NEW ORLEANS COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2025

3-YEAR IMPACT REPORT
JULY 1, 2022-JUNE 30, 2025

MESSAGE FROM THE DEPUTY MAYOR OF HEALTH AND HUMAN SERVICES

It is my pleasure to present the New Orleans Community Health Improvement Plan (CHIP) 2022–2025 Impact Report, a reflection of the collective commitment, collaboration, and dedication that have helped advance health and well-being across our city over the past three years.

The Community Health Improvement Plan is more than a strategic document—it is a community-driven commitment to creating the conditions that allow all New Orleanians to thrive. Guided by priorities identified through the Community Health Assessment process, partners from across sectors came together to address critical issues affecting health, including access to care, economic stability, and community safety. Through this work, we have strengthened partnerships, expanded services, and advanced initiatives that support healthier communities throughout Orleans Parish.

The accomplishments highlighted in this report demonstrate what is possible when organizations and residents unite around a shared vision for health. More than 100 organizations and hundreds of community leaders, advocates, healthcare professionals, public servants, and residents contributed their time, expertise, and resources to implement strategies that addressed both immediate needs and the underlying factors that influence health outcomes. Together, we expanded access to preventive services, supported families and children, improved housing conditions, enhanced preparedness for public health threats, strengthened food access, and advanced efforts to prevent violence and injury.

As we celebrate these achievements, we also recognize that our work is not finished. Persistent inequities continue to impact many New Orleans residents, and significant challenges remain. The findings presented in this report underscore the importance of sustained investment, community engagement, and cross-sector collaboration to address the social, economic, and environmental conditions that shape health.

This report arrives at an important moment as the City continues to strengthen and expand its approach to health through the New Orleans Health and Human Services Department (NOHHS). As our department evolves to better address the interconnected needs of our residents, the lessons learned and partnerships built during this CHI cycle provide a strong foundation for future action. The successes documented here will help inform the next Community Health Assessment and Community Health Improvement Plan, ensuring that our efforts remain responsive to the needs and priorities of our community.

I extend my sincere gratitude to every partner organization, community member, and City employee who contributed to this work. Your dedication has helped create meaningful and lasting improvements in the lives of New Orleanians. The progress reflected in this report belongs to all of us.

Together, we will continue building a healthier, safer, and more equitable New Orleans for generations to come.

DR. JENNIFER L. AVEGNO
DEPUTY MAYOR
NEW ORLEANS HEALTH & HUMAN SERVICES DEPARTMENT

Executive Summary

The New Orleans Health Department (NOHD), in partnership with more than 100 community organizations and over 200 individual partners, implemented the 2022–2025 Community Health Improvement Plan (CHIP) to address priority health challenges identified through the Community Health Assessment process. Using a collective impact approach, partners worked across sectors to improve health outcomes, strengthen community conditions, and advance health equity throughout Orleans Parish.

The CHIP focused on three overarching priority areas: Increasing Access to Care, Improving Economic Stability, and Ensuring Community Safety. These priorities were operationalized through nine working groups addressing Chronic Disease Prevention and Management, Maternal and Child Health, Behavioral Health, Supportive Work Environments, Food Security and Nutrition, Healthy Homes, Public Health Threats, Violence Prevention, and Transportation Safety.

Over the three-year implementation period, the partnership achieved substantial progress. Community organizations expanded access to preventive health services, behavioral health resources, maternal and child health supports, food assistance programs, and housing-related interventions. Cross-sector collaboration enabled partners to leverage resources, align strategies, and implement evidence-based initiatives that reached residents across New Orleans. The partnership also strengthened the local public health system's capacity to respond to emerging community needs while maintaining a focus on long-term health improvement.

Several key health indicators demonstrated positive movement during the implementation period. Chronic disease outcomes showed improvement, including reductions in heart disease, diabetes, and COVID-19 mortality rates. Maternal and child health initiatives increased access to supportive services and resources for families. Efforts to address economic stability expanded opportunities for workforce development, food access, and healthy housing. Access to stable employment, nutritious food, and safe, affordable housing supports better health outcomes and reduces barriers to health and well-being. Community safety initiatives advanced preparedness for public health threats, supported violence prevention strategies, and promoted safer transportation systems.

