Northshore

2024 Community Health Needs Assessment

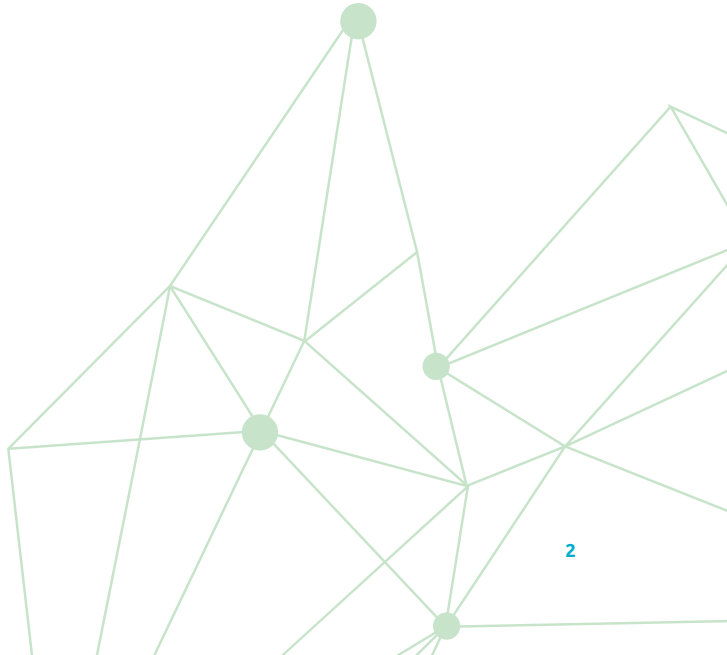## A joint assessment with the following hospital facilities:

Lakeview Hospital

Northshore Rehabilitation Hospital

Riverside Medical Center

Slidell Memorial Hospital

Slidell Memorial Hospital East

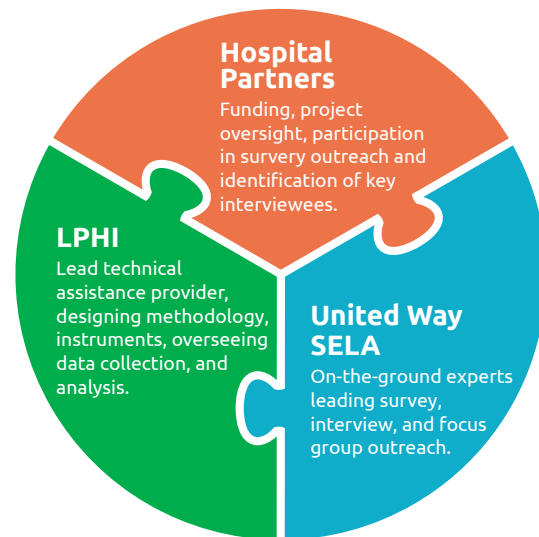St. Tammany Parish Hospital

Contents

Executive Summary

Healthier Northshore hospitals contracted with the Louisiana Public Health Institute (LPHI) and community partners at the United Way of Southeast Louisiana (UWSELA) to implement the 2024 joint Community Health Needs Assessment (CHNA) for participating hospitals in the Northshore, Louisiana Region. This report summarizes findings from the CHNA and describes community health needs that were identified as top priorities.

The report serves as the 2024 CHNA for the following hospital facilities:

- Lakeview Hospital

- Northshore Rehabilitation Hospital

- Riverside Medical Center

- Slidell Memorial Hospital

- Slidell Memorial Hospital East

- St. Tammany Parish Hospital Service District No. 1 DBA St. Tammany Health System

LPHI used a collaborative, mixed-methods approach to determine significant needs and concerns. The collaborative structure involved community partners at UWSELA leading data collection by promoting surveys, conducting interviews, and hosting community discussions. LPHI was the lead technical assistance provider and developed all data collection tools, conducted data analysis, and hosted group calls to move the CHNA process forward.

Community input for the CHNA was collected from an online survey with community members, interviews with key stakeholders including those serving the community in both health and non-health capacities and focus groups. These data were complemented by data from national sources. Community input drove the determination of significant concerns for the CHNA and priorities.

Hospital Partners
Funding, project oversight, participation in survery outreach and identification of key interviewees.

LPHI
Lead technical assistance provider, designing methodology, instruments, overseeing data collection, and analysis.

United Way SELA
On-the-ground experts leading survey, interview, and focus group outreach.

As a result of the CHNA process, nine community health needs were identified as top priorities in the 2024 Northshore CHNA. Brief descriptions of each health need are provided in the section that follows.

Poverty and Economic Opportunity

Socioeconomic factors impact opportunities to access care and engage in behaviors that promote well-being. Key economic challenges identified in the CHNA pertained to poverty, difficulty affording utilities and childcare, and jobs with sufficient wages. In addition, affordability of housing was both a socioeconomic and built environment issue for participants in the CHNA. There were also inequalities in these factors, especially rates of child poverty, in target parishes.

Transportation

Transportation is an essential infrastructure resource that impacts both the ability to attend appointments and to engage in activities key to maintaining one's health, such as accessing grocery stores, parks, or one's workplace. Community members felt that traffic safety and lack of transportation options were a major barrier to maintaining their health, especially for the elderly and those relying on Medicaid transportation.

Affordability of Care

Affordability of care is a top concern due to competing household or personal costs that many community members have to juggle in addition to insurance frequently not being sufficient to cover needed health costs. Appointment availability was also an issue that pertained to costs, as participants felt that they often had to choose between tending to their health needs and attending to their work obligations.

Access to and Awareness of Behavioral Health Services

Behavioral health encompasses both mental health and substance use challenges. Both were strong themes in the CHNA, with suicide also being a top health concern. Participants felt that costs and insurance coverage of mental health services were a challenge. Community members were also highly concerned with substance use among adults and youth, and connected these issues to mental health, isolation, violence, and economic factors. In addition, participants felt that stigma and lack of awareness functioned as barriers to needed care for both mental health and substance use needs.

Health Literacy and Digital Access

Health literacy is key to maintaining and improving health including both knowledge of health behaviors and ability to understand and seek out accurate health information from doctors or other sources. Digital tools are an important component of health literacy. While broadband access was generally high in most target parishes, CHNA participants described varying levels of quality of service by place and challenges understanding digital technology, including accessing telehealth. Community members felt that improving overall health literacy would be crucial to increasing overall health knowledge and patient engagement.

Patient-Provider Trust

For both physical and mental healthcare, finding providers who would meet the needs of different populations was a theme in the CHNA. Participants often felt that their needs were not heard by primary care and mental health providers due to their background, which dissuaded them from seeking out care. Community members also described a strong stigma against talking about mental health challenges, which also impacted their trust of providers.

Maternal and Infant Health Services

Prenatal care is critical in supporting the long-term health of birthing parents, as well as infants and children. Access to prenatal care, especially for young or single mothers emerged as a concern in the CHNA, with teen birth rates in many parishes and the state having far higher rates than the national rate. Underlying these issues are also racial disparities especially for rates of low birthweight babies.

Sexual Health Services

Sexually transmitted infections (STIs) impact reproductive and sexual health as well as overall physical health. They can also negatively impact birth and infant health outcomes. Concerns about STIs are reflected in the high rates of some STIs in target parishes as well as high rates in Louisiana, with incidence rates of syphilis and HIV being among the highest in the nation. Community members also raised concerns about violence and sexual assault, which can increase exposure to some STIs. STIs disproportionately impact members of the population by race, age, and sexual orientation, amplifying the need for a comprehensive approach to sexual health services and education.

Chronic Disease Prevention

Chronic diseases of the greatest concern to CHNA respondents included obesity, hypertension, diabetes, and cancer. Target parishes are all impacted by high rates of these chronic diseases, and many participants connected them to built environment challenges that affected access to healthy food. Cancer incidence rates in target parishes also vary by location and by race and tend to be higher in many populations than the state average, underscoring the need for continued prevention efforts.

Prioritization

These priorities were discussed alongside comprehensive CHNA data findings in a presentation to Healthier Northshore partners. Following a prioritization activity in which health needs were ranked by feasibility to address and level of projected impact on health outcomes, Healthier Northshore opted to choose the following three priorities for their 2024-2027 Community Health Implementation Plan:
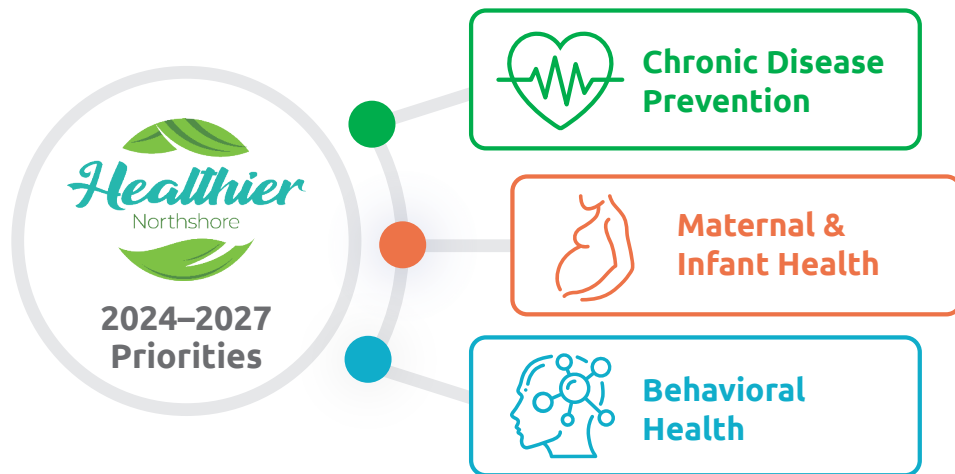
Background

CHNA Overview

With the enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a CHNA and develop implementation strategies to better meet the community health needs identified every three years[1]. Section 501(r)(3)[2] requires an authorized body at the hospital facility to adopt a documented CHNA that is available to the public, available for feedback, and includes the following:

- A definition of the community served by the hospital facility and a description of how the community was determined.

- A description of the process and methods used to conduct the CHNA.

- A description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves.

- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.

- Resources potentially available to address the significant health needs identified.

- An evaluation of the impact of any actions that were taken to address significant health needs identified in the prior CHNA.

Assessment Approach and Process

A collaborative approach for the CHNA was taken, with key partners being UWSELA, St. Tammany Parish Hospital, Lakeview Hospital, Northshore Rehabilitation Hospital, Riverside Medical Center, Slidell Memorial Hospital, Slidell Memorial Hospital East, LPHI, and Community engagement officials with St. Tammany Health System.

LPHI was contracted to develop the CHNA and accompanying CHIP reports for participating hospital facilities. LPHI brings extensive history leading and supporting health systems, federally qualified health centers (FQHCs), and state/local health departments in the development of assessments and strategies based in health equity and population health.

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1   Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital healthcare facilities, which is separate from this report.

2   Available at: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

UWSELA was contracted to carry out implementation of data collection tools and community input processes on the ground. United Way chapters in Louisiana collaborated with individuals, companies, and agencies to meet essential needs of people in communities. As trusted organizations in Northshore Louisiana, their practices and relationships were a crucial part of being able to accomplish the CHNA.

According to the CDC, the social determinants of health refer to "conditions in which people are born, grow, work, live, and age" that can affect a person's health risks and outcomes. They consist of factors such as housing, healthcare access, built environment, education and opportunity, and economic and political systems[3]. This assessment focuses on themes that relate to social determinants of health, organized by those which proved most salient from the data.

The assessment approach is centered in health equity, defined as all community members having a fair and just opportunity to be as healthy as possible. Racism is a principal barrier to health equity. Research shows that histories and ongoing systems of racism impact social determinants of health for communities of color, placing communities of color at increased risk for poor health and ultimately increasing health inequities[4]. By applying a health equity framework, the assessment seeks to move beyond identifying health disparities to uncovering and understanding the drivers of inequities in health outcomes.

Overview of Collaborative Data Collection

LPHI relied on a cohort call model to move the CHNA data collection forward. Cohort models can improve capacity by establishing an "infrastructure of relationships" that allows efforts to accomplish more in concert than through individual actions alone[5]. The first kickoff call served to bring all partners together and introduce one another and the CHNA effort. This call also served to train United Way partners on data collection protocols for surveys, interviews, and focus groups. LPHI introduced the data components and protocols of the CHNA that it and the United Way would be collecting, namely primary and secondary data, respectively. Protocols included "best practices" documents for the surveys and interviews, template language for survey promotion, a form for recording methods of distributing the survey, interview notetaking templates, and interview question guides. These materials were reviewed in biweekly check-in calls and posted in a SharePoint site so that any updates would be available to the group in real time. LPHI also outlined recommendations for defining the Northshore community as St. Tammany, Tangipahoa, and Washington parishes, alongside Pearl River County in Mississippi, and the progress of the data request from the Louisiana Hospital Inpatient Discharge Database.

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3   CDC. (2024). Social Determinants of Health. Retrieved from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

4   CDC. (2023). Racism and Public Health. Retrieved from https://www.cdc.gov/minorityhealth/racism-disparities/index.html.

5   ORS Impact. (2018). Building Capacity through Cohorts: What the Packard Foundation is Learning. Retrieved from https://www.packard.org/wp-content/uploads/2018/08/Building-Capacity-Through-Cohorts-2018-ORS-Impact.pdf.

Subsequent biweekly cohort calls consisted of an icebreaker, announcements and updates, a report of survey counts, and a "share-out" for partners to report on community data activities and ask questions. The general timeline for the CHNA was also included in each call to ensure that deadlines were known and discussed. This structure allowed for two-way discussions: LPHI led technical assistance of the CHNA and received both positive and constructive feedback which allowed us to make changes in real-time to meet the requests of partners. Outside of biweekly check-ins, the LPHI team met regularly with hospital partners to share progress and plan ahead.

Data Analysis and Prioritization

LPHI uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity assessment frameworks. Community input processes were designed through four modes: an online survey, interviews, community discussions, and cohort calls.

Recommendations and key priorities were developed by synthesizing findings across all forms of community input data with external data. The CHNA survey was analyzed using frequencies, with an emphasis on community health and access to care questions. Some frequencies were also conducted by race to examine potential differences among Black and White respondents (primary respondents to the survey). Secondary data was utilized to complement and add more context to findings where selection bias may have been present in the survey. Interview notes were examined for major themes and examples or anecdotes that illustrated those themes. Finally, notes from other community input efforts were also utilized where relevant. These data sources were triangulated to highlight major challenges and concerns in the community.

As this input was gathered for the purpose of this assessment and participation was limited, these findings may not be generalizable to the larger community. See **Appendices C and D** for details on the assessment approach and methodology, respectively.

This document serves as the 2024 CHNA report for the Northshore Region. For this assessment, partners defined their community as St. Tammany, Washington, and Tangipahoa Parishes. In addition, because the hospitals also had a proportion of patients from Pearl River County, Mississippi, it was included in the secondary data characterization.

Using this CHNA

This CHNA report includes six hospitals in the Northshore region.

- Lakeview Hospital

- Northshore Rehabilitation Hospital

- Riverside Medical Center

- Slidell Memorial Hospital

- Slidell Memorial Hospital East

- St. Tammany Parish Hospital

Health assessments facilitate strategic data collection and analysis to better understand how health outcomes vary across and within parishes, how social determinants of health may influence these outcomes, and the potential role of policies and programming in supporting or restricting equal opportunities for health. Final CHNA reports are available via hospital websites for future reference, feedback, and use by the public.

Therefore, this CHNA serves multiple purposes:

- Provides hospitals and health systems with the information they need to deliver community benefits that can be targeted to address the specific needs of their communities.

- Meets Internal Revenue Service (IRS) requirements for non-profit hospitals.

- Informs planning of the state and local health departments.

- Provides residents and community organizations with a better understanding of the significant issues in their community and what the hospital is prioritizing.

Overview of Facilities

Lakeview Hospital

Lakeview Hospital is a 167-bed acute care facility located in Covington, Louisiana that has served the Northshore region since 1977. The hospital is part of LCMC Health and provides a comprehensive range of services, including a 24/7 Emergency Room, a Heart Center, a Surgical Institute, a Rehabilitation Center, and a Behavioral Health Center. Lakeview Hospital is recognized for its Level II Trauma Center, the only one in St. Tammany Parish, and offers advanced care in stroke, diabetes, orthopedic services, and women's and infant care. With over 240 physicians and specialists, and 1,000 dedicated employees, Lakeview Hospital offers a full spectrum of high-quality care.

Northshore Rehabilitation Hospital

Northshore Rehabilitation Hospital is a state-of-the-art inpatient rehabilitation facility in Lacombe, Louisiana. It offers comprehensive rehabilitation services in a 30-bed facility, focusing on helping patients regain independence after life-changing illnesses or injuries. The hospital provides individualized care plans, including physical, occupational, and speech therapy, with the goal of achieving the best possible outcomes for each patient. Northshore Rehabilitation Hospital is equipped with advanced technology and staffed by a team of skilled healthcare professionals dedicated to delivering compassionate care.

Riverside Medical Center

Riverside Medical Center is a full-service community hospital that has been serving the Northshore area for several decades. Located in Franklinton, Louisiana, Riverside Medical Center provides a wide range of healthcare services, including emergency care, general surgery, diagnostic imaging, and primary care. The hospital also offers specialized services in geriatrics and chronic disease management, ensuring comprehensive care for patients of all ages. Riverside Medical Center is committed to improving community health through preventive services, health education, and wellness programs.

Slidell Memorial Hospital

Slidell Memorial Hospital (SMH) has been providing quality care to the community for 60 years. As a leader in healthcare on the Northshore, they offer advanced technology and innovative treatments to help keep patients well – including a Level III neonatal intensive care unit, the SMH Heart Center, the SMH Regional Cancer Center, and the SMH Physicians Network. Located in the heart of Slidell, LA, 30 minutes north of New Orleans, they offer a 223-bed acute care hospital with expert physicians, specially trained staff, and the latest treatments and technology.

