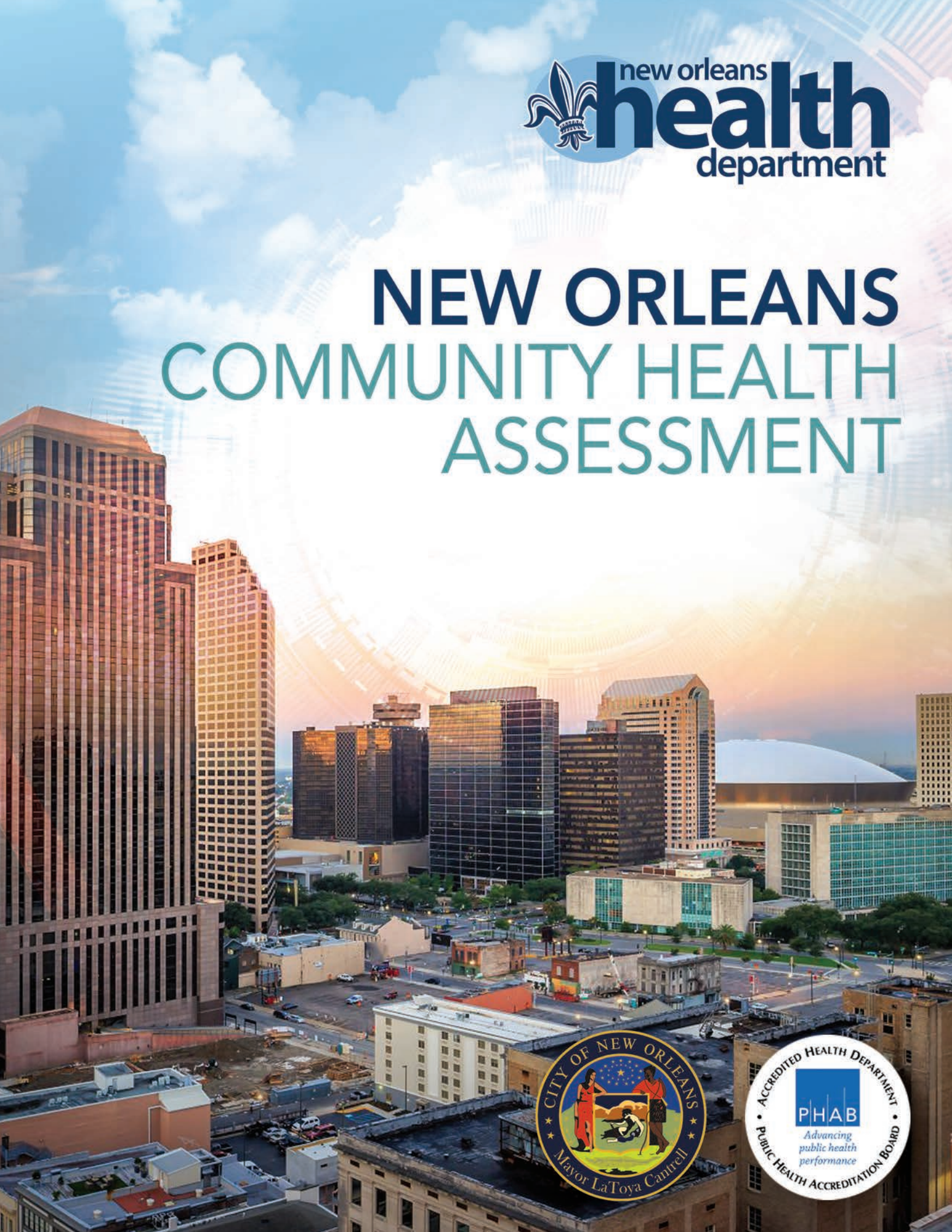
new orleans health department

NEW ORLEANS COMMUNITY HEALTH ASSESSMENT



Acknowledgments

The New Orleans Community Health Assessment would not be possible without the many local institutions, community organizations, and residents that are committed to improving the health of all that live, learn, work and play in New Orleans. The New Orleans Health Department would like to extend a special thank you to Humana and Ochsner Health System for their efforts in the promotion and printing of this report.

Core Advisory Team, 2017-2018

Andreanecia M. Morris, Greater New Orleans Housing Alliance
Asali DeVan Ecclesiastes, Network for Economic Opportunity
Avery Corenswet, Ochsner Health System
Calvin Johnson, City of New Orleans Office of Criminal Justice Coordination
Charlotte Parent, LCMC Health
Denese Shervington, Institute of Women & Ethnic Studies
Elizabeth Marcell, New Orleans Therapeutic Day Program at RSD
Flint D. Mitchell, Louisiana Children's Research Center for Development and Learning
Jessica Riccardo, Louisiana Public Health Institute
Karen Evans, Children & Youth Planning Board
Kate Parker, Market Umbrella
Keelia O'Malley, Tulane University Prevention Research Center
Mary Claire Landry, New Orleans Family Justice Center
Nahliah Webber, Orleans Public Education Network
Quentin L. Messer Jr., New Orleans Business Alliance
Robert T. Maupin Jr., LSU Health Sciences Center, School of Medicine
Susan Todd, 504HealthNet
Trupania Bonner, Crescent City Media Group

Working Group Members, 2017-2018

Amy Blaylock, Humana, Inc.
Amy Mercieca, Tulane University School of Public Health & Tropical Medicine
B.B. St. Roman, New Orleans Police Department
Benjamin Wortham, Catholic Charities Archdiocese of New Orleans
Clint Welty, Tulane University School of Public Health & Tropical Medicine
Jessica Riccardo, Louisiana Public Health Institute
Jodi Dyer, New Orleans Health Department
Keelia O'Malley, Tulane University Prevention Research Center
Khalilah Collins, Making Connections
Maeve Wallace, Tulane University School of Public Health & Tropical Medicine
Paula Stewart, Catholic Charities Archdiocese of New Orleans
Robyn Burchfield, New Orleans Emergency Medical Services
Tap Bui, United Way of Southeast Louisiana
Teresa Falgoust, Agenda for Children
Trupania Bonner, Crescent City Media Group
Whitney Soenksen, City of New Orleans Enterprise Information Team

Additional Support & Assistance

Chandra Teddleton, New Orleans Health Department
Jack Healy, Tulane University School of Public Health & Tropical Medicine
Katherine Cain, New Orleans Health Department
Khizir Qureshi, LSU Health Sciences Center, School of Medicine
Torrie Harris, New Orleans Health Department

Dr. Jennifer Avegno, Director
Chantell Reed, Deputy Director
Jodi Dyer, Principal Author

A MESSAGE from the Health Director

The year 2018 marked New Orleans' tri-centennial, and a time to celebrate the city's rich heritage and culture. Central to this narrative are the many neighborhoods and people who make up this great city. For the New Orleans Health Department (NOHD), the health of all residents is at the core of our mission "to protect, promote and improve the health of all where we live, learn, work and play". I am honored to lead a team of dedicated individuals committed to ensuring that our mission comes to life.

Part of this mission requires NOHD to conduct a comprehensive community health assessment every five years. This report is a result of that assessment process, where NOHD staff worked closely with up to 100 local organizations and 1,000 community stakeholders throughout an interactive, 18-month process to gather data and engage community in a discussion of the many interpersonal, organizational, and systemic factors that contribute to our health. The assessment achieved broad community and organizational engagement, with participation from every neighborhood and zip code across New Orleans and organizational representation across sectors from health and health care, to housing and economic development. 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.

Additionally, this process shed light on some of the key health outcomes where New Orleans has improved since the previous assessment in 2013. Thanks to Medicaid expansion in Louisiana, the rates of uninsured for both the state and Orleans Parish have decreased by over half between 2013 and 2017. In Orleans Parish, the number of new HIV diagnoses per year is decreasing, and since 2013, there has been a 25% decrease in the number of new HIV diagnoses. Last year (2018) marked the third consecutive year of a reduced number of homicides in the parish and the fewest number of murders since 1971.

However, homicide remains the fifth leading cause of death for Black residents in our city, and, in 2017, the murder rate for Orleans Parish was 39.5 per 100,000 residents—placing the city in the top five for cities with a population of 250,000 or more. By race and ethnicity, Black residents make up approximately 75% of new HIV diagnoses in Orleans Parish each year, and, in 2017, the percentage of low birth weight infants born to Black mothers with a Master's degree or higher exceeded the percentage of those born to White mothers with a high school degree / GED or less. Clearly, there is much work to be done to effectively close these inequitable gaps in health outcomes for our residents.

This is one of many reasons why this assessment is so important. It is a living document, and one I encourage community organizations and others investing in the well-being of our residents to use to build stronger partnerships and more collaborative solutions to address the many barriers to health in our city. More and more research highlights the reality that a person's health is deeply impacted by their environment, whether they have the means to afford stable housing in a neighborhood where they feel safe and the ability to get to work or school with ease or have the social and economic resources to get the medical care they need. As a community, we cannot address the top five barriers to health identified by residents—crime and violence, insufficient infrastructure, unhealthy environments, lack of jobs and fair wages, and low quality, unaffordable housing—without determining how we work collectively to address the social determinants of health. NOHD invites you to use this assessment to better understand what's keeping New Orleans from being the healthiest place it can be and to inform how you can get involved in making that aspiration a reality.

Jennifer Avegno, MD
Director, New Orleans Health Department

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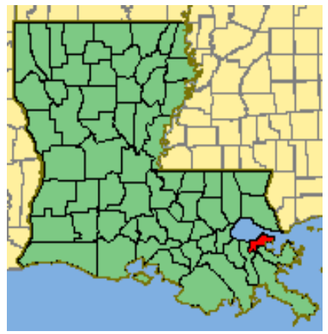
Executive Summary

**New Orleans is a consolidated city-county wherein city and parish boundaries have been merged into one unified jurisdiction. Therefore, throughout this report New Orleans and Orleans Parish are used interchangeably but are referring to the same geographic area.*

New Orleans Community Health Assessment

New Orleans, also referred to as Orleans Parish* due to their shared borders, is a mid-sized city of approximately 391,000 people and is the state of Louisiana's major urban metropolis. Situated on the banks of the Mississippi River with one of the most active ports in the country, New Orleans is often viewed as an economic and commercial hub for the region. Founded in 1718, New Orleans is rich in history, architecture, culinary arts, and unique cultural traditions developed by generations of New Orleanians who have called the city home for the past 300 years. For these reasons and many others, New Orleans remains a major destination for visitors from all over the world. When it comes to health, however, New Orleans doesn't regularly receive the same praise or recognition. The city has historically performed poorly in measures of health and well-being when compared to other geographies and consistently ranks in the top ten for rates of illness and disease. Through cross-sector community health improvement efforts, the New Orleans Health Department and its network of community partners have pledged to change this narrative for the better.

Figure 1: Map of Louisiana Parishes



The New Orleans Health Department (NOHD) serves the residents of Orleans Parish and faithfully carries out its mission to protect, promote, and improve the health of all New Orleanians where they live, learn, work, and play. Nationally accredited by the Public Health Accreditation Board in 2014, NOHD commits to conducting a Community Health Assessment (CHA) at least every five years. In doing so, NOHD staff and community partners are provided with a comprehensive picture of health status in the city which assists in identifying priority areas for health improvement, along with existing community assets that could be leveraged to address health issues. The benefits of conducting a CHA extend well beyond maintaining accreditation status but also supports NOHD in fulfilling its core public health functions, carrying out its stated mission, and ensuring alignment of priorities among the local public health system entities and the greater New Orleans community.

In 2017, NOHD initiated the second city-wide CHA in collaboration with community members, leaders, and organizations. The nationally recognized Mobilizing for Action through Planning and Partnerships framework was selected to guide the collection of both qualitative and quantitative data for the assessment due to its focus on community engagement, equity, and inclusion. More than 100 organizations spanning across sectors participated in defining the process for the 2017 assessment and nearly 1,000 individuals representing every zip code and neighborhood in the city provided their input. This report is a compilation of assessment findings and will serve as the foundation for a multi-year community health improvement plan shared by NOHD and community partners. The following section is a synthesis of assessment results into key themes found across the various assessment tools.

Key Themes

Racial Inequities

Since 2010, the population of New Orleans has grown by approximately 50,000 people, bringing the city's total estimated population to 391,006 as of 2017. As more people come to New Orleans, the demographic makeup of the population changes. U.S. Census data shows that over the past decade the percentages of Black, Hispanic, and Asian residents in New Orleans have steadily increased, resulting in a population that is 69% people of color. Although the city has become more diverse, a City Health Dashboard analysis of the 500 most populous cities in the country shows that racial and ethnic groups in New Orleans are more highly segregated than in cities of similar size and racial and ethnic makeup. Residential segregation is associated with a range of adverse impacts on health, from increased risk factors for heart disease and increased rates of infectious disease, to premature death. Additionally, neighborhoods that are highly segregated often have lower housing quality, higher concentrations of poverty, and limited access to good jobs and education (RWJF, 2018).

Although residents report overall good health and satisfaction with quality of life in New Orleans communities, New Orleanians--and Black New Orleanians in particular--are still dying sooner and losing more years of life than those of individuals across Louisiana and the rest of the country (CHR, 2019). When assessing years of life lost by race, there are considerable differences between groups, with the rate of potential years lost for Black residents (12,800) more than double the rate for White (6,300) or Hispanic residents (6,100). These inequitable differences in health outcomes among racial and ethnic groups are present across the lifespan, beginning at birth. The infant mortality rate per 1,000 live births in Orleans Parish (7.4) is higher than in Louisiana (7.2) and the U.S. overall (5.8). Black infant mortality (10.5), however, occurs at a rate that is more than six times higher than the rate for White infants (1.6); all rates were highest during the perinatal period, which is closely connected to maternal health.

The leading causes of death in Orleans Parish have remained constant since 2010, with heart disease and cancer being the most common for all residents. Following heart disease and cancer, accidents, stroke and homicide are the most common causes of mortality overall. With the exception of accidents, which have increased, rates for all of the leading causes of death have decreased since 2002. Although this is an improvement to be celebrated, further analysis of data shows that there are notable differences in mortality rates between Black and White residents, with Black residents more likely to die of any cause than White residents.

In the face of these inequities, civic engagement and activities like voting are necessary for communities in New Orleans to thrive, fostering community connectedness among residents and providing them with the knowledge, skills, and opportunities to cultivate positive change for the benefit of all. The importance of civic engagement for improved health was further validated by the results of assessment activities with local public health system providers, wherein residents were cited as a valuable yet underutilized resource and vital for achieving a more equitable New Orleans. Providers recognize that residents must be engaged more regularly and consistently by the public health system, and empowered with information more often. The expertise and lived experience of residents can be leveraged to inform health literate communications and programming, activate and mobilize the greater New Orleans community around critical issues, and develop more equitable and effective policies.

Economic Instability

Economic factors in New Orleans present a severe challenge to achieving improved health outcomes and quality of life for residents. Currently, the city has one of the highest poverty rates in the country with approximately a quarter of all New Orleans residents and 40% of all children living in poverty. Similarly, the median household income in New Orleans is lower when compared to Louisiana and the rest of the country. In New Orleans the median household income is approximately $37,000-- an amount that is $9,000 less than that for Louisiana and $23,000 less than for the U.S. overall. Since 2010, the median household income in Orleans has even decreased by $5,500 once adjusting for inflation. Lastly, the rate of unemployment is higher for New Orleanian workers than for those in Louisiana or the U.S. overall. All of this is despite the fact that educational attainment in New Orleans has increased over the last five years and the percentage of residents with a high school diploma is now comparable to that of the U.S. Black and female residents are more likely to experience this burden than others.

Black residents have higher rates of unemployment and poverty, and the lowest median household income of any other racial or ethnic group. When it comes to gender, there is a substantial pay gap between male and female New Orleanians, with men earning significantly more money than women do at all levels of educational attainment. Female householders with no husband present have the lowest household incomes of any other kind of household, regardless of whether children are present or not.

The critical role that economic stability plays in improving health and quality of life was consistently validated in engagements with New Orleans residents and service providers throughout the assessment. As the cost of living in New Orleans is steadily increasing, so is the financial burden on the City's residents. The lack of affordable housing, climbing rental costs, and the expense of healthy foods, coupled with low and stagnant wages and lack of stable full-time employment, makes it nearly impossible to afford basic needs. Every day, residents are overwhelmed by feelings of stress and hopelessness, forced to make difficult decisions that can impact their health such as what food to buy, where to live,

or when to pay insurance premiums and prescription costs. Many residents cited that the stress they felt about money and the limited access to healthy food resulted in unhealthy eating habits, such as high sugar intake and consuming fast food more often than desired, along with health issues like high blood pressure, diabetes, and obesity. Currently 44% of New Orleans residents spend 30% or more of their household income on housing alone, while more than one in five New Orleans residents are food insecure.

From a systems perspective, service providers and community organizations alike underscored the need for more strategic economic investment and workforce development in order to provide a long-term solution to the economic instability experienced by New Orleanians. Potential strategies included offering economic incentives for companies in high-paying industries—such as healthcare, tech, engineering, and water management—that are more likely to offer increased wages, employee benefits, and consistent employment. Furthermore, it was suggested that existing partnerships between organizations be strengthened and new partnerships cultivated in order to foster the exchange of ideas and provide opportunities for workforce training and skill development. Similarly, when assessing the public health system as a whole, the system performed at a moderate activity level in areas related to workforce development and cited the need for increased partnerships among institutions, the sharing of workforce development implementation plans, and leveraging existing resources to offer in-service training.

Built Environments for Healthy Lifestyles

According to the Centers for Disease Prevention and Control (CDC), the built environment includes all of the physical parts of where we live, work, learn, play and age (e.g., homes, buildings, streets, open spaces, and infrastructure) and plays a significant role in determining the health of our residents; it influences how New Orleanians engage with the environment around them including how they access resources, what resources they are able to access, how they connect with one another, and the choices they make regarding healthy behaviors. Community resources such as parks, recreational facilities, and greenspaces have the ability to make the built environment more conducive to healthy choices and foster community connectedness. Access to well-equipped and safe parks and playgrounds in particular is associated with lower obesity rates and higher physical activity levels.

In the 2017 Community Health Survey, New Orleans residents identified parks and places for exercise as the top asset for health in their communities. The Trust for Public Land estimates that as of 2019, 80% of all residents live within a 10 minute walk to a park, a substantially higher percentage than the national average of 54%. Although the large majority of New Orleanians have access to a park, one in every three (32%) New Orleans residents is obese and more than one in every ten (12%) residents has been diagnosed with diabetes. Further analysis of assessment data shows not only that obesity and diabetes are two of the most concerning health issues to New Orleans residents, but also that factors such as crime and maintenance of park infrastructure are major barriers to addressing these health issues. Even though parks and places for exercise exist, residents don't always feel safe using them, which gets in the way of establishing or maintaining healthy behaviors like regular morning walks, after-school football and basketball games with neighborhood friends, and parents forming social connections with one another while their kids play on the playground.

High crime rates in a community can compromise the health and well-being of residents who live there. As assessment results have shown, simply the threat of crime can exacerbate chronic stress and deter residents from pursuing healthy behaviors. Being exposed to violence is linked to a variety of negative health outcomes such as increased BMI scores and levels of obesity due to reduced physical activity. In addition, continued exposure to violence over long periods of time can result in increased mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD). In Orleans Parish, the total number of incidents of property and violent crime have increased by approximately 4% in the past five years (2014 to 2018). In that time, violent crime has seen an increase of 15%, despite declines in annual counts of violent crime for the past three years. On average, violent crime accounts for 16% of all crime in the city and in 2018, there were approximately 3,400 incidents of violent crime. Unsurprisingly, mental health was identified in the community health survey as the top health issue residents are mostconcerned about, and crime and violence was named as the top barrier to health. Both mental health and crime and violence garnered notable percentages of resident votes compared to any other

issue or barrier, representative of the serious impact they have on a broad range of residents across the city
In addition to increased park access, assessment participants noted that there have been other significant improvements made to the built environment, such as the revitalization and development of community centers and libraries, and the expansion of bike and pedestrian infrastructure. Despite these positive gains, residents have made it clear that the existing infrastructure in New Orleans is insufficient and acts as a barrier to living a healthy life. When sufficient infrastructure does exist, however, it acts as an asset for health and improves quality of life. In addition to safer neighborhoods, infrastructure improvements (particularly those related to roads, sidewalks, and water management infrastructure) were the most frequently cited responses when asked what changes would make it easier to live a happy and healthy life in New Orleans communities.

According to residents and service providers, often times the benefits of these built environment improvements are minimized or short-lived due to the extensive lifespan of construction projects, followed by a lack of infrastructure maintenance once projects are completed. The time spent on construction projects can last for several years, disrupting the lives of those living in proximity to the projects and presenting significant barriers to maintaining social connectivity, engaging in exercise, accessing effective transportation and, in turn, accessing other necessary resources for living a healthy life. The utilization of these improvements is constantly threatened by a lack of maintenance—flooding, litter and trash that brings unwanted animals, broken street lights, overgrown trees in the sidewalk, unfilled holes and cracks in cement—which are often compounded by conditions brought on by climate change such as increased rain and major weather events, higher temperatures, lower air quality, and vectors like mosquitoes and rodents.

Access to Care

Great strides have been made in increasing access to health care for residents, a factor shown to have a significant impact on health including overall physical, social, and mental health status, prevention of disease and disability, and better quality of life (HP2020). Since 2008, both Louisiana and Orleans Parish have reduced their rates of uninsured by over half (51% for Louisiana and 63% for Orleans) and, for the first time in a decade, rates are below that of the U.S. In addition to increased health coverage, New Orleanians have greater access to health care providers. Since 2012, the population to provider ratios for primary care providers and dental providers have improved and are comparable to that of top performing counties in the U.S. The mental health provider ratio, however, is not comparable, but 35% lesser than top U.S. performers (the equivalent of 110 less patients seen per mental health provider).

The importance of closing the gap in access to mental health services is echoed by results of the 2017 NOHD Community Health Survey wherein residents identified mental health as the health issue of most concern in New Orleans communities. Furthermore, increasing access to mental health services and providers could aid in addressing rising rates of substance use and drug poisoning deaths, a growing stigma towards mental illness and its criminalization, the high rate of unsheltered homeless per capita, as well as the trauma and stress associated with incidences of crime, which are increasing. Overall, more New Orleanians are insured and have access to a primary care provider, however, access to dental, behavioral health, women's health, and other specialty services is still limited for some. Populations with increased barriers to care due to language, citizenship status, income, and / or incarceration, may receive lower quality of care, delay needed care, or not access care at all.

Ensuring access to care for all New Orleanians is the work of innumerable entities that make up the local public health system in the city. Since the last community health assessment was completed in 2012, the system has made significant advances in the delivery of the ten public health services that are deemed essential for any community to be healthy and thriving. The most recent assessment revealed that the system has improved performance in providing 9 of the 10 essential services and, on average, has increased essential service performance scores by 28%. Despite these advances, there is much work left to be done in order to achieve the desired goal of optimal system performance across all service areas.

The three lowest scoring essential service areas as identified by system partners are: informing and educating people about health issues; linking residents to health services when otherwise unavailable, and; evaluating the effectiveness, accessibility, and quality of the services provided. Across the three service areas, there was a common weakness of limited coordination and exchange of information among system partners and stakeholder groups. System partners sited the limited accessibility of data as a barrier to decision making and informing policy. Furthermore, the lack of coordination and communications among system partners is a detriment to the system overall, but impacts vulnerable populations the most. Although addressing these weaknesses is no simple task, the system has many assets that can be leveraged such as the extensive network of Federally Qualified Health Centers (FQHC), the Mayor's Office of Neighborhood Engagement, the local media and technological advances in the medical field including electronic medical records, telemedicine, mobile health apps and other diagnostic tools. Lastly, the development of partnerships between hospitals and social service providers and the engagement of residents, patients, and representatives of vulnerable populations in decision making processes offer valuable opportunities for improvement of service delivery.

Conclusion

As demonstrated by leading public health institutions and corroborated by assessment findings, both the length and quality of life of our residents are largely determined by factors outside of traditional health care, namely, the social determinants of health—the conditions in the social, physical, and economic environment in which people are born, live, work and age. Assessment findings speak to the impact that factors such as race, income, crime, and the built environment have on health outcomes in New Orleans, even in an age of increased access to care.

As a core part of the local public health system, the New Orleans Health Department must rise to meet the new challenges presented by both a changing population and a changing public health landscape in order to achieve improved health outcomes for all. In order to do so, it must adopt a new normal, one where collaborations extend across sectors and utilize a shared language that reflects common values, where frameworks that promote shared investment and accountability are adopted, and where initiatives explicitly address upstream social determinants of health and drive the elimination of inequitable health outcome gaps between groups. It is only by working together that the health and well-being for every New Orleanian can be improved. Join the New Orleans Health Department in ensuring a healthy New Orleans for all, now and in the future.

Learn more about the New Orleans Health Department's Community Health Improvement efforts and how you or your organization can participate by visiting www.nola.gov/health.

Introduction

In 2014, the New Orleans Health Department (NOHD) obtained national accreditation through the Public Health Accreditation Board (PHAB). As a nationally accredited health department, NOHD is better poised to serve residents of New Orleans through increased accountability to stakeholders, strengthened community partnerships, continuous quality improvement and the improved performance that accreditation fosters. A critical component required for maintaining national accreditation is engaging in a comprehensive and collaborative Community Health Assessment (CHA) process at least once every five years. The CHA is used to inform NOHD's strategic plan, identify priority areas for health improvement, and develop a Community Health Improvement Plan (CHIP) outlining strategies for action and measures to evaluate progress. The benefits of conducting a CHA and developing a CHIP extend beyond accreditation; these processes also assist NOHD in fulfilling core public health functions, carrying out its stated mission, and ensuring alignment of priorities among the local public health system and the greater New Orleans community. This report presents the 2018 Community Health Assessment (CHA) for New Orleans, Louisiana.

Mobilizing for Action Through Planning and Partnerships

Since 2011, NOHD has chosen to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the New Orleans community health improvement process. Known for promoting active participation, being community-driven, and encouraging multi-disciplinary collaboration, MAPP is well aligned with the mission, vision and values of NOHD and community health improvement partners. Additionally, MAPP is nationally recognized as a model for improving community health and can lead to improved efficiency, effectiveness and performance in the communities where it is implemented.

MAPP facilitates an interactive 18-month process that is divided into six phases: organizing, visioning, conducting assessments, identifying strategic issues, formulating goals / strategies, and an action cycle for implementation (Figure 1). While in the assessment phase (phase 3), communities employing the MAPP framework utilize four unique assessment tools, each designed to focus on a specific goal and stakeholder group to ensure that the four together represent a comprehensive picture of health. These tools provide critical insight to the challenges and opportunities faced across the community. The four MAPP assessment tools are:

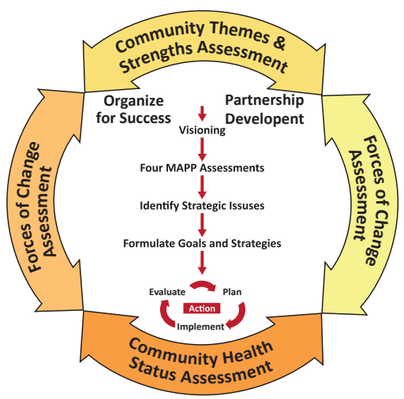
Figure 1. MAPP Overview

Community Health Status Assessment:

identifies priority issues related to community health and quality of life

Forces of Change Assessment:

focuses on the identification of macro level forces such as legislation, technology, and other issues that affect the context in which the community and its public health system



Local Public Health System Assessment:

a comprehensive assessment of all the organizations and entities that contribute to the public's health

Community Themes and Strengths Assessment:

provides a deep understanding of the issues residents feel are most important

Methodology

Organizing and Visioning

In August of 2017, NOHD initiated the second Community Health Improvement process by recruiting approximately 60 community leaders to support assessment planning and implementation, ensuring that the CHA was the product of a collaborative effort of diverse system stakeholders. This group made up the Community Health Improvement Steering Committee, Core Advisory Group and Working Groups. The values of diversity and inclusion were underlying themes throughout the assessment process, from the recruitment of Steering Committee to the engagement of participants and is reflected in our shared vision for community health improvement in New Orleans (Figure 2). Appendices A and B provide a comprehensive list of individuals and participating organizations who contributed to the development of each assessment tool.

Figure 2. Vision for Community Health Improvement, 2017

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

Four Assessment Tools

Conducting all four assessment tools occurred over an 18-month process. Nearly 100 community organizations and more than 1,000 individuals contributed in some form to the Community Health Assessment. Each step of the way, the assessments were informed by Community Health Improvement partners. The Core Advisory Team met monthly while the working groups formed for each assessment area met as needed, with meeting frequency ranging from bi-weekly to every other month. As in the previous phase, the shared values of equity and inclusion were intentionally incorporated into strategies and plans for implementing the four assessment tools.

Community Health Status Assessment

Community Health Status Assessment (CHSA) activities were conducted throughout the entirety of the assessment process as new indicators were identified and prioritized and as data was made available. In addition to local expertise, indicator selection was informed by research and best practices including the 2013 Centers for Disease Control and Prevention (CDC) publication, *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants*. The CDC publication served as a foundation for the CHSA; additional indicators deemed locally relevant were added to provide a comprehensive list reflective of local issues and values.

Several strategies were employed in order to explore and document areas of health inequity including: measuring health disparities by race or ethnicity and gender; stratifying indicators of socioeconomic status by demographic categories; and geographic mapping to uncover patterns of health inequity by zip code, neighborhood and / or census tract. Approximately 20 organizations, departments and entities contributed data to the assessment. Selected datasets were analyzed for trends over time and compared to state and national values, when available. Indicators without adequate data were not included.

Forces of Change Assessment

In August of 2017, over 100 individuals participated in two Forces of Change Assessment (FoCA) data collection events. These participants were recruited based on their positions as a decision-makers in their organizations or programs, along with the population or issue area on which their work was focused. Participants were engaged in order to identify forces of change within five categories: economic, environmental, social, political/legal, and technological/scientific. Where possible, each force was defined as either positive or negative, and as one of the three types of forces—factors, trends and events.

All data was compiled and analyzed in order to identify recurring themes present within each force of change category and across all categories. Themes were identified based on how frequently they were mentioned and how often they were prioritized by participants (see Appendices C and D). Limitations include the self-selection of small groups, range in participant knowledge of New Orleans, bias in the prioritization of forces, and the use of theming in place of a more scientifically rigorous qualitative analysis.

Local Public Health System Assessment

Local Public Health System Assessment (LPHSA) activities were initiated in June of 2018 in order to assess the capacity and performance of the New Orleans public health system. Data collection occurred over the course of 5 assessment events where more than 100 individuals representing 63 public health system entities were engaged. Participant recruitment was guided by the *National Public Health Performance Standards (NPHPS) Local Performance Standards Instrument Version 3.0*, which included a list of public health entities whose participation was needed in order to fully represent each one of the ten essential public health services. Small groups for each event were designed to ensure that as many active entities within each service area were represented as possible, particularly those working to improve the health of underserved populations. Participants collaboratively defined how each service area was implemented in the local jurisdiction, what model standard activities were conducted and what organizations were involved. After a robust discussion, participants then voted on the overall system performance (see Appendices E and F).

The Local Performance Measure instrument was modified to incorporate questions about organizational commitment to eliminating health disparities and promoting health equity. Discussion questions and performance measures were reframed in seven of the ten essential service areas to incorporate equity related language. The revisions to the instrument allowed the local public health system to identify how well the system acknowledges and addresses health inequities, providing a foundation for performance improvement efforts that drive equitable outcomes. All revisions were inspired by National Association of City and County Health Officials' (NACCHO) *MAPP*: *User's Handbook, Health Equity Supplement.*
Local Public Health System Assessment (LPHSA) data has several limitations due to self-reporting, variations in participant knowledge and differences in interpretation of assessment questions. Data should not be interpreted to reflect capacity or performance of any single agency or used for comparisons between jurisdictions or organizations. LPHSA data should be used to guide an overall public health infrastructure and performance improvement process and interpreted to reflect the capacity or performance of the system as a whole.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) employed a variety of data collection methods to identify community assets, barriers to health, health-related concerns and perspectives on quality of life in New Orleans communities including: a community health survey, community events, focus groups, and key informant interviews. The community health survey was launched in November 2017 and by the time participation closed in June 2018, 902 participants were reached through convenience sampling. Concurrently, 2 community events, 6 focus groups, and over 30 key informant interviews with service providers were conducted. Focus groups and key informant interviews were intentionally targeted toward populations that have been historically marginalized, are at high-risk for poor health outcomes, and / or have increased barriers to accessing resources and health services including: elderly, youth, homeless, formerly incarcerated, persons living with HIV, LGBTQ, Latino, and Vietnamese communities.

There are several limitations worth highlighting in the CTSA data. All CTSA participants, regardless of the method, completed a survey. For the purposes of the CHA report, CTSA findings are largely reflective of NOHD's survey analysis and supported by quotes from interviews, focus groups, and community events. Furthermore, a comparison of survey participants and the larger Orleans Parish population show major differences between the two groups by demographic characteristics, socioeconomic status, and zip code (see Appendix G). Therefore, it is important to note that CTSA findings cannot be translated to the larger New Orleans population but should be used to spur discussion and further investigation into the issues identified as a result of this assessment.

Key Findings

Health Status

Population

- **There are an estimated 391,000 residents of Orleans Parish, approximately 50,000 more than in 2010.** However, most of this growth occurred between 2012 and 2015; since that time, the population has been relatively stagnant.
- **The population in Orleans Parish is aging.** Since 2010, the median age for Orleans Parish has increased by 2 years from 34.7 to 36.7. The aging population, coupled with a trend in decreasing number of live births each year could have a negative impact on the capacity of the younger population to care for the aging. Currently, the large majority (66%) of the population is of working age between 18 and 64 years, while smaller portions of the population are under 18 years of age (20%) and 65 years or older (14%).
- **New Orleans is predominately a city comprised of people of color, who make up 69% of the city's population.** Since 2000, the Black population has decreased and the Hispanic and Asian populations have increased. Although fewer Black residents live in the city than in 2000, the population has increased every year since then.

