2015
Community Health Needs Assessment

East Baton Rouge Parish

A Joint Assessment of the following organizations:
Baton Rouge General Medical Center
Lane Regional Medical Center
Our Lady of the Lake Regional Medical Center
Surgical Specialty Center of Baton Rouge
Woman’s Hospital
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A Message from the Mayor-President

Since my first day as Mayor-President, I have been committed to the health and wellness of Baton Rouge. As a former chairman of the National League of Cities’ Council on Youth, Education and Families and a member of Michelle Obama’s Let’s Move! Campaign, it is a priority of the City-Parish to address obesity and other health priorities in our community. Seeing how afflictions like diabetes and cancer have affected my family, I remain determined to help the people of Baton Rouge develop healthier lifestyles. I truly believe that to be the Next Great City, Baton Rouge has to be a Healthy City.

In light of this belief, I formed the Mayor’s Healthy City Initiative (also called Healthy BR) in 2008, with a mission to identify and coordinate efforts aimed at healthier eating and more active lifestyles across the City-Parish. Given the abundance of local health and wellness resources available, Healthy BR is able to combine resources, organizations, and professionals to increase positive impact throughout our community. This organization has since become a 501(c)(3) nonprofit with more than 70 health organizations under its umbrella, working together to improve the health of Baton Rouge citizens.

This innovative strategy places Baton Rouge squarely on the cutting edge of population health management. The collaborative relationships between the hospitals, nonprofit organizations, for-profit businesses, schools, and governmental institutions that Healthy BR cultivates are truly unique and serve as a best practice model for cities that aspire to bring together stakeholders in community health. With new federal regulations that require community and hospital officials to prioritize the health needs of their communities and implement strategies to address those needs, we brought our healthcare organizations together for a joint Community Health Needs Assessment and a Joint Implementation Plan. Our City-Parish is among the first in the nation to utilize a collaborative approach to this process.

Only with this kind of collaborative spirit can our City-Parish, state, and nation combat the health challenges that are projected to keep our children’s life expectancy lower than those of their parents and grandparents. We know that with a holistic approach to health, we can join forces to increase food access, healthy eating habits, exercise opportunities, and education for children and adults, and stop the rise in obesity and related illnesses that are threatening our children’s future.

Thank you for your support of Healthy BR. I sincerely hope that you will consider joining our efforts to make Baton Rouge a healthier city for all of its citizens.

“Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.”

- Margaret Mead
Introduction

Baton Rouge Mayor-President Melvin L. “Kip” Holden believes in the power of a few to impact the health of many. Under the direction of the Mayor’s Healthy City Initiative/Healthy BR Board of Directors are three separate but compatible advisory boards targeting health priorities throughout East Baton Rouge (EBR) parish.

- Live Healthy BR – a focus on healthier eating and a more active lifestyle from a population health perspective
- Med BR – a focus on access to care and health outcomes from a clinical perspective
- Health Innovation Center – a focus on evaluation and effective use of resources from an academic perspective

Live Healthy BR and Med BR Advisory Board representatives provide the MHCI/Healthy BR Board with progress updates and status reports. While priorities of the groups may differ, meetings serve the common purpose of sharing available resources, programs, initiatives and opportunities for collaboration. This process is called organizational asset-mapping.

East Baton Rouge Parish is among the first in the nation to utilize a collective approach to this process. For this innovative work, the Mayor’s Healthy City Initiative has been recognized with the American Hospital Association’s NOVA Prize and Baton Rouge was selected to participate in the National League of Cities’ Learning Collaborative on Health Disparities in 2015.

In 2014, Baton Rouge was named a Robert Wood Johnson Foundation Culture of Health Prize Finalist. In Baton Rouge, healthcare organizations, city and state agencies, for-profit businesses, educational institutions, faith-based organizations, and nonprofit agencies have successfully joined forces to positively impact the health of our community through joint analysis, open discussion, and interactive action planning. Working together, participants are able to combine and analyze data, assess efforts currently in place, and identify gaps that need to be addressed. Participants are empowered to use their collective strength to significantly impact healthcare outcomes. For a complete list of participating community health partners, see appendix A.

