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Introduction

Ochsner Medical Center – Baton Rouge, a 150-bed acute care community hospital located in Baton Rouge, LA, 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 that identifies the needs of the residents served by Ochsner Medical Center – Baton Rouge. As a partnering hospital of a regional collaborative effort to assess community health needs, Ochsner Medical Center – Baton Rouge 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
- BREC
- Baton Rouge Community College
- YMCA BR
- BR Division of Human Development & Services
- LSU Health Science Center, Allied Health
- Ochsner Health System
- Cancer Association of Greater New Orleans (CAGNO)
- Healthy Baton Rouge Initiative
- EQ Health Solutions
- The Metropolitan Hospital Council of New Orleans (MHCNO)
- Ochsner Medical Center
- Ochsner Baptist Medical Center
- Ochsner Medical Center Northshore
- Ochsner St. Anne General Hospital
- Ochsner Medical Center Westbank
- St. Charles Parish Hospital
- Children’s Hospital of New Orleans
- Touro Infirmary
- University Medical Center
- East Jefferson General Hospital
- West Jefferson Medical Center
- Slidell Memorial Hospital

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 Ochsner Medical Center – Baton Rouge, 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 Ochsner Medical Center – Baton Rouge and a project oversight committee to accomplish the assessment.
Community Definition

While community can be defined in many ways, for the purposes of this report, the **Ochsner Medical Center – Baton Rouge (OMC Baton Rouge)** community is defined as 24 zip codes – including 5 parishes that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

### Table 1. OMC Baton Rouge 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>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzales</td>
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<td>Ascension Parish</td>
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<td>70814</td>
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<td>Livingston Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
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<td>East Baton Rouge Parish</td>
<td>Walker</td>
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<td>Livingston Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70810</td>
<td>East Baton Rouge Parish</td>
<td>Port Allen</td>
<td>70767</td>
<td>West Baton Rouge Parish</td>
</tr>
</tbody>
</table>

**Figure 1. Map of Ochsner Medical Center – Baton Rouge Study Area**
Consultant Qualifications

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

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books\(^1\) 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.

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\(^1\) 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_1 993.pdf](http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1 993.pdf) and

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

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

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

- Ensuring that community members, including underrepresented residents and those with a broad-based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, educators, health-related professionals, media representatives, local government, human service organizations, institutes of higher learning, religious institutions, and the private sector will be engaged at some level in the process.

- Obtaining information on the health status and socio-economic/environmental factors related to the health of residents in the community.

- Developing accurate comparisons to previous assessments and the state and national baseline of health measures utilizing most current validated data.

- Utilizing data obtained from the assessment to address the identified health needs of the service area.

- Providing recommendations for strategic decision-making, both regionally and locally, to address the identified health needs within the region to use as a benchmark for future assessments.

- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (ACA).
Tripp Umbach facilitated and managed a comprehensive CHNA on behalf of Ochsner Medical Center – Baton Rouge based on previous assessments completed by the hospital (2013) and the Mayors Healthy BR Initiative (2015). Building upon findings of both previous assessments, 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 Ochsner Medical Center – Baton Rouge and other participating hospitals and organizations. This process lasted from March 2015 until August 2015.

- **Secondary Data:** Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Ochsner Medical Center – Baton Rouge community from existing data sources such as state and county public health agencies, Healthy BR 2014 CHNA, 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 2014 until August 2015.

- **Trending from 2013 CHNA:** In 2013, Ochsner Medical Center – Baton Rouge contracted with Tripp Umbach to complete a CHNA. The data sources used for the current CHNA where 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 when relevant in the executive summary portion. The 2013 CHNA can be found online at: http://www.ochsner.org/giving/community-outreach/community-health-needs-assessment/

- **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, youth, residents with a history of behavioral health and substance abuse, residents with disabilities, homeless, residents with a chronic illness/disease, and residents that are uninsured). Such persons were interviewed as part of the needs assessment planning process. A series of 11 interviews were completed with key stakeholders in the Ochsner Medical Center – Baton Rouge 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 150 surveys were collected in the Ochsner Medical Center – Baton Rouge service area, which provides a +/− 7.32 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:
  - Southeast Louisiana (SELA) Region: all parishes included in the study (Ascension, East Baton Rouge, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, Terrebonne, and Washington parishes).

Vulnerable populations were identified by the CHNA oversight committee and through stakeholder interviews. Vulnerable populations targeted by the surveys were residents that were: seniors, low-income (including families), youth, residents with a history of behavioral health and substance abuse, residents with disabilities, homeless, residents with limited English speaking skills, diagnosed with a chronic illness/disease, and residents that are uninsured. 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 the Healthy Baton Rouge Initiative and validated by community leaders during a regional community health needs forum held on August 4, 2015. Consultants presented to community leaders the CHNA findings related to health needs identified in the Baton Rouge area found in 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 validated the top community health needs by providing potential solutions in the Ochsner Medical Center – Baton Rouge community.

- **Public comment regarding the 2013 CHNA and implementation plan:** Ochsner Medical Center – Baton Rouge made the CHNA document publicly available on October 3, 2013. Since October 2013, Ochsner Medical Center – Baton Rouge has offered a link on their web page for questions and comments related to the CHNA document. While the main Ochsner Health System CHNA website has been viewed 6,326 times since October 2013, Ochsner Medical Center – Baton Rouge has not yet received any feedback related to the CHNA or 990 documents.

- **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process, including the priorities set by community leaders.
Key Community Health Priorities

Louisiana is a state that has not expanded Medicaid, a key component of health reform that extends Medicaid eligibility to a greater population of residents. Many health needs identified in this assessment relate to the lack of Medicaid expansion and the resulting restricted access to health services. The Top community health priorities is based on the CHNA completed by Healthy BR in 2014\(^2\). In Baton Rouge, healthcare organizations, city and state agencies, for-profit businesses, educational institutions, faith-based organizations, and nonprofit agencies have successfully joined forces to positively impact the health of our community through joint analysis, open discussion, and interactive action planning. Working together, participants are able to combine and analyze data, assess efforts currently in place, and identify gaps that need to be addressed.

Ochsner Medical Center – Baton Rouge sought to build upon the 2014 Healthy BR CHNA. As a result, 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 validated the four community health priorities in the Ochsner Medical Center – Baton Rouge community. Community leaders agreed with the following top community health needs that are supported by secondary and/or primary data: 1) HIV and other STDs; 2) Mental health and substance abuse; 3) Obesity; and 4) Overuse of emergency departments. Many of the same underlying factors were identified in the 2013 CHNA, with slightly different priorities. A summary of the top four needs in the Ochsner Medical Center – Baton Rouge community follows:

**HIV AND OTHER STDs**

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

1. Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs) are associated with increased morbidity and mortality.

Input from community leaders, stakeholders, and survey respondents align with the Healthy Baton Rouge Initiative 2015 CHNA in that addressing HIV and other STDs is a top health priority in the hospital service area. Primary data focused largely on the limited number of providers, the need for care coordination, and the fact that individuals with behavioral health and substance abuse needs often have poor health outcomes.

**Findings supported by study data:**

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HIV and STDs are associated with increased morbidity and mortality. HIV transmission can be reduced or eliminated by addressing the primary methods of infection: safe sex practices, protection against transmission from an HIV-positive mother to her baby during pregnancy or birth, preventive treatment and sterile supplies for injection drug users, widespread testing and medical care for those who test positive, and effective counseling and treatment programs. Louisiana ranks second in the nation in the number of newly diagnosed HIV cases. The Baton Rouge public health region accounted for 20% of the new HIV diagnoses, 25% of the new AIDS diagnoses, and 25% of citizens living with HIV. There is a higher rate of HIV diagnoses in the African American community, which accounted for 86% of the new HIV diagnoses.\(^3\)

In 2013, Louisiana ranked highest among all states for gonorrhea (188.4 per 100,000 population) and congenital syphilis (51.3 per 100,000 live births), second for chlamydia case rates (521.6 per 100,000), and third for primary and secondary syphilis (9.2 per 100,000 population).\(^4\)

During the CHNA conducted by Ochsner Medical Center – Baton Rouge in 2013, areas of specific focus identified included resident’s health and wellness specific to prevention and health education focused on prevention of chronic diseases – Especially prevention and health education focused on HIV/AIDS. Stakeholders perceived the health status of many residents as poor due to the limited education available and/or received on how to promote healthy living, specifically regarding HIV/AIDS in 2013. Baton Rouge and ranked second and third in rates of HIV infections at 43 per 100,000 people. The HIV/AIDS population in the region was increasing according to stakeholders in the 2013 CHNA. Baton Rouge was #1 in the nation for HIV/AIDS (e.g., Baton Rouge was, at that time, the highest in the nation per capita diagnosis of HIV).

In the current study (2015), more than one-third of stakeholders discussed HIV as a major 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. While residents are living longer with HIV, there can still be complications and management issues related to the diagnosis. Stakeholders felt that residents may not value themselves enough to avoid risky behaviors. 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 STDs and youth are making the decision to practice risky behaviors.

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\(^3\) Source: Healthy BR: 2015 Community Health Needs Assessment
• 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 Ochsner Medical Center – Baton Rouge study area are higher than 2008 rates. The Non-Hispanic Black population continues to be the population that sees the highest rates of HIV/AIDS. East Baton Rouge Parish sees the highest rate of HIV/AIDS for the study area in the Non-Hispanic Black population at 1,704.65 per 100,000 population. The next highest rate in the study area, also in the Non-Hispanic Black population, is 1,288.68 per 100,000 population in Iberville Parish.

**Figure 2: Population with HIV/AIDS, Rate (Per 1,000 population) - By Race/Ethnicity**  
**2010**

- East Baton Rouge Parish has reported the highest rate of chlamydia infection in the OMC Baton Rouge study area since 2009. The most current data, for 2011, shows the rate of chlamydia infection to be 743.9 per 100,000 population; considerably higher than the national chlamydia rate of 454.1 per 100,000 population.
  - Only Ascension Parish and Livingston Parish report lower chlamydia infection rates than the nation. Livingston Parish being the lowest in the study area at 263.3 per 100,000 population.

- Similar to chlamydia infection, East Baton Rouge Parish reports the highest rate of gonorrhea infection in the OMC Baton Rouge study area at 229.9 per 100,000 population; more than double the national rate of 103.1 per 100,000 population. East Baton Rouge Parish has consistently reported the highest rate of gonorrhea infection in the study area since 2003.
  - Also similar to chlamydia infection, only Ascension Parish and Livingston Parish report lower chlamydia infection rates than the nation. Livingston Parish being the lowest in the study area at 34.5 per 100,000 population.

- While the self-reported HIV testing rates among survey respondents was much higher in the Baton Rouge region (80.3%) than the state (43.5%) and nation (35.2%), 40.6% of survey respondents indicated that HIV was one of their top 5 health concerns and 40.8% of survey respondents indicated that STDs was one of their top 5 health concerns.
Table 2: Survey Responses - Ever Benn Tested For HIV

<table>
<thead>
<tr>
<th>Ever Been Tested for HIV</th>
<th>Baton Rouge Region</th>
<th>LA</th>
<th>U.S.</th>
</tr>
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<tr>
<td>Yes</td>
<td>80.3%</td>
<td>43.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>No</td>
<td>19.7%</td>
<td>56.5%</td>
<td>64.8%</td>
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HIV and other STDs has remained a top health priority and appears to be a theme in each data source included in this assessment. Primary data collected during this assessment from community leaders and residents offered several recommendations to address the need to address HIV and other STDs in the Ochsner Medical Center – Baton Rouge service area. Some of which included:

- **Increase the outreach and education for effective reduction of HIV and other STDs:** Community leaders recommended that schools, community-based programs, and health providers could all increase the information they offer youth and adults about effective methods for reducing the spread of HIV and other STDs.

- **Increase screening rates for HIV and other STDs:** Community leaders suggested that HIV testing can be easily offered in community settings where residents naturally congregate. There is a need to increase state funding for STDs screening and testing.

**MENTAL HEALTH AND SUBSTANCE ABUSE**

**Underlying factors** identified by secondary data and primary input from community leaders, community stakeholders, resident survey respondents, and the 2015 CHNA completed by Healthy BR:

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.

Input from community leaders, stakeholders, and survey respondents align with the Healthy Baton Rouge 2015 CHNA that addressing HIV and other STDs is a top health priority in the hospital service area. Primary data focused primarily on the limited number of providers, the need for care coordination, and the fact that individuals with behavioral health and substance abuse needs often have poor health outcomes.
Findings supported by study data:

Mental health refers to psychological, emotional, and social well-being. Mental illnesses affects a person’s mood and how he or she feels, perceives, and behaves. Mood disorders are the most common of all mental disorders and include major depression. One in four Americans will be diagnosed with some form of mental illness in their lifetime and 17% of all Americans will suffer from depression at some point in their lives. In 2015, 16% of adults in Louisiana reported excessive drinking. Alcohol-impaired driving deaths accounted for 33% of all driving deaths statewide. These trends are also reflected in (East Baton Rouge Parish), with 15% of adults reporting binge or heavy drinking. Alcohol was involved in 35% of motor vehicle crash deaths in EBR from 2007-2012. The effects of substance abuse can result in separation from friends and family members, which may trigger depression. In 2014, 22% of EBR residents reported having inadequate social support. Locally, the number of mentally ill in parish prisons has doubled and the community is searching for solutions to decriminalize mental illness and provide residents with additional support.5

During the needs assessment conducted by Ochsner Medical Center – Baton Rouge in 2013, stakeholders were under the impression mental health services were limited at that time in the areas of capacity to meet the demand for services. They discussed negative effects of closures of mental health clinics and hospitals and the need for outpatient and inpatient psychiatric facilities (e.g., after Katrina, this service was never improved); mental health is a large issue (e.g., 3-4 transports to North Louisiana each day for people to receive necessary mental health-related services).

- Today, there is evidence of a shortage of mental health and substance abuse professionals in the hospital service area. Livingston, Iberville, and Ascension parishes all show a significantly larger population to provider ratio (4,189, 4,171, and 1,733 pop. for every 1 mental health provider respectively) than East Baton Rouge Parish and the state (155 and 859 pop. per provider respectively). However, there is no measure of the providers that are accepting under/uninsured and Medicaid eligible behavioral health patients. Both primary and secondary data suggests there is a need for additional behavioral health services in both geographical areas.

<table>
<thead>
<tr>
<th>Measure of Mental Health Providers*</th>
<th>LA</th>
<th>Ascension Parish</th>
<th>East Baton Rouge Parish</th>
<th>Iberville Parish</th>
<th>Livingston Parish</th>
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<td>Mental health providers (count)</td>
<td>5386</td>
<td>66</td>
<td>691</td>
<td>8</td>
<td>32</td>
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</table>

5 Source: Healthy BR: 2015 Community Health Needs Assessment
The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Ascension, East Baton Rouge, and Iberville parishes report rates lower than the HP2020 Goal. However, Livingston Parish reports the highest rate of age-adjusted mortality due to suicide for the study area at 17.57 per 100,000 population; this rate has increase from the 2013 study (15.5) and is also higher than the national rate (11.82) and the highest rate found in an area served by Ochsner Health System.

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

- Ascension Parish, Iberville Parish, and Livingston Parish all report higher rates of residents with depression than Louisiana (15.66%) and the country (15.45%).
- More than one in three survey respondents (37.9%) indicated they have ever received mental health treatment or counseling compared to 21.4% across the SELA Region. When asked to report health conditions that they had ever been diagnosed with by a health professional, survey respondents from the Baton Rouge area self-reported higher diagnosis rates than the SELA Region, the state, and the nation for depressive disorder (32.3% vs. SELA – 21.5%, LA – 18.7%, and U.S. – 18.7%). More than one in four respondents (26%) indicated they have received counseling or therapy during the last 12 months and 15.8% of survey respondents indicated that they did not believe that mental health services were available to them.
- There is evidence in the secondary data of higher rates of substance abuse when compared to state and national norms. Livingston Parish is highest at 19.22%. The
national rate of adults drinking excessively is 16.94%. Iberville Parish reports the highest rate, for the OMC Baton Rouge study area, of adults drinking excessively at 22.8%. Also, according to SAMSHA, the hospital service area reports a higher rate, as compared with Louisiana, of nonmedical use of pain relievers in the past year at 5.41% of the population aged 12+ years (increased since 2002-2004 when it was 5.26%).

- The national rate of adults drinking excessively is 16.94%. Iberville Parish and Ascension Parish report higher rates of adults drinking excessively.
- Iberville Parish reports the highest rate, for the OMC Baton Rouge study area, of adults drinking excessively at 22.8%.

**Figure 4: Estimated Adults Drinking Excessively (Percentage), 2006-2012**

- Residents in the study area are also concerned with mental health and substance abuse with 58.9% of survey respondents indicating that mental health was one of their top five health concerns and 47.8% indicated that drugs and alcohol was among the top five.
- A majority of stakeholders (90%) identified a health need related to mental 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 discussed how fragmented the behavioral health services are in the Capital Area with little care coordination. One stakeholder noted that it is not possible to make significant population health improvements without addressing behavioral health due to the impact of behavioral health on medical health, a sentiment that was echoed in the previous 2013 CHNA study.
- The education in schools was addressed as an issue related to the oversight of behavioral health. 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.
• Stakeholders felt that the culture and laws support substance abuse and identified tobacco, alcohol, marijuana, and prescription pain medications as the most common substances being abused.

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 were:

✓ 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 and appears to be 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 services. Some of which included:

• **Increase the use of evidence-based practice in mental health settings:** Community leaders recommended that health providers could support efforts to increase the use of evidence-based practices (EBP) in mental health settings by implementing such practices on-site and advocating the use of EBP in other settings.

• **Increase the availability of behavioral health services and awareness:** Community leaders recommended that behavioral health services begin to target residential communities where prevalence rates are highest (e.g., communities where poverty rates are highest) with education and outreach in order to normalize behavioral health services and reduce the stigma associated with seeking care.

• **Integrate behavioral health, social services, and medical care:** Community leaders suggested that health providers could increase the connection between medical, behavioral health, and social services offered in the community. Several leaders discussed the value of health information exchanges in connecting a community of providers. Leaders also discussed the value of co-located services (e.g., behavioral health services that are offered in medical care settings and visa-versa).

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

1. Limited access to healthy nutrition
2. Lack of safe exercise options
3. Limited access to prevention and education

Community leaders identified access to healthy options as a community health priority. Community leaders and stakeholders understood that obesity in the hospital service area may be driven by both personal choices of residents and the amount of access individuals have to healthy options. Leaders focused discussions around the limited access residents have to healthy nutrition, safe exercise opportunities, and the need for education and outreach. There is agreement across data sources in support of decreasing the rate of obesity in the hospital service area.

**Findings supported by study data:**

One in two children in Louisiana is overweight or obese. Obesity related medical expenses cost Louisiana more than $3 billion annually. As cases of obesity rise in Louisiana and the U.S., the cases of related chronic diseases like diabetes increase. Obesity is defined as a body mass index (BMI) greater than 30. Obesity is a significant risk factor for diabetes, heart disease, and stroke. Lifestyle factors such as physical activity, healthy eating, and monitoring caloric intake can decrease the risk of obesity.

The 12 stakeholders interviewed during the 2013 Ochsner Medical Center – Baton Rouge CHNA perceived the following problems and/or barriers for residents in the service area:

- The health and wellness of residents, including high obesity rates that led to a myriad of health issues (i.e., increased blood pressure, cardiovascular disease, etc.);
- Prevention and health education focused on prevention of chronic diseases – Especially diabetes and obesity;
- Heart disease issues, which is also part of the existing obesity problem;
- Growing number of children with a multitude of health needs that requires specialty services.

- During the current study (2015), the rates of obesity in the OMC Baton Rouge study area and nationally have seen steady rises over the years. Ascension Parish is the lowest in the study area at 31.90% and closest to the U.S. rates (27.14%) for obesity and has seen, after peaking at 34.1% in 2010, a steady decline.
Iberville Parish reports the highest rate of residents who are obese (39.4%), Livingston Parish is a close second with 35.60% of their population being obese; East Baton Rouge Parish ranks third highest at 32.20%.

- Iberville Parish reports the highest rate of residents who are overweight (37.16%); this rate is higher than the national rate of 35.78%.
- The rest of the parishes in the OMC Baton Rouge study area fall below the national rate; Livingston Parish being the lowest at 31.41%.

*Source: Community Commons. 06/08/2015

- Survey respondents for the Baton Rouge region showed higher BMI averages than the SELA Region and national norms.

**Table 4: Survey Responses- Average BMI of Respondents**

<table>
<thead>
<tr>
<th>Weight &amp; BMI</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Parish SELA Region</td>
<td>29.38</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>29.21</td>
</tr>
<tr>
<td>Avg. Male (5’9’’)*</td>
<td>26.6</td>
</tr>
<tr>
<td>Average Female (5’4’’)*</td>
<td>26.5</td>
</tr>
</tbody>
</table>

Limited access to healthy nutrition:
- In 2013, East Baton Rouge Parish reported the highest rate of fast food restaurants per population at 86.78 per 100,000 pop.; Ascension Parish follows at 74.62 per pop. These rates are higher than state (71.56) and national (72.74) norms.
• In 2013, Livingston Parish reported the lowest rate of grocery stores per population at 12.5 per 100,000 pop.; Ascension Parish follows at 18.65 per 100,000 pop. Both are lower than state (21.88) and national (21.2) norms.

**Figure 5: Grocery Store Establishments, Rate per 100,000 population**

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

• In 2013, Iberville Parish reported the lowest rate of recreation and fitness facilities per population at 3 per 100,000 pop.; Livingston Parish follows at 7.03 per 100,000 pop. Both are lower than state (9.6) and national (9.72) norms.

