TOURO INFIRMARY

COMMUNITY HEALTH NEEDS ASSESSMENT

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Introduction

Touro Infirmary (Touro) is New Orleans' only community-based, not-for-profit, faith-based hospital.Touro is a 280 staffed bed adult, acute care facility, that is part of a three hospital, not-for-profit system including Children's Hospital New Orleans and Interim LSU hospital (e.g., future name will be University Medical Center New Orleans when it opens in 2015). Touro contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). Touro collaborated with outside organizations in the Greater New Orleans region[1] during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process by providing input regarding community health needs (See Page 3).

[1]In 2012, Touro joined with eleven members of the Metropolitan Hospital Council of New Orleans (MHCNO), a nonprofit, regional membership and service organization representing hospitals and healthcare organizations in the Greater New Orleans Metropolitan Area to initiate the process of conducting a comprehensive regional Community Health Needs Assessment (CHNA). The collaborative study laid the foundation for individual hospital CHNA's (Individual-level CHNA reports required by the IRS), such as Touro's CHNA. Specifically, the collaborative effort played an important role with obtaining input through conducting over 100 key stakeholder calls in the Greater New Orleans region and facilitating 14 focus groups with over 200 residents.

- Catholic Charities
- Kingsley House
- Delgado-Charity School of Nursing
- Blue Cross Blue Shield
- Acadian Ambulance
- United Way for the GNO Area
- Covenant House New Orleans
- Baptist Community Ministries
- LSUHealth Science Center
- VOA - New Orleans
- Second Harvest Food Bank
- Jefferson Parish Public School System
- Louisiana Association of United Ways
- New Orleans Hornets (NBA team)
- United Healthcare Louisiana
- Humana Louisiana
- Prevention Research Center Tulane University
- St Thomas Community Health Center
- Louisiana Office of Public Health
- JEDCO
- West Jefferson Medical Center
- Entergy
- Gulf Coast Bank and Trust
- American Cancer Society
- NO/AIDS Task Force
- Louisiana Cancer Research Consortium
- American Heart Association
- Susan G. Komen, New Orleans
- New Orleans Health Dept.
- State of Louisiana Leadership
- Jefferson Parish Human Svcs. Authority
- Jefferson Parish Chamber of Commerce
- Hispanic Apostolate Community Services
  Catholic Charities Archdiocese of New Orleans
- Jefferson Parish Sheriff Dept.
- Neonatal Medical Group
- City of Slidell Leadership
- Acadian Ambulance Service
- STPH Community Wellness Center
- St. Tammany West Chamber of Commerce
- St. Tammany Parish Government
- St. Tammany Parish Government
- Greater New Orleans YMCA
- Seniors and Law Enforcement Together (SALT)
- STPH Parenting Center
- St. Tammany EDF
- St. Tammany Parish Fire District 4
- St. Tammany Parish Sheriff's Office
- City of Covington Leadership
- North Shore Healthcare Alliance
- New Orleans Health Dept.
- Ochsner Kenner
- Operations Vineyard Church
- Kenner Kiwanis Board Member
- The Dial Corporation
- City of Kenner Leadership
- St. Charles Community Health Center
- Dept. of Community Services, Archdiocese of New Orleans
- The Plaquemines Gazette
- Daul Insurance
- Algiers Economic Development
- Pickering and Cotogno
- City of New Orleans Leadership
- Institute of Mental Hygiene
- North Shore Rotary Club
- City of Slidell Leadership
- East St. Tammany Chamber of Commerce
- Ochsner North Shore
- Delgado Community College
- LSU Health Science Center, Allied Health
- LSU Health Science Center, Nursing
- Tulane University School of Medicine
- Xavier University, New Orleans
- LSU Health Science Center, Medical Students
- Tulane Medical Center
- Touro Infirmary

This project represents an important initiative to identify and explore the ever changing healthcare landscape. Also, this report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that nonprofit hospitals conduct CHNA's every three years. The CHNA process undertaken by Touro, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the communities served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with senior leadership from the hospital to accomplish the assessment.

Community Definition

While community can be defined in many ways, for the purposes of the CHNA, Tripp Umbach, along with hospital leadership, have chosen to define the Touro community to include 20 zip code areas in three parishes that represent a large majority (80%) of the inpatient discharges. (See Table 1 & Figure 1)

Touro Infirmary Community Zip Codes

Table 1

Zip Code	Parish		Zip Code	Parish
70001	Jefferson		70119	Orleans
70005	Jefferson		70122	Orleans
70058	Jefferson		70124	Orleans
70072	Jefferson		70125	Orleans
70113	Orleans		70126	Orleans
70114	Orleans		70127	Orleans
70115	Orleans		70128	Orleans
70116	Orleans		70130	Orleans
70117	Orleans		70131	Orleans
70118	Orleans		70043	St. Bernard

Touro Infirmary's Community Map

Figure 1

Consultant Qualifications

Touro 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 community health needs assessments, having conducted more than 200 community health needs assessments over the past 21 years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books[1] on the topic of community health and has presented at more than 50 state and national community health conferences.

[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: http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf

Project Mission and Objectives

The mission of the Touro 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 Touro, while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community health needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who were partners in the community health needs assessment.

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. The overall objective of the CHNA is summarized by the following areas:

- Obtaining information on population health status as well as socio-economic and environmental factors,
- Assuring that community members, including underrepresented residents, were included in the needs assessment process,
- Identifying key community health needs within the hospital's community along with an inventory of available resources within the community that may provide programs and services to meet such needs, and
- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA).

Methodology

Tripp Umbach facilitated and managed a comprehensive regional community health needs assessment on behalf of Touro — resulting in the identification of top community health needs. The assessment process included input from persons who represent the broad interests of the communities served by the hospital facilities, including those with special knowledge and expertise of public health issues and the underserved community.

Key data sources in the regional community health needs assessment included:

- **Community Health Assessment Planning:** A series of conference calls were facilitated by the consultants and the project team consisting of leadership from Touro.

- **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed a comprehensive analysis of health status and socio-economic environmental factors related to the health of residents in the defined project area from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, and other additional data sources. (Available upon request)

- **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with hospital leadership to identify leaders from organizations that have special knowledge and/or expertise in public health. Such persons were interviewed as part of the regional needs assessment planning process. A series of approximately 100 interviews were completed with key stakeholders in the Greater New Orleans metropolitan area during July through August 2012. (Available upon request)

- **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to assure that community members, including under-represented residents, were included in the needs assessment planning process via two focus groups conducted by Tripp Umbach in the Touro community in October 2012 through the regional process (Summaries available upon request). Focus group audiences were defined by the CHNA oversight committee utilizing secondary data

to identify health needs and deficits in target populations. The focus group audience included:

- Women of childbearing age
- Senior population (Independent-living)

- **Identification of top regional community health needs:** Top community health needs were identified by analyzing secondary data, key stakeholder interviews and focus group input. The analysis process identified the health needs revealed in each data source. Tripp Umbach followed a process where the top needs identified in the assessment were supported by secondary data, where available and strong consensus provided by key community stakeholders and focus groups.

