

New Orleans Community Health Improvement Plan

2022-2025





About New Orleans Health Department

Mission

To protect, promote, and improve the health of all in our community through equitable policies, programs, and partnerships.

Vision

Building a healthy and equitable New Orleans by supporting the well-being of everyone in the region.

Values

Our values are the principles that guide how the New Orleans Health Department's team members approach our work and interactions with one another, partner organizations, and community members.

Integrity
Responsiveness
Excellence
Diversity and Inclusion
Health Equity



A Message from the Director of Health



To my fellow New Orleanians,

The past few years have posed an incredible challenge to our vibrant and diverse community. As of January 2022, COVID-19 has taken the lives of nearly 1,000 New Orleanians and the impact of that loss will be felt for years to come. The more indirect impacts of the pandemic are not to be understated. COVID-19 has exacerbated many of the long-standing health challenges we have historically faced and that were identified in our 2019 Community Health Assessment. Despite these seemingly insurmountable challenges, New Orleans has emerged as a national leader in COVID-19 response due to our willingness to work together toward innovative solutions that are rooted in a deep understanding of and connection to our residents. This pandemic has reaffirmed the necessity of having a strong foundation for public health to thrive—one that is built on cross-sector partnerships, sustainable funding, data-driven decisions, and sound policies that work for all New Orleanians, not just some.

The 2022 to 2025 New Orleans Community Health Improvement Plan (CHIP) serves as a framework to build this foundation. A result of a long-term collaborative effort, the CHIP will guide the response to our most critical health issues. Much like the community response to pandemic, improving our community's health will take determination and a commitment to work together over the next three years.

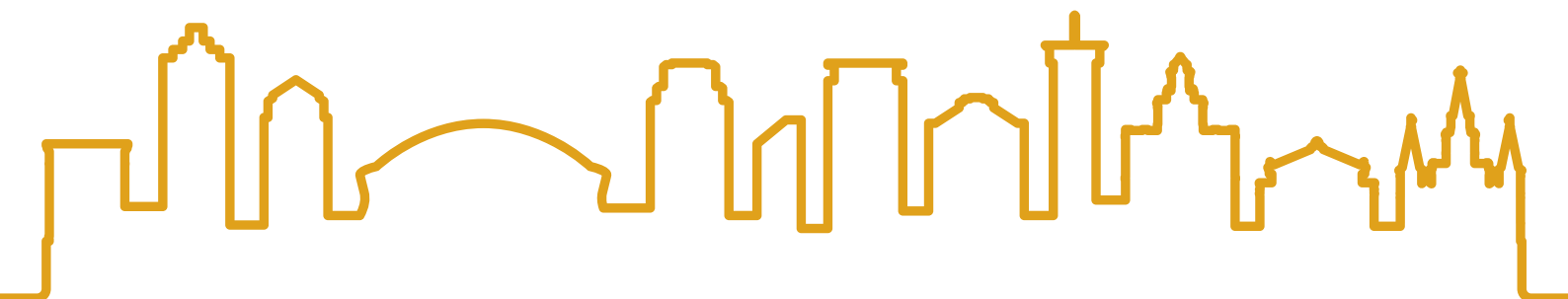
COVID-19 demonstrated how health impacts every aspect of our lives and how protecting it requires community-wide action. Our CHIP will be no different. We encourage community organizations and others investing in the well-being of our residents to use this plan to build stronger partnerships and more collaborative solutions to address the many barriers to health in our city. Lastly, we invite you to join us in this effort, because together we can create a healthy New Orleans for all.

Dr. Jennifer L. Avegno
Director of Health
New Orleans Health Department



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Introduction

Community Health Improvement

Community Health Improvement (CHI) is a process used in public health to identify and address the health needs of communities. It looks outside of the performance of individual organizations which often serve a specific segment of a community, to the way in which the activities of many organizations can contribute to health improvement of the community as a whole.

Using a collaborative approach, CHI brings partners from all backgrounds to work together, recognizing the interconnectedness of sectors and their ability to shape the health of a population. To guide these efforts, the New Orleans Health Department (NOHD) and partners utilize the nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) framework. NOHD has always used MAPP for CHI activities due to its focus on equity, community engagement, and cross-sector partnerships.

The New Orleans Community Health Improvement Plan (CHIP) reflects a long term, systemic commitment to addressing public health problems. Based on the findings of a Community Health Assessment (CHA), the CHIP outlines our top priorities and a collective action plan for how health will be improved. Through ongoing collaboration, shared accountability, and shared resources, the New Orleans CHIP will serve as a blueprint for our local public health system for the next three years so that it is capable of addressing modern, population-level health issues.

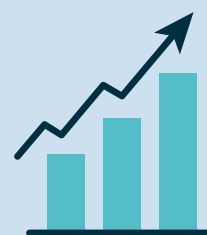
Health Equity Framework

NOHD and partners understand that centering equity is critical for CHI to be successful. In addition to MAPP, NOHD chose to utilize a health equity framework to more intentionally develop or create the conditions, structures, policies, and practices that are essential to eliminating gaps in health disparities.

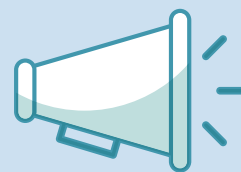
CHI Values



**Cross-sector
collaboration**



**Data-driven
decision making**



**Community
Engagement**



Focus on equity

“ Health equity

means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

-Robert Wood Johnson Foundation



In addition to disaggregating data, considering the impacts of the social determinants of health (SDOH), and looking to upstream interventions to address population health issues, an equity framework fosters transparent communication, safe spaces to discuss disparate data, and values diverse perspectives. Embedding an equity framework throughout the CHI process promotes a pathway to equitable access to quality health services and resources, and a local public health system that is inclusive and free of discrimination. This builds the capacity of all stakeholders involved to take ownership in establishing a culture of health that designs and builds collective power, uplifts community voice, and advances equity in practice for all people.

As New Orleans is a vibrant, diverse community, it was important to assure that all community members were represented and/or considered in all CHI processes, where they can frame the problems as they relate to health. Historically marginalized communities in New Orleans often bear the brunt of chronic disease and disability, suffer with high rates of poor mental health, and live in under-resourced communities that do not support optimal health and quality of life. Allowing space for community to voice what they deem to be the conditions that predispose people to disease, injury and disability was a major tenet of our approach. With dedicated resources appointed to direct the discussion regarding equity, participants were empowered to think deeper about their role and organization’s role in building health equity.



Social Determinants of Health, Healthy People 2030

Community Health Improvement Process



Create a cross-sector partnership



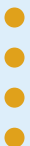
Set the priorities



Create an action plan



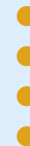
Establish a shared vision



Outline findings



Implement plan with partners



Look at the data



Ask the community



Evaluate and revise plan



**A Healthy
New Orleans for All**





CHI Partnership

Due to what we now know about the impact of SDOH, a cross-sector collaboration is not only necessary for achieving the desired impact on population health outcomes, yet also offers many additional benefits such as: shared resources and accountability, diverse skill sets, and a range of experiences and perspectives to inform process and implementation. Since the initiation of the CHI program at NOHD in 2012, over 150 partner organizations have contributed to CHI activities to form the CHI Partnership. Although the CHI partnership composition evolves over time, ensuring that it is inclusive, diverse, and representative of all sector groups is a top priority.