Health Outcomes

- **Leading causes of death have remained constant since 2010 with heart disease and cancer being the most common for all residents regardless of race and sex.** Following heart disease and cancer, accidents, stroke, and homicide are the most common causes of mortality overall; however, Whites are more likely to die of Alzheimer's than homicide. Overall, Black residents are more likely to die of any cause compared to White residents.
- **All cancer mortality rates have been trending downward for 15 years or more, but disparities exist.** While overall rates have improved, those for males are greater than rates for females, and Black males have the highest cancer mortality rates of any other group by race and sex. By site, lung cancer is the top cause of cancer death for both sexes, although the lung cancer rate for males is approximately twice the rate for females. Rates of colon cancer for males have experienced substantial decreases, yet rates for liver cancer in males have increased.
- **Motor vehicle related fatalities and fatal crashes have both declined in Orleans Parish over the past five years.** From 2014 to 2018, Orleans Parish averaged 45 fatal crashes and 48 fatalities per year. In that time period fatal crashes have decreased by 17% and fatalities by 18%. Drivers are more than twice as likely to be killed in a fatal crash as pedestrians and more than five times as likely as passengers. In driver fatalities where the use of a safety belt or harness was known, over half were either not using a safety belt or were using it improperly. Additionally, approximately half of all motor vehicle fatalities in Orleans Parish from that time period involved alcohol.
- **Rates of drug poisoning deaths are on the rise.** Since 2014, the rate of drug poisoning deaths in Orleans Parish has increased and has been consistently higher than rates at the state level. Residents age 35 to 44 years accounted for the largest percentage of all drug poisoning deaths in Orleans Parish, and experienced the largest percent increase from 2014 to 2017. When grouping by race and sex, those who identify as White or male accounted for the largest percentages of drug poisoning deaths during that same time period.
- **The number of homicides in Orleans Parish are the lowest in close to 50 years, though still one of the highest in the country.** In 2017, the murder rate in Orleans Parish was 39.5 per 100,000 residents—placing the city in the top five for cities with a population of 250,000 or more. Both the state and the parish have held these titles for nearly 30 years. Despite the consistently poor rankings, there has been much improvement in Orleans Parish. The year 2018 marked the third consecutive year of a reduced number of homicides and the fewest number of murders since 1971.
- **The infant mortality rate is higher than in Louisiana and the U.S. overall, with more Black infants dying than any other racial group.** In 2017, the infant mortality rate in Orleans Parish was 7.4 per 1,000 live births, a rate higher than that of Louisiana (7.2) and the U.S. (5.8). In Orleans Parish, Black infant mortality was more than six times higher than that for White infants in 2017. All rates were highest during the perinatal period, which is closely connected to maternal health.

Health Factors

- **STD rates in Orleans are increasing, particularly for gonorrhea.** In 2017, Louisiana was ranked as one of the top three states for syphilis, chlamydia, and gonorrhea. Comparatively, rates are higher in Orleans Parish than the state of Louisiana overall and are double or triple that of rates for the U.S. Since 2012, rates of STDs in Orleans Parish have increased (with the exception of congenital syphilis), however, the rate increase for gonorrhea is the most notable. From 2012 to 2016 gonorrhea rates increased by +115.3, four times higher than the rate increases for chlamydia or primary and secondary syphilis. Disparities in STD rates do exist, with Black residents and those under 25 years accounting for a larger percentage of new diagnoses than any other peer group.
- **The number of new HIV diagnoses has decreased substantially, but not for all.** Since 2013, new HIV diagnoses have decreased by 25% in Orleans Parish. However, men and Black residents continue to represent a higher percentage of all cases when compared to females and White residents.
- **The percent of Orleans Parish residents that are uninsured is the lowest in over a decade.** Since 2008, both Louisiana and Orleans Parish have reduced their rates of uninsured by over half (51% for Louisiana, 63% for Orleans) and for the first time in a decade have rates below that of the U.S. In 2017, Orleans Parish males were more likely to be uninsured than women from ages 18 to 64, with the highest percentage of uninsured men in the 35 to 44 age group.
- **Population to provider ratios for primary care and dental have improved, yet those for mental health providers are still lagging.** Since 2012 the primary care provider (PCP) to population ratio in Orleans Parish improved by an average of 82 patients per PCP, while the population to dentist ratio improved by an average of 216 patients per dentist. As of 2016, the population to provider ratios for primary and dental care is comparable to that of top performing counties in the U.S; the population to mental health provider ratio, however, was not comparable, but 35% lesser than top U.S. performers (the equivalent of 110 less patients seen per mental health provider).
- **Despite progress made at the policy level with the City's Smoke Free policy, more New Orleanians are smoking now than they have in recent years.** Following a four-year decrease in tobacco use, the number of current smokers in Orleans Parish increased from 14% in 2016 to 22% in 2017. Similarly, the number of ex-smokers has decreased from 21% in 2016 to 19% in 2017. Despite increases in the percentage of smokers, those who have never smoked still make up 59% of the population, an increase from 2013.
- **Over a quarter of residents are living in poverty, many of them children.** In 2017, over a quarter of Orleans Parish residents were living in poverty. Of those, 38% (30,363) were children, a notably higher percentage than in Louisiana (28%) or the U.S. (18%) overall. Although Orleans Parish has one of the highest poverty rates in the country, it is not experienced by all residents equally. One third of all Black and American Indian and Alaska Native (AIAN) residents are in poverty versus 17% of Asian and 12% of White residents.
- **Not only is the median household income in Orleans Parish less than that for Louisiana and the U.S. overall, but it has decreased since 2010 (once adjusting for inflation).** In 2017, the median household income in Orleans Parish was $36,999; approximately $9,000 less than that for Louisiana and $23,000 less than the national median household income. The median household income in 2017 for Orleans Parish (once adjusting for inflation) is $5,500 or 13% less than it was in 2010.
- **A substantial gender pay gap exists in Orleans Parish, with men earning more money than woman at all levels of educational attainment.** On average, men earn approximately $11,600 more than women across all levels of educational attainment. The difference in earnings between groups increases with each level of educational attainment, the greatest disparity occurring when educational attainment is the highest for both men and women- a difference of $25,286 at the graduate or professional degree level.
- **Residents are unable to afford basic needs such as food and shelter.** The food insecurity rate in Orleans Parish in 2017 is 22%, higher than that for Louisiana (17%) or U.S. (13%), and leaving an estimated 84,580 individuals food insecure. Over 1 in 4 of these individuals live above 185% of the federal poverty level and received minimal federal nutrition assistance. In addition, 44% of all households in Orleans Parish are cost burdened, with rental households (56%) more likely to be cost burdened than those of homeowners (31%). Rental households making less than $20,000 a year have the greatest burden of any other group (32%).

- **More New Orleanians have access to a park than many others living in cities across the U.S.** Eighty percent (79.6%) of New Orleans residents are within a ten minute walk of a park. New Orleans scores substantially higher on this measure than the national average of 54%.

Forces of Change

- The following forces represent themes that were present across multiple categories and were most frequently cited by assessment participants: limited access to care; insufficient infrastructure; civic engagement; racial inequities; economic instability; and access to information.

- Forces of change by category were:
  - o Economic: financial insecurity, undeveloped workforce, and rising housing costs
  - o Environmental: insufficient infrastructure, exposure to contaminants, and limited mobility
  - o Political / Legal: criminal justice reform, healthcare reform, and civic engagement
  - o Social: barriers to behavioral health, crime and violence, and racial and gender inequities
  - o Technological / Scientific: electronic medical records, mobile health technology, and cell phone and social medial use

Health System Performance

- The local public health system has improved in the delivery of essential services in 9 of 10 areas since 2012. The one area where no improvement was observed was in essential service #9: Evaluating Services, which remained at a moderate level of performance from 2012 to 2018.
- On average, essential service scores saw a 28% increase from 2012 to 2018. There was a sizeable range of performance scores within each service area, highlighting the need to strengthen model standard activities.
- The three highest scoring essential service areas were: #2: Diagnosing and Investigating, #5: Developing Policies and Plans, and #6: Enforcing Laws. Diagnosing and Investigating is the only one of the ten essential service areas where the system performs at an optimal level. The three lowest scoring essential service areas were: #3: Educating and Empowering, #9: Evaluating Services, and #7: Linking to Health Services.
- Local public health system weaknesses identified across services areas include: limited capacity and resources, lack of coordination among partners, ineffective translation of data to action; need for health literate communications, more resident engagement, and increased data sharing.
- Local public health system strengths identified across services areas include: emergency preparedness, identification of needs and issues, improvements to data sharing and accessibility, strong desire for strengthening and building partnerships, engaged advocacy community, and the use of technology to improve services and design interventions.

Community Themes

- On average, the 900 residents who participated in the Community Health Survey report feeling healthy and happy with the quality of life in their communities. When mapped, there were no significant differences found between zip codes for scores of health or happiness.
- Results of the Community Health Survey were compiled and analyzed to define what the overall barriers to health, assets for health, and most important health issues were across communities in Orleans Parish. The top community identified assets, barriers, and concerns were typically the same, even when adjusting for demographic variables (age, race, sex, income, etc.). No significant differences were found between groups.
- The top five assets for health in New Orleans communities are: Access to Healthy Foods, Parks and Places for Exercise, Safe Neighborhoods, Healthy Environments, and Jobs and Wages. Approximately a third of all survey participants selected Healthy Food, Parks and Places for Exercise and Safe Neighborhoods. Over a quarter of all participants selected Healthy Environments and Jobs and Wages.
- The top five barriers to health in New Orleans communities are: Crime and Violence, Insufficient Infrastructure, Unhealthy Environments, Jobs and Wages, and Low Quality / Unaffordable Housing. Over half of all survey participants selected Crime and Violence as a top barrier to health. Nearly a third of participants selected Insufficient Infrastructure, Unhealthy Environments, and Jobs and Wages.
- The top five health issues that concern New Orleans residents are: Mental Health, Cancer, Obesity, High Blood Pressure, and Diabetes. Forty-three percent of all survey participants identified Mental Health as a top health concern, receiving 15% more participant votes than the next highest ranking health issue, Cancer, which received 28% of participant votes.
- The top changes in New Orleans communities that residents report would have an impact on their ability to live healthy lives are: Safer Neighborhoods and Improved Infrastructure.
- In conducting focus groups and key informant interviews, several themes surfaced that were unique to target populations: Community Connectedness as an asset (social connections, familiarity with the environment and people around you, social events and reasons to come together); Access to Health Services as a barrier (specialty care, care in a specific language, cultural competence, affordability); Experiences of Discrimination / Bias as a barrier; and HIV and STD's as a top health concern.

COMMUNITY HEALTH STATUS ASSESSMENT

How Healthy are New Orleans Residents?

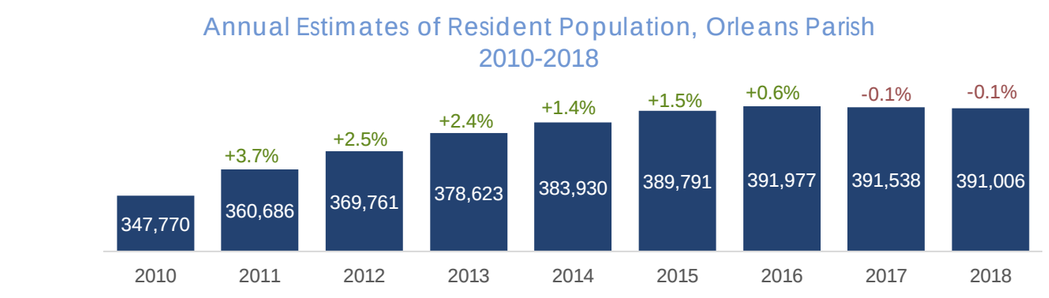
What does the Health Status of our Community Look Like?

Who Lives in Orleans Parish?

New Orleans, also referred to as Orleans Parish, is Louisiana's major urban metropolis. Rich in history, architecture, and unique cultural traditions, New Orleans remains a major destination for visitors from all over the world. New Orleanians take great pride in their city and celebrate the cultural diversity that is evident across each neighborhood and community. However, the demographic characteristics of a population that make each place unique —such as race, ethnicity, age, and gender—can also play a role in how healthy its residents are and how long they live. According to leading public health institutions such as the Robert Wood Johnson Foundation (RWJF), these factors are often the framework for how power and resources are distributed in our society and result in health inequities, or avoidable and unjust differences in health outcomes between groups.

Population

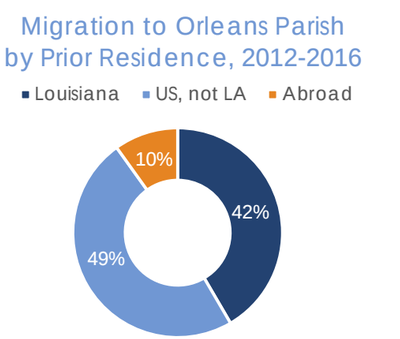
The total estimated population of Orleans Parish is 391,006 people for 2018. U.S. Census data estimates that from 2010 to 2018 Orleans Parish experienced a 13.7% increase in population, most of which occurred between 2012 and 2015 (13%). Since that period of growth, the population remained fairly stagnant, growing by less than 1% in 2016 and declining slighty by . 1% in 2017 and 2018.



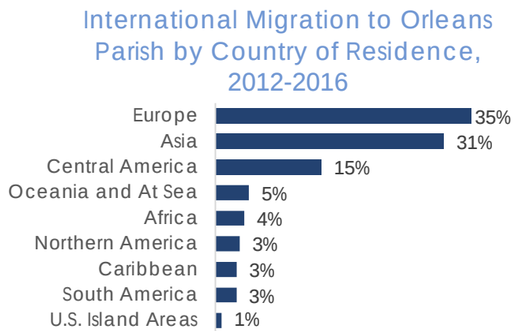
Source: U.S. Census Bureau, 2018 Population Estimates Division

Migration

From 2012 to 2016, approximately 26,501 people moved to Orleans Parish; Ninety-percent (90%) of those traveling to Orleans Parish were domestic migrants coming from other locations within the U.S. and 10% were immigrants traveling from other countries. Of those migrating domestically, a large percentage traveled from other parishes in Louisiana (42%). The remaining domestic migrants traveled from Texas (8%) and other locations scattered across the Southern region of the country, in addition to areas along the East and West coasts. Of those immigrating from abroad, over 80% traveled from countries in Europe (35%), Asia (31%) and Central America (15%) combined. It is important to note that these locations do not represent places of origin, but the last known residence prior to arrival in Orleans Parish.



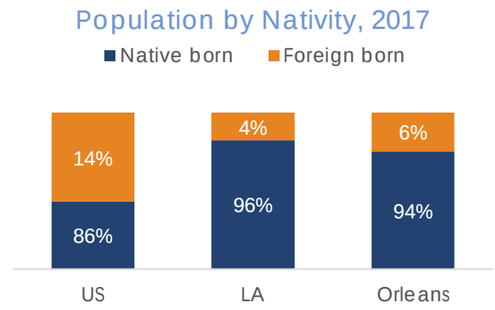
Source: American Community Survey 5-year County to County Migration Flows



Source: American Community Survey 5-year County to County Migration Flows

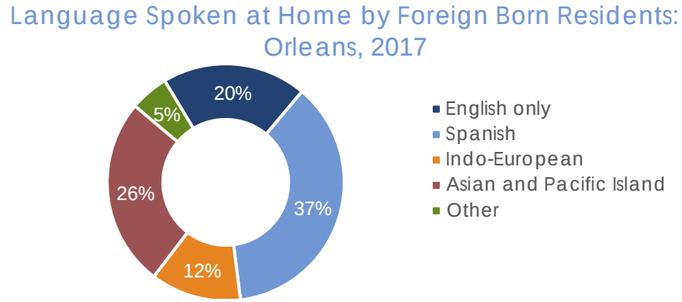
Language Spoken at Home

Research indicates that limited language skills and low literacy skills are associated with lower educational attainment and worse health outcomes. According to Healthy People 2020, "having limited English proficiency in the U.S. can be a barrier to accessing health care services and understanding health information. Certain groups are at higher risk for having limited English language skills and low literacy such as individuals who do not speak English at home, immigrants, and individuals with lower levels of education" (HP2020, 2019). In Orleans Parish there are an estimated 22,781 foreign-born residents, making up 5.9% of the parish population. According to the American Community Survey (ACS), the percentage of foreign born residents has increased by approximately 2% from 2000 to 2017.

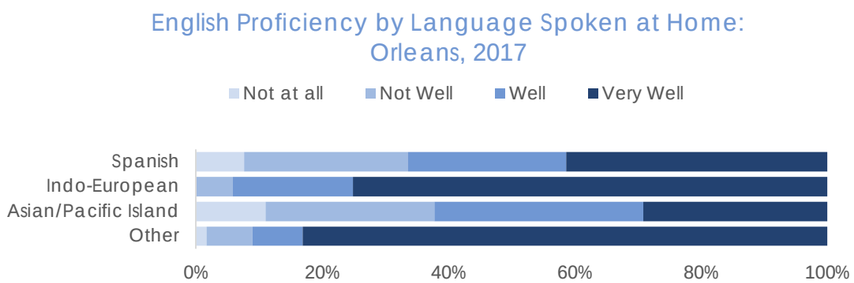


Source: 2013-2017 American Community Survey 5-year Estimates

Twenty percent (20%) of foreign-born residents in Orleans Parish speak only English at home, while 80% speak another language. The non-English languages most spoken at home are those of Spanish (37%), Asian and Pacific Island (26%), and Indo-European (12%) origins. Close to three quarters (71%) of those that speak a non-English language at home speak English "well" or "very well."



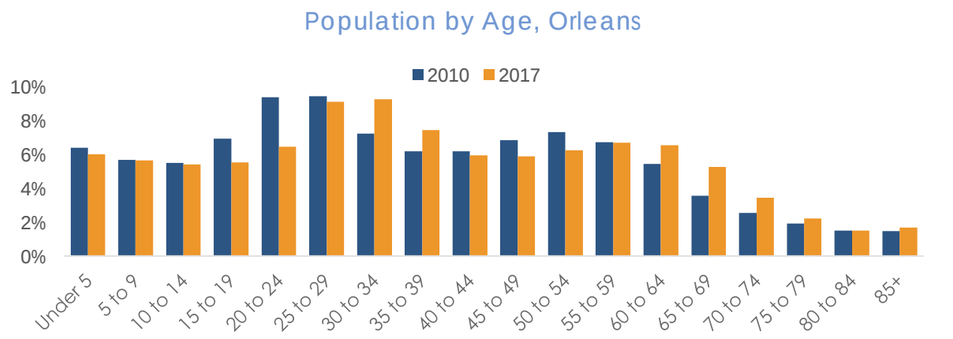
Source: 2013-2017 American Community Survey 5-year Estimates



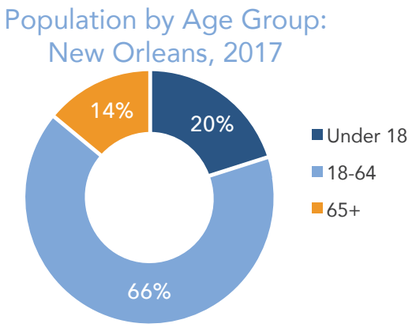
Source: 2013-2017 American Community Survey 5-year Estimates

Age and Sex

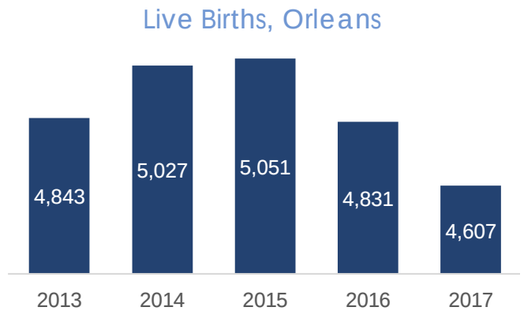
As with many other cities across the country, the population in Orleans Parish is aging. Comparisons of the 2010 and 2017 population show the largest percent change in age groups within the 15 to 24 year range (approximately 4% decrease) and age groups within the 30 to 39 year range (3% increase). The majority (66%) of the current population is of working age between 18 and 64 years, while 20% of the population is under 18 years of age and 14% is 65 years or more.



Source: U.S. Census Bureau, 2017 Population Estimates

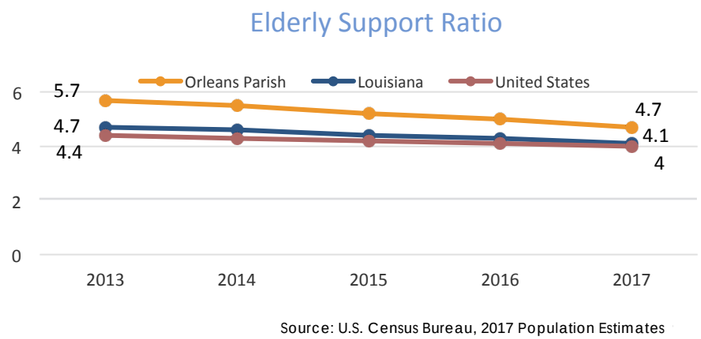


Source: U.S. Census Bureau, 2017 Population Estimates



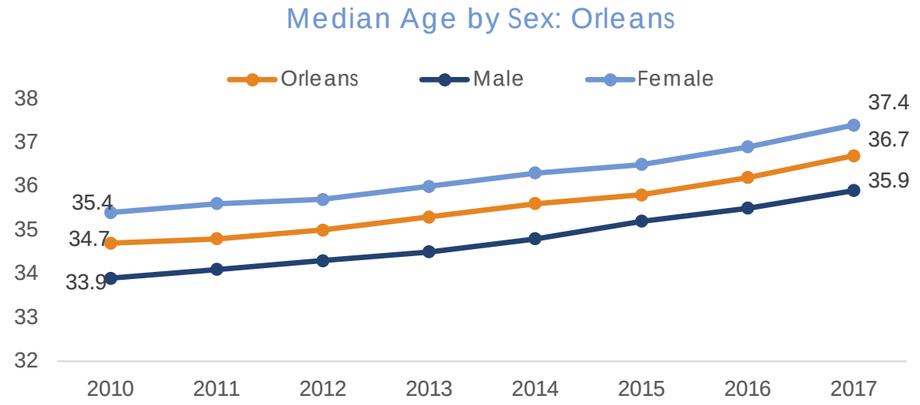
Source: National Vital Statistics Surveillance

The elderly support ratio is an important measure to assess social support needs by measuring the number of working-age adults ages 18 to 64 for every person age 65 or older. In 2017, the elderly support ratio in Orleans Parish was 4.7. Although the ratio for Orleans is higher than those for Louisiana (4.1) and the U.S. (4.0), the support ratio is decreasing as the number of live births lessens and the population continues to age. If this trend continues, adults aged 18 to 64 in Orleans will see their burden in caring for the elderly population increase over time.

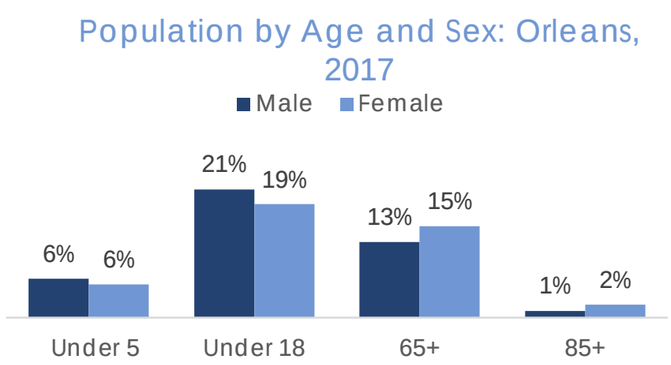


Source: U.S. Census Bureau, 2017 Population Estimates

The median age for Orleans Parish has increased by 2 years since 2010. When grouping by sex, females have a median age of 37 compared to 36 for males. The age differential between males and females has remained consistent since 2010, with the median age of females remaining 1.5 years of age higher than the median age of males. In 2017, Orleans Parish had 6% more females (53%) than males (47%). Differences between age distributions of males and females include a higher percentage of males under 18 (21.4% vs 18.9%) and a higher percentage of females are over 65 (12.7% vs 15.3%).



Source: U.S. Census Bureau, 2017 Population Estimates

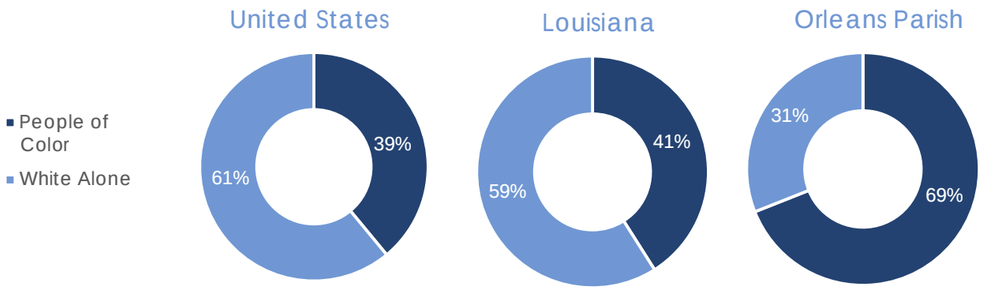


Source: U.S. Census Bureau, 2017 Population Estimates

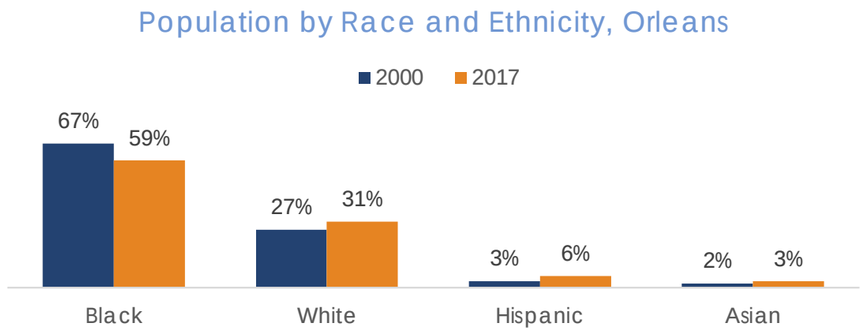
Race and Ethnicity

Research confirms the connection between race, racism and health in the U.S. RWJF states that in study after study, "significant and consistent differences in health among racial and ethnic groups have been observed across numerous important indicators of health" (RWJF, 2019). The impact of race and ethnicity on health is particularly important for Orleans Parish which has a significantly higher percentage of people of color (69%) than the state (41%) or the U.S. (39%).

The population of Orleans Parish is made up of 69% people of color (non-White) and 31% who identify as White alone. When grouped by race and ethnicity, Black residents in Orleans Parish represent more than half of the total population (59%), followed by White (31%), Hispanic (6%), Asian (3%) and multi-racial (1%) residents. Compared to U.S. Census data from 2000, the proportion of Black residents in 2017 respective to other races has decreased, while the proportion of White, Hispanic, and Asian populations have increased.



Source: 2013-2017 American Community Survey 5-year Estimates

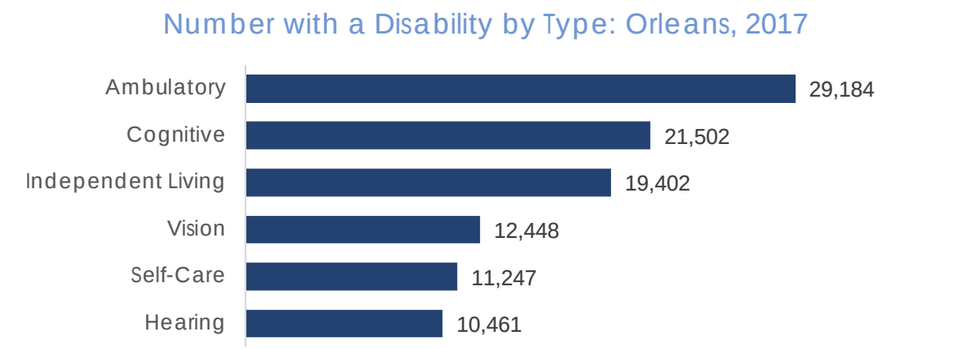


Source: The Data Center New Orleans; U.S. Census 2000 and ACS 2017 population estimate

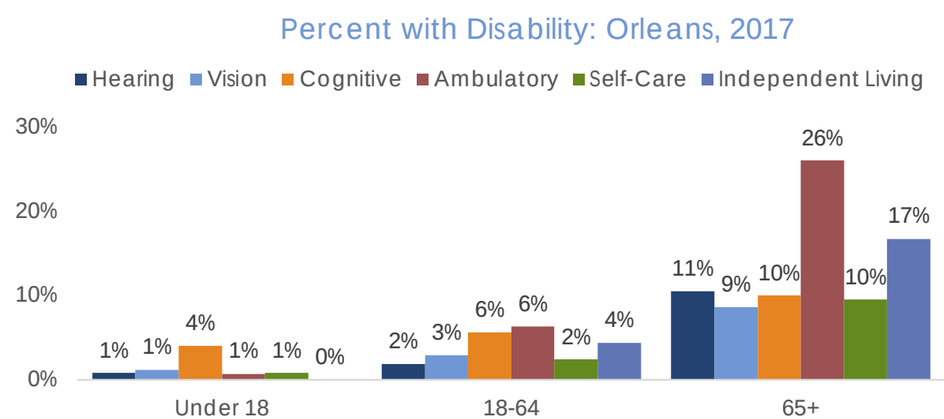
Disability Status

According to the CDC, "individuals with disabilities are more likely than those without disabilities to report poorer overall health, less access to adequate health care, smoking, and physical inactivity. Additionally, they are often at greater risk for preventable health problems; as a result of having a specific type of disability, other physical or mental health conditions can occur including: bowel or bladder problems, fatigue, injury, mental health and depression, overweight and obesity, pain, and pressure sores or ulcers" (CDC, 2019).

U.S. Census data estimates that 14% (52,922 people) of the total civilian non-institutionalized population in Orleans Parish have been diagnosed with a disability. The most common type of disability is ambulatory difficulty which accounts for over half (55%) of all disabilities in Orleans Parish. The likelihood of having a disability increases with age; more than half of all residents aged 75 and older have been diagnosed with a disability. Children under 18 are more likely to have a cognitive disability than any other disability type; adults over 65 are more likely to have an ambulatory disability.



Source: 2013-2017 American Community Survey 5-Year Estimates



Source: 2013-2017 American Community Survey 5-Year Estimates

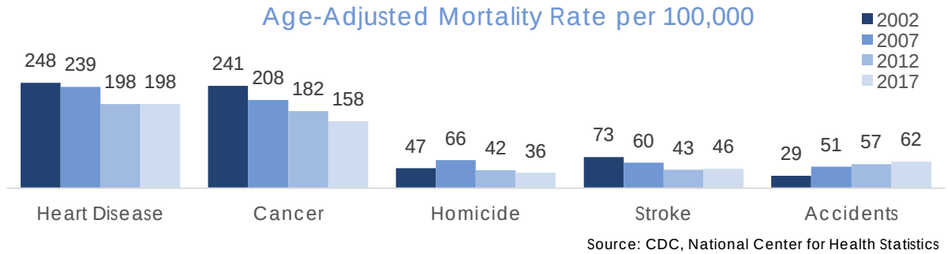
Health Outcomes: Mortality

According to RWJF, health outcomes represent how healthy our parish is right now. They are influenced by the many factors that affect health, from healthcare, to economic stability, to the built and natural environments around us; therefore, there are significant differences in health outcomes according to what neighborhoods we live in, our race, socioeconomic status, and other characteristics.The following pages report on mortality related health outcomes in Orleans Parish and speak to how long residents are living. By tracking mortality in our parish and disaggregating data by demographic characteristics, we can not only come to understand who is dying, but who is dying too early and why, by getting to the root cause of the problem (RWJF, 2019).

Leading Causes of Death

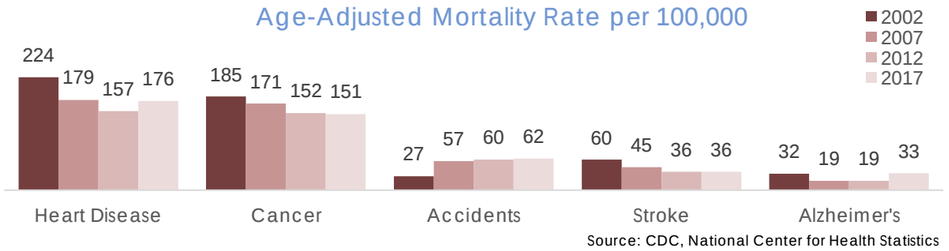
In 2017, the top five leading causes of death in Orleans Parish were (in order by largest number of deaths): heart disease, cancer, homicide, stroke, and accidents – all of which have consistently been in the top five for the past decade or more. While age-adjusted mortality rates for heart disease, cancer, stroke, and homicide have decreased since 2002, those for accidents have increased. When grouping by race, the top four causes of death for Black and White residents are the same, with the fifth cause of death being Alzheimer's for Whites and homicide for Blacks. It is important to note that Black residents in Orleans Parish have higher rates of mortality regardless of the cause of death compared to other racial and ethnic groups.