• Ascension Parish experiences the highest rate of population with low or no healthy food access and has a disparity index of 26.31 as compared to 19.31 in the State of Louisiana and a national rate of 16.59. Within the parish of Iberville, the Non-Hispanic other population experiences the highest rate of low food access (72.7%) followed by the Non-Hispanic Asian population (70.2%). These rates are the highest for the study area. East Baton Rouge Parish reports the next highest rates, for the study area, for Non-Hispanic Asian (64.9%) and Non-Hispanic Black (64.2%) populations.

**Figure ##: Low Food Access - Race, 2010**

*Source: Community Commons. 06/08/2015*
• Over one-half of stakeholders discussed the prevalence and cause of obesity among residents in Baton Rouge communities. Stakeholders indicated that obesity is an issue among adults, as well as a growing problem among youth. Stakeholders identified social and environmental determinants (e.g., culture, lack of awareness, limited access to healthy nutrition, etc.), as well as personal choice and behaviors within the control of residents (e.g., choices about nutrition, exercise, etc.) as driving the high rates of obesity. 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.

• Stakeholders felt that a lack of education coupled with low exposure to healthy resources causes residents in poverty to be unaware of healthy options. In situations where 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.

• When asked if they felt a variety of services were available to them or their family, 12.8% of survey respondents indicated they did not feel healthy food was available to them in the Baton Rouge region.

Lack of safe exercise options:

• The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; only Ascension Parish reports a rate already lower than this HP2020 Goal. East Baton Rouge Parish reports the highest rate of age-adjusted mortality due to homicide for the OMC Baton Rouge study area at 17.53 per 100,000 population; this rate is more than triple the national rate (5.63).

![Figure 6: Mortality - Homicide- Age-Adjusted Death Rate, (Per 100,000 Pop.), 2007-2011](image)

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

• The education in schools was addressed as an issue related to the access youth have to physical exercise throughout the day. 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.

- Survey Respondents from the Baton Rouge Region report participating in physical activity much less than the U.S. rate.

**Table 5: Survey Responses- Percent of Respondents Participating in Regular Physical Activity**

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>14 Parish SELA Region</th>
<th>Baton Rouge</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>

Stakeholders discussed the implications of the limited access to healthy options that residents of the hospital service area have as some of the following:

- Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease. Several of these measures are high in the hospital service area;
- Higher mortality rates related to lifestyle diseases.

Primary data collected during this assessment from community leaders and residents offered recommendations to improve access to healthy options. Some of which included:

- **Increase the awareness of obesity and preventive practices:** Community leaders recommended that outreach education regarding the health impact of preventive practices (i.e., healthy food preparation, exercise, etc.) could be offered in a collaborative way by health service providers, city officials, and community-based organizations.

- **Increase the resources available to residents for healthy food and activity:** Community leaders recommended that there is a need to offer healthy produce in several communities in the hospital service area. Also, leaders suggested the residents need convenient access to physical activity outlets and opportunities.

**OVERUSE OF EMERGENCY DEPARTMENTS**

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

1. Residents delay seeking health care
2. Higher hospitalization rates
An influx in emergency department volume throughout EBR has resulted in a collaborative approach to develop community-wide initiatives to control excessive emergency room utilization. Using the Institute for Healthcare Improvement’s Triple Aim as a guide, hospital and public health officials have created plans that will improve the patient experience and the health of the population while reducing per capita costs of care.

Findings supported by study data:

Residents that are uninsured often seek health services when an issue becomes an emergency and requires more intense and costly care, which typically yields poorer outcomes than primary and preventive care practices. Stakeholders indicated that residents will, also, delay seeking healthcare until health issues become an emergency due to a lack of transportation. 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.

- 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%. Livingston Parish reports the highest rate of residents who do not have a regular doctor at 24.39%.

- Of the 14 PQI measures (chronic lung conditions, diabetes, heart conditions, and other conditions) there are three in the Ochsner Medical Center - Baton Rouge study area that show higher rates than the state and/or the national rates.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Short-Term Complications (PQI1)</td>
<td>79.02</td>
<td>98.10</td>
<td>63.86</td>
<td>- 19.08</td>
<td>+ 15.16</td>
</tr>
<tr>
<td>Other Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perforated Appendix (PQI2)</td>
<td>406.67</td>
<td>322.43</td>
<td>323.43</td>
<td>+ 84.24</td>
<td>+ 83.24</td>
</tr>
<tr>
<td>Low Birth Weight (PQI9)</td>
<td>76.33</td>
<td>86.51</td>
<td>62.14</td>
<td>+ 10.18</td>
<td>+ 14.19</td>
</tr>
</tbody>
</table>

- The most common forms of health insurance carried by survey respondents in the Baton Rouge Region were no insurance (37.8%) and Medicaid only (34.5%).
- One-third of survey respondents (32.9%) in the Baton Rouge Region could not see a doctor in the last 12 months because of cost; compared to the state (18.9%), and more than one in 10 reported seeking care in the emergency room. Additionally, one in four (25%) respondents reported not taking medications as prescribed in the last 12 months due to cost.
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 were:

- 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; and
- Poor health outcomes in adult, maternal and pediatric care due to limited care coordination and lack of patient compliance.

Primary data collected during this assessment from community leaders and residents offered recommendations to improve access to healthy options. Some of which included:

- **Increase the cultural competence of health service providers:** Community leaders recommended that the health service providers could increase the cultural sensitivity by offering multi-lingual and multi-cultural health services. This could be done by employing multi-lingual and ethnically diverse healthcare professionals in medical and behavioral health settings. Leaders suggested that hospitals could recruit such professionals to the community.

- **Provide health care to communities where barriers are the greatest:** Community leaders recommended that health care be provided in communities where barriers are the greatest (e.g., rural areas, communities with high poverty rates and/or low rates of insured residents, etc.). Leaders suggested that this could be accomplished using a mobile medical unit staffed with health professionals. Leaders also suggested that medical providers could collaborate to offer transportation for health services to all communities.

- **Increase awareness about the need for health services sought in appropriate settings:** Community leaders recommended that health providers may need to educate residents about the necessity of primary care to maintain health status to avoid costly emergency care. Leaders suggested that education be provided about the appropriate settings to seek health services (e.g., primary care, emergency care, etc.).

- **Increase awareness about health insurance options:** Community leaders recommended that health providers could offer education and outreach related to the enrollment and eligibility criteria for Market Place, Medicaid, and other insurance products.

- **Increase after-hours access to health services:** Community leaders recommended that the hours of operation for local Federally Qualified Health Centers (FQHCs) could be extended to offer after-hours appointments for low-income residents that are not able to take time off work.
• **Increase awareness about available health services:** Community leaders recommended that health providers could provide education and outreach related to the variety of services that are available in the community. Additionally, leaders recommended that providers increase their own awareness about what services are available to patients in the communities where they practice.

• **Develop shared ownership of the cost of overuse of the emergency departments:** Community leaders recommended that health providers develop a shared risk and reward model related to the cost of all health services provided to residents in a geographical area. In this way each provider would receive the financial rewards for reducing the use of costly emergency room services.
The following qualitative data were gathered during a regional community planning forum held on August 4th in Baton Rouge, LA. The community planning forum was conducted with community leaders representing the primary service area for Ochsner Medical Center – Baton Rouge. Community leaders were identified by the CHNA oversight committee for Ochsner Medical Center – Baton Rouge. 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. Top community health needs were identified and prioritized by the Healthy Baton Rouge Initiative and validated by community leaders during a regional community health needs forum held on August 4, 2015. Consultants presented to community leaders the CHNA findings related to health needs identified in the Baton Rouge area found in 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 validated the top community health needs by providing potential solutions in the Ochsner Medical Center – Baton Rouge community.

**GROUP RECOMMENDATIONS:**

The group provided many recommendations to address community health needs and concerns for residents in the Ochsner Medical Center – Baton Rouge service area. Below is a brief summary of the recommendations:

**Increase the awareness of obesity and preventive practices:** Community leaders recommended that outreach education regarding the health impact of preventive practices (i.e., healthy food preparation, exercise, etc.) could be offered in a collaborative way by health service providers, city officials, and community-based organizations.

**Increase the resources available to residents for healthy food and activity:** Community leaders recommended that there is a need to offer healthy produce in several communities in the hospital service area. Also, leaders suggested the residents need convenient access to physical activity outlets and opportunities.

**Increase the outreach and education for effective reduction of HIV and other STDs:** Community leaders recommended that schools, community-based programs and health providers could all increase the information they offer youth and adults about effective methods for reducing the spread of HIV and other STDs.
Increase screening rates for HIV and other STDs: Community leaders suggested that HIV testing can be easily offered in community settings where residents naturally congregate. There is a need to increase state funding for STIs screening and testing.

Increase the use of evidence-based practice in mental health settings: Community leaders recommended that health providers could support efforts to increase the use of evidence-based practices (EBP) in mental health settings by implementing such practices on-site and advocating the use of EBP in other settings.

Increase the availability of behavioral health services and awareness: Community leaders recommended that behavioral health services begin to target residential communities where prevalence rates are highest (e.g., communities where poverty rates are highest) with education and outreach in order to normalize behavioral health services and reduce the stigma associated with seeking care.

Integrate behavioral health, social services, and medical care: Community leaders suggested that health providers could increase the connection between medical, behavioral health, and social services offered in the community. Several leaders discussed the value of health information exchanges in connecting a community of providers. Leaders also discussed the value of co-located services (e.g., behavioral health services that are offered in medical care settings and visa-versa).

Increase the cultural competence of health service providers: Community leaders recommended that the health service providers could increase the cultural sensitivity by offering multi-lingual and multi-cultural health services. This could be done by employing multi-lingual and ethnically diverse healthcare professionals in medical and behavioral health settings. Leaders suggested that hospitals could recruit such professionals to the community.

Provide health care to communities where barriers are the greatest: Community leaders recommended that health care be provided in communities where barriers are the greatest (e.g., rural areas, communities with high poverty rates and/or low rates of insured residents, etc.). Leaders suggested that this could be accomplished using a mobile medical unit staffed with health professionals. Leaders also suggested that medical providers could collaborate to offer transportation for health services to all communities.

Increase awareness about the need for health services sought in appropriate settings: Community leaders recommended that health providers may need to educate residents about the necessity of primary care to maintain health status to avoid costly emergency
leaders suggested that education be provided about the appropriate settings to seek health services (e.g., primary care, emergency care, etc.).

*Increase awareness about health insurance options:* Community leaders recommended that health providers could offer education and outreach related to the enrollment and eligibility criteria for Market Place, Medicaid, and other insurance products.

*Increase after-hours access to health services:* Community leaders recommended that the hours of operation for local FQHCs could be extended to offer after-hours appointments for low-income residents that are not able to take time off work.

*Increase awareness about available health services:* Community leaders recommended that health providers could provide education and outreach related to the variety of services that are available in the community. Additionally, leaders recommended that providers increase their own awareness about what services are available to patients in the communities where they practice.

*Develop shared ownership of the cost of overuse of the emergency departments:* Community leaders recommended that health providers develop a shared risk and reward model related to the cost of all health services provided to residents in a geographical area. In this way each provider would receive the financial rewards for reducing the use of costly emergency room services.

**Problem Identification:**

The following is based on excerpts of the 2015 CHNA completed by the Healthy Baton Rouge Initiative. Needs were identified and prioritized using a community-based approach. The top community health priorities identified by the Healthy Baton Rouge Initiative 2015 CHNA were:

1. HIV and Other STDs
2. Mental Health & Substance
3. Obesity
4. Overuse of Emergency Departments

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

**HIV and Other STDs:**

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6, 3 Source: Healthy BR: 2015 Community Health Needs Assessment
Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs) are associated with increased morbidity and mortality.

**Contributing Factors:**

- HIV transmission can be reduced or eliminated by addressing the primary methods of infection: safe sex practices, protection against transmission from an HIV-positive mother to her baby during pregnancy or birth, preventive treatment and sterile supplies for injection drug users, widespread testing and medical care for those who test positive, and effective counseling and treatment programs.
- Louisiana ranks second in the nation in the number of newly diagnosed HIV cases. The Baton Rouge public health region accounted for 20% of the new HIV diagnoses, 25% of the new AIDS diagnoses and 25% of citizens living with HIV.
- There is a higher rate of HIV diagnoses in the African American community, which accounted for 86% of the new HIV diagnoses.

**Mental Health & Substance:**

Mental health refers to psychological, emotional, and social well-being. A mental illness affects a person’s mood and how he or she feels, perceives, and behaves. Mood disorders are the most common of all mental disorders and include major depression. One in four Americans will be diagnosed with some form of mental illness in their lifetime and 17% of all Americans will suffer from depression at some point in their lives.

**Contributing Factors:**

- 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.
- In 2015, 16% of adults in Louisiana reported excessive drinking. Alcohol-impaired driving deaths accounted for 33% of all driving deaths statewide.
- These trends are also reflected in EBR, with 15% of adults reporting binge or heavy drinking.
- Alcohol was involved in 35% of motor vehicle crash deaths in EBR from 2007-2012. The effects of substance abuse can result in separation from friends and family members, which may trigger depression.
- In 2014, 22% of EBR residents reported having inadequate social support.
- Locally, the number of mentally ill in parish prisons has doubled and the community is searching for solutions to decriminalize mental illness and provide residents with additional support.

**Obesity:**
One in two children in Louisiana is overweight or obese. Obesity related medical expenses cost Louisiana more than $3 billion annually. As cases of obesity rise in Louisiana and the U.S., the cases of related chronic diseases like diabetes increase. Obesity is defined as a body mass index (BMI) greater than 30. Obesity is a significant risk factor for diabetes, heart disease, and stroke. Lifestyle factors such as physical activity, healthy eating, and monitoring caloric intake can decrease the risk of obesity.

**Contributing Factors:**

- A diet high in fresh vegetables and low in sodium and processed foods protects against and may also improve hypertension, cardiovascular disease, diabetes, obesity, and some forms of cancer. EBR rates 6.3 of a possible 10 on a Food Environment Index measuring distance to a grocery store for low-income households. This is lower than the statewide score of 6.8 and the national score of 8.4.
- Physical activity can prevent and lower health risks from high blood pressure, heart disease diabetes, obesity, and some forms of cancer. While 93% of EBR residents report access to exercise opportunities, 25% are physically inactive.
- Interpersonal violence is responsible for negative physical and mental health outcomes. In 2014, the violent crime rate in EBR was 701 incidents/year per 100,000 population. This is higher than the overall Louisiana rate of 536 and much higher than the rate of 59 (90th percentile) for the U.S.

**OVERUSE OF EMERGENCY DEPARTMENTS:**

An influx in emergency department volume throughout EBR has resulted in a collaborative approach to develop community-wide initiatives to control excessive emergency room utilization. Using the Institute for Healthcare Improvement’s Triple Aim as a guide, hospital and public health officials have created plans that will improve the patient experience and the health of the population while reducing per capita costs of care.
Secondary Data

Tripp Umbach worked collaboratively with the Ochsner Medical Center – Baton Rouge 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 Ochsner Medical Center – Baton Rouge. 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 Ochsner Medical Center - Baton Rouge study area. Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

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

Demographic Profile – Key Findings:

- The Ochsner Medical Center – Baton Rouge study area encompasses more than 600,000 residents.
- In 2015, the largest parish in the study area was East Baton Rouge Parish with 445,311 residents in 2015.
- From 2015 to 2020, Ascension Parish is projected to experience the largest percentage change in population with a 7.4% increase (8,777 people).
- East Baton Rouge Parish is projected to experience the largest rise in number of residents, going from 445,311 residents in 2015 to 455,297 residents in 2020 (an increase of 9,986 residents, 2.2%).
- All four parishes in the study area are expected to increase in population between 2015 and 2020; adding an additional 22,742 people to the Ochsner Medical Center – Baton Rouge study area.
The gender breakdown for the Ochsner Medical Center – Baton Rouge study area is generally consistent across the parishes and similar to state and national norms.

Iberville Parish reports the largest population of residents aged 65 and older (14.0%) followed by East Baton Rouge Parish (12.6%), and Livingston Parish (11.9%).

Livingston Parish reports the highest White, Non-Hispanic population percentage at 88.1%, this is much higher than state (59.1%) and national norms (61.8%).

Iberville Parish reports the highest Black, Non-Hispanic population across the study area counties at 47.1%; East Baton Rouge Parish reports the second highest percentage at 45.9%.

All of the study area parishes report lower rates of Hispanic residents as compared with the country (17.6%). Ascension Parish reports the highest Hispanic population rate at 5.2%. East Baton Rouge Parish reports the highest percentage of Asian or Pacific Islander residents (3.2%) as compared with the other parishes in the study area.

Iberville Parish reports the highest rate of residents with ‘Less than a high school’ degree (8.0%).

East Baton Rouge Parish reports the highest rate of residents with a Bachelor’s degree or higher with 34.4%; this is higher than state (21.7%) and national (28.9%) norms.

Iberville Parish reports the lowest average annual household income for the Ochsner Medical Center – Baton Rouge study area at $60,809.

Ascension Parish reports the highest average annual household income compared to the other parishes in the study area at $84,045; higher than state ($64,209) and national norms ($74,165). East Baton Rouge Parish is second highest at $71,173.

Iberville Parish and East Baton Rouge Parish report the highest rates of households that earn less than $15,000 per year (18.6% and 15.6% respectively).
Community Needs Index (CNI)

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

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

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

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

3. Education Barrier
   a. Percentage of population over 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.

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7 Truven Health Analytics, Inc. 2015 Community Need Index.
A total of 18 of the 24 zip code areas (75%) for the Ochsner Medical Center - Baton Rouge study area fall above the median score for the scale (3.0), none fall at the median, and 6 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 accesss.

**Figure 6. Ochsner Medical Center – Baton Rouge Study Area 2015 CNI Map**

![CNI Map](image-url)

**Table 7: Ochsner Medical Center – Baton Rouge - 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>Un-employed</th>
<th>Un-insured</th>
<th>Renting</th>
</tr>
</thead>
<tbody>
<tr>
<td>70802</td>
<td>Baton Rouge</td>
<td>5.0</td>
<td>25.6%</td>
<td>48.6%</td>
<td>59.5%</td>
<td>0.8%</td>
<td>81.0%</td>
<td>22.2%</td>
<td>13.6%</td>
<td>30.5%</td>
<td>62.7%</td>
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<tr>
<td>70805</td>
<td>Baton Rouge</td>
<td>5.0</td>
<td>26.6%</td>
<td>45.3%</td>
<td>53.1%</td>
<td>0.9%</td>
<td>96.0%</td>
<td>25.9%</td>
<td>13.7%</td>
<td>25.8%</td>
<td>55.2%</td>
</tr>
<tr>
<td>70807</td>
<td>Baton Rouge</td>
<td>5.0</td>
<td>27.4%</td>
<td>51.9%</td>
<td>64.6%</td>
<td>0.3%</td>
<td>96.7%</td>
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<td>2.0%</td>
<td>56.7%</td>
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<td>17.1%</td>
<td>20.7%</td>
<td>37.5%</td>
<td>0.9%</td>
<td>47.4%</td>
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<td>18.0%</td>
<td>24.2%</td>
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<td>15.3%</td>
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<td>43.1%</td>
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<td>35.1%</td>
<td>11.9%</td>
<td>6.8%</td>
<td>10.7%</td>
<td>23.6%</td>
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</table>
For the Ochsner Medical Center – Baton Rouge study area there are three zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70802, 70805, and 70807 – Baton Rouge. These same three zip codes

- 70807 – Baton Rouge reports the highest rates in six of the nine areas represented in Table 4 (above): residents aged 65 and older living in poverty (27.4%); married parents living in poverty with children (51.9%); single parents living in poverty with children (64.6%); and, residents with no high school diploma (27.4%).
- 70807 – Baton Rouge also reports the highest rate of unemployed residents at 18.4%; more than double the state (6.6%) and more than triple the national (5.5%) rates.\(^8\)
- 96.7% of the residents in zip code area 70807 (Baton Rouge) are minorities; the highest rate for the study area.
- Zip code area 70802 in Baton Rouge reports the highest rates of uninsured residents (30.5%) and residents that rent (62.7%).
- 4.2% of residents living in zip code area 70819 experience limited English proficiency; the highest rate for the study area.

On the other end of the spectrum, the lowest CNI score for the study area is 2.2 in 70739 – Greenwell Springs, 70769 – Prairieville, and 70817 – Baton Rouge.

- Zip code area 70817 – Baton Rouge reports the lowest rates of residents aged 65 and older living in poverty (4.5%); married and single parents living in poverty with their children for the study area (6.3% and 15.5%, respectively). 70817 also reports the lowest rate of uninsured residents at 5.7%.
- 70769 – Prairieville and 70706 – Denham Springs show the lowest rate of renters at 12.1%.

---

- Zip code area 70754 – Livingston reports the lowest minority rate for the study area at 7.2%.
- Baton Rouge zip code area 70808 reports the lowest rates of residents without a high school diploma at only 3.5%.
- Baton Rouge (70809) reports the lowest unemployment rate for the study area at only 4.4% and residents aged 65 and older living in poverty (4.5%).
- Four zip code areas (70706 – Denham Springs, 70791 – Zachary, 70785 – Walker, and 70754 – Livingston) report the lowest rate of residents with limited English proficiency at 0.1%.

**Chart 7. Overall CNI Values - Ochsner Medical Center - Baton Rouge & Parishes**

![Chart 7](image)

**Figure 8. CNI Trending – Ochsner Medical Center – Baton Rouge Study Area 2011 - 2015 CNI Difference Map**

![Figure 8](image)
### Table 8. CNI Trending - Ochsner Medical Center – Baton Rouge – 2011 to 2015 CNI Comparison

<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>
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<td>1.6</td>
<td>+0.2</td>
</tr>
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</table>

Across the 24 Ochsner Medical Center - Baton Rouge study area zip codes:

- 1 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)
- 5 remained the same from 2011 to 2015
- 16 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)
- 2 did not have comparable 2011 data (n/a values)

Zip code area 70814 of Baton Rouge experienced the largest rise in CNI score, going from 2.8 in 2011 to 3.8 in 2015.
Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)\(^9\)

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 Ochsner Medical Center – Baton Rouge). 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\(^{10}\)
   - PQI 15 Asthma in Younger Adults Admission Rate\(^{11}\)

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\(^{12}\)

---

\(^{9}\) 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.