Within the CHI Partnership, NOHD serves as the backbone organization and facilitates the overall process, ensuring that progress is made and deliverables such as the CHA and CHIP reports are created. NOHD relies on the expertise and experience of partners to inform the process, define priorities and assist in the development and implementation of action plans.

CHA Findings

In 2018, partners initiated the second city-wide CHA, achieving broad community and organizational engagement. More than 100 organizations spanning across sectors from health care to housing and economic development and beyond, participated in defining the process for the assessment and nearly 1,000 individuals representing every zip code and neighborhood in the city provided their input. Such diversity in participation allowed NOHD to gain a comprehensive picture of health status and the conditions that result in higher rates of chronic disease, poverty, housing instability, and unemployment seen unevenly distributed among population groups in our city. The following are the key themes resulting from these efforts:

- Racial health inequities
- Economic instability
- Built environments that don't support health
- Limitations to access to care

“

“We envision a safe, equitable New Orleans whose culture, institutions and environment supports health for all”

*CHI PARTNERSHIP
VISION FOR NEW ORLEANS*



Our collaborative process

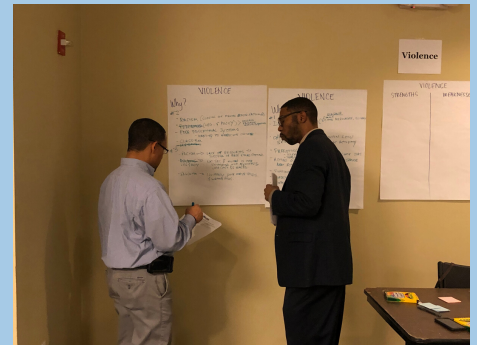
Priority Area Selection

In February of 2020, NOHD convened CHI partners to contribute to issue prioritization and action planning process for the New Orleans CHIP. NOHD held two individual events at differing times of the day in order to increase the opportunity for partner participation. The events were hosted at Dillard University facilities in an easily accessible and highly recognizable location on their campus with ample parking. Approximately 70 individuals contributed to the CHIP prioritization sessions, representing 35 local organizations from a variety of sectors.

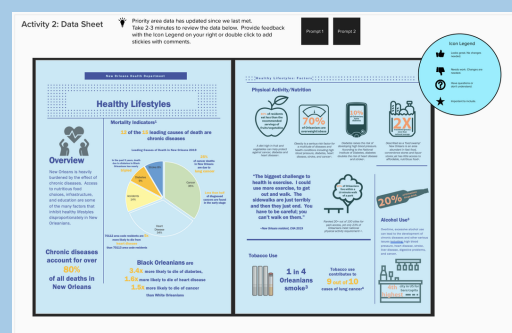
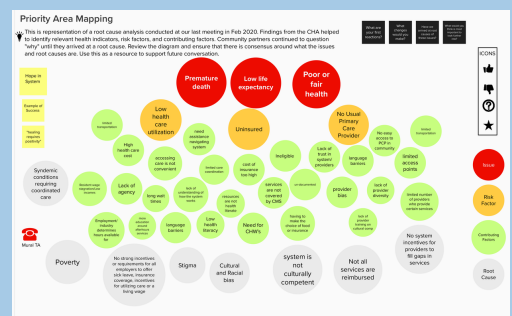
During these events, NOHD leadership shared the results and overarching themes from the CHA. Partners were engaged in identifying and prioritizing root causes of each major issue area. Partners then discussed existing partnerships and coalitions that were active in each issue area, available resources, and potential opportunities for action. The work products of each group were then used as the basis of further implementation planning. Central to this process were the values of social justice and equity, with a focus on the social determinants of health, and the systems and institutions that facilitate inequities in health outcomes.

Despite the success of the two events, CHI planning efforts were interrupted by the onset of the COVID-19 pandemic for over one year. During that time, NOHD and many CHI partners were actively engaged in critical pandemic response activities. By April 2021, NOHD reinitiated partner engagement, yet collaboration looked very different due to public health guidelines in place at the time; in-person planning shifted to a virtual interface using Mural, a visual collaboration platform which offered an interactive and engaging alternative to conference calls. Large groups of partners were able to make individual contributions to a work product simultaneously and in real time. Although there is no alternative to in-person collaboration, Mural provided a space where all who wanted to contribute could do so in their own way.

Partners participated in 3 to 4 virtual sessions from April to June to create goals, identify potential strategies, and engage core partners needed to create change within the identified priority areas. The following pages provide an overview of the results of these sessions.



M U R A L





Priority Areas for Health Improvement



Increase Access to Care



Improve Economic Stability



Ensure Community Safety



Priority #1: Increase Access to Care

Chronic Disease

As of 2020, chronic diseases such as heart disease, cancer, and diabetes represent three of the top five leading causes of death for Orleans Parish residents. Heart disease and cancer continue to maintain their positions as the top two leading causes of death, however, with the onset of the pandemic occurring in early 2020, COVID-19 now serves as the third, followed by accidents and diabetes. Apart from cancer, many of the leading chronic disease related causes of death have increased since. Despite dropping from the fourth leading cause of death to the fifth in 2020, diabetes mortality rates have been on the rise for years.. High rates of chronic disease and related conditions such as obesity and hypertension put many New Orleans residents at greater risk for chronic disease mortality, severe illness from COVID-19, and have greatly contributed to the number of COVID-19 deaths. When comparing mortality rates by race, Black residents are more likely to die of any of the top five leading causes of death, are two times more likely to die of COVID-19, and three times more likely to die of diabetes than White residents.

This loss of life is largely avoidable as most deaths from chronic diseases can be prevented with adequate access to health care and avoidance of key risk behaviors such as physical inactivity, poor nutrition, tobacco use, and excessive alcohol use. Furthermore, systems that have historically excluded or denied equitable services to certain groups can, and should, be redesigned to directly impact both individual and community health. Overall, high rates of all of these factors place many of our residents at great risk of dying from a chronic disease. By removing barriers to accessing treatment, increasing meaningful engagement with a patient-centered and culturally competent health care system, and making equitable structural changes that support healthy lifestyles throughout the lifespan, we believe that chronic diseases can be effectively managed or prevented.



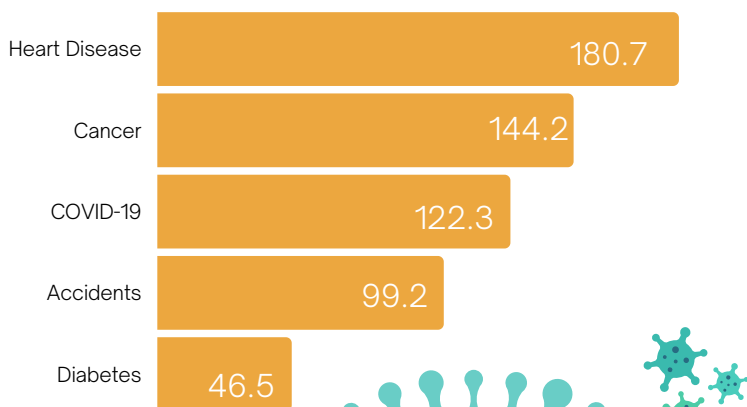
Action Plan

Goal 1.1: Reduce risk for chronic disease morbidity and mortality by ensuring equitable access to quality, culturally competent, and coordinated care for effective disease management and prevention

