2002-2004 to 2010-2012.

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

- All of the EJGH 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 3 reports the highest currently and in the past (with little difference from 2002-2004 to 2010-2012) of tobacco use in the past month at 34.61%.

![Tobacco Use in the Past Month Diagram](image)

**Cigarette Use in the Past Month**

- Cigarette use in the past month is highest for Region 3 and was for the 2002-2004 analysis as well; it has seen a slight decline in rate over the years going from 30.13% to 29.63%.

![Cigarette Use in the Past Month Diagram](image)
Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day

- All of the EJGH study area regions report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day; Region 3 reports the lowest rate (correlating to the higher usage).

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.
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%.

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%.
**Nonmedical Use of Pain Relievers in the Past Year**

- Region 3 reports the highest current rate of nonmedical use of pain relievers in the past year at 5.08% of the population aged 12 and over.

**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.
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
  - 44th for smoking
  - 45th for diabetes
  - 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.
  - 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.
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<th>Rank</th>
<th>Value</th>
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<td>Immunization – Children</td>
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<td>Teen Birth Rate</td>
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<td>Teeth Extractions</td>
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<td>Unemployment Rate, Annual</td>
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<td>Violent Crime</td>
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<td>Youth Smoking</td>
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<td>496.9</td>
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Table 6. America’s Health Rankings - Louisiana
Figure 4. Louisiana Health Rankings Bubble Chart