Slidell Memorial Hospital East

Slidell Memorial Hospital-East is located in Slidell, Louisiana. This 36-bed facility is equipped to care for severe and critically ill patients as well as patients needing specialized care. Slidell Memorial Hospital East specializes in orthopedics, robotic surgery, bariatric surgery, physical therapy, pulmonology and neurology.

St. Tammany Health System

Since its founding in 1954 as St. Tammany Parish Hospital, St. Tammany Health System has aimed to deliver world-class healthcare with compassion and quality to Northshore families. They have evolved into a comprehensive healthcare system, which includes a flagship 281-bed inpatient hospital, a network of clinically integrated physicians, and offsite diagnostic and clinic locations throughout northern and western St. Tammany Parish. Partnering with Ochsner Health, the St. Tammany Cancer Center opened its doors in 2021 and serves as a regional destination for the treatment of cancer.

Defining the Community
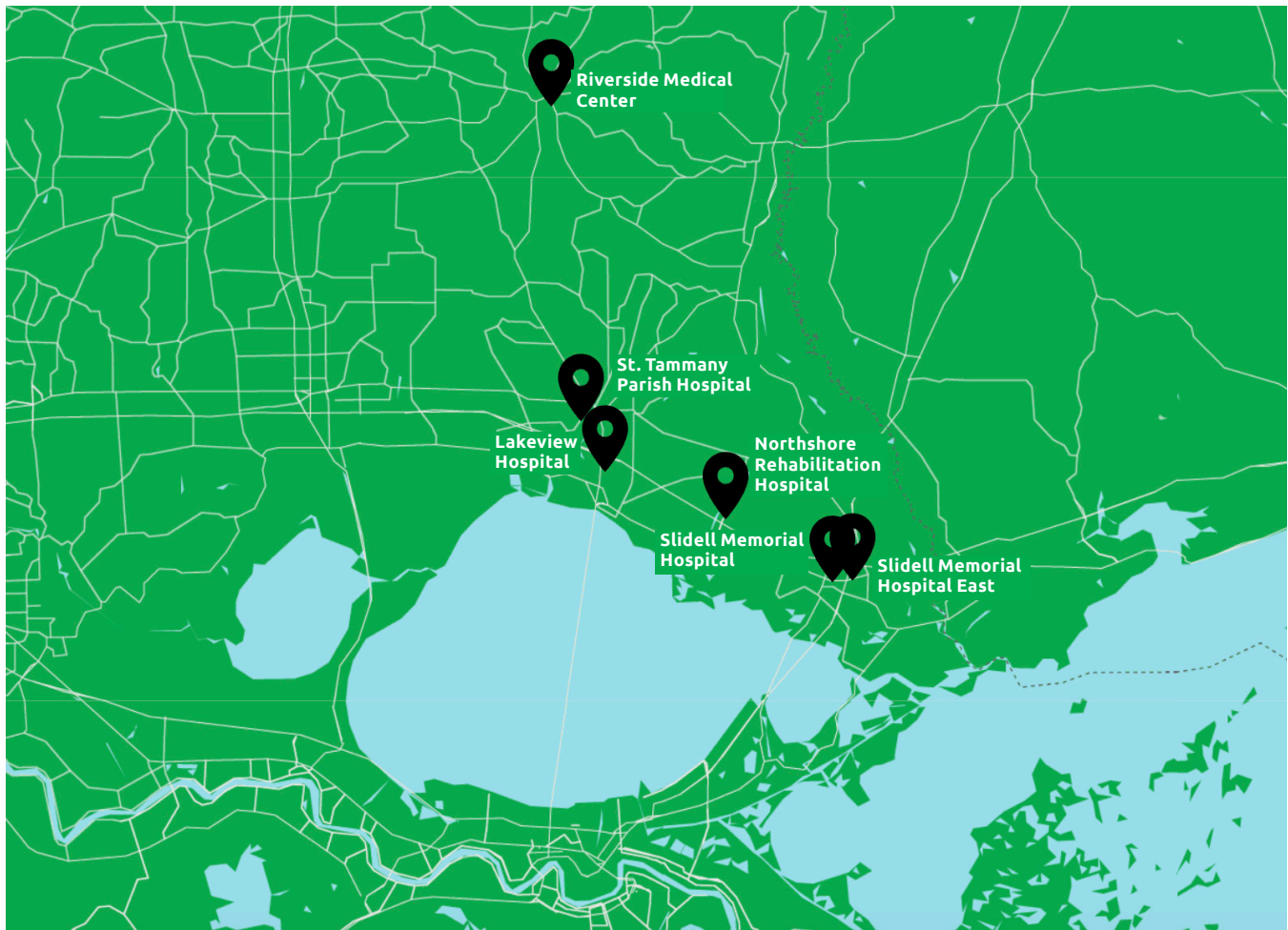
For the purposes of this assessment, CHNA partners and key stakeholders determined that the breadth of the assessment should serve the residents of St. Tammany parish and surrounding parishes where most patients reside. This community was defined as all residents of St. Tammany, Tangipahoa, and Washington parishes as well as Pearl River, Mississippi. This community includes medically underserved, low income, and minority populations. For more information on this process, please visit Appendix D.

Secondary data below illustrates the range of demographic backgrounds of the community. As shown in Table 1 below, **all parishes in the region have a higher percentage of White residents than the state average** of 64%, with the highest percentages in St. Tammany (84%) and Pearl River, MS (85%). At the same time, **St. Tammany has the highest percentage of residents who speak another language (6%) and residents of Hispanic ethnicity (6%)**. All of the parishes, excluding Tangipahoa, have a **larger proportion of residents 65 and older than the Louisiana average of 16%.**

Table 1: Demographic Background of Parishes in Northshore Region Compared to Louisiana from Secondary Data[6]

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Age					
Median Age	40.6	35.7	40.6	40.8	37.6
Under 18 Years	23.6%	24.3%	23.1%	22.5%	23.3%
65 and Over	17.7%	14.9%	18.5%	19.1%	16.0%
Race, Ethnicity, and Language					
African American/ Black	14.0%	31.3%	31.5%	13.0%	33.40%
White	83.5%	68.4%	68.4%	85.1%	63.8%
American Indian/ Alaska Native	1.7%	0.9%	1.0%	2.1%	1.6%
Asian	2.0%	1.0%	0.5%	0.6%	2.3%
Other Race	5.2%	3.6%	2.0%	2.8%	4.2%
Hispanic Ethnicity	6.1%	4.7%	2.6%	3.4%	5.5%
Speaks a Language Other than English	6.4%	5.0%	3.1%	3.2%	7.6%
Total Population	**266,168**	**133,953**	**45,514**	**56,351**	**4,640,546**

* Race reflects that category or in combination with others, meaning that percents may add up to slightly more than 100. Hispanic reflects a separate category of ethnicity and thus should not be included in the totals for race.
** Language may include bilingualism (i.e. fluency in English in addition to another language).

The demographic backgrounds of respondents to the CHNA survey also reflect the diversity of the catchment area, 1425 surveys were received for the CHNA survey. 72% of respondents came from St. Tammany, with 10% residing in Tangipahoa and 17% residing in Washington. Just over 1% of respondents reported living in Mississippi.

The table below illustrates that the racial representation in the survey sample was similar to overall representation across catchment parishes. By utilizing oversampling – i.e. retaining benchmarks that were higher for racial minorities – survey outreach was able to ensure accurate representation among minorities. In addition, 13 surveys were submitted in Spanish.

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6   From 2017-2022 American Community Survey estimates

Table 2: Racial Representation of CHNA Respondents vs Catchment Area in Northshore Region from Secondary Data[7]

Race/Ethnicity	Percent	Percent of Catchment Area
Black/African American	20%	19%
White	71%	72%
Hispanic/Latino	6%	6%
Asian	3%	1%
Other Groups (Middle Eastern/North African, Native American, Native Hawaiian or Pacific Islander, Multiracial, Other)	10%	8%

Participation in the survey was broad across gender, sexual orientation, and age. 77% of respondents identified as women, while 21% identified as men, and just over 1% identified as nonbinary, transgender, intersex, or another way not listed in the survey. The majority of respondents identified as heterosexual or straight (90%) and just over 8% identified as an LGBTQ+ orientation. The highest level of participation was from those aged 35 to 44 (22% of sample), with the next highest groups being 45 to 55 and 55 to 64. This aligns with the age range in the catchment parishes, seen in Table 1, with all parishes excluding Tangipahoa (35.7) having a median age of 40.

7   2017-2022 American Community Survey

Key Findings

Below are findings that synthesize quantitative data (e.g., community survey and secondary sources) and qualitative data (e.g., from interviews and focus groups). Parish level findings are presented with Louisiana data as a baseline. It is important to note that Louisiana is ranked 50th in health outcomes, according to the 2023 America's Health Rankings Report[8]. This ranking has not changed since the prior CHNA in 2021.

The findings are presented in alignment with the County Health Rankings Model, shown below. In addition to aggregating data from a number of national datasets, County Health Rankings connects elements of health conceptually based on reliable research. The model and underlying evidence base from which it draws illustrate that individual health behaviors play one role in shaping health outcomes, but that social determinants of health and policy and systems factors play a more substantial role in shaping *both* health behaviors and outcomes. The model is used as an organizing framework throughout this report. Figure 3 illustrates how different elements from system and policy level factors that shape the natural or built environment (bottom of figure) relate to structures and health behaviors that shape key health outcomes (top of figure). The results are organized as follows: built and physical environments, social and economic factors, clinical care and healthcare access, and health behaviors and outcomes.

Figure 3. County Health Rankings Model, 2014[9]

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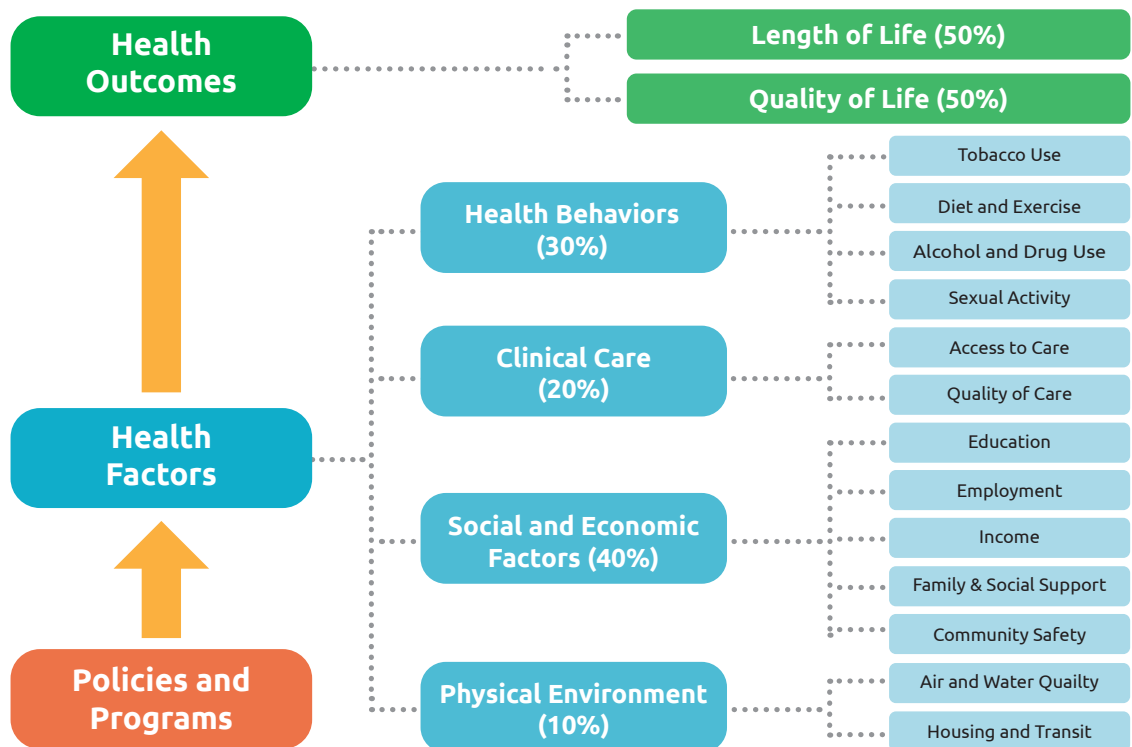
8   United Health Foundation. (2024). America's Health Rankings 2023 Annual Report. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_2023annual_comprehensivereport_final2-web.pdf.

9   County Health Rankings. (2024). Explore Health Topics. Retrieved from https://www.countyhealthrankings.org/what-impacts-health/county-health-rankings-model.
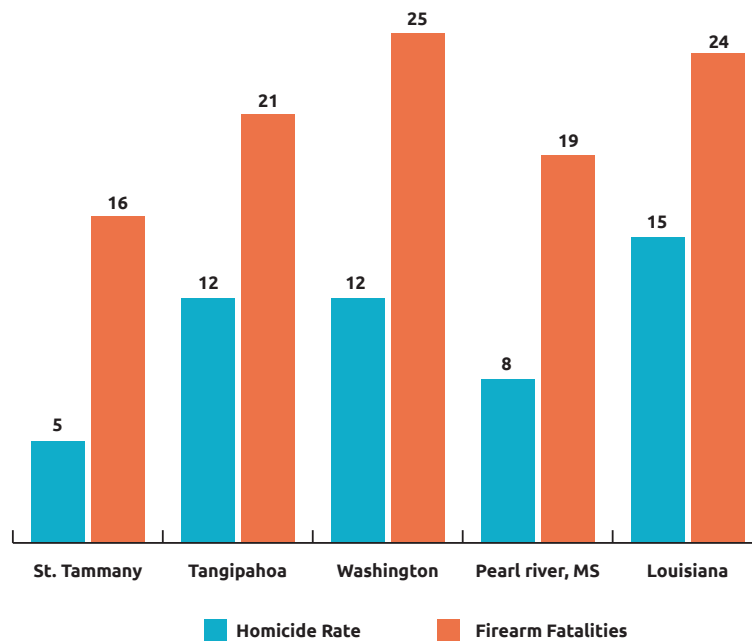
Environment

The environment refers to the areas where we live, work, and play, and thus can encompass different physical, natural, and built environment characteristics that often vary by place[10] and promote different levels of access to opportunities for healthy living.

Community Safety

Crime, violence, or firearms was the third largest social problem, selected by 45% of CHNA survey respondents. According to the Centers for Disease Control, firearms are a leading method of unintentional injuries in the United States. Unintentional injury is not only an issue for adults but is a leading cause of death among US Children aged 0-17 years[11].

Secondary data shows that firearm fatalities are highest in Washington, Tangipahoa, and Pearl River, MS, with Washington's rate slightly exceeding the state rate of 24 deaths per 100,000. Homicide rates are also higher in Tangipahoa and Washington, although all parishes have rates below the state average of 15 per 100,000. It is important to note here that Louisiana's deaths from violent crimes far exceed national rates, which are 6 per 100,000 for homicides and 13 per 100,000 for firearm fatalities.

Figure 4. Homicide and Firearm Fatalities Per 100,000 in Target Parishes from Secondary Data[12]

There are "so few ways to get ahead…the conditions feed off themselves."

Legend: Homicide Rate, Firearm Fatalities

Data points:
- St. Tammany: Homicide Rate 5, Firearm Fatalities 16
- Tangipahoa: Homicide Rate 12, Firearm Fatalities 21
- Washington: Homicide Rate 12, Firearm Fatalities 25
- Pearl river, MS: Homicide Rate 8, Firearm Fatalities 19
- Louisiana: Homicide Rate 15, Firearm Fatalities 24

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10   https://www.countyhealthrankings.org/health-data/health-factors/physical-environment

11   CDC Morbidity and Mortality Weekly Report, 2023.

12   County Health Rankings 2024

Discussions with community members echoed these concerns, with a focus group with local sheriffs highlighting connections between poly-substance drug trade and crime. They also discussed concerns about sexual assault in the community and impacts on childhood trauma, describing that there are *"so few ways to get ahead…the conditions feed off themselves."*

Food Access

Lack of healthy and affordable food was the eighth largest social problem identified in the CHNA survey, selected by 31% of respondents. Of the respondents who agreed that environmental factors were important in affecting their health, 20% selected food quality. Black respondents (27%) were more likely to identify food quality as an environmental issue affecting health than White respondents (17%).

Food insecurity is measured as the percentage of the population who do not have adequate access to food. Table 3 below describes the rate of food insecurity in the region, with parishes ordered from highest levels of food insecurity to the lowest, followed by the state rate. Rates in Tangipahoa (15%), Washington (17%), and Pearl River, MS (16%) are equivalent to or higher than the level of food insecurity statewide. St. Tammany reports a markedly lower rate of food insecurity of 11%.}

Table 3: Food Insecurity Rate from Secondary Data[13]

Washington	17%
Pearl River, MS	16%
Tangipahoa	15%
St. Tammany	11%
Louisiana	**15%**

Respondents saw food insecurity as exacerbated by poverty and infrastructure issues, as described by a local sheriff: *"If you don't have a lot of money, [you] buy the cheapest thing you can, usually highly processed sugar…one thing that has been talked about are the 800 plus adjudicated properties in Bogalusa…they could use this space as community gardens."* Participants in a focus group made up of medical residents also remarked on this issue, stating that there are *"very few healthy options [in] food deserts."* Food deserts are places where a low income, inadequate transportation options, and limited numbers of grocery stores with fresh and healthy food create conditions in which large proportions of residents have difficulty accessing healthy foods[14]. Food access is compounded by poverty and lack of public transportation and should be addressed in tandem with these issues.

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13   County Health Rankings 2024

14   Dutko, Paula, Michele Ver Ploeg, and Tracey Farrigan. Characteristics and Influential Factors of Food Deserts, ERR-140, U.S. Department of Agriculture, Economic Research Service, August 2012.

Housing and Transportation

Homelessness and unaffordable housing was the fourth most common social problem identified in the CHNA survey, selected by 43% of respondents. Severe housing cost burden is measured as the percentage of households that are spending 50% or more of their income on housing. This data is shown in Table 4 below with parishes ordered from highest housing cost burden to the lowest, followed by the state. All target parishes in the Northshore region report a lower severe housing cost burden than the state average of 15%. Tangipahoa reports the highest burden of 14%, while Washington has the lowest at 11%.

