



COMMUNITY HEALTH NEEDS ASSESSMENT

GREATER NEW ORLEANS

APRIL 2020

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Summary Findings

- **Unhealthy Population**
 - Louisiana ranks at or near the bottom for the percentage of residents with a myriad of chronic diseases or conditions. Orleans Parish exhibits an even higher incidence of these conditions than the State average, with MHSF zip codes often the leader.

- **Lackluster Employment Opportunities for “living wage” jobs**
 - The ongoing challenge to diversify the Greater New Orleans economy from a predominantly hospitality sector continues. Limited opportunities result in a cycle of poverty that spans multiple generations.

- **Continued Community Safety Concerns**
 - The Greater New Orleans area continues to have a high rate of violent crimes – two times the State average and three times the national average. After decades of violence, there are still few solutions. The constant exposure to violence and trauma can lead to long term poor health outcomes for children.

- **Limited Access to Quality Social Services**
 - As noted throughout this report, needs for social services are great in our community. Independent nonprofits attempt to fill the void for services to at risk populations that not provided by City or State agencies. While great work is accomplished, many are small nonprofits that operate on a “shoestring” budget. The New Orleans economy lacks the large corporate businesses and foundations that often fund social programs in large metropolitan cities. The result is an ongoing challenge for nonprofits to compete for support from few funding partners.

- **Increase in Federally Qualified Health Centers**
 - One positive in the local healthcare landscape is the emergence of Federally Qualified Health Centers (FQHC) in the greater New Orleans area following Hurricane Katrina. The Health Resources and Services Administration (HRSA) dictates stringent licensing and quality measures and, in exchange, provides higher average reimbursement healthcare rates than for typical health centers. FQHC’s must demonstrate the need for services through an application process and with the addition of any new service sites. The result is an increase in quality, accessible, affordable care throughout the city to provide residents with a medical home for primary health visits and monitoring for chronic illnesses.

Overview

History

Methodist Health System Foundation (the “Foundation” or “MHSF”) is a health legacy foundation operating in the Greater New Orleans area. The principal assets of the Foundation were funded through the sale of Pendleton Memorial Methodist Hospital in 2003.

MHSF Board of Directors adopted a mission to support, develop and manage health-related programs and provide access to services that benefit the citizens of East New Orleans and beyond. The Foundation’s primary service area contains areas of Orleans Parish that include New Orleans East and Gentilly and St. Bernard Parish. The service area mirrors the prior service area of the Hospital (see map at Appendix I).

MHSF’s current programs include:

- Strategic Grants – Strategic grantmaking program which seeks to improve the physical, emotional, and mental health of citizens of the metropolitan New Orleans area with an emphasis on our service area.
- School-Based Health Centers – This program offers adolescents and adults access to both high quality physical and behavioral health services in a safe, secure environment.

Project Goals

As a 501(c)(3) non-profit, the Foundation periodically conducts a Community Health Needs Assessment to provide current, relevant data to assess the needs of our community and the existing resources and programs currently available. These facts guide and support our decisions to commit resources to community programs. The Foundation’s vision is to improve healthy, self-sustaining individuals and communities.

Professional Research Consultants, Inc. conducted needs assessments for MHSF in both 2011 and 2015.

MHSF staff conducted this 2019 Needs Assessment utilizing various resources, including, but not limited to:

- Demographic and aggregate patient data, number of visits and primary reason for care from several New Orleans area healthcare organizations (a local hospital and several Federally Qualified Community Health Centers (“FQHC’s”) and a community service provider)¹
- Recent Community Health Needs Assessments conducted for several large nonprofit New Orleans hospital organizations²
- 2018 Louisiana Health Report Card ³
- Detailed demographic and medical disease information for State, Parish and MHSF zip codes from available databases
- Local and national publications on relevant topics
- Other information derived from prior or current MHSF grantee organizations

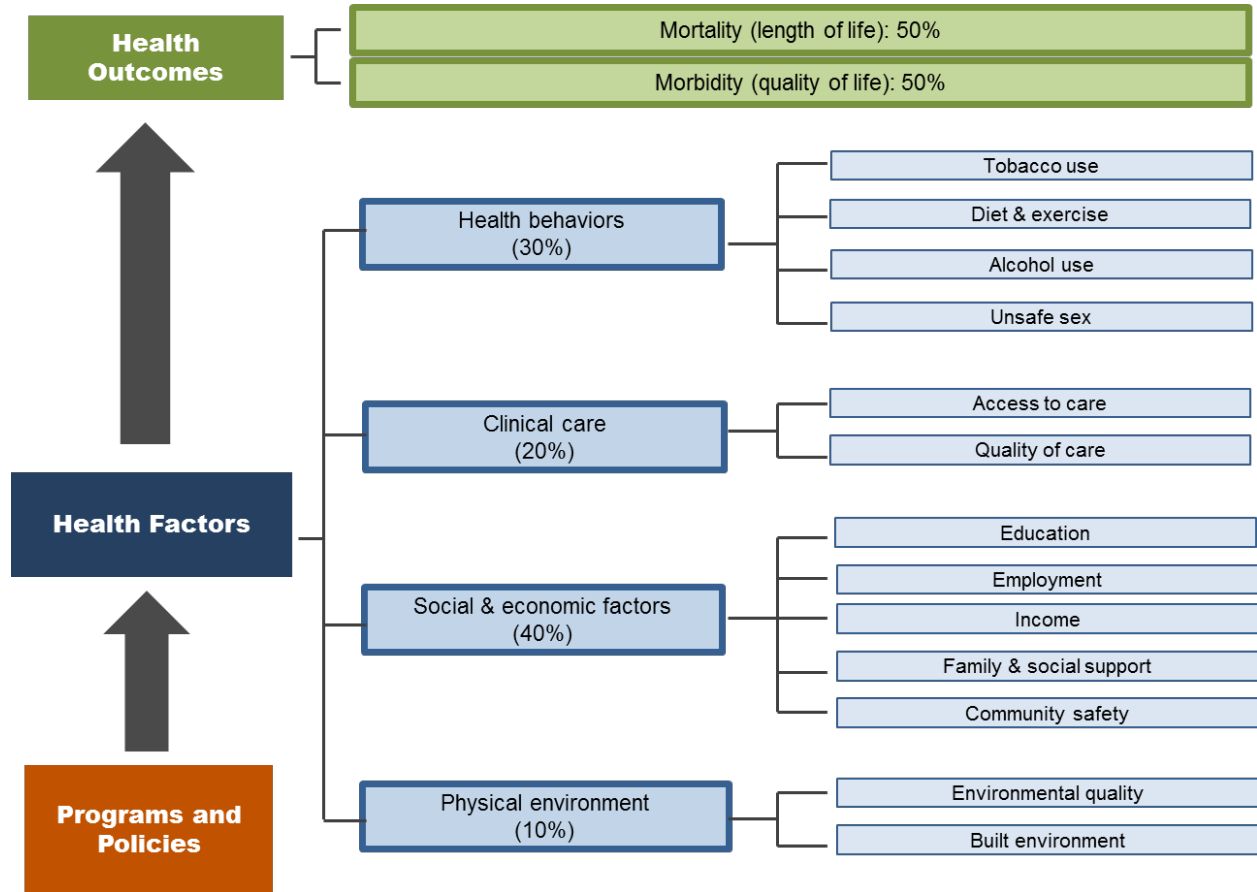
The 2019-2020 assessment seeks to:

- Outline the basic demographics of our community as primarily defined by the MHSEF service area to include income levels, race/ethnicity, and age.
- Identify the primary health needs of our community. We recognize that “health” can be complicated when basic needs (food, housing) are not met.
- Identify organizations/public agencies that exist to address the health needs of our community.
- Identify gaps in services and how could the gaps be addressed.
- Review local funding sources and see how local programs are funded.

The goal is to:

- Collect data regarding health needs in our community.
- Identify existing service gaps in our community.
- Analyze investments in programs that deliver quality services in a cost-effective manner with a clear path to sustainability.

Social Determinants of Health⁴



Source: County Health Rankings model; University of Wisconsin Population Health Institute

- The Health Resources and Services Organization (HRSA), a U.S. government agency, defines **Social Determinants of Health** as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”.
- As illustrated on the diagram above, recent research indicates that social and economic factors in a person’s life can have a significant impact on health outcomes – up to 40% is based on education, employment, income, family and social support and community safety.

LOUISIANA HEALTH REPORT CARD 2018⁵

The Louisiana Department of Health is required to issue an annual report card describing the overall health of its citizens and identified health-related issues. In addition to informing Louisianans on the overall health circumstances in our state, the annual publication is used as a tool for health planning and evaluating the effectiveness of health programs.

The Report Card summarizes overall Facts and Figures and status on health findings of major diseases including cancer, teenage pregnancy and birth rates (including low birthweight babies), suicide and violent deaths, sexually transmitted infections, incidence of drug addictions and opioid epidemic and infectious diseases.

Medicaid Expansion in 2016 has significantly decreased the number of uninsured Louisiana residents from 16.6% in 2013 to approximately 8.4% in 2017 (a favorable comparison to the national uninsured rate of 8.7%). *Total adults enrolled in Medicaid Expansion in Louisiana in February 2019 was 502,055.*

- Orleans Parish
 - New enrollment of 49,137
 - 70% have had doctor visits in 2018
- St. Bernard Parish
 - New enrollment of 5,433
 - 74% have had doctor visits in 2018

Louisiana Health conditions - poor ranking in three major disease categories:

Death due to Heart disease and stroke

	<u>Louisiana</u>	<u>US</u>
Rank	46	--
# of deaths/100,000	320	256.8

Adult Obesity (BMI 30 or >)

	<u>Louisiana</u>	<u>US</u>
Rank	45	--
% of population	36.2	29.9

- *Increase from 35.5% in 2016*

Adult Diabetes

	<u>Louisiana</u>	<u>US</u>
Rank	47	--
% of population	13.6%	10.5

- *Increase from 12.1% in 2016*
- *Region 1 (including Orleans & St. Bernard) = 16.5%*

CANCER RATES

	<u>Louisiana</u>	<u>Rank</u>	<u>U.S.</u>
# Deaths* Due to All Cancers	215.3	44	189.8
Rate of New Cancer*	477.5	46	438
Cancer Rate* by Race & Sex			
Black Women	415.4		397.8
White Women	544.8		423.1
Black Men	605.1		535.0
White Men	551.4		488.5

*Per 100,000

- *Black women* in Louisiana had significantly higher breast, colorectal, kidney, and cervical cancer than the national population of black women, but significantly lower rates of uterine cancer.
- *White women* also had significantly higher rates of colorectal and kidney cancer, and lower rates of uterine cancer than their respective national populations
- The three most commonly occurring cancers in all Louisianan women were breast, lung/bronchus, and colorectal
- At 605.1 cases per 100,000 population, *black men* in Louisiana had significantly higher rates of all cancers compared to the national rates for black men (535.0 cases per 100,000). *This 13.1% difference was the largest difference between Louisianan rates and the national rates for each race/sex group shown in these four tables.*
- The American Cancer Society reports that black men in the US and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world, which possibly explains the high rates in Louisiana.
- Louisianan black men also had significantly higher rates of lung, colorectal, kidney, liver, oral cavity, and stomach cancers than the corresponding national population. Urinary bladder cancer rates were significantly lower in black men in Louisiana than in the national population of black men.
- Like Louisianan black men, Louisianan *white men* also had significantly higher cancer rates in comparison to the national population of white men (11.5% higher). Additionally, white men in Louisiana had significantly higher rates of prostate, lung, colorectal, kidney, oral cavity, and pancreatic cancers than the national population of white men, but lower rates of melanoma of the skin.
- The three most commonly occurring cancers in all Louisiana men were prostate, lung, and colorectal.