\(^{10}\) 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

\(^{11}\) 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
Ochsner Medical Center – Baton Rouge

- PQI 9  Low Birth Weight Rate
- PQI 10  Dehydration Admission Rate
- PQI 11  Bacterial Pneumonia Admission Rate
- PQI 12  Urinary Tract Infection Admission Rate

<table>
<thead>
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<td>COPD or Adult Asthma (PQI5)</td>
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<td>Hypertension (PQI7)</td>
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<td>Perforated Appendix (PQI2)</td>
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<td>+ 83.24</td>
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<td>167.01</td>
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</table>

**Key Findings from 2015 PQI Data:**

- The only PQI measure in which the Ochsner Medical Center – Baton Rouge study area reports higher preventable admission rates than the State of Louisiana is for Perforated Appendix (406.67 preventable admissions per 1,000 admissions for any listed diagnosis of perforation or abscesses of the appendix for Ochsner Medical Center – Baton Rouge, 322.43 for LA).

12 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.

13 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.
When comparing the Ochsner Medical Center – Baton Rouge PQI data to the national rates, the Ochsner Medical Center – Baton Rouge study area reports higher preventable hospital admissions for:

- Diabetes, Short-Term Complications
- Perforated Appendix
- Low Birth Weight

There are also a number of PQI measures in which the Ochsner Medical Center – Baton Rouge 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:

- COPD or Adult Asthma
- Asthma in Younger Adults
- Diabetes, Long-Term Complications
- Uncontrolled Diabetes
- Lower Extremity Amputation among Diabetics
- Hypertension (all of the areas are below the national rate)
- Dehydration
- Bacterial Pneumonia
- Urinary Tract Infection

**Pediatric Quality Indicators Overview**

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

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

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

PDI Subgroups:

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

**Key Findings from PDI Data:**

- Iberville Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 131.79 per 100,000 population; higher than the national rate of 117.37.
- Ascension Parish reports the highest rates of diabetes, short-term complications for those aged 6 to 17 years old for the Ochsner Medical Center – Baton Rouge study area (62.63); this rate is nearly triple the national rate of 23.89.
- Iberville Parish and Livingston Parish report the highest rates of gastroenteritis for the Ochsner Medical Center – Baton Rouge study area at 45.47 and 42.76 per 100,000 population aged 3 months to 17 years, respectively; both fall below the national rate of 47.28.
- Iberville Parish reports the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 666.67 per 100,000 admissions.
- Livingston Parish reports the highest rate for preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years with 20.02 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
Community Health Needs Assessment
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the Ochsner Medical Center – Baton Rouge (OMC Baton Rouge) CHNA.\textsuperscript{14} The data is presented in the aforementioned categories below.

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.
- Iberville Parish reports the highest food insecurity rate with 17.37%; the only parish to exceed both the State of Louisiana rate and the national rate. While matching the state rate of 16.91%, East Baton Rouge Parish also reports higher than the nation.

Households with No Motor Vehicle

- Iberville Parish reports the highest rate of households with no motor vehicle (9.94%).

Medicaid

- Iberville Parish reports the highest rate of Insured Residents Receiving Medicaid at 27.05%; 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.
- Iberville Parish reports the highest rate among the study area parishes of residents aged 65 and older receiving Medicaid (18.58%).

Insurance

- Livingston Parish reports the highest rate of uninsured adults for the OMC Baton Rouge study area at 24.2%. Iberville Parish is a close second at 23.4%. These rates are higher than the nation (20.8%). All of the parishes in the study area report rates lower than the state (25.0%).
- Iberville Parish and Livingston Parish are the only parishes to see increases in rates of uninsured adults between 2011 and 2012. Iberville Parish shows the greatest increase going from 22.40% in 2011 to 23.40% in 2012.
- Similar to uninsured adults, Livingston Parish reports the highest rate of uninsured children across the study area parishes at 5.7%. Livingston Parish is the only parish in the study area to exceed the state rate of 5.6%.
- All of the parishes in the study area and Louisiana report lower rates of uninsured children as compared with the country (7.5%)

\textsuperscript{14} Community Commons. \url{http://www.communitycommons.org/} Accessed 06/08/2015.
Uninsured Population

- In all of the parishes in the study area, men are more likely to be uninsured than women; consistent with state and national norms.
- 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.
- 96.3% of the Some Other Race population in Iberville Parish is uninsured.
- Residents reporting “Some Other Race”, for the entire study area, have the highest rates of being uninsured.
- More than 70% of the Asian population of Iberville Parish report being uninsured.

Violent Crime

- Iberville Parish reports the highest violent crime rate across the OMC Baton Rouge study area counties at 1,163.01 per 100,000 population; almost triple the national rate of 395.5.
- East Baton Rouge Parish reports the second highest violent crime rate for the study area at 700.68 per 100,000 pop; almost double the national rate.
- Ascension Parish and Livingston Parish fall below the state and national rates at 269.53 and 318.1, respectively.

Fast Food

- In 2013, East Baton Rouge Parish reported the highest rate of fast food restaurants per population at 86.78 per 100,000 pop.; Ascension Parish follows at 74.62 per pop.; these rates are higher than state (71.56) and national (72.74) norms.

Grocery Stores

- In 2013, Livingston Parish reported the lowest rate of grocery stores per population at 12.5 per 100,000 pop.; Ascension Parish follows at 18.65 per 100,000 pop.; both are lower than state (21.88) and national (21.2) norms.

Recreation and Fitness Facilities

- In 2013, Iberville Parish reported the lowest rate of recreation and fitness facilities per population at 3 per 100,000 pop.; Livingston Parish follows at 7.03 per 100,000 pop.; both are lower than state (9.6) and national (9.72) norms.

Low Food Access
The low-income populations of Ascension Parish and East Baton Rouge Parish experience the highest rates of low food access (14.34% and 11.96% respectively). These rates are higher than the rates seen for the state (10.82%) and nation (6.27%).

Ascension Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 26.31 compared to 19.31 for the State of Louisiana and a national rate of 16.59.

Within the parish of Iberville, the Non-Hispanic other population experiences the highest rate of low food access (72.7%) followed by the Non-Hispanic Asian population (70.2%). These rates are the highest for the study area.

East Baton Rouge Parish reports the next highest rates, for the study area, for Non-Hispanic Asian (64.9%) and Non-Hispanic Black (64.2%) populations.

**Primary Care Physicians**

- East Baton Rouge Parish reports the highest number of physicians across the study area parishes at 389.
- Iberville Parish reports the fewest physicians with only 11.
- East Baton Rouge Parish has the highest primary care physician (PCP) rate per 100,000 population at 102.58 in 2012.
- Livingston Parish reports the lowest rate of PCPs per 100,000 population at only 19.71 in 2012.

**Poor Health**

- Similar to poor dental health, Livingston Parish reports the highest rates of poor general health (19.7%).
- East Baton Rouge Parish, at 15.5%, has the lowest rate in the OMC Baton Rouge study area and is the only parish to report a rate lower than the national rate of 15.74%.

**Dentists**

- East Baton Rouge Parish reports the highest number of dentists across the study area parishes at 306.
- Iberville Parish reports the fewest dentists with only 12.
- East Baton Rouge Parish has the highest dentist rate per 100,000 population at 68.73 in 2013.
- Livingston Parish reports the lowest rate of dentists per 100,000 population for the OMC Baton Rouge study area at only 25.36 in 2013.
- Iberville Parish reports the highest rate of adults who have not had a dental exam for the OMC Baton Rouge study area (38.17%); the national rate is 30.15%.
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Dental Health

- Livingston Parish reports the highest rate of adults with poor dental health for the OMC Baton Rouge study area at 18.78%; this is higher than the national rate of 15.65%.
- Iberville Parish reports the next highest rate of adults with poor dental health at 17.57%.

Federally Qualified Health Centers (FQHCs)

- Iberville Parish reports the highest rate of FQHCs per population at 5.99 per 100,000; more than five times the other parishes in the study area and triple the national rate of 1.92.
- Ascension Parish and East Baton Rouge Parish come in just under 1 FQHC per 100,000 population; Livingston Parish follows with 0.78 FQHCs per 100,000 population.

Population Living in an HPSA (Health Professional Shortage Area)

- The parishes of East Baton Rouge, Iberville, and Livingston are all health care professional shortage areas (HPSA) designated parishes; therefore 100% of their populations live in an HPSA designated area.

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%.
- Livingston Parish reports the highest rate of residents who do not have a regular doctor at 24.39%.

HIV/AIDS

- The national rate of the population that has never been tested for HIV/AIDS is 62.79%; in Louisiana this rate is 56.23%.
- Iberville Parish reports the highest rate of residents that have never been tested for HIV/AIDS across the OMC Baton Rouge study area at 63.05%.
- The Non-Hispanic Black population is the population that sees the highest rates of HIV/AIDS.
- East Baton Rouge Parish sees the highest rate of HIV/AIDS for the study area in the Non-Hispanic Black population at 1,704.65 per 100,000 population. The next highest rate in the study area, also in the Non-Hispanic Black population, is 1,288.68 per 100,000 population in Iberville Parish.
- 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 OMC Baton Rouge study area are higher than 2008 rates.
Chlamydia Infection

- East Baton Rouge Parish has reported the highest rate of chlamydia infection in the OMC Baton Rouge study area since 2009. The most current data, for 2011, shows the rate of chlamydia infection to be 743.9 per 100,000 population; considerably higher than the national chlamydia rate of 454.1 per 100,000 population.
- Only Ascension Parish and Livingston Parish report lower chlamydia infection rates than the nation. Livingston Parish being the lowest in the study area at 263.3 per 100,000 population.

Gonorrhea Infection

- Similar to chlamydia infection, East Baton Rouge Parish reports the highest rate of gonorrhea infection in the OMC Baton Rouge study area at 229.9 per 100,000 population; more than double the national rate of 103.1 per 100,000 population. East Baton Rouge Parish has consistently reported the highest rate of gonorrhea infection in the study area since 2003.
- Also similar to chlamydia infection, only Ascension Parish and Livingston Parish report lower chlamydia infection rates than the nation. Livingston Parish being the lowest in the study area at 34.5 per 100,000 population.

Leisure Time Physical Activity

- Iberville Parish reports the highest rate of population with no leisure time activity (31.60%) for the OMC Baton Rouge study area; higher than state (29.8%) and national (22.64%) norms.
- All of the parishes of the OMC Baton Rouge 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 not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.
- Although Iberville Parish currently has the highest rate of population not partaking in leisure time physical activity in the study area at 31.60%, this rate has steadily declined since 2010 when the rate was 34.80%.

Fruit/Vegetable Consumption

- Livingston Parish reports the highest rate of the parishes in the OMC Baton Rouge study area for adults not eating enough fruits and vegetables at 84.80%; higher than the national rate (75.6%). Ascension Parish, also higher than the national rate, follows closely at 84.4.
Excessive Drinking

- The national rate of adults drinking excessively is 16.94%; half of the parishes (Iberville Parish and Ascension Parish) in the OMC Baton Rouge study area report higher rates of adults drinking excessively.
- Iberville Parish reports the highest rate, for the OMC Baton Rouge study area, of adults drinking excessively at 22.8%.

Smoking

- Livingston Parish reports the highest rate of adults smoking cigarettes across the OMC Baton Rouge study area with 24.1% of the population smoking; higher than Louisiana (21.9%) and the nation (18.08%).
- Ascension Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 76.17%; this would be a prime population to target smoking cessation programs as they have already expressed interest in trying to stop smoking.

Depression

- Ascension Parish, Iberville Parish, and Livingston Parish all report higher rates of residents with depression than Louisiana (15.66%) and the country (15.45%). Livingston Parish is highest at 19.22%
- East Baton Rouge Parish reports the lowest rate of residents with depression at 15.66%; matching the state rate and slightly above the national rate.

Overweight and Obese

- Iberville Parish reports the highest rate of residents who are overweight (37.16%); this rate is higher than the national rate of 35.78%.
- The rest of the parishes in the OMC Baton Rouge study area fall below the national rate; Livingston Parish being the lowest at 31.41%.
- Iberville Parish reports the highest rate of residents who are obese (39.4%), Livingston Parish is a close second with 35.60% of their population being obese; East Baton Rouge Parish ranks third highest at 32.20%.
- Ascension Parish is fourth and lowest with 31.90% of the population being obese; 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 OMC Baton Rouge study area and nationally have seen steady rises over the years. Ascension Parish is the lowest in the study area at 31.90% and closest to the U.S. rates for obesity and has seen, after peaking at 34.1% in 2010, a steady decline.

**Mortality – Pedestrian Accident**

• East Baton Rouge Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the OMC Baton Rouge study area at 1.89 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; Iberville and Livingston report rates already lower than this HP2020 Goal.

**Mortality – Homicide**

• East Baton Rouge Parish reports the highest rate of age-adjusted mortality due to homicide for the OMC Baton Rouge study area at 17.53 per 100,000 population; this rate is more than triple the national rate (5.63).
• The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; only Ascension Parish reports a rate already lower than this HP2020 Goal.
• The Non-Hispanic Black population of East Baton Rouge Parish reports the highest rate of death as a result of homicide across the OMC Baton Rouge study area at 32.8 per 100,000 population.

**Mortality – Suicide**

• Livingston Parish reports the highest rate of age-adjusted mortality due to suicide for the OMC Baton Rouge study area at 17.57 per 100,000 population; this rate is higher than the national rate (11.82).
• The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Ascension, East Baton Rouge, and Iberville parishes report rates already lower than this HP2020 Goal.
• The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
• For the OMC Baton Rouge study area, the Non-Hispanic White population of Livingston Parish reports the highest rate of suicide at 18.6 per 100,000 population.
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 for LA indicates the “unhealthiest” parish for the state in a specific measure.

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15 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
Key Findings from County Health Rankings:

✓ Iberville Parish reports the highest ranks (unhealthiest parish of the Ochsner Medical Center – Baton Rouge study area) for the majority of the County Health Rankings:
  o A rank of 32 out of the worst possible 64 (33rd “unhealthiest” parish in the state) for:
    ▪ Health Outcomes
    ▪ Mortality (Length of Life)
    ▪ Health Behaviors
  o A rank of 45 (20th worst parish in the state) for health factors.
  o A rank of 37 (28th worst parish in the state) for morbidity (quality of life).
  o A rank of 56 (9th worst parish in the state) for social and economic factors.

✓ Livingston Parish holds the highest rank for the study area for Clinical Care at 22 out of the worst possible of 64.

✓ Ascension Parish reports the highest ranking (“unhealthiest”) for Physical Environment Factors across the Ochsner Medical Center – Baton Rouge study area at 52 (13th worst parish in the state). Livingston Parish follows close behind with a rank of 48 (17th worst parish in the state).

Substance Abuse and Mental Health

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

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

The Substate Regions for Louisiana are defined as such:

• Regions 1 and 10 (Data for Regions 1 and 10 provided separately for this grouping only)
  o Region 1 – Orleans, Plaquemines, St. Bernard
  o Region 10 – Jefferson
• Regions 2 and 9
  o Region 2 – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
  o Region 9 – Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
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 Ochsner Medical Center – Baton Rouge study area (Regions 2 & 9) slightly more than half of the population aged 12 and older (50.99%) report alcohol use in the past month; decreasing from the 2002-2004 rate by 0.08%. The State of Louisiana saw a slight rise; going from 47.01% in 2002-2004 to 47.70% in 2010-2012.

![Figure 13: Alcohol Use in the Past Month](image)

**Binge Alcohol Use in the Past Month**
• Regions 2 & 9, similar to Louisiana, show declining rates in the number of people that reported binge alcohol use in the past month. The most recent data shows 23.64% of the population in Regions 2 & 9 have engaged in binge alcohol use in the past month.

**Figure 14: Binge Alcohol Use in the Past Month**

<table>
<thead>
<tr>
<th>Year</th>
<th>Regions 2 &amp; 9</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2004</td>
<td>25.73%</td>
<td></td>
</tr>
<tr>
<td>2010-2012</td>
<td>23.64%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23.77%</td>
<td>24.37%</td>
</tr>
</tbody>
</table>

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

• Regions 2 & 9 have shown a slight decline in the perceptions of risk of having five or more drinks once or twice a week from 42.21% (in 2002-2004) to 41.49% (in 2010-2012).

• The rates of perceptions of risk of having five or more drinks once or twice a week are on the rise and slightly better for Louisiana at 43.31%.

**Figure 15: Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks**

<table>
<thead>
<tr>
<th>Year</th>
<th>Regions 2 &amp; 9</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2004</td>
<td>42.21%</td>
<td></td>
</tr>
<tr>
<td>2010-2012</td>
<td>41.49%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>42.35%</td>
<td>43.31%</td>
</tr>
</tbody>
</table>

**Needing but Not Receiving Treatment for Alcohol Use in the Past Year**
• Regions 2 & 9 and Louisiana have shown marked declines in the rates of residents needing but not receiving treatment for alcohol use from 2002-2004 to 2010-2012. The Ochsner Medical Center – Baton Rouge study area reports a lower rate (5.93%) than Louisiana (6.10%).

![Figure 16: Needing but Not Receiving Treatment for Alcohol Use in the Past Year](image16)

_**Tobacco Use in the Past Month**_

• 30.30% of the population in the Ochsner Medical Center – Baton Rouge study area reports tobacco use in the past month; fairly consistent with the previous rate of 30.23% in 2002-2004.

• While still higher than Regions 2 & 9, the state rate saw a decline of 0.78%; standing at 31.98%.

![Figure 17: Tobacco Use in the Past Month](image17)

_**Cigarette Use in the Past Month**_

![Figure 18: Cigarette Use in the Past Month](image18)
• Cigarette use in the past month is lower for Regions 2 & 9 in the 2010-2012 analysis than the state; declining over the years from 26.44% to 24.92%.

**Figure 18: Cigarette Use in the Past Month**

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

• Both the Ochsner Medical Center – Baton Rouge study area and Louisiana report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day.

**Figure 19: Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per Day**

Illicit Drug Use in the Past Month

• Regions 2 & 9 show a nearly identical downward trend as compared to the State of Louisiana in rates of illicit drug use in the past month with both reporting slightly more
than 6.5% of their respective populations aged 12 and older participating in drug use for the most recent data (2010-2012).

**Figure 20: Illicit Drug Use in the Past Month**

<table>
<thead>
<tr>
<th>Year</th>
<th>Regions 2 &amp; 9</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-04</td>
<td>8.18%</td>
<td>7.98%</td>
</tr>
<tr>
<td>2010-12</td>
<td>6.85%</td>
<td>6.81%</td>
</tr>
</tbody>
</table>

**Marijuana Use in the Past Month**

- Similar to illicit drug use, Regions 2 & 9 show a similar downward trend as compared to the State of Louisiana in rates of marijuana use in the past month with both reporting around 4.5% of their respective populations aged 12 and older participating in marijuana use for the most recent data (2010-2012).

**Figure 21: Marijuana Use in the Past Month**

<table>
<thead>
<tr>
<th>Year</th>
<th>Regions 2 &amp; 9</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-04</td>
<td>5.92%</td>
<td>5.56%</td>
</tr>
<tr>
<td>2010-12</td>
<td>4.60%</td>
<td>4.50%</td>
</tr>
</tbody>
</table>

**Cocaine Use in the Past Year**
• Regions 2 & 9 continue to show a nearly identical downward trend as compared to the State of Louisiana in rates of cocaine use in the past year (1.36% and 1.5%, respectively); differing by only 0.14% for the most recent data (2010-2012).

**Figure 22: Cocaine Use in the Past Year**

Nonmedical Use of Pain Relievers in the Past Year

• Regions 2 & 9 report a higher rate, as compared with Louisiana, of nonmedical use of pain relievers in the past year at 5.41% of the population aged 12 and over and have seen this rate rise since 2002-2004 when it was 5.26%.

**Figure 23: Nonmedical Use of Pain Relievers in the Past Year**

**Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year**
Again, Regions 2 & 9 show a rate of residents reporting needing but not receiving treatment for illicit drug use in the past year, which is nearly identical to the overall state rate (2.32% and 2.36%, respectively).