In addition to analyzing national, state, and local data, our assessment process included input from our partner organizations. Representatives from Baton Rouge General Medical Center, Lane Regional Medical Center, Ochsner Health System – Baton Rouge, Our Lady of the Lake Regional Medical Center, Woman’s Hospital, Louisiana State University, Pennington Biomedical Research Center, and Healthy BR comprised the working committee. At multiple points along the way, our larger Live Healthy BR, Med BR, and Health Innovation Center partners reviewed and edited key pieces of this report. This process was particularly useful in areas where newly emerging trends impacted providers and community organizations, but were not yet visible in data sets for previous years. Input from partner organizations was used to reshape the top 10 list of priorities and reaffirm the four central priorities of Healthy BR. This Community Health Needs Assessment (CHNA) is the result.
“Collaboration among healthcare providers and community partners is vital to effectively respond to the health needs of the communities we serve. Baton Rouge General is proud to be a partner in the Mayor’s Healthy City Initiative and the Community Health Needs Assessment. Together through these promising efforts, we are making important strides toward improving healthcare education, prevention and access to resources, and ultimately building a healthier community.”
Mark Slyter, President & CEO, Baton Rouge General Medical Center

“Ochsner Baton Rouge supports the city-wide Community Health Needs Assessment process and places strong value on participating in the analysis and utilization of the data as a result of these assessments. Due to our calendar fiscal year, Ochsner Baton Rouge participated in a system-wide CHNA effort with other Ochsner facilities and plans to do the same again in 2016. We will be taking the local Baton Rouge information identified in 2015 into account as we review our own implementation plans.”
Eric McMillen, CEO, Ochsner Health Systems, Baton Rouge Region

“The Community Health Needs Assessment and implementation plan is a testament to the partnership among our healthcare organizations in Baton Rouge and common commitment to improving healthcare for our community. Our Lady of the Lake’s mission is deeply rooted in serving community needs and we are proud to be involved with the Healthy BR initiative. The assessment results are a validation that our efforts are successfully increasing access to high quality healthcare and we are making a difference in addressing health needs. Through this integrated initiative, we are working with our hospital partners to coordinate services and unify efforts around evidence-based community intervention strategies to strengthen population health and contribute to an overall better community.”
K. Scott Wester, President and Chief Executive Officer, Our Lady of the Lake Regional Medical Center

“The opportunity to improve the health and well-being of the families we serve is significantly improved by collaborating with other organizations. By focusing our collective efforts on specific healthcare needs identified in the Community Health Needs Assessment, we can have a greater impact much more quickly. Woman’s is pleased to be a partner and active participant in Healthy BR because it represents our shared values and commitment to work with other health systems and agencies for the benefit of our community.”
Teri G. Fontenot, President/CEO, Woman’s Hospital

“Lane Regional Medical Center is committed to providing quality healthcare services to meet the needs of our patients. We have a proud history of investing in community health programs and partnering with other organizations to identify and address the most urgent health needs in the communities we serve. We are pleased to be part of such a collaborative effort that will benefit the entire region.”
Randall M. Olson, CEO, Lane Regional Medical Center
East Baton Rouge (EBR) parish is home to 445,227 residents. The ethnic composition is 47% Caucasian, 45% African American, 4% Asian and 4% Hispanic. EBR has a relatively young population, with 23% of residents below 18 years of age; only 12% are over age 65. Females account for 52% of the parish population.

The EBR economy is rebounding from the recession, and there are signs of positive change.

- Net job growth in 2013 was 3,697 jobs compared to 903 in 2011.
- The unemployment rate was 5.8% in 2014 compared to 6.04% in 2013.
- The median household income in 2014 was $47,770. According to the U.S. Census Bureau, from 2009 to 2013, 20.5% of the EBR population lived below the poverty level. Over the past year, the number of children living in poverty decreased by 15 percent overall to 28% in 2015.

Education is a key initiative for improvement within EBR, and statistics are improving as a result. The EBR school system four-year graduation rate climbed from 56.8% in 2008-2009 to 66.2% in 2013-2014. This rate is lower than the Louisiana average of 74.6%. The high school dropout rate has also declined from 9.10% in 2008 to 5.3% in 2012. From 2008-2012, the college graduation rate has increased 2.5%.

“For the purposes of this assessment, we have not excluded medically underserved, low-income, or minority populations who live in East Baton Rouge Parish. This assessment also does not exclude any patient populations based on their eligibility for insurance or whether they are eligible for financial assistance. No independent contractors were used in the preparation of this report.”
Conducting the Assessment

In preparation for three-year action planning, Healthy BR conducts a variety of community assessments. Zip code areas are used to evaluate community health needs during the CHNA process. Additional sources of data collected by various outside governmental and non-governmental agencies are also used. This information is analyzed to detect areas in need, deficiencies in services, and duplicative efforts and provides a baseline measure for action planning by the CHNA workgroup.

Social Determinants of Health

Social and environmental differences, or social determinants of health, can influence health and wellbeing. Examples include household income, education level and race and ethnicity.