TEENAGE PREGNANCY AND BIRTH RATES

Birth rate = Number of births/1,000 females aged 15 to 19 years (2017)

	<u>Louisiana</u>	<u>Rank</u>	<u>U.S.</u>
Birth Rate	34.1	45	22.3
Orleans Parish	20.2		
St. Bernard Parish	23.1		

RATES OF LOW BIRTHWEIGHT BABIES

A low birthweight infant is defined as an infant weighing less than 2,500 grams (5 pounds, 8 ounces) at birth

	<u>Louisiana</u>	<u>Rank</u>	<u>U.S.</u>
Low Birthweight Rate	10.6	49	8.2
Orleans Parish	12.5		
St. Bernard Parish	8.8		

Black low birthweight infant rate is 16.2 in Orleans and 13.3 in St. Bernard – significantly higher than each Parish total.

- Medical risk factors for having a low birthweight baby include preterm labor, chronic health conditions, infections, placenta issues and previous low birthweight pregnancy.
- Behavioral risk factors for having a low birthweight baby include smoking, alcohol consumption or drug use during pregnancy.

National studies indicate that being younger than 17 years of age, older than 35 years of age, having little education, and having low income also correlate to low birthweights. (Source: March of Dimes)

Long term health risks –

- Preterm low birthweight infants are at higher risk of experiencing neurological problems, respiratory and gastrointestinal disorders, developmental problems, and slowed growth.
- Low birthweight infants who survive are more likely to have brain damage, lung and liver disease, subnormal growth, developmental problems or other adverse health conditions.
- The effects of low birthweight follow these infants throughout life, with a greater likelihood of physical, intellectual, and behavioral impairments.
- In the long run, higher proportions of low birthweight infants are enrolled in special education classes relative to their normal birthweight counterparts.

The cost of low birthweight deliveries is much higher, with an average cost of \$15,000 and a hospital stay of 12 days, compared to \$600 and 2 days for full-term, normal weight babies. Nationally, Medicaid is the designated payer in 42% of low birthweight delivery cases.

SUICIDE & VIOLENT DEATHS (2017)

	<u>SUICIDE</u>			<u>ASSAULT (HOMICIDE)</u>		<u>TOTAL VIOLENT DEATHS</u>	
	#	Rate*	Rank	#	Rate*	#	Rate*
Louisiana	697	14.9	19	633	13.5	1,330	28.4
Orleans	54	13.7		135	34.3	189	48.1
St. Bernard	9	NM		<5	NM	13	NM

**Per 100,000*

NM = Not meaningful

SEXUALLY TRANSMITTED INFECTIONS (STI)

Sexually transmitted infections continue to pose a significant impact to the health of the population of Louisiana.

- Louisiana consistently ranks in the five states with the highest rates of sexually transmitted infections (STIs).
 - Region 1 (which includes Orleans & St. Bernard) – highest counts of all STIs in the State (2017)

New Cases (per 100,000):

	<u>LA</u>	<u>U.S.</u>	
Chlamydia	679.3	497.3	2.3% decrease from 2015; 36% higher than national rate
Gonorrhea	230.8	145.8	4.4% increase from 2015; 58% higher than national rate
Syphilis	16.1	8.7	8% increase from 2015; 85% higher than the national rate

HIV: 190 new diagnosed cases in Orleans Parish (2017)

5,153 individuals living with HIV in Orleans Parish (2017)

Approximately 24% of Louisiana total

Orleans Parish – Accounted for 13% of all chlamydia cases in Louisiana

Accounted for 18% of all gonorrhea cases in Louisiana

Accounted for 19% of all new HIV diagnosis in Louisiana

DRUG ADDICTIONS

Drug deaths per 100,000

<u>State</u>	<u>Rate</u>	<u>Rank</u>	<u>United States</u>
Louisiana	18.9	30	16.9

- Louisiana drug-related death rate was 11.8% higher than the overall US rates, and higher than rates in other southern states.
- **Substance Use** - The Louisiana Department of Health's Office of Behavioral Health tracks intravenous drug users' admission to substance use rehabilitation facilities. The number of admissions over the past eight years has steadily increased
 - As of January 6, 2020:
 - **20,229** adults receiving specialized substance use treatment services in outpatient facilities
 - **21,730** adults receiving specialized substance use treatment services in residential facilities
 - Significant increase in intensive Substance Use Disorder (SUD) treatment services in 2017-18 was noted as a result of Medicaid expansion.

OPIOID EPIDEMIC

- Opioids—prescription and illicit—are the main driver of drug overdose deaths in the United States comprising 67.8% of all drug overdose deaths in 2017.
- In 2017, an estimated 47,600 of 70,237 drug overdose deaths nationally involved opioids.
- The number of opioid-involved deaths in Louisiana continues to increase. An 85% increase in total opioid deaths was reported between 2014 and 2017.

MENTAL HEALTH

- As of February 5, 2019, the # of Louisiana residents receiving mental health treatment included:
 - 76,822 adults were receiving specialized outpatient mental health services
 - Up from 8,749 in September 2016 (778% increase)
 - 18,260 adults were receiving inpatient mental health services at a psychiatric facility
 - Up from 1,058 in September 2016 (1625% increase)
 - The increased numbers are primarily driven by Medicaid Expansion

COMMUNITY DESCRIPTION (MHSF SERVICE AREA DEMOGRAPHICS)

MHSF's primary service area encompasses parts of Orleans Parish (New Orleans East and Gentilly) and St. Bernard Parish. The demographics of New Orleans East and Gentilly are significantly different from St. Bernard Parish so we have elected to highlight issues of each independently. Residents in MHSF Orleans zip codes face a host of challenging issues on average versus those in MHSF St. Bernard zip codes, Louisiana and the U.S. However, St. Bernard, a more rural parish, faces challenges with its physical environment, particularly following Hurricane Katrina. A few observations:

Race

- MHSF zip codes in Orleans Parish are primarily minority residents – 82% are African American (versus 60% in all of Orleans Parish).
- MHSF zip codes in St. Bernard Parish are primarily white residents – 74% (versus 62% in Louisiana)

Employment

- Employment rates for MHSF zip codes in both Orleans and St. Bernard are comparable to the State and U.S. (although employment in the MHSF area of Orleans Parish is several percentage points below).
- 43% of residents in the MHSF Orleans zip codes are not in the work force which is higher than total Orleans and the State numbers.
 - *Not in Labor Force* definition – All people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

Housing & Transportation

- Residents in MHSF Orleans zip codes are more likely to rent versus own their home.
 - 61% have rental housing costs of 35% or more of income; significantly larger than the MHSF St. Bernard zip codes (49%), both of which are higher than Louisiana (45%) and National rates (42%).
- 18% of residents of MHSF Orleans parish zip codes do not have access to a vehicle – double the rates of St. Bernard, Louisiana and nationally.

Poverty

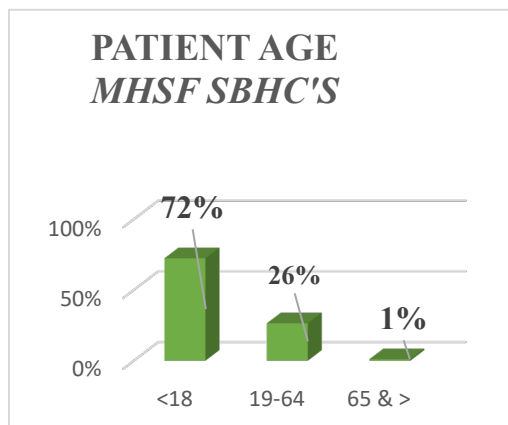
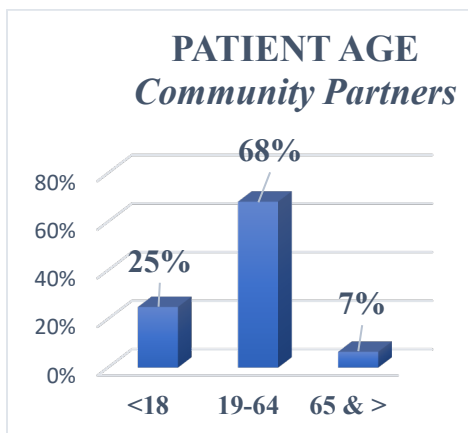
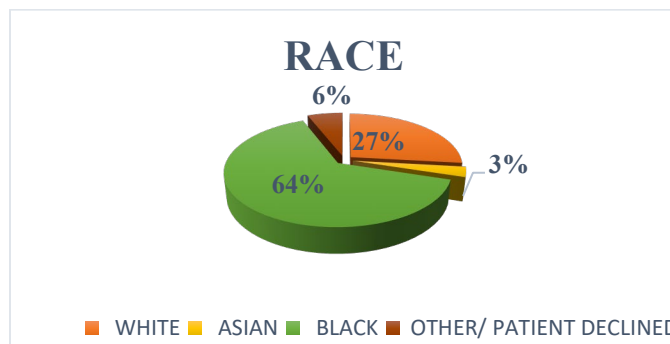
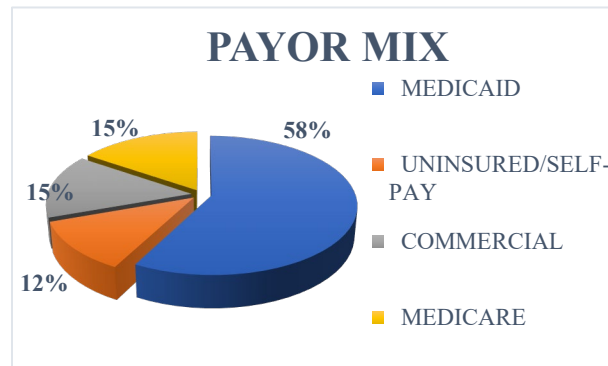
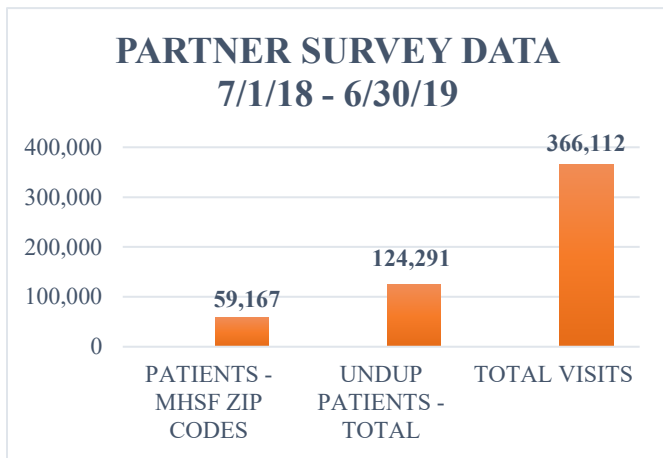
- A larger percentage of residents in MHSF Orleans live below the poverty rate than those in both St. Bernard and the overall rate for Louisiana.
- Noteworthy is that 45% of children 18 and under live below poverty in the MHSF Orleans zip codes. This is significantly higher than St. Bernard and Louisiana and over double the national rate.

- The working poor make up a significant percentage of the residents in both Orleans (62%) and St. Bernard (65%) parishes. These are workers that earn too much to receive public assistance, but struggle to meet basic needs.
- According to Feeding Louisiana, 17% of Louisiana residents are food insecure. Orleans Parish has a significantly higher rate at 22% and St. Bernard slightly lower at 14%.