Leading Causes of Death for Orleans Parish Residents: Age-Adjusted Mortality Rate per 100,000



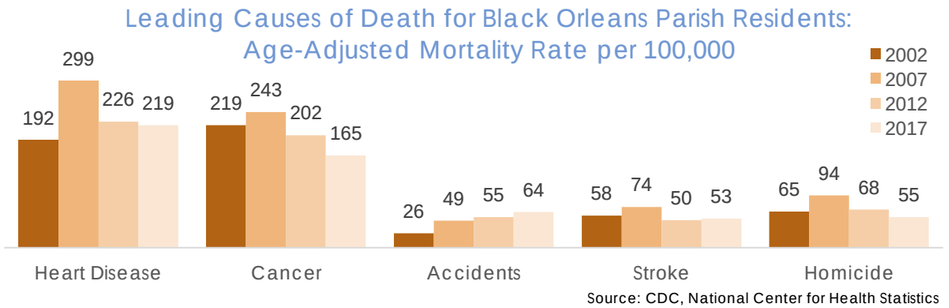
Source: CDC, National Center for Health Statistics

Leading Causes of Death for White Orleans Parish Residents: Age-Adjusted Mortality Rate per 100,000



Source: CDC, National Center for Health Statistics

Leading Causes of Death for Black Orleans Parish Residents: Age-Adjusted Mortality Rate per 100,000



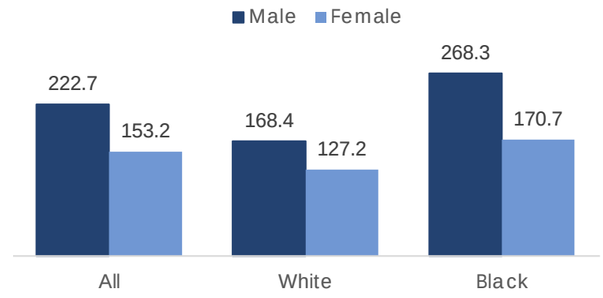
Source: CDC, National Center for Health Statistics

Cancer Mortality

Cancer has been the second leading cause of death in Orleans Parish for over 15 years; however, CDC National Center for Health Statistics data shows that all cancer mortality rates have been trending downward for just as long. More recently, from 2011 to 2015, the age-adjusted all cancer mortality rate (per 100,000) in Orleans Parish was 182.2 with a 5 year trend of -3.0 per 100,000.

Although overall rates have seen much improvement, certain groups are impacted by cancer mortality more than others. When grouped by race and sex, National Institutes of Health (NIH) data, show that Orleans Parish male cancer mortality rates are greater than rates for females. Black males have the highest cancer mortality rates of any other group by race and sex.

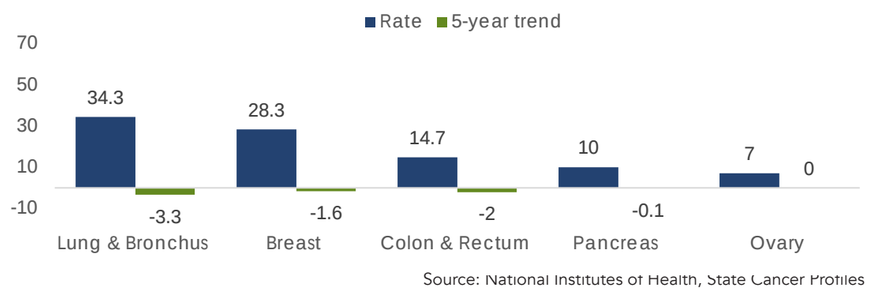
All Cancer Mortality per 100,000 by Race and Sex, Orleans, 2011-2015



Source: National Institutes of Health, State Cancer Profiles

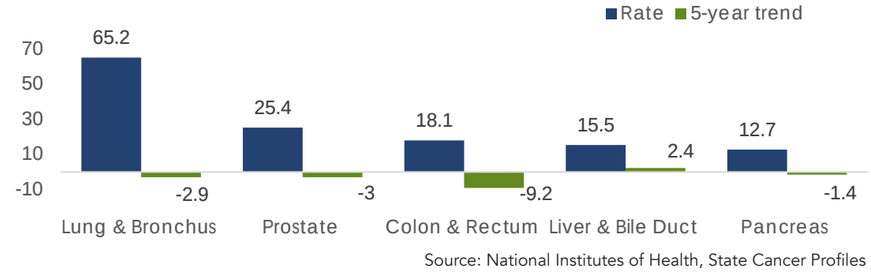
From 2011 to 2015, the top causes of cancer death for females in Orleans Parish (by site location) were: lung, breast, colon, pancreas, and ovary. Of those, the leading cause of death—lung cancer—has seen the largest rate decrease (-3.3) from 2011 to 2015. The top causes of cancer death for males in Orleans Parish from 2011 to 2015 were: lung, prostate, colon, liver, and pancreas. The lung cancer rate for males is particularly high, approximately twice the rate for females. Rates of colon cancer for males have decreased by 9.2 from 2011 to 2015. However, the rate for liver cancer has increased by 2.4.

Female Mortality Rate per 100,000, Orleans, 2011-2015



Source: National Institutes of Health, State Cancer Profiles

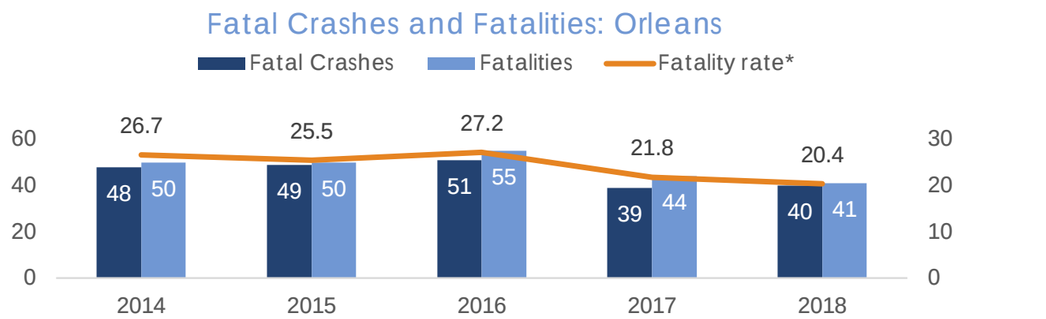
Male Mortality Rate per 100,000, Orleans, 2011-2015



Source: National Institutes of Health, State Cancer Profiles

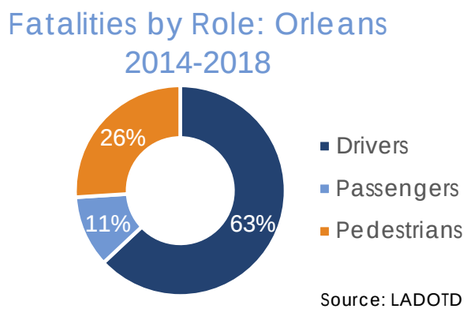
Motor Vehicle Mortality

According to Louisiana Department of Transportation and Development (LADOTD) crash data, motor vehicle related fatalities and fatal crashes have both declined in Orleans Parish over the past five years, despite an increase in 2016. From 2014 to 2018, Orleans Parish averaged 45 fatal crashes and 48 fatalities per year. In that time period fatal crashes have decreased by 17% and fatalities by 18%. Similarly, the fatality rate per 100,000 licensed drivers experienced an overall rate decrease of 6.4, from 26.7 in 2014 to 20.4 in 2018. In comparison, Louisiana's rate has steadily increased from 25.2 in 2014 to 26 in 2018.

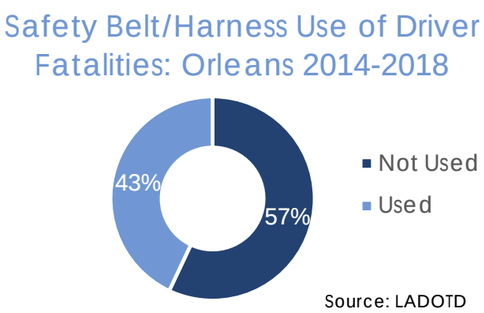


Source: LADOTD
*rate is per 100,000 licensed drivers

Further analysis of LADOTD data for Orleans Parish shows that drivers are more than twice as likely to be killed in a fatal crash as pedestrians and more than five times as likely as passengers. In driver fatalities where the use of a safety belt or harness was known, over half (57%) were either not using a safety belt or were using it improperly.

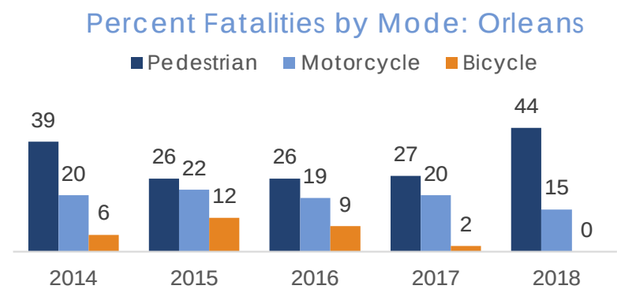


Source: LADOTD

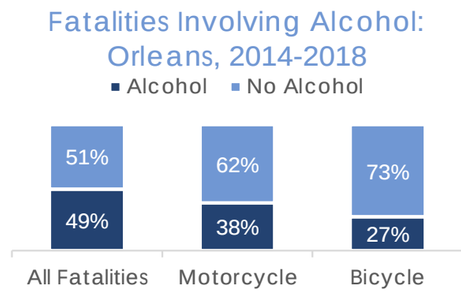


Source: LADOTD

Overall, motor vehicle crashes in Orleans Parish involving pedestrians are more likely to be fatal than those involving bicycles or motorcycles. From 2014 to 2018, 32% of all pedestrian involved crashes were fatal compared to 19% for motorcycles and 6% for bicycles. Additionally, approximately half of all motor vehicle fatalities in Orleans Parish from 2014 to 2018 involved alcohol; when grouping by mode for the same timeframe (motorcycle and bicycle only) over a third (38%) of fatalities involving motorcycles were alcohol related as well as over a quarter (27%) of all those involving bicycles.



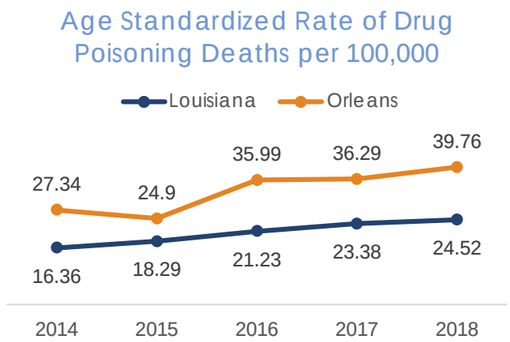
Source: LADOTD



Source: LADOTD

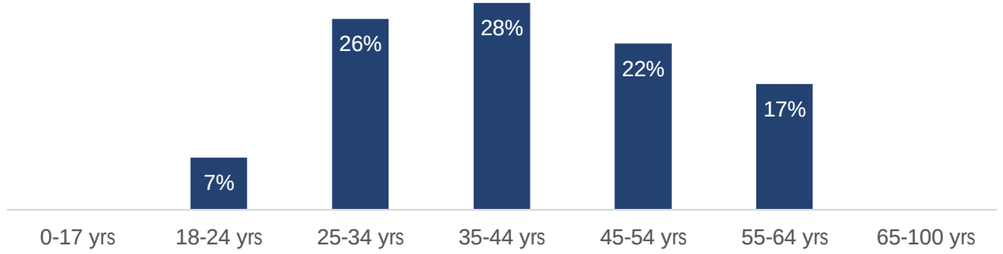
Drug Related Mortality

According to the CDC, "poisoning is the leading cause of injury death in the U.S. and drugs, both pharmaceutical and illicit, cause the vast majority of poisoning deaths." From 1999 to 2016 alone, drug poisoning deaths more than tripled across the country from 6.1 per 100,000 to 19.8 per 100,000. Likewise, data from Louisiana Department of Health (LDH) opioid surveillance shows that age-standardized rates of drug poisoning deaths are on the rise for both Louisiana and Orleans Parish. Since 2014, the rate of drug poisoning deaths in Orleans Parish has increased by 12.42 and has been consistently higher than rates at the state level. As of 2018, the age standardized rate of drug poisoning deaths in Orleans Parish is 39.76.

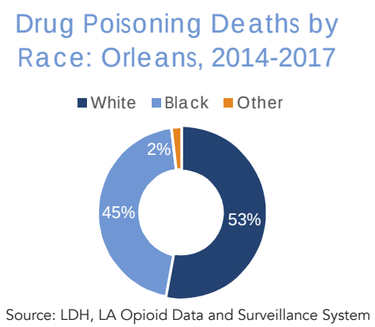


Source: LDH, LA Opioid Data and Surveillance System

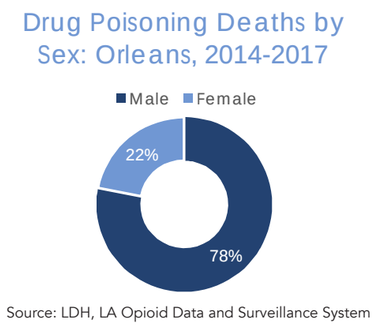
From 2014 to 2017, those aged 35 to 44 years accounted for the largest percentage (28%) of all drug poisoning deaths in Orleans Parish and experienced the largest percent increase from 2014 to 2017 (110%). When grouping by race and sex, those who identify as White (53%) or male (78%) accounted for the largest percentages of drug poisoning deaths during that same time frame.



Source: LDH, LA Opioid Data and Surveillance System



Source: LDH, LA Opioid Data and Surveillance System

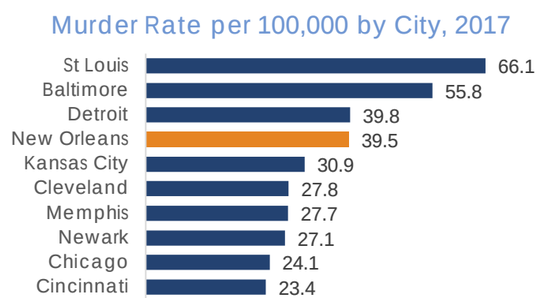


Source: LDH, LA Opioid Data and Surveillance System

Homicide

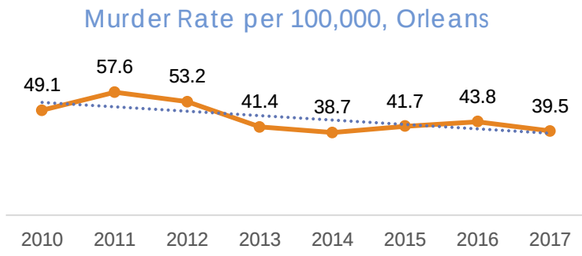
Public Health institutions such as the World Health Organization (WHO) recognize the lasting impact of homicide on individuals and communities. Beyond the loss of life, homicide has negative effects on those that survive, particularly that of family members and children. WHO notes psychological effects including: anxiety, depression, post-traumatic stress disorder (PTSD), aggression, guilt and a heightened sense of vulnerability. Furthermore, homicide can have social and economic impacts such as loss of productivity and focus at work and school, loss of income, and increased medical, legal or funeral costs. As is the case with exposure to any kind of violence, exposure to homicide can lead to an overall sense of insecurity in communities and can undermine social and economic development (WHO, 2017).

According to the Federal Bureau of Investigations' (FBI) Uniform Crime Reporting data, Louisiana's murder rate was 12.4 per 100,000 residents in 2017, the highest rate for any state in the country. The same year, the rate for Orleans Parish was 39.5 per 100,000 residents—placing the city in the top five for cities with a population of 250,000 or more. In comparison, New Orleans' murder rate is second to cities like St Louis, Baltimore, and Detroit, but higher than that of cities such as Chicago, Newark and Memphis. Both the state and the parish have held these titles for nearly 30 years.

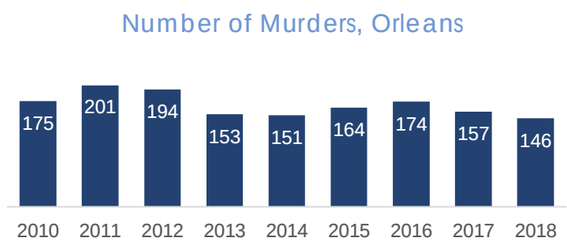


Source: New Orleans Advocate, FBI Uniform Crime Reporting

Despite the consistently poor rankings, the murder rate in Orleans Parish has improved over time. From 2013 to 2017 there has been an overall rate decrease of 1.2 per 100,000 and since the start of the last decade in 2010, has been trending downward. The New Orleans Police Department (NOPD) reports that the year 2018 marks the third consecutive year of a reduced number of homicides (16% reduction) and the fewest number of murders (146) since 1971.



Source: FBI Uniform Crime Reporting

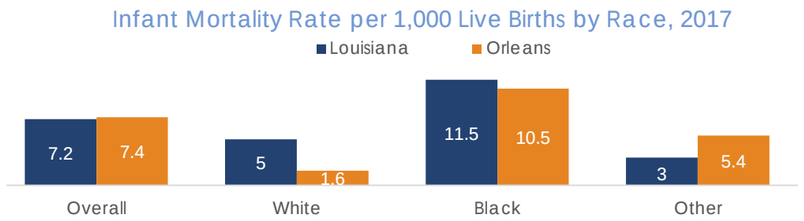


Source: New Orleans Police Department Crime Data

Infant Mortality

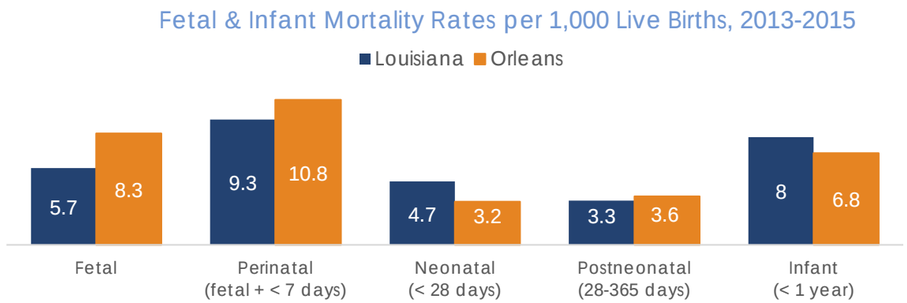
Infant mortality is defined as the death of an infant before his or her first birthday (CDC, 2019). The infant mortality rate is the number of infant deaths for every live birth. Not only does the infant mortality rate of an area reveal valuable information related to maternal and infant health, but it is recognized as a key marker of the overall health of a society. Healthy People 2020 emphasizes that "the well-being of infants determines the health of the next generation and can help predict future public health challenges for families, communities and the healthcare system"(HP2020).

In 2017, the infant mortality rate in the U.S. was 5.8 deaths per 1,000 live births (22,000 infant deaths), a rate lower than that of Louisiana (7.2) and Orleans Parish (7.4). When compared to Louisiana, rates of infant mortality are higher in Orleans Parish overall. Rates of mortality for Black infants are highest of all groups at both the parish and state levels. Additionally, there is a substantial disparity between groups, with Black infant mortality more than six times higher than that for White infants.

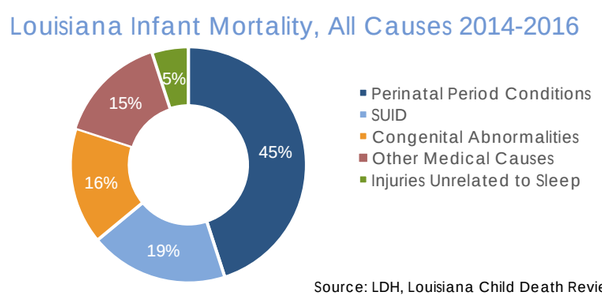


Source: Louisiana Department of Health, Annual Health Report Card 2018

The most recent data from LDH suggests that from 2013-2015 infant mortality rates were highest during the perinatal period (up to 7 days after birth). This is further supported by a LDH Child Death Review report that states conditions originating during the perinatal period accounted for 45% of all infant mortality from 2014-2016 and that the majority (61%) of those deaths were still births. These conditions are closely related to maternal health before conception, making access to health care and prenatal care, among other things, critical to improving infant mortality.



Source: LDH, Maternal Child Health Profile 2013-2015



Source: LDH, Louisiana Child Death Review Report, 2014-2016

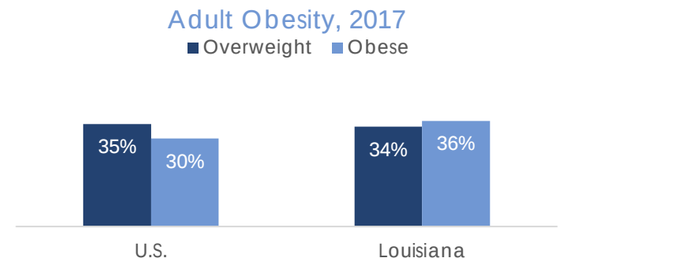
Health Outcomes: Morbidity

According to RWJF, health outcomes represent how healthy our parish is right now. They are influenced by the many factors that affect health, from healthcare, to economic stability, to the built and natural environments around us. Therefore, there are significant differences in health outcomes according to what neighborhoods we live in, our race, socioeconomic status, and other characteristics. The following pages report on health outcomes related to morbidity. Morbidity often relates to the prevalence or incidence of a disease and the complications and consequences that result from a disease (aside from death). In tracking morbidity indicators, we can better understand the quality of life and overall well-being that exists in a community or population.

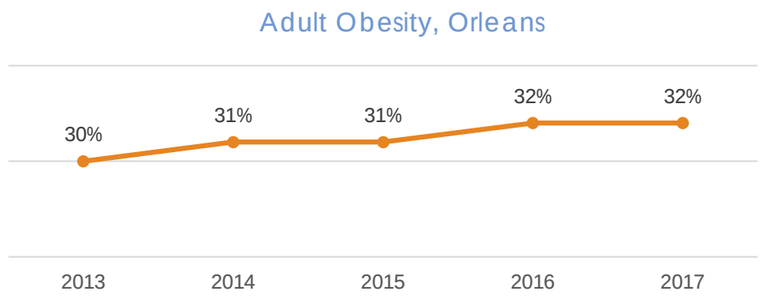
Obesity

The CDC states that from 2015 to 2016 obesity affected about 93.3 million adults in the U.S., a concerning statistic due to the known relationship between obesity and other serious diseases and health conditions including high blood pressure, diabetes, heart disease, stroke, and cancer, among others (CDC, 2019). A Louisiana State University Public Policy Research Lab analysis of 2017 Behavioral Risk Factor Surveillance Survey (BRFSS) data suggests that when compared to other states and the U.S. overall, Louisiana's obesity prevalence is substantially higher than the national prevalence and ranks among the highest rates of obesity in the country.

An adult with a Body Mass Index (BMI) between 25 and 29.9 is considered overweight and 30 or higher is considered obese (CDC,2019). As of 2017, approximately 34% of adults in Louisiana are overweight and 36% are obese (LSU,2018). Trends in state level data show that those with lower income and lower educational attainment generally have higher rates of obesity. In Orleans Parish, adult obesity has seen slight increases over time, from 30% in 2013 to 32% in 2017. Further analysis of BRFSS data for Orleans Parish suggests that obesity is consistently more prevalent in women than in men (USDSS, CDC).



Source: LSU Public Policy Research Lab, 2018; CDC, BRFSS

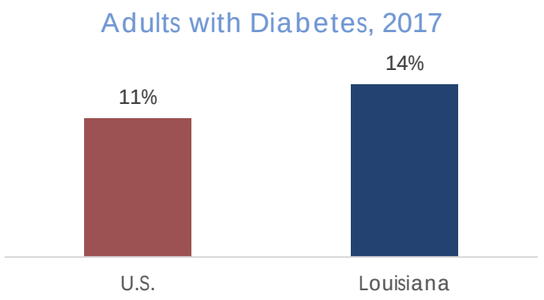


Source: LDH Health Data Portal; CDC, BRFSS

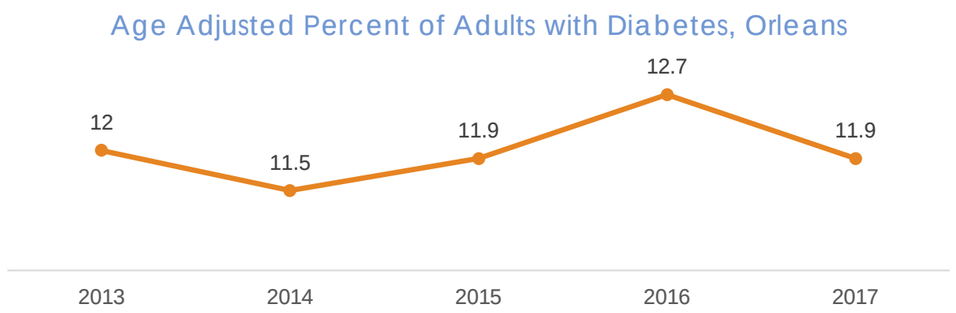
Diabetes

Diabetes and its associated health complications have a significant impact on people, families and communities, and that impact is rapidly growing. The CDC estimates that as of 2018, a record high of 40%—more than 100 million American adults—are living with diabetes or pre-diabetes (State of Obesity, 2018). There is currently no cure for diabetes, and the consequences of not managing this condition could lead to severe health complications and loss of life—making access to comprehensive care critical. According to the National Institute of Health, when compared with those without the disease, diabetics are more than twice as likely to die from heart disease or stroke—two of the four leading causes of death in Orleans Parish, with diabetes itself being the tenth leading cause of death (CDC Wonder).

An LSU Policy Research Lab analysis of BRFSS data related to diabetes states that in Louisiana, one in five adults either has or is at great risk of having diabetes (LSU, 2018). Approximately 13.6% of Louisiana adults have diabetes (close to 3% over the national rate of 10.9%) and another 8% have been diagnosed with pre-diabetes or borderline diabetes. Furthermore, LSU reports close associations of diabetes incidence to age and socio-economic status, with diabetes incidence increasing with age and decreasing as household income gets larger. LDH data suggests that in Orleans Parish, the share of adults with diabetes has remained fairly consistent around 12% over the past five years from 2013 to 2017.



Source: LSU Public Policy Research Lab, 2018; CDC, BRFSS

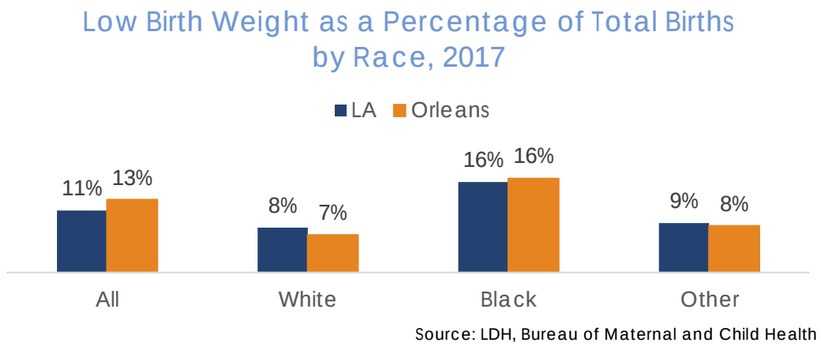


Source: LDH Health Data Portal; CDC, BRFSS

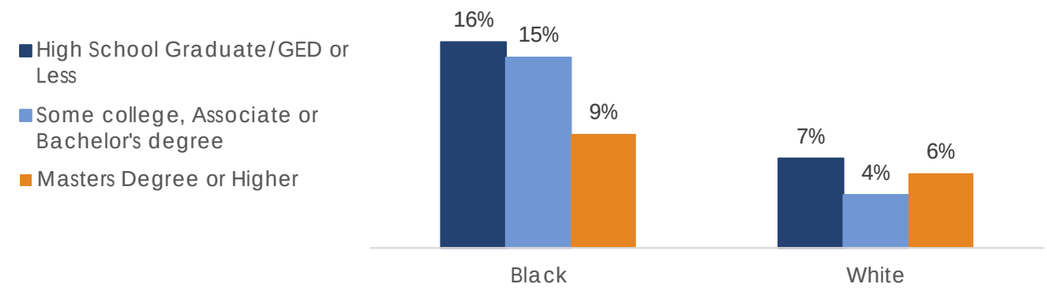
Low Birth Weight

Birth weight, or the weight of an infant measured after birth, is an important indicator of maternal and infant health. According to the CDC, low birth weight is considered any weight under 5.5 pounds or 2500 grams. When compared to infants of normal weight, low birth weight babies are associated with increased risk for neonatal and infant mortality and mortality and at greater risk for adverse health outcomes, delayed motor and social development, and learning disabilities (CDC, 2016). In 2017, 11% of all births in Louisiana and 13% in Orleans Parish were of low birth weight.

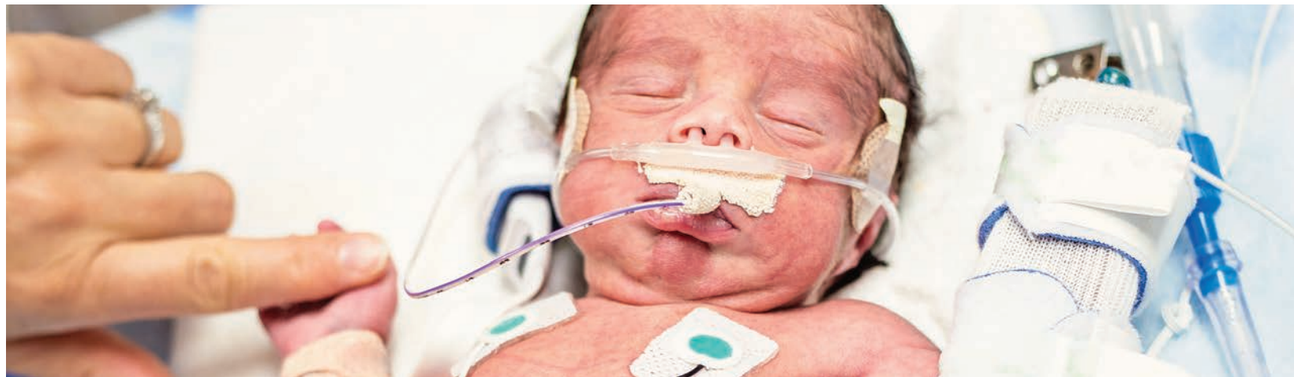
Overall, babies born to Black mothers are more likely to have low birth weight compared to those born to mothers of any other racial group at both the state and parish level. In 2016, 16% of all births to Black mothers in Orleans Parish were low birth weight versus 7% of White mothers. Additionally, in 2017, the percentage of low birth weight infants born to Black mothers with a Master's degree or higher exceeded the percentage of low birth weight infants bound to White mothers with a high school degree/GED or less.



Source: LDH, Bureau of Maternal and Child Health



Source: CDC Wonder



Sexually Transmitted Diseases

Sexually transmitted diseases (STD) remain a significant public health issue in the U.S. The CDC estimates that every year there are approximately 20 million new cases of STD infections, many of which go undiagnosed (HP2020, 2019). Left untreated, STDs can cause serious long term health problems and are assumed to be the underlying cause of infertility in thousands of women each year. In 2017, CDC STD surveillance data ranked Louisiana as one of the top three states for primary and secondary syphilis, congenital syphilis, chlamydia, and gonorrhea. Comparatively, rates for all mentioned STDs (with the exception of congenital syphilis) are higher in Orleans Parish than the state of Louisiana overall, and are double or triple that of rates for the U.S. Rates of chlamydia and gonorrhea in Orleans Parish are substantially higher than those for either type of syphilis.

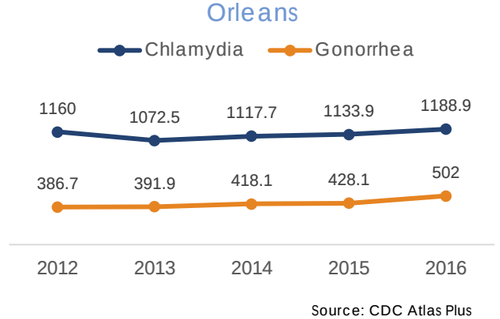
Sexually Transmitted Disease Surveillance, 2017*

Sexually Transmitted Disease	2017 State Ranking	Orleans Rate	LA Rate	US Rate
Chlamydia	2	1192	742.0	528.8
Gonorrhea	3	539.8	256.5	171.9
Primary & Secondary Syphilis	3	33.8	14.5	9.5
Congenital Syphilis	1	82.7	93.4	23.3

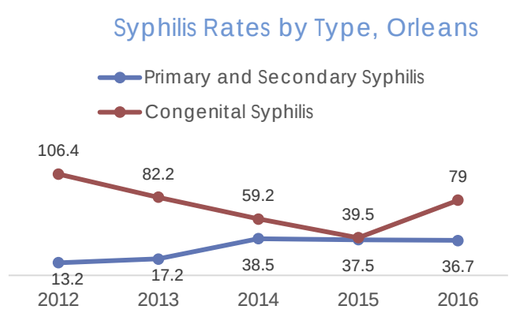
*all rates are cases per 100,000; Congenital Syphilis is per 100,000 live births

Source: CDC, STD Surveillance 2017

Since 2012, rates of STDs in Orleans Parish have increased with the exception of congenital syphilis. However, when comparing rate increases in Orleans Parish by STD type, the chlamydia rate increases (28.9) and primary and secondary syphilis rate increases (23.5) are dwarfed by that for gonorrhea, which is four times higher than both the chlamydia or primary and secondary syphilis rates, increasing by 115.3 from 2012 to 2016. Furthermore, there a notable disparities in STD rates by race, age, and gender. According to LDH STD surveillance data, Black residents made up the majority of all new diagnoses of gonorrhea (85%), chlamydia (84%), and primary and secondary syphilis (70%) from 2013 to 2017. In the same time frame, those aged under 25 accounted for a larger percentage of new diagnoses of gonorrhea (54%), chlamydia (66%), and primary and secondary syphilis (43%) than any other age group. Lastly, men accounted for 89% of all new diagnoses of primary and secondary syphilis from 2013 to 2017, but consistent differences by gender were not observed in new chlamydia or gonorrhea diagnoses.