A major strength of the CHIP was its emphasis on health equity. Partners worked to address social determinants of health by improving access to essential services and creating supportive environments where residents can achieve optimal health. Another key strength was the CHIP's cross-sector partnership model, which brought together organizations from healthcare, government, education, nonprofit, business, and community sectors to share expertise, align resources, and coordinate efforts toward shared goals.

While important progress was achieved, the report also highlights ongoing challenges, including persistent health disparities and complex social and economic factors that continue to affect community well-being. These findings reinforce the need for sustained collaboration, continued investment in prevention strategies, and targeted efforts to address inequities experienced by vulnerable populations.

The accomplishments documented in this report provide a strong foundation for the next Community Health Improvement cycle. Lessons learned, strengthened partnerships, and demonstrated successes will inform future planning efforts as New Orleans continues working toward a healthier, safer, and more equitable community for all residents.

Mission, Vision, Values

Mission Statement

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

Vision Statement

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

Values

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

- Integrity – We strive to conduct ourselves in an ethical and accountable manner that ensures we are good stewards of public resources.
- Responsiveness – We work collaboratively and respond to the needs and feedback of one another, partner organizations, and community members.
- Excellence – We deliver high-quality public health services and programs with compassion and respect, with the goal of achieving better health outcomes for all people in New Orleans.
- Diversity and Inclusion – We actively welcome, include, and value the input of people with different identities and experiences on our staff, as partners, and among those we serve.
- Health Equity – We strive to deliver programs and services that reduce inequities in our community and ensure every person in New Orleans has a fair and just opportunity to be as healthy as possible.
- Community Health Improvement Plan Priority Areas:
  - Increase Access to Care
  - Improve Economic Stability
  - Ensure Community Safety

Community Health Improvement Process

Create a cross-sector partnership

Set the priorities

Create an action plan

Establish a shared vision

Outline findings

Implement plan with partners

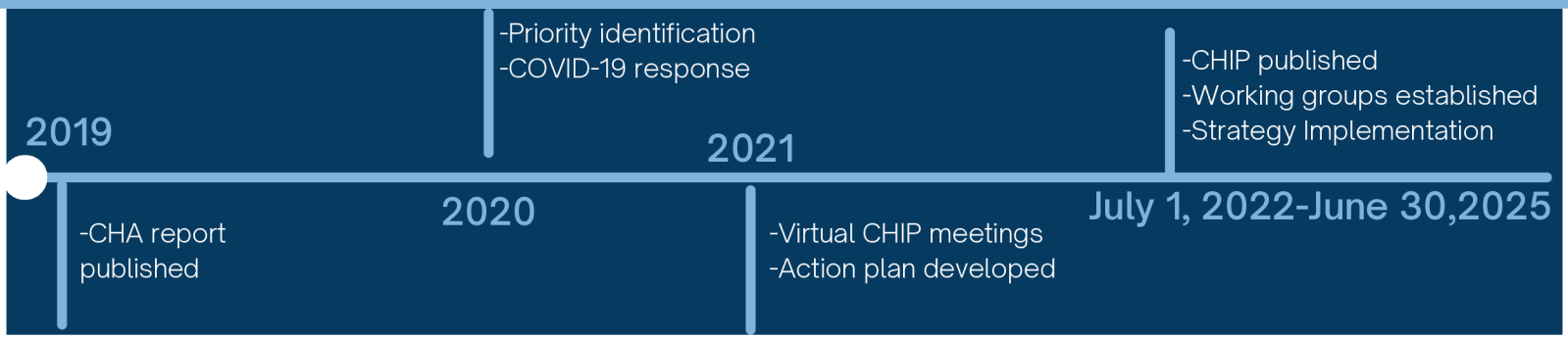
Look at the data

Ask the community

Evaluate and revise plan

A Healthy New Orleans for All

Timeline & Process



Community Health Improvement (CHI) is a collaborative and strategic process used in public health to identify and address the evolving health needs of communities. Rather than focusing on just the health department, the CHI process utilizes a collective impact approach of organizations from all sectors to improve the health and well-being of the community.

Over the past three years (July 2022-June 2025), the New Orleans Health Department (NOHD) partnered with a diverse network of organizations to lead CHI efforts. The Community Health Improvement Plan (CHIP) has served as the blueprint for the New Orleans local public health system; a blueprint that fosters collaboration, promotes shared accountability, and aligns resources across sectors.