In summary, residents in our target areas face numerous daily challenges. Basic needs - food, transportation, and affordable housing - are a constant struggle. *See detail information in Appendix II.*

DEMOGRAPHICS / OVERALL INFO RECEIVED FROM MHSF PARTNERS / SBHC's

The following information is compiled from information provided by MHSF community partners from several locations in the MHSF target area. The organizations include: Daughters of Charity (now DePaul Community Health Centers), St. Thomas Community Health Center, NOELA, Access Health, New Orleans East Hospital and MHSF School Based Health Centers at Chalmette High School, Rowley and Nunez Community College. Visits are during the period July 1, 2018 – June 30, 2019. See detail information in Appendix III.



Top Reasons for Health Visits (1)

- Essential Hypertension
- Well visit
- Screening – diabetes, lipid, STI, Virus
- Hepatitis C
- Immunizations

Top Reasons for Behavioral Health Visits (1)

- Major Depressive Disorder
- Anxiety Disorder
- Opioid Dependence

Community Needs – Calls/Texts to ViaLink for Referral Services (2)

1. Housing/Shelter
2. Rent Assistance
3. Utility Assistance
4. Food
5. Financial Assistance
6. Mental Health Diagnosis and Counseling
7. Transportation
8. General Healthcare
9. Mental Health Facilities
10. Household Goods

Requests for Services – MHSF zip codes (2)

- 70117 – 1,048 requests
- 70126 – 721 requests
- 70122 – 614 requests
- 70043 – 499 requests
- 70127 – 483 requests
- 70128 – 300 requests
- 70129 – 120 requests

MHSF zip codes accounted for approximately 9% of VIALink requests between 7/1/18-6/30/2019.

(1) Source: Information provided by MHSF partners / SBHC for 7/1/18-6/30/19

(2) Source: Information provided by ViaLink for 43,922 calls/texts for service from 7/1/18-6/30/19.

SUMMARY FINDINGS OF OTHER LOCAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA)³

- Metropolitan Hospital Council of New Orleans (MHCNO) contracted the healthcare consulting firm Tripp Umbach to conduct a CHNA for East Jefferson General Hospital, LCMC Health, Ochsner Health System, HCA Healthcare (Tulane Medical Center), Slidell Memorial Hospital, and St. Tammany Parish Hospital.
- MHSF reviewed the reports prepared for LCMC and Ochsner as both have similar service areas of the Foundation.
 - **LCMC** - 2018 Community Health Needs Assessment for New Orleans East Hospital which is located at the site of Pendleton Memorial Methodist Hospital and shares the same basic service area. LCMC Health System operates New Orleans East Hospital, Children’s Hospital, Touro Infirmary, University Medical Center and West Jefferson Hospital.
 - **Ochsner** - 2018 Community Health Needs Assessment for the 3 local affiliates - Ochsner Medical Center, Ochsner Baptist and Ochsner Westbank Hospital.
 - Process for preparing the assessment included collection of both primary and secondary data. The primary data collection included:
 - Community stakeholder interviews conducted with individuals who represented a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.
 - Health provider surveys collected to capture thoughts and opinions regarding health providers’ community regarding the care and services they provide.
 - Community representatives and stakeholders attended a community forum to prioritize health needs and to assist in the implementation and planning phase
 - A resource inventory was generated to highlight available programs and services within the service area which identified available organizations and agencies that serve the region within each of the priority needs
 - Secondary data obtained to produce a regional profile for analysis included:
 - The regional profile contained local, state, and federal data/statistics providing invaluable information on a wide-array of health and social topics.
 - Different socioeconomic characteristics, health outcomes, and health factors that affect residents’ behaviors; specifically, the influential factors that impact the health of residents were reviewed and discussed with members of the Working Group and Tripp Umbach.

Overall Key Community Needs Identified

Behavioral Health (mental health and substance abuse)

- Ongoing increase of mental health and substance abuse issues across the U.S.
- In Louisiana, there was a steady annual increase in both inpatient and outpatient services
 - From 2016 to 2017, adult visits for outpatient health services in Louisiana increased approximately 50% (from 15,650 to 23,522)
 - From 2017 to 2018, adult visits for outpatient behavioral and mental health services increased 140% (from 23,522 to 57,289)
- Adult visits at inpatient behavioral and mental health facilities increased from 2,203 in 2016 to 12,360 in 2018 (+461%).
- According to Substance Abuse and Mental Health Services Administration (SAMHSA), people with serious mental and/or substance use disorders often face relatively poor health outcomes
 - Higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease; elevated risk factors due to high rates of smoking, substance misuse, obesity, and unsafe sexual practices; increased vulnerability due to poverty, social isolation, trauma and violence, and incarceration are seen in this population.
- Ongoing increase in substance use and abuse is being reported nationally and in Louisiana.
- Mental health issues have grown to be a major community health issue, which afflicts all ages and demographic groups, according to community leaders. Reasons include:
 - Scarce mental health services in the region; especially post-Katrina
 - Treatment facilities often full, limited, and not conveniently located
 - Funding for services are nonexistent and facilities to treat those with a mental health issue are subpar
- According to community leaders, stigma around mental illness, particularly among minorities, continues to deter residents from seeking treatment. The need for education, awareness, and treatment of mental illness and substance abuse is dire.

Health Education/ Health Literacy

Education is essential to successfully managing all aspects of life, including health care needs, nutrition and food preparation, financial health needs, and basic life skills. Education provides the necessary tools to make informed decisions — where to look for information, determine its validity, and how to interpret and best apply it to the decision at hand.

Education plays a critical role in overall public health. Individuals without basic education and life skills are more likely to experience lifelong disadvantages such as lack of job opportunities, poor health outcomes, increased likelihood to engage in risky health behaviors, and a general inability to be self-supporting/productive and/or a contributing member of society.