Table 4: Percent Burdened by Housing Cost from Secondary Data[15]

Tangipahoa	14%
St. Tammany	12%
Pearl River, MS	12%
Washington	11%
Louisiana	**15%**

Interview and focus group data bolsters CHNA survey data on quality and affordability of housing. For example, participants in one focus group emphasized that *"there are too many landlords that need to be held accountable for the extremely poor toxic living conditions, which can cause all sorts of health issues."* Similarly, a survey respondent reported that one of the top social problems in the area was that *"housing [is] too expensive."*

The location and quality of one's housing also connects to other resources including neighborhood environment, access to infrastructure, and transit. **Access to transportation was the 7th largest social problem identified in the CHNA survey, selected by 32% of respondents.** A physician interviewed for the CHNA stated that *"[lack] of transportation is one of the biggest problems I see, especially for the disabled and elderly."*

This was echoed in other interviews, including another health professional explaining that *"public transportation [is] not existent on the Northshore"* and there are *"no safe ways to walk or bike-ride."* Additionally, survey respondents wrote that there is **"not enough infrastructure"** when asked what they think the top 5 social problems are in their area. While resources exist to mitigate transportation issues, like the Council on Aging of St. Tammany's free rural transportation system, it was noted by a Health and Human Services lead that there is not widespread awareness of this resource.

*"Housing [is] too expensive."*

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15   County Health Rankings 2024

Climate and Natural Environment

In the CHNA survey, **90% of Northshore respondents indicated that they believed environmental factors play a somewhat (26%) or very important (64%) role in affecting their health.** Figure 5 shows the percentage of respondents who identified different environmental factors as important to health. Nearly half reported that exposure to mosquitos, ticks, or other insects as one of the top three environmental health factors. A substantial proportion indicated that air quality (44%), extreme heat (44%), severe storms (30%), and drinking water quality (28%) were also among the top environmental health factors.

Some racial differences were observed in perceptions of environmental health risks, for example, 49% of White respondents chose extreme heat as a top 3 factor compared to 32% of Black respondents, while 17% of White respondents chose food quality compared to 27% of Black respondents.

Figure 5. Environmental Factors Affecting Health for CHNA Respondents[16]

Factor	Percentage
Exposure to mosquitos, ticks, or other insects	46%
Air Quality	44%
Extreme heat	44%
Severe storms	30%
Drinking water quality	28%
Food quality	20%
Flooding	19%
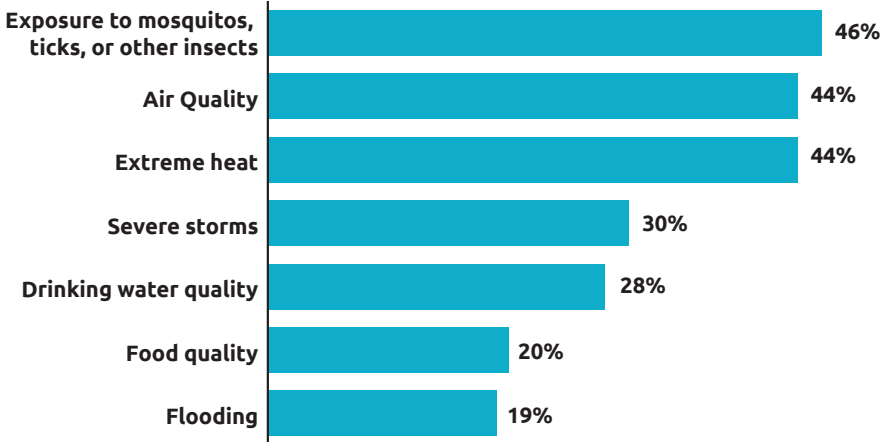
Note: Graph includes responses selected by at least 10% of respondents

Housing and the neighborhood environment play a major role in both indoor and outdoor air quality as well as exposure to insects or pollution[17]. External infrastructure, such as water or wastewater management, also shapes these factors. For instance, a recent Community Needs Assessment in St. Tammany Parish similarly identified the need for more efficient wastewater treatment beyond the use of septic tanks to meet the demands of population growth and to reduce "negative impacts on the environment."[18] All elements of the built and natural environment discussed in this section have interrelated impacts on opportunities for health.

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16   CHNA Survey 2024

17   https://www.rwjf.org/en/insights/our-research/2011/05/housing-and-health.html

18   St. Tammany Parish Government Community Needs Assessment, Executive Summary. 2023.

Social and Economic Factors

Socioeconomic factors such as workforce and cost of living play a major role in shaping health affordability as well as health behaviors of residents in the Northshore region. **Lack of education was a top social problem identified in the CHNA survey, selected by 25% of respondents.** Over half (55%) of Northshore survey respondents reported that they had a college degree or higher, and 55% identified good schools as a community strength, suggesting local inequities in the availability of education access when contrasted with secondary data.

The percentage of adults across Louisiana older than 25 years who do not have a high school diploma is 13%. St. Tammany and Pearl River report lower or equal rates at 9% and 13%. In contrast, Tangipahoa (17%) and Washington (17%) have nearly twice the percentage of adults without a high school diploma compared to St. Tammany. Survey respondents report a higher level of educational attainment than what is observed in the secondary data – only 4% of respondents do not have a high school diploma.

Table 5: Educational Attainment, Childcare Cost Burden, and ALICE Households in Northshore Region from Secondary Data[19, 20, 21]

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Percent of adults 25+ years with no high school diploma	9%	17%	17%	13%	13%
Unemployment Rate	2.9%	4.3%	4.2%	3.9%	3.7%
Percent of households below ALICE* threshold or below poverty line	44%	52%	61%	53%	50%

Not having enough well-paying jobs was identified in the CHNA survey as the 5th most common social problem, selected by 37% of respondents. The survey respondents had higher rates of employment than the target parishes. Secondary data in Table 5 illustrates that unemployment rates in Tangipahoa, Washington, and Pearl River exceed

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19   2022 American Community Survey 5 Year Estimates

20   County Health Rankings 2024

21   ALICE Households: ALICE United Way, 2021

the state rate. Multiple interviewees stressed the lack of opportunities for well-paying jobs, especially in Washington parish, with one health professional stating that *"we need to find a solid economic anchor for the Western portion of Washington parish."* Other interviewees shared histories of two large local businesses that had since left the region.

Overall access to economic opportunity through education and employment impact household income and affordability of basic needs. The survey sample is skewed towards a higher income, with nearly half (49%) of respondents reporting an annual household income of $75,000 or greater. **Despite this, the high cost of utility bills was the second largest social problem identified in the CHNA survey, selected by 50% of respondents. The cost of childcare was the 6th largest social problem identified in the CHNA survey, selected by 32% of respondents.**

Data on the poverty line does not fully capture the depth of financial strain for families, household income of respondents was considered in the context of both poverty and United Way's Asset Limited, Income Constrained, Employed (ALICE) data[22], which shows the percentage of households in a parish that have an income higher than the poverty line, but not enough to meet the cost of living in each parish.

It is important to contrast the CHNA survey sample with parish-level ALICE data on income and poverty (Table 5). The Northshore facilities serve a community that is made up of between 44% and 61% lower-middle income families. The average for Louisiana is 50%. This indicates challenges with affordability of basic needs for a high proportion of families both in the catchment area and statewide. The issue with bills and childcare was echoed in conversations with CHNA participants. One focus group participant stressed that *"childcare [is a barrier to healthcare]. They can't come to the appointment for lack of [childcare] – or even [get] a job, because they don't have [childcare]."* Similarly, a community foundation leader stated that there are *"many financial constraints due to the high cost of living, especially in St. Tammany parish."*

"There is so much generational trauma [that] they feel like they are stuck in the cycle of drugs and poverty."

Finally, Figure 6 below illustrates another impact of financial strain on families through the rates of child poverty by race in the Northshore region. In Louisiana, 25% of people under the age of 18 are living below the poverty line. **When disaggregating this data by race, substantial disparities are made apparent, with Black children having higher rates of poverty across all parishes by a large margin**. For all parishes except for Washington, child poverty rates for White children are below the state rate. Concerns about impacts on youth were common among community members, with one focus group participant expressing that young people *"lack hope. There is so much generational trauma [that] they feel like they are stuck in the cycle of drugs and poverty."* These statements are aligned to other insights from the community provided about youth mental health and substance use, noted in the Substance Use section of the report under Health Behaviors and Outcomes.

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22   https://www.unitedforalice.org/

Figure 6. Child poverty is Higher among Black residents than White residents Across All Parishes from Secondary Data[23]
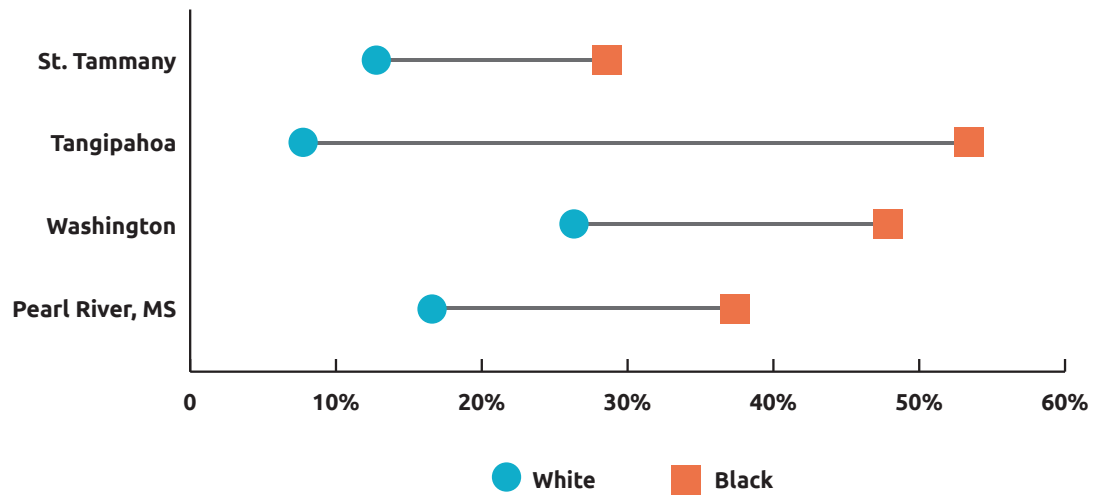
Findings from the CHNA survey show mixed levels of awareness of inequities and disparities. Overall, 37% of respondents disagree with the statement "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources." However, Black respondents disagreed at a higher rate than White respondents (45% vs 22%). **Additionally, racism and discrimination were among the top ten social problems identified in the CHNA survey, selected by 27% of CHNA respondents**. Furthermore, 45% of Black respondents selected this as a top problem compared to 22% of White respondents.

Figure 7: 37% of CHNA Respondents Disagree that Everyone in the Community has Equal Access to Opportunities and Resources[24]

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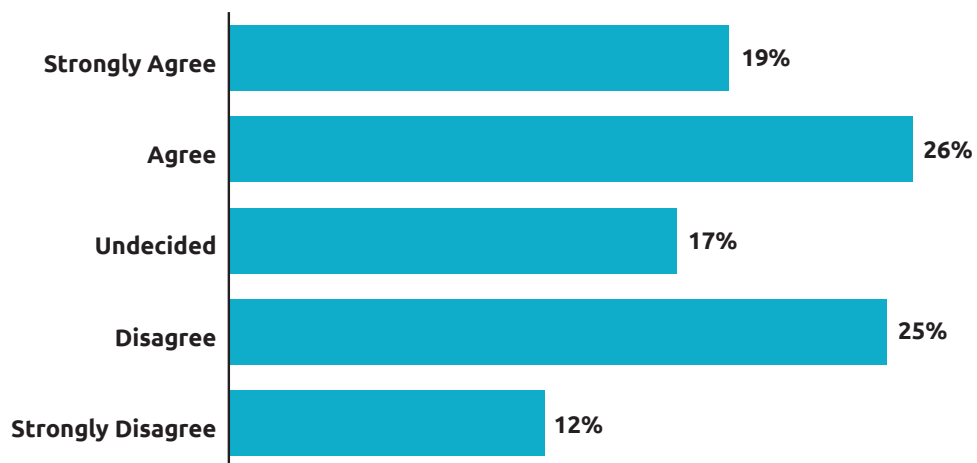
23   County Health Rankings 2024

24   CHNA Survey 2024

Access to Care

Clinical Care

Clinical care, comprised of access to and quality of care, can improve the health and wellbeing of communities through prevention and detection of diseases. Overall, Northshore CHNA respondents have a positive perception of their individual health, with few days of work or school being missed due to illness or health-related caregiving. Among respondents, 31% reported missing one to five days of work or school in the past three months while the majority report missing no days (61%).

Most respondents of the CHNA survey rated their health positively, with only 12% reporting that their health was fair or poor. When asked to compare their health to others in their community, 34% of respondents felt that their health was "a little better" and 27% felt that their health was "a lot better" compared to their community, whereas 9% felt their health was worse. Respondents also generally reported they are always (62%) or frequently (15%) able to visit a doctor or healthcare provider when they are sick or need healthcare. In addition, 88% of respondents reported receiving their most recent physical exam within the last two years.

Despite this, the cost of healthcare or insurance was the number one social problem identified in the CHNA survey, selected by 62% of respondents. White respondents (68%) were more likely to identify cost of healthcare or insurance as a top social problem than Black respondents (43%). The concern of cost was echoed in the interviews with a CEO of a local support organization stating that *"the cost of living and medical care keeps people from seeking preventive care until it's too late."* One physician emphasized the importance of a team-based model to primary care to increase continuity to care for patients.

"The cost of living and medical care keeps people from seeking preventive care until it's too late."

Secondary data illuminates these findings, by examining the rate of preventable hospital stays in catchment areas. This rate is measured as number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees and provides insight into accessibility to outpatient care or overuse of emergency departments or urgent care. Louisiana has a rate of 3,575 preventable hospital stays per 100,000 Medicare enrollees. As shown in Figure 8, in every parish in the Northshore region, **the rate of preventable hospital stays for Black individuals is higher than that of White individuals and higher than the Louisiana average.** Preventable hospital stays for White individuals are higher than the state average in Tangipahoa and Washington parishes.

Figure 8. Preventable Hospital Stays Among White and Black population from Secondary Data[25]
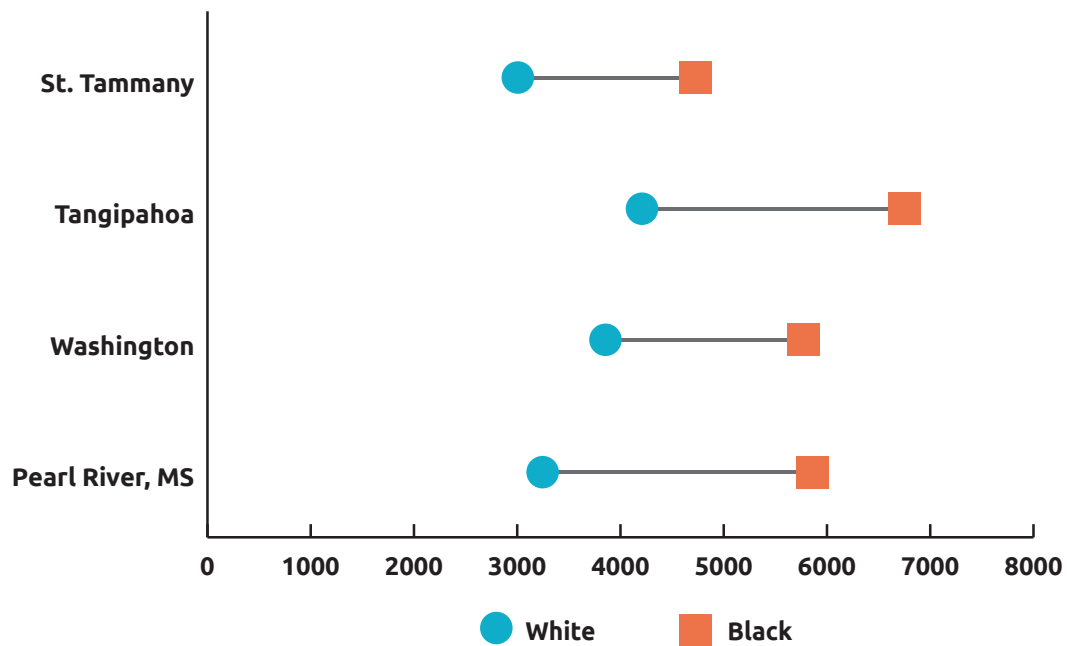
As shown in Table 6 below, there is a wide range in the availability of primary care providers across the parishes. The ratios in the table indicate the concentration of primary care providers in the population, from the least access to the most access. St. Tammany has the most access, meaning that there is one provider for 1,295 people, suggesting the easiest access for residents of that parish. On the other hand, Washington parish has the least accessibility, with one primary provider for 5,015 people. Except for St. Tammany, all catchment parishes have worse ratios than the Louisiana average of 1 physician per 1,441 people. Combined with the data on preventable hospital stays above, these data points to potential challenges in accessing care.

Table 6: Ratio of Population to Primary Care Physicians from Secondary Data[26]

Washington	5015:1
Pearl River, MS	4036:1
Tangipahoa	2504:1
St. Tammany	1295:1
Louisiana	**1441:1**

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25   County Health Rankings 2024

26   County Health Rankings 2024

As shown below in Figure 9, when asked about reasons for choosing not to see a doctor when they needed to, respondents largely reported that available appointments did not suit their work schedule (31%) or that they could not afford it or have insurance problems (16%).