**Figure 24: Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year**

America’s Health Rankings

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

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

- **Louisiana Ranks:**
  - 48th overall in terms of health rankings
  - 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.
#### Table 13. America’s Health Rankings - Louisiana

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rank</th>
<th>Value</th>
<th>Measure</th>
<th>Rank</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Air Pollution</td>
<td>26</td>
<td>9.2</td>
<td>Infectious Disease</td>
<td>48</td>
<td></td>
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<tr>
<td>All Determinants</td>
<td>48</td>
<td>-0.53</td>
<td>Insufficient Sleep</td>
<td>34</td>
<td>37</td>
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<tr>
<td>All Outcomes</td>
<td>44</td>
<td>-0.273</td>
<td>Lack of Health Insurance</td>
<td>39</td>
<td>16.7</td>
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<td>Binge Drinking</td>
<td>21</td>
<td>16.3</td>
<td>Low Birthweight</td>
<td>49</td>
<td>10.8</td>
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<td>Cancer Deaths</td>
<td>47</td>
<td>217.4</td>
<td>Median Household Income</td>
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<td>39.622</td>
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<td>Cardiovascular Deaths</td>
<td>46</td>
<td>307.5</td>
<td>Obesity</td>
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<td>33.1</td>
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<tr>
<td>Children in Poverty</td>
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<td>Obesity – Youth</td>
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<td>Chlamydia</td>
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<td>Overall</td>
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<td>Cholesterol Check</td>
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<td>Poor Mental Health Days</td>
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<td>Colorectal Cancer Screening</td>
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<td>Poor Physical Health Days</td>
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<td>Dental Visit, Annual</td>
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<td>Premature Death</td>
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<td>Preventable Hospitalizations</td>
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<td>80.3</td>
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<td>Disparity in Health Status</td>
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<td>26.5</td>
<td>Primary Care Physicians</td>
<td>20</td>
<td>123.7</td>
</tr>
<tr>
<td>Drug Deaths</td>
<td>27</td>
<td>12.9</td>
<td>Public Health Funding</td>
<td>27</td>
<td>69.01</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>22</td>
<td>17.7</td>
<td>Smoking</td>
<td>44</td>
<td>23.5</td>
</tr>
<tr>
<td>Fruits</td>
<td>44</td>
<td>1.18</td>
<td>Stroke</td>
<td>45</td>
<td>4</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>41</td>
<td>5.3</td>
<td>Suicide</td>
<td>12</td>
<td>12.5</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>40</td>
<td>5</td>
<td>Teen Birth Rate</td>
<td>44</td>
<td>43.1</td>
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<tr>
<td>High Blood Pressure</td>
<td>47</td>
<td>39.8</td>
<td>Teeth Extractions</td>
<td>48</td>
<td>9.6</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>41</td>
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<td>Underemployment Rate</td>
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<td>High Health Status</td>
<td>47</td>
<td>44.4</td>
<td>Unemployment Rate, Annual</td>
<td>15</td>
<td>6.2</td>
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<tr>
<td>High School Graduation</td>
<td>46</td>
<td>72</td>
<td>Vegetables</td>
<td>49</td>
<td>1.64</td>
</tr>
<tr>
<td>Immunization - Adolescents</td>
<td>11</td>
<td>72.6</td>
<td>Violent Crime</td>
<td>44</td>
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<tr>
<td>Immunization - Children</td>
<td>31</td>
<td>69.1</td>
<td>Youth Smoking</td>
<td>58</td>
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<tr>
<td>Immunization Dtap</td>
<td>16</td>
<td>87.9</td>
<td></td>
<td></td>
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<tr>
<td>Immunization HPV female</td>
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<td></td>
<td></td>
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<tr>
<td>Immunization MCV4</td>
<td>9</td>
<td>87.7</td>
<td></td>
<td></td>
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<tr>
<td>Income Disparity</td>
<td>48</td>
<td>0.491</td>
<td></td>
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<td>Income Disparity Ratio</td>
<td>1</td>
<td>5.68</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Infant Mortality</td>
<td>47</td>
<td>8.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Community Health Needs Assessment
Ochsner Medical Center – Baton Rouge
Tripp Umbach
Key Stakeholder Interviews

Tripp Umbach conducted interviews with community leaders on behalf of the Ochsner Medical Center Baton Rouge. 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. 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 11 stakeholders in communities served by the Ochsner Medical Center Baton Rouge, a 150-bed hospital located in Baton Rouge, LA. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach and previously reviewed by an Ochsner Medical Center Baton Rouge CHNA oversight committee. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the communities served by Ochsner Medical Center Baton Rouge, as well as ways to address those concerns. There was a diverse representation of community-based organizations and agencies among the 11 stakeholders interviewed. Those organizations represented included:

- Louisiana Office of Public Health
- Humana Louisiana
- Director - Medical Student Clerkship
- Louisiana Public Health Institute
- Acadian Ambulance
- BREC
- Baton Rouge Community College
- YMCA BR
- BR Division of Human Development & Services
- LSU Health Science Center, Allied Health
- Ochsner Health System

STAKEHOLDER RECOMMENDATIONS:
The stakeholders provided many recommendations to address health issues and concerns for residents living in communities served by Ochsner Medical Center Baton Rouge. 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.
• Disseminate information on an ongoing basis regarding healthy options (e.g., Prenatal practices, healthy nutrition, food preparation, preventive practices, prevention of STIs, etc.) and health resources (e.g., location, eligibility, services, etc.). To do this hospitals could partner with local schools, community-based organizations, etc.

• Increase collaboration between hospitals, FQHCs, and clinics: Stakeholders felt that hospital could be more connected with FQHCs and clinics in local communities through collaboration and referrals to reduce the use of emergency rooms and urgent care clinics. Stakeholders recommended that hospitals work with local FQHCs and clinics to provide access to specialty diagnostics and treatment for residents that are uninsured or Medicaid eligible. Additionally, stakeholders felt that increased collaboration could mean additional funding for healthcare providers throughout the community.

• Health and wellness groups could collaborate to provide food trucks with fresh produce and healthy foods at a fair price to neighborhoods that do not have grocery stores. These healthy food trucks could be available once or twice a week to increase access to healthy food.

• 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.

• 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.

• 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.

**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:
Every stakeholder articulated a need to improve the accessibility of health services (medical, dental, behavioral) in the Capital Area. Several acknowledged that there are health care resources in the Capital Area including multiple hospitals, clinics and urgent care practices. 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 a large charity hospital (Earl K. Long Medical Center) before 2013 when it closed to the more community-based clinic model providing charity care to residents through a network of community-based clinics and hospitals service Baton Rouge. Early this year (2015) Baton Rouge General Medical Center’s Mid-city emergency room closed leaving some stakeholders unsure about the access residents will have to emergency care in northeast Baton Rouge. Most stakeholders felt that the community-based clinic model may prove to be more efficient and accessible to residents in Capital Area communities. One of the most discussed about barriers to accessing health services in the Capital Area was the awareness of residents about what services are available and where they are located. One stakeholder addressed the expense related to disseminating information in a comprehensive ongoing way. Resources may not readily available to raise awareness about healthy practices and health services. Residents are not always securing health services in the proper locations because they are not aware of new clinics and services that may be available to them.

The low reimbursement rates for health service providers like hospitals and community-based clinics was often the topic of discussion with stakeholders. Stakeholders felt that hospitals are struggling to provide quality health services at the poor reimbursement rates paid by CMS. Low reimbursement rates were often cited as the reason hospitals are struggling to remain viable and continue to offer services to residents. This was particularly the case in areas with higher rates of poverty and rural areas.

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. This does not include non-profit hospitals. Stakeholders discussed the lack of Medicaid expansion placing a strain on health resources to meet the needs of uninsured and underinsured residents. Residents that are uninsured often seek health services when an issue becomes an emergency and requires more intense and costly care, which typically yields poorer outcomes than primary and preventive care practices.
Stakeholders discussed the improvements in accessibility as well as the need to continue to increase access to health services in all regions. Many stakeholders discussed the fragmentation of health services and the gaps in services that are available. According to stakeholders there were several health services that are not readily available in their region, specifically: outpatient Medicaid providers (dental), uninsured prenatal care, inpatient behavioral health and substance abuse services, outpatient behavioral health and substance abuse services, care coordination, emergency medical care (northeast Baton Rouge) Primary care (rural areas). Stakeholders described disparate health resources with lower income neighborhoods containing the fewest resources. The Medicaid Waiver\textsuperscript{16} provides some access to care but does not cover prescription medications or specialty care. As a result, many community-based clinics do not have access to specialty diagnostic services. Residents may have an undiagnosed illness that they cannot afford to treat due to the cost of medications. Stakeholders discussed the lack of care coordination provided for uninsured and underinsured residents, including seniors, who are seeking care in inappropriate settings like the emergency room.

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:**

Every stakeholder discussed specific health concerns of residents. The most common health concerns discussed by stakeholders were obesity, diabetes, heart disease, cancer, and HIV.

1. Diabetes – More than two-thirds 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.

\textsuperscript{16} In 2015, there are multiple Medicaid Waivers operating in Louisiana. Residents are qualify for one of the Medicaid Waivers whereby receiving health services from health providers which accept the Medicaid Waiver, and are then eligible for Medicaid reimbursement.
2. Heart disease – More than two-thirds 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.

3. Obesity – Over one-half of stakeholders discussed the prevalence and cause of obesity among residents in MHCNO communities. Stakeholders indicated that obesity is an issue among adults as well as a growing problem among youth. Stakeholders identified social and environmental determinants (e.g., culture, lack of awareness, limited access to healthy nutrition, etc.) as well as personal choice and behaviors within the control of residents (e.g., choices about nutrition, exercise, etc.) as driving the high rates of obesity.

4. HIV – More than one-third of stakeholders discussed HIV as a major 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. While residents are living longer with HIV, there can still be complications and management issues related to the diagnosis. Stakeholders felt that residents may not value themselves enough to avoid risky behaviors.

5. Cancer – More than one-third of stakeholders discussed cancer (i.e., breast cancer, pancreatic cancer, lung and skin 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.

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:**

Every stakeholder discussed the social and environmental determinants of health in Capital Area communities. The most common social and environmental factors discussed by stakeholders were the impact of culture, high rates of violence, lack of education, and poverty on the health of seniors, adults, and new born babies.

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. 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.
The economy was discussed regarding the low-income employment available and lack of opportunity many residents have. According to stakeholders, many residents live below the federal poverty line and there are few employment opportunities. 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 have limited employment skills. 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 in the Capital Area related to limited access to public transportation and the level of traffic congestion. The lack of adequate transportation impacts health in a variety of ways by increasing the response time for emergency medical transportation, limiting the access residents have to healthy options like medical providers and grocery stores with healthy produce. Residents are not able to attend appointment consistently due to a lack of dependable transportation. Often residents in rural areas are not able to get to and from the health services they need. For this reason, stakeholders indicated that rural residents often delay seeking health services until the issue becomes an emergency and potential outcomes are often poor. The topic of transportation was most often discussed in relationship to residents seeking health care and healthy nutrition in rural areas.

Housing insecurity was discussed by stakeholders in relationship to the homeless population. Stakeholders indicated that residents may face one of three types of housing insecurities: 1) persistent relocation to be closer to resources (e.g., employment for parents, family/friends, etc.); 2) families that are homeless; and youth that are homeless by themselves (without adult accompaniment). Stakeholders felt that housing insecurity influences the ability for people to secure appropriate health services (e.g., medical, dental, behavioral health) consistently, proper
nutrition, etc. The health status of persons experiencing housing insecurity is often worse than those with stable living conditions.

The education in 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 level of health literacy among residents. Health literacy is influenced by literacy levels, and access to and understanding of technology (e.g., computers). Stakeholders noted that there is a high correlation between lower educational attainment and lower level of health literacy. Additionally, stakeholders felt that the movement toward electronic medical records, the use of online applications, and internet based systems may leave some residents that do not have access to computers and/or whom may be unfamiliar with computers without access to relevant health information. 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 (e.g., low birth weight) and limited access to healthy options.

**PERSONAL BEHAVIORS THAT IMPACT HEALTH:**

More than eighty percent 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 approximately ninety percent 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 discussed how fragmented the behavioral health services are in the Capital Area with little care coordination. One stakeholder noted that it is not possible to make significant population health improvements without addressing behavioral health due to the impact of behavioral health on medical health.

Stakeholders felt that the culture and laws support substance abuse and identified tobacco, alcohol and marijuana, and prescription pain medications as the most common substances being abused. Additionally, stakeholders believed youth are being exposed to substance abuse at a young age when parents abuse substances, which can lead to normalization of substance abuse issues and addiction. 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.).

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. 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, stakeholders indicated that they are not adequate enough to meet the demand for behavioral health and substance abuse services in Capital Area communities. 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.

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:

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

**DATA COLLECTION:**

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

A total of 150 surveys were collected in the Ochsner Medical Center – Baton Rouge service area, which provides a +/- 7.32 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 targeted medically vulnerable and at-risk populations I survey collection. Often, the demographic characteristics of populations that are considered vulnerable populations are not the same as the demographic characteristics of a general population. For example, vulnerable populations by nature may have significantly less income than a general population. For this reason the findings of this survey are not relevant to the general population of the hospital service area. Additionally, hand-distribution is limited by the locations where surveys are administered. In this case Tripp Umbach asked CBOs to self-select into the study and as a result there are several populations that have greater representation in raw data (i.e., low-income, women, etc.). These limitations were unavoidable when surveying low-income residents about health needs in their local communities.

**Demographics:**
Survey respondents were asked to provide basic anonymous demographic data.
Table 14: Survey Responses – Self-Reported Age of Respondent

<table>
<thead>
<tr>
<th>Age</th>
<th>Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>15.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>27.2%</td>
</tr>
<tr>
<td>35-44</td>
<td>17.0%</td>
</tr>
<tr>
<td>45-54</td>
<td>20.4%</td>
</tr>
<tr>
<td>55-64</td>
<td>16.3%</td>
</tr>
<tr>
<td>65-74</td>
<td>2.0%</td>
</tr>
<tr>
<td>75-84</td>
<td>1.4%</td>
</tr>
<tr>
<td>85+</td>
<td>.7%</td>
</tr>
</tbody>
</table>

- Of the surveys gathered: 67.9% were female, 32.1% were male
- The majority of the survey respondents reported their race as Black or African American (63.2%), the next largest racial group was White or Caucasian (23.7%), and third largest Asian (5%).

Table 15: Survey Responses – Self-Reported Annual Income of Respondents

<table>
<thead>
<tr>
<th>Income</th>
<th>Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $10k</td>
<td>51.1%</td>
</tr>
<tr>
<td>$10-19,999</td>
<td>13.5%</td>
</tr>
<tr>
<td>$20-29,999</td>
<td>7.8%</td>
</tr>
<tr>
<td>$30-39,999</td>
<td>2.8%</td>
</tr>
<tr>
<td>$40-49,999</td>
<td>5.7%</td>
</tr>
<tr>
<td>$50-59,999</td>
<td>--</td>
</tr>
<tr>
<td>$60-69,999</td>
<td>2.1%</td>
</tr>
<tr>
<td>$70-79,999</td>
<td>1.4%</td>
</tr>
<tr>
<td>$80-99,999</td>
<td>.7%</td>
</tr>
<tr>
<td>$100-149,999</td>
<td>--</td>
</tr>
</tbody>
</table>

- The household income level with the most responses was < $10,000 (27.6%) and $10,000 - $19,999 (16.6%)
  - 57.4% of respondents reported less than $29,999 annual household income

Healthcare:

- The most popular place for residents to seek care is a doctor’s office (39.9%), with the free or reduced cost clinics being the second most popular (19.6%), urgent care clinics (11.5%) and ER (11.5%) third.
- The most common forms of health insurance carried by respondents was no insurance (37.8%), Medicaid only (34.5%), and private or commercial only (16.9%).
- The most common reason why individuals indicated that they do not have health insurance is because they can’t afford it (60%).
One-third of respondents (32.9%) 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 (65.8%).

One in four (25%) respondents reported not taking medications as prescribed in the last 12 months due to cost.

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

The Baton Rouge region reports a higher rate of HIV testing (80.3%) than the state (43.5%) or the U.S. (35.2%).
Respondents from the Baton Rouge region report higher testing rates than those across the SELA Region for check ups and urinalysis, but lower rates for blood tests, counseling and flu shots.

- Most respondents did not prefer to receive health services in a language other than English.

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: services for 60+ (14.7%), healthy foods (12.8%), employment assistance (13.4%), cancer treatment (11.8%), women’s health (10.3%), pediatric and adolescent health (11.9%), accessible transportation (11.5%), and primary care doctors (11.4%).
Respondents reported preferring to receive information by word of mouth most often.

Common Health Issues:

- Survey respondents from the Baton Rouge Region self-reported lower diagnosis rates for many of the measures than the SELA region, the state and the nation with few exceptions (i.e., asthma, mental health, and cancer).

When asked to report health conditions that they had ever been diagnosed with by a health professional, survey respondent from the Baton Rouge Region reported:
Higher diagnosis rates than the SELA Region, the state and the nation for asthma (17.9% vs. SELA- 13.2%, LA- 5.3%, and U.S.- 4.3%); and depressive disorder (32.6% vs. SELA- 21.5%, LA- 18.7%, and U.S.- 18.7%).

More than one-third (37.9%) survey respondents indicated they have received mental health treatment or medication at some point in their lives.

Table 21: Survey Responses – Top Health Concerns Reported

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>SELA Region</th>
<th>Baton Rouge</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 22: Survey Responses – Average Body Mass Index of Survey Respondents

<table>
<thead>
<tr>
<th>Weight &amp; BMI</th>
<th>SELA Region</th>
<th>Baton Rouge 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>29.21</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 (86.5%).

Table 23: Survey Responses – Self-Reported Smoking Rates

<table>
<thead>
<tr>
<th>Smoking</th>
<th>SELA Region</th>
<th>Baton Rouge</th>
<th>LA*</th>
<th>U.S.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>15.5%</td>
<td>34.0%</td>
<td>19.3%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Some days</td>
<td>8.1%</td>
<td>8.8%</td>
<td>6.4%</td>
<td>5.7%</td>
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<tr>
<td>Not at all</td>
<td>74.7%</td>
<td>55.8%</td>
<td>--</td>
<td>--</td>
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</table>

*Behavioral Risk Factor Surveillance System
Table 24: Survey Responses – Self-Reported Physical Activity Rates

<table>
<thead>
<tr>
<th>Physical Activities</th>
<th>SELA Region</th>
<th>Baton Rouge</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>

*Behavioral Risk Factor Surveillance System

Respondents in both the SELA and Baton Rouge regions report lower rates of physical activity than those reported for the nation.
Conclusions and Recommended Next Steps

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

Ochsner Medical Center – Baton Rouge 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 affluent populations and populations with higher socio-economic needs (e.g., low-income, residents with a behavioral health history, unemployed, uninsured, homeless, seniors, etc.); which presents a unique challenge for hospital leadership when planning to meet the needs of all residents. There are pockets of vulnerable populations in the hospital service area, which include Baton Rouge (70802, 70805, 70807, and 70806); Plaquemine (70764), and Port Allen (70767). With the highest suicide rate in the Ochsner Health system foot-print it will be important to consider the impact of behavioral health on health outcomes in these areas. Ensuring access to health services by increasing care coordination across the service area to the most vulnerable populations in areas of concentrated poverty will have the greatest impact on outcomes. Hospital leadership will need to consider the health disparities that exist among Native American residents in Plaquemines Parish; Asian residents in St. Charles Parish; and African American populations throughout the service area. It is important to expand existing partnerships and build additional partnerships with multiple community organizations when developing strategies to address the top identified needs. Implementation strategies will need to consider the higher need areas in the study area and address the multiple barriers to healthcare. It will be necessary to review evidence-based practices prior to planning to address any of the needs identified in this assessment due to the complex interaction of the underlying factors at work driving the need in local communities.

Tripp Umbach recommends the following actions be taken by 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 Ochsner Medical Center-Baton Rouge 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 and stakeholder organizations.