Health Education

- Health education information related to chronic diseases can help reduce mortality and morbidity rates if lifestyles changes are also applied. Providing information to residents may motivate and encourage citizens to improve and maintain their health, prevent disease, and reduce risky behaviors. Information related to diet, exercise, and disease prevention can help individuals make positive, healthy, long-term decisions.
- County Health Rankings – a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute - analyzed overall rankings in health outcomes of how healthy parishes are within the state.
- The rankings are based on two types of measures: (1) how long people live and how healthy people feel while alive; for rankings to improve, health education, specifically concerning diet, exercise, and disease management, is vital to managing health conditions and (2) practicing healthy behaviors; changing health behaviors requires community residents to be committed and armed with adequate information in order to modify their current living habits.
- The 2018 County Health Rankings and Roadmaps report provided a ranking of 39 for Orleans Parish and 31 for St. Bernard Parish for health outcomes rankings out of 64 parishes in the State (Orleans in bottom third and St. Bernard in bottom half).
- Financial health literacy - Skills related to financial management are just as important in a household living at or below the federal poverty level as one living above, perhaps more so. Health care is expensive, and many individuals postpone or avoid seeking health care services because of the costs involved; whether it be due to high co-pays and deductibles or having to pay the full cost out of pocket. Many lack the skills or education to find employment that offers health insurance or a sustainable wage.

Access to Care

- According to Healthy People 2020, access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.

- Access to health services requires three distinct steps (National Healthcare Quality Report, 2013):
 - Entering the healthcare system (usually through insurance coverage)
 - Accessing a location where needed health care services are provided (geographic availability)
 - Finding a health care provider whom the patient trusts and can communicate with (personal relationship)
- The Center for Disease Control and Prevention notes that most Americans underutilize preventive services and vulnerable populations with social, economic or environmental disadvantages are even less likely to use these services.

Social & Economic Factors

	<u>Orleans</u>	<u>St. Bernard</u>	<u>Louisiana</u>	<u>US</u>
Food Insecurity	23.71%	13.82%	17.3%	14.91%
Population <100% Federal Poverty Line	26.21%	20.11%	26.32%	18.94%
Food Access (Low Income & Low Food Access)	20.05%	44.77%	26.32%	18.94%
Occupied Housing units With one+ substandard conditions	43.69%	30.88%	29.36%	33.75%

Source: Community Commons

Barriers to access healthcare:

- Insurance status is largest predictor of meeting these three components
 - Uninsured have more difficulty entering the health care system, are less likely to receive medical care, more likely to have poor health status, and more likely to die early
- Lack of available services and high cost of services which leads to decreased quality of care, delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented
- Difficulty navigating a complex healthcare system
- Transportation
- Cultural beliefs
- Language barriers
- Access to additional services such as dental care for underserved populations
- Lacking resources/education for diseases that affect seniors such as Alzheimer's
- Additional resources for preventive health information and mental health issues

Opportunities to access healthcare:

- Significant increase in community clinics and FQHC's following Katrina (especially following the closure of Charity Hospital). FQHC's are accessible, affordable and provide links to other resources
 - According to 2018 County Health Rankings, St. Bernard Parish ranks 40 out of 64 parishes in clinical care which includes availability and quality of health services: lower rate of FQHC's – 2.8 per 100,000 residents (vs. 3.64 for the State) (source: Community Commons)
- Medicaid expansion has provided healthcare for many residents in the Greater New Orleans area

Community Needs Index

- Average state income is \$66,801 – Orleans parish average is \$66,697 and St. Bernard parish average is \$61,301
- Tripp Umbach calculated a Community Needs Index (“CNI”) score for each zip code that the hospitals service. The CNI is an average of five different barrier scores that measures various socioeconomic indicators of each community. The five barriers are income, culture, education, insurance, and housing. *A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.*
- *Several of MHSF target zip codes indicated significant barriers:*
 - 5.0 - 70117 – Significant barrier to healthcare
 - 4.8 – 70126 – Highest rate of residents who are uninsured
 - 4.8 – 70127 – High rate of residents who rent their homes
 - 4.6 – 70129 – Highest rates in the study for seniors 65+ living in poverty, limited proficiency in English and number of residents with no high school diploma
 - 4.2 – 70128 - High rates of residents who self-identified as a minority (97%)

Community leaders in one CHNA reported that access to health care was the most discussed issue affecting community health in the service area. These community leaders noted that income and racial disparities, insurance coverage, transportation and health literacy most influence residents' access to healthcare.

Recent Local Published Reports on Childhood Trauma and New Orleans School Partnership Study

The Times Picayune published a series on the plight of thousands of children in Central City that have grown up with frequent exposure to violence. Researchers found that such frequent exposure to violence can result in physical changes to the brain and physical health problems later in life. Early intervention can help mitigate long term consequences.

In 2018, the New Orleans City Council passed a resolution to create and implement trauma-informed systems within the Orleans Parish School Board, all charter, private and parochial schools. The resolution requested the Orleans Parish Children and Youth Planning Board to examine issues surrounding Childhood Trauma and provide recommendations to address root causes of trauma in New Orleans and strategies for implementation and sustainability to ensure this critical work is accomplished.

In 2019, **“Called to Care”** was published – **“Promoting Compassionate Healing for our Children”**.