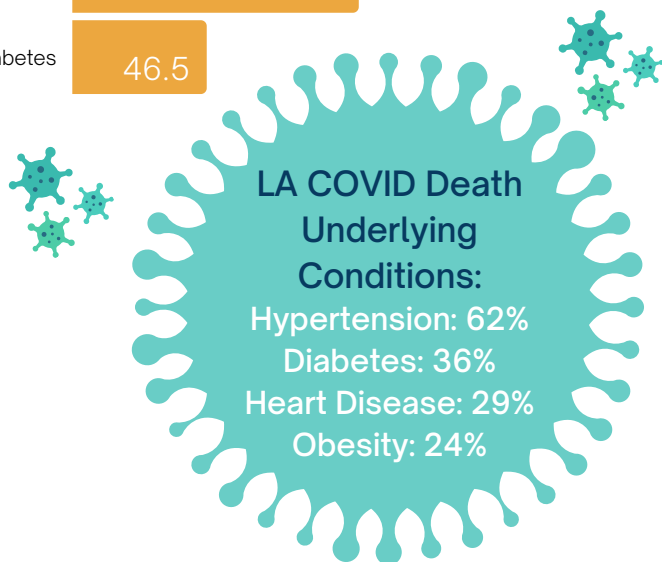
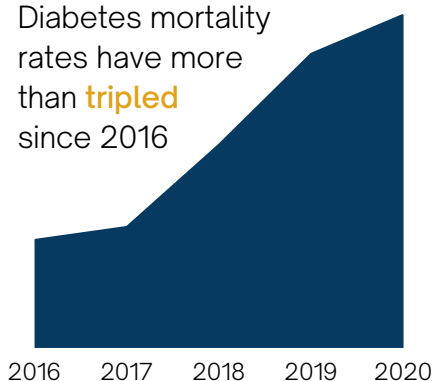
- Improve healthy behaviors in youth to avoid preventable disease
- Increase the proportion of adolescent and adults who receive recommended evidence-based preventive health care
- Improve management of chronic conditions
- Increase the delivery of culturally competent care that addresses patient needs

Chronic Disease Mortality

Chronic Diseases accounted for **3** of the top **5** leading causes of death in 2020



Diabetes mortality rates have more than **tripled** since 2016



Black residents are more likely to die from any of the top 5 leading causes of death and

2x more likely to die of COVID-19
3x more likely to die of Diabetes

Quality of Life

4.5 average days per month with poor physical health

14% adults experience frequent physical distress

Access to Care

91% have health insurance coverage

65% have a usual primary care provider

13% delay needed care due to cost

Risk Factors

have high cholesterol
 have high blood pressure
 considered obese or overweight

have diabetes

Risk Behaviors

27% physically inactive

21% use tobacco

46% fruit <1x per day

20% binge drink

38% sleep <7hrs per night

24% veg <1x per day

Maternal & Child Health

Maternal mortality is a critical indicator of healthcare quality and gender equity across the world. According to Healthy People 2030, women in the U.S. are more likely to die from childbirth or problems related to pregnancy than women in other high-income countries. Louisiana is currently ranked second worst in the country for rates of maternal mortality. A report published by the Louisiana Department of Health analyzed maternal deaths from 2016 to 2018 and not only found that a large majority of the deaths were preventable, but also that there were significant racial disparities, with Black mothers more likely to die than White mothers regardless of the cause or circumstance of their death. Similarly, infant mortality rates in Orleans Parish are higher than those for the state and show that Black infants are more than twice as likely to die within one year after birth than White infants. Significant barriers in accessing high quality, culturally competent, and timely healthcare for women before, during, and after pregnancy exist and have a lasting impact on the health and well-being of New Orleanian families.

The U.S. Office of Women's Health states that "babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care". Engaging with the healthcare system pre-pregnancy as well as during the prenatal and postpartum period are beneficial to both babies and mothers.

Common barriers to engaging with the healthcare system include limited transportation to appointments, lack of childcare, inconvenient appointment times, cost, and health insurance obstacles. Racial and cultural bias and discrimination seen throughout the healthcare system are additional factors which act as barriers to receiving the timely and quality care mothers in Orleans Parish need to ensure a healthy pregnancy and healthy baby.



Action Plan

Goal 1.2: Address racial disparities in maternal and child health outcomes by increasing access to timely, appropriate, and quality care before, during, and after pregnancy

- Increase the proportion of pregnant women who receive early and adequate prenatal care
- Increase the proportion of women receiving timely and appropriate postpartum care
- Increase the proportion of infants who are breastfed exclusively through 6 months of age

Maternal & Infant Mortality

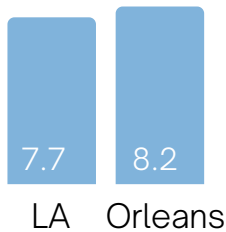
Louisiana maintains its status as a state with some of the worst rates of maternal and infant mortality in the country. These deaths are largely preventable and are due to provider and facility level factors within the healthcare system, as well as a lack of resources at the individual and community levels.



Orleans has infant mortality rates higher than the state

Compared to White infants, Black infants are (Orleans Parish)

- 2x** more likely to die in their first year
- 2x** more likely to be born with low birth weight
- 1.5x** more likely to be born preterm



64%

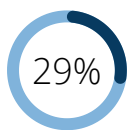
of all maternal deaths are pregnancy-associated -or due to factors not related to pregnancy

Top underlying causes of pregnancy-associated death:

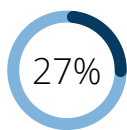
1. accidental overdose
 2. mv crash
 3. homicide
-

Access to Care

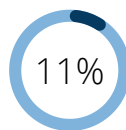
Women still face significant barriers to accessing care and have an increased risk for poor health outcomes during pregnancy and after birth.



no health care visit 1 yr pre-pregnancy



no prenatal care in 1st trimester (OR)



no postpartum check-up

Pre-Pregnancy	During Pregnancy
3% diabetes	gestational diabetes 8%
7% high blood pressure	high blood pressure, eclampsia, pre-eclampsia 18%
16% depression	depression 15%

35%

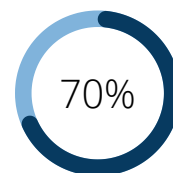
women reporting **post-partum depression** symptoms of varying frequency

Breastfeeding

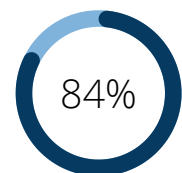
Louisiana has low breastfeeding rates compared to national rates



Initiation Rate

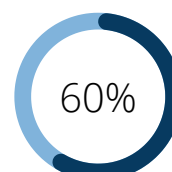


LA

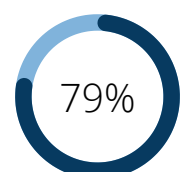


US

Initiation Disparities by Ethnicity



Black Non-Hispanic



White Non-Hispanic

Behavioral Health

Mental health issues impact New Orleanians across all age groups. Local estimates from the Greater New Orleans Drug Demand Reduction Coalition reveal that nearly 20% of adults report having any mental illness in the past year. Estimates suggest that these issues may arise as early as 12 years of age with over one of every ten adolescents and young adults reporting a major depressive episode, and nearly one of every ten young adults reporting serious thoughts of suicide. When left untreated, mental health issues can worsen, lead to an increase in risky behaviors, and can be fatal for those who are at risk of suicide. Although suicide rates in New Orleans have been declining since 2017, some demographic groups are more impacted than others. According to CDC WONDER, from 2016 to 2020, White residents were up to three times more likely to commit suicide than any other racial group. The Louisiana Department of Health identified suicide as the second leading cause of death for children ages 10 to 14 in Region 1.