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

OCHSNER MEDICAL CENTER – BATON ROUGE

September, 2015
<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>Jefferson Healthcare &amp; Education Foundation, Inc.</td>
<td>Jefferson</td>
<td>2321 North Hullen Street</td>
<td>70094</td>
<td><a href="http://www.pagc.com">http://www.pagc.com</a></td>
<td>Provides support for individuals to take part in volunteer projects and work at other non-profit agencies and/or provides support and supervision in various community and health and fitness agencies relevant to each individual’s interests.</td>
<td>X</td>
</tr>
<tr>
<td>Jefferson Healthcare &amp; Education Foundation, Inc.</td>
<td>Jefferson</td>
<td>2605 River Road</td>
<td>70094</td>
<td><a href="http://www.beaconbh.com/kntrl2.com/">http://www.beaconbh.com/kntrl2.com/</a></td>
<td>Provides support services to individuals with developmental disabilities.</td>
<td>X</td>
</tr>
<tr>
<td>Organization/Provider</td>
<td>Counties Served</td>
<td>Contact Information</td>
<td>Zip Code</td>
<td>Internet Information</td>
<td>Population Served</td>
<td>Services Provided</td>
</tr>
<tr>
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<td>------------------</td>
</tr>
<tr>
<td>Jefferson, Orleans, St. Bernard</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.gatewayrecovery.com/">http://www.gatewayrecovery.com/</a></td>
<td>70002</td>
<td>Edgewood Health Center</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://duracarecounseling.com/services">http://duracarecounseling.com/services</a></td>
<td>70002</td>
<td>Edgewood Health Center</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.ejgh.org/">http://www.ejgh.org/</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.fhfjefferson.org">http://www.fhfjefferson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.erpjefferson.org">http://www.erpjefferson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.hscjefferson.org">http://www.hscjefferson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.cecjefferson.org">http://www.cecjefferson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.lacityhealth.org">http://www.lacityhealth.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.mhbjohnson.org">http://www.mhbjohnson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.npsjefferson.org">http://www.npsjefferson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.phdjefferson.org">http://www.phdjefferson.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.salesianhosp.org">http://www.salesianhosp.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3525 N. Causeway #700, Metairie, LA 70002</td>
<td><a href="http://www.tarahealthcare.org">http://www.tarahealthcare.org</a></td>
<td>70002</td>
<td>More Information</td>
<td>*</td>
<td>*</td>
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<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>Bridge 6 Community Center 651 Third Street Bridge, LA 70068 Telephone: (504) 286-6526</td>
<td>70068</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides emergency assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. South Central Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Dorothy R. Whilden Community Center 1000 S. Myrtle Street Harvey, LA 70058 Telephone: (504) 838-5257</td>
<td>70058</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Harvey Community Center 1500 Elise Street Harvey, LA 70058 Telephone: (504) 838-6277</td>
<td>70058</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Harriet Banks Youth Center 1313 S. Convent Blvd Harvey, LA 70058 Telephone: (504) 838-1313</td>
<td>70058</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>L. E. Chartier Community Center 600 E. South Street Kenner, LA 70062 Telephone: (504) 838-6136</td>
<td>70062</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Matinee Community &amp; Senior Center 806 Johnson St Metairie, LA 70072 Telephone: (504) 838-8400</td>
<td>70072</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Harvey Head Start 3157 Highway 11 Harvey, LA 70057 Telephone: (504) 249-2944</td>
<td>70057</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Harvey Head Start 232 Tchoupitoulas Street Harvey, LA 70057 Telephone: (504) 249-2944</td>
<td>70057</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Marrero Senior Center 1861 Ames Blvd. Marrero, LA 70072 Telephone: (504) 349-5950</td>
<td>70072</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
<td>Jefferson Community Action Programs (JeffCAP)</td>
<td>Jefferson</td>
<td>Marrero Community &amp; Senior Center 3616 I-10 Service Road South Harvey, LA 70058 Telephone: (504) 349-5414</td>
<td>70058</td>
<td><a href="http://jeffparish.net/index.asp">http://jeffparish.net/index.asp</a></td>
<td>Jefferson Parish</td>
<td>Provides education, assistance for rent, utilities, and medical services. Provides temporary punch cards for food, utilities, and medical services. They also host a Head Start, Senior, Child Development and Out Association activities. Education, low-income assistance, and services are also offered. Greater New Orleans Area Application Center for Medicaid.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Jefferson Parish Human Services Authority</td>
<td>Jefferson Parish</td>
<td>Telephone: (504) 349-5500</td>
<td>70094</td>
<td>jeffparish.net/index.asp</td>
<td>Residents of Jefferson Parish</td>
<td>Provides educational programming for all ages, primary, preventive, behavioral and dental health care for adults and children.</td>
</tr>
<tr>
<td>Tangerine East Head Start</td>
<td>Jefferson Parish</td>
<td>149 Ludwig Lane, Grand Isle, LA 70358</td>
<td>70094</td>
<td>(504) 364-2716</td>
<td>Adults and children.</td>
<td>owns a comprehensive state of healthcare for children and families.</td>
</tr>
<tr>
<td>Kenner Head Start</td>
<td>Jefferson Parish</td>
<td>606 Clay Street, Kenner, LA 70062</td>
<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
</tr>
<tr>
<td>Kenner Head Start</td>
<td>Jefferson Parish</td>
<td>200 Decatur Street, Kenner, LA 70062</td>
<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
</tr>
<tr>
<td>Terrytown-Gretna Head Start</td>
<td>Jefferson Parish</td>
<td>1000 West Esplanade Ave., Jefferson, LA 70072</td>
<td>70072</td>
<td>Michael Prentice, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
</tr>
<tr>
<td>Jutland Head Start</td>
<td>Jefferson Parish</td>
<td>604 Clay Street, Kenner, LA 70062</td>
<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
</tr>
<tr>
<td>Jefferson Parish Library System (JeffCAP)</td>
<td>Jefferson Parish</td>
<td>200 Decatur Street, Kenner, LA 70062</td>
<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
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<tr>
<th>Region/Provider</th>
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<th>Zip Code</th>
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<tr>
<td>Jefferson Parish Library System (JeffCAP)</td>
<td>Jefferson Parish</td>
<td>200 Decatur Street, Kenner, LA 70062</td>
<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
</tr>
<tr>
<td>Terrytown-Gretna Head Start</td>
<td>Jefferson Parish</td>
<td>1000 West Esplanade Ave., Jefferson, LA 70072</td>
<td>70072</td>
<td>Michael Prentice, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
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<tr>
<td>Jutland Head Start</td>
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<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
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<td>Jefferson Parish Library System (JeffCAP)</td>
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<td>200 Decatur Street, Kenner, LA 70062</td>
<td>70072</td>
<td>Linda Morris, Center Supervisor</td>
<td>Residents of Jefferson Parish</td>
<td>provides educational programming, free medical services, nutrition, education, and increased understanding of values.</td>
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<td>Organization Provider</td>
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<td>Services Provided</td>
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</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>630 West Esplanade Ave.</td>
<td>70121</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
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<td></td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>3103 St. Stephen's Rd.</td>
<td>70121</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
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</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>3050 Jefferson Hwy.</td>
<td>70121</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>8266 Metairie Rd.</td>
<td>70003</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
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</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>2979 E. New Orleans Ave.</td>
<td>70121</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
<td></td>
<td></td>
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<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
<td>70001</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jefferson Parish Library</td>
<td>Jefferson</td>
<td>2751 Manhattan Blvd.</td>
<td>70056</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
<td></td>
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<tr>
<td>Hispanic Resource Center</td>
<td>Jefferson</td>
<td>2300 Metairie Rd.</td>
<td>70003</td>
<td>provides youth education, nutrition, opportunities to improve the quality of life, and parent education.</td>
<td></td>
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<tr>
<td>Ochsner Health Center - Gretna</td>
<td>Jefferson</td>
<td>4747 West Napoleon Ave.</td>
<td>70053</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Destrehan Family Health</td>
<td>Jefferson</td>
<td>4917 City Park Drive</td>
<td>70086</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Kenner</td>
<td>Jefferson</td>
<td>6646 Riverside Drive</td>
<td>70072</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>2760 N. 17th St.</td>
<td>70001</td>
<td>provides educational programming for all ages, community activities, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>1221 S. Clearview Pkwy.</td>
<td>70065</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>2300 Metairie Rd.</td>
<td>70003</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
<td></td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>3103 St. Stephen's Rd.</td>
<td>70121</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>3050 Jefferson Hwy.</td>
<td>70121</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>8266 Metairie Rd.</td>
<td>70003</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>2979 E. New Orleans Ave.</td>
<td>70121</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
<td>70001</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>2751 Manhattan Blvd.</td>
<td>70056</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
<td>70001</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>2751 Manhattan Blvd.</td>
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<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
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<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
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<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Metairie</td>
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<td>2751 Manhattan Blvd.</td>
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<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Metairie</td>
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<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
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<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Metairie</td>
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<td>2751 Manhattan Blvd.</td>
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<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
<td>70001</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>2751 Manhattan Blvd.</td>
<td>70056</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<tr>
<td>Ochsner Health Center - Metairie</td>
<td>Jefferson</td>
<td>3000 26th Street, Suite 100, Metairie, LA 70001</td>
<td>70001</td>
<td>provides educational programming for all ages, evening races, internet access, and health services.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center - Kenner</td>
<td>70065</td>
<td>Jefferson</td>
<td>Provides primary, preventive, and specialty health care</td>
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<tr>
<td>Ochsner Health System</td>
<td>St. John the Baptist</td>
<td>Ochsner Medical Center - Slidell</td>
<td>70461</td>
<td>Slidell &amp; Hahn</td>
<td>Provides primary, preventive, specialty, pediatrics, and urgent health care</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Complex – River Parishes</td>
<td>70121</td>
<td>Luling</td>
<td>Provides primary, preventive, behavioral, mental, and emergency health care. Also provides youth education and information</td>
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<td>Ochsner Health System</td>
<td>St. John the Baptist</td>
<td>Ochsner Health Center - Luling</td>
<td>70065</td>
<td>Luling</td>
<td>Provides primary, preventive, and specialty health care</td>
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<tr>
<td>Ochsner Health System</td>
<td>St. Charles</td>
<td>Ochsner Health Center – River Parishes</td>
<td>70070</td>
<td>Luling</td>
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<tr>
<td>Ochsner Health System</td>
<td>St. John the Baptist</td>
<td>Ochsner Health Center - La Place Medical</td>
<td>70068</td>
<td>La Place</td>
<td>No restrictions</td>
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<td>Ochsner Health System</td>
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<td>Ochsner Health Center - Metairie</td>
<td>70003</td>
<td>Metairie</td>
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<td>Ochsner Health System</td>
<td>St. John the Baptist</td>
<td>Ochsner Health Center - Lapalco</td>
<td>70065</td>
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<td>Provides personal care. Application Center for Medicaid.</td>
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<tr>
<td>Ochsner Health System</td>
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<td>Ochsner Health Center For Children - Destrehan</td>
<td>70056</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Health Center For Children - New Orleans</td>
<td>70121</td>
<td>New Orleans</td>
<td>No restrictions</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center - Kenner</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care for children.</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center For Children - Slidell</td>
<td>70461</td>
<td>Slidell</td>
<td>Provides specialty pediatrics to care.</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Hospital For Children – New Orleans</td>
<td>70121</td>
<td>New Orleans</td>
<td>Provides specialty pediatrics to care.</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Slidell – Baptist Hospital</td>
<td>70461</td>
<td>Slidell</td>
<td>Provides primary, preventive, specialty, and emergency health care for children.</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Slidell – Baptist Hospital</td>
<td>70461</td>
<td>Slidell</td>
<td>Provides preventive and specialty health care</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Kenner Baptist Hospital Building - Ochsner Health Clinic</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<tr>
<td>Ochsner Health System</td>
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<td>Ochsner Medical Center – Kenner Memorial Hospital</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
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<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<tr>
<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<td>Ochsner Health System</td>
<td>Jefferson</td>
<td>Ochsner Medical Center – Baptist Medical Center Campus</td>
<td>70065</td>
<td>Kenner</td>
<td>Provides primary, preventive, specialty, and emergency health care.</td>
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<tr>
<td>Mercy Community Alternatives, Inc.</td>
<td>St. Charles</td>
<td>713 Audubon Rd, Suite 9</td>
<td>70062</td>
<td>New Orleans</td>
<td>Phone: 504-443-9500</td>
<td></td>
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<tr>
<td>Mercy Community Alternatives, Inc.</td>
<td>Jefferson</td>
<td>5351 Veterans Memorial Boulevard</td>
<td>70003</td>
<td>Kenner</td>
<td>Phone: 504-371-9355</td>
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<th>Services Provided</th>
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<tr>
<td>RESOURCES FOR HUMAN DEVELOPMENT</td>
<td>Jefferson</td>
<td>Resilience, 1901 West Bank Expressway, Suite 550, Harvey, LA 70058 Phone: 504-247-9120</td>
<td>70056</td>
<td>(504) 832-5125</td>
<td><a href="http://www.rhd.org/Program.aspx?pid=7">http://www.rhd.org/Program.aspx?pid=7</a></td>
<td>70056</td>
<td>Provides community based services to individuals with severe and persistent mental illness. Their mental illness may also be accompanied by a substance abuse disorder and/or a developmental disability. ACT is an evidence-based, recovery oriented, intensive and case management service delivery model that provides a holistic, comprehensive, empowerment, and strengths-based approach. The program supports consumers in their efforts to enhance quality of life and functioning.</td>
</tr>
<tr>
<td>RESOURCES FOR HUMAN DEVELOPMENT</td>
<td>Jefferson</td>
<td>Resilience, 1901 West Bank Expressway, Suite 550, Harvey, LA 70058 Phone: 504-247-9120</td>
<td>70056</td>
<td>(504) 832-5125</td>
<td><a href="http://www.rhd.org/Program.aspx?pid=4">http://www.rhd.org/Program.aspx?pid=4</a></td>
<td>70056</td>
<td>Provides substance abuse services. The primary goal of the program is to lessen or eliminate recurrent acute episodes of the illness and to consumer experiences, minimize or prevent further deterioration of the consumer's overall health, enhance quality of life and functioning.</td>
</tr>
<tr>
<td>RESOURCES FOR HUMAN DEVELOPMENT</td>
<td>Jefferson</td>
<td>Resilience, 1901 West Bank Expressway, Suite 550, Harvey, LA 70058 Phone: 504-247-9120</td>
<td>70056</td>
<td>(504) 832-5125</td>
<td><a href="http://www.rhd.org/Program.aspx?pid=2253">http://www.rhd.org/Program.aspx?pid=2253</a></td>
<td>70056</td>
<td>Provides substance abuse services. The primary goal of the program is to lessen or eliminate recurrent acute episodes of the illness and to consumer experiences, minimize or prevent further deterioration of the consumer's overall health, enhance quality of life and functioning.</td>
</tr>
<tr>
<td>RESOURCES FOR HUMAN DEVELOPMENT</td>
<td>Jefferson</td>
<td>Family House Louisiana, 121 North Third St., Suite A, 1 Mandeville, LA 70471 Phone: (504) 376-2524</td>
<td>70471</td>
<td>(504) 247-9120</td>
<td><a href="http://www.rhd.org/Program.aspx?pid=42">http://www.rhd.org/Program.aspx?pid=42</a></td>
<td>70471</td>
<td>Provides substance abuse services. The primary goal of the program is to lessen or eliminate recurrent acute episodes of the illness and to consumer experiences, minimize or prevent further deterioration of the consumer's overall health, enhance quality of life and functioning.</td>
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<td>Organization/Provider</td>
<td>Counties Served</td>
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<tr>
<td>St. John the Baptist Parish Library</td>
<td>St. John the Baptist Parish</td>
<td>626 Pine St., Suite A</td>
<td>70064</td>
<td><a href="http://www.sjparks.org/branches.html">http://www.sjparks.org/branches.html</a></td>
<td>Residents of St. John the Baptist Parish</td>
<td>Provides public transportation and paratransit services.</td>
<td></td>
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<tr>
<td>River Parishes Human Services Authority</td>
<td>St. Charles, St. John, and Terrebonne</td>
<td>14996 River Road, Suite A</td>
<td>70065</td>
<td><a href="http://www.sclhsa.org/">http://www.sclhsa.org/</a></td>
<td>Residents of St. Charles, St. John, and Terrebonne Parishes</td>
<td>Provides primary healthcare, addictive disorder, developmental disability and mental health services for adults and children.</td>
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</tr>
<tr>
<td>South Central Louisiana Human Services Authority</td>
<td>St. Charles, St. John, and Terrebonne</td>
<td>421 Airline Highway, Suite L</td>
<td>70068</td>
<td><a href="http://www.sclhsa.org/">http://www.sclhsa.org/</a></td>
<td>Residents of St. Charles, St. John, and Terrebonne Parishes</td>
<td>Provides primary healthcare, addictive disorder, developmental disability and mental health services for adults and children.</td>
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<tr>
<td>South Central Louisiana Human Services Authority</td>
<td>St. Charles, St. John, and Terrebonne</td>
<td>421 Airline Highway, Suite L</td>
<td>70068</td>
<td><a href="http://www.sclhsa.org/">http://www.sclhsa.org/</a></td>
<td>Residents of St. Charles, St. John, and Terrebonne Parishes</td>
<td>Provides primary healthcare, addictive disorder, developmental disability and mental health services for adults and children.</td>
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<td>St. Charles Parish Library</td>
<td>St. Charles</td>
<td>307 Audubon Street</td>
<td>70064</td>
<td><a href="http://stjohn.lib.la.us/d&amp;bbsys=0&amp;bbrt=0">http://stjohn.lib.la.us/d&amp;bbsys=0&amp;bbrt=0</a></td>
<td>Residents of St. Charles Parish</td>
<td>Programs for children including access to nutrition, education, and recreation.</td>
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<tr>
<td>St. Charles Parish Library</td>
<td>St. Charles</td>
<td>2920 Highway 51</td>
<td>70069</td>
<td><a href="http://stjohn.lib.la.us/">http://stjohn.lib.la.us/</a></td>
<td>Residents of St. Charles Parish</td>
<td>Provides educational programming for all ages, accessibility, and health awareness.</td>
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<td>St. John the Baptist Parish Library</td>
<td>St. John the Baptist Parish</td>
<td>114 Oak Forest Rd.</td>
<td>70049</td>
<td><a href="http://www.sjparks.org/branches.html">http://www.sjparks.org/branches.html</a></td>
<td>Residents of St. John the Baptist Parish</td>
<td>Provides educational programming for all ages, accessibility, and health awareness.</td>
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<td>St. John the Baptist Parish Library</td>
<td>St. John the Baptist Parish</td>
<td>214 River Park Rd.</td>
<td>70049</td>
<td><a href="http://www.wwc.org/">http://www.wwc.org/</a></td>
<td>Residents of St. John the Baptist Parish</td>
<td>Programs for seniors including access to nutrition, education, and recreation.</td>
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<tr>
<td>South African Clinic</td>
<td>New Orleans</td>
<td>300 Audubon Street</td>
<td>71308</td>
<td><a href="http://www.bbc.org/">http://www.bbc.org/</a></td>
<td>Residents of New Orleans</td>
<td>Provides educational programming for all ages, accessibility, and health awareness.</td>
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<td>Behavioral Health Clinic – Metairie</td>
<td>Jefferson</td>
<td>Provides adult and pediatric primary and preventive care.</td>
<td>70057</td>
<td><a href="http://www.gnmh.org/">http://www.gnmh.org/</a></td>
<td>Jefferson</td>
<td>Behavioral health (psychiatry, counseling, etc.)</td>
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<tr>
<td>Tulane-Lakeside Hospital</td>
<td>Jefferson</td>
<td>Provides substance abuse services.</td>
<td>70121</td>
<td><a href="http://tulane.edu/som/patients/inde">http://tulane.edu/som/patients/inde</a></td>
<td>Jefferson</td>
<td>Substance abuse</td>
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<td>Jefferson</td>
<td>Jefferson</td>
<td>Provides primary, preventive, behavioral, and women’s health care, health education, nutritional education, and access to HIV and methadone.</td>
<td>70005</td>
<td><a href="http://tulane.edu/som/departments">http://tulane.edu/som/departments</a></td>
<td>Jefferson</td>
<td>Pediatric Behavioral health, Substance abuse, Prevention nutrition, Education, Access to services, HIV and methadone</td>
<td></td>
</tr>
<tr>
<td>Manhattan Clinic</td>
<td>Jefferson</td>
<td>Provides transportation, information on community services, and nutrition and social cooperation.</td>
<td>70006</td>
<td><a href="http://www.ysbworks.com/contact">http://www.ysbworks.com/contact</a></td>
<td>Jefferson</td>
<td>Transportation, Information, Community services, Nutrition and Social cooperation</td>
<td></td>
</tr>
<tr>
<td>Lapalco Clinic</td>
<td>Jefferson</td>
<td>Provides transportation, information on community services, and recreation and social opportunities.</td>
<td>70072</td>
<td><a href="http://www.ysbworks.com/contact">http://www.ysbworks.com/contact</a></td>
<td>Jefferson</td>
<td>Transportation, Information, Community services, Recreation and Social opportunities</td>
<td></td>
</tr>
<tr>
<td>JPHSA Clinic</td>
<td>Jefferson</td>
<td>Provides transportation, information on community services, and recreation and social opportunities.</td>
<td>70094</td>
<td><a href="http://www.temsela.org/contact_us">http://www.temsela.org/contact_us</a></td>
<td>Jefferson</td>
<td>Transportation, Information, Community services, Recreation and Social opportunities</td>
<td></td>
</tr>
<tr>
<td>The YMCA</td>
<td>Jefferson</td>
<td>Provides access to community, social, and recreational opportunities.</td>
<td>70001</td>
<td><a href="http://www.ysbworks.com/contact">http://www.ysbworks.com/contact</a></td>
<td>Jefferson</td>
<td>Access to Community, Social, and Recreational Opportunities</td>
<td></td>
</tr>
<tr>
<td>St. Charles</td>
<td>Jefferson</td>
<td>Provides transportation, information on community services, and recreation and social opportunities.</td>
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<td><a href="http://www.ysbworks.com/contact">http://www.ysbworks.com/contact</a></td>
<td>Jefferson</td>
<td>Transportation, Information, Community services, Recreation and Social opportunities</td>
<td></td>
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<tr>
<td>Baptist</td>
<td>Jefferson</td>
<td>Provides transportation, information on community services, and recreation and social opportunities.</td>
<td>70001</td>
<td><a href="http://www.ysbworks.com/contact">http://www.ysbworks.com/contact</a></td>
<td>Jefferson</td>
<td>Transportation, Information, Community services, Recreation and Social opportunities</td>
<td></td>
</tr>
</tbody>
</table>

**ACCESS TO HEALTHCARE AND MEDICAL SERVICES**
- Limited availability of affordable preventive care
- Limited availability of medical professionals
- Costly fees that may be unaffordable for some
- Cost of health insurance

**BEHAVIORAL HEALTH AND SUBSTANCE ABUSE**
- Substance abuse
- Pediatric Behavioral health (psychiatry, counseling, etc.)

**RESOURCE AWARENESS AND HEALTH LITERACY**
- Services for Latino/Vietnamese residents (including health care)
- Collaboration of business, hospitals and communities
- Limited outreach service provision

**ACCESS TO HEALTHY OPTIONS**
- Healthy nutrition
- Recreational activities availability
- Public transportation availability
- Supervision of young people

**BEHAVIORS THAT IMPACT HEALTH**
- Smoking
- Alcohol
- Physical inactivity
- Tobacco
- Nutrition
- Stress
- Poor sleep
- Social isolation
- Substance use
- Sexual behavior

**SUPERVISION OF YOUTH**
- Supervision of young people
- Juvenile justice programs
- Family support services
- Youth mentoring programs

**YOUTH SERVICES**
- Provides substance abuse services
- Provides mental health services
- Provides family services
- Provides education programs
- Youth support services

**ADULT AND JUVENILE JUSTICE PROGRAMS**
- Provides substance abuse services
- Provides mental health services
- Provides family services
- Provides education programs
- Youth support services

**LONG-TERM CARE SERVICES**
- Provides long-term care services
- Provides home health services
- Provides adult day care services

**YOUTH MENTAL HEALTH SERVICES**
- Provides mental health services
- Provides education programs
- Youth support services

**ADULT MENTAL HEALTH SERVICES**
- Provides mental health services
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APPENDIX B

Secondary Data Profile

OCHSNER MEDICAL CENTER – BATON ROUGE
August, 2015
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  Social and Economic Factors
  Physical Environment

  Clinical Care
  Health Behaviors
  Health Outcomes

County Health Rankings

Substance Abuse and Mental Health

America’s Health Rankings
Community Health Needs Assessment
Ochsner Medical Center – Baton Rouge

Ochsner Medical Center Baton Rouge Study Area Definition

While community can be defined in many ways, for the purposes of this report, the Ochsner Medical Center Baton Rouge (OMC Baton Rouge) community is defined as 24 zip codes – including 5 parishes that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Table 1. OMC Baton Rouge 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>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzales</td>
<td>70737</td>
<td>Ascension Parish</td>
<td>Baton Rouge</td>
<td>70814</td>
<td>East Baton Rouge Parish</td>
</tr>
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<td>Prairieville</td>
<td>70769</td>
<td>Ascension Parish</td>
<td>Baton Rouge</td>
<td>70815</td>
<td>East Baton Rouge Parish</td>
</tr>
<tr>
<td>Baker</td>
<td>70714</td>
<td>East Baton Rouge Parish</td>
<td>Baton Rouge</td>
<td>70816</td>
<td>East Baton Rouge Parish</td>
</tr>
<tr>
<td>Greenwell Springs</td>
<td>70739</td>
<td>East Baton Rouge Parish</td>
<td>Baton Rouge</td>
<td>70817</td>
<td>East Baton Rouge Parish</td>
</tr>
<tr>
<td>Zachary</td>
<td>70791</td>
<td>East Baton Rouge Parish</td>
<td>Baton Rouge</td>
<td>70818</td>
<td>East Baton Rouge Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70802</td>
<td>East Baton Rouge Parish</td>
<td>Baton Rouge</td>
<td>70819</td>
<td>East Baton Rouge Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70805</td>
<td>East Baton Rouge Parish</td>
<td>Plaquemine</td>
<td>70764</td>
<td>Iberville Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70806</td>
<td>East Baton Rouge Parish</td>
<td>Denham Springs</td>
<td>70706</td>
<td>Livingston Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70807</td>
<td>East Baton Rouge Parish</td>
<td>Denham Springs</td>
<td>70726</td>
<td>Livingston Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70808</td>
<td>East Baton Rouge Parish</td>
<td>Livingston</td>
<td>70754</td>
<td>Livingston Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70809</td>
<td>East Baton Rouge Parish</td>
<td>Walker</td>
<td>70785</td>
<td>Livingston Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70810</td>
<td>East Baton Rouge Parish</td>
<td>Port Allen</td>
<td>70767</td>
<td>West Baton Rouge Parish</td>
</tr>
</tbody>
</table>

Figure 1. Map of Ochsner Medical Center Baton Rouge Study Area
Demographic Data

Tripp Umbach gathered data from Truven Health Analytics, Inc. to assess the demographics of the Ochsner Medical Center Baton Rouge study area. Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

Population Change

The OMC Baton Rouge study area encompasses more than 600,000 residents.