Figure 9: Top Reasons for Avoiding Doctor's Appointments among CHNA Respondents[27]
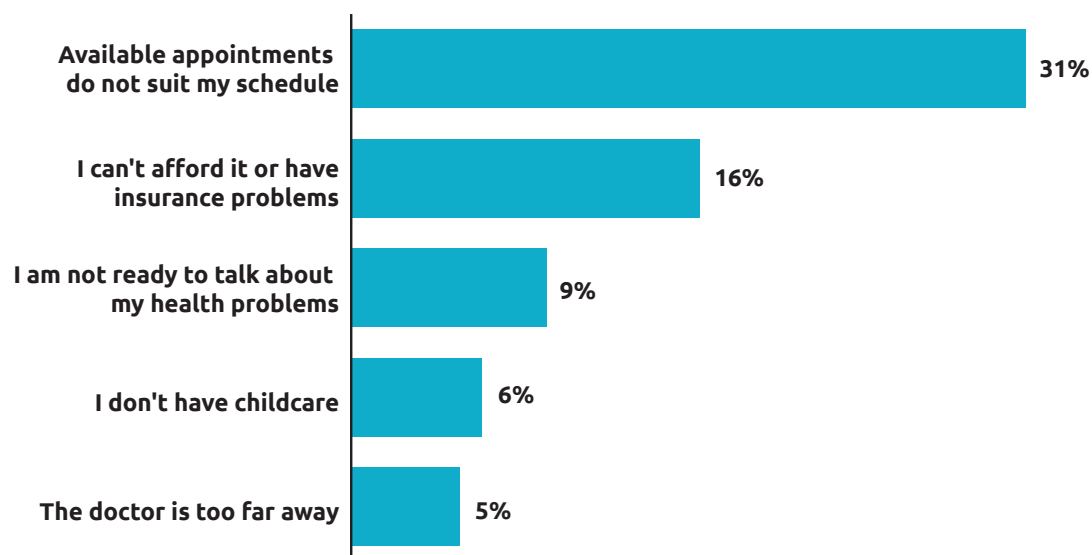
Note: Figure indicates responses chosen by at least 5% of people.

These barriers were also reflected in interviews, with a regional medical lead stating that ***"preventive care is a luxury for those who can take off [work]…we must stop this cycle, clinic hours need to start meeting work schedules."*** Several survey respondents echoed this in reporting scheduling difficulties or long wait times, with one stating that ***"the wait is sometimes longer than the illness lasts."*** Survey respondents also provided the context that they do not have ***"health insurance/money to pay for doctor or prescriptions."***

> *"Medicaid does not provide reliable transportation. They have clients that are dropped off and often will have to wait four or five hours to be picked up."*
>
> *– Focus group participant*

Additional barriers to care were raised in interviews including a few survey respondents describing they had ***"no gas money,"*** pointing to transportation problems described in the Environment section of the report. Participants in a local crochet club noted that ***"transportation from the Council on Aging doesn't cross parish lines, but it does help with local appointments. Many are afraid to drive in all the traffic in bigger cities."***

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27   CHNA Survey 2024

"Medicaid does not provide reliable transportation. They have clients that are dropped off and often will have to wait four or five hours to be picked up." – focus group participant.

Themes of trust and discrimination also emerged in free-text survey responses and interviews. One respondent wrote, *"doctors are often dismissive of my problems and I often feel discriminated against due to my gender and mental health issues."* In a focus group with people incarcerated in a local jail, one observed that *"when you are outside the walls, you are almost certainly denied Medicaid unless if you have children,"* indicating challenges with insurability following incarceration.

These primary and secondary data sources detail a nuanced, community outlook on health in the catchment region identifying concerns and inequities in access to clinical care, despite the majority of CHNA respondents identifying good individual health.

Mental Health Care

Although 59% of CHNA respondents reported no barriers to mental health support, **mental health was tied for the second largest health concern identified in the CHNA survey, selected by 56% of respondents.** Suicide was among the top 10 health concerns, chosen by 15%. Additional primary and secondary data mirror themes from the Access to Care section above. When reporting barriers to mental health care, the top concern identified was cost or insurance problems (21%). In addition, 17% of CHNA respondents reported reluctance to talk about their problems or a fear of stigma.

As shown below in Table 7, the availability of mental health providers varies across parishes, which are ordered from the lowest level of access to the highest level of access. Pearl River, MS reports the highest ratio of 1636:1, more than double the next highest ratio of 617:1 in Washington Parish. This indicates a lower concentration of providers and potentially limited access to mental health services in Pearl River. While St. Tammany has the lowest ratio of 362:1, indicating better accessibility to mental health resources, it remains higher than the state level ratio of 295:1.

Table 7: Ratio of Population to Mental Health Providers from Secondary Data[28]

Pearl River, MS	1636:1
Washington	617:1
Tangipahoa	434:1
St. Tammany	362:1
Louisiana	**295:1**

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28   County Health Rankings 2024

As a note, the above data differs from Health Research Services Administration (HRSA) designated shortages because it includes a wider variety of providers such as counselors and therapists, while HRSA definitions encompass psychiatrists only[29]

Figure 9 depicts the most common barriers for seeking mental health care for CHNA respondents and shares themes to the Access to Care section above. The most common barrier for respondents is cost or insurance problems. In addition, respondents reported issues with comfort talking about mental health, finding support resources, and stigma from friends and family.

Figure 9. Top Barriers to Seeking Mental Health Care among CHNA Respondents[30]
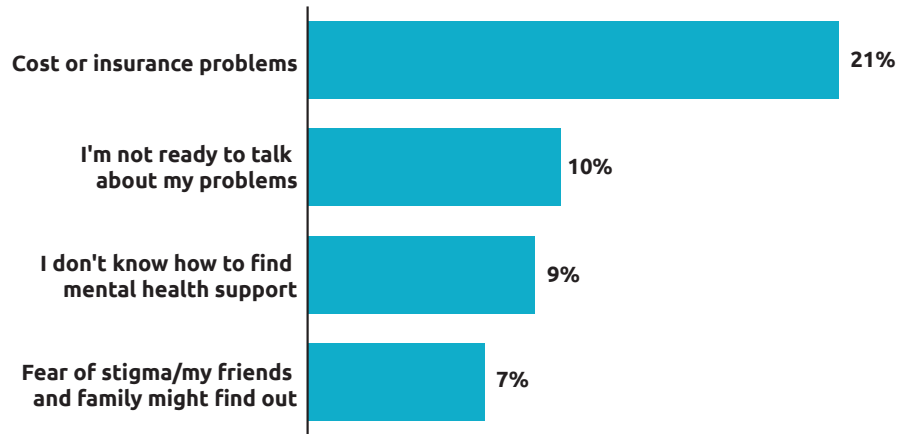
The prevalence of these issues is supported by interview themes, with many community members linking mental health to other social determinants of health. For instance, a focus group participant stated, *"Mental health [is] underreported and is dealt with in isolation, so it often goes unaddressed...trauma is the root of issues in the community and is the norm."* A local law enforcement officer also noted that *""lack of mental health care is a precondition for a lot of things we see on the streets,"* referring to violent crime and substance use in his community.

"The lack of mental health resources for our young people is a serious problem...many parents do not even know where to begin to get the help they need."

Interview participants were particularly concerned about mental health among younger generations. An assistant superintendent at a Northshore school stressed that *"the lack of mental health resources for our young people is a serious problem...many parents do not even know where to begin to get the help they need."* The executive director of a mental health nonprofit additionally highlighted that there is *"limited access to specialized mental health care, especially with the youth."*

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29   https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hp sas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22louisiana%22:%7B%7D%7D%7D&so rtModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

30   CHNA Survey 2024

Telehealth, Broadband Access, and Sources of Health Information

94% of CHNA respondents reported having internet connection at home and 96% have a smartphone. 57% of respondents have had a doctor's appointment through telehealth (Figure 10). Among those whose did, 82% reported the quality of care to be good or very good. Only 3% reported the quality as poor or very poor. While these findings suggest a positive perception of telehealth among those who have received it, there is opportunity to increase awareness and utilization of telehealth among the 40% of respondents who reported never having this type of care.

Figure 10. More than Half of CHNA Respondents Have Received Care through Telehealth[31]

- 3%
- 40%
- 57%

Legend:
- Yes
- No
- I do not know what telehealth services are
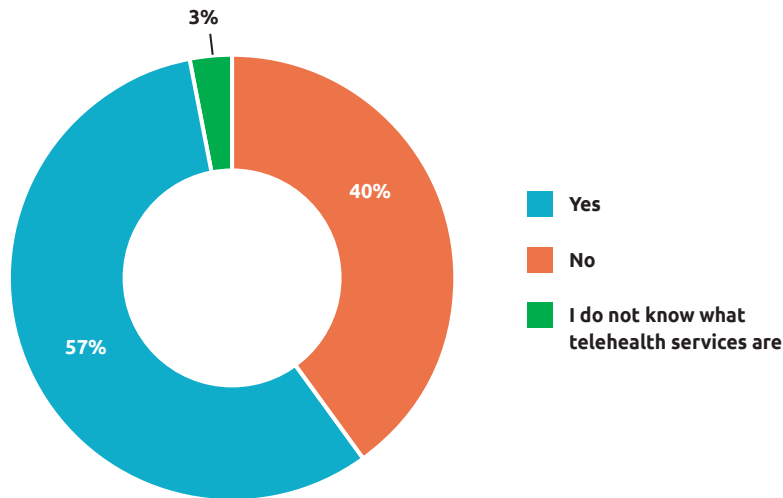
Figure 11. Majority of CHNA Respondents Who Have Received Care through Telehealth Rate it Positively[32]

- 2%
- 1%
- 15%
- 37%
- 45%

Legend:
- Very Good
- Good
- Fair
- Poor
- Fair
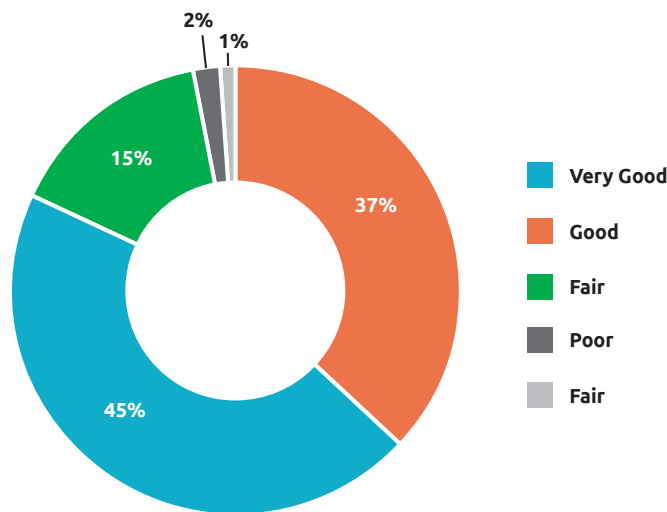
31   CHNA Survey 2024

32   CHNA Survey 2024

Additional insight can be gained from examining broadband access rates across parishes. As seen in Table 8 below, 83% of households in Louisiana have broadband internet. A wide range of access is observed across the Northshore region, with St. Tammany having the highest percentage of households with broadband internet (91%) and Washington parish having the lowest (70%).

Table 8: Rate of Broadband Access Among Households from Secondary Data[33]

St. Tammany	91%
Tangipahoa	85%
Pearl River, MS	80%
Washington	70%
Louisiana	**83%**

In interviews, varying levels of knowledge, and quality of digital health resources were a common theme. One health professional stated that a **"lack of broadband access hinders telehealth opportunities…[it's] difficult to navigate healthcare systems without reliable internet."** The vice president of a community organization echoed that **"virtual visits add another layer of complications"** for those without **"reliable broadband connectivity."** In contrast, another medical professional stated that **"telehealth is good…but for serious acute problems, physicians really need to examine and get to know the patient. It should not replace initial visits."**

Most respondents felt confident in understanding information provided by their doctors, with 68% reporting feeling very confident and 25% reporting feeling slightly confident. Figure 12 below shows the most common sources of health information for CHNA respondents, with health professionals (86%), online informational resources (60%), and family and friends (40%) being the most common sources respondents use for health information. Interviews echoed how different sources of information were utilized concurrently for health knowledge. A participant in a medical center focus group stated, **"Family members will listen to other family members, Dr. Google, and social media."** Another stated that **"health care literacy remains very low among the general population."**

"Health care literacy remains very low among the general population."

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33   County Health Rankings 2024

The data in Figure 12 illustrates that there is a high reliance on both traditional and online sources of health information. The National Institute on Aging[34] reports that while health websites sponsored by federal agencies are generally reliable, not all online sources are trustworthy. Additionally, according to the Agency for Healthcare Research and Quality's Patient Safety Network[35], **examples of digital health literacy include being able to find and evaluate health information online, access telehealth services, and communicate with providers electronically.** Thus, data from the survey in combination with insights from interviews suggests that in addition to broadband services themselves, digital literacy is an important component of overall health literacy and in being able to play an active role in one's health.

Figure 12. Most CHNA Respondents Rely on Doctors, Nurses, and Pharmacists in Their Community for Health Information[36]

Source	Percentage
Doctors, nurses, pharmacists in my community	86%
Online (internet) informational resources	60%
Family and friends	40%
Your place of work	21%
Hospital	20%
Books	14%
Health fairs	11%
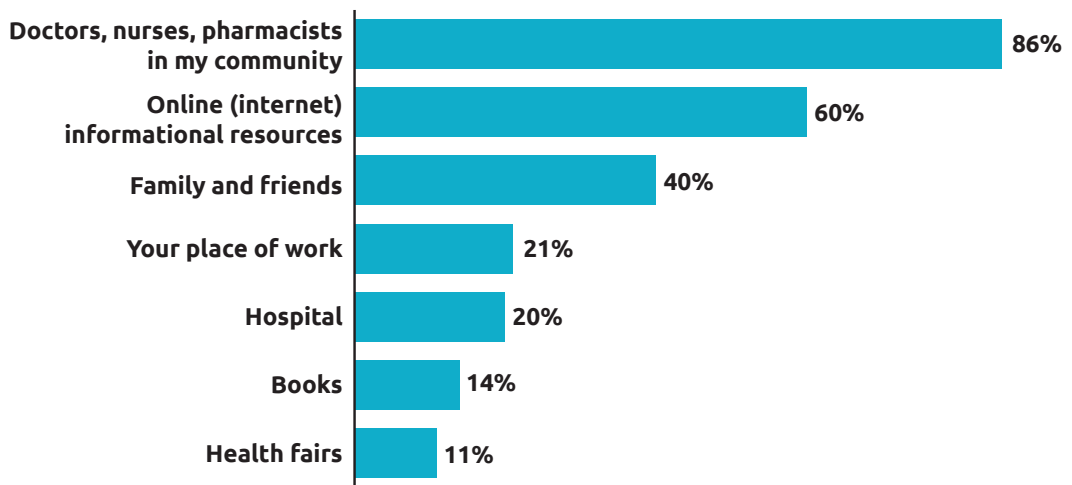
Note: Figure shows options selected by 10% or more of respondents.

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34   https://www.nia.nih.gov/health/healthy-aging/how-find-reliable-health-information-online

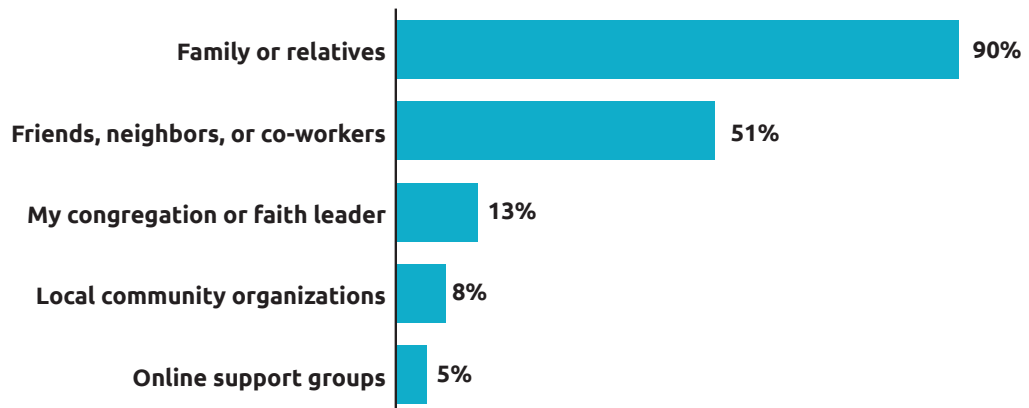35   https://psnet.ahrq.gov/primer/digital-health-literacy

36   CHNA Survey 2024

Community Networks and Assets

In addition to the health needs and challenges reflected in data, community members also highlighted areas of strengths and assets, which can be harnessed to address health needs and the development of implementation plans. Interview and focus group participants celebrated the strong sense of community and resiliency on the Northshore, with a local government leader stating that ***"neighbors tend to take care of each other through support networks."*** Additionally, the CEO of a local organization feels that the ***"community [is] invested in creating events to engage with each other."*** In line with these statements, 42% of survey respondents felt that community activities and events were very important in maintaining their overall health and well-being, with 38% reporting them as somewhat important. When asked who they turn to during a health crisis, respondents most commonly chose family or relatives (90%) and friends, neighborhoods, or co-workers (51%), with faith groups or community organizations also being selected. This points to the strength of local ties and networks as resources for meeting needs. A more comprehensive list of resources that were described by participants in the CHNA survey is provided in Appendix B.

Figure 13. Most CHNA Respondents Turn to Family or Friends during Health Crises[37]

Category	Percentage
Family or relatives	90%
Friends, neighbors, or co-workers	51%
My congregation or faith leader	13%
Local community organizations	8%
Online support groups	5%

Respondents also had the opportunity to select the top five positive features of their community, highlighting the strengths of their community and echoing other survey and interview findings. Faith-based organizations were selected as a community strength by 70% of respondents, indicating that they have a significant presence in the community. Respondents also selected good schools (55%), parks and recreation (42%), low crime and violence (36%), and diversity of people (36%) as positive features of their respective communities.

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37   CHNA Survey 2024

Key Health Outcomes and Behavior

In this section, data on key health conditions and behaviors connect the preceding information on the social determinants of health to impacts and outcomes.