Community partners that have been recruited and retained over the last several years have worked together to implement over eighty health improvement strategies across three different priority areas and nine different working groups. Working as a collaborative has expanded the reach across New Orleans, strengthened capacity to respond to population health level issues, and advanced equity and resilience among all health improvement strategies.

Since the inception of the CHIP in 2022, the CHI partnership has made measurable progress in addressing key health priorities identified by local data and community voice. As we reflect on progress made, the CHIP continues to serve as a foundation for future planning efforts.

This report summarizes the work conducted during the 2022–2025 Community Health Improvement Plan, including working group leads, partner and strategy implementation organizations, indicator-level data at the parish level, and output and impact statements for each objective. In the indicator tables, a green arrow indicates a positive change, and a red arrow indicates a negative change. Indicator baselines generally reflect 2021–2022 data, and the most current available data are presented to demonstrate progress over the course of the plan. Because implementation strategies varied by objective, activities were initiated and sustained over different timeframes; some strategies were implemented throughout the entire three-year period, while others began later in the plan or concluded before the end of the implementation period.

CHIP 2022-2025 Priority Areas

Increase Access to Care

Chronic Disease Prevention & Management,
Maternal & Child Health, Behavioral Health

Improve Economic Stability

Supportive Work Environments,
Food Security & Nutrition, Healthy Homes

Ensure Community Safety

Public Health Threats,
Violence Prevention, Transportation Safety

Chronic Disease Prevention & Management

Indicator	Baseline (year)	Most current data (year)	Trend
Heart disease mortality rate	445.9 per 100,000 (2021)	390 per 100,000 (2024)	↓ 12.5%
Diabetes mortality rate	107 per 100,000 (2021)	84 per 100,000 (2024)	↓ 21.5%
Cancer mortality rate	199.2 per 100,000 (2021)	203.5 per 100,000 (2024)	↑ 2.2%
Obesity rate	77.5 per 100,000 (2021)	78.9 per 100.000 (2024)	↑ 1.8%
COVID-19 mortality rate	80.1 per 100,000 (2021)	9.9 per 100,000 (2024)	↓ 87.6%

- Goal: Reduce risk for disease morbidity and mortality by ensuring equitable access to quality, culturally competent, and coordinated care for effective disease management and prevention.
  - Objective 1: Increase the proportion of adolescents and adults who get recommended evidence-based preventive health care.
    - Output: Developed and distributed 3,750 culturally and linguistically appropriate educational materials in English, Spanish, and Vietnamese to promote preventive screenings, vaccinations, and other evidence-based health services.
    - Impact: Distributing outreach materials in multiple languages helped raise awareness of preventive screenings and vaccinations, supported broader access to evidence-based care, and aligned with observed declines in heart disease, diabetes, and COVID-19 mortality between 2021 and 2024.
  - Objective 2: Increase preventative services provided to prioritized populations.
    - Output: Delivered preventive health services directly to prioritized populations through 22 community vaccination events, 312 biometric screenings, and a street medicine program that served 335 patients and provided 92 referrals to care.
    - Impact: These targeted vaccination events, screenings, and street medicine encounters brought preventive services directly to prioritized communities. This strategy created conditions to support reductions in chronic disease mortality while helping to close gaps for people who face barriers to traditional clinic-based care.
  - Objective 3: Decrease the proportion of adults who report poor communication with their health care provider.
    - Output: Trained 77 individuals through four Culturally and Linguistically Appropriate Services (CLAS) trainings to strengthen providers' ability to deliver respectful, responsive, and culturally competent care.
    - Impact: Training providers in CLAS helped to improve communication and trust between patients and health care teams, laying the groundwork for more equitable, person-centered care and better management of chronic conditions over time.