In 2015, the largest parish in the study area is East Baton Rouge Parish with 445,311 residents in 2015.

From 2015 to 2020, Ascension Parish is projected to experience the largest percentage change in population with a 7.4% increase (8,777 people).

East Baton Rouge Parish is projected to experience the largest rise in number of residents, going from 445,311 residents in 2015 to 455,297 residents in 2020 (an increase of 9,986 residents, 2.2%).

All four parishes in the study area are expected to increase in population between 2015 and 2020; adding an additional 22,742 people to the OMC Baton Rouge study area.

Table 2. Population Size and Change Projections 2015, 2020

<table>
<thead>
<tr>
<th></th>
<th>OMC Baton Rouge Study Area</th>
<th>Ascension Parish</th>
<th>East Baton Rouge Parish</th>
<th>Iberville Parish</th>
<th>Livingston Parish</th>
<th>Louisiana</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Total Population</td>
<td>618,807</td>
<td>118,325</td>
<td>445,311</td>
<td>34,539</td>
<td>132,798</td>
<td>4,662,874</td>
<td>319,459,991</td>
</tr>
<tr>
<td>2020 Projected Population</td>
<td>641,549</td>
<td>127,102</td>
<td>455,297</td>
<td>34,936</td>
<td>140,699</td>
<td>4,800,027</td>
<td>330,689,265</td>
</tr>
<tr>
<td># Change</td>
<td>22,742</td>
<td>8,777</td>
<td>9,986</td>
<td>397</td>
<td>7,901</td>
<td>137,153</td>
<td>11,229,374</td>
</tr>
<tr>
<td>% Change</td>
<td>3.7%</td>
<td>7.4%</td>
<td>2.2%</td>
<td>1.1%</td>
<td>5.9%</td>
<td>2.9%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
The gender breakdown for the OMC Baton Rouge study area is generally consistent across the parishes/counties and similar to state and national norms.

**Age**
Iberville Parish reports the largest population of residents aged 65 and older (14.0%) followed by East Baton Rouge Parish (12.6%), and Livingston Parish (11.9%).

**Chart 3. Age (2015)**

**Race**

Livingston Parish reports the highest White, Non-Hispanic population percentage at 88.1%, this is much higher than state (59.1%) and national norms (61.8%).

Iberville Parish reports the highest Black, Non-Hispanic population across the study area counties at 47.1%; East Baton Rouge Parish reports the second highest percentage at 45.9%.

All of the study area parishes report lower rates of Hispanic residents as compared with the country (17.6%). Ascension Parish reports the highest Hispanic population rate at 5.2%. East Baton Rouge Parish reports the highest percentage of Asian or Pacific Islander residents (3.2%) as compared with the other parishes in the study area.
**Education Level**

Iberville Parish reports the highest rate of residents with ‘Less than a high school’ degree (8.0%).

East Baton Rouge Parish reports the highest rate of residents with a Bachelor’s degree or higher with 34.4%; this is higher than state (21.7%) and national (28.9%) norms.
**Income**

Iberville Parish reports the lowest average annual household income for the OMC Baton Rouge study area at $60,809.

Ascension Parish reports the highest average annual household income compared to the other parishes in the study area at $84,045; higher than state ($64,209) and national norms ($74,165). East Baton Rouge Parish is second highest at $71,173.

Iberville Parish and East Baton Rouge Parish report the highest rates of households that earn less than $15,000 per year (18.6% and 15.6% respectively).
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

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17 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:

Income Barrier
Percentage of households below poverty line, with head of household age 65 or more
Percentage of families with children under 18 below poverty line
Percentage of single female-headed families with children under 18 below poverty line

Cultural Barrier
Percentage of population that is minority (including Hispanic ethnicity)
Percentage of population over age 5 that speaks English poorly or not at all

Education Barrier
Percentage of population over 25 without a high school diploma

Insurance Barrier
Percentage of population in the labor force, aged 16 or more, without employment
Percentage of population without health insurance

Housing Barrier
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.

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

<table>
<thead>
<tr>
<th>Zip</th>
<th>Community Name</th>
<th>Parish</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>
</thead>
<tbody>
<tr>
<td>70802</td>
<td>Baton Rouge</td>
<td>East Baton Rouge</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>70805</td>
<td>Baton Rouge</td>
<td>East Baton Rouge</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>70807</td>
<td>Baton Rouge</td>
<td>East Baton Rouge</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>70806</td>
<td>Baton Rouge</td>
<td>East Baton Rouge</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4.6</td>
<td>4.6</td>
<td>0.0</td>
</tr>
<tr>
<td>70764</td>
<td>Plaquemine</td>
<td>Iberville</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4.2</td>
<td>n/a</td>
<td>---</td>
</tr>
<tr>
<td>70767</td>
<td>Port Allen</td>
<td>West Baton Rouge</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4.2</td>
<td>n/a</td>
<td>---</td>
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</table>
## Community Health Needs Assessment

**Ochsner Medical Center – Baton Rouge**

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Location</th>
<th>Tripp Umbach</th>
</tr>
</thead>
<tbody>
<tr>
<td>70814</td>
<td>Baton Rouge</td>
<td>3.8 2.8 + 1.0</td>
</tr>
<tr>
<td>70815</td>
<td>Baton Rouge</td>
<td>3.8 3.8 0.0</td>
</tr>
<tr>
<td>70816</td>
<td>Baton Rouge</td>
<td>3.8 3.0 + 0.8</td>
</tr>
<tr>
<td>70714</td>
<td>Baker</td>
<td>3.6 3.4 + 0.2</td>
</tr>
<tr>
<td>70726</td>
<td>Denham Springs</td>
<td>3.4 3.0 + 0.4</td>
</tr>
<tr>
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<td>Gonzales</td>
<td>3.4 3.2 + 0.2</td>
</tr>
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<td>Baton Rouge</td>
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<td>2.4 1.8 + 0.6</td>
</tr>
<tr>
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<td>Baton Rouge</td>
<td>2.4 1.8 + 0.6</td>
</tr>
<tr>
<td>70739</td>
<td>Greenwell Springs</td>
<td>2.2 2.0 + 0.2</td>
</tr>
<tr>
<td>70769</td>
<td>Prairieville</td>
<td>2.2 1.6 + 0.6</td>
</tr>
<tr>
<td>70817</td>
<td>Baton Rouge</td>
<td>2.2 1.6 + 0.2</td>
</tr>
</tbody>
</table>

A total of 18 of the 24 zip code areas (75%) for the OMC Baton Rouge study area fall above the median score for the scale (3.0), none fall at the median, and 6 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.
Across the 24 OMC Baton Rouge study area zip codes:

1 experienced a decline in their CNI score from 2011 to 2015, indicating a shift to fewer barriers to health care access (green, negative values)
5 remained the same from 2011 to 2015
16 experienced a rise in their CNI score from 2011 to 2015, indicating a shift to more barriers to health care access (red, positive values)
2 did not have comparable 2011 data (n/a values)

Zip code area 70814 of Baton Rouge experienced the largest rise in CNI score, going from 2.8 in 2011 to 3.8 in 2015.
Figure 3. OMC Baton Rouge Study Area 2011 - 2015 CNI Difference Map

Table 4. OMC Baton Rouge - 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>Un-employed</th>
<th>Un-insured</th>
<th>Renting</th>
</tr>
</thead>
<tbody>
<tr>
<td>70802</td>
<td>Baton Rouge</td>
<td>5.0</td>
<td>25.6%</td>
<td>48.6%</td>
<td>59.5%</td>
<td>0.8%</td>
<td>81.0%</td>
<td>22.2%</td>
<td>13.6%</td>
<td>30.5%</td>
<td>62.7%</td>
</tr>
<tr>
<td>70805</td>
<td>Baton Rouge</td>
<td>5.0</td>
<td>26.6%</td>
<td>45.3%</td>
<td>53.1%</td>
<td>0.9%</td>
<td>96.0%</td>
<td>25.9%</td>
<td>13.7%</td>
<td>25.8%</td>
<td>55.2%</td>
</tr>
</tbody>
</table>
For the OMC Baton Rouge study area there are three zip code areas with CNI scores of 5.0, indicating significant barriers to health care access. These zip code areas are: 70802, 70805, and 70807 – Baton Rouge. These same three zip codes

70807 – Baton Rouge reports the highest rates in six of the nine areas represented in Table 4 (above): residents aged 65 and older living in poverty (27.4%); married parents
living in poverty with children (51.9%); single parents living in poverty with children (64.6%); and, residents with no high school diploma (27.4%). 70807 – Baton Rouge also reports the highest rate of unemployed residents at 18.4%; more than double the state (6.6%) and more than triple the national (5.5%) rates.\(^\text{18}\) 96.7% of the residents in zip code area 70807 (Baton Rouge) are minorities; the highest rate for the study area. Zip code area 70802 in Baton Rouge reports the highest rates of uninsured residents (30.5%) and residents that rent (62.7%). 4.2% of residents living in zip code area 70819 experience limited English proficiency; the highest rate for the study area.

On the other end of the spectrum, the lowest CNI score for the study area is 2.2 in 70739 – Greenwell Springs, 70769 – Prairieville, and 70817 – Baton Rouge.

Zip code area 70817 – Baton Rouge reports the lowest rates of residents aged 65 and older living in poverty (4.5%); married and single parents living in poverty with their children for the study area (6.3% and 15.5%, respectively). 70817 also reports the lowest rate of uninsured residents at 5.7%. 70769 – Prairieville and 70706 – Denham Springs show the lowest rate of renters at 12.1%. Zip code area 70754 – Livingston reports the lowest minority rate for the study area at 7.2%. Baton Rouge zip code area 70808 reports the lowest rates of residents without a high school diploma at only 3.5%. Baton Rouge (70809) reports the lowest unemployment rate for the study area at only 4.4% and residents aged 65 and older living in poverty (4.5%). Four zip code areas (70706 – Denham Springs, 70791 – Zachary, 70785 – Walker, and 70754 – Livingston) report the lowest rate of residents with limited English proficiency at 0.1%.

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Chart 8. Overall CNI Values - OMC Baton Rouge & Parishes

OMC Baton Rouge Study Area: 3.5
Ascension: 2.8
East Baton Rouge: 3.7
Iberville: 4.0
Livingston: 3.0
Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI)\(^{19}\)

**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:

**Chronic Lung Conditions**

PQI 5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40+)

Admission Rate\(^{20}\)

PQI 15 Asthma in Younger Adults Admission Rate\(^{21}\)

**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

**Heart Conditions**

PQI 7 Hypertension Admission Rate

PQI 8 Congestive Heart Failure Admission Rate

\(^{19}\) 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.

\(^{20}\) 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

\(^{21}\) 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”).
Other Conditions

PQI 2  Perforated Appendix Admission Rate\(^{22}\)

PQI 9  Low Birth Weight Rate\(^{23}\)

PQI 10  Dehydration Admission Rate

PQI 11  Bacterial Pneumonia Admission Rate

PQI 12  Urinary Tract Infection Admission Rate

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Chronic Lung Conditions</td>
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</tr>
<tr>
<td>COPD or Adult Asthma (PQI5)</td>
<td>292.21</td>
<td>531.03</td>
<td>495.71</td>
<td>- 238.82</td>
<td>- 203.50</td>
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<tr>
<td>Asthma in Younger Adults (PQI15)</td>
<td>34.27</td>
<td>42.83</td>
<td>46.02</td>
<td>- 8.56</td>
<td>- 11.75</td>
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<td>Diabetes</td>
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<tr>
<td>Diabetes Short-Term Complications (PQI1)</td>
<td>79.02</td>
<td>98.10</td>
<td>63.86</td>
<td>- 19.08</td>
<td>+ 15.16</td>
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<tr>
<td>Diabetes Long-Term Complications (PQI3)</td>
<td>97.22</td>
<td>126.06</td>
<td>105.72</td>
<td>- 28.84</td>
<td>- 8.50</td>
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<tr>
<td>Uncontrolled Diabetes (PQI14)</td>
<td>6.32</td>
<td>15.57</td>
<td>15.72</td>
<td>- 9.25</td>
<td>- 9.40</td>
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<tr>
<td>Lower Extremity Amputation Among Diabetics (PQI16)</td>
<td>9.12</td>
<td>12.74</td>
<td>16.50</td>
<td>- 3.62</td>
<td>- 7.38</td>
</tr>
<tr>
<td>Heart Conditions</td>
<td></td>
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</tbody>
</table>

\(^{22}\) 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.

\(^{23}\) 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.
### Community Health Needs Assessment

**Ochsner Medical Center – Baton Rouge**

<table>
<thead>
<tr>
<th>Condition (PQI)</th>
<th>OMC Baton Rouge</th>
<th>National Rate</th>
<th>Preventability</th>
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</thead>
<tbody>
<tr>
<td>Hypertension (PQI7)</td>
<td>29.34</td>
<td>46.06</td>
<td>-43.72</td>
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<tr>
<td>Congestive Heart Failure (PQI8)</td>
<td>320.62</td>
<td>404.11</td>
<td>-83.49</td>
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<tr>
<td>Angina Without Procedure (PQI13)</td>
<td>5.14</td>
<td>13.74</td>
<td>-8.60</td>
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</tbody>
</table>

### Other Conditions

<table>
<thead>
<tr>
<th>Condition (PQI)</th>
<th>OMC Baton Rouge</th>
<th>National Rate</th>
<th>Preventability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perforated Appendix (PQI2)</td>
<td>406.67</td>
<td>322.43</td>
<td>+84.24</td>
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<tr>
<td>Low Birth Weight (PQI9)</td>
<td>76.33</td>
<td>86.51</td>
<td>-10.18</td>
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<tr>
<td>Dehydration (PQI10)</td>
<td>71.95</td>
<td>124.53</td>
<td>-52.58</td>
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<tr>
<td>Bacterial Pneumonia (PQI11)</td>
<td>180.50</td>
<td>305.80</td>
<td>-125.30</td>
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<tr>
<td>Urinary Tract Infection (PQI12)</td>
<td>116.98</td>
<td>209.39</td>
<td>-92.41</td>
</tr>
</tbody>
</table>

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**Key Findings from 2015 PQI Data:**

The only PQI measure in which the OMC Baton Rouge study area reports higher preventable admission rates than the State of Louisiana is for Perforated Appendix (406.67 preventable admissions per 1,000 admissions for any listed diagnosis of perforation or abscesses of the appendix for OMC Baton Rouge, 322.43 for LA).

When comparing the OMC Baton Rouge PQI data to the national rates, the OMC Baton Rouge study area reports higher preventable hospital admissions for: Diabetes, Short-Term Complications, Low Birth Weight, Perforated Appendix.

There are also a number of PQI measures in which the OMC Baton Rouge 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: COPD or Adult Asthma, Hypertension (all of the areas are below the national rate), Asthma in Younger Adults, Dehydration, Diabetes, Long-Term Complications, Bacterial Pneumonia, Uncontrolled Diabetes, Urinary Tract Infection, Lower Extremity Amputation among Diabetics.
Community Health Needs Assessment
Ochsner Medical Center – Baton Rouge

Chronic Lung Conditions:

Diabetes:

Asthma in Younger Adults (PQI 15)
Community Health Needs Assessment
Ochsner Medical Center – Baton Rouge

Diabetes, Short-Term Complications (PQI 1)

OMC Baton Rouge Study Area
Ascension
East Baton Rouge
Iberville
Livingston
LOUISIANA
U.S.A.

Diabetes, Long-Term Complications (PQI 3)

OMC Baton Rouge Study Area
Ascension
East Baton Rouge
Iberville
Livingston
LOUISIANA
U.S.A.

Uncontrolled Diabetes (PQI 14)

OMC Baton Rouge Study Area
Ascension
East Baton Rouge
Iberville
Livingston
LOUISIANA
U.S.A.
Heart Conditions:

- Lower Extremity Amputation Among Diabetics (PQI 16)
  - OMC Baton Rouge Study Area
  - Ascension
  - East Baton Rouge
  - Iberville
  - Livingston
  - LOUISIANA
  - U.S.A.

- Hypertension (PQI 7)
  - OMC Baton Rouge Study Area
  - Ascension
  - East Baton Rouge
  - Iberville
  - Livingston
  - LOUISIANA
  - U.S.A.

- Congestive Heart Failure (PQI 8)
  - OMC Baton Rouge Study Area
  - Ascension
  - East Baton Rouge
  - Iberville
  - Livingston
  - LOUISIANA
  - U.S.A.
Other Conditions:

- Angina Without Procedure (PQI 13)
  - OMC Baton Rouge Study Area
  - Ascension
  - East Baton Rouge
  - Iberville
  - Livingston
  - LOUISIANA
  - U.S.A.

- Perforated Appendix (PQI 2)
  - OMC Baton Rouge Study Area
  - Ascension
  - East Baton Rouge
  - Iberville
  - Livingston
  - LOUISIANA
  - U.S.A.

- Low Birth Weight (PQI 9)
  - OMC Baton Rouge Study Area
  - Ascension
  - East Baton Rouge
  - Iberville
  - Livingston
  - LOUISIANA
  - U.S.A.
**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:

Iberville Parish reports the highest rate of preventable hospitalizations due to Asthma for children aged 2 to 17 at 131.79 per 100,000 population; higher than the national rate of 117.37.

Ascension Parish reports the highest rates of diabetes, short-term complications for those aged 6 to 17 years old for the OMC Baton Rouge study area (62.63); this rate is nearly triple the national rate of 23.89.

Iberville Parish and Livingston Parish report the highest rates of gastroenteritis for the OMC Baton Rouge study area at 45.47 and 42.76 per 100,000 population aged 3 months to 17 years, respectively; both fall below the national rate of 47.28.

Iberville Parish reports the highest rate of preventable hospitalizations due to perforated appendix for ages 1 to 17 years old with 666.67 per 100,000 admissions.
Livingston Parish reports the highest rate for preventable hospital admissions due to urinary tract infections for those aged 3 months to 17 years with 20.02 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 Ochsner Medical Center Baton Rouge CHNA. The data is presented in the aforementioned categories below.

**Social and Economic Factors**

**Free/Reduced Price Lunch Eligible**

Iberville 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 (83.41%).

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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. Iberville Parish reports the highest food insecurity rate with 17.37%; the only parish to exceed both the State of Louisiana rate and the national rate. While matching the state rate of 16.91%, East Baton Rouge Parish also reports higher than the nation.
Graduation Rate

This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).

Iberville Parish reports the lowest overall graduation rate as well as the lowest on-time graduation rate throughout the study area parishes (59.1% overall graduation, 45.6% 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. However, some of the study area parishes report equivalent or very close to on-time graduation rates than the national average (Ascension Parish and East Baton Rouge Parish).
Households with No Motor Vehicle

Iberville Parish reports the highest rate of households with no motor vehicle (9.94%).
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.

East Baton Rouge Parish reports a higher percentage of cost-burdened households as compared with other parishes in the study area at 33.17%. All of the parishes in the OMC Baton Rouge 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**

![Graph showing percentage of cost-burdened households by parish and year](image)

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.