- **Inventory of Community Resources:** Tripp Umbach completed an inventory of community resources available in the service area using resources identified by the hospital facilities, internet research and resource databases. Using the zip codes which define the Touro community (refer to Table 1 presented on page 5), more than 175 community resources were identified with the capacity to meet the three community health needs identified in the Touro CHNA.

- **Final Regional Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and an identification of top health needs as required by the IRS.

Key Terms:

- **Demographic Snapshots:** A snapshot of the Touro community definition compared to parishes and state benchmarks.

- **Community Need Index Analysis (CNI):** Because the CNI considers multiple factors that are known to limit health care access, the tool provides an accurate and useful assessment method at identifying and addressing the disproportionate unmet health-related needs of neighborhoods (zip code level). The five prominent socio-economic barriers to community health quantified in the CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socio-economic barriers to community health utilizing a 5 point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

- **County Health Rankings:** Each parish receives a summary rank for 37 various health measures associated with health outcomes, health factors, health behaviors, clinical care, social and economic factors, and the physical environment.

- **The Prevention Quality Indicators index (PQI)** was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the Touro region and Louisiana. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. The quality indicator rates are derived from inpatient discharges by zip code using ICD9 diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

Key Community Health Needs

Tripp Umbach's independent review of existing data and in-depth interviews with stakeholders representing a cross-section of agencies and focus group input resulted in the identification of three key health needs in the Touro service area that are supported by secondary and/or primary data. The stakeholder and focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the service area of Touro. Key stakeholder and focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.) and therefore is not factual and inherently subjective in nature. Key stakeholder and focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities.

This assessment confirms the need for the wide range of programs and services offered in the communities served by Touro. Touro is in a unique position to identify and address health needs of their communities, especially as those needs relate to the provision of acute, adult care. The following report outlines the needs that were identified through the CHNA process, which directly affects adult health and well being. Within the context of broader community health needs, Touro Infirmary will focus its implementation planning efforts on adult health needs. Finally, as required, all needs that are presented in this assessment will be either addressed by Touro or referred to existing providers as appropriately fits their mission and available resources; also displayed through the implementation planning process.

What follows is a collective summary of the substantial issues and concerns that were discussed by key stakeholder and focus group audiences and where relevant, supported by secondary data.

Needs identified include (not listed in any specific order):

1) Access to healthcare and medical services (i.e., primary, specialty, preventive, and mental)
2) Access to community/support services to sustain a healthy and safe environment
3) Promotion of healthy lifestyles and behaviors (specific focus on chronic diseases)

Tripp Umbach used CNI scores, the PQI index, and County Health Rankings to identify barriers and potentially avoidable hospitalizations as part of the CHNA. These areas present the highest community health risk as they have the greatest barriers to health care and generally have the poorest health among the region. Also, for instance, factors such as Educational Attainment

are a very important measure in community health analysis as it is related to many other health determinants, such as; occupation, income, access to healthcare, access to healthy food and recreational options, and ability to make healthy decisions.

Data included in the secondary data analysis was collected and analyzed between April 2012 and August 2013. During this time, the St. Bernard Parish Hospital opened a new medical office building with 15 individual physician offices to run private-practices along with the St. Bernard Community Health Center. While this new medical office building may have an impact on community health in the area, the opening of this medical office building occurred after the data was collected and analyzed for this CHNA report.

Below is a general outlook of the Touro service area (e.g., as defined for the purposes of this CHNA report) based on secondary data analysis conducted during the CHNA process that includes data on age, race, income, and educational attainment rates.

- The Touro service area, along with Orleans and St. Bernard Parishes, and Louisiana project population increases within the next five years. Specifically, the Touro service area shows a projected population increase at a rate of 10.9% by 2017 (i.e., more than 57,000 more residents in five years). This rate is one of the highest compared to the other hospitals in the region.
    - Compared to the other parishes in the Touro community, St. Bernard Parish shows the highest projected percentage population increase of 26.7% by 2017; however, with a much smaller total population (39,646) than the other parishes (approx. 400,000) this is only an increase in the total population of +10,575 residents.
    - Orleans Parish shows a high projected percentage rise in population as well as a high number rise in population (16.8%, +61,425 residents).
    - Jefferson Parish shows a projected decline in population at a rate of 4.6%, 19,455 residents.

- The Touro service area shows higher rates for middle-aged residents (i.e., aged 25 to 64) and lower rates of younger and older residents (i.e., aged 24 and younger or 65 and older) as compared with the state of Louisiana.
    - 18.4% of the residents in the Touro service area are aged 0-14 (i.e., approx. 96,912 youth).
    - 12.2% of the residents in the Touro service area are aged 65 and older (i.e., approx. 64,256 older residents).

- The Touro service area shows a larger percentage of the population as Black, Non-Hispanic (49.3%) than White, Non-Hispanic (39.1%) residents.

- ❑ Additionally, 7% of the Touro service area population is Hispanic; this is more than the state rate (4.6%).

- ❑ 16.2% of residents in the Touro service area do not have a high school (HS) degree. While this rate is lower than the rate seen across the state (18.4%), it is still nearly one in every six residents without a HS degree.

- ❑ The Touro service area shows an average annual household income level at $57,706; higher than the state at $55,855.

- ❑ The overall unemployment rate for the Touro service area is 10.8%.

- ❑ The overall uninsured rate for the Touro service area is 18.4%.

A summary of the top needs in the Touro CHNA follows:

1. **ACCESS TO HEALTHCARE AND MEDICAL SERVICES (I.E., PRIMARY, SPECIALITY, PREVENTIVE, AND MENTAL)**
   Underlying factors: The need for access to affordable healthcare services, including specialty services, mental health services, and health prevention services was identified by primary input from community stakeholders and focus group participants and supported by secondary data. The lack of receiving adequate levels of healthcare, which can be for various reasons, including a lack of health insurance due to affordability and navigation issues, and/or provider shortages, leads to residents lack of preventive care and eventually can lead to the need for expensive, advanced stage medical services.

   - ✓ **Areas of specific focus** identified in the needs assessment include:
     - *Access to care: including primary, specialty, and preventive*
     - *Health insurance coverage*
     - *Physician shortage*
     - *Access to mental health services*

Below, is data specific to the Touro region, including zip code/parish breakouts related to the identified need, 1) Access to healthcare and medical services (i.e., primary, preventive, and mental):

To determine the severity of barriers to healthcare access in a given community, the CNI gathers data about the community's socio-economy. It is important to note that the CNI scale range is from 1.0 (best) to 5.0 (worst) and the average CNI score for the Touro service area is 4.2.