Substance use, particularly that of opioids, has had a significant impact on New Orleans and surrounding communities, and the increasing presence of fentanyl has only exacerbated the problem. In just one year (from 2019 to 2020) the Orleans Parish Coroner reported over 50% increase in accidental drug-related deaths and a 107% increase in drug-related deaths which tested positive for fentanyl. Increasing access to mental health services and providers could aid in addressing rates of mental health issues, substance use and drug poisoning deaths, and the societal stigma of mental illness and its criminalization.

As with all health issues, early intervention is vital in the prevention and management of mental illness and substance abuse and ensuring equitable access to care is a core tenet of this approach. Targeted efforts with youth to reduce risk behaviors, build protective factors, and identify and address issues early can minimize the likelihood of developing into more severe untreated conditions later in life. New Orleans Public Schools serve as a natural first point of contact for addressing students' behavioral health needs in a controlled and safe environment. The 2019 New Orleans Behavioral Health Council survey revealed that the large majority of participating public schools estimated that one in four children have behavioral health needs, yet over half of schools reported not having the resources need to address these needs.



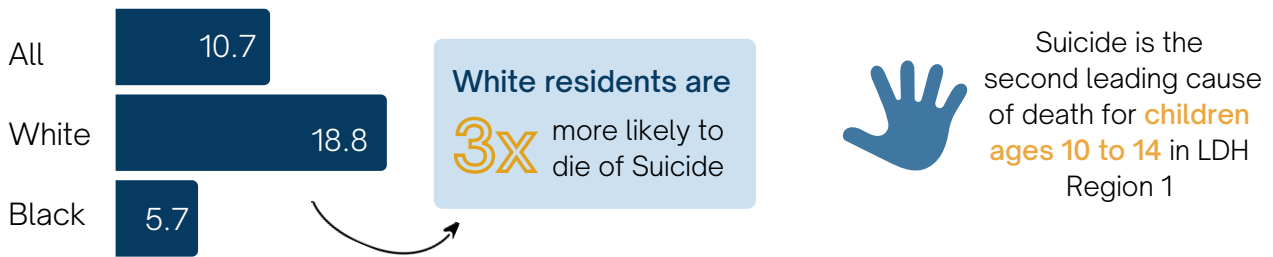
Action Plan

Goal 1.3: Increase access to quality behavioral health services by improving prevention, early intervention and treatment, and addressing the prevalence of people with behavioral health conditions involved in the criminal justice system

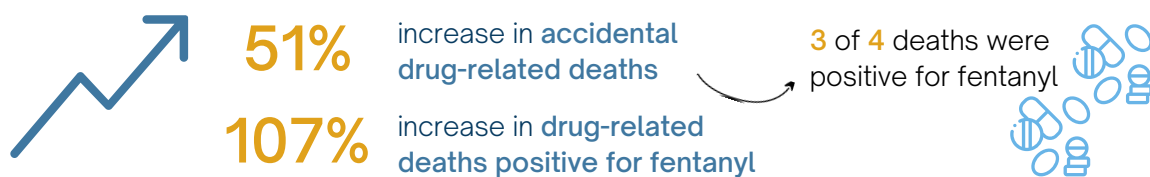
- Reduce harm associated with drug use
- Increase access to mental health and substance use treatment
- Increase the proportion of children and adolescents who receive evidence-based preventive mental health interventions in school
- Decrease use of criminal justice system for behavioral health interventions

Mortality

Although suicide rates overall have decreased since 2017, some resident groups such as White residents and youth are more impacted by suicide than others.



Drug-related deaths continue to rise, particularly those where opioids are involved.



Mental Illness

The estimated number of New Orleanians who struggled with mental illness in the past year



Quality of Life



Access to Care



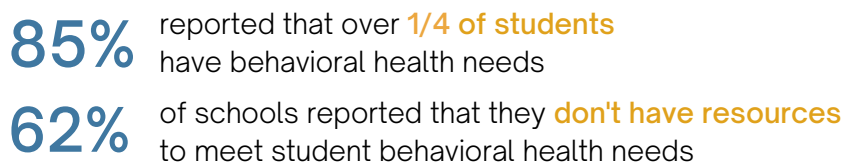
Louisiana ranks **35th** best in U.S. for access to mental health care



NOPD Crisis Intervention Team receives **18** daily calls for service on average



A 2019 Behavioral Health Council survey of New Orleans Public Schools found that





Priority #2: Improve Economic Stability

Supportive Work Environment

Nearly one in every four adults and one in every three children in New Orleans are living in poverty. The median household income of New Orleans is more than \$20,000 less than that of the U.S. and when examined by race, Black households earn an average of \$44,000 less per year than White households in New Orleans. Work environments that lack employee protections such as health insurance and paid leave are common throughout Louisiana. Supportive maternity leave policies in Louisiana are sparse with 7 in 10 women taking unpaid leave or no leave at all when pregnant and 1 in 3 women having a job that did not offer paid leave.

The Robert Wood Johnson Foundation (RWJF) maintains that a stable job with fair pay leads to better health and enables individuals to provide their families with nutritious food, educational opportunities, quality childcare, and healthier homes and neighborhoods.

People with lower incomes are less likely to get preventive care, have a regular doctor, or get their blood pressure and cholesterol checked. Laid-off workers are more likely to have fair or poor health, more likely to develop a stress-related condition such as heart disease, and are shown to be associated with increased blood pressure, increased depression, and unhealthy coping behaviors like drinking alcohol or using drugs. The lack of affordable housing, climbing rental costs, and the expense of healthy foods, coupled with low and stagnant wages makes it nearly impossible to afford basic needs. Advocating for living wages and work environments which have employee protections through workforce development plans and policy-level changes is essential to confront the daily challenges New Orleanians face in achieving economic stability and improved health.



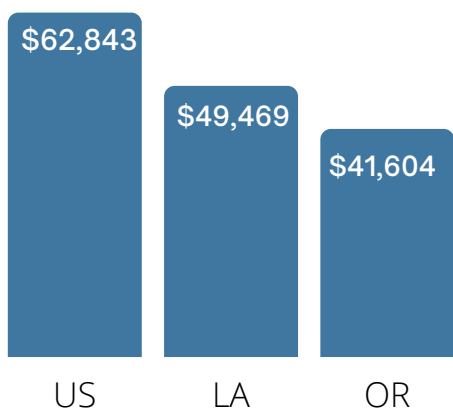
Action Plan

Goal 2.1: Ensure employers and workplaces facilitate employee health and well-being

- Increase capacity of public health workforce to meet community health needs
- Advocate for policies that support employee health and well-being
- Engage employers to pay wages that allow employees to cover the basic costs of living in New Orleans

Poverty & Income

New Orleans households have average incomes well below that of Louisiana and the U.S., leaving many residents in poverty.