Maternal & Child Health

Indicator	Baseline (year)	Most current data (year)	Trend
Infant mortality rate	7.20 per 1,000 (2021)	9.16 per 1,000 (2023)	↑ 27.2%
Low birth weight (%)	12.5% (2021-2023)	12.8% (2022-2024)	↑ 2.4%
Preterm birth (%)	14.1% (2021-2023)	13.9% (2022-2024)	↓ 1.4%
# of infants exclusively breastfed through 6 months of age (NOHD WIC clinics)	123 (2022)	599 (2025)	↑ 4.9-fold

- Goal: Address racial disparities in maternal and child health outcomes by increasing access to timely, appropriate, and quality care before, during, and after pregnancy.
  - Objective 1: Increase the proportion of pregnant New Orleanians who receive doula services.
    - Output: Access to doula care was expanded by the establishment of the Louisiana Doula Registry and the training of 19 new doulas through two training cohorts.
    - Impact: Creation of the Louisiana Doula Registry and expansion of Medicaid-reimbursed doula services increased access to culturally responsive pregnancy and birth support services for families across Louisiana.
  - Objective 2: Increase the percentage of New Orleans families who access postpartum services.
    - Output: Provided postpartum support through 1,304 Family Connects universal home visits, 873 Healthy Start New Orleans home visits, and the distribution of 62 postpartum care kits.
    - Impact: These home visits and postpartum kits helped connect families to care, education, and community resources during the critical postpartum period, supporting improved maternal and infant health outcomes.
  - Objective 3: Increase the proportion of WIC infants who are exclusively breastfed through 6 months of age.
    - Output: WIC clients utilized Pacify's lactation consultants 481 times, connecting families with certified consultants for individualized breastfeeding guidance and support.
    - Impact: Access to on-demand lactation support through Pacify helped WIC participants overcome breastfeeding challenges and build confidence in their infant feeding journey, supporting increased exclusive breastfeeding rates among New Orleans infants.

Behavioral Health

Indicator	Baseline (year)	Most current data (year)	Trend
Suicide rate	10.7 per 100,000 (December 2021)	10.5 per 100,000 (December 2024)	↓ 1.9%
# of accidental overdose deaths	492 (December 2021)	282 (December 2025)	↓ 42.7%

- Goal: Improve the community's overall behavioral health and quality of life through better access to and quality of behavioral health services by improving prevention, early interventions and treatment and addressing the prevalence of people with behavioral health conditions involved in the criminal justice system.

  - Objective 1: Increase the utilization of harm reduction resources.
    - Output: Expanded overdose prevention efforts by training 9,488 individuals in Naloxone education; conducted over 500 overdose response trainings and distributed over 28,000 Naloxone doses throughout the community.
    - Impact: Widespread access to Naloxone and overdose response education may have contributed to a sharp reduction in accidental overdose deaths, with accidental overdose deaths significantly declining from 2021-2025.

  - Objective 2: Reduce the incidence of mental health related admissions to the emergency department.
    - Output: The Mobile Crisis Intervention Unit (MCIU) New Orleans responded to more than 7,000 behavioral health-related calls between June 2023 and July 2025, handling approximately 35% of all mental health 911 calls in New Orleans.
    - Impact: By rerouting thousands of behavioral health crisis calls away from emergency departments and law enforcement to specialized mobile crisis response teams, New Orleans reduced unnecessary emergency department utilization and improved linkage to timely, community-based care—avoiding more costly and often less appropriate hospital or criminal justice interventions.

  - Objective 3: Increase the proportion of New Orleans Public School students with mental health needs who receive services in schools or coordinated by schools.
    - Output: ThriveKids Student Wellness enrolled 3,570 Orleans Parish children in care coordination since August 2023 and conducted over 17,857 therapeutic sessions.
    - Impact: Embedding care coordination and therapeutic services in schools enabled nearly 2,000 students with behavioral health needs to receive support earlier and in familiar settings, strengthening continuity of care and reducing the likelihood that concerns escalate into crises requiring emergency or juvenile justice involvement.

  - Objective 4: Reduce the average number of individuals with mental illnesses admitted every year to Orleans Parish Justice Center.
    - Output: The Integrated Navigation Services to End Arrest and Detention (INSTEAD) program enrolled 81 individuals, providing intensive case management and connections to behavioral health, housing, and other supportive services.
    - Impact: Participants enter INSTEAD experiencing a range of social and health challenges—such as mental health conditions, substance use disorders, housing instability, and limited social support. Through intensive case management, they exited the program connected to community-based resources and supports that help address these needs and reduce the likelihood of re-arrest.