- The average CNI score for the Touro service area is 4.2; this score falls above the average for the scale (3.0) and above 4.0 indicating a significant number of barriers to healthcare access for the Touro service area. Specifically:
  - Zip code areas 70113, 70117 and 70119, all in New Orleans, LA, report the highest CNI scores for the Touro service area at 5.0 (i.e., worst possible for the scale).
    - With the largest population in zip code area 70119, this area has the highest number of residents in need.
    - Zip code area 70113 shows the highest CNI measure for 6 of the 9 specific measures; 41.8% elderly poverty, 55.2% of children living in poverty, 37.5% with no high school diploma, 27.4% unemployment, 40.8% uninsured and 78.5% renting.
  - It is interesting to see that the zip code areas with the highest CNI scores (70113, 70117, and 70119) are located in New Orleans while, at the same time, zip code areas 70131 and 70124, also in New Orleans, report some of the lowest CNI scores. There is a wide range of need for healthcare access in the city of New Orleans.
  - More than two thirds of the single mothers with children in zip code area 70130 in New Orleans live in poverty with their children (68.5%).
  - 2.4% of the population of Harvey (70058) has limited English skills while nearly the entire population of zip code area 70128 is a minority (93.3%).
    - Jefferson Parish shows the highest rate of Hispanic individuals (13.3%) compared with the other parishes of interest, the Touro service area (7%), and the state (4.6%).

- The highest uninsured rate across the Touro service area is 40.8% in New Orleans (70113); more than four out of every ten residents of 70113 is uninsured.

- The highest unemployment rate across the Touro service area is 27.4% in New Orleans (70113); more than one in every four residents is unemployed in this zip code area.

- Orleans Parish shows the highest rate of households earning below $15,000 per year (23.9%).

Specific health-related PQI data:

- The Touro service area shows six of the 14 PQI measures higher than is seen for the state; indicating conditions in which the zip code areas in the Touro service area report more preventable hospitalizations than the state. **These include: short- and long-term complications of diabetes, adult asthma, hypertension, perforated appendix, and congestive heart failure.**
    - Congestive heart failure showed the highest rate of preventable hospital admissions for the study area across all of the measures, followed by adult asthma.

- On the other hand, there are eight PQI measures in which the hospital service area reports lower rates of preventable hospitalizations than the state; these include lower extremity amputation, uncontrolled diabetes, angina without procedure, dehydration, urinary tract infections, low-birth weight, chronic obstructive pulmonary disease, and bacterial pneumonia. For these conditions, the zip code areas included in the hospital service area report fewer preventable hospitalizations than is seen for the state.

- Specifically:
    - Orleans Parish shows the highest rates of preventable hospitalizations as compared with the other parishes in the study area, the state and the Touro service area for:
        - adult asthma
        - short- and long-term complications of diabetes (2 of the 4 diabetes measures)
        - hypertension
    - Jefferson Parish shows the highest PQI rates for:
        - lower extremity amputation
        - congestive heart failure
        - perforated appendix

Specific data breakouts for the study area's County Health Rankings follows:

- Orleans Parish:
    - Ranks in the **top 10 unhealthiest counties** across the state for 4 of the 21 measures: sexual activity, income, family and social support, and community safety.
        - Shows the highest ranking (unhealthiest) across the LA parishes of 58 for sexual activity (seventh worst in the state).

        - Shows the highest ranking (unhealthiest) across the LA parishes of 60 for income (fifth worst in the state).
        - Shows the highest ranking (unhealthiest) across the LA parishes of 62 for family and social support (third worst in the state).
        - However, Orleans Parish shows the **lowest ranking (healthiest) of 1 for education (the best in the state).**

- St. Bernard Parish:
    - Ranks in the **top 10 unhealthiest counties** across the state for 6 of the 21 measures: health outcomes, morbidity, clinical care, access to care, environmental quality, and physical environment.
        - Shows the highest ranking (unhealthiest) of 62 for morbidity (third worst in the state).
        - Shows the highest ranking (unhealthiest) across the LA parishes of 55 for clinical care (tenth worst in the state).
        - Shows the highest ranking (unhealthiest) of 64 for access to care (the worst in the state).
        - Shows the highest ranking (unhealthiest) of 44 for quality of care (twenty-first worst in the state).
        - Shows the highest ranking (unhealthiest) across the LA parishes of 63 for environmental quality (second worst in the state).
        - Shows the highest ranking (unhealthiest) across the LA parishes of 61 for physical environment (fourth worst in the state).
    - St. Bernard Parish reports the highest rate of lung and bronchus cancers in the study area (83.7 deaths per 100,000).
    - St. Bernard Parish reports the highest rate of liver and bile duct cancers in the study area (13.8 deaths per 100,000).

- Jefferson Parish shows the highest rate for Medicare coverage (9.5%).

- The most common place that residents go for healthcare is their doctor's office or HMO.
    - After the 2005 hurricanes, rates of residents going to their doctor declined across many of the parishes and rates of residents reporting that they go nowhere for healthcare increased for many of the parishes after the hurricanes.
    - Nearly one in every three (32.3%) residents of St. Bernard Parish reports a lack of health insurance coverage as a result of the 2005 hurricanes.

The Louisiana Kids Count study for 2011-2012 was conducted by the Agenda for Children and contains data pertaining to childcare assistance, poverty levels, education, testing scores, and birth/neonatal matters. Specific data follows:

- Orleans Parish reports the highest rate of childhood poverty at 41%; the state rate being 27%. (Jefferson 25%)

- Orleans Parish reports more than double the rate of any other parish for children on Family Independence Temporary Assistance Program (FITAP) (2.9%). Also, Orleans Parish reports the highest rate of children with Supplemental Nutrition Assistance Program (SNAP) benefits (52.1%).

- Orleans Parish, as well as St. Bernard parishe, report the highest rates of children insured by Medicaid or LaCHIP (75.4% and 75.3% respectively), while Jefferson Parish reports a lower rate at 62.1%.

- Across all of the study area parishes, black women giving birth report receiving early and adequate prenatal care at lower rates than white women.

- Orleans Parish reports the highest low birth weight baby rate at 12.7%, the average for the state being 10.9%.

- Births to teens in 2009, per 1,000 females aged 15-19; Jefferson Parish at 45.3% and Orleans at 48.7%.

- **According to the Health Survey 2006**, St. Bernard Parish shows the highest rate of head of households reporting a serious mental health condition (17.8%), while Orleans Parish is 15.9% and Jefferson 8.4%.