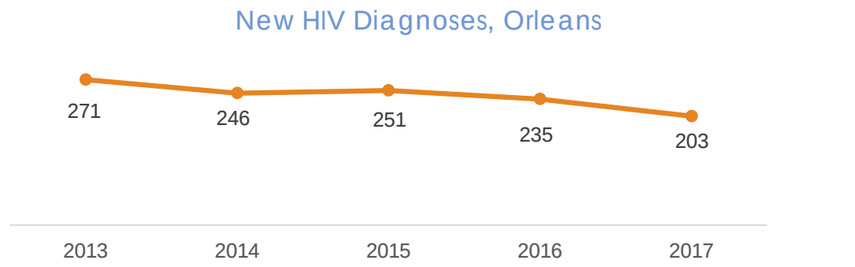
Source: CDC Atlas Plus



Source: CDC Atlas Plus

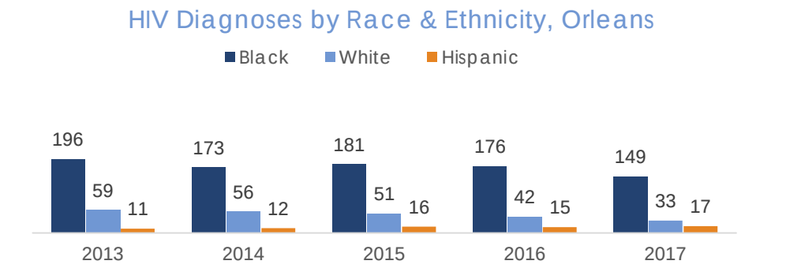
Human Immunodeficiency Virus

According to CDC Human Immunodeficiency Virus (HIV) Surveillance, the annual number of new HIV diagnoses in the U.S. has declined by 9% from 2010 to 2016. In 2017, the Southern region as a whole accounted for more than half (52% or 19,968 diagnosis) of the new HIV diagnoses in the country and had the highest rates of new diagnoses per 100,000 people (16.1). At the state level, Louisiana ranked 10th in the country for states with the highest number of HIV diagnoses (1,033). Conversely, in Orleans Parish, the number of new HIV diagnoses per year is decreasing. Since 2013, the parish has seen a 25% reduction in new diagnoses, from 217 in 2013 to 203 in 2017.

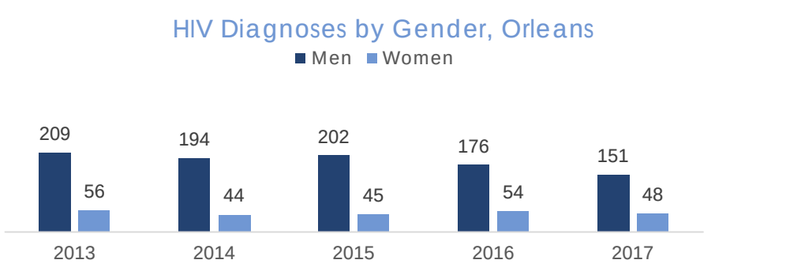


Source: LDH HIV Surveillance

Further analysis of HIV surveillance data shows that when grouped by race and ethnicity, Black residents represent, on average, 74% of all new HIV diagnoses per year; despite their overrepresentation in overall numbers of new HIV diagnoses, the number of new HIV diagnoses for Black residents has decreased since 2013, corresponding to the overall trend in Orleans Parish. Numbers of new diagnoses are trending downward for all racial and ethnic groups, with the exception of Hispanic residents who have seen a very slight increase since 2013, yet who have consistently reported annual numbers of new diagnoses under 20. Similarly, HIV diagnosis data when grouped by gender show that, on average, men represent 79% of all new HIV diagnoses; although overrepresented when compared to the larger population, trends for men newly diagnosed with HIV mirror that of the parish overall.



Source: LDH HIV Surveillance



Source: LDH HIV Surveillance

Health Factors: Health Care

Healthy People 2020 views access to comprehensive, quality health care services as a critical component needed to improve health and quality of life for all. The national plan defines access to care as "the timely use of personal health services to achieve the best health outcomes" and requires that individuals are able to gain entry into the health care system, access a location where services are provided, and find a provider that they can communicate with and trust. In addition to lack of insurance coverage, other common barriers to care include the lack of availability of services and high cost of services; all of which may lead to diminished quality of care, delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented. Access to care has been shown to have a significant impact on health including improved overall physical, social and mental health status, prevention of disease and disability, and better quality of life.

Provider Rates

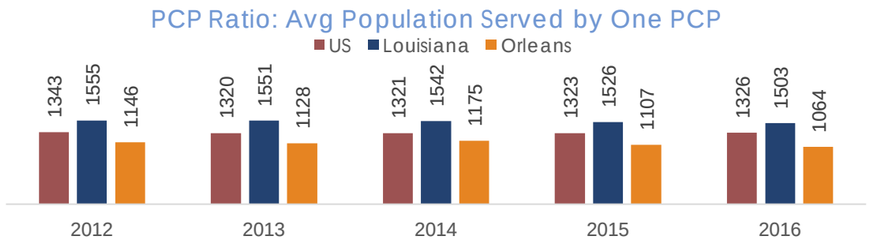
Healthy People 2020 states that in order to improve access to health care services, residents need a usual and ongoing source of care. Those with a Primary Care Provider (PCP) have more meaningful interactions around patient health and have improved communication, increased trust and lower mortality for all causes of death. In Orleans Parish, the population to provider ratios for primary and dental care is comparable to that of top performing counties in the U.S. The population to mental health provider ratio, however, was not comparable, but 35% lesser than top U.S. performers (the equivalent of 110 less patients seen per mental health provider).

Louisiana Department of Health data shows that the population to provider ratios for PCPs and dentists have both improved over time. Since 2012 the PCP to population ratio in Orleans Parish improved by an average of 82 patients per PCP, while the population to dentist ratio improved by an average of 216 patients per dentist.

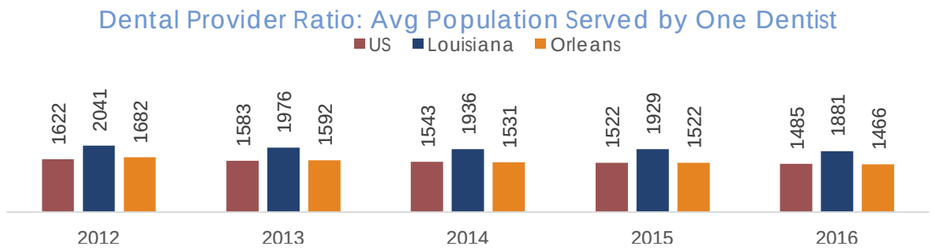
Population to Provider Ratio, 2016

	Orleans	Louisiana	Top US Performers
Primary Care	1060:1	1500:1	1050:1
Dentists	1390:1	1840:1	1260:1
Mental Health	200:1	340:1	310:1

Source: RWJF, County Health Rankings, HRSA



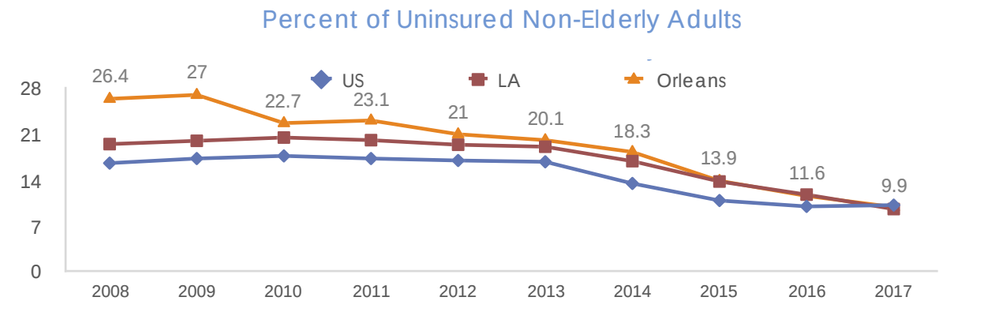
Source: LDH Health Data Portal



Source: LDH Health Data Portal

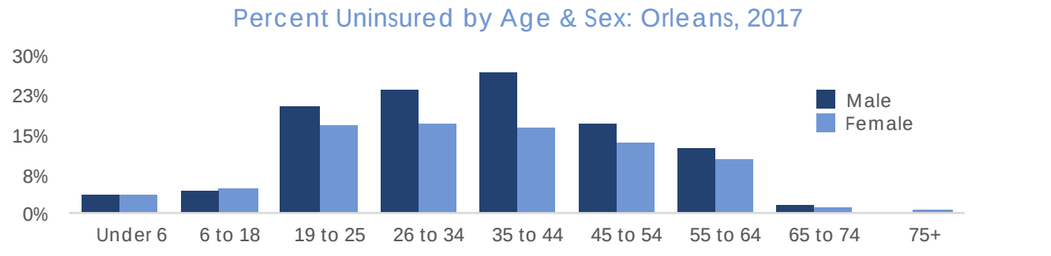
Health Insurance Coverage

One of the strongest predictors of increasing access to care is an individual's health insurance status; those who are 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 (Healthy People 2020). Across the U.S., the number of uninsured non-elderly adults has decreased significantly. Since 2008, both Louisiana and Orleans Parish have reduced their rates of uninsured by over half (51% for Louisiana, 63% for Orleans) and—for the first time in a decade—have rates below that of the U.S. As of 2017, 9.9% of the population in Orleans Parish is uninsured compared to 9.6% in Louisiana and 10.2% in the U.S.

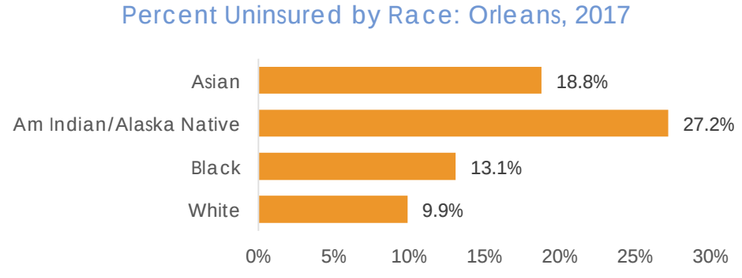


Source: US Census Bureau, SAHIE

In 2017, Orleans Parish males were more likely to be uninsured than females from ages 18 to 64, with the highest percentage of uninsured men in the 35 to 44 age group. When accounting for race alone, American Indian and Alaskan Natives had the largest percentage of uninsured (27%).



Source: U.S. Census Bureau, ACS 2013-2017 5-Year Estimates



Source: U.S. Census Bureau, ACS 2013-2017 5-Year Estimates

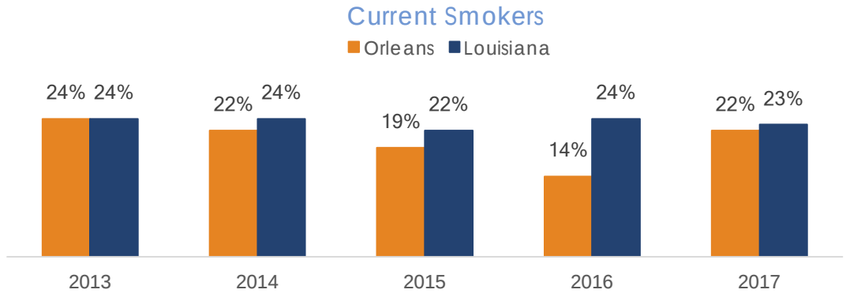
Health Factors: Health Behaviors

In the U.S. many unhealthy behaviors such as smoking, excessive alcohol intake, and physical inactivity can contribute to increased risk of disease and can lead to premature death and low quality of life. The choices we make everyday such as whether to exercise and what foods to eat have a large impact on our health. According to RWJF, the differences in the choices we make can be attributed to the amount of knowledge people have about healthy behaviors, but more recently, have also been linked to income and employment. Having higher education leads to better jobs and higher incomes, which, in turn, allows people to do things like buy healthier food, join a gym or live in neighborhoods with healthier influences.

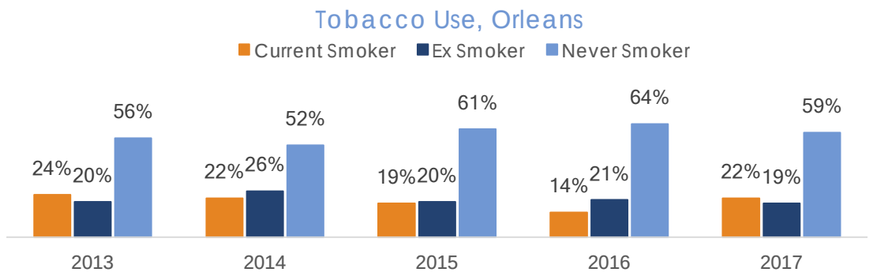
Tobacco Use

According to the CDC, "tobacco use is the leading cause of preventable disease, disability, and death in the United States despite a significant decline in the number of people who smoke. Furthermore, simply being around tobacco use can be harmful; exposure to secondhand smoke can cause stroke, lung cancer, and coronary heart disease in adults" (CDC, 2019) - all leading causes of death in Orleans Parish. The City of New Orleans has taken steps to protect its residents from these adverse health effects by adopting a comprehensive smoke - free law that prohibits smoking and electronic cigarette use in all indoor areas of workplaces and public places. In doing so, New Orleans became the largest city in the U.S. to prohibit smoking in casinos (CDC, 2019).

Although progress has been made at the policy level, more New Orleanians are smoking now than in recent years. Following a four - year decrease in tobacco use, the number of current smokers in Orleans Parish increased from 14% in 2016 to 22% in 2017. Similarly, the number of ex-smokers has decreased from 21% in 2016 to 19% in 2017. Despite increases in the percentage of smokers, those who have never smoked still make up 59% of the population, an increase from 2013.



Source: LDH Health Data Portal; CDC, BRFSS

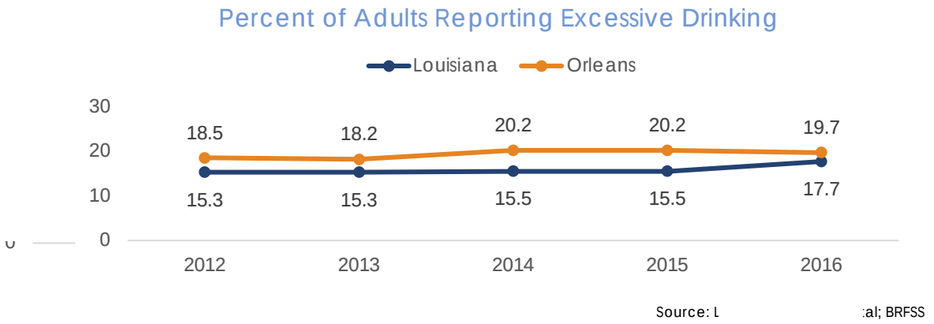


Source: LDH Health Data Portal; CDC, BRFSS

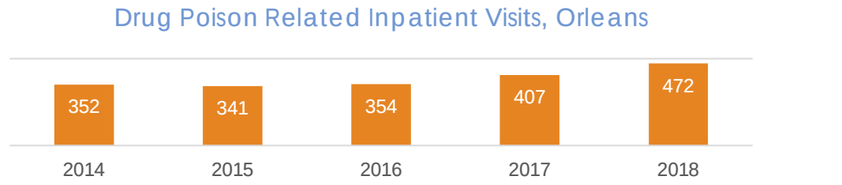
Substance Abuse

Substance abuse has a major impact on the length and quality of life of any individual user, but can also have significant impacts on family members, friends and others around them. According to Healthy People 2020, "the effects of substance use are cumulative, significantly contributing to costly social, physical, mental and public health problems including: teenage pregnancy, HIV, STDs, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide" (HP2020, 2019). Substance abuse can refer to the consumption of any mind and body altering substances that have negative behavioral and health outcomes including, but not limited to, alcohol and prescription drugs.

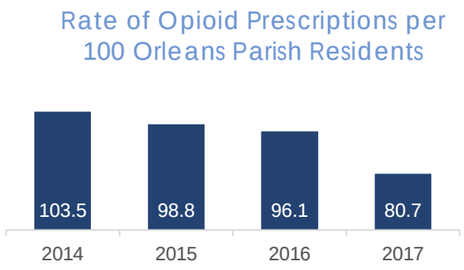
The CDC defines heavy drinking differently for men and women. Heavy drinking is consuming (on average) more than 14 drinks per week for men, and for women, more than 7 drinks per week. Almost one in five (19.7%) adults in Orleans Parish report excessive alcohol use, which is slightly higher than the 18% of adults reporting excessive drinking in Louisiana as a whole. From 2012 to 2016, the percentage of adults reporting excessive drinking has increased slightly, with Orleans Parish consistently reporting a higher percentage every year. LDH opioid surveillance data shows that an average of 386 patients are hospitalized for drug poisoning in Orleans Parish each year and that annual counts have increased by over 30% from 2014 to 2018. Similarly, opioid related hospitalizations have increased from 2014 to 2017, despite the trend of decreasing opioid prescription rates for the same time period.



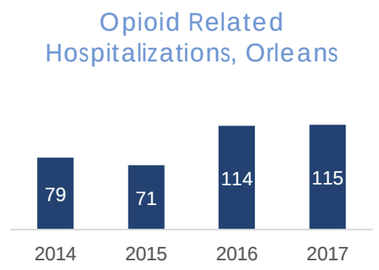
Source: L :al; BRFSS



Source: LDH, LA Opioid and Drug Surveillance



Source: LDH, LA Opioid and Drug Surveillance

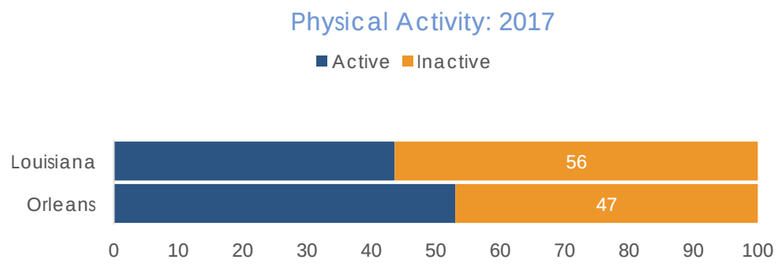


Source: LDH, LA Opioid and Drug Surveillance

Physical Activity

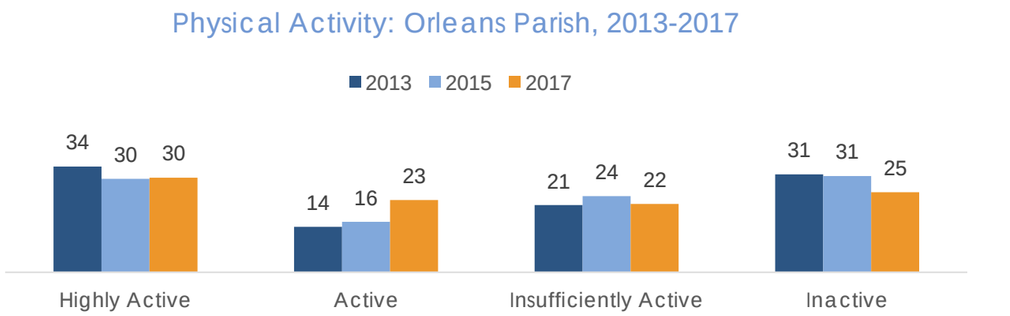
According to the CDC, engaging in physical activity is one of the best things people can do to improve their health and is a critical component of living a healthy lifestyle at any age. Engaging in regular physical activity can increase energy, assist in weight management, improve mental health, strengthen muscles and bones, and improve academic achievement in students. Getting enough physical activity can lengthen life and prevent 1 in 10 all premature deaths. In addition, physical activity can decrease the risk for cardiovascular disease, hypertension, type 2 diabetes and cancers such as breast or colorectal cancer. CDC reports that adults with higher education and adults who live above the poverty level are more likely to meet federal physical activity guidelines than other groups (CDC, 2019).

An LSU analysis of BRFSS data states that Louisiana adults do not get enough physical activity to meet recommended guidelines for aerobic or muscular health and get less exercise than their peers when compared to other states across the country (LSU, 2018). Furthermore, CDC research has shown that adults with higher education and adults who live above the poverty level are more likely to meet federal physical activity guidelines than other groups; the LSU analysis posits that the same is true in Louisiana where exercise is strongly correlated to education and income. Louisiana adults reporting any exercise increases from the lower 30 percent of households by income (52%) to the higher 30 percent (74%). In Orleans Parish, 53% of adults reported adequate levels of physical activity in 2017--nine percent (9%) more adults than in Louisiana overall (44%) for the same year.



Source: LDH Health Data Portal; BRFSS

Over time, New Orleans residents have become more active. The percent of adults who define themselves as either "highly active" or "active" has increased by 5% since 2013, while those who report being "insufficiently active" or "inactive" has decreased by the same amount (5%). Despite an overall increase in active adults, the level of activity has decreased. Those Orleans Parish adults reporting being "highly active" has decreased by 4% since 2013, from 34% to 30%.



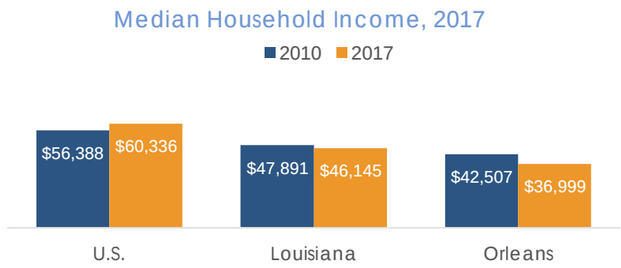
Source: LDH Health Data Portal; BRFSS

Health Factors: Social & Economic Environment

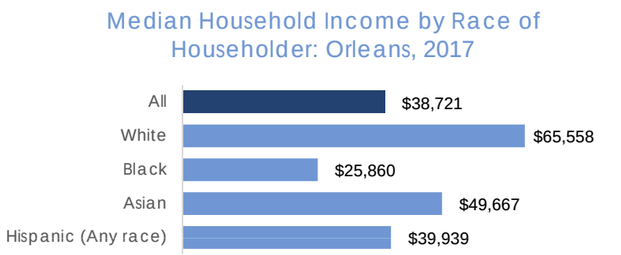
According the latest public health research and programs like RWJF's County Health Rankings, social and economic factors like income, education, and employment, can significantly affect how well and how long we live. Income measures like poverty influence the choices families have when it comes to housing, childcare, medical care, etc. Without access to the resources that allow New Orleans families to obtain the basic things (like food, shelter, and medicine) needed to survive and additional opportunities needed to thrive (e.g. living in a safe, connected neighborhood and access to quality education), simply treating the physical symptoms of the conditions that make our city sick will continue to remain a temporary solution.

Median Household Income

The amount of income a household has often shapes the critical decisions that greatly impact the health and quality of life of those within that household- where children go to school, what food to purchase, where to live and when to get care. Orleans Parish residents are making those hard decisions every day. In 2017, the median household income in Orleans Parish was $36,999, approximately $9,000 less than that for Louisiana and $23,000 less than the national median household income. The median household income in 2017 for Orleans Parish (once adjusting for inflation) is $5,500 or 13% less than it was in 2010.



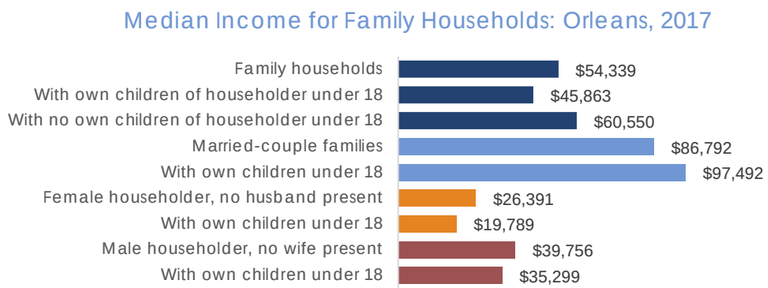
Source: US Census Bureau, ACS 2017 1-Year Estimates
*2010 estimates are in 2017 inflation adjusted dollars for comparison



Source: US Census Bureau, ACS 2013-2017 5 Year Estimates

In Orleans Parish there are substantial differences in household income by race of householder and household type. Homes with Black householders have the lowest household income ($25,860) compared to that of any other racial group and make less than half of what homes with White householders do ($65,558).

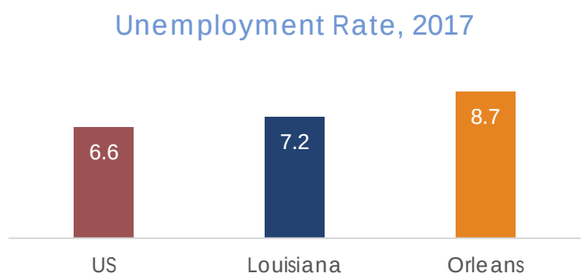
Additionally, differences in family household composition can make a substantial impact on household income. Households of married couples with their own children under 18 have the highest incomes than any other type of family household ($97,492). In comparison, female led households without a husband present and with a child of their own under 18 have the lowest ($19,789). All family household types (with the exception of married couple families) have lower incomes when children of the householder under 18 are present. Female householders with no husband present experience the largest decrease (25%) in income when children are present.



Source: US Census Bureau, ACS 2013-2017 5 Year Estimates

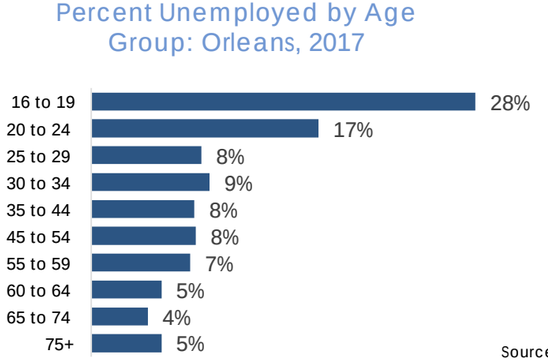
Unemployment

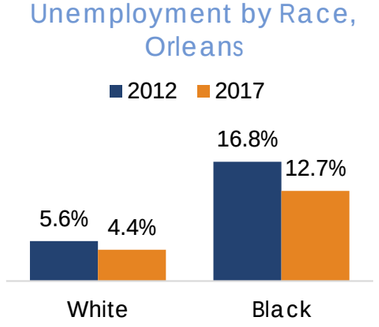
In the United States, the unemployed experience worse health and higher mortality rates than those who are employed (CHR, 2018). In addition to loss of income and often loss of health insurance coverage through an employer, those who are laid off are far more likely to develop a stress related condition such as stroke, heart attack, heart disease, or arthritis (RWJF, 2013). The U.S. Census estimates that in 2017, the unemployment rate in Orleans Parish was 9%, higher than rates for the U.S. and Louisiana, which were both approximately 7%.



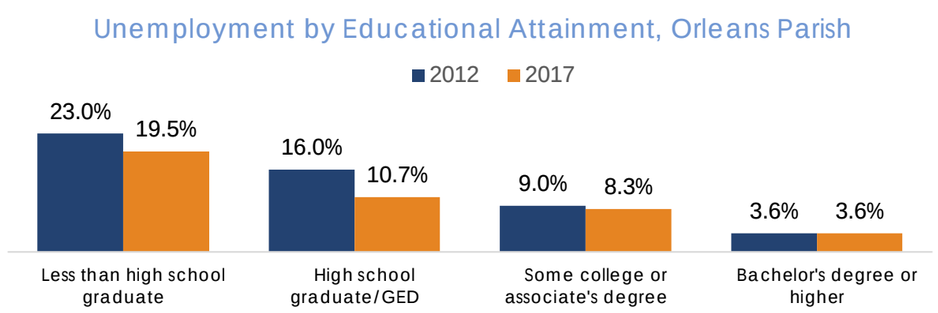
Source: US Census Bureau, ACS 2013-2017 5-Year Estimates

Of unemployed workers in Orleans Parish, those between the ages of 16 to 19 years have the largest percentage of unemployment of any age group (28%), followed by workers aged 20 to 24 years (17%). Overall, Black workers in Orleans Parish have the highest unemployment rate of any other racial group. Similar to poverty rates and median income, rates of unemployment in Orleans Parish tend to decrease as educational attainment increases. Unemployment rates were highest for workers with less than a high school diploma in both 2012 (23%) and 2017 (19.5%).





Source: US Census Bureau. ACS 2008-2012 and 2013-2017 5-Year Estimates

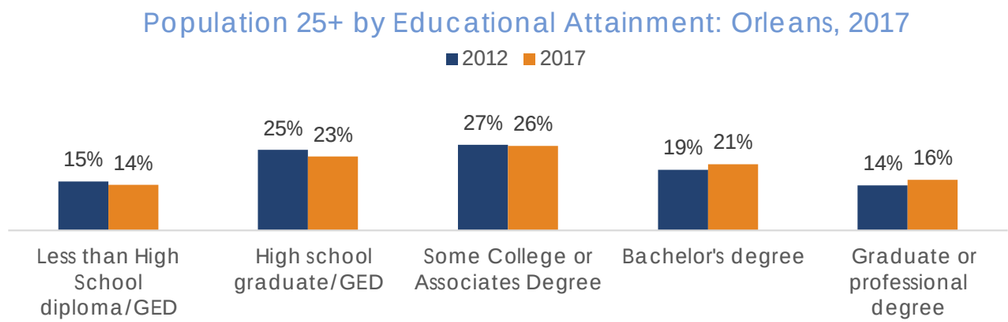


Source: US Census Bureau, ACS 2008-2012 and 2013-2017 5-Year Estimates

Educational Attainment

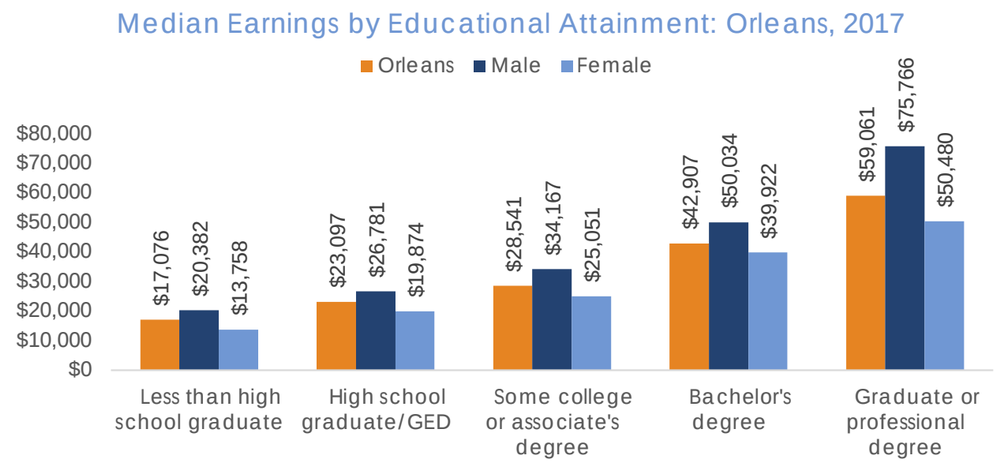
As U.S. Bureau of Labor Statistics data consistently show, higher educational attainment leads to an increased likelihood of higher wages; higher wages then lead to more freedom and flexibility in making significant financial decisions that can impact an individual's health such as where to live, what food to buy and when to get healthcare services. In 2017, 86% of all adults 25 years and older in Orleans Parish had a high school diploma or equivalent, a percentage that is slightly lower than the U.S. (87%), but higher than Louisiana overall (84%).

Since 2012, more Orleans Parish residents have achieved a higher level of educational attainment. Although the difference in the percentage with a high school diploma or higher isn't notable (1% increase from 2012 to 2017) there has been a positive shift in the level of educational attainment, with 4% more residents with a bachelor's degree or higher (33% in 2012 to 37% in 2017). On average, those with a graduate or professional degree make over three times as much in earnings (approximately $42,000 more) than those with less than a high school diploma or equivalent. Increasing educational attainment from some college or associates degree to a bachelor's degree provides the largest payoff, doubling an individual's average earnings (50% or $14,366) from approximately $28,500 to $43,000.



Source: U.S. Census Bureau, ACS 2013-2017 5-year Estimates

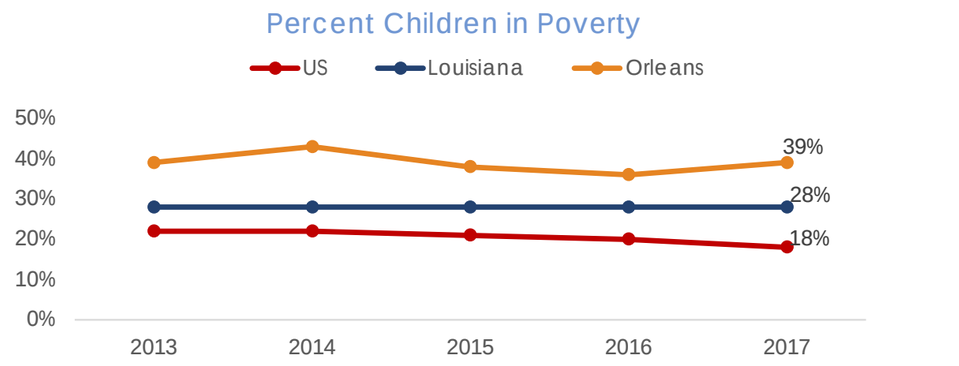
In Orleans Parish, as in many cities across the country, a substantial gender pay gap exists, leading men to earn significantly more money than women do at all levels of educational attainment. On average, men earn approximately $11,600 more than women across all levels of educational attainment. The difference between groups increases with each level of educational attainment, the greatest of which occurs when educational attainment is its highest for both men a women (a difference of $25,286 at the graduate or professional degree level).