Increase Access to Care Partners

Working Group Leads

- Chronic Disease Prevention & Management: Daisy Ellis, NOHD & Flint D. Mitchell Ph.D., LDH
- Maternal & Child Health: Sheneda Jackson, NOHD
- Behavioral Health: Travers Kurr, NOHD, Foster Noone, NOHD, Helena Likaj, Odyssey House Louisiana, Sherrard Crespo, VIALINK, Mary Beth Campbell, LDH

Strategy Implementation Partners

- 504HealthNet
- Coalition for Compassionate Schools
- Crescent Care
- Goodwill Technical College
- Greater New Orleans Foundation
- LCMC
- LEAD
- Louisiana Community Health Outreach Network
- Louisiana Department of Health
- Louisiana Public Health Institute
- LSU Community Health Workers Institute
- Metropolitan Human Services District
- NAMI Louisiana
- New Orleans EMS
- New Orleans Health Department
- New Orleans Police Department
- Ochsner Health
- Odyssey House Louisiana
- Office of Criminal Justice Coordination
- Orleans Parish Communications District
- Orleans Parish Sheriff Office
- Resources for Human Development
- Resilience Force
- Touro Hospital
- Travelers' Aid
- Ubuntu Village
- United Healthcare
- Vera Institute of Justice
- Xavier University

Supportive Work Environments

Indicator	Baseline (year)	Most current data (year)	Trend
Median household income	$46,942 (2021 Point-in-Time Data)	$55,580 (2023 Point-in-Time Data)	↑ 18.4%
Average hourly wage	$24.05 (2020)	$28.70 (2024)	↑ 19.3%
Labor force participation	59.9% (2021 Point-in-Time Data)	61.7% (2023 Point-in-Time Data)	↑ 3%
ALICE: Asset Limited, Income Constrained, Employed — households that earn more than the Federal Poverty Level, but less than the basic cost of living for the parish.	33% (2021 Point-in-Time Data)	29% (2023 Point-in-Time Data)	↓ 4%
% of households in poverty	24% (2021 Point-in-Time Data)	23% (2023 Point-in-Time Data)	↓ 1%

- Goal: Ensure employers and workplaces facilitate employee economic stability to support health and well-being.
  - Objective 1: Increase the number of local employers who offer supportive workplace policies for employee health and well-being.
    - Output: Several policies were enacted or strengthened to support employee health and economic stability, including a lactation accommodation policy and 12-week paid family leave for City of New Orleans employees, reauthorization of paid parental leave for Louisiana state employees, and passage of the New Orleans Workers' Bill of Rights into the city's Home Rule Charter.
    - Impact: These policy changes strengthened employee well-being and economic stability by expanding workplace supports for workers and families, while positioning the City of New Orleans as a model for other employers to adopt similar policies.
  - Objective 2: Increase the number of local employers who offer employees a living wage or higher
    - Output: A cross-sector coalition of workers, elected officials, and local organizations, including NOHD, NOFD, and Step Up Louisiana, helped to advance economic equity by securing a $15 minimum wage for City and City-contracted employees and incorporating the Workers' Bill of Rights into the City's Home Rule Charter, strengthening worker protections and financial stability.
    - Impact: These policy changes strengthened economic stability for workers by advancing fair wages and workplace protections, while demonstrating how local policies can support healthier, more equitable work environments.

Food Security & Nutrition

Indicator	Baseline (year)	Most current data (year)	Trend
Overall food insecurity rate	15.2% (2021)	18.6% (2023)	↑ 3.4 %
Child food insecurity rate	28.2% (2021)	29.3% (2023)	↑ 3.9%
% of individuals below federal poverty level that receive SNAP benefits	63.1% (June 2022)	67.2% (October 2025)	↑ 4.1 %

- Goal: Ensure that all people have physical, social, and economic access to food which is consumed in sufficient quantity and quality to their individual dietary needs and food preferences.
  - Objective 1: Improve access to healthy foods.
    - Output: More than 12 million pounds of food were distributed to New Orleans residents, including fresh fruits and vegetables, through community food assistance programs and partnerships. The City of New Orleans implemented the Healthy Kids' Meal Beverage Ordinance, requiring restaurants that offer children's meals to provide healthier default beverage options, including water, low-fat milk, or 100% fruit juice.
    - Impact: This large-scale food distribution effort increased access to nutritious foods for households facing food insecurity, helping families meet their dietary needs and support healthier lifestyles. A 2026 JAMA Network Open study found that the Healthy Kids' Meal Beverage Ordinance was associated with increased selection of healthier beverages and reduced sugar and calorie intake among children's meals in New Orleans compared to Baton Rouge, suggesting the policy may support healthier dietary behaviors and obesity prevention.
  - Objective 2: Increase household fruit and vegetable consumption.
    - Output: More than 15,000 participants were provided with information and skills to support healthy eating habits through 137 nutrition and education classes.
    - Impact: Nutrition education equipped residents with the knowledge and resources to make healthier food choices, encouraging increased consumption of fruits and vegetables and supporting long-term health.
  - Objective 3: Increase participation of food and nutrition assistance programs among eligible individuals and families.
    - Output: Second Harvest Food Bank provided access to nutrition assistance by helping residents submit more than 1,800 SNAP applications and distributed over 27,000 SNAP outreach and application materials.
    - Impact: Expanding SNAP outreach and enrollment assistance helped connect eligible individuals and families to nutrition benefits, increasing their ability to consistently access and afford healthy food.