Every state is parceled into regions defined by Substance Abuse and Mental Health Services (SAMHSA). The regions are defined in the 'Sub-state Estimates from the 2002-2004 National Surveys on Drug Use and Health'. (i.e., Region 1: Orleans, Plaquemines, St. Bernard and Region 10: Jefferson)

- Region 10, Jefferson Parish, reported the highest rate of alcohol use in the past month (53.28%) across the study area regions; Region 10's alcohol use rate was also higher than the average rate seen for the state (47.01%).

- Region 1, Orleans, Plaquemines, St. Bernard, reported the highest rate of alcohol dependence as compared with the other regions in the study area (4.56% reporting in the past year).
    - Region 1 showed the highest rate of any illicit drug use in the past month as well as the highest rate of marijuana use in the past month compared to the other regions in the study area.
    - Region 1 showed a much higher rate of marijuana usage (11.81%) in the past year compared to the state (9.66%).
    - Region 1 also showed the highest rate of cocaine usage (3.45%, state rate of 2.58%).

- Serious Psychological Distress in the Past Year (Aged 12 +)
    - Region 1 – 8.83%, Region 10 - 10%, State 9.03%

- Suicide Rate (per 100,000 Deaths)
    - Jefferson – 12.8%, Orleans 8.7% and LA 10.9%

Community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Access to care: including primary, specialty, and preventive

- Stakeholders believed the healthcare system is still somewhat fractured and there is a lack of consistent information available and human resources to help with navigation of the system. Overall, stakeholders perceived, there isn't a system that is easily universal and easily accessible to help navigate through all the ways to obtain healthcare and mental healthcare. Also, stakeholders felt not all medical records are computerized throughout the region, which can create future issues for systems and patients.

- Stakeholders stated there is a lack of service and lack of appropriate match of services to specific populations due to language/cultural barriers. Also, stakeholders believed Asian, Vietnamese and Latino populations are increasing through the region.

- Stakeholders stated the closure of the charity based hospital system is causing concern for patients that relied on their services. Stakeholders stated there needs to be an increase in access to quality, affordable care. Specifically, stakeholders perceived there is a lack of access to quality primary care (i.e., 24

hr. clinics) throughout the region. Stakeholders mentioned, eventually, clinical needs and mental needs can arise that require more intensive care. Ultimately, stakeholders perceived with a lack of care in a preventative way it soon becomes a really expensive care model.

- Stakeholders perceived access is becoming increasingly more difficult, especially among the mental health and indigent populations. Stakeholders stated primary care services should continue to develop in every "neighborhood" to prevent the costlier visits to the ER.

- Stakeholders believed there is an overall lack of funding and resources that is geared toward prevention education. Stakeholders stated preventive education and general access to healthcare go hand-and-hand.

- Stakeholders believed hospital competition creates barriers to the coordination of care throughout the region.

- Stakeholders stated the amount of time it takes to secure healthcare can create access barriers to residents.

- Specifically regarding women's healthcare services, stakeholders perceived there are prenatal issues (i.e., the rate of pre-mature births and infant mortality). Stakeholders perceived premature delivers as a big problem in the area, which they believed are linked with special needs children.

Health insurance coverage

- Stakeholders felt increased healthcare navigation is needed (i.e., helping people understand what is available to them and how to access resources; this is for everyone, employed and unemployed).

- Stakeholders perceived there is a lack of insurance coupled with increased poverty rates.

- A majority of stakeholders felt services seem to be so scattered and it also takes a long time to get through the process to ultimately obtain the required health-related service.

- Stakeholders felt there is a lack of access to affordable medication. Stakeholders shared residents can't control chronic illness because they can't afford their prescriptions.

Physician shortage

- Stakeholders felt there are a lack of access to healthcare providers that's timely, and a lack of access to specialty services/providers. Overall, stakeholders felt there is a shortage of healthcare providers throughout the region.

- Stakeholders felt primary care in the Greater New Orleans area is a consistent issue. Stakeholders also stated there is a huge case load and not enough physicians to see them and that they are not coordinating services.

Access to mental health services

- Stakeholders felt negative effects exist due to the closure of mental health clinics and hospitals throughout the communities.

- Stakeholders perceived mental health issues exist that are coupled with homelessness and substance abuse. Stakeholders stated violence, drugs and mental health all go hand and hand throughout the region.

- Some stakeholders felt in rural areas, access to mental and physical care is a huge problem. Post-Katarina has also affected suburban areas with the same problem traditional rural areas have had. The state continues to make cuts to health and human service budgets, while these problems increase.

- Stakeholders stated there is a spike of mental health issues in children's health. Multiple health needs regarding mental health issues are increasing. There is a considerable need in the Greater New Orleans area with children and families at large. Specifically, domestic violence has increased which creates an environment prone to mental health issues for the entire family.

- Stakeholders agreed that psychiatric/mental health services are currently having funding/budget cuts that are creating negative impacts on the population. For instance, facilities are closing and access is next. Appropriate facilities for mental health services are almost impossible and usually residents in need end up in jail or the emergency department rooms at community hospitals.

- Stakeholders identified the target populations they felt had the greatest risk of having increased health needs. Stakeholders identified (in order of most mentioned) residents that are: low-income, working poor, children, those in need of mental health services, senior citizens, homeless, uninsured, single parent households, minority population, at-risk female youth, women, and/or unemployed.

Focus group participants specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Women of childbearing age:

Access to care: including primary, specialty, and preventive

- Participants perceived many public health centers are losing funding and closing, causing residents to seek care at local emergency rooms because there are few other locations that provide charity care. Participants felt that the wait times at local emergency rooms for emergency care can be lengthy because of the ER's being overcrowded. Also, participants perceived some physicians do not send referrals in a timely manner and patients have to follow-up to get those referrals, which adds to the wait period to receive care.

- Participants were under the impression that some residents may not always understand their medical options. Specifically, participants felt there are limited bilingual services in local hospitals and residents often have to wait a long time for translation services. Participants added that they believed undocumented residents do not seek medical care at the hospital due to a fear of being deported.

- Participants perceived preventive care is not the focus of society and most often residents are treated for illness instead of preventing those illnesses. Participants were under the impression there is a lack of consistency amongst some healthcare providers regarding knowledge of available community services/resources for patients. Also, participants were under the impression that there is limited follow-up offered to patients that are discharged from local hospitals. Overall, participants felt there is a lack of preventative care services in place within the community.

- ❑ Participants believed many providers will not accept Medicaid due to the reduced reimbursement rates. Also, some participants stated when residents are treated by emergency medical providers that do not accept the type of insurance the resident has, the resident receives a very large bill that is unexpected and they can't afford to pay the bill.

- ❑ Regarding healthcare services to new mothers:
  - Participants mentioned some physicians do not provide complete information to new mothers (e.g., the benefits of breast-feeding). Participants believed this is related to misinformation as to the benefits of breast-feeding and a misconception that there are negative feelings to the process on the part of doctors.