Iberville Parish reports the highest rate of households receiving public assistance at 1.95%. Ascension Parish reports the lowest rate of households receiving public assistance at only 1.03%.
Iberville Parish reports the highest average amount of public assistance received by households at $3,990.
Iberville Parish reports the highest rate of households receiving SNAP benefits across the OMC Baton Rouge study area at 24.55%.

The American Indian/Alaska Native population of Ascension Parish reports a high rate of receiving SNAP benefits at 66.39%.

The Black population of Iberville Parish also reports one of the highest rates of receiving SNAP benefits across the study area at 43.99%.

The American Indian/Alaska Native, African-American/Black, and Multiple Race populations of the OMC Baton Rouge study area see some of the highest rates of receiving SNAP benefits. The Non-Hispanic White, Asian, and Hispanic/Latino populations report some of the lowest rates of receiving SNAP benefits for the OMC Baton Rouge 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".

All of the parishes in the study area report “High Disparity” when it comes to SNAP benefits.

Ascension Parish reports the highest SNAP Benefits Disparity Index score for the study area at 72.63; East Baton Rouge Parish is next highest at 58.83.
Households Receiving SNAP Benefits, Disparity Index Score
2009-2013

Households Receiving SNAP Benefits, Disparity Index Score
(0 = No Disparity; 1 - 40 = Some Disparity; Over 40 = High Disparity)
Iberville Parish reports the highest rate of Insured Residents Receiving Medicaid at 27.05%; 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. Iberville Parish reports the highest rate among the study area parishes of residents aged 65 and older receiving Medicaid (18.58%).
Livingston Parish reports the highest rate of uninsured adults for the OMC Baton Rouge study area at 24.2%. Iberville Parish is a close second at 23.4%. These rates are higher than the nation (20.8%). All of the parishes in the study area report rates lower than the state (25.0%).

Iberville Parish and Livingston Parish are the only parishes to see increases in rates of uninsured adults between 2011 and 2012. Iberville Parish shows the greatest increase going from 22.40% in 2011 to 23.40% in 2012.
Similar to uninsured adults, Livingston Parish reports the highest rate of uninsured children across the study area parishes at 5.7%. Livingston Parish is the only parish in the study area to exceed the state rate of 5.6%.

All of the parishes in the study area and Louisiana report lower rates of uninsured children as compared with the country (7.5%)
In all of the parishes in the study area, men are more likely to be uninsured than women; consistent with state and national norms.

**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.

96.3% of the Some Other Race population in Iberville Parish is uninsured. Residents reporting “Some Other Race”, for the entire study area, have the highest rates of being uninsured. More than 70% of the Asian population of Iberville Parish report being uninsured.
Social Support

Ascension Parish exhibits the highest rate of residents with a lack of social or emotional support at 21.5% of the population; this is slightly lower than the state (21.7%) but, higher than the national (20.68%) rate.

Lack of Social or Emotional Support (Age-Adjusted Percentage), 2006-2012

Poverty

East Baton Rouge Parish and Iberville Parish show the highest rates of population that is living below the federal poverty level (100% FPL) at 19.18% and 19.16%, respectively. Both parishes are higher than state (19.08%) and national (15.37%) norms. Ascension Parish and Livingston Parish both report rates below both the state and national rates (12.29% and 13.32%, respectively).

Percent Population in Poverty (Below 100% FPL), 2009-2013
Across all of the study area regions, women are more likely than men to be living in poverty. 20.99% of female residents of East Baton Rouge Parish are living in poverty (the highest rate across the study area).

In general, the Hispanic/Latino population of the study area is living in poverty at higher rates than their counterparts. In Iberville Parish, 26.35% of the Hispanic/Latino population is living below the federal poverty level (the highest for the study area). East Baton Rouge Parish is next highest at 24.65%.
The Asian and Multiple Race populations of Ascension Parish experience some of the highest rates of living in poverty as compared with the other study area parishes (39.09% and 32.04% respectively).

For populations living below 100% of the federal poverty level, East Baton Rouge Parish and Iberville Parish reported the highest rates (seen above). The same is true for populations living below 200% of the federal poverty level; Iberville Parish reports the highest rate at 43.27% with East Baton Rouge Parish following at 37.41%.
More than 27% of the children and adolescents (under 18) in East Baton Rouge Parish are living in poverty (below 100% FPL).

The OMC Baton Rouge study area is mixed when comparing male and female children living in poverty. Male children are more likely to live in poverty in Ascension Parish and East Baton Rouge Parish. Female children are more likely to live in poverty in Iberville Parish and Livingston Parish. Iberville Parish reports the highest rate for children living in poverty with 29.65% of male children living in poverty.
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. The same is true for children in all but one of the study area parishes. Livingston Parish reports 15.36% of Hispanic/Latino children versus 16.40% of Non-Hispanic/Latino children live in poverty. Iberville Parish reports the highest, by far, rate of Hispanic/Latino children living in poverty at 54.73%.

79.27% of the Native American/Alaska Native population in Ascension Parish lives in poverty. This is more than double the state rate (36.27%) for the same population. Across the OMC Baton Rouge study area, the African-American/Black population sees some of the highest rates of poverty across the OMC Baton Rouge study area.
Almost 50% of the African-American/Black population of Louisiana is living in poverty.

Children in Poverty - Race, 2009-2013

Similar to children living in poverty below the 100% FPL, Iberville Parish and East Baton Rouge Parish report the highest rates of children living below 200% of the federal poverty level as well (55.12% and 48.82%, respectively).

Children in Poverty - Below 200% FPL, 2009-2013

Teen Birth Rate

In general, the OMC Baton Rouge study area parishes have seen steady declines in the rates of births to teen mothers (aged 15-19).
Iberville Parish reported a slight rise 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)**

Ascension Parish reports the highest teen birth rate in the study area (66.6 per 1,000 pop.) for the Hispanic/Latino population.

Across the study area, the Non-Hispanic Black and Hispanic/Latino populations experience the highest teen birth rates.

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

**Unemployment Rate**

In 2013; Iberville Parish reported the highest unemployment rates at 8.4% (LA = 6.7%, USA = 7.4%).
For the most current reported data, the same parish (Iberville Parish) reports the highest unemployment rate at 7.5%. (LA = 6.4%, USA = 5.6%).

**Unemployment Rate by Month**

Iberville Parish reports the highest violent crime rate across the OMC Baton Rouge study area counties at 1,163.01 per 100,000 population; almost triple the national rate of 395.5.

East Baton Rouge Parish reports the second highest violent crime rate for the study area at 700.68 per 100,000 pop; almost double the national rate.
Ascension Parish and Livingston Parish fall below the state and national rates at 269.53 and 318.1, respectively.

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

Physical Environment

Fast Food

In 2013, East Baton Rouge Parish reported the highest rate of fast food restaurants per population at 86.78 per 100,000 pop.; Ascension Parish follows at 74.62 per pop.; these rates are higher than state (71.56) and national (72.74) norms.

Fast Food Establishments, Rate per 100,000 population

Grocery Stores

In 2013, Livingston Parish reported the lowest rate of grocery stores per population at 12.5 per 100,000 pop.; Ascension Parish follows at 18.65 per 100,000 pop.; both are lower than state (21.88) and national (21.2) norms.
Recreation and Fitness Facilities

In 2013, Iberville Parish reported the lowest rate of recreation and fitness facilities per population at 3 per 100,000 pop.; Livingston Parish follows at 7.03 per 100,000 pop.; both are lower than state (9.6) and national (9.72) norms.

Housing

All of the OMC Baton Rouge study area parishes have far lower rates of HUD-Assisted housing units per 10,000 units than the state and nation. East Baton Rouge Parish reports the highest rate for the study area at 416.81 per 10,000 units. Livingston Parish reports the lowest rate of HUD-Assisted housing units at 60.99 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. Iberville Parish has the highest median housing age at 38 years old; East Baton Rouge Parish is a close second reporting its median housing age at 37.

Iberville Parish reports the highest rate of overcrowded housing at 6.02%; this is higher than state (3.96%) and national (4.21%) norms.
Livingston Parish reports the highest rate of housing units lacking complete plumbing facilities at 1.28% (LA = 0.54%, USA = 0.49%).
Iberville Parish reports the highest rate of housing units lacking complete kitchen facilities at 4.91% (LA = 4.66%, USA = 3%).
Iberville Parish also reports the highest rate of housing units lacking telephone facilities at 3.43% (LA = 2.91%, USA = 2.44%).
Iberville Parish reports the highest rate of vacant housing for the OMC Baton Rouge study area at 12.11%; East Baton Rouge Parish at 11.12%; these are lower than state (13.5%) and national (12.45%) norms.

**Vacant Housing Units, Percent, 2009-2013**

Low Food Access

The low-income populations of Ascension Parish and East Baton Rouge Parish experience the highest rates of low food access (14.34% and 11.96% respectively). These rates are higher than the rates seen for the state (10.82%) and nation (6.27%).
Ascension Parish experiences the highest rate of population with low or no healthy food access; this parish has a disparity index of 26.31 compared to 19.31 for the State of Louisiana and a national rate of 16.59.

Within the parish of Iberville, the Non-Hispanic other population experiences the highest rate of low food access (72.7%) followed by the Non-Hispanic Asian population (70.2%). These rates are the highest for the study area.

East Baton Rouge Parish reports the next highest rates, for the study area, for Non-Hispanic Asian (64.9%) and Non-Hispanic Black (64.2%) populations.
Iberville Parish has the highest rate of SNAP-Authorized retailers for the OMC Baton Rouge study area at 119.81 per 100,000 population. Ascension Parish reports the fewest SNAP-Authorized retailers for the study area at only 83.94 per 100,000 population.

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

East Baton Rouge Parish has the highest rate of WIC-Authorized retailers for the OMC Baton Rouge study area at 16.99 per 100,000 population. Livingston Parish reports the fewest WIC-Authorized retailers for the study area with 10.75 per 100,000 population. The State of Louisiana has an overall rate of WIC-
Authorized retailers of 15.7 per 100,000 population; the national rate being 15.6 per 100,000 pop.

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

<table>
<thead>
<tr>
<th>Parish</th>
<th>Rate (Per 100,000 Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>14.55</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>16.99</td>
</tr>
<tr>
<td>Iberville</td>
<td>15.05</td>
</tr>
<tr>
<td>Livingston</td>
<td>10.75</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>15.7</td>
</tr>
<tr>
<td>USA</td>
<td>15.6</td>
</tr>
</tbody>
</table>

East Baton Rouge Parish reports the highest rate of residents using public transportation to commute to work (1.75%); higher than state (1.30%) and but much lower than national (5.01%) rates.

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

<table>
<thead>
<tr>
<th>Parish</th>
<th>2009-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>0.11%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>1.75%</td>
</tr>
<tr>
<td>Iberville</td>
<td>0.31%</td>
</tr>
<tr>
<td>Livingston</td>
<td>0.27%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>1.30%</td>
</tr>
<tr>
<td>USA</td>
<td>5.01%</td>
</tr>
</tbody>
</table>

**Clinical Care**

**Primary Care Physicians**

East Baton Rouge Parish reports the highest number of physicians across the study area parishes at 389.
Iberville Parish reports the fewest physicians with only 11.

East Baton Rouge Parish has the highest primary care physician (PCP) rate per 100,000 population at 102.58 in 2012. Livingston Parish reports the lowest rate of PCPs per 100,000 population at only 19.71 in 2012.

Dentists

East Baton Rouge Parish reports the highest number of dentists across the study area parishes at 306.
Iberville Parish reports the fewest dentists with only 12.

East Baton Rouge Parish has the highest dentist rate per 100,000 population at 68.73 in 2013.

Livingston Parish reports the lowest rate of dentists per 100,000 population for the OMC Baton Rouge study area at only 25.36 in 2013.

Mammogram – Medicare Enrollees

Ascension Parish, Iberville Parish, and Livingston Parish all reported a decline in the rates of women with Medicare receiving a mammogram.
East Baton Rouge Parish was the only parish to see an increase in the rate of women with Medicare receiving a mammogram in the past two years; going from 64.58% in 2011 to 65.42% in 2012.

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

---

**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%.

Livingston Parish reports the lowest rate of female residents aged 18 and older receiving a Pap Test at 78.30%.

**Cancer Screening - Pap Test (Age-Adjusted Percentage), 2006-2012**

---

**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.

Iberville Parish reports the lowest rate of residents receiving a sigmoidoscopy or colonoscopy at only 36.20%.

**HIV/AIDS**

The national rate of the population that has never been tested for HIV/AIDS is 62.79%; in Louisiana this rate is 56.23%.

Iberville Parish reports the highest rate of residents that have never been tested for HIV/AIDS across the OMC Baton Rouge study area at 63.05%.

**Pneumonia Vaccine**
The majority of the OMC Baton Rouge study area, three of the four parishes, report higher rates than the national rate (67.51%) for residents receiving the pneumonia vaccination.

Ascension Parish reports the lowest rate of residents receiving the pneumonia vaccination at 61%.

**Pneumonia Vaccination (Age-Adjusted Percentage), 2006-2012**

![Pneumonia Vaccination Graph]

**Diabetes Screening**

The national rate of diabetes screening in 2012 was 84.57% of the diabetic Medicare population. Livingston Parish, at 85.07%, reports higher than the national rate; the other three parishes report lower rates, with the lowest being 79.65% for Ascension Parish.

**Diabetes Management - Hemoglobin A1c Test, Percent Medicare Enrollees with Diabetes with Annual Exam**

![Diabetes Management Graph]

**High Blood Pressure**

![High Blood Pressure Graph]
All of the parishes in the OMC Baton Rouge 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%.

East Baton Rouge Parish reports the highest rate of adult residents with high blood pressure not taking their medication for the study area at 17.81%.

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

<table>
<thead>
<tr>
<th>Parish</th>
<th>2006-2010 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>21.74%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>14.17%</td>
</tr>
<tr>
<td>Iberville</td>
<td>16.29%</td>
</tr>
<tr>
<td>Livingston</td>
<td>17.41%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>17.81%</td>
</tr>
<tr>
<td>USA</td>
<td>21.74%</td>
</tr>
</tbody>
</table>

**Dental Exam**

Iberville Parish reports the highest rate of adults who have not had a dental exam for the OMC Baton Rouge study area (38.17%); the national rate is 30.15%.

**Percent Adults with No Dental Exam, 2006-2010**

<table>
<thead>
<tr>
<th>Parish</th>
<th>2006-2010 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>21.74%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>14.17%</td>
</tr>
<tr>
<td>Iberville</td>
<td>16.29%</td>
</tr>
<tr>
<td>Livingston</td>
<td>17.41%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>19.05%</td>
</tr>
<tr>
<td>USA</td>
<td>30.15%</td>
</tr>
</tbody>
</table>
Iberville Parish reports the highest rate of FQHCs per population at 5.99 per 100,000; more than five times the other parishes in the study area and triple the national rate of 1.92.

Ascension Parish and East Baton Rouge Parish come in just under 1 FQHC per 100,000 population; Livingston Parish follows with 0.78 FQHCs per 100,000 population.

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

<table>
<thead>
<tr>
<th>Parish</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iberville</td>
<td>5.99</td>
</tr>
<tr>
<td>Ascension</td>
<td>0.99</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>0.91</td>
</tr>
<tr>
<td>Livingston</td>
<td>0.78</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>2.1</td>
</tr>
<tr>
<td>USA</td>
<td>1.92</td>
</tr>
</tbody>
</table>

**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%.

Livingston Parish reports the highest rate of residents who do not have a regular doctor at 24.39%.

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

<table>
<thead>
<tr>
<th>Parish</th>
<th>2011-2012 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingston</td>
<td>24.39%</td>
</tr>
<tr>
<td>Ascension</td>
<td>24.09%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>22.07%</td>
</tr>
<tr>
<td>Iberville</td>
<td>21.86%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>24.39%</td>
</tr>
<tr>
<td>USA</td>
<td>24.39%</td>
</tr>
</tbody>
</table>

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

---

*Community Health Needs Assessment  
Ochsner Medical Center – Baton Rouge  
Tripp Umbach*
The parishes of East Baton Rouge, Iberville, and Livingston are all health care professional shortage areas (HPSA) designated parishes; therefore 100% of their populations live in an HPSA designated area.

**Percentage of Population Living in a HPSA, March 2015**

<table>
<thead>
<tr>
<th>Parish</th>
<th>Percentage Living in HPSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>100%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>100%</td>
</tr>
<tr>
<td>Iberville</td>
<td>100%</td>
</tr>
<tr>
<td>Livingston</td>
<td>74.13%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>34.07%</td>
</tr>
<tr>
<td>USA</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Health Behaviors**

**Leisure Time Physical Activity**

Iberville Parish reports the highest rate of population with no leisure time activity (31.60%) for the OMC Baton Rouge study area; higher than state (29.8%) and national (22.64%) norms.

All of the parishes of the OMC Baton Rouge study area report higher rates than the national norms for population who do not partake in leisure time physical activity.

**Percent Population with No Leisure Time Physical Activity, 2012**

<table>
<thead>
<tr>
<th>Parish</th>
<th>Percentage Population with No Leisure Time Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>27.60%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>25.40%</td>
</tr>
<tr>
<td>Iberville</td>
<td>31.60%</td>
</tr>
<tr>
<td>Livingston</td>
<td>29.80%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>22.64%</td>
</tr>
<tr>
<td>USA</td>
<td>10.00%</td>
</tr>
</tbody>
</table>

Men consistently report lower rates of not partaking in leisure time physical activity than women; this may be a reporting difference or that women do not actually partake in leisure time physical activity as men.
Although Iberville Parish currently has the highest rate of population not partaking in leisure time physical activity in the study area at 31.60%, this rate has steadily declined since 2010 when the rate was 34.80%.

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

**Percent Population with No Leisure Time Physical Activity - Time**

**Fruit/Vegetable Consumption**
Livingston Parish reports the highest rate of the parishes in the OMC Baton Rouge study area for adults not eating enough fruits and vegetables at 84.80%; higher than the national rate (75.6%). Ascension Parish, also higher than the national rate, follows closely at 84.4%.

**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>Livingston</td>
<td>84.40%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>79.70%</td>
</tr>
<tr>
<td>Iberville</td>
<td>84.80%</td>
</tr>
<tr>
<td>Livingston</td>
<td>81.10%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>75.67%</td>
</tr>
<tr>
<td>USA</td>
<td>84.40%</td>
</tr>
</tbody>
</table>

**Excessive Drinking**

The national rate of adults drinking excessively is 16.94%; half of the parishes (Iberville Parish and Ascension Parish) in the OMC Baton Rouge study area report higher rates of adults drinking excessively.

Iberville Parish reports the highest rate, for the OMC Baton Rouge study area, of adults drinking excessively at 22.8%.

**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>Livingston</td>
<td>18.30%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>13.40%</td>
</tr>
<tr>
<td>Iberville</td>
<td>22.80%</td>
</tr>
<tr>
<td>Livingston</td>
<td>13.60%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>15.90%</td>
</tr>
<tr>
<td>USA</td>
<td>16.94%</td>
</tr>
</tbody>
</table>

**Smoking**


Livingston Parish reports the highest rate of adults smoking cigarettes across the OMC Baton Rouge study area with 24.1% of the population smoking; higher than Louisiana (21.9%) and the nation (18.08%).

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

Ascension Parish reports the highest rate of adults trying to quit smoking in the past 12 months at 76.17%; 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**
Ascension Parish, Iberville Parish, and Livingston Parish all report higher rates of residents with depression than Louisiana (15.66%) and the country (15.45%). Livingston Parish is highest at 19.22%.

East Baton Rouge Parish reports the lowest rate of residents with depression at 15.66%; matching the state rate and slightly above the national rate.

**Diagnosed Diabetes**

Iberville Parish reports the highest rate of residents with diagnosed diabetes (12.2%). All of the study area parishes as well as the overall state rate 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 OMC Baton Rouge study area.

13.2% of the Iberville Parish male population reports being diagnosed with diabetes; the highest rate in the study area.
The rate of diagnosed diabetes cases has seen steady and marked rises from 2004 to 2011 for the OMC Baton Rouge study area parishes.

Looking specifically at the Medicare population, Iberville Parish reports the highest rate of diagnosed diabetes at 33.15%; the national rate being 27.03%. Ascension Parish follows closely at 30.22%.
**Community Health Needs Assessment**  
*Ochsner Medical Center – Baton Rouge*  

**High Cholesterol**

Half of the parishes (Iberville and Livingston) report higher rates of residents with high cholesterol than the national average of 38.52%. Iberville Parish is highest at 46.50% Ascension Parish and East Baton Rouge Parish are below state and national rates at 34.95% and 34.70%, respectively.

**Percent Adults with High Cholesterol, 2011-2012**
Looking specifically at the Medicare population, Ascension Parish reports the highest rate of residents with high cholesterol at 45.16% (differing from Iberville Parish for the total population); the national rate being 44.75%. Livingston Parish is a close second at 44.36%.

**Percent Adults with High Cholesterol (Medicare Pop.), 2012**

Heart Disease

East Baton Rouge Parish reports the highest rate of residents who have heart disease (4.07%); lower than both state (4.91%) and national rates (4.40%).

**Percent Adults with Heart Disease, 2011-2012**
Looking specifically at the Medicare population, Iberville Parish reports the highest rate of residents with heart disease at 29.97% (differing from East Baton Rouge Parish for the total population); the national rate being 28.55%.

**Percent Adults with Heart Disease (Medicare Pop.), 2012**

<table>
<thead>
<tr>
<th>Parish</th>
<th>2012 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>27.47%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>26.06%</td>
</tr>
<tr>
<td>Iberville</td>
<td>29.97%</td>
</tr>
<tr>
<td>Livingston</td>
<td>28.93%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>32.24%</td>
</tr>
<tr>
<td>USA</td>
<td>28.55%</td>
</tr>
</tbody>
</table>

**High Blood Pressure**

Iberville Parish the highest rate of residents who have high blood pressure (34.4%); this rate is higher than the national rate of 28.16%.