Healthy Homes

Indicator	Baseline (year)	Most current data (year)	Trend
% of households experiencing at least 1 of the 4 severe housing problems (incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%)	Renter: 17.9% Owner: 7.3% (2017-2021)	Renter: 16.8% Owner: 7.4% (2018-2022)	↓ 1.1% ↑ 0.1%
# of evictions filed/1,000 residents	Total Rate: 12.05 District A: 6.93 District B: 13.83 District C: 6.76 District D: 12.00 District E: 20.32 (2022)	Total Rate: 10.6 District A: 6.27 District B: 15.89 District C: 7.08 District D: 9.91 District E: 13.64 (2025)	↓ 12% ↓ 9.5% ↑ 14.9% ↑ 4.7% ↓ 17.4% ↓ 32.9%

- Goal: Ensure that all people have access to safe, sanitary, and stable housing regardless of income.
    - Objective 1: Reduce proportion of home with significant health hazards.
        - Output: NOHD trained 30 individuals to be lead ambassadors which helped individuals identify the signs of lead in the home and its health effects. City departments helped to successfully remediate 56% of all home health hazard inspections and provided +$120,000 in housing rehabilitation assistance to support healthier home environments.
        - Impact: These efforts increased residents' access to resources and support for addressing housing-related health hazards, strengthening community awareness, and promoting safer, healthier living conditions.
    - Objective 2: Reduce displacement due to the quality of the home.
        - Output: Councilmember At-Large JP Morrell worked with advocates and community stakeholders to lead efforts to pass the Healthy Homes Ordinance in November 2022. The City of New Orleans created the Healthy Homes Ordinance and Registry in which all residential rental property owners are required to register and meet minimum health, safety, and habitability standards for their tenants. Approximately 54,000 of all residential rental properties have been registered and certified through the program.
        - Impact: The ordinance strengthened accountability among rental property owners and institutionalized housing quality standards, resulting in citywide improvements in the safety and habitability of approximately 70% of residential rental properties.

Improve Economic Stability Partners

Working Group Leads

- Supportive Work Environments: Jeanie Donovan-NOHD
- Food Security & Nutrition: Luke Felty-NOHD, Lindsay Hendrix-Second Harvest Food Bank
- Healthy Homes: Latoya Baylor-NOHD

Strategy Implementation Partners

- American Heart Association
- Code Enforcement
- Department of Safety and Permits
- Invest Louisiana
- Jane Place Sustainability Initiative
- Life City
- Louisiana Fair Housing Action Center
- Louisiana Public Health Institute
- LSU Ag Extension
- New Orleans Fire Department
- New Orleans Health Department
- New Orleans Mosquito, Termite, Rodent Control Board
- New Orleans Police Department
- New Orleans Workers' Center for Racial Justice
- NOLA FPAC
- Ochsner Health
- Office of Community Assets and Investment
- Office of Community Development
- Sankofa CDC
- Second Harvest Food Bank
- Southeast Louisiana Legal Services
- StepUp Louisiana

Public Health Threats

Indicator	Baseline (year)	Most current data (year)	Trend
# of heat-related fatalities	28 (2023)	11 (2025)	↓ 17
# of heat-related ED visits	416 (2023)	273 (2025)	↓ 143
# of households registered for SMART 911	3,487 (2023)	5,902 (2025)	↑ 2,415
# of individuals vaccinated for flu (flu season July-February)	77,482 (2021-2022 flu season)	88,669 (2024-2025 flu season)	↑ 11,187

- Goal: Prepare for, respond to, recover from, and mitigate impacts of public health threats.