  - Participants mentioned the normal procedure for giving birth is admission for one day, then discharged the next day (unless a more serious birth occurred; C-section, low birth weight baby, etc.). Participants felt that, for some, this was not a long enough time for a new mother to feel comfortable to care for a child. Participants identified a possible issue with early discharges: mothers that are misinformed, scared, depressed, who may not be able to care for the child adequately and who may end up hurting the child unintentionally as a result of inadequate information.

  - Participants felt there is limited follow-up offered to new mothers that are discharged from some local hospitals. Participants specifically mentioned that discharge papers have changed over the years; in the past, discharge papers used to be very informative as to breast-feeding support, information about support services, etc.; now discharge papers do not include any of this information. Overall, participants expressed the overriding concern that when the information is not provided and services are not available, some new mothers may not provide the healthiest, most beneficial environment for their child to develop.

Health insurance coverage

- ❑ Participants believed health insurance is too expensive. Participants stated their Medicaid insurance changed and they were not informed of the modifications so it is difficult for them to know what services are covered. Also, participants stated if they find a job and make minimal income they are cut-off from receiving

Medicaid, which makes it hard for them to cover all health and every-day related expenses.

- Participants believed dental care is often difficult for residents to secure due to the lack of availability of dentists, ability to afford services and the willingness of providers to take certain insurances.

- Participants believed healthcare can be unaffordable for some residents due to Medicaid/Medicare not being comprehensive enough and the perceived high-cost of under/uninsured medical care. Overall, participants stated, co-pays, insurance and uninsured healthcare can be unaffordable for some residents, causing residents to choose not to seek preventive and/or necessary healthcare.

- Specifically, participants believed CHAPS (Children's Healthcare Assistance Plan – offered through Children's Hospital New Orleans) is designed to assist families with income too high to qualify for Medicaid, but whose lack of resources limit their access to quality healthcare) does not pay for prescription medication. Overall, participants perceived that prescription drugs can be unaffordable for some residents.

- Participants believed many providers will not accept Medicaid due to the reduced reimbursement rates. Participants perceive residents are frustrated because some healthcare providers are not accepting Medicaid, which is inhibiting these residents to receive necessary care.

- Participants believed the ER's are overcrowded because of the large amount of uninsured residents, which they perceive is impacting the discharge times and ultimate overall costs to the local hospitals.

Physician/provider shortage

- Long emergency room wait times were a concern for many in the group. Participants believed, as a result of understaffing and long wait times at the hospitals, many people choose to go to "Quick Care"/Urgent Care clinics to receive faster services and more attention from healthcare professionals.

- Participants felt the hospitals in the region are understaffed and that this can contribute to the lack of adequate care. Participants believed that it is difficult for residents to secure appointments with some physicians, specifically with

their primary care physician. Specifically, participants believed that physicians are moving out of the area. Additionally, participants believed residents wait long periods of time to receive charity care at some locations. Participants mentioned some clinics offer specific services at intervals like once a week or once a month, causing a waiting list to receive such services.

- Participants believed dental care is often difficult for residents to secure due to the availability of dentists, ability to afford services and the willingness of providers to take certain insurances.

Access to mental health services

- Participants agreed that overall there is a collective concern with the closure of mental health facilities.

Independent-living seniors:

Access to care: including primary, specialty, and preventive

- Participants stated for those who do receive care they are unable to receive follow-up care because of the lack of transportation to obtain the services. Additionally, participants stated that it is more convenient for patients to use the emergency room than urgent care because of the long distance to an urgent care and also they perceived there is very limited transportation available.

- Participants mentioned that they have some concerns with the lack of bedside manner by some doctors. Additionally, the participants believed that some doctors use too much medical terminology and it is hard for them to understand; therefore they requested a need for better communication.

- Participants believed that there was a huge concern with the number of kids on medication. There were several participants who stated that their grandchildren were on ADHD medicine, which created a concern among the group because they believed that doctors are not taking the time to treat children and understand their specific behaviors.

Health insurance coverage

- Participants were concerned with the overall cost of healthcare. Participants believed that their deductibles continue to rise every year. Participants stated

that they are frustrated because some healthcare providers are not taking Medicare and it is hard for them to receive necessary healthcare. Participants perceived that reimbursements for hospitals are taking too long (i.e., 6 months or more) and this is why, in some instances, their Medicare is being turned away.

Physician/provider shortage

- Participants believed that there are limited doctors and specialists in the community. Specifically, participants perceived that it takes a long time to get a scheduled doctor's appointment to see a specialist because there is a lack of specialists in the region.

Access to mental health services

- Participants perceived that mental health is a huge concern in the community. Specifically, participants stated that their concern is with the limited amount of mental health services and mental health providers throughout the region. Participants believed that not only is there a lack of access to services but there is a lack of affordable health insurance for people to receive the care they need. Participants believed that people are being turned away from mental health clinics because they don't have insurance.

- Additionally, participants believed that there are not enough resources to meet the demand for mental health services causing gaps in service provision (i.e. counseling for uninsured adult and geriatric populations). Participants stated that there are a lot of people dealing with mental health issues throughout the community and they self-medicate themselves with drugs or alcohol because of the lack of services and or health insurance to obtain services that are available.

- Ultimately, participants were concerned with the amount of drug use that is going on in the community. Participants believed that the drug and substance abuse problem relates to the lack of mental health providers because the people who need help are unable to receive it, due to lack of insurance, lack of providers, and lack of access, and are self-medicating with drugs and alcohol.

2. ACCESS TO COMMUNITY/SUPPORT SERVICES TO SUSTAIN A HEALTHY AND SAFE ENVIRONMENT

Underlying factors: Underlying factors identified by primary input from key stakeholders and focus group participants: Need for access to community/support services. Participants believed there is a need for programs and services to support healthy lifestyles. While community services supporting residents are available, stakeholders and focus group participants indicated there may be a gap between the availability of services and access to these services due to various factors, including lack of public transportation, financial barriers, lack of adequate dissemination of information, etc.. The number of community services can be further ascertained through existing directories and the development of a provider inventory, while access to these services by community members is not always quantified by secondary data.

Areas of specific focus identified in the needs assessment include:

- *Community support infrastructure*
  - *Access to public transportation*
  - *Lack of support from the education system*
- *Economic challenges*

Below, is data specific to the Touro region, including zip code/parish breakouts related to the identified need, 2) Access to community/support services to sustain a healthy and safe environment:

- The Touro service area, along with Orleans and St. Bernard Parishes, and Louisiana project population increases within the next five years. The Touro service area shows a rise in population of 10.9% by 2017.
  - Jefferson Parish projects a moderate population decline in the next five years at a rate of 4.6%.

- The Touro service area shows higher rates of middle-aged residents than the state and therefore lower rates of younger and older residents as compared with the state.
  - Jefferson Parish shows the highest total population across the parishes as well as the highest rate of older residents (13.6% aged 65+).