Nearly **1** of every **4** New Orleans residents live in poverty



1 of every **3** New Orleans children live in poverty

Black households make **\$44,143 less income** per year than White households and are nearly **3x more likely to live in poverty**

Jobs & Wages



\$7.25 state minimum wage



Accommodation & Food Services--

a top industry in New Orleans employing over 24,000 people, where workers are often paid hourly, have lower wages, and lack paid leave and health insurance.

\$11.17

Food Prep & Serving
avg hourly wage

\$24.05

Avg hourly wage
New Orleans

Employer Benefits

Of women who worked during pregnancy...



7 in 10 took some amount of unpaid leave or didn't take leave at all

Of women who didn't take maternity leave...



1 in 3 had job that didn't offer paid leave or they couldn't afford to take leave

\$7,849

median annual cost of child care in a Type III/Class A child care center in New Orleans

Center-based child care costs as a % of median income:

15% for an infant



31% for an infant and 3 year old



Food Security

Over 61,000 adults and 20,000 children live in households with inconsistent access to food in New Orleans, ranking the city second highest in the country in food insecurity. Food insecurity disproportionately affects low-income groups due to neighborhood conditions that may have fewer grocery stores and/or transportation to supermarkets. Individuals and families who are food insecure are more likely to make tradeoffs between paying bills for basic needs such as housing, heat, health care, and medications. A food insecure household



may rely on purchasing and consuming more affordable but less healthy foods leading to poorer diets and associated adverse health outcomes.

The health outcomes most commonly associated with food insecurity are hypertension, diabetes, heart disease, poorer mental health, and other chronic conditions. Among children, food insecurity is linked to increased risk of poor diets, the development of chronic health conditions, cognitive and behavioral problems, and difficulties in school. To confront the challenges economic instability poses on food insecurity, many individuals and families turn to federal assistance programs such as SNAP and WIC. These programs help to combat food insecurity by enabling families to purchase healthier foods and reduce healthcare costs. SNAP participation among pregnant mothers and in early childhood exhibits improved birth outcomes and long-term health as adults. SNAP participants are also more likely to report excellent or very good health outcomes when compared to low-income non-participants. Among low-income seniors, SNAP also helps to maintain independent living and avoid hospitalization. Providing more people with benefits through nutrition assistance programs and increasing benefit amounts may help reduce the high food insecurity rates and hunger seen throughout the city.



Action Plan

Goal 2.2: Ensure that all people have physical, social, and economic access to food which is consumed in sufficient quantity and quality to meet their individual dietary needs and food preferences

- Increase coordination among local food system partners
- Improve access to healthy foods
- Increase participation of food and nutrition assistance programs among eligible individuals and families

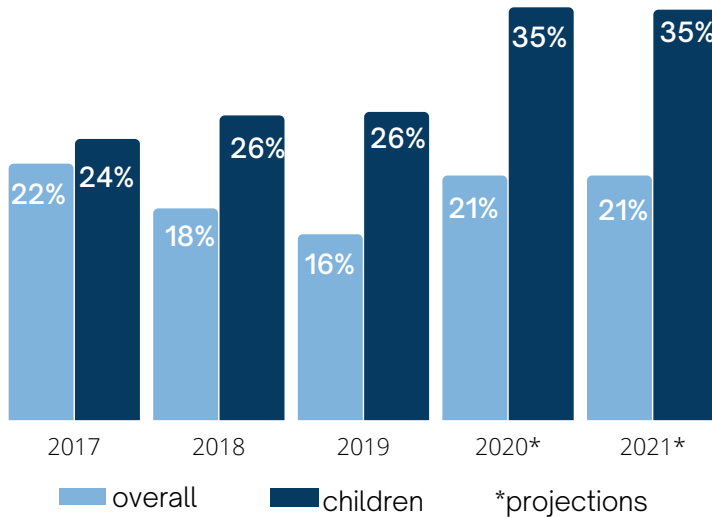
Food Insecurity

An estimated one in four New Orleanians are without reliable access to a sufficient quantity of affordable, nutritious food.



New Orleans is ranked second among US cities for highest rates of food insecurity

61,940 people food insecure
20,540 children food insecure



2019-21 Projections:

COVID-19 likely ended years of declining food insecurity rates



people will be food insecure



children will be food insecure

Food Access

For many in New Orleans, nutritious food isn't accessible due to cost or distance--a contributing factor to lower than recommended food and vegetable consumption.



18% low access to grocery stores



46% eat fruit <1x per day



24% eat veg <1x per day

Food Assistance Programs



Participation in Food Assistance Programs

- 1 in 5** residents receive **SNAP** benefits
- 2 in 5** participated in **WIC** during pregnancy (LA)
- 1 in 3** received **food assistance** while pregnant (LA)



47,437 households receive SNAP

" Every neighborhood in the city has experienced how high the rent has gone up since Katrina. You can't afford to live here. More than half of my paycheck goes to the rent and there's not enough decent housing in the city. Apartments are not kept in decent shape and there's a lot of mold that's making people sick. When something breaks it takes months for things to get fixed."

New Orleans resident,
NOHD Community Health Assessment, 2019

Healthy Homes

New Orleans is a city of renters with more than half experiencing housing cost-burden. More than half of Black and Latino householders, as well as children and single female-led households, live in rental housing. The housing instability in New Orleans is most gravely seen in evictions, predominantly impacting Black renters with more than half of evictions involving Black women in 2017. The cost-burden inflicted on renters and homeowners alike may lead individuals and families to seek more affordable but substandard housing with poor housing conditions such as mold, electric or plumbing issues, and/or cockroaches or rodents. In New Orleans, these poor housing conditions affect renters at a rate of two times that of homeowners.

Households that are cost-burdened are likely to have difficulty affording other necessities like food, clothing, transportation, and medical care. The poor-quality housing conditions of mold, infestations, etc. can increase exposure to lead, vector-borne diseases, and can exacerbate existing health issues such as asthma. Focusing on policies that can help renters transition to home ownership, holding landlords accountable for housing quality, and making rent across the city more affordable are essential to the health and well-being of residents.



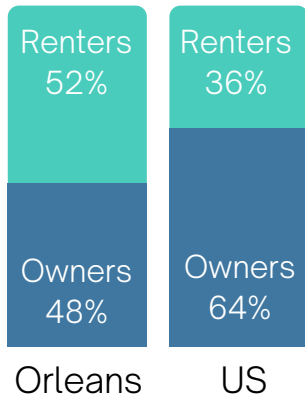
Action Plan

Goal 2.3: Ensure that all people have access to safe, sanitary, and stable housing regardless of income

- Reduce exposure to health hazards in the home
- Increase access to homeownership for mothers and families with young children
- Increase housing stability

Housing-Cost Burden

New Orleans is a **city of renters**. Renters are more likely to be cost-burdened, experience substandard housing conditions, and face eviction



More than half live in rentals:

- **Black** and **Latino** householders
- **Children** under 18
- **Single female** householders with children

3.5x more likely to rent than to own

5th
highest % of **cost-burdened renter households** in a large metro area



Housing Quality

In one year, thousands of households in New Orleans MSA experienced **poor housing quality**:



2,300 homes had mold



13,500 homes had electric or plumbing issues



60,000 homes had roaches



14,600 homes had signs of rodents

all of which can increase exposure to lead, vector-borne diseases, and can exacerbate existing health issues such as asthma



26% of homes have **severe housing problems**, with **renters 2x more likely** to experience these issues



1 in 7 adults have had asthma
1 in 16 adults have asthma
1 in 11 children have asthma (LA)

Housing Instability

Those experiencing evictions may experience negative effects to their physical health, stress, and can put children at an increased risk for chronic disease.