Life Expectancy

Life expectancy provides an overview of opportunity for health. Communities of color are often at greater risk for poor health outcomes because of inequities in access to social and economic benefits. Figure 14 illustrates racial disparities in life expectancy in the Northshore parishes. In Louisiana, the average life expectancy is 74 years. Disparities in life expectancy exist when the data is disaggregated by race. As shown below, Black individuals have a lower life expectancy in every parish compared to White individuals, with the greatest difference observed in Tangipahoa at 4.7 years. All parishes have a lower life expectancy for Black residents compared to the state average.

Figure 14. Life Expectancy among White and Black residents From Secondary Data[38]
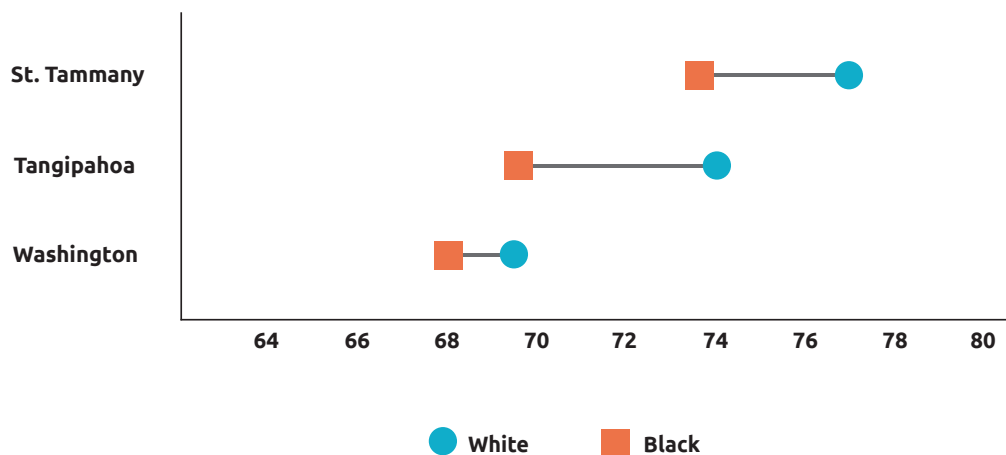
Note: Data not available for Pearl River, MS.

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38   County Health Rankings 2024

Maternal and Infant Health

Both survey and secondary data reveal the need for continued attention to maternal health outcomes, health disparities, and education. According to County Health Rankings (2024), low birthweight is an indicator of both the prenatal environment, the health status of the birthing parent, and a risk factor for infant mortality or morbidities for the child later in life. Figure 15 shows the percentage of low birthweight babies born to White and Black families. **This rate is higher for Black infants in all parishes, while for White infants, the rate is lower than the Louisiana average of 11%.** Additional research suggests that maternal and infant health disparities among women of color, especially Black women, are based in socioeconomic inequality and racism[39].

Figure 15. Percent Low Birthweight among White and Black Population from Secondary Data[40]
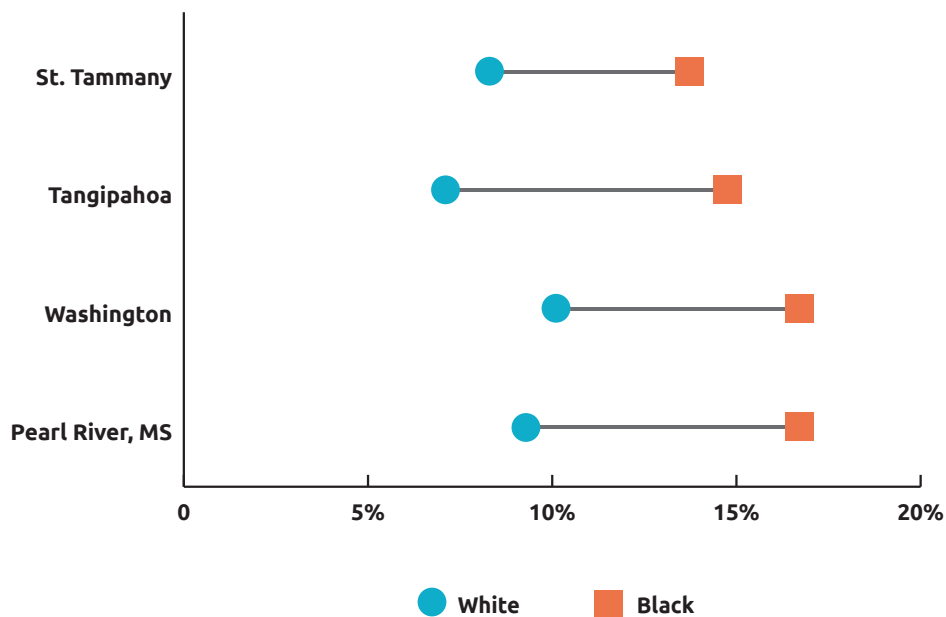
Data below in Figure 16 provides information on prenatal health behaviors – in this case, smoking during pregnancy. According to the data resource Kids Count, smoking during pregnancy is associated with premature birth and low birthweight. **Despite the data above showing higher rates of low birthweight babies for Black populations, Figure 16 indicates that smoking during pregnancy is reported more frequently among White populations in all Northshore parishes** and frequently, at a higher rate than the state average of 6%. Recent research from the United States found increases in smoking during pregnancy from 2010 to 2017 and that lower education levels were a risk factor for tobacco use.[41]

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39   https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/

40   County Health Rankings 2024

41   Azagba, S., Manzione, L., Shan, L. et al. Trends in smoking during pregnancy by socioeconomic characteristics in the United States, 2010–2017. BMC Pregnancy Childbirth 20, 52 (2020). https://doi.org/10.1186/s12884-020-2748-y

Figure 16. Smoking during Pregnancy among White and Black Populations[42]
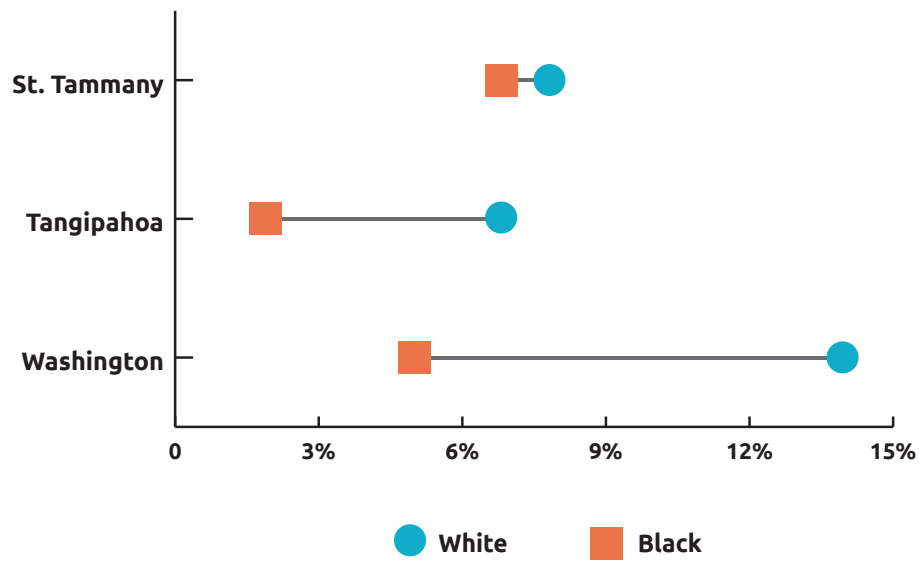
Note: there is not data available for smoking during pregnancy in Pearl River, MS

Additionally, data below displays the rates of teen birthrates in Northshore parishes from the highest rates to the lowest, followed by state rates. According to County Health Rankings, early childbearing is associated with worse health outcomes for both the mother and child. The teen birth rate, measured per 1000 females ages 15-19, was reported at 27 per 1000 across Louisiana in 2019. Teen birth rates varied across parishes, with the lowest rate reported in St. Tammany (15 per 1,000) and the highest in Washington (38 per 1,000). In addition, the state rate of teen births is much higher than the national rate which is 17 births per 1000. According to recent data from the Louisiana Department of Health[26], among pregnant women who were not using contraception and not trying to become pregnant[43], 27% did not think they could become pregnant.

Table 9: Teen Birth Rates per 1,000 females aged 15-19 from Secondary Data[44]

| Washington	38
Tangipahoa	29
Pearl River, MS	26
St. Tammany	15
Louisiana	**27**

42   Kids Count, https://datacenter.aecf.org/data/tables/11259-births-to-women-who-reported-smoking-during-pregnancy-by-race-and-ethnicity?loc=20&loct=5#detailed/5/3220-3283/false/2048,574/2,13,1,3/21664,21663

43   LDH PRAMS Data Report, 2021. https://ldh.la.gov/assets/oph/Center-PHCH/FamilyHealth/2021_PRAMS_Data_Report_FINAL.pdf

44   County Health Rankings 2024

Lastly, **data below indicates that in 2021, 61% of births were financed by Medicaid in Louisiana, indicating that affordability of prenatal services may be a challenge without this resource**.

Figure 17: Births Financed Through Medicaid in Louisiana from Secondary Data[45]
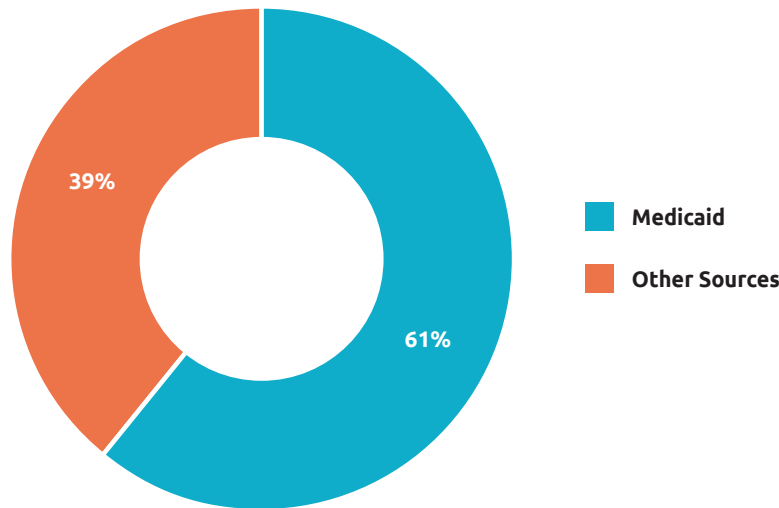
Reproductive health and infant health were not among the most commonly selected major health issues in the CHNA survey, with small proportions identifying prenatal and infant health (3%) and reproductive health (6%) as a top health problem. In comparison, health professionals when interviewed identified awareness of the need. For instance, one focus group participant stated that *"A maternity home is desperately needed on the Northshore – too many homeless pregnant moms without family support [that] don't get the prenatal healthcare needed."* Another health professional similarly noted, *"becoming a parent is challenging enough for established dual income families. Much less to a teen, that has no clue on what to do."*

"A maternity home is desperately needed on the Northshore – too many homeless pregnant moms without family support [that] don't get the prenatal healthcare needed."

This insight from the Northshore community as well as corresponding data on maternal and infant health outcomes in the region and statewide point to the need for continued focus on maternal and infant health, particularly the need for prenatal health services and education.

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45   Kaiser Family Foundation, State Health Facts, Births Financed by Medicaid, based on analysis CDC Wonder Online Database, 2021.

Sexual Health

This topic follows the Maternal and Infant Health section owing to the relationship between maternal and infant health outcomes and sexual health. According to County Health Rankings (2024), Sexually Transmitted Infections (STIs) can have long-term reproductive repercussions for all members of the population, and teen mothers are at a higher risk for STIs. **STIs were identified as a top health problem identified in the CHNA survey, selected by 9% of CHNA respondents, with a larger proportion of Black respondents (16%) selecting it than White respondents (7%).**

Chlamydia incidence is measured as the number of new cases per 100,000 persons. As shown in Table 10 below, Tangipahoa has the highest chlamydia incidence rate at 944 per 100,000, well above the state average. St. Tammany reports the lowest rate of 411 per 100,00. Statewide, Louisiana reports a chlamydia rate of 730 new cases per 100,000, which is substantially higher than the national rate of 496 per 100,000.

Table 10: Chlamydia Rates in Northshore Parishes per 100,000 from Secondary Data[46]

Tangipahoa	943.7
Washington	642.5
Pearl River, MS	502.6
St. Tammany	411.3
Louisiana	**730.6**

A 2024 surveillance report released by the Louisiana Department of Health also highlights overall areas of concern and health disparities associated with other STIs in the state. In 2022 Louisiana ranked 4th in the nation for rates of newly diagnosed HIV. Louisiana also ranked 9th in the nation for primary and secondary syphilis diagnosis rates, and 7th in the nation for congenital syphilis case rates, referring to infants born with syphilis that has been passed from the birthing parent. Newly diagnosed HIV cases in Louisiana are higher among individuals who are gay, bisexual, or men who have sex with men, whereas the primary risk factor for those diagnosed with syphilis is heterosexual activity.

It is important to connect this data with prior concerns raised about violence and sexual assault in the community. CDC guidelines emphasize assessing sexual assault survivors for possible higher risk of STIs including syphilis, chlamydia, and gonorrhea as well as trichomoniasis and Hepatitis B[47].

This data identifies a need for continued focus on sexual health education, and STI education, testing services across the state and by region.

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46   County Health Rankings 2024

47   CDC Sexually Transmitted Infections Treatment Guidelines, 2021. https://pmc.ncbi.nlm.nih.gov/articles/PMC9716778/

Chronic Disease, Cancer, and Screenings

Heart disease, obesity, and diabetes are classified as chronic diseases, meaning they are conditions that are long lasting and persistent. Poor nutrition and lack of physical activity are both related to obesity, cardiovascular conditions, and cancer. Data from the CHNA survey indicates that the community is aware of these risks. Obesity was the number one local health concern, chosen by 58% of respondents. Heart disease or high blood pressure (hypertension) was the fourth largest concern, chosen by 53%, and diabetes was the fifth largest concern, chosen by 51%.

As shown in Table 11, in Louisiana, 39% of adults are classified as obese, 33% of adults have been diagnosed with high blood pressure, and 12% have been diagnosed with diabetes. Although the Northshore parishes have comparable rates to the state overall, there are some differences. For example, Tangipahoa and Washington parish have rates of obesity and hypertension that exceed the state rate, while Washington exceeds the state rate in diabetes. Additionally, hypertension exceeds the Louisiana rate in all catchment parishes.

Table 11: Rates of Obesity, Hypertension, and Diabetes Rates from Secondary Data[48]

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Obesity rate among adults (18+, (age-adjusted))	35%	41%	45%	39%	39%
Hypertension rate among adults (18+)	38%	41%	46%	37%	33%
Diabetes rate among adults 20+ (age-adjusted)	10%	12%	14%	11%	12%

Cancer was tied as the second most important health concern identified in the CHNA survey, selected by 56%. There were also some differences by race whereby cancer was considered a top community health problem by 49% of Black respondents, but 60% of White respondents.

Figure 18 shows differences between cancer incidence, measured as number of cases of all kinds of cancer per 100,000 people, among White and Black residents. Differences in cancer rates vary by race and parish. The largest disparity can be observed in Tangipahoa parish, with cancer incidence rates of 502.1 per 100,000 for White residents, versus 526.4 per 100,000 for Black residents, respectively. For multiple populations and parishes, cancer incidence is higher than the state rate of 483.6 per 100,000 people, and much higher than the national rate of 444.4 per 100,000.

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48   County Health Rankings 2024

Figure 18. All Cancer Incidence Among White And Black Populations From Secondary Data
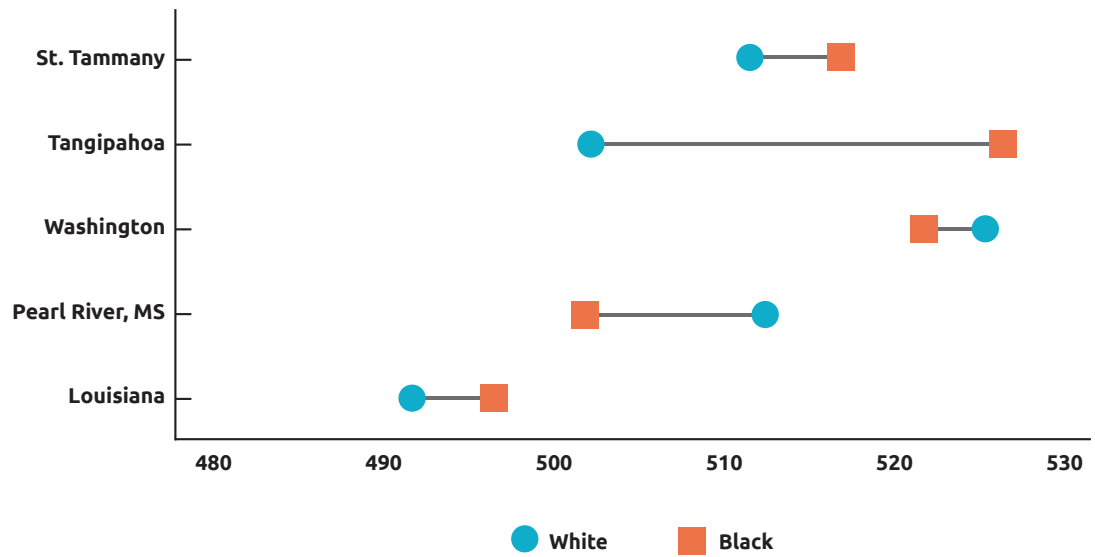
Cancer screenings and education are key elements of prevention. Secondary data sheds light on screening rates in Table 12, showing the percentage of women over the age of 40 receiving an annual mammography and the percentage of individuals aged 50-75 who report a colonoscopy in the last 10 years in the Northshore region. St. Tammany reports the highest rates of both annual mammography and colonoscopy at 78% and 65%, respectively. This is higher than the Louisiana average of 71% and 61%. Screening rates across the other catchment parishes are generally close to or lower than that of the state.