- 16.2% of the residents of the Touro service area report less than a high school degree; however, this rate is lower than that seen across the state (18.4% without a HS degree).

- However, Orleans Parish shows the highest rate of individuals with a Bachelor's degree or higher (30.1%) compared with the other parishes of interest. The Touro service area shows the next highest rate of residents with Bachelor's degrees (after Orleans Parish) at 27.7%.

- The Touro service area shows a moderate-high annual household income at $57,706; higher than two of the three parishes in the study area and higher than the state at $55,855.
  - Orleans Parish shows the highest rate of households earning below $15,000 per year (23.9%).

- Residents of St. Bernard Parish report needing to relocate their home after the 2005 hurricanes due to damaged housing at the highest rate (86%) as compared to the other parishes in the study area.

To determine the severity of barriers to healthcare access in a given community, the CNI gathers data about the community's socio-economy. It is important to note that the CNI scale range is from 1.0 (best) to 5.0 (worst) and the average CNI score for the Touro service area is 4.2.

- Zip code area 70113 in New Orleans shows the highest CNI value for six of the nine specific measures; 41.8% elderly poverty, 55.2% of children living in poverty, 37.5% with no high school diploma, 27.4% unemployment, 40.8% uninsured and 78.5% renting.

Specific data breakouts for the study area's County Health Rankings follows:

- Orleans Parish ranks in the top 10 unhealthiest counties across the state for 4 of the 21 measures (i.e., sexual activity, income, family and social support, and community safety.)

Health Survey 2006

- Of the residents living in poverty in Orleans and Jefferson Parishes, 14.0% are aged 5-17 years old in Orleans Parish and 16.6% are 5-17 years old in Jefferson Parish.

The Louisiana Kids Count study for 2011-2012 was conducted by the Agenda for Children and contains data pertaining to childcare assistance, poverty levels, education, testing scores, and birth/neonatal matters. Specific data follows:

- Orleans Parish reports the highest rate of black students in public school (88.7%); Jefferson the highest Hispanic students (15.8%)

- However, Orleans Parish reports the highest public school graduation rate at 93.5%; much higher than the average rate seen for the state (70.9%).

Alcohol and Drug Use data

Every state is parceled into regions defined by Substance Abuse and Mental Health Services (SAMHSA). The regions are defined in the 'Sub-state Estimates from the 2002-2004 National Surveys on Drug Use and Health'. (i.e., Region 1: Orleans, Plaquemines, St. Bernard and Region 10: Jefferson)

- Region 10 reports the highest rate of alcohol use in the past month (53.28%) across the study area regions; Region 10's alcohol use rate is also higher than the average rate seen for the state (47.01%).

- Region 1 reports the highest rate of alcohol dependence as compared with the other regions in the study area (4.56% reporting in the past year).

- Region 1 shows the highest rate of any illicit drug use in the past month as well as the highest rate of marijuana use in the past month compared to the other regions in the study area.

- Region 1 shows a much higher rate of marijuana usage (11.81%) in the past year compared to the state (9.66%).

- Region 1 also shows the highest rate of cocaine usage (3.45%, state rate of 2.58%).

Community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Community support infrastructure

- Stakeholders felt homelessness and homicide by firearm are regional issues. Specifically, stakeholders felt there are youth issues involving violence, etc.

- Stakeholders were under the impression there is limited access to recreation/fitness facilities in some communities. Also, stakeholders felt there is a lack of quality, affordable housing options in some communities.

- Stakeholders perceived parks and playgrounds are unsafe due to crime and equipment in areas throughout the region.

- Stakeholders believed there is a lack of nurturing and family support in some areas throughout the region.

Access to public transportation

- Stakeholders believed a major problem is active, public transportation, as there is less and less available.

- Some stakeholders perceived transportation is a statewide issue. Specifically, regarding a reliable, public transportation system that can be used for everyday uses and healthcare access.

Economic challenges

- Stakeholders felt there is a lack of jobs throughout the region and there is a lack of financial well-being throughout some communities. Overall, stakeholders believed the state of Louisiana is a financially poor state.

- Stakeholders perceived there are a combination of issues, such as poverty, illiteracy and unemployment in some communities.

- Stakeholders identified the target populations they felt had the greatest risk of access to community/support services. Stakeholders identified (in order of most mentioned) residents that are: children living in inner city areas, single parent households (e.g., mother working more than one job), the homeless population whom often have mental illness, are veterans, or have dual diagnosis of health related conditions, elderly, the working poor population, unemployed, and uninsured.

Focus group participants specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Women of childbearing age:

Community support infrastructure

- Participants reported that there are a number of abandoned homes in their communities. Participants believed the homes that are abandoned are not being cared for and causing issues with rodents, insects, house fires and declining property values. Participant believed that there are few resources addressing the housing issues in their community. Additionally, participants felt that their roads are not well maintained. Overall, participants believed that their public leadership is not effectively addressing the community issues that need to be addressed.

- Participants perceived crime and violence to be a huge concern within some communities, where an unstable environment with substance abuse exists.

Access to public transportation

- Participants perceived a lack of transportation in their communities. Participants added there are limited public transit routes/times and the available routes can be unsafe in some areas.

Lack of support from the education system

- Some participants felt that public education in their communities may not meet their standards and private schools are unaffordable for some residents.

- Participants believed physical education and recess are not offered in many public schools throughout the region, which further reduces the awareness and practice of fitness activities among youth.

Economic challenges

- Participants felt that poverty is prevalent in their community.

- Participants believed obtaining healthcare coverage when a person is unemployed is difficult within the region and believe many jobs do not provide their employees with health insurance coverage.

Independent-living seniors:

Community support infrastructure

- Participants believed that there is a lack of security and protection for the elderly population. Seniors stated that they feel unsafe at night due to the lack of security. Overall, participants stated that crime is a huge concern in the community; especially among the youth. Additionally, participants believed that there is a lack of parental involvement in the community. Participants stated that children need supervision and it is important that parents get involved to help create a safe community. Participants believed in some instances, there is limited parental guidance and on some level, parents need to be held accountable.

- Participants believed that there are limited resources in the community, especially for the elderly (i.e., home healthcare services).

Access to public transportation

- Participants believed that the current public transportation system is inadequate, especially for seniors. Participants perceived that public service has very limited access and the van service that is offered has limited seats, routes, and times/days. Participants believed that there is only one van that operates three days a week (i.e., Mondays-Transportation is provided to doctor appointments, Tuesdays-Transportation is provided anywhere within the West Bank community and Thursdays-Transportation is provided to Wal-Mart). Also, participants stated that the van service is only able to transport fourteen people at a time and wait times can be lengthy. Participants believed that their only other option for them to get around is to rely on family, who aren't always available to help.