  - Objective 1: Increase the percentage of interventions to reduce infectious diseases of local concern.
    - Output: Infectious disease prevention and preparedness efforts were expanded through the administration of 88,669 flu shots, 118 vector-borne disease trainings, and dissemination of 53 infectious disease communications.
    - Impact: Large scale influenza vaccination, vector borne disease trainings, and regular public communications strengthened the city's ability to prevent and respond to infectious disease threats, contributing to the reduction of the likelihood of severe seasonal surges and improving community awareness.

  - Objective 2: Collectively utilize and maintain multi-department protocol to address public health emergencies.
    - Output: NOHD trained 140 City of New Orleans employees in emergency preparedness and response protocols to strengthen readiness for public health emergencies.
    - Impact: Training staff in emergency protocols enhanced coordination across departments during crises, ensured faster, more consistent responses, and reinforced the city's capacity to manage hurricanes, heat events, and emerging public health emergencies.

  - Objective 3: Increase local government connections to residents with medical needs who need assistance in emergencies.
    - Output: NOHD expanded awareness of Smart911 by promoting enrollment and emergency preparedness resources at community events throughout New Orleans.
    - Impact: Citywide efforts to expand registries and outreach to residents with medical or mobility needs improved the infrastructure for checking on high risk individuals during emergencies and connecting them to transportation, shelter, and medical support.

  - Objective 4: Increase protective measures for populations at higher risk of poor health outcomes during extreme weather events.
    - Output: Councilmember Oliver Thomas passed a heat protection ordinance establishing workplace safety requirements, including rest breaks and access to cooled spaces for outdoor workers during extreme heat events.
    - Impact: The adoption of a heat protection ordinance requiring rest breaks and cooled spaces for outdoor workers strengthened safeguards for laborers most exposed to extreme heat, reflecting a proactive climate adaptation approach that prioritizes health and safety.

Violence Prevention

Indicator	Baseline (year)	Most current data (year)	Trend
Homicide rate/100,000 individuals	52.5 (2021)	27.5 (2024)	↓ 47.6%
Firearm-related death rate/100,000 individuals	54.1 (2021)	29.1 (2024)	↓ 46.2%
# of Domestic violence-related fatalities	22 (2021)	21 (2025)	↓ 1
# of Crime Victim Reparition Awards ($)	857 awards, $1,012,946.49	649 awards, $1,014,519.21	↑ 0.2%

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

  - Objective 1: Increase the utilization of crime data and current best practices to inform crime reduction strategies and interventions.
    - Output: The Violence Prevention working group conducted a landscape data analysis and developed recommendations to improve data transparency, access, and utilization to support informed violence prevention planning and decision-making.
    - Impact: Comprehensive analysis of crime and data transparency laid the foundation for evidence-based violence reduction strategies, improving coordination among agencies and helping to target resources to neighborhoods and populations at highest risk.

  - Objective 2: Increase investment in preventative youth development programs and services.
    - Output: The Center for Restorative Approaches supported youth through 62 school referrals, resolved 52 conflicts, and facilitated 59 restorative circles focused on accountability, healing, and relationship-building.
    - Impact: School-based referrals, conflict resolution, and restorative circles provided young people with constructive pathways to address harm, which helped to reduce the likelihood of school discipline or justice system involvement, and strengthening of protective relationships.

  - Objective 3: Decrease the number of firearm related injuries and fatalities.
    - Output: Firearm safety education and safe storage efforts were expanded through the distribution of nearly 3,000-gun locks and participation in 73 firearm safety events.
    - Impact: Widespread distribution of gun locks and firearm safety events supported safer storage practices citywide, reinforcing other violence prevention efforts and aligning with the documented decline in firearm deaths between 2021-2024.

  - Objective 4: Decrease the number of domestic violence fatalities and general homicides.
    - Output: The Trauma Recovery Center provided trauma-informed support and violence interruption services, serving 252 patients. Hospital and community-based violence interruption programs enrolled 99 participants.
    - Impact: Trauma recovery services and hospital and community-based violence interruption programs offered intensive support to victims and high-risk individuals, helping to interrupt cycles of retaliation which corresponded to historic reductions in homicide and firearm-related deaths.