Evictions predominantly impact Black renters, especially Black women. In a recent study...

6x **renters in majority Black neighborhoods** were more likely to experience evictions



more than half of evictions were against **Black women** in 2017



Priority #3: Ensure Community Safety

Public Health Threats

New Orleans is the 15th hottest city in the country with an average of 35 days per year exceeding dangerous levels. The city ranks in the top 10 cities with the fastest-growing urban heat islands since 1970 and ranks in the top 3 cities with the fastest-growing overnight urban heat islands. On average, Louisiana is struck by a hurricane about once every three years. The increasing temperatures and weather-related events create environmental conditions that pose an increased risk for being in a state of emergency in New Orleans as well as the coinciding health hazards of air pollutants, extreme temperatures, falls, fire, carbon monoxide, and injury.

States of emergency caused by natural disasters have great impacts on health and safety. The normal functioning of working infrastructure and interruption of normal daily activities can limit access to resources such as medical services and resources required for daily living. Individuals with limited mobility and those who are immunocompromised may be in a more vulnerable state when such events occur. Limited access to care when in a state of emergency can perpetuate the creation of new health issues such as stress which may lead to mental health issues and/or hypertension, heat-related illness, the spread of infectious diseases, and violent and non-violent acts such as looting, all while intensifying existing conditions residents may already have. Infectious diseases can be easily spread when in shelters, homeless encampments, and when medical services are limited in a time of crisis. Emergency preparedness across sectors of local government, healthcare, social services, and a varying array of organizations will increase the efficiency of response and resources in times of need for all New Orleanians.



Action Plan

Goal 3.1: Prepare for and mitigate impacts of public health threats

- Reduce incidence of new cases of infectious disease
- Increase efficiency of local governmental entities to address public health emergencies
- Increase proportion of residents with limited mobility and special medical needs receiving timely and appropriate services during public health emergencies
- Reduce environmental health risk in homeless encampments
- Reduce exposure to urban heat

Public Health Threats

New Orleans is at increased risk for extreme weather events.



3 emergency events per year on average

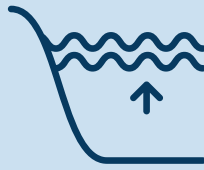


80% of emergency events are due to **extreme weather**

Climate Change

Changes in New Orleans' climate such as temperature and precipitation extremes, poor air quality, and an increase in vectors that can spread disease are occurring rapidly and can lead to severe illness and death.

Gulf of Mexico is expected to rise over 1½ feet in the next 30 years--**the steepest increase in the U.S.**



15th New Orleans is the hottest city in U.S.



35 Louisiana has days per year with dangerous heat levels



16 New Orleans is hotter in the city than nearby rural areas

At-Risk Populations

Not all residents have the same level of risk during emergencies- some are more vulnerable than others due to factors such as age, mobility, and access to resources.

89,340 in poverty

78,505 children under 18

55,281 elderly 65+

54,485 disabled

28,583 no access to vehicle

3,082 limited English proficient households

2,214 electricity dependent

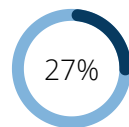
1,314 homeless

366 homebound

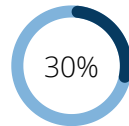
Infectious Disease



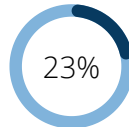
Orleans Parish accounts for a large percentage of all reported cases of Hepatitis and HIV in Louisiana



27% of diagnosed **chronic Hep C** cases are in the New Orleans region



30% of diagnosed **chronic Hep B** cases are in the New Orleans region



23% of **diagnosed HIV** are in New Orleans

COVID-19

As of January 2022, over **1,000** New Orleanians have died from COVID. Black residents represent a disproportionate amount of deaths

74%

Black residents as % of COVID deaths

60%

Black residents as % of population

"It would be nice if it were safe to walk the streets free from the constant risk of stray bullets, muggings, and car-jackings."

-New Orleans resident,
NOHD Community Health Assessment, 2019

Violence Prevention

The year 2021 marks the highest number of homicides in New Orleans since 2007. Since 2019 and the onset of the COVID-19 pandemic, homicides have continued to rise year after year. Of the 218 homicides in 2021, 90% of them involved firearms. Although reported domestic violence homicides have decreased over time, intimate partner violence remains the top root cause of all domestic violence homicides. Whether a victim, survivor, or witness to violence, health impacts can be seen throughout the lifespan.

Adverse childhood experiences including abuse, neglect, witnessing domestic violence, parental separation, having an incarcerated family member, and economic hardship can hinder a child's healthy development and may result in mental and physical issues later in life. The American Academy of Pediatrics notes that, children who experience adverse childhood experiences are at greater risk for chronic health issues of obesity, heart disease, alcoholism, and drug use in adulthood.

According to the CDC, community violence can lead to physical injuries as well as mental health conditions such as anxiety, depression, and PTSD. Violence in communities is associated with an increased risk of chronic disease due to safety concerns influencing individuals' decisions to engage in healthy behaviors such as walking, biking, utilizing parks, and accessing healthy food stores. By prioritizing trauma-informed, community-based solutions and providing resources for New Orleanian families and children who experience or witness violence in their home, school, and/or community, we can further efforts to reduce these violent incidences in New Orleans.



Action Plan

Goal 3.2: Prevent death and injury resulting from violent acts among New Orleanian families and children without historical access to resources by addressing social and economic needs, prioritizing trauma-informed community-based solutions, and promoting health equity through policy interventions

- Reduce serious incidents of violence in public schools
- Reduce access to illegal firearms
- Reduce violence in the home

Homicide



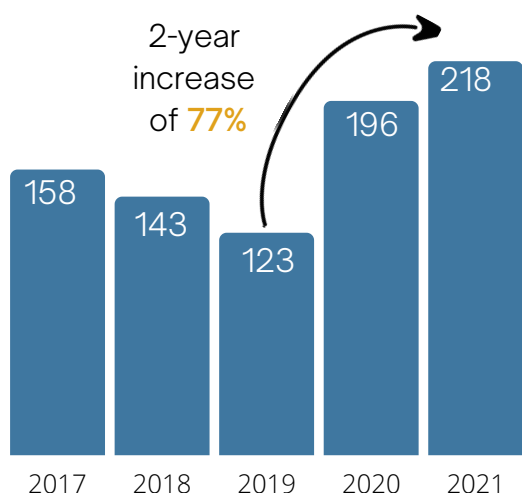
7th

New Orleans has the **highest murder rate** of all major US cities



Homicide is the top cause of injury deaths for children ages 1 to 14 in the New Orleans region--**the highest rate of any LDH region in Louisiana**

The pandemic reversed years of declining homicides--2021 marks the **highest number of murders since 2004**.



Gun Violence



90%

of all murders involve firearms

2,066

illegally possessed firearms seized by NOPD in 2021

77%

increase in illegal firearms seized

Youth Exposure to Violence

Children exposed to violence are at an increased risk of mental and physical issues and chronic health issues such as obesity, alcoholism, and drug use in adulthood.