**Percent Adults with High Blood Pressure, 2006-2012**

<table>
<thead>
<tr>
<th>Parish</th>
<th>2006-2012 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension</td>
<td>28.20%</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>30.40%</td>
</tr>
<tr>
<td>Iberville</td>
<td>34.40%</td>
</tr>
<tr>
<td>Livingston</td>
<td>32.50%</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>34.10%</td>
</tr>
<tr>
<td>USA</td>
<td>28.16%</td>
</tr>
</tbody>
</table>
Looking specifically at the Medicare population, Iberville Parish continues to report the highest rate of residents with high blood pressure at 60.81%; the national rate being 55.49%.

### Percent Adults with High Blood Pressure (Medicare Pop.), 2012

- **Ascension**: 59.24%
- **East Baton Rouge**: 59.03%
- **Iberville**: 60.81%
- **Livingston**: 58.50%
- **LOUISIANA**: 61.83%
- **USA**: 55.49%

### Overweight and Obese

Iberville Parish reports the highest rate of residents who are overweight (37.16%); this rate is higher than the national rate of 35.78%

The rest of the parishes in the OMC Baton Rouge study area fall below the national rate; Livingston Parish being the lowest at 31.41%.

### Percent Adults Overweight, 2011-2012

- **Ascension**: 34.78%
- **East Baton Rouge**: 32.75%
- **Iberville**: 37.16%
- **Livingston**: 31.41%
- **LOUISIANA**: 34.48%
- **USA**: 35.78%
Iberville Parish reports the highest rate of residents who are obese (39.4%), Livingston Parish is a close second with 35.60% of their population being obese; East Baton Rouge Parish ranks third highest at 32.20%.

Ascension Parish is fourth and lowest with 31.90% of the population being obese; 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 OMC Baton Rouge study area and nationally have seen steady rises over the years. Ascension Parish is the lowest in the study area at 31.90% and closest to the U.S. rates for obesity and has seen, after peaking at 34.1% in 2010, a steady decline.

**Percent Adults with BMI > 30.0 (Obese) - Time**

Livingston Parish reports the highest rate of adults with asthma for the OMC Baton Rouge study area at 12.91%; this is lower than the national rate of 13.36%.

**Percent Adults with Asthma, 2011-2012**
Livingston Parish reports the highest rate of adults with poor dental health for the OMC Baton Rouge study area at 18.78%; this is higher than the national rate of 15.65%.

Iberville Parish reports the next highest rate of adults with poor dental health at 17.57%.

**Percentage Adults with Poor Dental Health, 2006-2010**

Livingston Parish reports the highest rates of poor general health (19.7%).

East Baton Rouge Parish, at 15.5%, has the lowest rate in the OMC Baton Rouge study area and is the only parish to report a rate lower than the national rate of 15.74%.

**Poor General Health, Age-Adjusted Percentage, 2006-2012**

Chlamydia Infection
East Baton Rouge Parish has reported the highest rate of chlamydia infection in the OMC Baton Rouge study area since 2009. The most current data, for 2011, shows the rate of chlamydia infection to be 743.9 per 100,000 population; considerably higher than the national chlamydia rate of 454.1 per 100,000 population. Only Ascension Parish and Livingston Parish report lower chlamydia infection rates than the nation. Livingston Parish being the lowest in the study area at 263.3 per 100,000 population.

Gonorrhea Infection

Similar to chlamydia infection, East Baton Rouge Parish reports the highest rate of gonorrhea infection in the OMC Baton Rouge study area at 229.9 per 100,000 population; more than double the national rate of 103.1 per 100,000 population. East Baton Rouge Parish has consistently reported the highest rate of gonorrhea infection in the study area since 2003. Also similar to chlamydia infection, only Ascension Parish and Livingston Parish report lower chlamydia infection rates than the nation. Livingston Parish being the lowest in the study area at 34.5 per 100,000 population.
The Non-Hispanic Black population is the population that sees the highest rates of HIV/AIDS.

East Baton Rouge Parish sees the highest rate of HIV/AIDS for the study area in the Non-Hispanic Black population at 1,704.65 per 100,000 population. The next highest rate in the study area, also in the Non-Hispanic Black population, is 1,288.68 per 100,000 population in Iberville Parish.

Population with HIV/AIDS, Rate (Per 1,000 population) - By Race/Ethnicity
2010

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 OMC Baton Rouge study area are higher than 2008 rates.

Population with HIV/AIDS, Rate (Per 100,000 Pop.)

Breast Cancer
Iberville Parish reports the highest incidence rate of breast cancer for the OMC Baton Rouge study area at 137.1 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 White population of Iberville Parish reports the highest rate of breast cancer incidence when looking at incidence by race/ethnicity (146.5 per 100,000 pop.).

**Cervical Cancer**
Ascension Parish reports the highest incidence rate of cervical cancer for the OMC Baton Rouge study area at 9.5 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.

**Cervical Cancer - Annual Incidence Rate (Per 100,000 Pop.) 2007-2011**

- Ascension: 9.5
- East Baton Rouge: 8.1
- Iberville: 7.8
- Livingston: 9.4
- Louisiana: Not shown
- USA: Not shown

**Colon and Rectum Cancer**

Iberville Parish reports the highest incidence rate of colon and rectum cancer for the OMC Baton Rouge study area at 64.2 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 OMC Baton Rouge study area, the state, and nationally.

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

**Lung Cancer**

Livingston Parish reports the highest incidence rate of lung cancer for the OMC Baton Rouge study area at 80.4 per 100,000 population followed closely by Ascension Parish with 79.5 per 100,000 population and Iberville Parish with 77.7 per 100,000 population; these values are higher than the national rate of 64.9 per 100,000 population as well as the state rate of 74.2 per 100,000 population.
Only East Baton Rouge Parish, at 60.7 per 100,000 population, reports a rate below state and national norms.

The White population in Livingston Parish reports the highest rate of lung cancer incidence when looking at incidence by race/ethnicity (81 per 100,000 pop.).

Prostate Cancer

Iberville Parish reports the highest incidence rate of prostate cancer for the OMC Baton Rouge study area at 231.5 per 100,000 population followed closely by East Baton Rouge Parish at 221.5; 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 OMC Baton Rouge study area, the states, and nationally.

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

**Low Birth Weight**

East Baton Rouge Parish Orleans Parish reports the highest rate of low-weight births for the OMC Baton Rouge study area at 12% followed closely by Iberville Parish at 11.9%. 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 OMC Baton Rouge study area, the states, and nationally.

East Baton Rouge Parish reports the highest rate of low-weight births in 2006-2012 (12%), this rate has remained fairly consistent since 2002-2008. None of the parishes in the study area report a rate lower than the national rate of 8.2%. Although, Livingston Parish comes the closest at 8.3% and is the lowest of the study area.
Mortality - Cancer

Iberville Parish reports the highest rate of age-adjusted mortality due to cancer for the OMC Baton Rouge study area at 218.85 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.

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

Across the OMC Baton Rouge study area, state, and nationally; men have higher mortality rates due to cancer than women.
The Non-Hispanic Black population of Livingston Parish reports the highest rate of mortality due to cancer for the OMC Baton Rouge study area with 249.04 per 100,000 population.

The Non-Hispanic Black population sees higher rates of mortality due to cancer as compared with other racial groups for the OMC Baton Rouge study area.

**Mortality – Heart Disease**

Livingston Parish reports the highest rate of age-adjusted mortality due to heart disease for the OMC Baton Rouge study area at 225.43 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 Ascension Parish reports the highest rate of death due to heart disease in the OMC Baton Rouge study area at 258.65 per 100,000 pop.
Mortality – Ischemic Heart Disease

Livingston Parish reports the highest rate of age-adjusted mortality due to ischemic heart disease for the OMC Baton Rouge study area at 137.34 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; Iberville Parish reports a rate already lower than this HP2020 Goal.

Mortality - Ischemic 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 ischemic heart disease than women.
Non-Hispanic Black residents of Livingston Parish report the highest rate of death due to ischemic heart disease for the OMC Baton Rouge study area at 156.9 per 100,000 population.

Mortality - Ischemic Heart Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Race/Ethnicity, 2007-2011
Iberville Parish reports the highest rate of mortality due to lung disease for the OMC Baton Rouge study area at 95.19 per 100,000 population; this is more than double the national rate of 42.67. Iberville has the highest rate, by far; the next highest rate being 52.14 for Livingston Parish.

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

On a national level and for all of the OMC Baton Rouge study area parishes, men are more likely to die as a result of lung disease than women.

**Mortality - Lung Disease - Age-Adjusted Death Rate, (Per 100,000 Pop.) - By Gender, 2007-2011**
The Non-Hispanic Black population of Iberville Parish reports the highest rate of death as a result of lung disease for the OMC Baton Rouge study area at 119.81 per 100,000 population.

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

**Mortality – Stroke**

East Baton Rouge Parish reports the highest rate of age-adjusted mortality due to stroke for the OMC Baton Rouge study area at 54.75 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 OMC Baton Rouge 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); this is fairly consistent across the OMC Baton Rouge study area; the exception being East Baton Rouge Parish.

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

The Non-Hispanic Black population of East Baton Rouge Parish reports the highest rate of death as a result of stroke for the OMC Baton Rouge study area at 77.06 per 100,000 population. This population sees some of the highest rates across the study area parishes.

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

**Mortality – Unintentional Injury**
Livingston Parish reports the highest rate of age-adjusted mortality due to unintentional injury for the OMC Baton Rouge study area at 71.88 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 OMC Baton Rouge study area parishes report rates higher than this goal. East Baton Rouge Parish comes closest to the HP2020 goal with 37.22 per 100,000 population.

On a national level and across all of the OMC Baton Rouge study area parishes, men are more likely to die as a result of unintentional injury than women.
The Non-Hispanic White population of Livingston Parish reports the highest rate of mortality due to unintentional injury for the OMC Baton Rouge study area at 74 per 100,000 population.

The Non-Hispanic White population of Iberville Parish reports the next highest rate at 67.04 per 100,000 population.

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

![Graph showing mortality rates by race/ethnicity](image)

**Mortality – Motor Vehicle Accident**

Iberville Parish reports the highest rate of deaths due to motor vehicle accidents for the OMC Baton Rouge study area at 12.38 per 100,000 population; this is higher than the national rate of 7.55 per 100,000 population. This rate is also much higher than the other study area parishes which are closer to the national rate of 7.5.

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

![Graph showing motor vehicle accident mortality rates](image)

Men are more likely to die as a result of a motor vehicle accident than women.
The Non-Hispanic White population of the Iberville Parish reports the highest rate of death due to motor vehicle accident at 18.15 per 100,000 population.

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

Mortality – Pedestrian Accident
East Baton Rouge Parish reports the highest rate of age-adjusted mortality due to pedestrian accident for the OMC Baton Rouge study area at 1.89 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; Iberville and Livingston report rates already lower than this HP2020 Goal.

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

![Graph showing mortality rates for pedestrian accidents]

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**Mortality – Homicide**

East Baton Rouge Parish reports the highest rate of age-adjusted mortality due to homicide for the OMC Baton Rouge study area at 17.53 per 100,000 population; this rate is more than triple the national rate (5.63). The Healthy People 2020 goal is for mortality due to homicide to be less than or equal to 5.5 per 100,000 population; only Ascension Parish reports a rate already lower than this HP2020 Goal.

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

![Graph showing mortality rates for homicide]

---

Men are more likely to die as a result of homicide than women.
The Non-Hispanic Black population of East Baton Rouge Parish reports the highest rate of death as a result of homicide across the OMC Baton Rouge study area at 32.8 per 100,000 population.

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

Mortality – Suicide
Livingston Parish reports the highest rate of age-adjusted mortality due to suicide for the OMC Baton Rouge study area at 17.57 per 100,000 population; this rate is higher than the national rate (11.82).

The Healthy People 2020 goal is for mortality due to suicide to be less than or equal to 10.2 per 100,000 population; Ascension, East Baton Rouge, and Iberville 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.

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

The Hispanic/Latino population of the U.S. reports the highest rate of suicide at 32.88 per 100,000 population.
For the OMC Baton Rouge study area, the Non-Hispanic White population of Livingston Parish reports the highest rate of suicide at 18.6 per 100,000 population.

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

**Infant Mortality Rate**

East Baton Rouge Parish reports the highest rate of infant mortality due for the OMC Baton Rouge study area at 10.9 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; only Livingston Parish reports a rate already lower than this HP2020 Goal.

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

The Non-Hispanic Black population of East Baton Rouge reports the highest rate of infant mortality for the OMC Baton Rouge study area parishes at 15.4 per 1,000 births.
Infant Mortality Rate, (Per 1,000 Pop.) - By Race/Ethnicity, 2006-2010

- Ascension
- East Baton Rouge
- Iberville
- Livingston
- USA
- LOUISIANA

Non-Hispanic White
Non-Hispanic Black
Non-Hispanic Asian
Non-Hispanic American Indian / Alaskan Native
Hispanic or Latino

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

The County Health Rankings were completed as a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.25

Each parish/county 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/county-level data (as well as state benchmarks) for the measures upon which the rankings are based. Parishes/Counties 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/Counties are ranked relative to the health of other parishes/counties 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.

25 2015 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
Key Findings from County Health Rankings:
Iberville Parish reports the highest ranks (unhealthiest parish of the OMC Baton Rouge study area) for the majority of the County Health Rankings:

A rank of 32 out of the worst possible 64 (33rd “unhealthiest” parish in the state) for:

Health Outcomes
Mortality (Length of Life)
Health Behaviors

A rank of 45 (20th worst parish in the state) for health factors.
A rank of 37 (28th worst parish in the state) for morbidity (quality of life).
A rank of 56 (9th worst parish in the state) for social and economic factors.

Livingston Parish holds the highest rank for the study area for Clinical Care at 22 out of the worst possible of 64.

Ascension Parish reports the highest ranking (“unhealthiest”) for Physical Environment Factors across the OMC Baton Rouge study area at 52 (13th worst parish in the state). Livingston Parish follows close behind with a rank of 48 (17th worst parish in the state).
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 OMC Baton Rouge study area (Regions 2 & 9) slightly more than half of the population aged 12 and older (50.99%) report alcohol use in the past month; decreasing from the 2002-2004 rate by 0.08%. The State of Louisiana saw a slight rise; going from 47.01% in 2002-2004 to 47.70% in 2010-2012.

Binge Alcohol Use in the Past Month

Regions 2 & 9, similar to Louisiana, show declining rates in the number of people that reported binge alcohol use in the past month. The most recent data shows 23.64% of the population in Regions 2 & 9 have engaged in binge alcohol use in the past month.
Perceptions of Great Risk of Having Five or More Alcoholic Drinks Once or Twice a Week

Regions 2 & 9 have shown a slight decline in the perceptions of risk of having five or more drinks once or twice a week from 42.21% (in 2002-2004) to 41.49% (in 2010-2012). The rates of perceptions of risk of having five or more drinks once or twice a week are on the rise and slightly better for Louisiana at 43.31%.

Perceptions of Great Risk of Drinking Five or More Alcoholic Drinks

Needing but Not Receiving Treatment for Alcohol Use in the Past Year
Regions 2 & 9 and Louisiana have shown marked declines in the rates of residents needing but not receiving treatment for alcohol use from 2002-2004 to 2010-2012. The OMC Baton Rouge study area reports a lower rate (5.93%) than Louisiana (6.10%).

**Tobacco Use in the Past Month**

30.30% of the population in the OMC Baton Rouge study area reports tobacco use in the past month; fairly consistent with the previous rate of 30.23% in 2002-2004. While still higher than Regions 2 & 9, the state rate saw a decline of 0.78%; standing at 31.98%.

**Cigarette Use in the Past Month**
Cigarette use in the past month is lower for Regions 2 & 9 in the 2010-2012 analysis than the state; declining over the years from 26.44% to 24.92%.

**Cigarette Use in the Past Month**

- **Regions 2 & 9**
  - 2002-2004: 28.49%
  - 2010-2012: 26.71%
- **LA**
  - 2002-2004: 26.44%
  - 2010-2012: 24.92%

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

Both the OMC Baton Rouge study area and Louisiana report rises in the rate of perceptions of great risk of smoking one or more packs of cigarettes per day.

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

- **Regions 2 & 9**
  - 2002-2004: 69.01%
  - 2010-2012: 73.59%
- **LA**
  - 2002-2004: 69.08%
  - 2010-2012: 71.55%

**Illicit Drug Use in the Past Month**
Regions 2 & 9 show a nearly identical downward trend as compared to the State of Louisiana in rates of illicit drug use in the past month with both reporting slightly more than 6.5% of their respective populations aged 12 and older participating in drug use for the most recent data (2010-2012).

**Illicit Drug Use in the Past Month**

<table>
<thead>
<tr>
<th>Year</th>
<th>Regions 2 &amp; 9</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2004</td>
<td>8.18%</td>
<td>8.18%</td>
</tr>
<tr>
<td>2010-2012</td>
<td>6.85%</td>
<td>6.81%</td>
</tr>
</tbody>
</table>

**Marijuana Use in the Past Month**

Similar to illicit drug use, Regions 2 & 9 show a similar downward trend as compared to the State of Louisiana in rates of marijuana use in the past month with both reporting around 4.5% of their respective populations aged 12 and older participating in marijuana use for the most recent data (2010-2012).

**Marijuana Use in the Past Month**

<table>
<thead>
<tr>
<th>Year</th>
<th>Regions 2 &amp; 9</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2004</td>
<td>5.92%</td>
<td>5.92%</td>
</tr>
<tr>
<td>2010-2012</td>
<td>4.60%</td>
<td>4.50%</td>
</tr>
</tbody>
</table>
Cocaine Use in the Past Year

Regions 2 & 9 continue to show a nearly identical downward trend as compared to the State of Louisiana in rates of cocaine use in the past year (1.36% and 1.5%, respectively); differing by only 0.14% for the most recent data (2010-2012).

Nonmedical Use of Pain Relievers in the Past Year

Regions 2 & 9 report a higher rate, as compared with Louisiana, of nonmedical use of pain relievers in the past year at 5.41% of the population aged 12 and over and have seen this rate rise since 2002-2004 when it was 5.26%.
Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year

Again, Regions 2 & 9 show a rate of residents reporting needing but not receiving treatment for illicit drug use in the past year which is nearly identical to the overall state rate (2.32% and 2.36%, respectively).
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.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Rank</th>
<th>Value</th>
<th>Measure</th>
<th>Rank</th>
<th>Value</th>
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<tr>
<td>Air Pollution</td>
<td>26</td>
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<td>Infectious Disease</td>
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<td>All Determinants</td>
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<td>Insufficient Sleep</td>
<td>34</td>
<td>37</td>
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<td>All Outcomes</td>
<td>44</td>
<td>-0.273</td>
<td>Lack of Health Insurance</td>
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<tr>
<td>Binge Drinking</td>
<td>21</td>
<td>16.3</td>
<td>Low Birthweight</td>
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<td>10.8</td>
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<tr>
<td>Cancer Deaths</td>
<td>47</td>
<td>217.4</td>
<td>Median Household Income</td>
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<td>Cardiovascular Deaths</td>
<td>46</td>
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<td>Obesity</td>
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<td>Children in Poverty</td>
<td>44</td>
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<td>Obesity – Youth</td>
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<td>Chlamydia</td>
<td>47</td>
<td>597.9</td>
<td>Occupational Fatalities</td>
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<td>Cholesterol Check</td>
<td>26</td>
<td>76.2</td>
<td>Overall</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>39</td>
<td>61.5</td>
<td>Personal Income, Per Capita</td>
<td>29</td>
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<td>Dental Visit, Annual</td>
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<td>Pertussis</td>
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<td>Physical Activity</td>
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<td>Physical Inactivity</td>
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<td>Disparity in Health Status</td>
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<td>26.5</td>
<td>Poor Mental Health Days</td>
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<tr>
<td>Drug Deaths</td>
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<td>12.9</td>
<td>Poor Physical Health Days</td>
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<td>Excessive Drinking</td>
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<td>Premature Death</td>
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<td>Fruits</td>
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<td>Preterm Birth</td>
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<td>41</td>
<td>5.3</td>
<td>Preventable Hospitalizations</td>
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<td>80.3</td>
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<td>Heart Disease</td>
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<td>Primary Care Physicians</td>
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<td>High Blood Pressure</td>
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<td>Public Health Funding</td>
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<td>Smoking</td>
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<td></td>
<td>Count</td>
<td>Percentage</td>
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<td>-------------------------------</td>
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<tr>
<td>High School Graduation</td>
<td>46</td>
<td>72</td>
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<tr>
<td>Immunization - Adolescents</td>
<td>11</td>
<td>72.6</td>
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<tr>
<td>Immunization – Children</td>
<td>31</td>
<td>69.1</td>
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<tr>
<td>Immunization Dtap</td>
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<td>Immunization HPV female</td>
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<td>Immunization MCV4</td>
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<td>Income Disparity</td>
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<tr>
<td>Income Disparity Ratio</td>
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<td>Infant Mortality</td>
<td>47</td>
<td>8.2</td>
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<td>Stroke</td>
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<td>Teen Birth Rate</td>
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<td>Teeth Extractions</td>
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<td>Underemployment Rate</td>
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<td>Unemployment Rate, Annual</td>
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<tr>
<td>Vegetables</td>
<td>49</td>
<td>1.64</td>
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<tr>
<td>Violent Crime</td>
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<tr>
<td>Youth Smoking</td>
<td></td>
<td>12.1</td>
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</tbody>
</table>
Figure 4. Louisiana Health Rankings Bubble Chart