Transportation Safety

Indicator	Baseline (year)	Most current data (year)	Trend
# of traffic fatalities	• Total: 69 ◦ Driver: 26 ◦ Passenger: 14 ◦ Pedestrian: 22 ◦ Bicyclist: 7 (2021)	• Total: 58 ◦ Driver: 23 ◦ Passenger: 7 ◦ Pedestrian: 24 ◦ Bicyclist: 4 (2025)	↓ 11 ↓ 3 ↓ 7 ↑ 2 ↓ 3
Fatal crash rate/100,000 licensed drivers	28.78 (2021)	26.72 (2025)	↓ 7.2%
Suspected injury crash rate/100,000 licensed drivers	3,010.45 (2021)	1,995.49 (2025)	↓ 33.7%
Alcohol-related injury crash rate/100,000 licensed drivers	326.35 (2021)	214.22 (2025)	↓ 34.4%

- Goal: Reduce traffic related fatalities and severe injury by creating safer street networks for people who walk, ride, and drive.
  - Objective 1: Reduce crashes involving risky driving behavior.
    - Output: The public-facing NOHD Transportation Safety Dashboard was developed and a strategic analysis of risky driving behaviors was conducted.
    - Impact: Data-driven analysis of risky driving behaviors and the utilization of the published dashboard helped to inform targeted enforcement and education strategies. This strategy aligned with fewer fatal crashes that were reported by mid-2025 compared to the previous year.
  - Objective 2: Reduce the number of fatal crashes involving pedestrians and bicycles.
    - Output: Bike Easy expanded bicycle and pedestrian safety education, including 17 adult bicycle safety workshops, 3 Smart Biking trainings, 4 People Friendly Driving workshops, 2 community bike rides, 2 Adult Learn to Ride classes, and 1 Bike Law legal clinic, while increasing organizational capacity through expanded community and policy engagement in just one year.
    - Impact: Pedestrian and bicycle safety education, combined with infrastructure upgrades in high-crash corridors, helped increase awareness among all road users and supported the broader downward trend in severe and fatal traffic injuries.

Ensure Community Safety

Working Group Leads

- Public Health Threats: Meredith McInturff-NOHD, Astacia Shari Carter-NOMTRCB
- Violence Prevention: Jocelyn Pinkerton-NOHD, Roberta Dubuclet-NOHD, Julia Fleckman-Tulane University
- Transportation Safety: William Johnson-NOHD

Strategy Implementation Partners

- Baptist Community Ministries
- Be Smart
- Bike Easy
- Center for Restorative Approaches
- Complete Streets Coalition
- Crime Survivors NOLA
- Department of Public Works
- LCMC
- Louisiana Department of Health
- Louisiana State University
- Louisiana Survivors for Reform
- Mayor's Office of Transportation
- Moms Demand Action
- New Orleans Family Justice Center
- New Orleans Health Department
- New Orleans Mosquito, Termite, Rodent Control Board
- New Orleans Office of Homeland Security and Emergency Preparedness
- New Orleans Police Department
- New Orleans Public Schools
- Office of Homeless Services and Strategy
- Orleans Parish Communications District
- Regional Transit Authority
- RIDE New Orleans
- Tulane University
- Tulane Violence Prevention Institute
- United Way
- Workplace Justice Project

Thank You

None of this work would have been possible without the collaboration, dedication, and tireless efforts of our incredible community partners. Strong partnerships are the foundation of meaningful community health improvement, allowing us to leverage our collective expertise, coordinate resources, break down organizational silos, and reduce duplication of efforts. By working together toward shared goals, we have been able to make a greater impact than any one organization could achieve alone. We are deeply grateful for our partners' commitment to improving the health and well-being of the New Orleans community and look forward to continuing this important work together.

As we look ahead to the next Community Health Improvement cycle, the New Orleans Health Department—now the New Orleans Health and Human Services Department (NOHHS)—is excited to begin the next chapter of this collaborative work. Together with community partners, residents, and other key stakeholders, NOHHS is conducting a comprehensive Community Health Assessment (CHA) to better understand the health needs, strengths, and priorities of our community. The findings from the CHA will serve as the foundation for the next Community Health Improvement Plan, ensuring that our collective efforts continue to address the issues that matter most to New Orleanians. We look forward to strengthening existing partnerships, welcoming new collaborators, and continuing to work together to build a healthier, more equitable future for all.

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