Source: U.S. Census Bureau, ACS 2013-2017 5-year Estimates

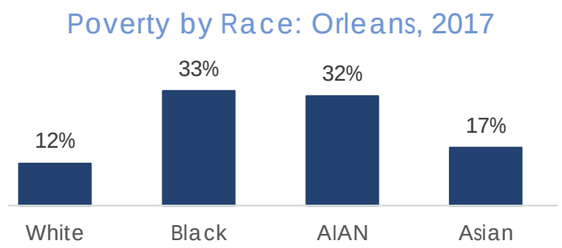
Poverty

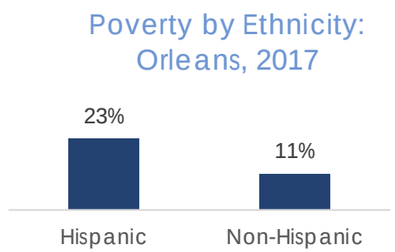
Public health research has demonstrated that there is a clear connection between poverty and health outcomes, including increased risk for disease and premature death (HP2020). There are many factors that can increase the risk of living in poverty, race and ethnicity being one of them. According to Healthy People 2020, racial and ethnic minorities are more likely than non-minority groups to experience poverty at some point in their lives and may experience worse health outcomes while living in poverty. The American Academy of Pediatrics states that for children, poverty can drive adverse health outcomes in childhood that last across the life span, negatively affecting physical health, socioemotional development and educational achievement (AAP, 2016). In 2017, 26% (99,613 people) in Orleans Parish were living in poverty; of those, 38% (30,363) were children, a notably higher percentage than in Louisiana (28%) or the U.S. (18%).



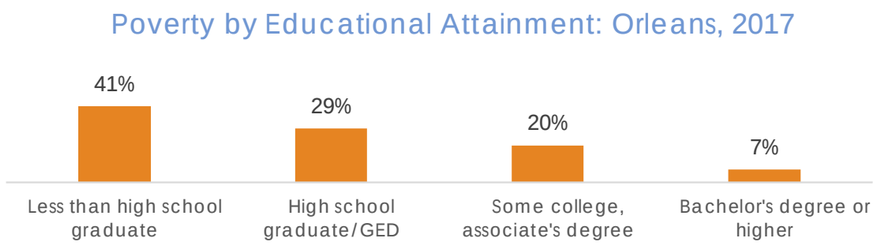
Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Although Orleans Parish has one of the highest poverty rates in the country, it is not experienced by all residents equally. Approximately one third of all Black (33%) and American Indian and Alaska Native (AIAN) residents (32%) are in poverty compared to 12% of White residents. Nearly a quarter (23%) of Hispanic residents live below the poverty line compared to 11% of non-Hispanic residents. In addition to race and ethnicity, there is also a relationship between educational attainment and poverty. Orleans Parish residents with higher educational attainment experience lower percentages of poverty, 41% with less than a high school diploma or GED are living below the poverty level compared to 7% with a bachelor's degree or higher.





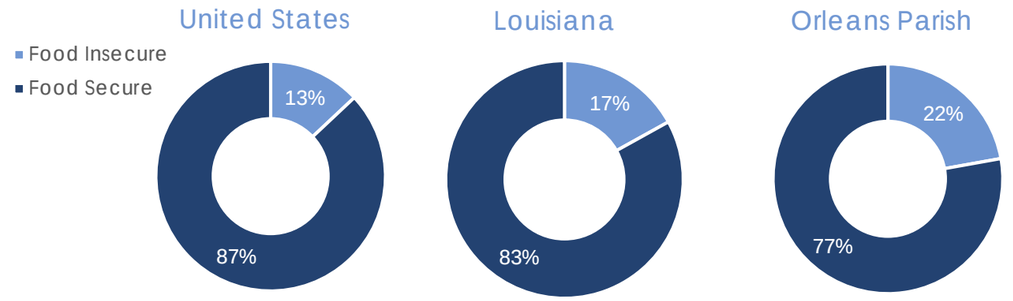
Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates



Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Food Insecurity

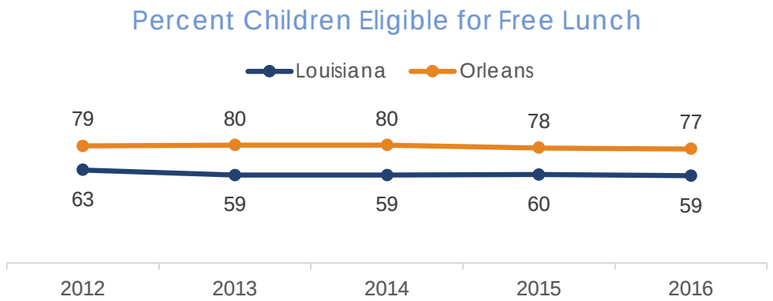
The United States Food and Drug Administration (USDA) defines food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources such as transportation and full service grocery stores. Children and adults who are food insecure are at an increased risk for a variety of negative health outcomes, such as developmental disorders (in children), mental health issues, obesity and other chronic conditions (HP2020). In 2017, the food insecurity rate in Orleans Parish was 22% with an estimated 84,580 individuals food insecure; over 1 in 4 of these individuals live above 185% of the federal poverty level and received minimal federal nutrition assistance. The food insecurity rate in Orleans Parish is higher than that of the state (17%) and U.S. (13%). Additionally, the percent of children receiving free lunch in Orleans Parish has decreased over the past five years from 79% in 2012 to 77% in 2016. In comparison to the state of Louisiana, more children are eligible for free lunch in Orleans Parish (77% in Orleans vs 58% in Louisiana).



Source: Feeding America 2018

	% Eligible for Federal Nutrition Assistance			Assistance Type
	US	Louisiana	Orleans	
Below 130% FPL	51%	59%	62%	SNAP, WIC, free school meals, CSFP, TEFAP
130-185% FPL	19%	12%	11%	WIC, reduced price school meals
Above 185% FPL	29%	29%	27%	Charitable Response

Source: Feeding America 2018

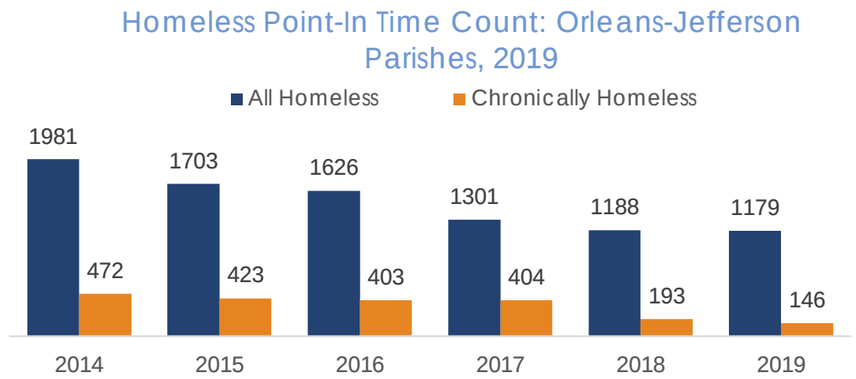


Source: LDH Bureau of Health Informatics

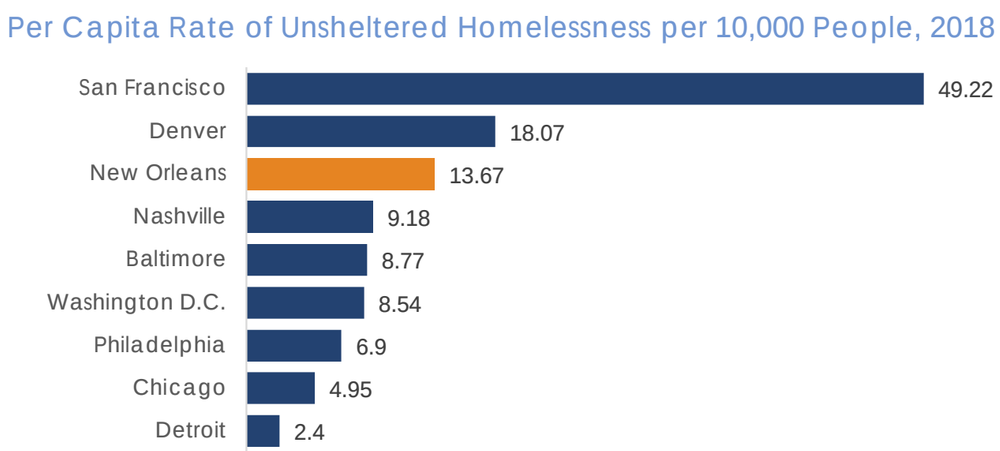
Homelessness

Despite drastic reductions in homelessness across the U.S. over the past decade, homelessness continues to be a serious public health problem (APHA, 2017). Those experiencing homelessness often have increased barriers to accessing health care services, have high rates of chronic mental and physical health conditions, and co-occurring disorders which can lead to increased school absences and limit opportunities for employment and obtaining housing. Furthermore, they are more likely to experience high rates of HIV, alcohol and drug abuse, mental illness and tuberculosis, among other conditions (CDC, 2017).

As of January 2019, there were 1,179 homeless in Orleans and Jefferson Parishes. UNITY's 2019 Point in Time count represents a reduction of less than 1% from 2018 when 1,188 individuals experiencing homelessness were counted. Despite recent stagnation, the number of homeless individuals has been reduced by 40% since 2014 and 90% since 2007- one of the largest reductions in the U.S. Chronically homeless are considered the most vulnerable of homeless subpopulations. Since 2014, chronic homelessness in Orleans and Jefferson Parishes has decreased by 69% and 24% from 2018 to 2019. However, New Orleans' per capita rate of unsheltered homelessness (13.67) remains one of the highest in the country, higher than that of cities such as Baltimore, Nashville and Washington D.C.



Source: UNITY, Orleans-Jefferson 2019 Homeless Point in Time count

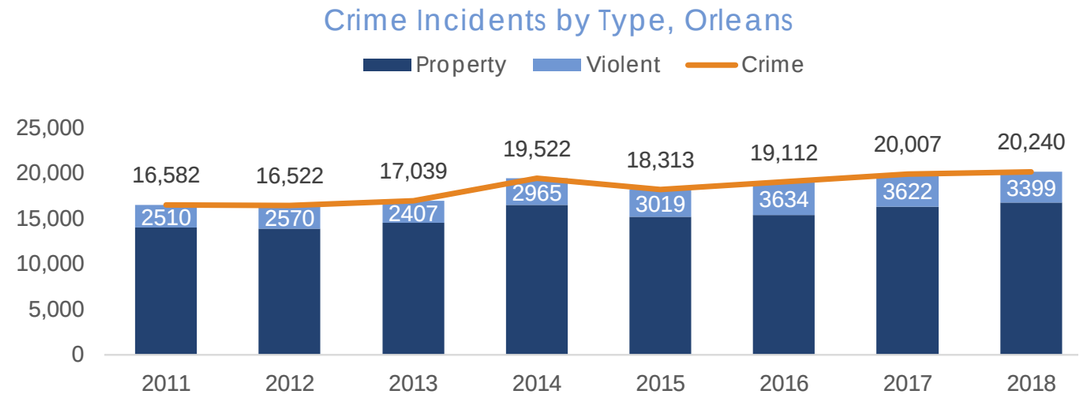


Source: UNITY, Orleans-Jefferson 2018 Homeless Point in Time count

Crime and Violence

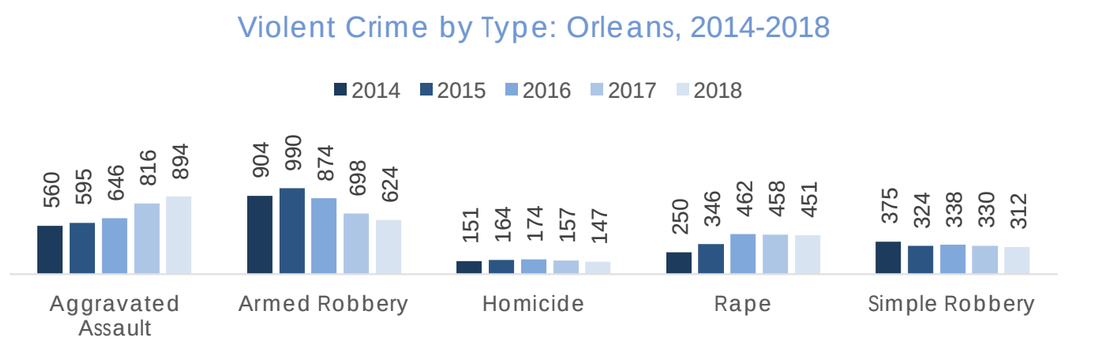
Crime and violence are important public health issues, the effects of which can impact individuals and communities for a period far beyond the initial incident. Experiencing violence can lead to premature death or cause non-fatal injuries and survivors of crime often experience physical pain, mental distress and a reduced quality of life (HP2020). Being exposed to violence is linked to a variety of negative health outcomes such as increased BMI scores and levels of obesity due to reduced physical activity. In addition, continued exposure to violence over long periods of time can result in increased mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD). High crime rates in a community can compromise the physical safety and psychological well-being of residents who live there. Simply the threat of crime can exacerbate chronic stress and deter residents from pursuing healthy behaviors.

In Orleans Parish, the total incidents of property and violent crime have increased by approximately 4% in the past five years (2014 to 2018). In that time, violent crime has seen an increase of 15%, despite declines in annual counts of violent crime for the past three years. On average, violent crime accounts for 16% of all crime in the city. In 2018, there were approximately 3,400 incidents of violent crime in Orleans Parish.



Source: NOPD Crime over Time Dashboard

New Orleans Police Department crime data below reveals five year trends for selected types of violent crime. Since 2014, aggravated assaults and rapes have increased while armed robberies, homicides and simple robberies have all decreased. The largest increase is in reported rapes (+80%) while the largest decrease is in armed robbery (-31%). It is important to note that NOPD and other criminal justice system partners have made significant changes in their response to incidents of sexual assault in hopes of increasing trust between victims and the NOPD. It is unclear whether the changes made at the organization and system levels have led to the increased reporting of rapes or if there has been an increase in rapes independent of these changes.

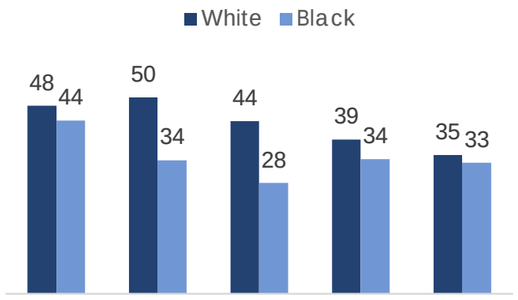


Source: NOPD Crime over Time Dashboard

Civic Engagement

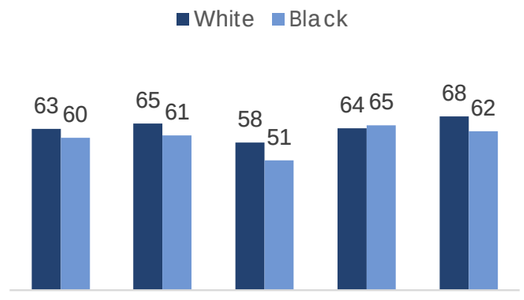
Civic engagement is a key component of any thriving community. Leading public health organizations like RWJF acknowledge that activities like voting and volunteering provide citizens with the knowledge, skills, and opportunities to cultivate positive change. Engaging in these activities can improve the conditions that influence health and well-being for all. The Mayor's Office of Neighborhood Engagement reports that there are approximately 183 active neighborhood associations in Orleans Parish; while these associations can serve as means for residents to weigh in on local issues, voter engagement in Orleans Parish mayoral elections has decreased for all racial groups since 2000. Conversely, Presidential elections have experienced increases in voter turnout for all groups, although small (5% or less), in the same time frame.

Voter Turnout for Mayoral Elections by Race, Orleans



Source: Louisiana Secretary of State Voter Portal

Voter Turnout for Presidential Elections by Race, Orleans

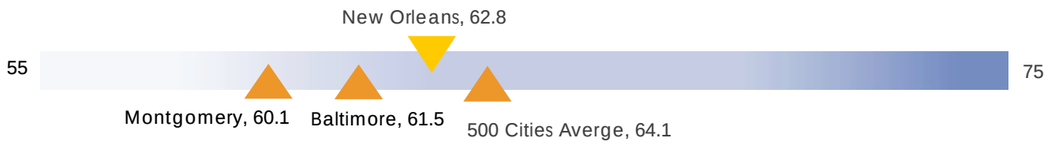


Source: Louisiana Secretary of State Voter Portal

Neighborhood Diversity

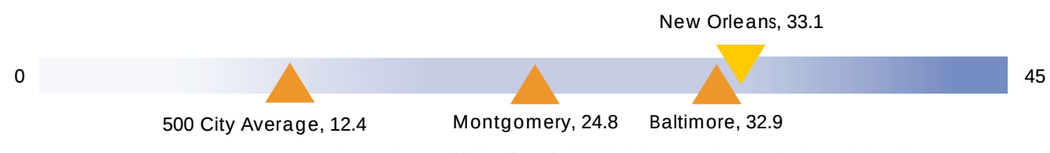
Neighborhood racial and ethnic diversity and segregation scores measure the extent to which racial and ethnic groups are evenly represented across the city, which plays a key role in understanding health differences between groups. New Orleans scores near the average score of the 500 most populous U.S. cities (62.8 versus 64.1, respectively) in racial / ethnic diversity. However, the city scores poorly in measures of segregation. Although New Orleans is diverse, racial and ethnic groups in the city are more highly segregated than the average score of 500 cities of similar size and racial and ethnic makeup (12.4 versus 33.1, respectively; a lower score is more desirable for this measure). According to City Health Dashboard, residential segregation is associated with a range of adverse impacts on health from increased risk factors for heart disease, increased rates of infectious disease to premature death.

Racial/Ethnic Diversity Score (0-100), 2017



Source: City Health Dashboard; 2013-2017 American Community Survey 5-Year Estimates

Neighborhood Racial/Ethnic Segregation Score (0-100), 2017



Source: City Health Dashboard; 2013-2017 American Community Survey 5-Year Estimates

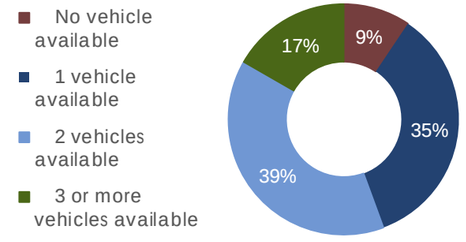
Health Factors: Physical Environment

The physical environment is where individuals live, learn, work and play (RWJF, 2019). People engage with their environment through the homes they live in, schools they attend, buses they commute in, and parks they play in. When it comes to health, people thrive in physical environments that are safe from crime and violence, inclusive to all, and provide them with opportunities for making healthy choices. The built environment around us has a significant impact on how easily we access resources, how we connect with others around us and engage in our communities, and can affect our ability to live long and healthy lives.

Transportation

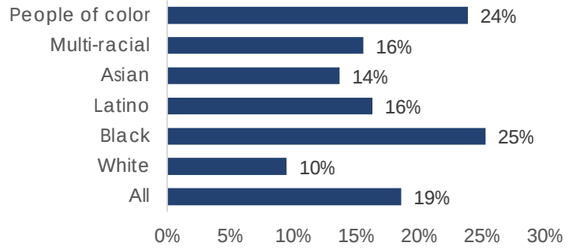
Access to affordable, convenient transportation is another important determinant of health. The cost and time it takes to travel between home, work, school, and the grocery store and other destinations critical to our daily lives greatly effects our quality of life and our ability to utilize resources. For those lacking consistent access to a personal vehicle, affordable and reliable transit options can mean better access to job centers, recreational facilities, healthier food options, and healthcare facilities. U.S. Census estimates for 2017 show that the large majority of Orleans Parish households have access to a vehicle (91%) and over half of all households (56%) have access to more than one. Less than 10% of the population does not have access to a vehicle within the household. However, in 2015, there were shown to be significant differences by race with over a quarter of Black households without access to a vehicle.

Vehicle Availability by Household, Orleans 2017



Source: 2013-2017 American Community Survey 5-Year Estimates

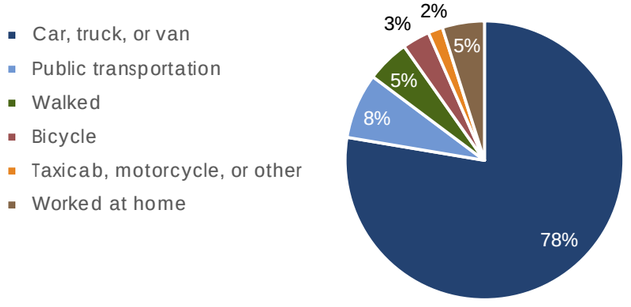
Households without a Vehicle by Race/Ethnicity: Orleans, 2015



Source: Policy Link/PERE National Equity Atlas

In 2017, the majority (78%) of Orleans Parish residents in the workforce traveled to work by car. The second most popular mode of transport to work was public transportation (8%). The remaining 14% utilized varied means of transport from: walking (5%), traveling by bicycle (3%), taxi cab (2%), and working from home (5%).

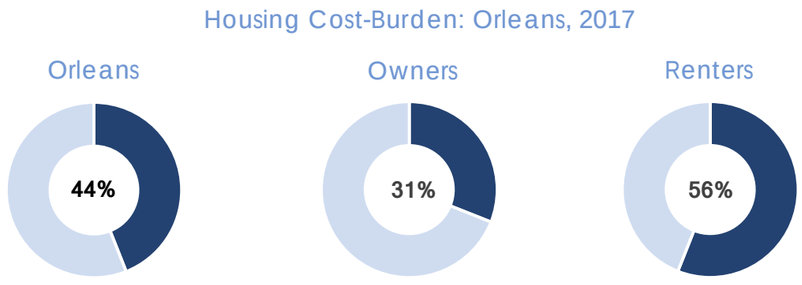
Means of Transportation to Work, Orleans 2017



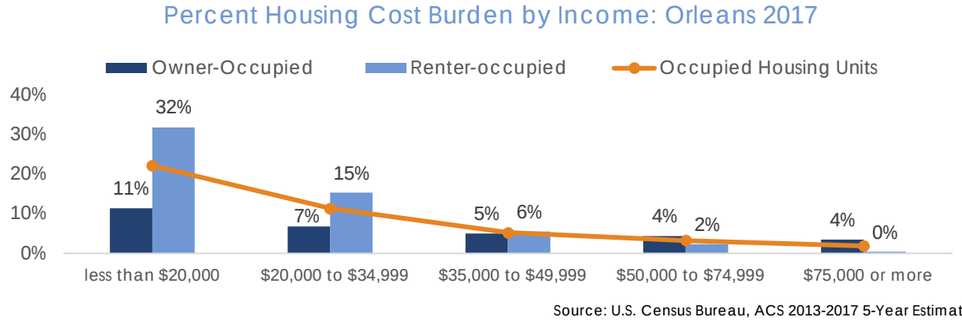
Source: 2013-2017 American Community Survey 5-Year Estimates

Housing

According to RWJF, more than 1 in 10 households in the U.S. live with a burden of severe housing costs. Households that pay more than 30% of their income for housing are considered "cost burdened" and are likely to have difficulty affording other necessities like food, clothing, transportation and medical care. In addition, when housing isn't affordable, people are forced to make difficult choices about where they live, "often relegating lower-income families and individuals to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion" (RWJF, 2019). In Orleans Parish, 44% of all households are cost burdened, with rental households more likely to be cost burdened (56%) than those of homeowners (31%). By income, housing cost burden lessens as household income increases (regardless of homeownership or rental status) and impacts rental households making less than $20,000 a year more than any other group (32%). Housing cost-burden is drastically reduced once incomes reach $35,000 and as income continues to increase, a larger percentage of homeowners experience housing cost-burden compared to renters.

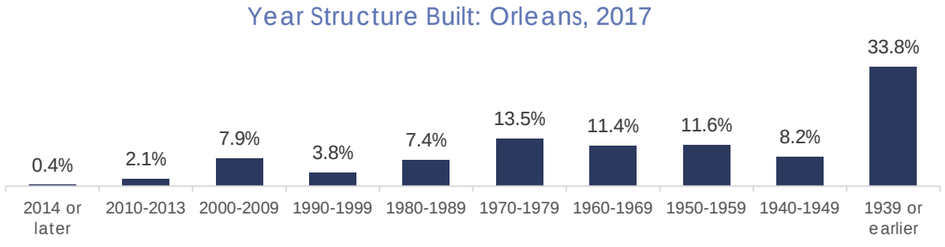


Source: U.S. Census Bureau, ACS 2013-2017 5-Year Estimates



Source: U.S. Census Bureau, ACS 2013-2017 5-Year Estimates

In addition to affordability, the quality of our home environment can either promote good health or contribute to health issues such as chronic diseases and injuries, and have negative impacts on childhood development. According to the CDC, homes built before 1978 are more likely to contain lead based paint, leading to increased risk for lead exposure (CDC, 2019). As of 2017, approximately 79% of all homes in Orleans Parish were built in the year 1979 or earlier meaning that children, pregnant mothers among other groups living in older homes are at risk for severe health impacts.

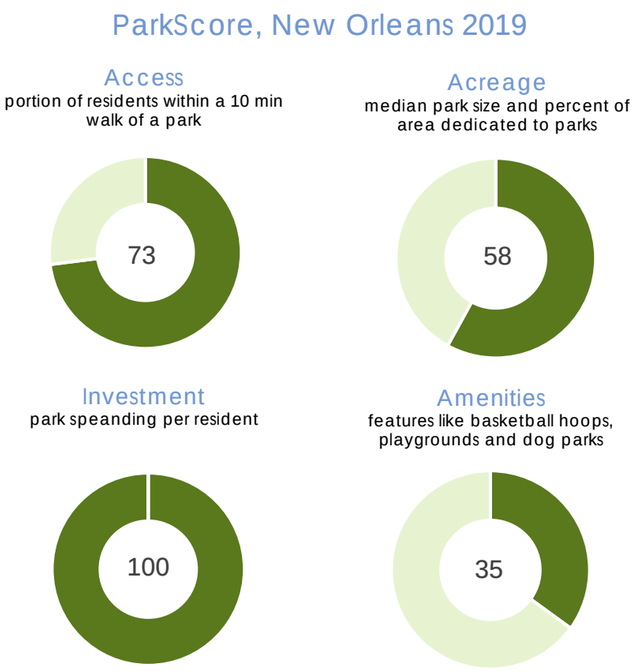


Source: U.S. Census Bureau, ACS 2013-2017 5-year Estimates

Parks and Greenspace

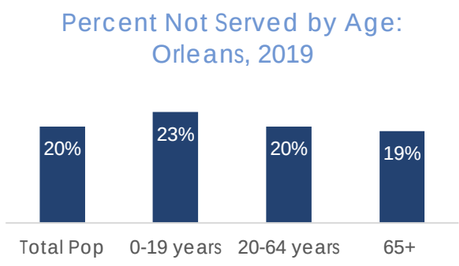
Community resources such as parks, recreational facilities, and greenspaces can make the environment more conducive to healthy choices and foster community connectedness. Access to well-equipped and safe parks and playgrounds is associated with lower obesity rates and higher physical activity levels (CDC, 2019). The Trust for Public Land (TPL) estimates that 80% of all New Orleans residents live within a 10 minute walk to a park and the 20% (or 80,242) of residents remaining, live further away or have increased barriers when accessing a park such as highways, train tracks, etc. (TPL, 2019). New Orleans scores substantially higher on this measure than the national average of 54%.

TPL's ParkScore Index is the most comprehensive evaluation of park access and quality in the 100 largest U.S. cities and offers a more in depth look at parks in the city. New Orleans' 2019 ParkScore placed the city 20th overall, an improvement of 4 ranks since the city ranked 24th in 2018. This ranking is based on four characteristics of an effective park system: access, acreage, investment, and amenities. New Orleans scores best in of areas investment (100 of 100) and worst in amenities (35 of 100). Over the past five years (since 2015), New Orleans has improved its ParkScore ranking by 11 positions through: increases in median park size (.2 acres), dollar for park investment per resident (increase of $93 per resident), resident access (4% increase), and amenities such as dog parks and recreation centers.

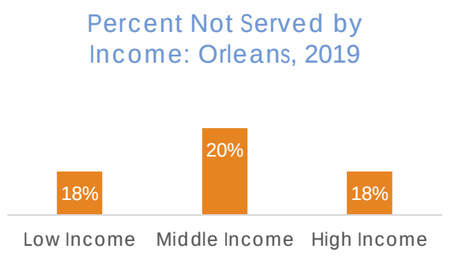


Source: Trust for Public Land, 2019
*all scores are out of 100

Although 80% of all residents have access to parks, there are differences when grouping by demographic characteristics such as race, age, and income. TPL data for 2019 shows that Asian residents, middle income residents, and residents aged 0 to 19 years have the least access; while White residents, low and high income residents, and residents 65 years and older have the greatest access.



Source: Trust for Public Land, 2019



Source: Trust for Public Land, 2019
*income groups were created as a % of median household income

FORCES OF CHANGE ASSESSMENT

What is Occurring or Might Occur that Affects the Health of the Community?

What Specific Threats or Opportunities are Generated by these Occurrences?

Forces of Change Themes

The following pages provide an overview of the themes most frequently cited across five forces of change categories: Economic, Environmental, Political / Legal, Social, and Technological / Scientific. These themes reflect the collective thoughts and experiences of individual "decision-makers" that are leading organizations or programs and who have an awareness of current or upcoming trends, factors and events that could impact the health and quality of life of New Orleans residents.

LIMITED ACCESS TO CARE

Despite notable advances in access to care through the Affordable Care Act (ACA) and state Medicaid Expansion, there is much uncertainty regarding the funding available to sustain these policies and their benefits. Overall, more New Orleanians are insured and have access to a Primary Care Provider; however, access to behavioral health, women's health, and other specialty services is still limited. Populations with increased barriers to care due to language, income, or incarceration, may receive low quality care, delay needed care, or not have access to care at all. Trends siting increased opioid use, coupled with a strong mental health stigma, the criminalization of mental illness, and limited access to behavioral health services greatly concern providers. Conversely, advances in medical technology such as electronic medical records, telemedicine, and mobile health apps and diagnostic tools bring providers hope in that the existing gap in access to care will be closed.

THREATS:

- Potential loss of ACA funding and benefits
- Stigma and criminalization of mental illness
- Increase in homelessness and drug use
- Limited access to services for special populations
- Privacy and security threats to health information
- Disparity in access due to cost of care
- Vulnerability of apps and diagnostic tools to human error

OPPORTUNITIES:

- Job growth in healthcare field
- Increased health data and information sharing
- Consistent health insurance coverage
- Extended reach of technology
- Ability to self-monitor conditions
- Redefining perceptions of mental illness and substance use
- Improve coordination and continuity of care
- Target populations such as women and currently / formerly incarcerated

ECONOMIC INSTABILITY

Overall, the current economy is strong with notable growth in specific industries such as healthcare and technology, both locally and regionally. This growth is contrasted with the economic instability felt by many New Orleans residents in their day-to-day lives. As the cost of living in New Orleans is steadily increasing, so is the financial burden on the city's residents. The lack of affordable housing and climbing rental costs, coupled with low and stagnant wages and lack of stable full-time employment, has residents unable to afford basic needs. For those in school and hoping to start a career, or those currently in the workforce and wanting to develop their skills in hopes of obtaining a higher rate of pay, there are limited opportunities due to poor workforce development infrastructure. In issues of employment and pay and access to broadband internet necessary to apply for jobs, there are significant inequities between groups with Black residents and female residents reporting higher unemployment and lower pay, and those with lower incomes having limited access to internet.

THREATS:

- Inability to meet daily needs or build future wealth
- Workforce competition and outsourcing of jobs
- Economic downturn or industry failure
- Dependance on the hospitality industry
- Gentrification and lack of affordable housing
- Low educational attainment and job training
- Lack of inclusivity in economic incubation

OPPORTUNITIES:

- Attract new industries and investments
- Anticipate industry development and workplace diversity
- Grow jobs in higher paying sectors
- Develop business and education partnerships
- Increased efficiency in workplace through tech and training
- Entrepreneurial incubation
- Advocate for policies to increase minimum wage and monitor housing quality / affordability
- Increase home equity / ownership

RACIAL INEQUITIES

New Orleans residents, advocates, and politicians have engaged in a city-wide dialogue regarding race and power dynamics, largely spurred by the removal of Civil War monuments in New Orleans in recent years. These events have ignited a potential shift in perspective and awareness of racial inequities that could inspire meaningful change. In the meantime, residents of color bear a disproportionate burden of disease and illness, have less political representation and decision making opportunities, experience higher rates of unemployment and lower rates of pay. Community organizations note that the criminal justice system in particular facilitates and perpetuates these inequities through the mass incarceration of residents of color and mandatory minimum sentencing laws which keep those residents incarcerated for longer than if they were in another state.

THREATS:

- Rise in nationalism and White supremacy
- Reliance on federal funds, lack of access to resources
- Institutional racism and biases
- Lack of awareness and acceptance of racism
- Inequities in health, housing and economic stability
- Lack of transparency leading to community distrust
- Loss of community, neighborhood and familiar support systems

OPPORTUNITIES:

- Racial healing and reconciliation
- Increased awareness of racial inequities
- Policy changes for more equitable employment, education and housing
- Increased civic engagement
- Youth involvement and leadership
- Monuments that support racial equity

INSUFFICIENT INFRASTRUCTURE

In recent years the city has invested in capital improvement projects, bringing jobs and stimulating the local economy. Projects such as the development of the New Orleans airport, increased bike and pedestrian lanes and walkways, and complete streets roadwork have revitalized our communities; however, improvements to streets have not been felt or maintained in all areas of the city, public housing and buildings are not maintained or controlled for quality, public transportation is inadequate and limits mobility, and the water management infrastructure is aged and may not be adequate to protect against the increasing threat of climate change and the extreme weather that it brings. There is a need for governmental regional planning and to think long-term about how the city's infrastructure can adapt to the changing climate and population to effectively serve and protect residents.