Lack of support from the education system

- Participants stated that the safety of kids in the school system is a concern because kids bring weapons to school and schools have to focus on crime prevention more than quality education.

- Participants believed that bullying is a huge concern within the school district.

- Participants believed that kids are going into kindergarten and not familiar with a strict routine. Participants perceived some teachers don't have the patience to deal with the kids, and end up referring them to a doctor and then the doctors put them on medicine. In some instances, participants believed that the kids need time to adapt to the transition rather than being prescribed medication.

- Regarding seniors who reside in independent living facilities
  - Some participants stated that they don't feel comfortable in their living environment because management makes them feel like they are doing them a favor by taking care of them. Additionally, participants believed that they are not treated fairly at their senior home and they have no voice; they can either accept their situation and make the best of it or dwell on it and potentially become depressed. Also, participants believed that there is no 24-hour care service for the seniors at the home to receive help if an emergency were to occur and ultimately, the time lapse to receive care was a huge concern among the group.

3. **PROMOTION OF HEALTHY LIFESTYLES AND BEHAVIORS (SPECIFIC FOCUS ON CHRONIC DISEASE)**

Underlying factors: identified by secondary data and primary input from community stakeholders: Need for improved promotion of healthy lifestyles and behaviors (specific to chronic and infectious diseases). Stakeholders perceived the health status of many residents to be poor due to various factors such as, limited education on how to promote healthy living. Specifically, stakeholders referenced the increase of chronic and infectious diseases (i.e., obesity, diabetes, and HIV/AIDS). Stakeholders and focus group participants discussed accountability issues that are coupled with lack of awareness and education. Stakeholders and focus group participants focused their discussion on target populations such as the underserved/uninsured, children and elderly, and the working poor.

Areas of specific focus identified in the needs assessment include:

- *Prevention and health education with a focus on prevention of chronic diseases – especially diabetes and obesity*
- *Resident accountability*

Below is data specific to the Touro region, including zip code/parish breakouts related to the identified need, improved promotion of healthy lifestyles and behaviors (specific to chronic and infectious diseases).

To determine the severity of barriers to healthcare access in a given community, the CNI gathers data about the community's socio-economy. It is important to note that the CNI scale range is from 1.0 (best) to 5.0 (worst) and the average CNI score for the Touro service area is 4.2.

- ❑ The average CNI score for the Touro service area is 4.2; this score falls above the average for the scale (3.0) and above 4.0 indicating a significant number of barriers to healthcare access for the Touro service area. Specifically:
  - o Zip code areas 70113, 70117 and 70119, all in New Orleans, LA, report the highest CNI scores for the Touro service area at 5.0 (i.e., worst possible for the scale).

Specific health-related PQI data:

- ❑ The Touro service area shows six of the 14 PQI measures higher than is seen for the state; indicating conditions in which the zip code areas in the Touro service area report more preventable hospitalizations than the state. **These include: short- and**

long-term complications of diabetes, adult asthma, hypertension, perforated appendix, and congestive heart failure.

- Congestive heart failure showed the highest rate of preventable hospital admissions for the study area across all of the measures, followed by adult asthma.

- Specifically:
  - Orleans Parish shows the highest rates of preventable hospitalizations as compared with the other parishes in the study area, the state and the Touro service area for:
    - adult asthma
    - short- and long-term complications of diabetes (2 of the 4 diabetes measures)
    - hypertension
  - Jefferson Parish shows the highest PQI rates for:
    - lower extremity amputation
    - congestive heart failure
    - perforated appendix

County Health Rankings

- Orleans Parish shows the highest ranking (unhealthiest) across the LA parishes of 58 for sexual activity (seventh worst in the state).

- Orleans Parish shows the highest ranking (unhealthiest) across the LA parishes of 62 for family and social support (third worst in the state).

- St. Bernard Parish ranks in the top 10 unhealthiest counties across the state for 6 of the 21 measures: health outcomes, morbidity, clinical care, and access to care, environmental quality, and physical environment.

- St. Bernard Parish reports the highest rate of lung and bronchus cancers in the study area (83.7 deaths per 100,000).

- St. Bernard Parish reports the highest rate of liver and bile duct cancers in the study area (13.8 deaths per 100,000).

Health Survey 2006

- All of the parishes in the study area report at least 20% of their population aged 16 and older having been diagnosed with high blood pressure.

- Obesity rates in 2009 for Jefferson Parish were 31.9% and in Orleans Parish 29.7%.

The Louisiana Kids Count study for 2011-2012 was conducted by the Agenda for Children and contains data pertaining to childcare assistance, poverty levels, education, testing scores, and birth/neonatal matters.

- Orleans Parish reports more than 80% of their students being eligible for free or reduced lunches. And across all of the parishes, higher rates of black students are eligible than white students. (Jefferson Parish 75.8%)

- Across all of the study area parishes, black women giving birth report receiving early and adequate prenatal care at lower rates than white women.

- Orleans Parish reports the highest low birth-weight baby rates at 12.7%, the average for the state being 10.9%.

Community stakeholders specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Prevention and health education focused on prevention of chronic diseases – especially diabetes and obesity

- Stakeholders perceived the health status of many residents to be poor due to the limited education available and/or received on how to promote healthy living, specifically regarding chronic diseases. According to national data provided by the Centers for Disease Control and Prevention (CDC), diabetes is becoming more common in the United States. From 1980 through 2011, the number of Americans diagnosed with diabetes has more than tripled (from 5.6 million to 20.9 million).

- Stakeholder's perceived obesity and diseases associated with obesity (i.e., diabetes, cardiovascular disease, and high blood pressure) are leading health issues in the area, especially amongst the African American population.

- Stakeholders felt an increase in chronic disease such as hypertension, diabetes, and obesity are all top trending health needs regionally. Some of the other health needs mentioned often by stakeholders were a lack of healthy lifestyles. Stakeholders stated they believed some residents are living unhealthy lifestyles

and do not have an appropriate diet, nor are aware of what a healthy diet consists of. Overall, stakeholders believed there is a lack of knowledge of primary prevention and good health behaviors. Ultimately, stakeholders felt there is a lack of information/outreach on what resources are available in the community to help residents live healthy.

- Stakeholders believed Louisiana is #1 in obesity rankings and all related diseases caused by obesity issues, specifically within the youth population. Stakeholders shared there are heart disease issues, which is also part of the existing obesity problem.

- Stakeholders perceived more and more residents are accessing healthcare and they have disease states that are actually preventable. Stakeholders added that patient/consumer accountability is something that needs to be promoted more by all key leaders within the communities.

- Stakeholders believed the community as a whole (i.e., all age groups and socioeconomic levels) needs more education regarding preventive measures, such as healthy nutritional options and physical activity benefits/options.