Table 12: Mammography and Colonoscopy Rates from Secondary Data[49]

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Mammography screening rate	77.6%	69.7%	69.7%	61.9%	70.8%
Colonoscopy	65.1%	58.6%	50.8%	55.0%	60.5%

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49   National Cancer Institute 2017-2021

The figure below illustrates rates of cancer screenings reported by CHNA survey respondents. When asked about cancer screenings conducted in the past 3 years, the most common screenings for participants were breast cancer screenings (50%), cervical cancer screening (48%), and colonoscopy or rectal exam (36%). The least common screening among respondents was prostate exam, with only 5% of respondents reporting receiving one in the past three years; however, the participation of males in this sample was also low.

Figure 19. Cancer Screenings among CHNA Respondents[50]

Screening	Percentage
Mammogram (breast cancer screening)	50%
Pap smear (cervical cancer screening)	48%
Colonoscopy or rectal exam	36%
Skin cancer screening	25%
Heart screening	22%
Prostate exam	5%
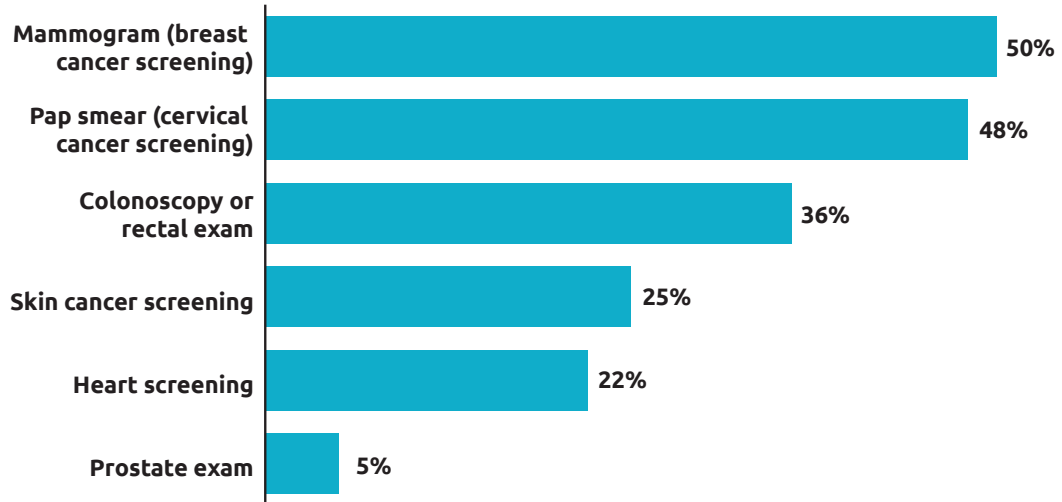
There are some differences in skin cancer screening rates by race. Only 6% of Black respondents reported a recent skin cancer screening compared to 32% of White respondents. The Dartmouth Geisel School of Medicine[51] reports that that Black people and other people of color tend to have a lower rate of 5-year melanoma survival than White patients because of later stage diagnosis.

Overall, the rates and racial gaps in all cancer site incidence as well as varying levels of cancer screenings in the CHNA sample suggest that continued attention to cancer prevention and education is needed.

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50   CHNA Survey 2024

51   https://geiselmed.dartmouth.edu/students/student-wellness-resources/sun-safety-and-skin-cancer-prevention/skin-cancer-in-people-of-color/#:~:text=Squamous%20cell%20carcinoma%20is%20the%20most%20common%20skin%20cancer%20in%20Black%20people.&text=Melanoma%20in%20people%20of%20color,subungual)%20and%20the%20nail%20areas.

Substance Use

Substance use was the sixth largest health concern identified in the CHNA survey, selected by 40% of CHNA respondents. Substance use is recognized as a major issue on the Northshore by survey respondents and interview participants alike. One health professional stated that *"the opioid epidemic crosses all lines from the country clubs to the most rural areas,"* demonstrating the wide-reaching effects of the opioid epidemic.

Data from the Louisiana Opioid Overdose Surveillance System is provided below on the opioid overdose mortality rate across Northshore parishes (Table 13). Opioid overdose rates are higher across the Northshore region compared to the state average (30 per 100,000), with a substantially higher rate of opioid overdoses reported in Washington parish (70.5 per 100,000).

Table 13: Opioid Overdose Mortality from Secondary Data[52]

Washington	70.5
Tangipahoa	47.5
St. Tammany	39.9
Louisiana	**30**

*Data is not available for Pearl River, MS.

Overall drug overdose mortality is also higher or equal across Northshore parishes when compared to the Louisiana average of 40 per 100,000. There are racial disparities in drug overdose mortality when disaggregating this data by race. Figure 20 shows the difference in drug overdose mortality rates between Black and White residents, with substantially higher rates among White residents in all parishes except Pearl River. Washington Parish has a very large difference in drug overdose deaths between Black and White populations. Substance use issues in Washington Parish are further validated by a recent community needs assessment conducted by the Washington Parish Coalition on Human Services[53] that identifies concerning rates of alcohol and drug use among the youth, pointing to a *"pervasive cultural…attitude that alcohol is a harmless 'rite-of-passage' into adulthood."*

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52   Louisiana Opioid Surveillance System, 2022

53   Washington Parish Coalition on Human Services. Washington Parish Community Needs Assessment, 2024.

Figure 20. Drug Overdose Mortality Rate per 100,000 in White and Black Population from Secondary data[54]
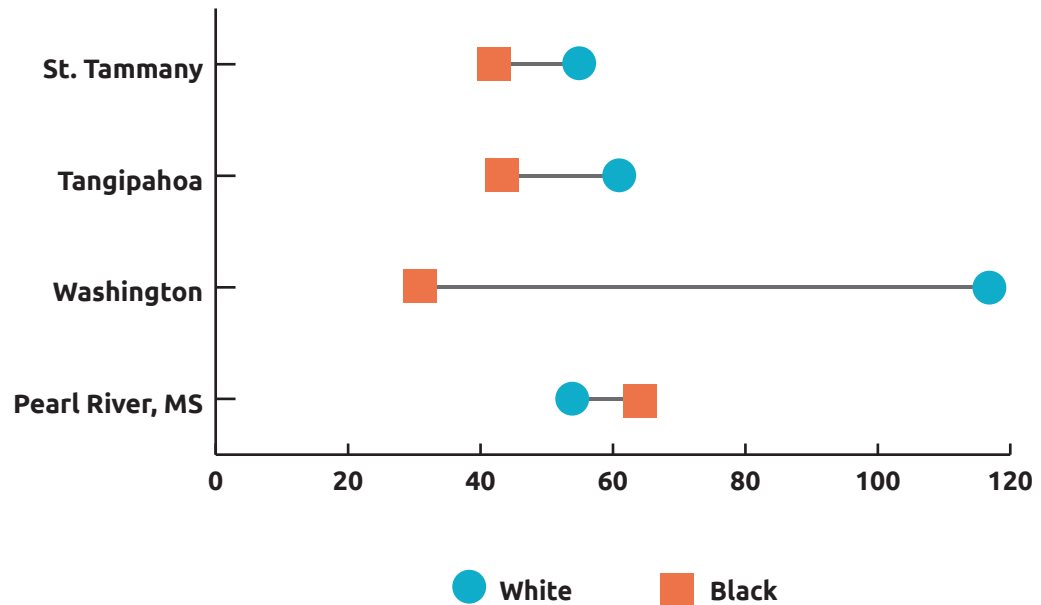
Although data in this section includes opioid deaths specifically, community members pointed to poly-substance issues as a concern. For instance, a participant in a local sheriff's focus group stated, "*Meth used to be the main problem but since it is now difficult for them to cook their own drugs (limits on over-the-counter drugs and on supplies used to make it) they have moved on to heroin, fentanyl, and whatever else they can get their hands on.*" Law enforcement officers also connected substance use to mental health needs, emphasizing, "*the drugs and mental illness feed off each other, stuck in a deadly cycle.*"

Interviews and focus groups spoke to the need for substance use treatment services as well as the overwhelming stigma and lack of awareness of available resources. A health professional stated there is a "*tremendous amount of pushback from the community in regards to medically assisted treatment programs,*" echoing a local opioid prevention outreach coordinator who believes "*MAT programs are wonderful but underutilized due to stigma and ignorance.*" Stigma and lack of awareness have been identified in literature as barriers to care and should therefore be considered import aspects of access[55].

"The drugs and mental illness feed off each other, stuck in a deadly cycle."

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54   County Health Rankings 2024

55   https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1256-2

Significant Issues

In the Healthier Northshore CHNA, qualitative and quantitative data were synthesized in an effort to understand and elevate issues seen across diverse community members (advocates, public health experts, providers) and data sources (community survey, interviews, secondary data), with a focus on the social determinants of health.

Community survey data was analyzed alongside qualitative findings to see how the community perceived the most pressing issues. Secondary data were then reviewed to reinforce, contradict, or add additional context and complexity to results from the primary data. The County Health Rankings model was utilized as an organizing resource to connect social determinants to health outcomes. Based on triangulation of these three layers of data, the following health concerns were identified for the region:

- Poverty and Economic Opportunity

- Transportation

- Affordability of Care

- Access to and Awareness of Behavioral Health

- Health Literacy and Digital Access

- Patient-Provider Trust

- Maternal and Infant Health Services

- Sexual Health Services

- Chronic Disease Prevention
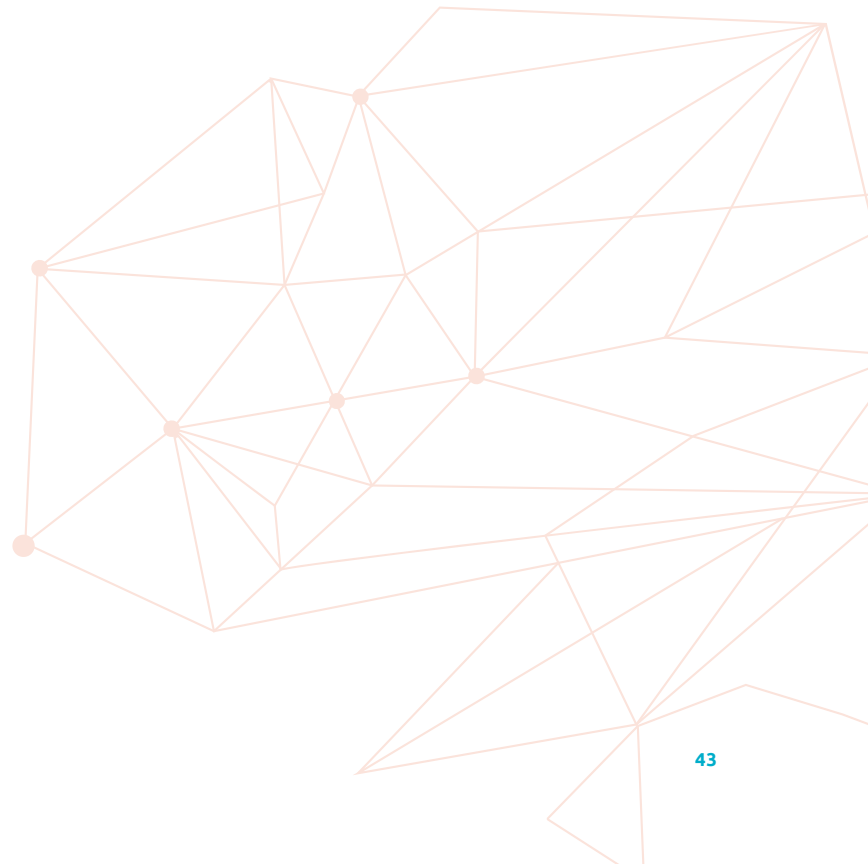
Steps to Prioritization

These health needs were shared with Healthier Northshore participating hospitals on a data call on November 18, 2024. Following presentation of results, a facilitated discussion occurred during which participants had the opportunity to conduct an initial prioritization exercise, ranking each health need based on feasibility for the hospital to address, alongside impact on health outcomes. Upon Board approvals, Healthier Northshore selected the following three priorities for their 2024-2027 Community Health Implementation Plan:

Healthier Northshore

2024–2027 Priorities

- Chronic Disease Prevention
- Maternal & Infant Health
- Behavioral Health

Next Steps

The Healthier Northshore CHNA report will be available to the public via each hospital's website. To request paper copies or to provide feedback, please contact:

- **Anne Pablovich,** Director of Community Engagement, St. Tammany Health System: **apablovich@stph.org**

Transition to Planning and Implementation

Following adoption of the CHNA, each hospital will develop a three-year Community Health Implementation Plan (CHIP) describing how they intend to address the key health concerns identified. The CHIP will include:

- Actions the hospital intends to take to address priority concerns,

- Resources the hospital plans to commit,

- Any planned collaborations, and

- Metrics to track progress.

The accompanying CHIP will be a separate written report, also adopted by the hospital facility.

Acknowledgments

About the Louisiana Public Health Institute

LPHI, founded in 1997, is a statewide community-focused 501(c)(3) nonprofit and public health institute committed to ensuring all Louisianans have just and fair opportunities to be healthy and well. Our work focuses on areas that touch public health, including tobacco prevention and control, building healthier communities, assessing needs of communities, supporting the whole health needs of individuals and families from early childhood to older adults, COVID-19, and more. We create authentic partnerships with both communities and partners to align action for health. For more information, visit **www.lphi.org**.

About United Way of Southeast Louisiana

United Way of Southeast Louisiana (UWSELA)'s mission is to eradicate poverty in southeast Louisiana. Since 1924, the chapter has been a major force in addressing needs in the community. UWSELA identifies pressing needs and then funds programs, supports collaborations, convenes experts, and advocates for change to foster crucial community services that addresses needs based on best practices. For more information, please visit **https://www.unitedwaysela.org/**.

Appendix A: Progress Made During Prior Community Health Implementation Plans

Please contact LCMC Lakeview and Riverside Medical Center directly for information on prior CHNA and CHIP processes.

St. Tammany Health System

The CHIP prioritized access to and continuity of care, mental and behavioral health, and education and health literacy. St. Tammany had the following SMART objectives in their 2022-2024 CHIP. Each sub-bullet indicates progress based on June 2023.

1. *Increase in enrollment, online scheduling, and video visits through MyChart for clinic patients.*
   - Enrollments in the MyChart Specialty and Primary care clinic increased from 81.3% to 87.8%.
   - Online appointment scheduling with the MyChart Specialty and Primary care clinic increased from 11% to 14%.

2. *Increase education opportunities through screenings, community outreach and corporate health solutions.*
   - The Health Check 365 activity reached 3,060 individuals in 2022, 5,269 in 2023, and 5,064 in 2024.
   - Mobile Mammography screenings reached 393 individuals in 2022, 459 in 2023, and 456 in 2024.
   - Healthier Northshore is also continuing to support the St. Tammany Parish Government on creating tobacco-free community events and initiatives.

3. *Connect patients to Mental and Behavioral Health community resources.*
   - Progress on this goal entailed hiring a second social worker for Covington and Folsom clinics.

4. *Offer Mental Health first aid class through NAMI (National Alliance on Mental Illness) St. Tammany on STHS campus*
   - Annually, there were 2 classes held for adults in Mental Health First Aid along with a NAMI Walk and toiletry and clothing drives. In addition, there was one Youth Mental Health First Aid class added in 2023 and 2024.

5. *Implement ICSED (Improving Care for the Substance Exposed Dyad) initiative.*

- To meet this goal, unit-based teams were established with participation from Labor and Delivery, NICU, and Mother Baby units.

- Nursing staff also received trainings to ensure use of inclusive language and interview techniques when caring for this group.

- Finally, there are efforts to keep mothers and babies together, to be able to increase "rooming in" among those babies who have been substance-exposed.

6. *Coordinate with Healthier Northshore partners to promote existing educational learning opportunities around health literacy specifically, digital literacy.*

- To meet this goal, interviews were filmed and aired on STPG-TV in January 2023, to showcase the importance of broadband and high-speed internet in healthcare, business, and education.

- The Council on Aging for St. Tammany also held a Teen Tech Tutors on April 17, 2023 where teens could help seniors learn how to navigate cellphones, tablets, and other electronics.

Northshore Rehabilitation Hospital, Slidell Memorial Hospital, and Slidell Memorial Hospital East

1. *Access to and Continuity of Care*

   - Slidell Memorial Hospital (SMH) recruited 68 new primary care and specialty providers in the service district, increasing available clinic appointments for the community.

   - SMH and Ochsner expanded services available to the community, including opening a Comprehensive Cancer Care Clinic, new procedures in urology, neurology care and therapy and wellness.

2. *Discrimination in Healthcare and Health Equity*

   - Diversity, equity and inclusion training programs that SMH and Ochsner implemented to cover cultural competency, unconscious bias awareness, respectful communication, and policies promoting equity and diversity.

   - Health Screenings offered for diverse audiences and are designed to educate the community about multiple health topics.

3. *Health Literacy and Education*

   - Provided programs for children and adolescents designed to fit their health needs and interests:

     » Resources such as Basic First Aid and hand hygiene

     » Technology and gadget safety

     » Cooking safety and healthy nutrition

     » Fit as a Firefighter Summer Camp

   - Free monthly educational lunch and learn series on ongoing healthcare and related issues including proper preventive options for the adult and elderly populations (healthy meal provided).

4. *Mental and Behavioral Health*

   - 30 minute Stress Management Course on the importance of managing stress offered at various locations in the community. Topics include: how stress affects the body, conquering stress, techniques and tips.

   - Increased employee education addressing behavioral health for patients with diverse cultural backgrounds.

   - Increased community education and referrals to resources, such as the Ochsner Psychiatry and Behavioral Health office on the Slidell Memorial Hospital campus, and the addition of a social worker to connect patients to behavioral health resources in a primary care clinic.

Appendix B: Local Resources Described by CHNA Participants in the Northshore Region

Below is a list of organizations described by CHNA participants which are working to address several health needs identified by the CHNA. The organizations are categorized in a way that is broadly similar to the County Health Rankings Model used to organize CHNA findings. Please note that although websites are provided where possible, some organizations do not have a website or operate using Facebook groups.