THREATS:

- Aging city infrastructure
- Increase in extreme weather events
- Economic impact of flooding on individuals and businesses
- Limited mobility and isolation from inefficient transportation
- Exposure to contaminants such as lead, mold, and mildew
- Population displacement
- Lack of governmental regional planning

OPPORTUNITIES:

- Government transparency and accountability
- Long term mobility and resilience planning
- Equitable transit accessible to all locations and abilities
- Investment in revitalization of spaces
- Increase testing and inspections for safe environments
- Development and regulation of affordable quality housing
- Improve preparation and communication in emergencies

CIVIC ENGAGEMENT

New Orleans residents are very passionate about their city and have immense cultural pride, yet they are an underutilized resource when it comes to local policy. Community organizations and governmental entities alike agree that residents are a valuable asset to informing, implementing and effectively advocating for policy change and need to be intentionally engaged more often. Although residents have been discouraged by the current political environment and have developed a distrust in the political system, they remain active in local issues such as gentrification and displacement from AirBnB's, immigration and sanctuary city status, Civil War monument removal, and the Mayoral and City Council elections.

THREATS:

- Political polarization
- Distrust of political process
- Lack of resident engagement
- Loss of voice and power
- Resistance to change
- Decentralization
- Potential for derailment and loss of focus
- Loss of cultural identity

OPPORTUNITIES:

- Coalition and relationship building
- Diversification and cross-cultural exchanges
- Racial healing and reconciliation
- Community voice informing policy
- Activation and mobilization of community
- Elections and voter engagement
- Engaging youth in future solutions

ACCESS TO INFORMATION

Limited access to information in New Orleans has long been a barrier to providing services effectively and being an active and informed patient. However, there is more access to health information now than ever and the impact is felt across sectors and issue areas and by community and providers, alike. Much of the progress made in accessing information can be attributed to significant technological advances, most notably, the adoption of electronic medical records (EMR) by hospital systems, and the development of mobile health apps and diagnostic tools. These advances have allowed for a free exchange of health information between provider and patient, as well as increased patient autonomy and control over their health care and personal information. Despite the positive influence these advances have had, there are serious privacy and security concerns which could put patients' personally identifying information (PII) at risk. Outside of the healthcare sector, societal norms have been drastically influenced by the increased use of smart phones and the pervasiveness of social media; both of which offer a world of information and potential connectivity to most any user, but also produce a strong reliance on the internet, increased vulnerability to misinformation, and negative effects on sleep and mental health.

THREATS:

- Compromises to privacy and security of health information
- Inhibited growth due to privacy and security concerns
- Inability to share data due to incompatible systems
- Disparity in access to diagnostic tools and smart phones
- Increased potential for misdiagnosis with diagnostic tools
- Information overload, misinformation
- Social disconnections and bullying
- Negative impact on sleep and mental health

OPPORTUNITIES:

- Increased access to care through mobile platforms
- Improved coordination and continuity of care
- Efficient data collection and research
- Ability to self-monitor conditions
- Improved breadth and immediacy of information accessed
- Increased communication and relationship development
- Civic engagement and mobilization

Forces of Change by Category

The following pages document emerging themes within each force of change category: Economic, Environmental, Social, Political / Legal, and Technological / Scientific. See Appendix C for a comprehensive list of themes by category and score.

Economic Forces of Change

Overall

- Healthcare sector growth via Medicaid expansion and Bio-innovation district
- Commencement of City infrastructure projects
- Decrease in Black male unemployment

- Increased cost of living, particularly housing costs
- Wages are low and not sufficient to afford cost of living
- Workforce development isn't aligned with industries that offer high paying, high quality of life jobs

Primary Themes

FINANCIAL INSECURITY

FORCES
- Low minimum wage
- Stagnant wages
- Cost of living increasing

OPPORTUNITIES
- Advocate of minimum wage increase
- Grow jobs in higher paying sectors
- Job training opportunities

THREATS
- Poverty
- Dependence on hospitality industry
- Inability to meet daily needs or build future wealth

UNDEVELOPED WORKFORCE

FORCES
- Unsustainable employment
- Underemployment
- Lack of job training
- Poor job or college readiness
- Training misaligned with industry growth

OPPORTUNITIES
- Grow industries for jobs and investment
- Form business and education partnerships
- Train for diverse employment

THREATS
- Economic downturn and industry failure
- Wages too low to afford cost of living
- Competition and outsourcing of jobs
- Lack Of Education

RISING HOUSING COSTS

FORCES
- Rising rental costs
- Decrease in affordable housing
- Poor housing quality and oversight

OPPORTUNITIES
- Build affordable housing
- Increase resident income
- Develop regulatory housing policies
- Increase home equity and ownership

THREATS
- Gentrification and AirBnB
- Changing culture and neighborhood makeup
- Poor quality of life

Secondary Themes

- Infrastructure improvement projects / needs
- Economic growth and job creation
- Medicaid expansion/increased access to care
- Limited access to funding

Environmental Forces of Change

Overall

- Increase in spaces for physical activity, specifically: bike lanes, green space and New Orleans Recreation Department (NORD) facilities
- Improvements to streets and levees
- Development of plans for water management

- Inadequate city infrastructure (water management, transportation, waste management) and systems
- Resident vulnerability to increase in extreme weather events and climate change
- Exposure to lead, mold and contaminants through blighted property, pollution, and poor sanitation

Primary Themes

INSUFFICIENT INFRASTRUCTURE

FORCES
- Increased flooding
- Aging water management infrastructure
- Poor drainage

OPPORTUNITIES
- Government investment in infrastructure projects
- Grow jobs, train workforce and increase wages
- Lead nation in water management

THREATS
- Personal and material loss
- Impact on health and mental health
- Population displacement
- Limits to future investment

EXPOSURE TO CONTAMINANTS

FORCES
- Lead and mold exposure
- Blight
- Aged infrastructure
- Poor sanitation

OPPORTUNITIES
- Awareness and education
- Testing and inspections
- Develop community partnerships
- Investment in revitalization of spaces
- Innovative solutions and initiatives

THREATS
- Impact health of most vulnerable
- Lack of funding for critical changes
- Facilitate negative view of city
- Increased personal damage

LIMITED MOBILITY

FORCES
- Poor street quality
- Complete streets roadwork
- Increase in bike / ped infrastructure
- Insufficient public transportatIon

OPPORTUNITIES
- Equitable transit for all locations and abilities
- Engage in long-term mobility planning
- Improve transit stops
- Reduce fatalities

THREATS
- Unsettle hazardous materials
- Lack of funding for improvements
- Limiting strategy to local transit only
- Resident isolation and inability to access resources

Secondary Themes

- Climate change
- Land use

Political / Legal Forces of Change

Overall

- Mayoral and city council elections bringing change
- Criminal justice reform efforts for increased accountability in enforcement and reduced sentencing
- Increased voter engagement and accountability

- Racial disparities in criminal justice system
- Limited access to care, particularly for those who are incarcerated or re-entering society
- Distrust in politicians, disengagement and political polarization

Primary Themes

CRIMINAL JUSTICE REFORM

FORCES
- Lack of legal resources
- Increased manadatory minimum sentencing
- Mass incarceration of people of color
- Louisiana re-entry initiative

OPPORTUNITIES
- Utilize community-based support services
- Enhance OPP capacity to provide care
- Coordinate care upon re-entry
- Redefine criminalization and fund allocation

THREATS
- Financial and emotional impact on families
- Limited access to health and legal services
- Perpetuation of biases, stigmas and stereotypes
- Continuation of ineffective policies

HEALTHCARE REFORM

FORCES
- Uncertainty of Medicaid / ACA
- Decentralization / privatization of health services
- Criminalization of mental illness
- Access to care for those incarcerated and re-entering society

OPPORTUNITIES
- Plan for ACA repeal
- Reform OPP systems, policies, funding
- Improve coordination of care
- Increase community based mental health services

THREATS
- Necessary medical services not received
- Loss of coverage
- Unknown replacement for ACA
- Increased health disparities

CIVIC ENGAGEMENT

FORCES
- Increase in political dialogue
- Lack of trust in political system
- Local elections

OPPORTUNITIES
- Participation and representation of all in policies
- Building relationships across neighborhoods
- Create self-governing coalitions
- Improve information sharing

THREATS
- Lack of engagement leading to loss of voice and power
- Missed opportunities
- Long process- potential for derailment and loss of focus
- Distrust in government officials
- Opposition

Secondary Themes

- Conversations on race / Shifts in perception
- Local policies and enforcement

Social Forces of Change

Overall

- Celebration of neighborhood pride, identity, and diversity
- Focus on prevention of disease and promotion of healthy lifestyles through community events, access to healthy food, and increase in physical activity
- Unifying nature of social media

- Increase in crime and violence, particularly intimate partner violence
- Social movements and conversations about race and racial inequities
- Limited access to care, particularly for behavioral health due to funding, stigma and substance use

Primary Themes

BARRIERS TO BEHAVIORAL HEALTH

FORCES
- Barriers to accessing care
- Substance abuse
- Mental health stigma

OPPORTUNITIES
- Educate and train providers
- Improve testing and medications
- Increase funding for services

THREATS
- Overdose and drug poisoning death
- Crime and increased incarceration
- Homelessness

CRIME & VIOLENCE

FORCES
- Increased crime and violent crime
- Intimate partner violence
- Sexual violence

OPPORTUNITIES
- Include men and youth in solution
- Community policing
- Learn from past initiatives

THREATS
- Trauma and impact on family
- Increased gang activity
- Increase police force as solution

RACIAL & GENDER INEQUITIES

FORCES
- Racial discrimination
- Shifts in gender norms
- Sanctuary City status

OPPORTUNITIES
- Youth involvement and leadership
- Increase awareness of inequities
- Facilitate equitable policy change

THREATS
- Decisions made without youth
- Hopelessness
- Limited access to resources

Secondary Themes

- Promotion of healthy lifestyles
- Neighborhood identity and displacement
- Increasing use of technology and social media

Technological / Scientific Forces of Change

Overall

- Improved access to care and health information for both the patient and provider via health apps, electronic medical records, telemedicine and systems for interoperability and referrals
- Increase in social media use and the unifying nature of the platforms

- Increased use of technology such as cell phones and social media platforms can have negative impacts if used inappropriately
- Disparities in access to smart phones, internet and medications due to income

Primary Themes

ELECTRONIC MEDICAL RECORDS

FORCES
- Increased access to patient health information
- Ability to share data via Health Information Exchanges (HIE)
- Forced reliance on internet and tech

OPPORTUNITIES
- Improve coordination of care and continuity of care
- Research
- Communication across systems

THREATS
- Privacy and security concerns
- Inhibited growth due to privacy protection
- Incompatible systems

MOBILE HEALTH TECHNOLOGY

FORCES
- Increased use of smart phones
- Health apps to share diagnostic information
- Digital divide and disparity in access to information

OPPORTUNITIES
- Increase number of people served
- Increase access to health information
- Ability to self-montior health conditions

THREATS
- Increased potential for misdiagnosis
- Cost of diagnostic tools and smart phones
- Information overload, misinfomation

CELL PHONE & SOCIAL MEDIA USE

FORCES
- Increased cell phone use
- Unification through social media
- Cyberbullying

OPPORTUNITIES
- Increased communication and relationship development
- Information readily available
- Compatability with health apps and tools

THREATS
- Impact on sleep and mental health
- Unsafe driving habits
- Bullying and cyberattacks

Secondary Themes

- Improved access to care
- Innovation and training in tech
- Tools for data informed decision making

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

What are the Components, Activities, Competencies, and Capacities of our Health System?

How are the Essential Services being Provided to our Community?

System Performance by Year

Community organizations and entities that make up the Local Public Health System (LPHS) in New Orleans scored the performance of the system as a whole in providing each of the ten essential public health services. The following pages provide a comparison of assessment performance scores over time and present day. For reference, appendices E and F provide a detailed description of the LPHSA background, scoring, and a full list of all model standard activity scores.

Local Public Health System Performance 2012 vs 2018

Since 2012, the LPHS has improved in the provision of essential services to the community in 9 of 10 service areas (Figure 3). On average, performance increased by 28% (more than one performance level) across all essential services (Figure 4). No change in performance was observed in service #9: Evaluating Services. Essential service #2: Diagnosing and Investigating experienced the most improvement in performance score. It is important to note that essential service areas with an asterisk indicate those where adjustments were made to the scoring questions to reflect a focus on equity.

Figure 3. Average Performance Score by Essential Service LPHSA 2012 and 2018

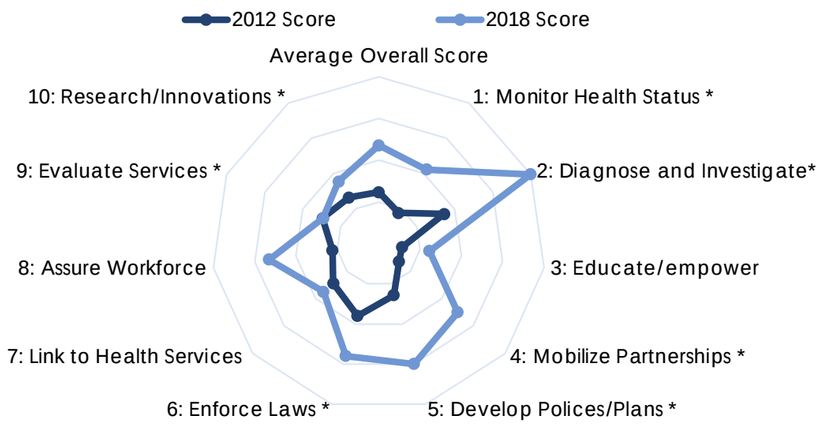
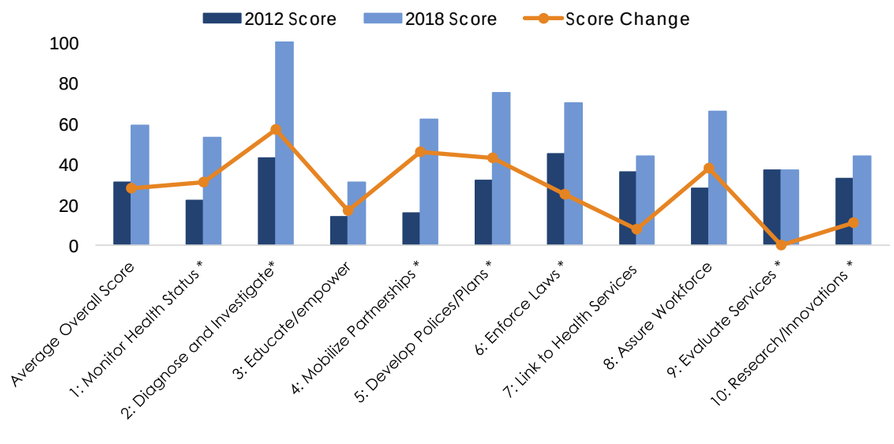


Figure 4. Change in Average Performance Score by Essential Service LHPSA 2012 and 2018



* Equity revisions made

Each essential service is made up of model standards; between two and four major components or practice areas that are critical to providing an essential service. Each model standard is scored and the average provides the essential service score. Since 2012, performance in both model standards and essential services have improved. Performance scores have become more evenly distributed as they shift closer toward an optimal level of activity. The shift is more evident in essential services (Figure 5) when compared to that of model standards (Figure 6).

Figure 5. Average Essential Service Performance Scores by Activity Level

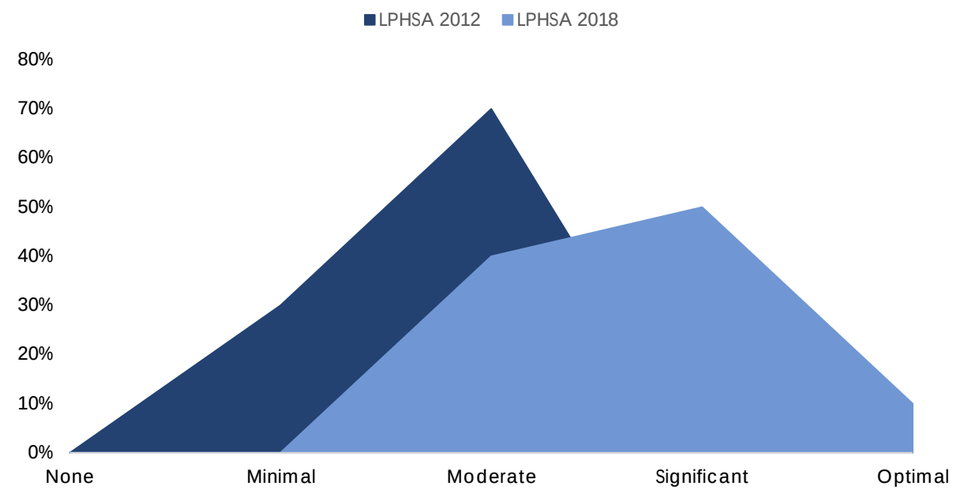
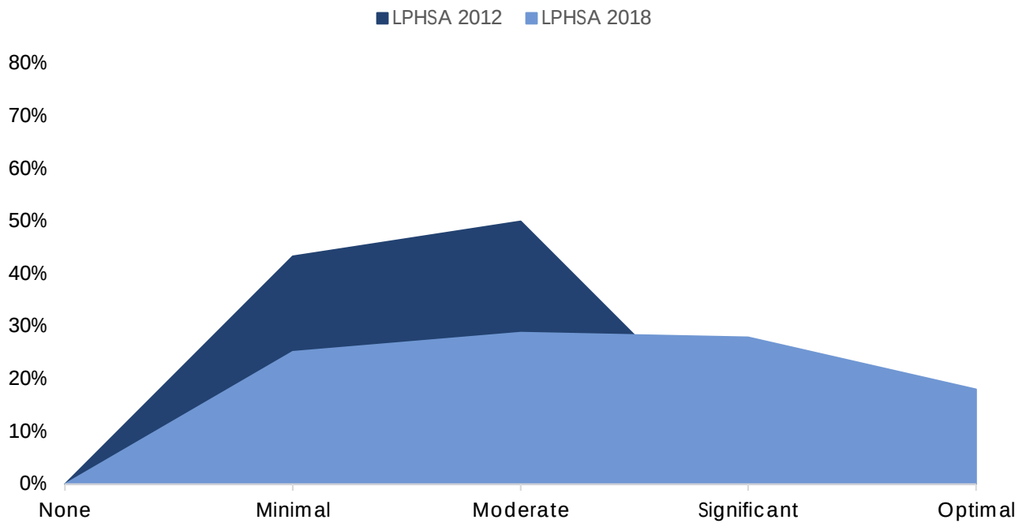


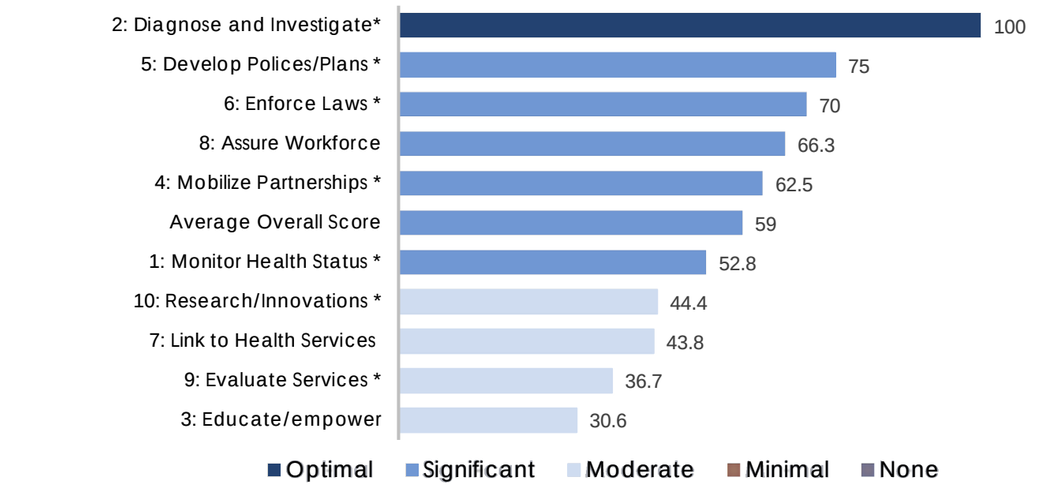
Figure 6. Average Model Standard Performance Scores by Activity Level



Local Public Health System Performance 2018

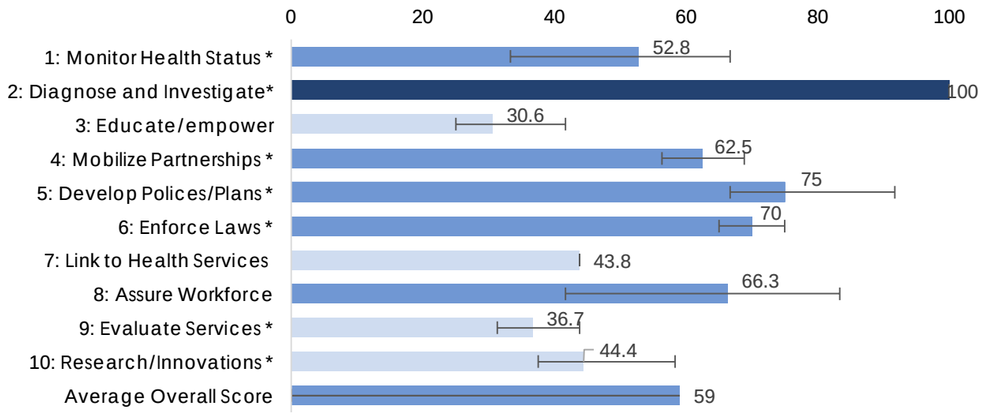
Overall, the LPHS provides essential services to the community at significant activity level (score of 59). All of the essential services are indivudally performing at a moderate activity level or higher. One of the ten services – #2: Diagnosing and Investigating – is performing at an optimal level (Figure 7).

Figure 7. Essential Services Ranked by Average Performance Score, LPHSA 2018



The range of model standard scores within each service area averages less than one performance level (score of 17), meaning that, on average, there is a low level of variability in performance (Figure 8). Two service areas—#1: Monitoring Health Status and #8: Assuring Workforce—have the widest range of scores in model standard activities and provide opportunities for improvement.

Figure 8. Summary of Average Performance Scores by Essential Service, LPHSA 2018



*Indicates areas where equity revisions were made

The pie charts below (Figures 9 & 10) summarize system performance of essential services and model standards by activity level in 2018. Sixty percent (60%) of essential service scores and nearly 50% of all model standard scores were at a significant level of performance or higher.

Figure 9. Percentage of Essential Service by Activity Level

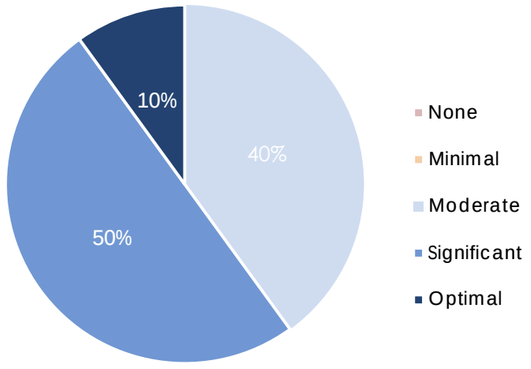
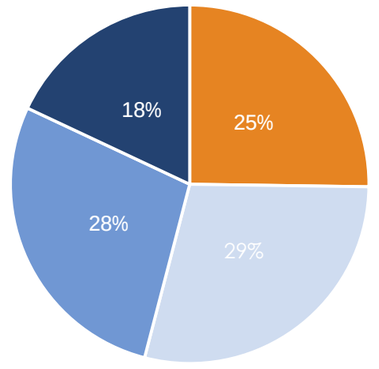


Figure 10. Percentage of Model Standards by Activity Level



Qualitative Themes

The table below lists common strengths and weaknesses identified across essential service areas. Major themes include: communications to stakeholders, strategic collaboration among partners and across sectors, access to information, resident engagement, and leveraging existing resources to increase capacity.

STRENGTHS

- Emergency Preparedness
- Identification of needs, issues, and target populations
- Data accessibility for partners is improving
- Overwhelming desire to strengthen and build partnerships
- Engaged advocacy community
- Use of technology to improve services, care, minimize risk, and design interventions

WEAKNESSES

- Limited resources, limited capacity
- Severe lack of coordination among partners; working in silos
- Ineffective at translating data to action and policy change
- Communications are not health literate, residents (particularly LEP/ESL) miss out on the information
- Residents are an untapped resource; need to be engaged more often and earlier in the decision making process
- Community needs to be better informed; more health data shared in a health literate way
- Data is not accessible to all; significant barriers to data sharing

OPPORTUNITIES

- Utilize partnerships and resources to improve data accessibility
- Create opportunities for civic engagement; resident informed communications, involvement in ordinance revision, and education around specific issues
- Develop and strengthen strategic partnerships between tech startups and established businesses; service providers and hospital systems
- Alignment of CHA and CHNA, promotion and utilization of CHA
- Leverage Mayor's Office/City Hall to coordinate efforts and to communicate about initiatives
- Economic incentives to draw tech companies to New Orleans new source of innovation

System by Essential Service

The following pages provide an overview of each essential service area, performance scores and qualitative themes identified from assessment activities in 2018. For reference, appendices E and F provide a detailed description of the LPHSA background, scoring, and a full list of all model standard activity scores.

1: Monitor Health Status to Identify Health Problems

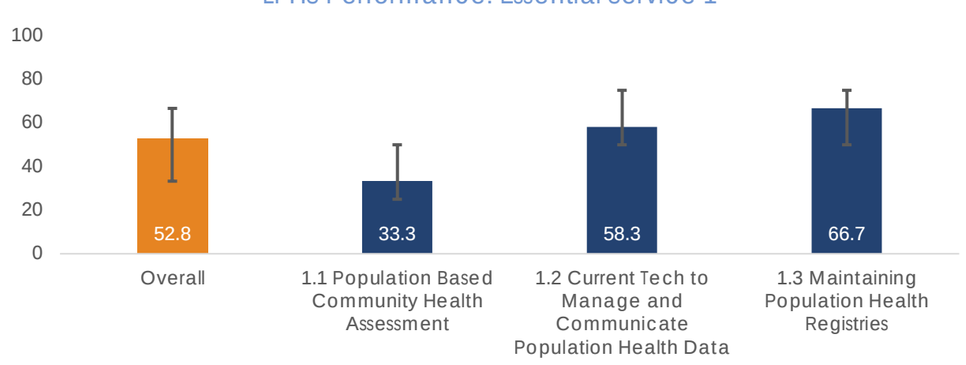
Key Questions:

- What is going on in our community?
- Do we know how healthy we are?

Essential Service in Action:

- Assessing, accurately and continually, the community's health status
- Identifying threats to health
- Determining health service needs, particularly needs of groups at higher risk than the total population
- Identifying community assets and resources that support the public health system in promoting health and improving quality of life
- Using appropriate methods and technology to interpret and communicate data to diverse audiences
- Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectoral integrated information systems

Figure 11. LPHSA Scores, Essential Service 1



STRENGTHS

- Extensive use of technology among system partners
- Frequent use of tech to analyze data and inform interventions
- Many state and local health data registries maintained
- Increasing availability of public data

WEAKNESSES

- Data isn't accessible to all
- Current data sharing is very disjointed
- Confidentiality limitations disrupt information availability
- Limited data available at the local level

OPPORTUNITIES

- Encourage/facilitate reporting to partners unable to access protected data sources
- Make CHA data available on City's Open Data Portal
- Utilize Mayoral forums as platform to share CHA

2: Diagnose and Investigate Health Problems and Hazards

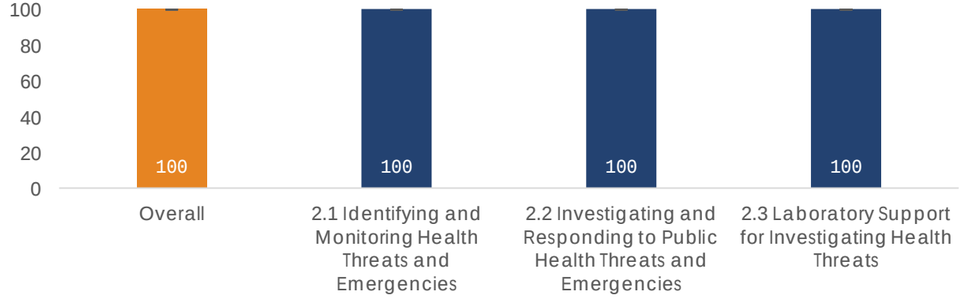
Key Questions:

- Are we ready to respond to health problems or threats in our county?
- How quickly do we find out about problems?
- How effective is our response?

Essential Service in Action:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing
- Establishing active infectious disease epidemiology programs
- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: (a) infectious and chronic diseases, (b) injuries, and (c) other adverse health behaviors and conditions

Figure 12. LPHSA Scores, Essential Service 2



STRENGTHS

- Optimal surveillance of infectious diseases for emergency preparedness
- LDH has robust CLIA-certified lab system in Baton Rouge with high testing capacity
- Laboratory protocols are strictly adhered to

WEAKNESSES

- Sub-optimal surveillance of chronic diseases
- Antiquated system for reporting results of laboratory tests
- Post-Katrina confusion around location of facility where environmental health samples and delivered

OPPORTUNITIES

- Focus on identification of health disparity trends in data

3: Inform, Educate and Empower People about Health Issues

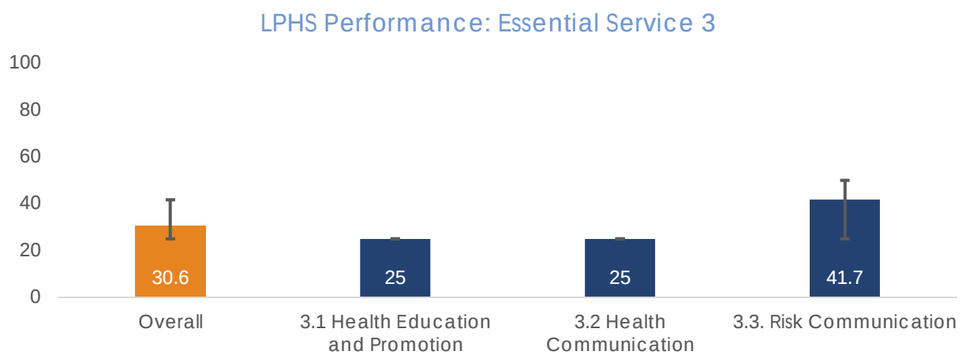
Key Questions:

- How well do we keep all segments in our community informed about health issues?

Essential Service in Action:

- Creating community development activities
- Establishing social marketing and targeted media public communications
- Providing accessible health information resources at community levels
- Collaborating with personal healthcare providers to reinforce health promotion messages and programs
- Working with joint health education programs with schools, churches, worksites, and others

Figure 13. LPHSA Scores, Essential Service 3



STRENGTHS

- Improvements have been made over time
- Well-coordinated communication in emergency situations
- Successful use of media in emergencies

WEAKNESSES

- Lack of communication and coordination
- Communications are not health literate; messages are missed, particularly for ESL/LEP populations
- Lack of resources and organizational infrastructure to support effective communications

OPPORTUNITIES

- Engaging willing residents and patients to inform communications
- Incorporate media and translation services into budgets and grant proposals

4: Mobilize Community Partnerships to Identify and Solve Health Problems

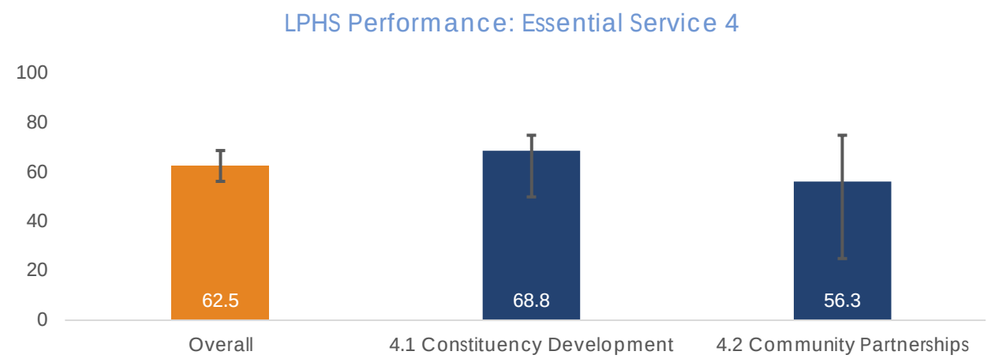
Key Questions:

- How well do we truly engage in local health issues?

Essential Service in Action:

- Convening and facilitating partnerships among groups and associations
- Undertaking a defined health improvement planning process and health projects, including preventive screening, rehabilitations and support programs
- Building a coalition to utilize the full range of potential human and material resources to improve community health

Figure 14. LPHSA Scores, Essential Service 4



STRENGTHS

- Over time, increased engagement of broader stakeholder group in health issues related to the social determinants
- Grant funding often requires cross-sector collaboration, naturally incentivizing these partnerships
- Identifying partners, engaging them and forming diverse collaborative groups

WEAKNESSES

- Funding and resources dictate how partners and residents participate in decision making
- Data not accessible to average person; health literacy is an issue
- No central directory for system partners; no partner has the capacity to manage directory maintenance

OPPORTUNITIES

- New Mayoral Office of Children and Families
- Utilize meetings that are already occurring to evaluate partners

5: Develop Policies and Plans that Support Individual and Community Health Efforts

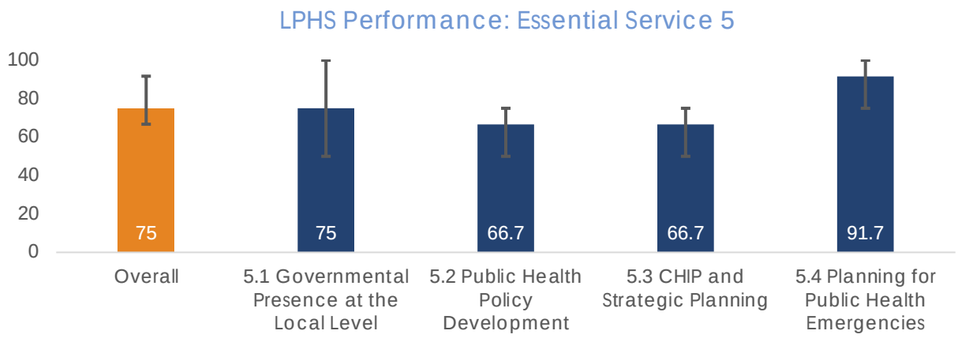
Key Questions:

- What local policies in both the government and private sector promote health in my community?
- How well are we setting healthy local policies?