Research indicates that persons with higher income and greater education live longer than those with lower levels. Poverty is associated with higher rates of obesity, diabetes, cardiovascular disease, premature death, and other negative health outcomes. Low-income individuals are less likely to have access to health insurance, healthy food, and stable housing, and are more likely to live in unsafe neighborhoods.

These socioeconomic factors create an unhealthy environment: fewer opportunities for preventive care to identify at-risk conditions before they become chronic and restricted access to healthy foods and safe places for exercise. The impact of social determinants is clearly illustrated by findings reported in the national Community Needs Index (CNI).

Community Needs Index

The Community Needs Index (CNI) uses data compiled by Thompson Reuters to identify the severity of health disparities for every zip code in the United States and demonstrates the link between community need, access to care and preventable hospitalizations. The CNI score is an average of five barrier scores that measure socioeconomic indicators of each community: income, culture, education, insurance, and housing. A score of 1.0 indicates a zip code with the least need, while a score of 5.0 represents a zip code with the highest, most immediate needs. Unless these needs are addressed, they present a threat to the overall health of the population within a community.
County Health Rankings

The County Health Rankings (CHR) Report measures how long people live (mortality) and quality of life (morbidity). These outcomes are the result of a collection of health risk factors. The Robert Wood Johnson Foundation works with the National Center for Health Statistics, the Centers for Disease Control and Prevention and the Dartmouth Institute to calculate the data for each state’s counties (parishes). EBR ranks 20th overall out of 64 parishes in Louisiana.

<table>
<thead>
<tr>
<th>Health Outcomes (Ranked 20/64)</th>
<th>EBR</th>
<th>Louisiana</th>
<th>Top U.S. Performers (90th percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life (Ranked 23/64)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>9,234</td>
<td>9,131</td>
<td>5,200</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>10.9</td>
<td>9.2</td>
<td>-</td>
</tr>
<tr>
<td>Child mortality</td>
<td>93.7</td>
<td>75.1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Quality of Life (Ranked 9/64)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>16%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.2</td>
<td>3.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.6</td>
<td>3.5</td>
<td>2.3</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>12%</td>
<td>10.9%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

| Health Factors (Ranked 3/64)   |       |           |                                       |
| **Health Behaviors (Ranked 3/64)** |      |           |                                       |
| Adult smoking                  | 17%  | 22%       | 14%                                   |
| Adult obesity                  | 33%  | 34%       | 25%                                   |
| Food environment index         | 6.3  | 6.8       | 8.4                                   |
| Food insecurity                | 17%  | 17%       | -                                     |
| Limited access to healthy foods| 11%  | 10%       | -                                     |
| Physical inactivity            | 25%  | 30%       | 20%                                   |
| Access to exercise opportunities| 93%  | 76%       | 92%                                   |
| Excessive drinking             | 15%  | 16%       | 10%                                   |
| Alcohol-impaired driving deaths| 31%  | 33%       | 14%                                   |
| Motor vehicle crash deaths      | 15   | 20        | -                                     |
| Sexually transmitted diseases  | 584  | 594       | 138                                   |
| Teen births                    | 40   | 50        | 20                                    |
| Drug poisoning deaths           | 8    | 14        | -                                     |
### Clinical Care (Ranked 1/64)

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>17%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>22%</td>
<td>25%</td>
<td>-</td>
</tr>
<tr>
<td>Uninsured children</td>
<td>5%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td>Healthcare costs</td>
<td>$9,855</td>
<td>$11,461</td>
<td>-</td>
</tr>
<tr>
<td>Could not see doctor due to cost</td>
<td>15%</td>
<td>17%</td>
<td>-</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,143:1</td>
<td>1,555:1</td>
<td>1,045:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,455:1</td>
<td>1,976:1</td>
<td>1,377:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>644:1</td>
<td>859:1</td>
<td>386:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>44</td>
<td>80</td>
<td>41</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>82%</td>
<td>82%</td>
<td>90%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>65.4%</td>
<td>59.8%</td>
<td>70.7%</td>
</tr>
</tbody>
</table>