- Overall, stakeholders believed there is a lack of preventive education regarding diet and exercise, specifically regarding how to control chronic illness due to lack of funding and resources.

- Stakeholders perceived certain populations, including minority populations and non-English speaking populations, do not seek services due to displacement and feeling that they are treated unfairly due to lack of understanding their cultural needs.

- Stakeholders perceived the health status of many residents to be poor due to the limited education available and/or received on how to promote healthy living. Stakeholders mentioned HIV/AIDS issues. The NO/AIDS Task Force released the numbers from the CDC's HIV Surveillance Report for 2010. The report defines the AIDS rate for cities and metro areas according to the number of cases per 100,000 population. In 2010, Baton Rouge, LA had the highest rate in the country, with 33.7 cases per 100,000 people. Among cities, Baton Rouge, LA and New Orleans, LA ranked second and third in rates of HIV infection per 100,000 people, with 43.0 and 36.9, respectively.

Focus group participants specifically mentioned the following regarding perceived problems and/or barriers for residents in the service area:

Women of childbearing age:

Prevention and health education focused on prevention of chronic diseases – especially diabetes and obesity

- Participants felt there is often limited access to healthy options (i.e., healthy nutrition, physical exercise, etc.) and that some residents may not be aware of and/or able to afford healthy nutritional options.

- Participants felt some healthy activities (i.e., walks/runs) around the region often reward participants with unhealthy incentives at the end of the event (i.e., fried food or alcohol).

- Participants felt physical education and recess are not offered in many public schools in the community, which further reduces the awareness and practice of fitness activities among youth.

- Specifically, participants perceived HIV/AIDS is prevalent in the community and were concerned with the lack of outreach/preventive outreach measures that exist in relation to this disease. Participants believed some sex education programs are not taught and/or well attended due specific beliefs of residents and /or administration.

Resident accountability

- Participants believed some female residents need to be more accountable for their own health. Specifically, participants discussed the five domains of change when becoming a mother includes: maternal, environment, family/friends, life course development and discussions about being a parent.

- Participants believed nutrition and eating habits center on traditions and cultural norms. Participants stated, often loved ones have to become ill before behaviors are changed and residents become more aware of health options in the community. Participants believed the culture of the local community centers on

unhealthy behaviors (i.e., drinking, eating unhealthy food and limited physical activity); which can contribute to chronic illness (i.e., heart disease, high blood pressure, obesity, etc.).

- Participants felt that residents do not always inform themselves about their diagnoses and the subsequent treatment options that are available, which leads to more serious conditions that could have been prevented. Overall, participants believed some residents are not taking the initiative to resolve self and community-related issues.

Conclusions and Recommended Next Steps

The majority of community needs identified through the Touro CHNA process are not directly related to the provision of traditional medical services provided by community hospitals. However, the top needs identified in this assessment do "translate" into a wide variety of health related issues that may ultimately require hospital services.

Common themes throughout the assessment speak to the need to increase access to affordable healthcare services, while simultaneously building a culture that supports healthy behaviors both at the individual and community levels. Larger scale issues like healthcare funding and the organization of public service agencies has been found to have a trickledown effect on neighborhoods and individuals.

For example, the average CNI score for the Touro service area is 4.2; this score falls above the average for the scale (3.0) and above 4.0 indicating a significant number of barriers to healthcare access for the Touro service area. Specifically, zip code areas 70113, 70117 and 70119, all in New Orleans, LA, report the highest CNI scores for the Touro service area at 5.0 (i.e., worst possible for the scale). These areas present the highest community health risk as they have the greatest barriers to health care and generally have the poorest health among the region. Additionally, an increase in residents who are under/unemployed ultimately causes a decrease in their purchasing power. Individuals and families, including children, living in poverty is a large concern for certain areas of the region. Economic barriers often lead to the lack of preventive care, resulting in the need for more serious hospital services when care is ultimately provided.

Stakeholders and focus group participants perceived a decrease in available community services (i.e., public transportation, support services, such as preventive education outreach, etc.) potentially due to funding cuts. Furthermore, stakeholders and focus group participants mentioned they felt there is a lack of healthy living options which can ultimately lead to inadequate diets contributing to chronic health conditions and eventually, if not properly treated more serious health conditions.

Needs identified include (not listed in any specific order):

1) Access to healthcare and medical services (i.e., primary, specialty, preventive, and mental)

✓ **Areas of specific focus** identified in the needs assessment include:

- *Access to care: including primary, specialty, and preventive*
- *Health insurance coverage*
- *Physician shortage*
- *Access to mental health services*

2) Access to community/support services to sustain a healthy and safe environment

✓ **Areas of specific focus** identified in the needs assessment include:

- *Community support infrastructure*
  - *Access to public transportation*
  - *Lack of support from the education system*
- *Economic challenges*

3) Promotion of healthy lifestyles and behaviors (specific focus on chronic disease)

✓ **Areas of specific focus** identified in the needs assessment include:

- *Prevention and health education focused on prevention of chronic diseases – Especially diabetes and obesity*
- *Resident accountability*

Touro, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. Touro currently provides numerous services throughout the study area, but also recognizes it is vital that ongoing communication and a strategic process follow this assessment. Collaboration and partnerships are strong in the region and Touro understands it is important to expand existing partnerships and build additional partnerships with multiple regional organizations to develop strategies to create a plan to address the top identified needs. There are consistent areas of focus in the region as it relates to improved access to healthcare, behaviors that impact health, and community support services. The area is faced with poverty, chronic illness, limited educational attainment in some areas, mental health issues and substance abuse. Strategic discussions among hospital leadership as well as regional leadership will need to consider the interrelationship of the chronic issues facing the area, specifically obesity. It will be important to determine the cost effectiveness, future impact and limitations of any best practices methods. Implementation plans will give top priority to those strategies that will have the greatest influence in more than one need area to effectively address the needs of residents. Tripp Umbach recommends the following actions be taken by Touro in close partnership with community organizations over the next four to six months.

Additional data and greater detail related to an inventory of available external resources within Touro's defined service area, that may provide programs and services to meet such needs is available upon request.

Recommended Action Steps:

❑ Results are presented widely to community residents (i.e., made available via the internet through the hospital website).

- Take an inventory of available resources in the community that are available to help address the top community health needs identified by the community health needs assessment.
- Implement a comprehensive “grass roots” engagement strategy to build upon the resources that already exist in the communities and the energy of and commitment of community leaders that have been engaged in the community health needs assessment process.
- Attraction of outside funding and implementation of actions to address the top health needs on a regional level.
- Work at the hospital-level and with local participating organizations to translate the top identified community health issues into individual-hospital and community-level strategic planning and community benefits programs.
- Within three years’ time conduct an updated community health needs assessment to evaluate community effectiveness on addressing top needs and to identify new community needs.