Essential Service in Action:

- Ensuring leadership development at all levels of public health
- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions
- Developing and tracking measurable health objectives from the CHIP as part of a continuous quality improvement plan
- Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services
- Developing policy and legislation to guide public health practices

Figure 15. LPHSA Scores, Essential Service 5



STRENGTHS

- Advocacy partners are a critical resource in energizing the public around issues and facilitating policy change
- NOHD utilizes partnerships to ensure that essential services are provided; partners drastically increase NOHD capacity
- Emergency plans are more refined, focusing on vulnerable populations and increasing training requirements/activities

WEAKNESSES

- Lack of partner awareness around CHA/CHIP and accreditation overall, as well as how to participate and support
- Need for coordination around policy review, planning, and advocacy efforts
- Lack of public awareness of policy impacts, need to be more informed and civically engaged by partners

OPPORTUNITIES

- Alignment of CHA and CHNA
- Use CHA momentum to promote CHA/CHIP as useful tool

6: Enforce Laws and Regulations that Protect Health and Ensure Safety

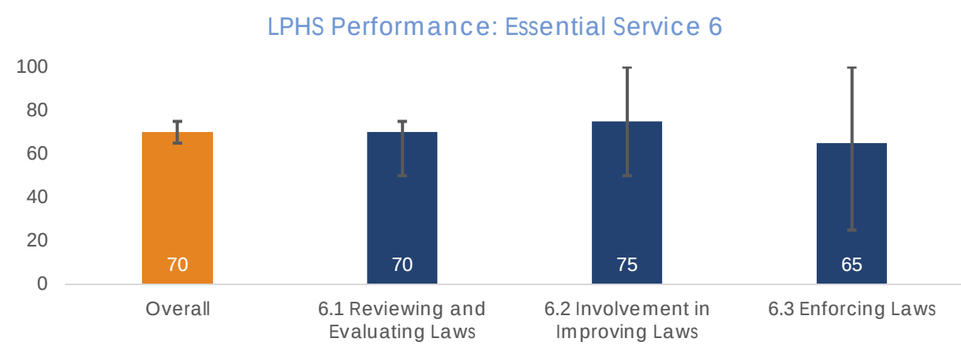
Key Questions:

- When we enforce health regulations are we technically competent, fair and effective?

Essential Service in Action:

- Enforcing sanitary codes, especially in the food industry
- Protecting drinking water supplies
- Enforcing clean air standards
- Initiating animal control activities
- Following up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- Monitoring quality of medical services
- Reviewing new drug, biologic, and medical device applications

Figure 16. LPHSA Scores, Essential Service 6



STRENGTHS

- City attorney and other legal counsel is accessible to departments
- Comprehensive review of all City health related laws conducted in 2014
- Community and partners play a role in developing and modifying laws

WEAKNESSES

- Lack of access to legal counsel outside of City government
- Limited capacity across City departments to regularly review laws, coupled with little incentive to do so due to backlog and lack of political will
- State budget cuts and limited opportunity for local government to participate and impact state decisions

OPPORTUNITIES

- Address health-related housing issues by passing a City rental registry
- Increase City's political will for necessary revisions through civic engagement and education to residents

7: Link People to Needed Personal Health Services and Assure Provision of Healthcare when Otherwise Unavailable

Key Questions:

- Are people in my community receiving the health services they need?

Essential Service in Action:

- Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care
- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups
- Ensuring ongoing care management
- Ensuring transportation services
- Orchestrating targeted health education / promotion / disease prevention to vulnerable population groups

Figure 17. LPHSA Scores, Essential Service 7

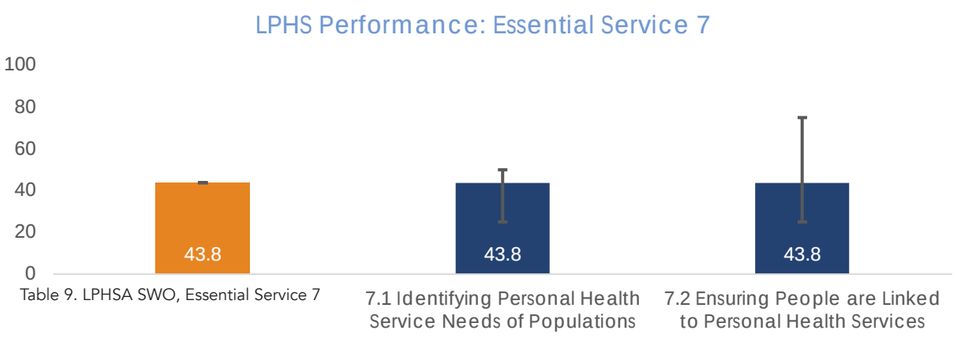


Table 9. LPHSA SWO, Essential Service 7

STRENGTHS	WEAKNESSES	OPPORTUNITIES
• Medicaid Expansion and efforts of FQHCs have drastically increased insurance coverage • Identifying health needs and target populations • City Office of Neighborhood Engagement	• Lack of data and resources for non-English speakers, especially behavioral health services • Inability to share and use data to improve health policy outcomes • Youth, formerly incarcerated and non-English speakers have significant barriers to care and no service coordination	• Include representatives from vulnerable populations in decision making process • Mayor/City fostering coordinated efforts around specific issues • Partner desire for better relationships with hospitals and social service agencies

8: Assure a Competent Public Health and Personal Healthcare Workforce

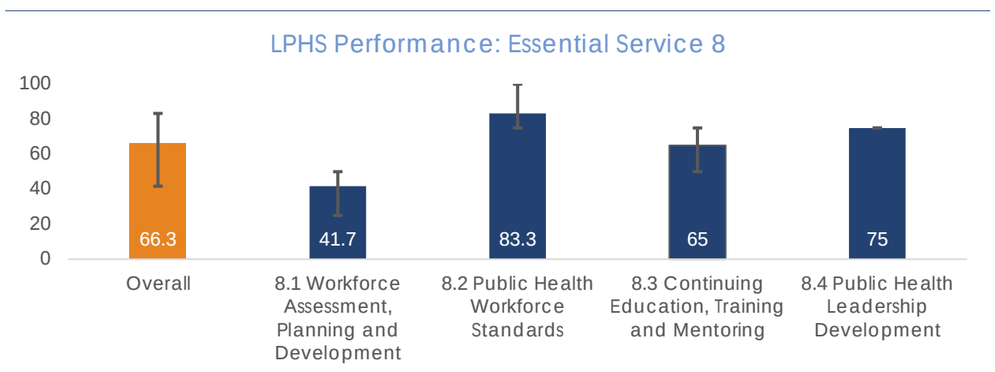
Key Questions:

- Do we have competent public health staff?
- Do we have competent healthcare staff?
- How can we be sure that our staff stays current?

Essential Service in Action:

- Educating, training and assessing personnel to meet community needs for public and personal health services
- Establishing efficient processes for professionals to acquire licensure
- Adopting continuous quality improvement and lifelong learning programs
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students
- Continuing education in management and leadership development programs for those in administrative / executive roles

Figure 18. LPHSA Scores, Essential Service 8



STRENGTHS	WEAKNESSES	OPPORTUNITIES
• Many local pre-service training opportunities in public health and healthcare via accredited institutions • Resources exist to support inservice workforce development • Anchor institutions creating workforce development plans informed by CHNA and partnering with NOLABA	• Lack of systems level vision for public health workforce development • Operate in silos, don't share information such as workforce assessment findings, and lack strong partnerships • Workforce development plans are not effectively implemented	• Create connections between health-tech startups and established businesses • Provide more incentives for workplace training

9: Evaluate Effectiveness, Accessibility and Quality of Personal and Population Based Health Services

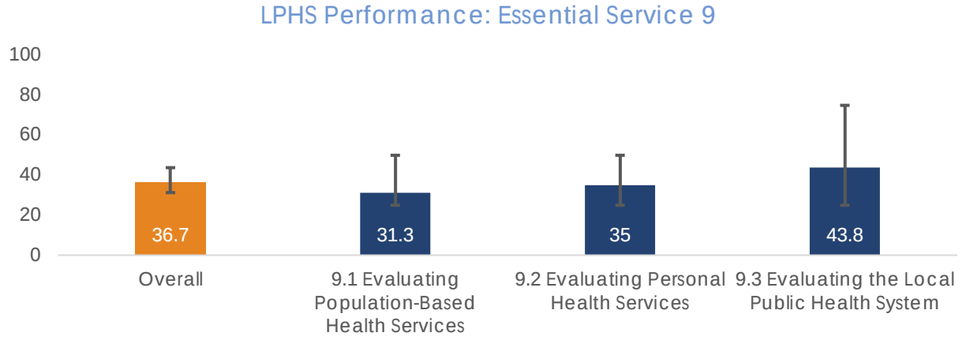
Key Questions:

- Are we meeting the needs of the population we serve?
- Are we doing things right?
- Are we doing the right things?

Essential Service in Action:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect
- Providing information necessary for allocating resources and reshaping programs

Figure 19. LPHSA Scores, Essential Service 9



STRENGTHS

- Use of technology to improve care is strong
- Regular evaluation of grant funded entities such as FQHCs and accreditation requirements maintain accountability

WEAKNESSES

- Lack of accountability in quality of data
- Poor evaluation of health equity issues

OPPORTUNITIES

- Create more opportunities for civic engagement

10: Research for New Insights and Innovative Solutions to Health Problems

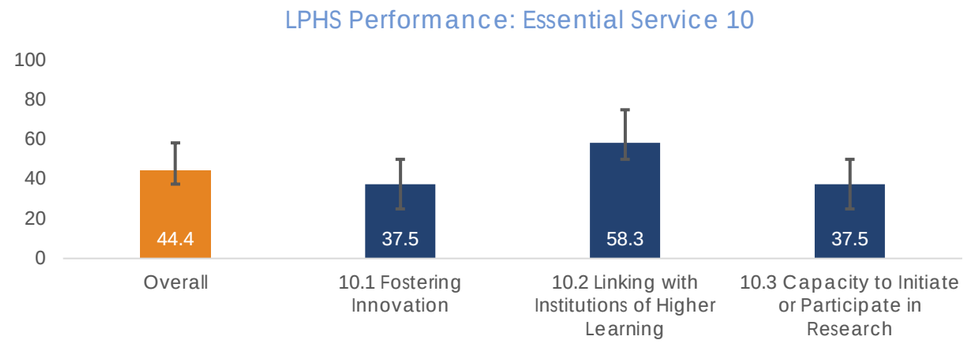
Key Questions:

- Are we discovering and using new ways to get the job done?

Essential Service in Action:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research
- Continually linking with institutions of higher learning and research
- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research

Figure 20. LPHSA Scores, Essential Service 10



STRENGTHS

- Shift toward community based and equity focused research

WEAKNESSES

- Research findings are shared mostly within academic community; need to expand
- Partners are fractured; no strong connections to one another, working in silos
- Awareness of research but limited funds, making capacity an issue

OPPORTUNITIES

- More tech focused companies are being drawn to New Orleans; could be source of innovation
- Provide economic incentives for innovative medical/tech companies

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

What Issues do Residents Care Most About?

What are Resident Perspectives on Quality of Life Issues in their Communities?

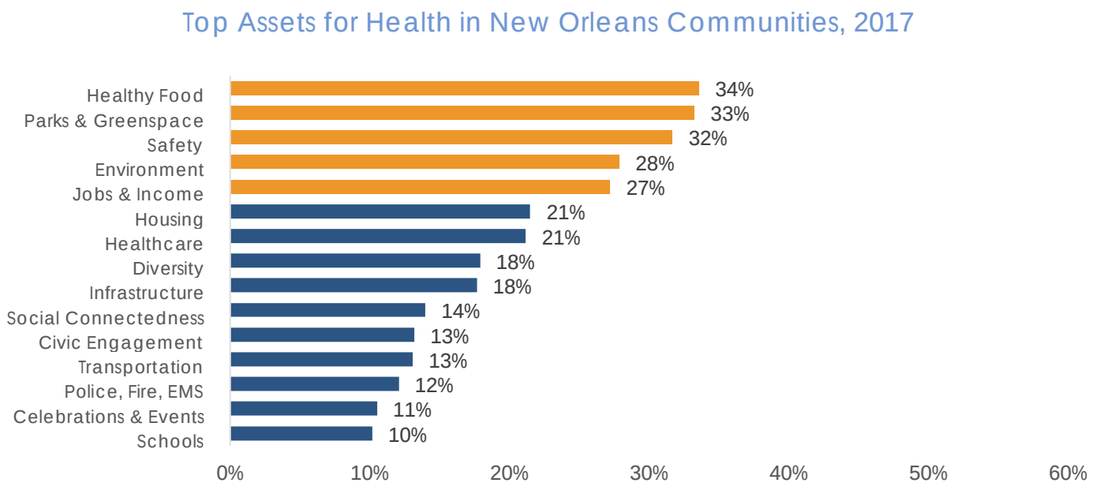
What do Residents View as Assets for Improving Health?

Community Assets, Barriers and Issues

The marriage of qualitative and quantitative data is critical to gain a comprehensive picture of any community; similarly, the incorporation of community voice and health status data are both required in a community health assessment. With that in mind, the New Orleans Health Department conducted 6 focus groups with target populations and collected 902 community health surveys. Results were compiled and analyzed to define what the overall barriers to health, assets for health, and the health issues of most concern to residents were across communities in Orleans Parish. The top community identified assets, barriers, and concerns were typically the same, even when adjusting for different demographic variables (e.g., age, race, sex, income, etc.). All quotes, unless otherwise mentioned are taken from focus group transcripts to support the quantitative survey data. All focus group participants also completed the community health survey. See appendices G, H, and I for further details regarding assessment methodology, survey participation, and results by zip code or demographic characteristics.

Top Assets for Health in New Orleans Communities

Survey participants were asked to identify the top assets for health existing in their communities. The top five assets for health as identified in the 2017 Community Health Survey are: access to healthy foods, parks and places for exercise, safe neighborhoods, clean and healthy environments, and employment and fair wages. Approximately a third of all survey participants selected healthy food, parks and places for exercise and safe neighborhoods. Over a quarter of all participants selected healthy environments (28%) and jobs and income (27%). There were no statistically significant differences in assets for health by demographic characteristics such as race and ethnicity, gender, age and income.



Source: NOHD Community Health Survey 2017

1. Access to Healthy Food

- "It's a lot cheaper to buy vegetables than meat. I'm not vegan but I try not to eat fried foods, white sugars, etc. I can run for the bus and not be out of breath anymore, because I used to be bigger."
- "Access to more farmer's markets."

2. Parks and Places for Exercise

- "Now there is a bike path. I see older and younger generations all walking there. It's a good number of people compared to a few years back."
- "Some things that help my community to be healthy are places to exercise that are free to the public."
- "Recreational facilities in my community help me to be healthy. They have aerobic exercise, cardio, swimming; they have a lot of activities for the kids and adults too. Canoeing every Saturday at 10am. Y'all, I have four kids—it really makes a difference!"

3. Safe Neighborhoods

- "It's a good neighborhood, a mixed neighborhood. People are out and about watching what's going on."
- "I feel safe coming in my house with the people that live around me. We haven't had much of a problem with prowlers coming into the area. It's still a pretty good neighborhood as far as the totality of people that live there now, it's just that there are not that many people that are around."
- "My community is beautiful now…It's much better than what it was…When I first moved down there, that area was like a warzone. I mean, they were shooting every day and every night. Oh god, you couldn't sleep at night."
- "Community activities are important for community health. People who know each other are safer in their neighborhoods."

4. Clean and Healthy Environments

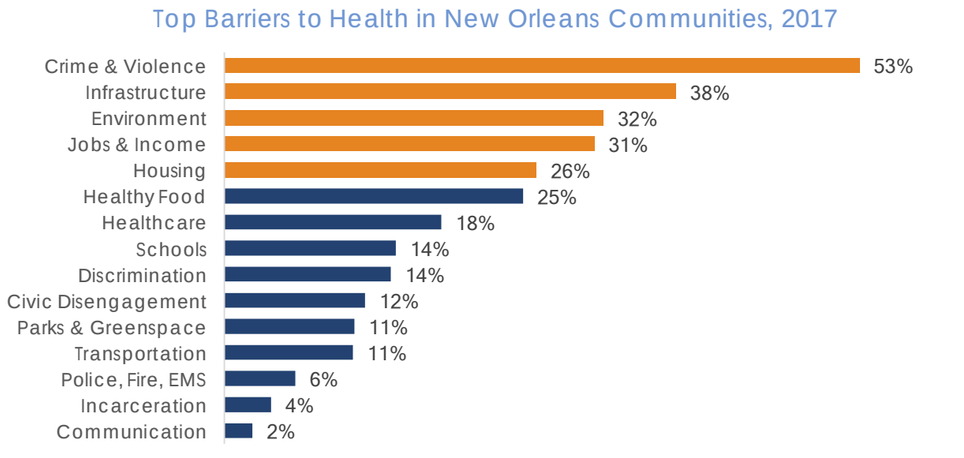
- "In my community, we have different age groups of people but everyone as a whole…try to keep up the neighborhood and try to keep things in order for living."

5. Jobs and Income

- "I feel blessed that I am able to inform my employer when I have a doctor's appointment and I am allowed to make my appointments."

Top Barriers to Health in New Orleans Communities

Survey participants were asked to identify the top barriers to health existing in their communities. The top five barriers to health as identified in the 2017 Community Health Survey are: crime and violence, insufficient infrastructure, unhealthy environments, unemployment and low wages, and low quality unaffordable housing. Over half (53%) of all survey participants selected crime as a top barrier to health; nearly a third selected infrastructure (38%), unhealthy environments (32%), and jobs and wages (31%). There were no statistically significant differences in barriers to health by demographic characteristics such as race and ethnicity, gender, age, and income.



Source: NOHD Community Health Survey 2017

1. Crime and Violence

- "The neighborhoods are so dangerous you can't go out at night. You aren't safe anywhere. A lot goes on in the neighborhood at night and you don't know what might happen…because you don't know all the people that – are in the neighborhood."
- "At one point, police used to come around more…but they don't come around like they used to. You have to call them for them to come when something happens and they take hours before they come."
- "I don't have transportation because my tires were punctured and then about six months ago I was car jacked in my neighborhood."
- "Sometimes we wait for 45 minutes to 2 hours on the weekend for the bus…cameras should be installed because a lot of people have been assaulted at the bus stops. People can assault you because its dark and you are waiting there alone."

2. Insufficient Infrastructure

- "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."
- "The biggest challenge to health is exercise. I could use more exercise, to get out and walk. The sidewalks are just terrible and then they just end. You have to be careful, you can't walk on them…unless you go to the park, but then you have to get transportation to get there."
- "We used to play flag football there, but now the park is deteriorating and it's not safe to play anymore…It's not kept up, not maintained. The street lights barely work and it's too dark for the kids to play. You might get robbed because you can't see what's behind your back."
- "Recently, we've noticed that the City is doing a lot of projects that even though they benefit the community, there are some project that are left unfinished for three or four years. This affects the health of everyone, but also consider the physical damage caused to our vehicles."
- "Now I have four kids and I don't let my kids go out at night because there aren't any lights on in the neighborhood. You can turn on your front porch but that's not going to be enough to keep you safe."

3. Unhealthy Environments

- "In New Orleans we have a lot of environmental concerns. Blighted areas are not clean, my community has animals, chickens, dogs and other things roaming freely. Street construction has created a lot of dust that makes it harder to breathe and has caused a lot of people to get sick."
- "We have lots of problems with mice and roaches. There are a huge number of rats where I live. If I had known that, I wouldn't have moved. It is not clean to share a living space with rats. There was a rat that ran over the top of me while I was sleeping."
- "There is so much trash all over the city. There is garbage all over the streets. There are trashcans, but people don't use them."
- "You have no idea. From the time I leave my apartment the amount of trash I encounter on the street; people have the bad habit of throwing trash on the street. Last year we went to another city and everything was clean and when we got back to New Orleans you could see the difference between the two. I wish I had a broom so that I could pick it up. It gives the neighborhood a bad appearance."

4. Unemployment and Low Wages

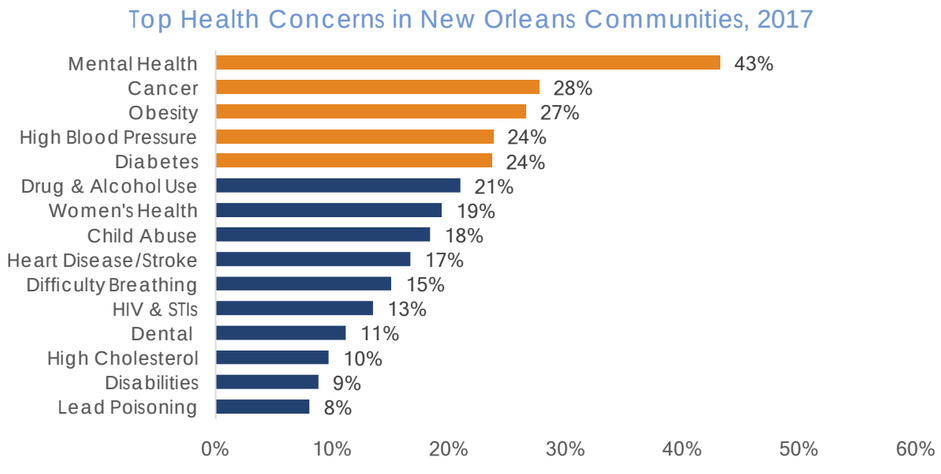
- "We need better salaries, we feel exploited. We work so much and get paid so little. The stress of it all is killing us. We worry about getting paid, about what we'll be able to eat."
- "I think we're all on a budget and trying to be healthy…So, that's for everyone here living on a budget, hoping to have enough money to live until the next check."
- "I think about the situation we're in, not having enough income to pay for insurance. It is very difficult not being about to pay for healthcare when you need it."
- "The very little we make [is all] we have to pay all our bills. Whatever money is left we use to buy groceries, even if it may not be very healthy."
- "I'm living a kind of sacrificial life and have never lived the way I am living now. I'm on a strict budget, so I have to purchase foods within my budget to stay healthy, [but] when I go to the grocery store I don't have enough money to buy the things I really really need to keep me happy. I have multiple diagnoses and multiple medications; although I have my health insurance, it doesn't cover all of my meds so it is very difficult to keep up. Thank God I know how to prepare my food health to keep my blood pressure and sugar under control, but I have a tough job doing that."

5. Low Quality and Unaffordable Housing

- "Our rent goes up every time we get a little raise in income. The rent goes up every year."
- "The rent is so expensive and the quality of the apartments is poor. Many units have mold and other things that make people sick."
- "…it is filled with mildew and mold in almost every apartment and the more you report, the less you get any kind of results."
- "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."

Top Health Concerns in New Orleans Communities

Survey participants were asked to identify the health issues they are most concerned about in their communities. The top five health issues that concern New Orleans residents the most as identified in the 2017 Community Health Survey are: mental health, cancer, obesity, high blood pressure, and diabetes. Forty-three percent of all survey participants identified Mental Health as a top health concern, receiving 15% more participant votes than the next highest ranking health issue, Cancer, which received 28% of participant votes. There were no statistically significant differences in health concerns by demographic characteristics such as race and ethnicity, gender, age and income.



Source: NOHD Community Health Survey 2017

1. Mental Health

- "If your mental health is stable, your physical health can be stable."
- "Lots of issues with mental health in New Orleans: a lot of under-diagnosed anxiety, PTSD, trauma-based issues."
- "There are no mental health resources in the schools or anywhere else. There is so much bullying and racism and no one to listen to the kids going through it all."

2. Cancer

- "Lack of cancer screenings."
- "Increased rates of breast cancer in the elderly population."

3. Obesity

- "We didn't get taught nutritional education in school…in New Orleans, we eat a lot of crawfish and fried food… there's an issue with childhood obesity."
- "We have to find a way to make it cool to eat healthy in this city. It [obesity] is an expensive problem."

4. High Blood Pressure

- "There needs to be more education; lots of [people with] diabetes and high cholesterol; both my parents have high blood pressure. Nutritional education is needed."

5. Diabetes

- "Sugar. Stress. We are so stressed here. The stress is the biggest factor for health. It affects pressure, sugar, cholesterol."

Desired Changes in New Orleans Communities

Survey participants were asked an open ended question, "What changes, if any, would make your community a happier and healthier place to live?" NOHD grouped resident responses by frequency and created key themes.

Desired Changes: Most Frequently Cited Responses

The word cloud below is a visual depiction of the most commonly used words in participant responses to the question listed above; the larger the size of the word, the more often it was used by residents. The most commonly used words and phrases include: better, less, community, streets, affordable housing, neighborhood, police, housing, affordable, people, quality, jobs, safer, less crime, clean, roads, parks, services, access, and mental health services. In total, the word cloud speaks to themes of: crime reduction and increased policing for safer communities; improvements to infrastructure such as roads and street lights; affordable housing; access to care, specifically access to mental health services; cleaner environments and reduced litter and trash; access to healthy food, parks, better schools, transportation, blight, better jobs and wages, and access to facilities and resources.

Figure 1: 2017 Survey Response Word Cloud, Desired Changes

Source: NOHD Community Health Survey 2017

Desired Changes: Common Themes

Survey participant responses were themed based on content and key words. The two themes of safer neighborhoods and infrastructure improvements were overwhelmingly reported by residents when compared to any other theme. Lists of subthemes and quotes are also provided for added context.

Safer Neighborhoods

- Less crime and violence
- Safe neighborhoods
- More police presence and visibility
- Improved police response time
- Equitable policing practices
- Community policing
- Less traffic cameras, more crime cameras

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

Source: NOHD Community Health Survey 2017

Improved Infrastructure

- Fix potholes and improve road quality
- Expanded public transportation
- Improved drainage and water management
- Repair sidewalks
- More bike paths
- More street lighting
- Remove blighted housing

"Better sidewalks! [It is] hard to take the stroller to the park that is just a few blocks away…"

Source: NOHD Community Health Survey 2017

Self-Reported Health Status & Satisfaction with Quality of Life

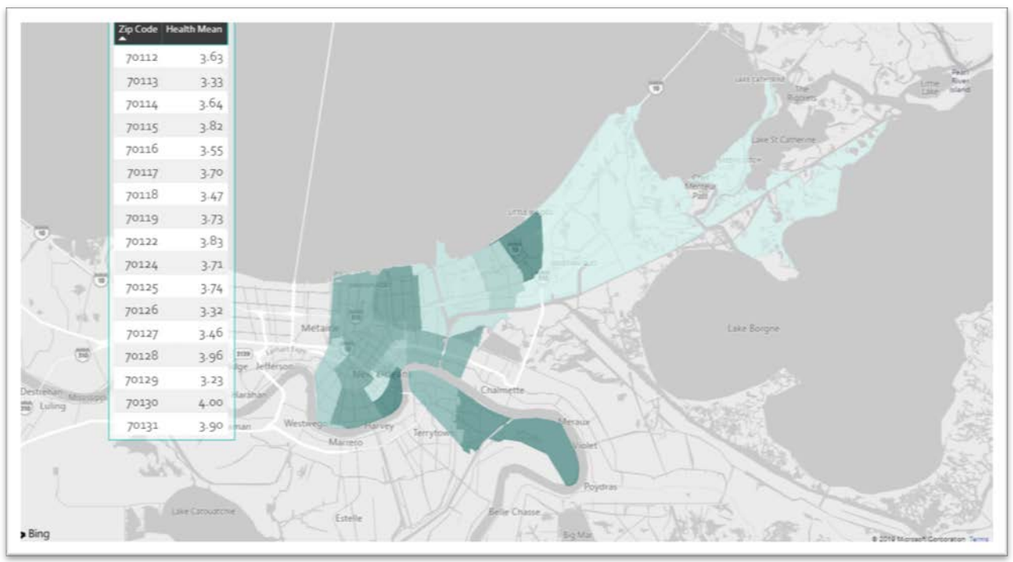
Survey participants were asked to rate their health and satisfaction with quality of life. Responses were provided using a five-point scale (see Figures 2 and 4). Mean responses by zip code were calculated and mapped using GIS software. The darker the shade of green the higher (or better) the score. It is important to note that the differences between the zip codes were not statistically significant in either case. Sample sizes by zip code may be found in Appendix G.

Health Status

Survey participants were asked to rate their health and provide their responses using the five-point scale shown below (Figure 2). The average of all responses across zip codes was 3.7, between "average" and "good". The map below (Figure 3) shows the differences between zip codes. The darker the shade of green, the higher the self-reported health status was of those respondents. The zip code with the lowest self-reported health status was 70129. Those with the highest self-reported health status lived in the 70130 zip code. The differences between the zip codes were not statistically significant.

Figure 2: Self-Reported Health Status, 5 Point Scale

Figure 3: Resident Health Status Score by Zip Code, New Orleans



Source: NOHD Community Health Survey 2017

Satisfaction with Quality of Life

Survey participants were asked to rate how happy they felt with life within their community and provide their response using the five-point scale shown below (Figure 4). The average of all responses across zip codes was 3.6, between "neutral" and "happy". The map below (Figure 5) shows the differences between zip codes. The darker the shade of green, the higher the self-reported happiness was of those respondents. Those who lived in 70126 had the lowest happiness ratings at 2.94. Those who lived in 70130 zip code had the highest happiness ratings at 3.82. The differences between the zip codes were not statistically significant.

Figure 4: Satisfaction with QOL, 5 Point Scale

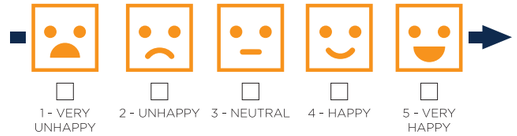


Figure 5: Resident QOL Score by Zip Code, New Orleans

Source: NOHD Community Health Survey 2017

Appendix A:
Core Advisory and Working Group Members

Community Health Improvement Core Advisory Team, 2017-2018

Andreanecia M. Morris, Housing NOLA
Asali DeVan Ecclesiastes, Network for Economic Opportunity
Avery Corenswet, Ochsner Health System
Calvin Johnson, Office of Criminal Justice Coordination
Charlotte Parent, LCMC Health
Denese Shervington, Institute of Women & Ethnic Studies
Elizabeth Marcell, New Orleans Therapeutic Day Program
Flint D. Mitchell, Louisiana Children's Research Center for Development and Learning
Jessica Riccardo, Louisiana Public Health Institute
Karen Evans, Children & Youth Planning Board
Kate Parker, Market Umbrella
Keelia O'Malley, Tulane Prevention Research Center
Mary Claire Landry, New Orleans Family Justice Center
Nahliah Webber, Orleans Public Education Network
Quentin L. Messer Jr., New Orleans Business Alliance
Robert T. Maupin Jr., LSU Health Sciences Center
Susan Todd, 504HealthNet
Trap Bonner, Crescent City Media Group

Working Group Members, 2017-2018

Amy Blaylock, Humana, Inc.
Amy Mercieca, Tulane University School of Public Health & Tropical Medicine
B.B. St. Roman, New Orleans Police Department
Benjamin Wortham, Catholic Charities Archdiocese of New Orleans
Clint Welty, Tulane University School of Public Health & Tropical Medicine
Jessica Riccardo, Louisiana Public Health Institute
Jodi Dyer, New Orleans Health Department
Keelia O'Malley, Tulane University Prevention Research Center
Khalilah Collins, Making Connections
Maeve Wallace, Tulane University School of Public Health & Tropical Medicine
Paula Stewart, Catholic Charities Archdiocese of New Orleans
Robyn Burchfield, New Orleans Emergency Medical Services
Tap Bui, United Way of Southeast Louisiana
Teresa Falgoust, Agenda for Children
Trupania Bonner, Crescent City Media Group
Whitney Soenksen, City of New Orleans Enterprise Information Team

Appendix B: Participating Organizations

The individual entities that make up the local public health system in New Orleans play an important role in promoting and improving the health of all who live, learn, work and play in our city. Over the course of the Community Health Assessment, a total of nearly 100 organizations, coalitions, departments and / or offices thoughtfully contributed to the results of this assessment report. Thank you to those who were able to participate and for all that you do to make New Orleans a healthier city for its residents.