A 2019 IWES survey found that many New Orleans **youth have been exposed to serious acts of violence**

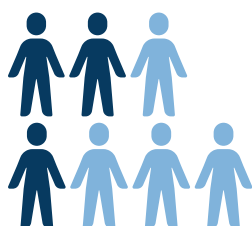
1 in 3 were witnesses to domestic violence

2 in 5 had seen someone shot, stabbed, or beaten

1 in 5 witnessed a murder

More than half had someone close to them murdered

Community Violence



65% of residents say **New Orleans is not safe**

25% of residents say their **neighborhood is not safe**



22% since 2020

Community violence can lead to physical injuries, mental health conditions, and increased risk of chronic disease

"They've been working construction on my street for a long time. There was an accident the other day that probably would've been avoided had signs been put up in a different position. The cars are coming on both sides and sometimes they come slow and sometimes they come fast. It's all a matter of who is driving."

-New Orleans resident,
NOHD Community Health Assessment, 2019

Transportation Safety

Safety on our roadways and sidewalks is important in keeping our residents safe from harm. When participants of the 2019 CHA were asked what changes would make it easier to live a happy and healthy life in New Orleans communities, the most frequently cited response indicated the city's infrastructure (roads, sidewalks, and water management infrastructure) being a barrier to health.

Orleans Parish has ranked highest in the state for the injury crash rate and number of alcohol-related injury crashes for the past 11 years. Since 2019, New Orleans has seen more than a 20% increase in the number of crash fatalities, with 80% of crashes involving alcohol. An average of 50 New Orleanians are killed in traffic on city streets per year and nearly 30% are killed while walking.

Transportation-related injuries and deaths are preventable by reducing risky driving behaviors seen on the road such as driving under the influence, distracted driving such as texting, aggressive driving, speeding, etc. Advocating for safer and complete comprehensive network of roadways for residents to walk, bike, and drive on can reduce the injuries and fatalities seen on our roads today. In addition, improving the accessibility and availability of mass transit routes in all New Orleans communities can create less congestion on the roads and safer routes for residents to access healthcare, school, and work.



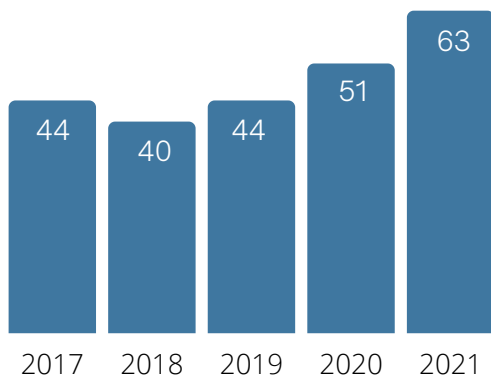
Action Plan

Goal 3.3: Reduce traffic-related fatalities and severe injury by creating safer street networks for people who walk, ride, and drive

- Reduce risky driving behavior
- Roadway infrastructure and use improvements
- Increase utilization of mass transit

Injury & Fatality

Traffic fatalities in New Orleans are increasing--2021 is the **worst year for number of traffic fatalities** since 2004



Motor vehicle crashes are a **leading cause of injury-related death in children** 0 to 14 years in the New Orleans Region




Since 2010, Orleans Parish has had the **highest rates in Louisiana** for


- Injury crash rate
- Alcohol-related injury crashes

Risky Driving Behaviors

Risky driving behaviors such as driving while intoxicated, without a seatbelt, and speeding can increase risk of injury and death for everyone on the road

From 2017 to 2021 in New Orleans,

 **57%** of all fatalities were **drivers**

 **65%** of driver fatalities involved a **lack of or improper use of a seatbelt**

 **40%** of driver fatalities **involved alcohol**

When hit by a vehicle traveling at...

20 MPH  **9 out of 10** pedestrians survive

30 MPH  **5 out of 10** pedestrians survive

40 MPH  **Only 1 out of 10** pedestrians survive

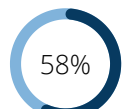
Infrastructure Improvements

Improvements in infrastructure can promote feelings of safety and well-being among residents and encourage alternative modes of transportation

A 2020 Complete Streets Coalition resident survey found that...

 **77%** feel that protected bike lanes **create more safety and less stress**

 **68%** would be **more inclined to ride a bike** if there were protected bike lanes

 **58%** think the lack of transit options **lowers their quality of life**



Walkscore

58/100



Bikescore

66/100



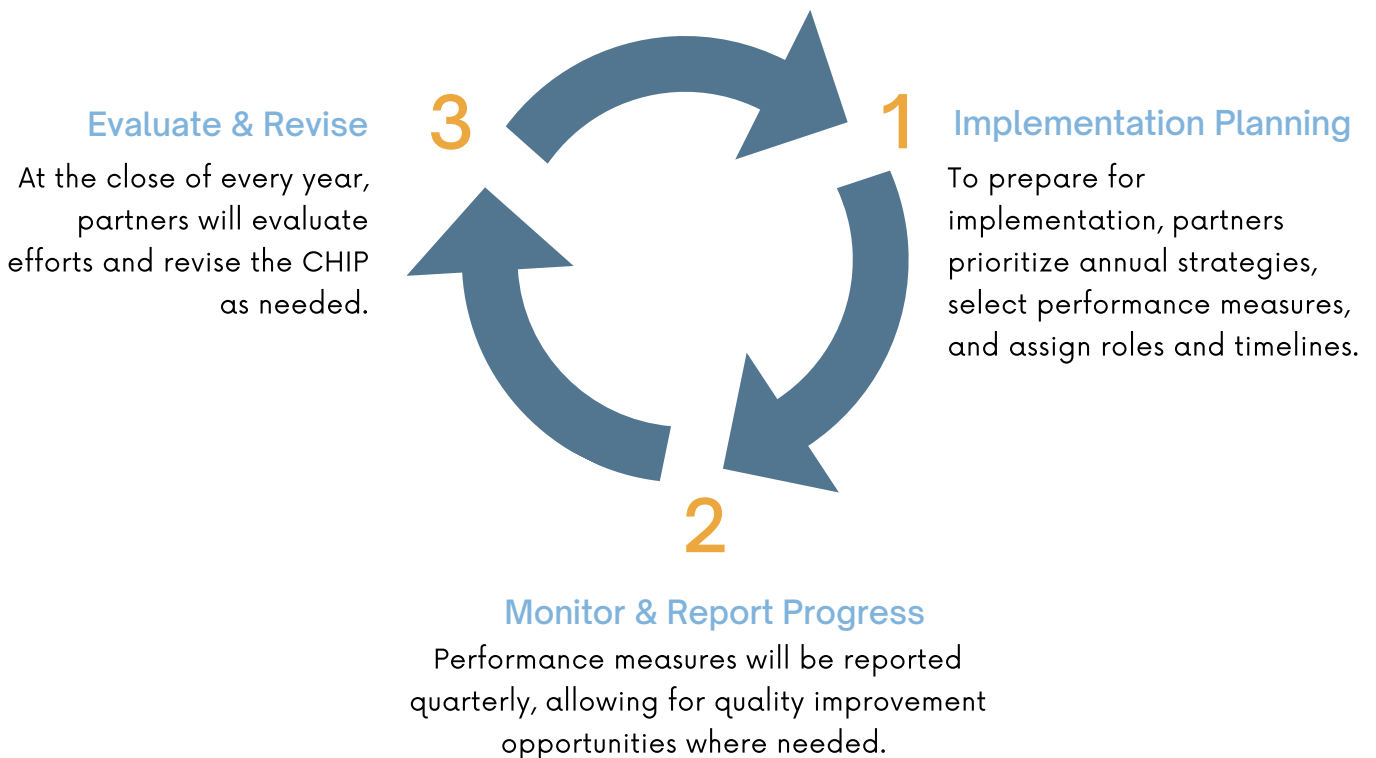
Transit-score

44/100



Next Steps

From 2022-2025, the New Orleans CHIP will continue to grow and evolve as the needs of our community do, however, the following steps will guide our efforts to ensure that we stay on track, keep the public informed, and employ the most effective strategies in order to improve health outcomes. All work will be executed by CHI working groups for the three priority areas. Each step will be repeated on an annual basis at the start of every year.