Name of Organization	Focus Area	Description	Website
ACCESS Health Louisiana	Community Health	Operates 53 community health centers and school-based health centers located throughout 16 parishes in Southeast Louisiana. AHL provides access to care for all regardless of ability to pay.	https://accesshealthla.org/
ADAPT	Community Health	Comprehensive center offering advocacy, prevention, and intervention services in the areas of sexual violence, substance abuse, and other negative health behaviors.	https://www.adaptwp.org/home
American Legion	Community Health (Veterans' Health)	Veteran's association committed to destigmatizing mental health support and offering peer-to-peer resources.	https://www.legion.org/
Council on Aging	Community Health (Senior Health)	Provides seniors with services designed to maintain and enhance their quality of life, wellbeing, independence, and involvement in the community.	https://www.coastseniors.org/
Florida Parishes Human Services Authority	Community Health (Behavioral Health)	Public service provider for mental health, addictive disorders and developmental disabilities services in the Florida Parishes area.	https://fphsa.org/
Hope House	Community Health (Maternal and Child Health)	Provides forensic interviewing, family advocacy, counseling services, and prevention outreach for the goal of ending the cycle of child abuse.	https://www.cachopehouse.org/
Lion Up Recovery Group	Community Health (Substance Use)	Recovery program for Southeastern University students in recovery for substance use disorders.	https://www.southeastern.edu/admin/counseling/lionup-recovery/

Name of Organization	Focus Area	Description	Website
Longbranch Recovery	Community Health (Substance Use)	Provides addiction treatment including detox, residential recovery, outpatient care, and extended care.	**https://www.longbranchrecovery.com/**
National Alliance on Mental Illness (NAMI) Southeast Louisiana	Community Health (Behavioral Health)	Conducts awareness, education, and support to people struggling with mental health and their families.	**https://namisela.org/**
Nurse Family Partnership	Community Health (Maternal and Child Health)	Evidence-based community health program connecting specially educated nurses with first-time moms.	**https://www.nursefamilypartnership.org/**
Restoration House	Community Health (Maternal and Child Health)	Pregnancy resource center providing free support to people facing unplanned pregnancies.	**https://www.resthse.org/**
River Oaks Hospital	Community Health (Behavioral Health)	Psychiatric facility providing behavioral health care, substance abuse treatment, and specialized care for adults and adolescents.	**https://riveroakshospital.com/**
Safe Harbor	Community Health	Non-profit serving survivors and their minor children who are victims of domestic abuse. Provide critical support services such as crisis intervention, legal advocacy, and community-based referrals for minor children.	**https://safeharbornorthshore.org/**
Southeast Louisiana Area Health Education Center	Community Health (Health Education)	Member of the national networks of AHECs operating in 48 states with the mission to improve health status through access to information, education, and health services.	**https://www.selahec.org/**
Start Corporation	Community Health	Federally Qualified Health Center specializing in primary care, behavioral health, hepatology, recovery treatment, and HIV care.	**https://www.startcorp.org/covington-mandeville**
STHS Parenting Center	Community Health	Provides programming for parents of young children to promote confidence and competence in parents, encourage optimal development for their children, and enhance the well-being of local families.	**https://www.sttammany.health/parentingcenter**

Name of Organization	Focus Area	Description	Website
YMCA	Community Health	Organization promoting holistic wellness through youth development, accessible resources for healthy living, and community building.	https://www.ymcaneworleans.org/
211	Community Health	24/7 help line connecting Louisiana residents to physical and mental health resources, employment support, and more.	https://www.louisiana211.org/
Bogalusa Civic League	Social and Economic Needs	Furthering improvements in social and civic conditions of Bogalusa and Washington Parish.	https://www.facebook.com/p/Bogalusa-Civic-League-100069356659632/
Brilliant Mindz	Social and Economic Needs (Youth)	Non-profit organization committed to inspiring youth to be responsible citizens and providing resources that positively impact their lives.	https://brilliantmindzorg.weebly.com/
Catholic Charities	Social and Economic Needs	Faith-based organization providing a variety of services including counseling, employment assistance, and meeting spaces for community groups.	https://nolacatholic.org/catholic-charities-on-the-northshore
Community Action Agency	Social and Economic Needs	Provides services including emergency utility, rental and mortgage assistance. Additionally works with homeless and housing insecure families to help them become self-sustaining,	https://www.stpgov.org/departments/health___human_services/caa.php
Community Healthways	Social and Economic Needs	Program with Louisiana Office of Public Health to address social needs such as housing, transportation, jobs, and utilities by connecting individuals with community health workers.	https://ldh.la.gov/community-healthways
Family Reach Alliance	Social and Economic Needs	Assists homeless and low-income families with achieving sustainable financial independence through educational outreach and strategic programming.	https://www.familyreachsela.org/
St. Vincent DePaul	Social and Economic Needs	Faith based organization addressing issues of homelessness, food insecurity, and educational attainment	https://www.svdpneworleans.org/

Name of Organization	Focus Area	Description	Website
Tri Parish Works	Social and Economic Needs	Local public workforce agency that provides employment and training services to further goals.	**https://www.triparishworks.net/**
United Way of Southeast Louisiana and Prosperity Centers	Social and Economic Needs	Promotes health, education, and financial stability for people in the community. The Prosperity Center for UW-SELA is a one-stop shop financial stability center offering education and coaching, credit building and counseling, benefits screening, and income tax assistance.	**https://www.unitedwaysela.org/**
Youth Service Bureau	Social and Economic Needs	Non-profit social service agency providing prevention and early intervention programs for youth and families.	**https://www.ysbworks.com/**
Bogalusa Help Center	Environment (Food Access)	Food pantry providing quality food items to households experiencing food insecurity.	**https://www.facebook.com/bogalusahelpcenter/**
Meals on Wheels	Environment (Food Access)	National network of community-based programs addressing food insecurity and social isolation among elderly populations.	**https://www.mealsonwheelsamerica.org/**
Northshore Food Bank	Environment (Food Access)	Community food bank supported by local businesses, civic organizations, and individuals in their mission to serve households experiencing food insecurity.	**https://northshorefoodbank.org/**
One Way Love	Environment (Housing)	Offers a range of services including community and family support, counseling, and housing assistance to further their goal of breaking the cycle of homelessness for youth.	**https://www.onewaylove.org/**

Appendix C: Assessment Approach

Facilities Involved

LPHI was contracted by the following hospitals for the 2024 joint CHNA process in the Northshore region, Louisiana:

- LCMC Lakeview Hospital
- Northshore Rehabilitation Hospital
- Riverside Medical Center
- Slidell Memorial Hospital
- Slidell Memorial Hospital East
- St. Tammany Parish Hospital

LPHI engaged all stakeholders in an approach guided by the National Association of County and City Health Officials (NACCHO) Community Health Assessment and Improvement Planning process[1]. The process is characterized by close engagement and collaboration, the use of evidence and data to make decisions, and action-focused visions.

The CHNA process was planned and carried out from July to November 2024.

Primary data collection for the CHNA includes data from 1425 community survey responses, 25 interviews, and 9 focus groups with public health professionals, service professionals, publicly elected officials, and community members who represent or are members of underserved and minority communities.

Defining the Community

Since the participating hospitals all practice in the Northshore, Louisiana region, stakeholders opted to define the community collectively based on where patients lived across participating hospitals. Therefore, the community was defined as parishes that collectively covered at least 80% of discharges from inpatient admissions from all hospitals. As such, the community of focus for the CHNA included residents of St. Tammany, Washington, and Tangipahoa parishes. Further information about this process is available in Appendix D.

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1   https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

Appendix D: Methodology

Overview

The methodology was driven by a focus on social determinants of health (SDOH) and by emphasizing community collaborations. LPHI utilized mixed methods to understand and document community input by triangulating primary qualitative data from CHNA interviews and focus groups, primary data from a survey developed for the CHNA, and secondary data gathered from external sources.

As the lead technical assistance provider, LPHI developed protocols and CHNA instruments and conducted analysis. As the lead community partner, UWSELA participated in group cohort calls, provided feedback and expertise on refinement of methodologies based on needs on the ground, and led all outreach and data collection activities in the community of focus. Hospital partners provided broad oversight and input into the process as well as recommending key entities for community input.

Service Data Used to Define Community

As discussed in Appendix C, the community was defined collectively by all stakeholders participating in the joint CHNA as the parishes from which most inpatient discharges originated. In order to gather this information, a data request was made to the Louisiana Hospital Inpatient Discharge Database. The data covered parish of residence across all discharges for participating Northshore hospitals from the calendar year 2021-2023 to cover a similar period of time as the last CHNA cycle. The resulting data illustrated that 80% of inpatient admissions originated from St. Tammany, Washington, and Tangipahoa parishes.

Because stakeholders also voiced the importance of a small number of patients who came from Pearl River, MS, a decision was made to utilize secondary data to characterize these areas, and the community survey was designed to enable responses from Mississippi counties as well.

CHNA Instruments for Community Input

After contract negotiations took place to develop agreements between partners, an initial stakeholder call was shared in which LPHI presented an overview of the methodology and the instruments that would be used. Instruments were further revised based on feedback from hospital partners and the UWSELA.

Survey

The approach to survey data collection was informed by a hospital guide on applying research principles to the CHNA process[1] as well as guidance from the National Association of County and City Health Officials (NACCHO)[2], and Kansas Health Matters[3]. Prior instruments shared by local Louisiana partners were also consulted.

The survey instrument initially drew from items in these sample instruments and underwent extensive revisions for quality, precision, and content areas. Where possible, items were revised to match a standard such as the personal health question which matches the CDC Healthy Days definition. Other modifications were made based on identification of local priorities (such as environmental health, telehealth, social determinants items such as childcare and broadband, and items on change over time). LPHI opted to avoid questions that asked participants to self-report their own health conditions, for privacy and sensitivity reasons.

Finally, expanded options were developed to report race, gender, and sexual orientation to count diverse identities, in line with the above resources as well as tips from the Harvard Office of Regulatory Affairs[4] and the National Center for Women and Information Technology[5]. When adapting or developing questions, LPHI drew from best practices in the previously linked guide on using research principles for CHNAs and from the Nielson Norman group[6].

The survey was also reviewed for factors such as neutrality, compatibility with online format, and overall clarity and logic of skip patterns. The Flesch-Kincaid score of the survey shows that the survey reads at a 7th grade reading level, consistent with overall standards that "general population survey questions[7]" should be at an 8th grade reading level or below.

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1   Health Research & Educational Trust. (2016, July). Applying research principles to the community health needs assessment process. Chicago, IL: Health Research & Educational Trust. Accessed at www.hpoe.org.

2   https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

3   https://www.kansashealthmatters.org/

4   https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/wp-content/uploads/sites/2352/2023/05/ORARC-Tip-Sheet-Inclusive-Demographic-Data-Collection.pdf

5   https://docs.google.com/document/d/1E_CSANwOqbKjEG27woNbGZ09JIXUfAf4Cp9j8g5DFak/edit

6   https://www.nngroup.com/articles/survey-best-practices/

7   https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1822&context=sociologyfacpub#:~:text=A%20rule%20of%20thumb%20is,was%20eighth%20to%20ninth%20grade

The final approved survey contained approximately thirty multiple-choice or multi-select items covering demographics, access to healthcare, community health issues, and the local environment. There was also a final free-text response box and other open-ended options where appropriate (such as the inclusion of "Other: please specify" for certain multi-select list questions). The survey takes about ten minutes to complete and is voluntary.

Once finalized, the survey was input into REDCap with a corresponding link and QR code, and a paper version for individuals who did not have a device or internet connection. Surveys were circulated through partner mailing lists and social media, events such as health fairs, community baby showers, town halls, and at assistance centers and clinics. UWSELA also developed a number of social media promotional materials that were shared widely.

Community partners at the United Way of Southeast Louisiana were provided guidance on using "survey companions" to assist participants in completing the survey online due to digital literacy or English languages challenges. These surveys were submitted with a certain code online in order to count how many were conducted with survey companions. Later on, survey translation was also enabled which allowed participants to complete it in English, Spanish, or Vietnamese.

At the conclusion of data collection, there were a total of 1,425 surveys from the Northshore region.

A summary of data and results from the survey is available in Appendix E. Because surveys were part of an overall convenience sample, findings from the CHNA should be interpreted in concert with qualitative and secondary data findings and may not be generalizable to the wider population.

Interviews and Focus Groups

As with surveys, the approach to qualitative data instruments were informed by a guide on applying research principles to the CHNA process[8] as well as guidance from the National Association of County and City Health Officials (NACCHO)[9], and Kansas Health Matters[10]. Interview and focus group guides were developed and revised with feedback from partners.

Interviews and focus groups were conducted with key informants in the region with most participants being recommended by hospital partners, and additional outreach for interviews conducted where possible to reach additional informants.

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8   Health Research & Educational Trust. (2016, July). Applying research principles to the community health needs assessment process. Chicago, IL: Health Research & Educational Trust. Accessed at www.hpoe.org.

9   https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

10   https://www.kansashealthmatters.org/

Interview and focus group participants included public health officials, community organizations, service professionals, publicly elected leaders, and others who were members of or worked in service of low income, minority, and underserved populations. A total of 25 interviews and 9 focus groups occurred through this process.

LPHI developed interview and focus group guides for UWSELA's usage, along with notes templates. All instruments were reviewed in detail at a data training with corresponding guidance and protocol documents. These aspects of methodology were also reviewed at regular check-ins with United Way.

Secondary Data

LPHI drew from secondary sources to complement the findings of the community input process. This secondary data included demographic data from the American Community Survey, financial vulnerability data from United Way's ALICE tool, health and behavioral data from County Health Rankings, and additional indicators from CDC Places and the National Cancer Institute. Data was extracted at the parish level, using the Louisiana state average for comparison. The full list of secondary sources and description can be found in Appendix F.

Organizations and Populations Represented

The organizations who were reached for community input included health professionals, public health experts, service organizations, community groups, and others. As such, community members who are impacted or serviced by them represent a range of medically underserved and disadvantaged populations including low-income individuals, racial minorities, people with disabilities, people who struggle with housing access, pregnant people and new parents, and children.

Organizations or entities in the Northshore region who provided community input for the CHNA:

- ADAPT
- Firefighters for Safe Harbor
- Franklinton Chamber of Commerce
- Franklinton Rotary Club
- Healthier Northshore
- Hispanic Apostolate of the New Orleans Archdiocese
- Lake 94.7 Radio listeners
- Live Better St. Tammany Committee
- Louisiana 811
- Louisiana Children and Youth Prevention Coalition
- Louisiana Department of Health, Region 9 public health officials

- Louisiana PTA Leadership training
- Mayor newsletter
- Mayor of Covington Healthy Lifestyles meetings
- NAMI Southeast Louisiana
- Northshore Community Foundation
- Northshore Food Bank
- Northshore Nonprofit Resource Round-Up
- Northshore Utility Council
- OPH Community Advisory Action Team
- Riverside Medical Center
- SELA Pregnancy Center
- St. Tammany Chamber of Commerce
- St. Tammany Commission on Families
- St. Tammany Council on Aging
- St. Tammany Health System
- START Corporation
- Via Link 211
- Washington Parish Coalition of Human Services
- Washington Parish Council on Aging
- Washington Parish jail inmates
- Welcome Home Ministries
- Hobby groups (Crochet Clubs, Lacombe Crabbie Daddies, etc.)
- Additional public events including back to school events, food drives, cook-offs, clothing giveaways, career expos, health fairs, suicide walks, Trunk or Treat events, and community baby showers in target parishes.

Appendix E: Community Health Needs Assessment Survey Results

Individual Health		
	N	Percent
Would you say that in general your health is	**N=1418**	**%**
Excellent	203	14.3%
Very Good	527	37.2%
Good	523	36.9%
Fair	151	10.6%
Poor	14	1.0%
Compared to others in my community, my health is	**N=1417**	**%**
A lot worse	11	0.8%
A little worse	113	8.0%
About the same	425	30.0%
A little better	491	34.7%
A lot better	377	26.6%
Over the last 3 months or so, how many days have you missed work or other activities (i.e. church, school) because you were sick or not feeling well?	**N=1413**	**%**
None	865	61.2%
1-5 days	444	31.4%
6-10 days	62	4.4%
11-15 days	17	1.2%
20 or more days	25	1.8%

Over the last 3 months or so, how many days have you missed work or other activities (i.e. Church, school) because you were caring for a family member who was ill or disabled?	N=1418	%
None	994	70.1%
1-5 days	325	22.9%
6-10 days	52	3.7%
11-15 days	16	1.1%
20 or more days	31	2.2%
When you are sick or need healthcare, are you able to visit a doctor/ healthcare provider?	N=1418	%
Never	21	1%
Rarely	64	5%
Sometimes	239	17%
Frequently	218	15%
Always	876	62%
If you have ever chosen not to see a doctor when you needed to, what were the reasons? Please select the top 3 reasons.	N=1425	%
Lack of language translation services	14	1%
Doctor does not understand my cultural or religious beliefs	20	1%
I do not have transportation	64	4%
The doctor is too far away	73	5%
I don't have childcare	83	6%
I am not ready to talk about my health problems	123	9%
I can't get time off work	131	9%
I can't afford it or have insurance problems	228	16%
Other	439	31%
Not applicable	708	50%

When was your last physical exam (i.e. checkup, well visit, screening) with a doctor?	N=1411	%
Less than 2 years ago	1242	88.0%
Between 2-5 years ago	105	7.4%
More than 5 years ago	50	3.5%
Never had a checkup or physical exam with a doctor	14	1.0%
Have you ever had a doctor's appointment through telehealth or teleservices?	N=1373	%
Yes	776	57%
No	551	40%
I do not know what telehealth or teleservices are	46	3%
How would you rate the quality of the telehealth care you received?	N=769	%
Very good	346	45%
Good	282	37%
Fair	115	15%
Poor	19	2%
Very poor	7	1%
Have you had any of the following cancer screenings in the past three years?	N=1425	%
Mammogram (breast cancer screening)	74	5%
Pap smear (cervical cancer screening)	308	22%
Colonoscopy or rectal exam	351	25%
Skin Cancer screening	514	36%
Heart screening	689	48%
Prostate exam	717	50%