504HealthNet
AARP
- *Age Friendly Task Force*

Access Health
Baptist Community Ministries
Broad Community Connections
- *Refresh Coalition*

Catholic Charities Archdiocese of New Orleans
- *Health Guardians*

City of New Orleans
- *City Planning Commission*
- *Code Enforcement*
- *Emergency Medical Services*
- *Fire Department*
- *Health Department*
- *Homeland Security and Emergency Preparedness*
- *Information Technology and Innovation*
- *Law Department*
- *Mayor's Office of Children Youth and Families*
- *Mayor's Office of Community & Economic Development*
- *Mosquito and Termite Control Board*
- *Police Department*
- *Recreation Department*
- *Safety and Permits*
- *Sanitation Department*

Common Ground Health Clinic
Crescent Care Health Clinic
Crescent City Media Group
Crescent House Healing and Empowerment
Daughters of Charity Community Health Centers
Dillard University
Doc Griggs Foundation
Eat FIT NOLA
Governor's Office of Elder Affairs
Greater New Orleans Housing Alliance
Harry Thomson Center
Healing Minds
Healthcare for the Homeless Health Clinic
Housing NOLA
Humana
Institute of Women and Ethnic Studies
LCMC Health
Louisiana Department of Health
- *Bureau of Maternal Child Health*
- *Office of Public Health*

Louisiana Foundation against Sexual Assault
Louisiana Language Access Coalition
Louisiana Public Health Institute
Louisiana State University
- *Agriculture Center*
- *Medical Center*

Luke's House Health Clinic
Market Umbrella
Metropolitan Human Services District
Mary Queen of Vietnam, CDC
National Alliance on Mental Illness
New Orleans Business Alliance
New Orleans Children and Youth Planning Board
New Orleans Council on Aging
- *Elder Action Coalition*

New Orleans East Hospital
New Orleans Food Policy Advisory Committee
New Orleans Family Justice Center
New Orleans Public Library
New Orleans Regional AIDS Planning Council
New Orleans Street Medicine
NOAGE
NOELA Community Health Center
NOHLR
NOLA for Life
Ochsner Health System
Positive Living Treatment Center
Propeller
RAND
Ready Responders
Regional Transit Authority
Ruth Fertel Community Health Clinic
The Advocacy Center
The Data Center
Transdev
Traveler's Aid New Orleans
Tulane University
- *FIT Clinic*
- *Prevention Research Center*
- *T-Cell Clinic*

United Way of Southeast Louisiana
University Medical Center of New Orleans
- *Sexual Assault Nurse Education Program*

Veggie Farmers Co-op
Vietnamese Initiatives in Economic Training
WHIV Radio
Xavier University
- *Health and Wellness Center*

YMCA
Youth Empowerment Project
Youth Opportunity Center

Appendix C:
FoCA 2018, Combined Votes all Forces

ECONOMIC FORCES		
Primary Themes	**Table Votes**	**Group Votes**
Increasing financial burden, housing	5/26	39/105
Workforce development and sustainable employment	6/26	31/105
Livable wage	3/26	37/105
Secondary Themes	**Table Votes**	**Group Votes**
Infrastructure improvement projects/needs	5/26	7/105
Economic growth and job creation	2/26	17/105
Medicaid Expansion/Access to care	3/26	4/105
Limited access to funding at State and Federal levels	3/26	4/105
ENVIRONMENTAL FORCES		
Primary Themes	**Table Votes**	**Group Votes**
Insufficient water management infrastructure	8/26	54/97
Exposure to contaminants	8/26	14/97
Mobility/Transportation Infrastructure	3/26	22/97
Secondary Themes	**Table Votes**	**Group Votes**
Climate Change	6/26	9/97
Land Use	3/26	0/97
POLITICAL/LEGAL FORCES		
Primary Themes	**Table Votes**	**Group Votes**
Criminal justice reform	11/27	44/100
Civic engagement	8/27	25/100
Healthcare reform	6/27	22/100
Secondary Themes	**Table Votes**	**Group Votes**
Shifts in perception of race	2/27	27/100
Local policies and enforcement	2/27	3/100
SOCIAL FORCES		
Primary Themes	**Table Votes**	**Group Votes**
Access to care	8/26	24/100
Cultural shifts and perceptions on race/ethnicity/gender	3/26	30/100
Increase in crime and violent crime	5/26	22/100
Secondary Themes	**Table Votes**	**Group Votes**
Promotion of healthy lifestyles	2/26	14/100
Neighborhood Identity and displacement	4/26	3/100
Increasing use of technology and social media	3/26	0/100
Disinvestment in education	1/26	7/100
TECHNOLOGICAL/SCIENTIFIC FORCES		
Primary Themes	**Table Votes**	**Group Votes**
Mobile health technology	11/22	44/93
Increased cell phone and social media use	5/22	29/93
Electronic medical records	5/22	18/93
Secondary Themes	**Table Votes**	**Group Votes**
Increased access to care	3/22	12/93
Innovation and training in tech	1/22	2/93

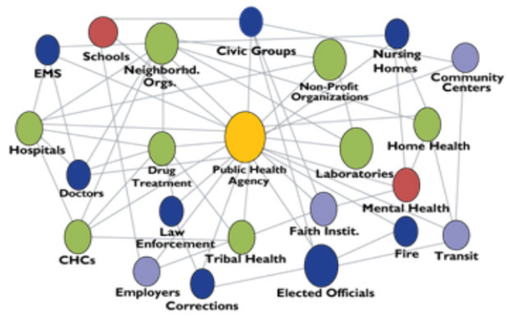
Appendix D:
FoCA 2012, Summary of Themes

Force of Change		Facilitators of Community Health	Barriers to Community Health
Economic	Post-Hurricane Katrina recovery efforts have provided opportunities to financially invest in local infrastructure. In contrast, pre-existing economic shortfalls coupled with the current global recession poses threats to community health in New Orleans.	• Housing • Financial investment in healthcare infrastructure • Increased storm protection post Katrina	• Economic recession/lack of funding • Childhood poverty • Jobs • Wealth gap between Blacks and Whites
Environmental	In New Orleans, one's physical surroundings, whether proximal or distal, built or natural, have significant effects on the public's health.	• Good climate • Bike lanes • Environmentalism	• Asthma and other respiratory conditions • Soil and water contamination • Public smoking • Poor Infrastructure • Geography
Political	National, state, and local politics impact public health policy and healthcare reform.	• Elected officials • Governmental reform • Affordable Care Act	• Political ideology impacting health policy • Loss of congressional district/decreasing population • Lack of community trust
Social	Actual and perceived culture facilitates and impedes community cohesion and isolation.	• Civic engagement • Culture • Community/social support	• Mistrust • Gentrification • Segregation • Violence/crime • Substance abuse • Decreased mental health services
Technological	While access to technical innovation improves the quality of healthcare delivery, it can also have negative effects on physical activity and interpersonal relations. Technology also positively and negatively impacts employment opportunities.	• IT development in LA • Affordable Care Act • Social Media • Data availability	• Technology affects personal interaction • Technology affects physical health • Access to technology dependent on SES

Appendix E: LPHSA Overview

The Local Public Health System (LPHS) is comprised of all public, private and voluntary entities and individuals that contribute to the public's health (figure 1). The LPHSA engages the members of that system in order to identify overall capacity and performance in providing the essential services to the community. The National Public Health Performance Standards are used to provide benchmarks for optimal service provision, assisting systems in determining their performance in each service area.

Figure 1. Example LPHS

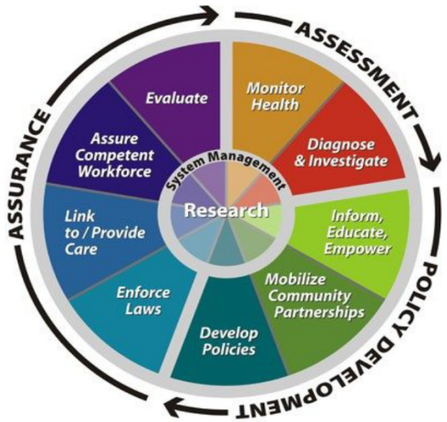


Essential Public Health Services

The Essential Public Health Services (EPHS) are public health activities that all communities should undertake. The 10 essential services provide a framework for measuring the performance of public health systems.

1. **Monitor Health** status to identify community health problems
2. **Diagnose and Investigate** health problems and health hazards in the community
3. **Inform, Educate, and Empower** people about health issues
4. **Mobilize Community Partnerships** to identify and solve health problems
5. **Develop Policies and Plans** that support individual and community health efforts
6. **Enforce Laws** and regulations that protect health and ensure safety
7. **Link People to Needed Personal Health Services** and assure the provision of health services
8. **Assure a Competent** public and personal health care workforce
9. **Evaluate Effectiveness,** accessibility, and quality of personal / population-based health services
10. **Research for New Insights** and innovative solutions to health problems

Figure 2. 10 Essential Public Health Services



National Public Health Performance Standards

The National Public Health Performance Standards (NPHPS) Program is a collaborative effort of seven national public health entities which aims to improve the quality of public health practice and the performance of health systems across the country. The performance standards describe the provision of each essential service at an optimal level so that state and local health systems and public health governing bodies can assess the performance of their jurisdiction. They also assist in identifying areas for improvement, strengthening partnerships, and ensuring a strong system is in place for addressing public health issues. At the local level, the local performance assessment instrument is used. This instrument focuses on the lphs as a whole, or all entities that contribute to the delivery of public health services within a local area.

The *NPHPS Local Implementation Guide Version 3.0* describes the major elements that make up each section of the local instrument below:

Essential Service: Includes a bulleted list of activities and common public health system partners engaged in the activities for the particular essential service.

Model Standard: Represents the major components or practice areas of the essential service. Generally, there are two to four model standards for each essential service.

Discussion Questions: Describe different considerations and facets of activities that relate to a model standard. They allow LPHS partners to thoroughly explore their system's performance related to a model standard.

Performance Measures: Determine the level at which the system performs related to the model standard via a specific score that is based on LPHS partners' consensus. These measures are essentially the assessment questions to which participants respond.

Participants score the system on performance measures within each model standard using the content in Table 1. scores are then averaged to create an overall model standard score and eventually, an overall essential service score for each of the ten essential services.

Table 1. LPHS Performance Scores and Conditions

PERFORMANCE	CONDITIONS REQUIRED	SCORE
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met	100
Significant Activity (51-75%)	Greater than 50% but no more than 75% of the activity described within the question is met	75
Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described within the question is met	50
Minimal Activity (1-25%)	Greater than 0% but no more than 25% of the activity described within the question is met	25
No Activity (0%)	0% or absolutely no activity	0
Further Discussion Needed	Further discussion is needed in order to determine level of performance	N/A

Appendix F: LPHSA Scores, 2018

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment *At what level does the local public health system:*	
1.1.1*	Conduct regular community health assessments that include indicators intended to monitor the differences in health and wellness across populations according to race, ethnicity, age, income, immigration status, sexual identity, education, gender and neighborhood?	50
1.1.2	Continuously update the community health assessment with current information?	25
1.1.3	Promote the use of the community health assessment among community members and partners?	25
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	Model Standard: Maintenance of Population Health Registries *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75
1.3.3*	Monitor social and economic conditions that effect health in the community, as well as institutional practices and policies that generate those conditions?	50
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats *At what level does the local public health system:*	
2.1.1*	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats, and health disparities and inequities that exist?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	100
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies *At what level does the local public health system:*	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	100
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	Model Standard: Laboratory Support for Investigation of Health Threats *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	25
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	25
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	Model Standard: Health Communication *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	25
3.2.3	Identify and train spokespersons on public health issues?	25
3.3	Model Standard: Risk Communication *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	50
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	25
ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development *At what level does the local public health system:*	
4.1.1*	Have a process for identifying and engaging key constituents that recognizes and supports differences among groups?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	75
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	75
4.2	Model Standard: Community Partnerships *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2*	Provide institutional means for community organizations and community members to participate in decision making?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50
4.2.4*	Provide community members with access to community health data?	25

*Indicates areas where equity revisions were made

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	Model Standard: Public Health Policy Development *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	50
5.3	Model Standard: Community Health Improvement Process and Strategic Planning *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	50
5.4	Model Standard: Plan for Public Health Emergencies *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	75
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	50
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.1.5*	Identify public health issues that have a disproportionate impact on historically marginalized communities (that are not addressed through laws, regulations, or ordinances)?	75
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	100

*Indicates areas where equity revisions were made

6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	25
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75

*Indicates areas where equity revisions were made

8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	75
8.4	Model Standard: Public Health Leadership Development *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	Model Standard: Evaluation of Population-Based Health Services *At what level does the local public health system:*	
9.1.1*	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved in a way that promoted equity?	25
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	25
9.2	Model Standard: Evaluation of Personal Health Services *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	25
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	25
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	25
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	Model Standard: Evaluation of the Local Public Health System *At what level does the local public health system:*	
9.3.1*	Identify all public, private, and voluntary organizations that provide essential public health services, in particular, those serving historically marginalized communities?	25
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	50

*Indicates areas where equity revisions were made

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
10.1.1*	Provide staff with the time and resources to test new solutions to public health problems, including those that address root causes of health inequities, and see how well they actually work?	25
10.1.2*	Suggest ideas about what currently needs to be studied in public health to organizations that do research, particularly those that aim to address root causes of health inequities?	50
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4*	Encourage and facilitate substantive community participation in research, including deciding what will be studied, conducting research, and in sharing results that furthers the understanding of structural social injustices and health status?	25
10	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	50
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	75
10	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1*	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies including Health Equity Impact Assessments?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	50
10.3.4*	Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice using an equity lens?	25

*Indicates areas where equity revisions were made

Appendix G: CTSA Methods for Community Engagement and Participation

Methodology

NOHD utilized a variety of data collection methods to incorporate community voice into the community health assessment (Figure 1). Both qualitative and quantitative data was collected through various methods including: a community health survey, community events, and focus groups (convenience sampling) in addition to key informant interviews (snowball sampling). All participants, with the exception of key informants, participated in the community health survey.

The survey and community events were methods meant to engage the general population and the focus groups and key informant interviews were targeted toward populations that have been historically marginalized, experience barriers to care, and who share a disproportionate burden of disease relative to the overall population. Table 1 quantifies the number of interviews and focus groups completed by target population. Findings from key informant interviews are not reflected in this report, but will continue to be used to inform programming and special reports in the future.

Figure 1. CTSA Methods

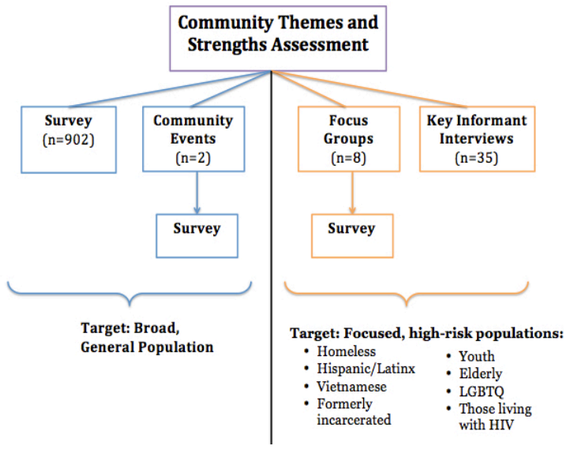


Table 1. Target Population Engagement

TARGET POPULATION	# OF INTERVIEWS	# OF FOCUS GROUPS
Homeless	5	0
Elderly	5	2
Latino	5	1
Formerly Incarcerated	4	0
Youth	3	0
HIV Positive	2	1
LGBTQ	2	1
Vietnamese	2	1

Community Health Survey Participant Profile

Below is the breakdown of survey participation by zip code and demographic characteristics. It is important to note the small sample size by zip code and major differences in demographic characteristics when comparing the survey participants to the greater New Orleans population.

Table 2. Community Health Survey Participation by Zip Code

Zip Code	N
70112	27
70113	24
70114	25
70115	99
70116	23
70117	95
70118	116
70119	103
70122	79
70124	24
70125	39
70126	39
70127	36
70128	24
70129	52
70130	38
70131	50
Total	893
No Zip	9
Grand Total	902

Table 3 Comparison of Survey Participants to Orleans Parish Population

	Orleans Parish	Community Survey
Race		
White	34%	43%
Black	60%	40%
Asian	3%	10%
Other	3%	8%
Age		
Under 18	20%	0%
18-24	10%	7%
25-44	31%	36%
45-64	26%	32%
65+	13%	25%
Gender		
Female	48%	74%
Male	52%	26%
Income		
Under $15,000	23%	23%
$15,000-99,000	58%	61%
$100,000+	19%	16%

Appendix H:
Survey Rankings by Zip and Demographics

ASSETS FOR HEALTH	ALL	70112	70113	70114	70115	70116	70117	70118	70119
Access to Healthy Food	1	1	1		2	2	1	1	3
Parks & Places for Exercise	2				1		3	2	1
Safe Neighborhoods	3	5	3	3	5	1		4	
Clean & Healthy Environments	4	2	2	4	4	3	5	3	4
Employment & Income	5	3		1		5	2		2
Quality Affordable Housing				2	3		4		
Access to Health Services		4							5
Diversity is Celebrated			5					5	
Effective Infrastructure				5					
Community Connectedness									
Civic Engagement						4			
Public Transportation									
Police, Fire, and EMS			4						
Community Celebrations & Events									
Quality Schools/Education									
BARRIERS TO HEALTH	**ALL**	**70112**	**70113**	**70114**	**70115**	**70116**	**70117**	**70118**	**70119**
Crime & Violence	1	1	2	1	1	1	1	1	2
Insufficient Infrastructure	2				2	2	3	2	1
Unhealthy Environments	3	3	5	5	3	3	4	3	
Unemployment & Low Wages	4	2	1	3	5	4		4	3
Low Quality Unaffordable Housing	5	5	4	2	4	5	5	5	4
Limited Access to Healthy Food							2		5
Limited Access to Health Services		4							
Low Quality Schools/ Education				4					
Discrimination/Bias									
Lack of Civic Engagement									
Limited Parks & Places for Exercise			3						
Public Transportation									
Incarceration									
Lack of Community Connectedness									
Lack of Cultural Diversity/Support									
HEALTH ISSUES	**ALL**	**70112**	**70113**	**70114**	**70115**	**70116**	**70117**	**70118**	**70119**
Mental Health	1	1		1	1	1	1	2	1
Breathing	2	3	2				5		
Cancer	3	4				2	2	1	
Obesity/Weight Control	4				2	5		3	5
High Blood Pressure	5	2	1	4				5	
Diabetes			3	3			3	4	
Drug/Alcohol Use		5		5	5		4		2
Women's Health					3				3
Child Abuse					4	3			
Heart Disease/Stroke						4			
HIV & STI's				2					4
Dental			4						
High Cholesterol			5						
Disabilities/Mobility									
Lead Poisoning									
Mosquito-Borne Illness									
Tobacco Use									
Heat Stroke/Dehydration									

Source: NOHD, Community Health Survey 2017

ASSETS FOR HEALTH	70122	70124	70125	70126	70127	70128	70129	70130	70131
Access to Healthy Food	2	5	3	5	4	4	1	1	5
Parks & Places for Exercise	1	2	2		3	3	4	3	2
Safe Neighborhoods	3	1		2	1	2		2	1
Clean & Healthy Environments	4	4	5	4		1	3	5	4
Employment & Income	5		1	3	5	5			3
Quality Affordable Housing									
Access to Health Services			4	1	2			4	
Diversity is Celebrated									
Effective Infrastructure		3							
Community Connectedness							5		
Civic Engagement							2		
Public Transportation									
Police, Fire, and EMS									
Community Celebrations & Events									
Quality Schools/Education									
BARRIERS TO HEALTH	**70122**	**70124**	**70125**	**70126**	**70127**	**70128**	**70129**	**70130**	**70131**
Crime & Violence	1	2	1	1	2	1	1	1	1
Insufficient Infrastructure	3	1		2		5	2	2	3
Unhealthy Environments	4	3	3	5	4	4	4	5	4
Unemployment & Low Wages	5	4	5	3	1	3		3	2
Low Quality Unaffordable Housing			2	4	5			4	
Limited Access to Healthy Food	2		4		3	2			
Limited Access to Health Services									
Low Quality Schools/ Education							3		5
Discrimination/Bias		5							
Lack of Civic Engagement									
Limited Parks & Places for Exercise							5		
Public Transportation									
Incarceration									
Lack of Community Connectedness									
Lack of Cultural Diversity/Support									
HEALTH ISSUES	**70122**	**70124**	**70125**	**70126**	**70127**	**70128**	**70129**	**70130**	**70131**
Mental Health	1	3	1	1	3	5		1	4
Breathing									
Cancer	3	2	3	4	2		4	3	2
Obesity/Weight Control	2	1	2	5	5				1
High Blood Pressure	4			3	1	2	2		3
Diabetes	5			2	4	1	1		5
Drug/Alcohol Use			5			3		2	
Women's Health		4						4	
Child Abuse			4					5	
Heart Disease/Stroke		5				4			
HIV & STI's									
Dental							5		
High Cholesterol							3		
Disabilities/Mobility									
Lead Poisoning									
Mosquito-Borne Illness									
Tobacco Use									
Heat Stroke/Dehydration									

Source: NOHD, Community Health Survey 2017

ASSETS FOR HEALTH	WHITE	BLACK	ASIAN	MALE	FEMALE	18-24	25-44	45-64	65+
Access to Healthy Food	2	1	3	1	2	2	3	3	1
Parks & Places for Exercise	1			4	1	4	1	2	3
Safe Neighborhoods	3	3	1	5	3	5	4	1	5
Clean & Healthy Environments	4	4	2	2	4	1	5	4	2
Employment & Income	5	2	4	3	5	3	2	5	
Quality Affordable Housing		5							4
Access to Health Services									
Diversity is Celebrated									
Effective Infrastructure									
Community Connectedness			5						
Civic Engagement									
Public Transportation									
Police, Fire, and EMS									
Community Celebrations & Events									
Quality Schools/Education									
BARRIERS TO HEALTH	**WHITE**	**BLACK**	**ASIAN**	**MALE**	**FEMALE**	**18-24**	**25-44**	**45-64**	**65+**
Crime & Violence	1	1	1	1	1	4	1	1	1
Insufficient Infrastructure	2	5	2		2	5	4	2	2
Unhealthy Environments	3		3	3	3	3		4	3
Unemployment & Low Wages	5	2	4	2	4	1	2	3	
Low Quality Unaffordable Housing	4	4		4			3	5	5
Limited Access to Healthy Food		3			5	2	5		
Limited Access to Health Services				5					4
Low Quality Schools/ Education			5						
Discrimination/Bias									
Lack of Civic Engagement									
Limited Parks & Places for Exercise									
Public Transportation									
Incarceration									
Lack of Community Connectedness									
Lack of Cultural Diversity/Support									
HEALTH ISSUES	**WHITE**	**BLACK**	**ASIAN**	**MALE**	**FEMALE**	**18-24**	**25-44**	**45-64**	**65+**
Mental Health	1	1		1	1	1	1	1	4
Breathing									
Cancer	5	4	4	2	3		5	2	3
Obesity/Weight Control	2	5	5		2	3	3	3	
High Blood Pressure		2	3	5	5			4	1
Diabetes		3	1	3				5	2
Drug/Alcohol Use	4			4			4		
Women's Health	3				4	5	2		
Child Abuse						4			
Heart Disease/Stroke									5
HIV & STI's						2			
Dental									
High Cholesterol			2						
Disabilities/Mobility									
Lead Poisoning									
Mosquito-Borne Illness									
Tobacco Use									
Heat Stroke/Dehydration									

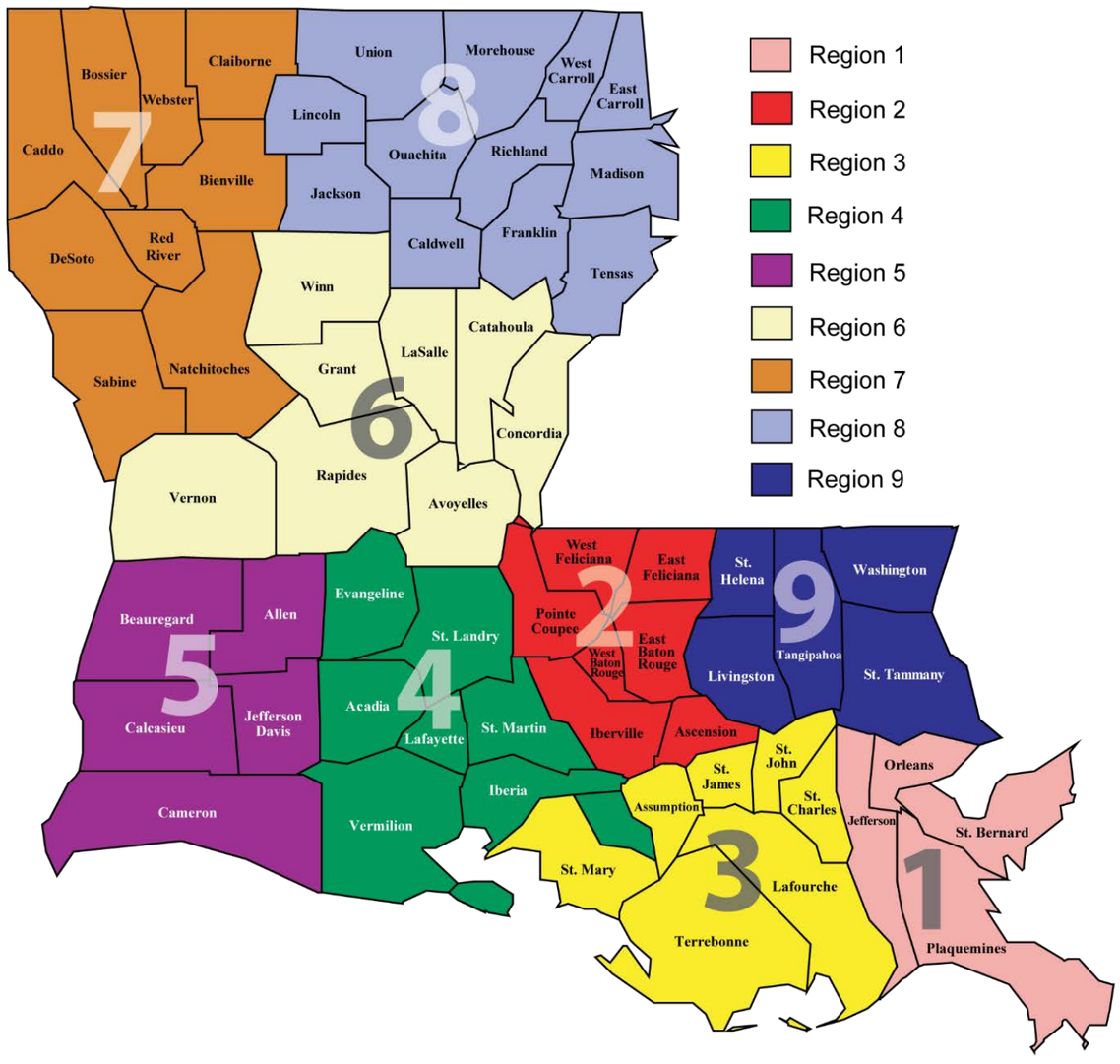
Source: NOHD, Community Health Survey 2017

Appendix I: Focus Group Themes by Subgroup

ASSETS FOR HEALTH	ELDERLY	LATINO	VIETNAMESE	LGBTQ	PLWHA
Access to Healthy Food					
Parks & Places for Exercise	X		X	X	
Safe Neighborhoods		X			
Clean & Healthy Environments					
Employment & Income					
Quality Affordable Housing					
Access to Health Services		X		X	
Diversity is Celebrated					
Effective Infrastructure					
Community Connectedness	X	X	X	X	X
Civic Engagement			X		
Public Transportation	X				X
Police, Fire, and EMS					
Community Celebrations & Events					X
Quality Schools/Education					
BARRIERS TO HEALTH	**ELDERLY**	**LATINO**	**VIETNAMESE**	**LGBTQ**	**PLWHA**
Crime & Violence	X		X	X	X
Insufficient Infrastructure	X		X	X	X
Unhealthy Environments			X		
Unemployment & Low Wages				X	
Low Quality Unaffordable Housing	X				X
Limited Access to Healthy Food					
Limited Access to Health Services		X			
Low Quality Schools/ Education					
Discrimination/Bias		X			
Lack of Civic Engagement					
Limited Parks & Places for Exercise					
Public Transportation					
Incarceration					
Lack of Cultural Diversity/Support					
Lack of Community Connectedness				X	
HEALTH ISSUES	**ELDERLY**	**LATINO**	**VIETNAMESE**	**LGBTQ**	**PLWHA**
Mental Health		X		X	X
Breathing	X				
Cancer					
Obesity/Weight Control					
High Blood Pressure			X		
Diabetes	X		X		
Drug/Alcohol Use		X			
Women's Health					
Child Abuse					
Heart Disease/Stroke					
HIV & STI's		X		X	X
Dental					
High Cholesterol					
Disabilities/Mobility	X				
Lead Poisoning					
Heat Stroke/Dehydration					
Other: Nutrition			X		X

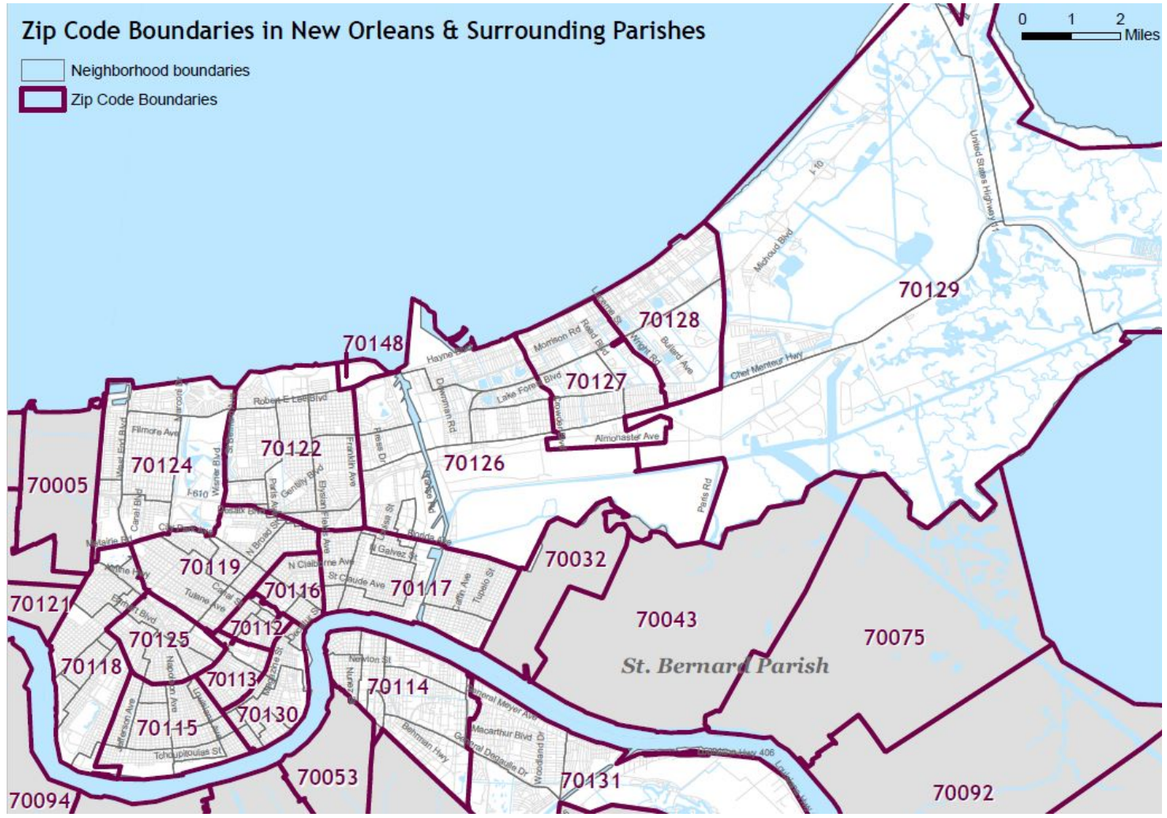
Source: NOHD, Community Health Survey 2017

Appendix J:
Louisiana Department of Health Regional Administrative Map



Source: Louisiana Department of Health

Appendix K:
Zip Code Boundaries, Orleans Parish



Source: The Data Center New Orlean

Appendix L: Glossary of Acronyms

AAP American Academy of Pediatrics
ACA Affordable Care Act
ACS American Community Survey
AIAN American Indian Alaska Native
APHA American Public Health Association
BMI Body Mass Index
BRFSS Behavioral Risk Factor Surveillance System
CDC Centers for Disease Control and Prevention
CHA Community Health Assessment
CHNA Community Health Needs Assessment
CHSA Community Health Status Assessment
CHI Community Health Improvement
CHIP Community Health Improvement Plan
CLIA Clinical Laboratory Improvement Amendments
CTSA Community Themes and Strengths Assessment
EMR Electronic Medical Records
ESL English as a Second Language
FBI Federal Bureau of Investigation
FoCA Forces of Change Assessment
FPL Federal Poverty Limit
FQHC Federally Qualified Health Clinic
GED General Education Diploma
HIE Health Information Exchange
HIV Human Immunodeficiency Virus
HP2020 Healthy People 2020
HRSA Health Resources and Services Administration
LA Louisiana
LADOTD Louisiana Department of Transportation and Development
LBW Low Birth Weight
LDH Louisiana Department of Health
LEP Limited English Proficiency
LGBTQ Lesbian Gay Bisexual Transgender and Questioning
LPHSA Local Public Health System Assessment
LPHS Local Public Health System
LSU Louisiana State University
MAPP Mobilizing for Action through Planning and Partnerships
NACCHO National Association of County and City Health Officials
NCHS National Center for Health Statistics
NIH National Institutes of Health
NOLA New Orleans, Louisiana
NOHD New Orleans Health Department
NOLABA New Orleans Business Alliance
NOPD New Orleans Police Department
NORD New Orleans Recreation Department
NPHPS National Public Health Performance Standards
NVSS National Vital Statistics System
OPP Orleans Parish Prison
PCP Primary Care Provider
PHAB Public Health Accreditation Board
PII Personally Identifiable Information
PTSD Post Traumatic Stress Disorder
QI Quality Improvement
RWJF Robert Wood Johnson Foundation
SAHIE Small Area Health Insurance Estimates
SDOH Social Determinants of Health
STD Sexually Transmitted Diseases
SWO Strengths, Weaknesses, and Opportunities
TPL Trust for Public Land
UCR Uniform Crime Reports
US United States
USDA United States Department of Agriculture
USDSS United States Diabetes Surveillance System
WHO World Health Organization
WIC Women Infants and Children

new orleans health department

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1300 Perdido Street, Suite 8E18 | New Orleans, LA 70112