Acknowledgements

It is only through collective action that we can achieve optimal health and well-being for all New Orleanians. Thank you to our partners and staff for their thoughtful contributions to the New Orleans Community Health Improvement Plan and for their ongoing support for Community Health Improvement efforts.

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Increase Access to Care

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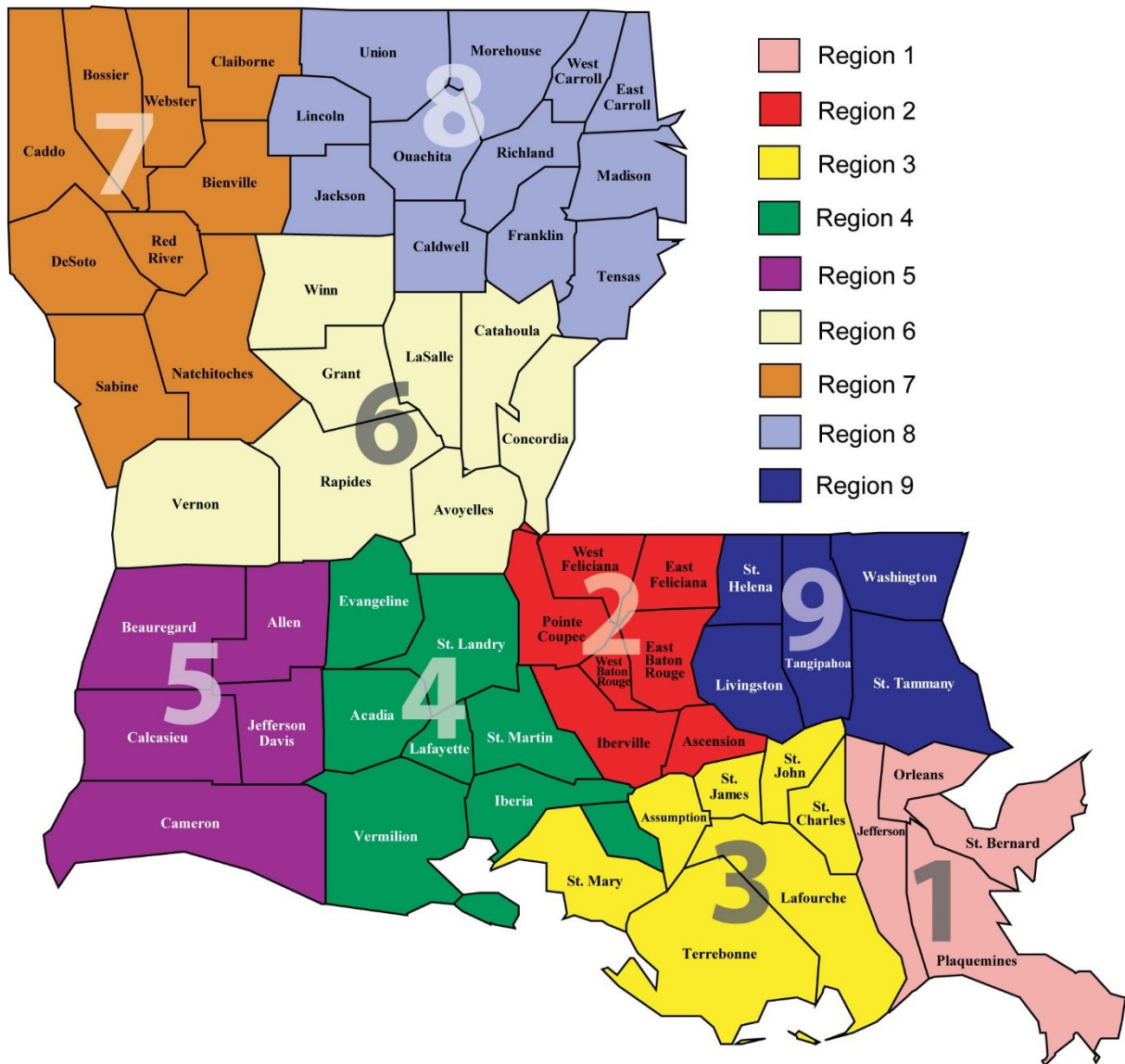
Appendix A:

Commonly Used Words and Definitions

- **Behavioral health:** general term used to refer to both mental health and substance use
- **Chronic disease:** conditions that last 1 year or more and require ongoing medical attention and/or limit activities of daily living
- **Cultural competence:** integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes
- **Food insecurity:** the disruption of food intake or eating patterns because of lack of money and other resources
- **Health equity:** all persons have a fair and just opportunity to be as healthy as possible
- **Health disparities:** a higher burden of illness, injury, disability, or mortality experienced by one group in relation to another
- **Housing-cost burden:** spending more than 30% of income on housing
- **Infant mortality:** the death of an infant before his or her first birthday; rate is per 1,000 live births
- **Infectious disease:** illness caused by germs that enter the body, multiply, and cause an infection
- **Intimate partner violence:** physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner
- **Mass transit:** the system, vehicles or facilities engaged in transportation of large numbers of people by means of subway trains, buses, etc. especially within urban areas
- **Maternal mortality:** the death of a women from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends
- **Median household income:** the income level earned by a given household where half of the homes in the surrounding area earn more and half of the homes earn less
- **Morbidity:** a measure of disease in a given population, including mental and physical well-being
- **Mortality:** a measure of death in a given population
- **Opioid:** a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others
- **Postpartum period:** first six weeks after childbirth
- **Poverty:** determined by comparing a family's annual income to a set of poverty thresholds (in dollars) that vary by family size, number of children, and age of householder
- **Pregnancy-associated death:** death during or within one year of the end of pregnancy from a cause unrelated to pregnancy
- **Prenatal care:** checkups from a doctor, nurse, or midwife throughout your pregnancy
- **Risky driving behavior:** refers to drunk driving, drug-impaired driving, distracted driving, seat belt use, and speeding
- **Severe housing problems:** housing problems such as incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50%
- **SNAP:** the Supplemental Nutrition Assistance Program is a federal program that provides monthly benefits to help eligible low-income households buy the food they need for good health
- **Social determinants of health:** The conditions in the environments where 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
- **WIC:** Special Supplemental Nutrition Program for Women, Infants, and Children is a federal assistance program for healthcare and nutrition of low-income pregnant women, breastfeeding women, and children under five

Appendix B:

Louisiana Department of Health Regional Map



Source: Louisiana Department of Health



CITY OF NEW ORLEANS