How confident do you feel in understanding information provided by your doctor?	N=1418	%
Not at all confident	12	0.9%
Not too confident	27	1.9%
Unsure	67	4.7%
Slightly confident	349	24.6%
Very confident	963	67.9%
Where do you go for information about health and wellness? Please check all that apply.	**N=1425**	**%**
Doctors, nurses, pharmacists in my community	1223	86%
Online resources	860	60%
Family and friends	567	40%
Your place of work	298	21%
Hospital	291	20%
Books	193	14%
Health fairs	157	11%
Health department	128	9%
Social media (Facebook, Twitter, Instagram)	130	9%
Newspapers and magazines	69	5%
Television or radio	53	4%
Church	46	3%
School or college	52	4%
Other (please specify)	28	2%

During health crises, which individuals do you turn to for support? Please select up to three.	N=1425	%
Family or relatives	1280	90%
Friends, neighbors, or coworkers	725	51%
My congregation or faith leader	182	13%
Online support groups	76	5%
Local community organizations	112	8%
Other	46	3%
I don't know	39	3%
Have you received mental health services or counseling in the past year?	**N=1417**	**%**
Yes	342	24%
No	1075	76%
What barriers, if any, prevent you from seeking mental health support when needed? (Select all that apply)	**N=1425**	**%**
I'm not ready to talk about my problems	149	10%
Fear of stigma/my friends and family might find out	96	7%
Cost or insurance problems	303	21%
I don't know how to find mental health support	122	9%
Not Applicable	844	59%
Other	87	6%
How important are community activities or events for maintaining your overall health and well-being?	**N=1420**	**%**
Not very important	276	19%
Somewhat important	546	38%
Very important	598	42%

Community Health		
Please read through the following list and <u>select the 5 items</u> that you think are the <u>top 5 health problems in your community</u>.	**N=1425**	**%**
Breathing problems	478	34%
Heat illness	125	9%
Cancer	803	56%
Dementia/Alzheimer's Disease	301	21%
Dental problems	228	16%
Eye Problems	128	9%
Workplace injuries	24	2%
Traffic accidents	189	13%
Heart disease or high blood pressure	761	53%
Obesity	821	58%
Diabetes	728	51%
Sickle Cell Disease	16	1%
Prenatal and infant health	48	3%
Reproductive health	84	6%
Sexually transmitted infections	130	9%
Other infectious diseases	133	9%
Substance use/addiction	563	40%
Suicide	218	15%
Mental Health	800	56%
Domestic Violence	157	11%
Other (please specify)	30	2%

Please read through the following list and select the 5 items that you think are the top 5 social problems in your community.	N=1425	%
Crime, violence, or firearms	648	45%
Child abuse or neglect	400	28%
Racism and discrimination	391	27%
Homelessness or unaffordable housing	610	43%
Cost of healthcare or insurance	885	62%
High cost of utility bills	707	50%
Lack of education	361	25%
Not enough well-paying jobs in the area	533	37%
Lack of healthy and affordable food	443	31%
Lack of recreational activities for youth	236	17%
Poor air or water quality	101	7%
Roads or sidewalks not maintained	190	13%
Not enough parks/green space	88	6%
Transportation access	459	32%
Other	44	3%
"In the past three years, do you think 'homelessness or unaffordable housing' has"	N=69	%
Gotten better	4	5.8%
Gotten worse	49	71.0%
Stayed about the same	16	23.2%
"In the past three years, do you think 'healthcare or insurance costs' has"	N=99	%
Gotten better	3	3.0%
Gotten worse	76	76.8%
Stayed about the same	20	20.2%

"In the past three years, do you think 'lack of education' has"	N=50	%
Gotten better	4	8.0%
Gotten worse	26	52.0%
Stayed about the same	20	40.0%
"In the past three years, do you think 'lack of healthy and affordable food' has"	N=57	%
Gotten better	1	1.8%
Gotten worse	48	84.2%
Stayed about the same	8	14.0%
In the past three years, do you think 'transportation access' has	N=34	%
Gotten better	2	5.9%
Gotten worse	16	47.1%
Stayed about the same	16	47.1%

Please read through the following list and select the 5 items that you consider the most positive aspects of your community.	N=1425	%
Access to healthy foods	364	26%
Affordable housing	124	9%
Childcare/daycare	178	12%
Diversity of people	508	36%
Faith-based organizations	999	70%
Good healthcare	446	31%
Good jobs	237	17%
Good schools	778	55%
Low crime and violence	511	36%
Parks and recreation	593	42%
Safe worksites	245	17%
Sanitation and public works	477	33%
Services for the elderly	316	22%
Support organizations	256	18%
Other (specify)	28	2%
How important are environmental factors in affecting your health? (Environmental factors can include aspects of the air, water, food, chemicals, temperature, or weather)	**N=1411**	**%**
Not very important	141	10.0%
Somewhat important	369	26.2%
Very important	901	63.9%

Please read through the following list and select the three environmental factors that most significantly affect your health.	N=1009	%
Air quality	445	44%
Extreme heat	490	49%
Extreme cold	43	4%
Exposure to mosquitos, ticks, or other insects	484	48%
Food quality	176	17%
Flooding	194	19%
Severe storms	321	32%
Stormwater or sewage runoff	87	9%
Trash or waste near the home	25	2%
Drinking water quality	281	28%
Other, please specify	7	1%
Please select how much you agree or disagree with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources."	N=1409	%
Strongly Agree	269	19%
Agree	373	26%
Undecided	246	17%
Disagree	351	25%
Strongly Disagree	170	12%

Demographics and Household		
Language Preferencce	**N=737**	**%**
English	724	98%
Spanish	13	2%
Vietnamese	0	
Parish	**N=1425**	**%**
St. Tammany	1031	72.4%
Tangipahoa	141	9.9%
Washington	237	16.6%
Pearl River, MS	8	0.6%
Hancock, MS	3	0.2%
Harrison, MS	1	0.1%
Walthall, MS	1	0.1%
Out of State, did not specify	3	0.2%
Top 10 Zip Codes	**N=1425**	**%**
70433	215	15.1%
70448	100	7.0%
70458	99	6.9%
70471	99	6.9%
70427	89	6.2%
70438	84	5.9%
70435	77	5.4%
70461	76	5.3%
70447	60	4.2%
70460	48	3.4%

Age Range	N=1380	%
18-24	94	6.8%
25-34	185	13.4%
35-44	308	22.3%
45-54	294	21.3%
55-64	288	20.9%
65+	211	15.3%
To what race/ethnicity category do you most strongly identify? Please select all that apply.	**N=1425**	**%**
Asian	40	2.8%
Black or African American	291	20.4%
Hispanic or Latino	81	5.7%
Middle Eastern or North African	6	0.4%
Native American, American Indian, or Alaska Native	37	2.6%
Native Hawaiian or other Pacific Islander	6	0.4%
White	1009	70.8%
I identify another way (please specify)	26	1.8%
Other	74	5.2%
Multiracial	40	2.8%
To which gender identity do you most identify? Please select all that apply.	**N=1425**	**%**
Man	305	21.4%
Woman	1096	76.9%
Nonbinary, genderfluid, or gender noncomforming	3	0.2%
Transgender	5	0.4%
Intersex	1	0.1%
Identify Another Way	10	0.7%

How do you define your sexual orientation? Please select all that apply.	N=1425	%
Heterosexual/straight	1277	89.6%
Asexual	6	0.4%
Bisexual	35	2.5%
Gay	28	2.0%
Lesbian	21	1.5%
Queer	9	0.6%
Identify Another Way	21	1.5%
Do you have an internet connection at home?	**N=1422**	**%**
Yes	1331	93.6%
No	91	6.4%
Do you have a smartphone?	**N=1412**	**%**
Yes	1350	95.6%
No	62	4.4%
How many people are in your household, including you?	**N=1414**	**%**
1	181	12.8%
2	453	32.0%
3	303	21.4%
4	268	19.0%
5+	209	14.8%

About how much was your household income last year?	N=1343	%
Under $15,000	93	6.9%
$15,000- $24,999	78	5.8%
$25,000- $34,999	89	6.6%
$35,000- $49,999	126	9.4%
$50,000- $74,999	176	13.1%
$75,000- $99,999	183	13.6%
$100,000- $149,999	229	17.1%
$150,000+	245	18.2%
I don't know	124	9.2%
What is the highest level of education you have completed?	**N=1359**	**%**
Less than high school	54	4.0%
High school diploma or GED	225	16.6%
Vocational training or Associates degree	138	10.2%
Some college	190	14.0%
College degree	434	31.9%
Graduate or Professional degree	318	23.4%
Which of the following best describes your employment status? Please select all that apply.	**N=1425**	**%**
Disabled	75	5.3%
Employed full-time	926	65.0%
Employed part-time	119	8.4%
Full time student	53	3.7%
Homemaker	51	3.6%
Retired	200	14.0%
Unemployed, looking for work	51	3.6%
Unemployed, not looking for work	12	0.8%
Other (please specify)	34	2.4%

Which type of health insurance do you have?	N=1411	%
Medicare	179	12.7%
Medicaid	145	10.3%
Private Insurance	836	59.2%
Veteran's Administration	18	1.3%
Indian Health Service	1	0.1%
I do not have health insurance	71	5.0%
I don't know	42	3.0%
Other or multiple types	119	8.4%

Appendix F: Original Sources of Secondary Data

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Demographics					
Demographics	Age*	Median Age	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Age*	Percent under 18 years old	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Age*	Percent 65 years and over	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race*	Percent African American/ Black; Percent White; Percent Native American; Percent Asian; Percent Other Race	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Ethnicity*	Percent Hispanic Ethnicity	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Language*	Percent who Speaks a language other than English	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Environment					
Environment	Climate and Natural Environment	Air Pollution – particulate matter	Environmental Public Health Tracking Network	2019	County Health Rankings, 2024

Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Environment	Built Environment	Food insecurity	Map the Meal Gap	2021	County Health Rankings, 2024
Environment	Built Environment	Housing cost burden	American Community Survey, 5-yr estimates	2018-2022	County Health Rankings, 2024
Environment	Violence and Community Safety	Firearm Fatality Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021	County Health Rankings, 2024
Environment	Violence and Community Safety	Homicide Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021	County Health Rankings, 2024
Social and Economic Factors					
Social and Economic Factors	Income and Poverty	Percent of ALICE Households	ALICE threshold, American Community Survey	2010-2022	United for ALICE, 2024
Social and Economic Factors	Income and Poverty	Children in poverty (by race)	Small Area Income and Poverty Estimates; American Community Survey, 5-yr estimates	2018, 2018-2022	County Health Rankings, 2024
Social and Economic Factors	Education	Adults 25+ with no high school diploma	American Community Survey, 5-yr estimates	2017-2022	American Community Survey

Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Social and Economic Factors	Income and poverty	Childcare cost burden	The Living Wage Institute; Small Area Income and Poverty Estimates	2023 and 2022	County Health Rankings, 2024
Social and Economic Factors	Employment	Unemployment rate	Bureau of Labor Statistics	2022	County Health Rankings, 2024
Access to Care					
Access to Care	Barriers to Care	Preventable hospital stays rate for ambulatory-care sensitive conditions	Mapping Medicare Disparities Tool	2021	County Health Rankings, 2024
Access to Care	Barriers to Health	Primary care physician ratio	Area Health Resource File/ American Medical Association	2021	County Health Rankings, 2024
Access to Care	Behavioral Health	Mental Health Providers Ratio	CMS, National Provider Identification	2023	County Health Rankings, 2024
Access to Care	Behavioral Health	Poor Mental Health Days in Past Month	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024
Access to Care	Digital Health	Percent of Households with Broadband Access	American Community Survey, 5-year estimates	2018-2022	County Health Rankings, 2024

Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Health Behaviors and Outcomes					
Health Behaviors and Outcomes	Longevity	Life Expectancy	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Rates of low birthweight (by race)	National Center for Health Statistics - Natality Files	2016-2022	County Health Rankings, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Teen Birth Rate (per 1,000)	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016-2022	County Health Rankings, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Percent of women reporting smoking during pregnancy	Louisiana State Center for Health Statistics, Louisiana Dept. of Health	2020-2021	Kids Count, 2024
Health Behaviors and Outcomes	Maternal, Infant, and Sexual	Chlamydia Rate (per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	Percent Adults with Diabetes	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	Percent Adults with Obesity	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024

Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

Section	Focus Area	Measure Description	Original Source	Years of Source Data	Accessed Via
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	Hypertension Prevalence	Behavioral Risk Factor Surveillance System	2021	CDC Places
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	Mammography Rate, 40+ Years	NCI Surveillance, Epidemiology, and End Results (SEER) program	2017-2019	National Cancer Institute
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	Colonoscopy Rate	NCI Surveillance, Epidemiology, and End Results (SEER) program	2017-2019	National Cancer Institute
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	All Cancer Site Incidence Rate	NCI Surveillance, Epidemiology, and End Results (SEER) program	2017-2021	National Cancer Institute
Health Behaviors and Outcomes	Chronic Disease and Dietary Health	Percent Adults Reporting Currently Smoking	Behavioral Risk Factor Surveillance System	2021	CDC Places
Health Behaviors and Outcomes	Substance Use	Drug Overdose Mortality Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Substance Use	Opioid overdose mortality rate	Louisiana Opioid Surveillance System	2022	Louisiana Department of Health

Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

Appendix G: Secondary Data

Demographic Data

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
AGE					
Median age	40.6	35.7	40.6	40.8	37.6
Percent under 18 yrs	23.6%	24.3%	23.1%	22.5%	23.3%
Percent 65 and older	17.7%	14.9%	18.5%	19.1%	16.0%
RACE/ETHNICITY*					
Percent White	83.5%	68.4%	68.4%	85.1%	63.8%
Percent Black/ African American	14.0%	31.3%	31.5%	13.0%	33.4%
Percent American Indian/Alaska Native	1.7%	0.9%	1.0%	2.1%	1.6%
Percent Asian	2.0%	1.0%	0.5%	0.6%	2.3%
Other race	5.6%	3.6%	2.3%	2.8%	4.2%
Percent Hispanic/ Latino	6.1%	4.7%	2.6%	3.4%	5.5%
LANGUAGE					
Percent who speak language other than English**	6.4%	5.0%	3.1%	3.2%	7.6%
Limited English Proficiency**	2.4%	1.5%	1.7%	1.2%	2.8%

Race reflects that category or in combination with others, meaning that percents may add up to slightly more than 100. Hispanic reflects a separate category of ethnicity and thus should not be included in the totals for race.

** *Percent of total population 5 years and above who speak a language other than English; may include bilingualism (i.e. fluency in English in addition to another language).*

***Percent of total population 5 years and above who speak English less than 'very well'*

Environment

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Air Pollution (average daily density of fine particulate matter PM 2.5)	8.9	7.8	8.8	8.9	8.6
Rate of food insecurity	11%	15%	17%	16%	15%
Pct of households spending 50% or more of income on housing	12%	14%	11%	12%	15%
Rate of broadband access among households	91%	85%	70%	80%	83%

Socioeconomic Data

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Percent of households below ALICE* threshold or below poverty line	42%	53%	60%	52%	50%
Percent of adults 25+ years with no high school diploma	8.7%	16.8%	16.9%	13.1%	13.3%
Percent of children in poverty	14%	28%	30%	23%	25%
Childcare cost burden (for households with 2 children, as a percent of median household income)	15%	22%	29%	16%	31%

Asset-limited, income-constrained, employed families

Access to Care

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Life expectancy	76.9	73.0	69.5	NA	74.0
Rate of preventable hospital stays (per 100,000)	3078	4730	4183	3346	3575
Ratio of population to primary care providers	1295:1	2504:1	5015:1	4036:1	1441:1
Ratio of population to mental health providers	362:1	434:1	617:1	1636:1	295:1
Poor mental health days in past month (age-adjusted)	5.4	6	6.2	4.7	5.7

Maternal, Infant, and Sexual Health

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Percent low birthweight babies	9%	10%	12%	10%	11%
Percent of women reporting smoking during pregnancy	7%	4%	11%	NA	6%
Teen birth rate (per 1000 females aged 15-19)	15	29	38	26	27
Chlamydia incidence (per 100,000)	411.3	943.7	642.5	502.6	730.1

Chronic Disease, Dietary Health, and Cancer

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Diabetes rate among adults 20+ (age-adjusted)	10%	12%	14%	11%	12%
Obesity rate among adults (18+, (age-adjusted))	35%	41%	45%	39%	39%
Hypertension rate among adults (18+)	38%	41%	46%	37%	33%
Mammography screening rate (among women aged 40+)	77.6%	69.7%	69.7%	61.9%	70.8%
Colonoscopy rate	65.1%	58.6%	50.8%	55.0%	60.5%
All cancer sites incidence (per 100,000 age-adjusted)	498.7	497.5	517.1	499.5	483.6

Substance Use

	St. Tammany	Tangipahoa	Washington	Pearl River, MS	Louisiana
Rate of tobacco smoking among adults (age-adjusted	15.9%	21.9%	26.6%	19.7%	20.0%
Drug overdose mortality rate (per 100,000)	49	52	87	55	40
Opioid overdose mortality rate (per 100,000, age-adjusted)	39.9	47.5	70.5	NA	30

Appendix H: Ochsner Health Strategies

The diagram below highlights Ochsner Health's Community Strategy to improve population health. The Community Strategy addresses the Healthier Northshore CHNA priorities through Access to Health Care, Health Outcomes, Education, Community Economic Opportunity, and Community Partnerships to Address Social Drivers.

Access to Health Care
- Preventative Care
- Cost of Care
- Health Screenings
- Mental and Behavioral Health

Health Outcomes
- Chronic Conditions
- Cancer
- Discrimination in Healthcare and Health Disparities
- Maternal and Infant Health

Education
- Educational Opportunity
- Cultural Competence
- Health Literacy
- Behavioral Health Education and Awareness

Community Economic Opportunity
- Access to Good Paying Jobs
- Cost of Living
- Income and Unemployment

Community Partnerships to Address Social Drivers
- Crime and Violence
- Food Insecurity
- Homelessness and Affordable Housing
- Environmental Health