The Institute of Women & Ethnic Studies released results of a survey of Central City youth which included over 5,000 youth who were screened between 2012-2018. The results show:

- 1 in 5 children had witnessed a murder
- 1 in 3 children were witness to domestic violence
- 4 in 10 had witnessed someone stabbed, shot or beaten
- More than half had someone close to them murdered

A study conducted by the Centers for Disease Control & Prevention (CDC) and Kaiser Permanente in Philadelphia with 39% White and 47% Black/Hispanic showed 37% reported 4+ on Adverse Childhood Experiences (ACE) and long term health outcomes. The results of persons who experienced four or more categories of ACEs compared to those who had experienced none show:

- A 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt
- A 2-4-fold increase in in smoking, poor self-rated health, greater than 50 sexual intercourse partners, and sexually transmitted disease
- A 1.4- to 1.6-fold increase in physical inactivity and severe obesity

Key recommendations in the report:

- Encourage service providers to adopt universal assessment practices or tools that promote identifying and responding to childhood trauma
- Provide additional social outlets in New Orleans for children and youth
- Increase awareness, knowledge and skills of clinical and peer workforce that provide programming/services that address effects of childhood trauma
- Engage the faith community to spread awareness and goals of trauma-informed approaches for children and families

- Provide Childhood Trauma Awareness Training to businesses, nonprofits and community organizations
- Adopt alternatives to standard punishments through screening and assessment to better understand the cause of behavior and add a more positive wellness-promoting response

Economic and Political Conditions in the State of Louisiana & Greater New Orleans

In 2019 Louisiana re-elected John Bell Edwards to a second term as Governor. Edwards, a moderate Democrat, expanded Medicaid in Louisiana in 2016 which has provided almost 500,000 citizens access to healthcare. The Governor reported a surplus of approximately \$500 million for Fiscal 2019, a turnaround from the \$1 billion plus deficit he inherited in his first term.

At the start of the Governor's second term, two key Department heads have resigned – Dr. Rebekah Gee, Secretary, Department of Health and John White, Secretary, Department of Education. A new Department of Health leader has been selected – Louisiana native Courtney Phillips. Dr. Phillips has managed the Texas Health and Human Services Commission for the last two years – a significantly larger system and budget. A search is under way for a new Secretary for the Department of Education. Transition leadership in both departments may cause some disruption.

New Orleans elected its first female mayor in 2018 – Democrat Latoya Cantrell, a community leader in Broadmoor who led its rebuilding following Hurricane Katrina. She is a former member of the New Orleans City Council. Mayor-Elect Cantrell was afforded a lengthy transition period due to changes in the election calendar and enlisted a large transition team of community members to do a “deep dive” analysis of issues and proposed solutions in the Forward Together Transition Plan. Topics addressed included Infrastructure, Public Safety, Neighborhood Stabilization, Healthy Families, Economic Development and Government Operations.

Challenges

Infrastructure

The City of New Orleans has been plagued by challenges to the City's Infrastructure in the last two years. Mayor Cantrell inherited a Sewerage & Water Board (SWB) plagued by archaic equipment and years of neglect of maintenance and inspection of pipes and drainage systems. SWB's botched installation of a new billing system produced erroneous bills, delayed collection and hampered cash flow.

The City has faced significant flooding several times in the last two years – in places that never flooded before. The City's roads and streets are in deplorable condition. While the Sewerage & Water Board and Department of Public Works were awarded approximately \$1.4 billion in reimbursable funds for repair, the prior administration initiated only a few projects, placing the funding in jeopardy.

In December 2019, a cyberattack on the City's computer system. Operations resorted to a paper system for weeks, hampering real estate tax collection among other things. The departments did not lose information but had to replace equipment and rebuild databases.

Education

Orleans Parish School District schools are predominantly charter schools – 86 total schools – 75 charters under the Orleans Parish School Board (now called NOLA Public Schools);

seven authorized by Bureau of Elementary and Secondary Education (BESE), one school authorized by the Legislature (NOCCA) and three OPSB contract schools.

In the past 15 years since Hurricane Katrina there has been significant turnover of both operators and schools. Most schools are open admission – Orleans Parish residents located anywhere in the city can apply through an automated “One App”. This has almost eliminated “neighborhood schools” and children can ride on busses for hours each day in search of a “better school”.

The decentralized school system places accountability at the school or charter management organization level and leaves NOLA Public Schools with limited authority. While most facilities are new or vastly improved from pre-Katrina, 45% of schools are rated D or F. Many school transportation bus operators are not in compliance with equipment inspections and driver certification. The schools have improved overall since Hurricane Katrina but a wide disparity in school and child performance continues. Repeated news headlines of school administration reporting errors on student performance indicates possible additional schools that will be considered failing.

Crime

While the reduction in the murder rate has declined over the last decade, a significant number of shootings and violent crimes continue. The New Orleans Police Department (NOPD) was devastated following Hurricane Katrina and challenges to find and retain trained officers continues.

In 2018, the New Orleans violent crime rate was 1,163 per 100,000 residents – 2x the State rate and 3x the national rate. Children are exposed to violence in the streets and in their homes.

These Adverse Childhood Experiences (ACE) can have significant long term health outcomes.

Social Services

New Orleans has many nonprofits that provide critical social services to our community. The community has expanded its philanthropic community since Hurricane Katrina, but the resources are limited especially with the lack of large national corporations located here. Several organizations that provide critical services have either closed or recently had long term leaders depart.

Jails

The local jail has been under a federal consent decree for 5+ years due to deplorable conditions, crowding and significant mental health issues of its population claiming that inmates have not been properly treated.

Housing

There is limited availability of land in the New Orleans area due to geographic constraints of the Mississippi River, Lake Pontchartrain and surrounding marshes. The result: affordable housing is an ongoing issue. Several neighborhoods hit hardest by Hurricane Katrina still have a large percentage of blighted properties.

The rise of short term rentals through Air BNB and VRBO has removed inventory from the market, further driving up rents.

Employment

The City has been unable to fully diversify its economy. The high paying energy jobs have all but left New Orleans for Houston. The economy is still primarily tied to tourism with employment at low level jobs in hotels and restaurants. The ongoing challenge is to provide workers with a living wage.

Blight

MHSF target areas - especially New Orleans East – still suffer significant blight in both commercial corridors and residential neighborhoods. Much of the blight still stems from Hurricane Katrina fifteen years ago and, to a lesser extent, a tornado that struck an area of New Orleans East in 2017. Blight decreases surrounding property values, erodes the health of local housing markets, poses safety hazards, and reduces local tax revenue. It can further contribute to increased crime and illegal dumping.

Positives

Infrastructure

Gov. Edwards and Mayor Cantrell successfully had the State Legislature pass a “fair share” reallocation of funds to the City for infrastructure improvements. A one-time payment of \$50 million and additional annual payments of approximately \$27 million will provide approximately \$200 million over 5 years towards infrastructure improvements in New Orleans.

Funding will be used for improvements/repairs for Sewerage & Water Board operations and roads and streets throughout the City. The Fair Share will increase the Department of Public Works staff; significantly increase annual cleaning of drains and catch basins and allow the purchase of critical equipment for ongoing infrastructure maintenance.

The Mayor has increased the activity of federal reimbursed grants for Sewerage & Water Board and Department of Public Works projects in all districts across the City. Forty-nine (49) projects, totaling almost \$400 million in construction costs, are scheduled to start by the fourth quarter 2020. The City’s bond rating has improved to A2 from A3 to allow for reduced financing costs to implement the projects.

Crime

The City of New Orleans Homeland Security opened the Real-Time Crime Camera Center (RTCC) in late 2017 as part of a \$40 million citywide public safety initiative. The 24/7 facility leverages technology to make public safety personnel more efficient and effective.

In its first year of operations, RTCC installed over 400 City-owned, white-box-pole-mounted cameras in every council and police district in Orleans Parish. RTCC technology saved the NOPD more than 3,000 hours of human investigative effort.

The RTCC provides situational awareness during life-threatening emergencies such as a fire, provide real-time information on flooding and other storm-related hazards. It provides support for quality of life investigations such as illegal dumping activity with environmental and public health ramifications.

Social Services

Several community organizations that provide services particularly to “opportunity youth” have emerged post-Katrina with dynamic leaders that have been able to provide quality services and expand its fundraising beyond the same local donors.

Jails

The Policing Alternatives for Youth (PAY) ordinance was implemented in September 2018 as a strategy to reduce the number of youths cycling into the juvenile justice system. PAY mandates that New Orleans children stopped for any of 11 nonviolent misdemeanor offenses must be issued a warning (or summons, if applicable) and be released to a safe environment with parental notification.

Ongoing efforts to open a “diversion” center or facility where youth who are caught breaking in to cars or other nonviolent crimes would be offered recreation and other social services.

Housing

Part of the affordability housing issue results from a significant increase in Air BNB and other short-term rental programs that reduce the availability of housing stock. City Council has adopted controls on the type and location of properties which can participate.

The City has offered incentives to Developers for certain projects that include a percentage of affordable housing units.

Employment / Business environment / Local Economy

The City’s culture continues to attract it as a destination for business conventions and leisure. Annual economic drivers include Mardi Gras, French Quarter Festival, New Orleans Jazz & Heritage Festival, Voodoo Music Festival, Essence Music Festival and sporting events such as the Sugar Bowl, Bayou Classic, Zurich Classic and professional sports teams NFL’s Saints and NBA’s Pelicans. The City hosted the National Football Championship in 2020 and has hosted numerous Super Bowls, Final Four and NBA Allstar games. Spring offers dozens of additional festivals and special events. The Audubon Institute offers a world class Zoo, Aquarium, Insectarium and Nature Center. The National World War II Museum has emerged as a destination attraction and continues to expand exhibits and attractions. The City has a number of universities (Tulane, Loyola, Xavier, Dillard, UNO and Southern) that attract students from across the country. Tulane operates a myriad of schools including a Medical School, Law School and School of Public Health. The LSU School of Dentistry is located in New Orleans.

In New Orleans East, several new businesses have opened – from a P.J.’s coffee franchise on Read Blvd to the \$30-million dollar renovation and return of Dixie Brewery to the location of the shuttered MacFrugal’s warehouse. The Dixie site has a taproom and beer garden with a full kitchen. The brewery will employ 40 people and hope to attract additional tourist interest.

Italian packaging firm, Iriapak, recently announced locating a \$7million manufacturing facility in the New Orleans Regional Business Park with 25 jobs. Delgado Community College's maritime and industrial training facility which opened in New Orleans East in 2016 received a \$850,000 grant from the U.S. Department of Commerce for its location in an Opportunity Zone. It expects to create 100 jobs and will train new deckhands for the inland water transportation industry

NOLA Business Alliance and GNO Inc are economic development companies focused on attracting businesses to the greater New Orleans area. Several high profile tech companies such as DXC Technology has expanded its presence in N.O. with expected high paying jobs. These economic development groups also help find training programs for specialized industries to provide a supply of trained employees.

NOLA Business Alliance focuses on attracting businesses in several diverse industries – bio and health services innovation; energy, film production, food production, hospitality, light and advanced manufacturing, logistics, transportation and trade, music and recording and software and technology. NOLA Business Alliance has formed partnerships with local organizations such as YouthForce NOLA. YouthForce NOLA is a non-profit that seeks to prepare public school students for successful pursuit of high-wage, high-demand career pathways, especially for those who may not pursue a higher education.

Life in Southeast Louisiana is never dull. Challenges continue to balance the “laissez les bon temps rouler” attitude with a thriving business environment that offers residents jobs with living wages.

FOOTNOTES

¹ Data provided by the following organizations that provide healthcare services in the Greater New Orleans community- Daughters of Charity of New Orleans, Access Health Louisiana, St. Thomas Community Health Center, NOELA, CrescentCare and New Orleans East Hospital. Information also provided by community resource VIALink regarding needs/service requests via 211 phone service and text hotlines.

² Louisiana Health Report Card 2018 – submitted to the Governor and Legislature May 2019

³ Source: Community Health Needs Assessment LCMC Health – New Orleans East Hospital (NOEH) and University Medical Center (UMC)- October 2018; Community Health Needs Assessment - Ochsner Medical Center: Ochsner Baptist Medical Center Ochsner Medical Center – West Bank

⁴ Called to Care: Promoting Compassionate Healing for our Children (Prepared per Resolution of the New Orleans City Council (No. R-18-344))