### Social & Economic Factors (Ranked 17/64)

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income</td>
<td>$47,770</td>
<td>$44,234</td>
<td>-</td>
</tr>
<tr>
<td>High school graduation</td>
<td>69%</td>
<td>73%</td>
<td>-</td>
</tr>
<tr>
<td>Some college</td>
<td>67.4%</td>
<td>54.8%</td>
<td>71.0%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.8%</td>
<td>6.2%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>28%</td>
<td>28%</td>
<td>13%</td>
</tr>
<tr>
<td>Children eligible for free lunch</td>
<td>68%</td>
<td>60%</td>
<td>-</td>
</tr>
<tr>
<td>Income inequality</td>
<td>5.6</td>
<td>5.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>48%</td>
<td>43%</td>
<td>20%</td>
</tr>
<tr>
<td>Social associations</td>
<td>12.5</td>
<td>9.9</td>
<td>22.0</td>
</tr>
<tr>
<td>Violent crime</td>
<td>701</td>
<td>536</td>
<td>59</td>
</tr>
<tr>
<td>Homicides</td>
<td>17</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>64</td>
<td>75</td>
<td>50</td>
</tr>
</tbody>
</table>

### Physical Environment (Ranked 27/64)

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution – particulate matter</td>
<td>11.0</td>
<td>10.8</td>
<td>9.5</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>2%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>19%</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>82%</td>
<td>82%</td>
<td>71%</td>
</tr>
<tr>
<td>Long commute – driving alone</td>
<td>29%</td>
<td>32%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Community Healthy Living Index (CHLI)

The Community Healthy Living Index (CHLI) is a combination of assessment tools developed by the YMCA of the USA in response to our nation’s chronic disease rates. The assessment tool was created by experts from Stanford, Harvard and St. Louis Universities with support from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. CHLI provides a method for measuring opportunities for physical activity and healthy eating in areas that impact daily life. Every three years, Healthy BR partners are asked to review and complete the assessment, which is designed to identify gaps in community resources and opportunities for building strong partnerships aimed at improving the future health of the community.

In addition to the data sources listed above, the work group also used the Baton Rouge Area Foundation's City Stats and data from the CDC's Behavioral Risk Factor Surveillance System.

Data from these sources was used to identify the ten highest-priority areas of need in EBR, which were then validated in meetings and written comments by Med BR, Live Healthy BR, and the healthcare organizations participating in the CHNA workgroup.

Community Input

In addition to the data sources mentioned above, the CHNA workgroup consulted with the Department of Health and Hospital’s Office of Public Health for Region 2. An interview with Dr. Marilyn Reynaud confirmed these priorities and public health officials participated in the validation process.

The CHNA workgroup also sought the input of multiple agencies and community organizations that represent under-served populations, such as the uninsured, low-income, and minority populations. These organizations were consulted through meetings and text reviews of draft documents. For example, Capitol Area Human Services District serves and represents individuals with mental health issues and the HIV/AIDS Alliance for Region Two represents those living with HIV/AIDS. In coalition meetings that these and other organizations attended, participants discussed and identified emerging and changing trends in substance abuse patterns and stigma those living with HIV/AIDS encounter. Additional organizations that represent under-served populations are included in Appendix A.

Throughout 2014 and 2015, Healthy BR sought and received written edits and feedback on the 2012 assessment and the draft 2015 assessment. These comments were incorporated in future drafts and in this final assessment. Draft versions of this document were reviewed through regular coalition meetings.
Top 10 Health Priorities for EBR

The top ten health priorities are listed in alphabetical order, beginning with the top 4 Healthy BR priority areas.

• HIV and other STDs*
• Mental Health and Substance Abuse*
• Obesity*
• Overuse of Emergency Departments*
• Barriers to Healthcare
• Cancer
• Diabetes
• Heart Disease and Stroke
• Negative Lifestyle/Behaviors
• Vulnerable Populations

* Top 4 Healthy BR Priority Areas

The top four community priorities were chosen by evaluating primary and secondary data for trends by the CHNA workgroup. This workgroup included representatives from Baton Rouge General Medical Center, Lane Regional Medical Center, Louisiana State University, Mayor’s Healthy City Initiative, Ochsner Health System, Our Lady of the Lake Regional Medical Center, Pennington Biomedical Research Center, and Woman’s Hospital. These priorities were then validated by the more than 70 partner organizations of the Mayor’s Healthy City Initiative as well as the Board of Directors of each hospital and confirmed by constituent surveys. Through this process, no significant information gaps were identified that limited our ability to assess the community’s health needs. There were no circumstances where the CHNA workgroup could not obtain adequate and relevant information.

1. Barriers to Healthcare

A. Health Literacy

Health literacy is associated with improved quality of life and health, fewer incidents of chronic disease, and reduced healthcare costs according to the National Institutes of Health. Individuals are determined to be “health literate” if they have the skills to understand information and services in order to use that knowledge to make appropriate decisions about their health. More than 25% of Louisiana adults fall in the lowest level of health literacy and are unable to understand basic health information. Only one state ranks below Louisiana in health literacy levels.

• The Better Access to Care Coalition has created a message to educate the public about accessing the right care, at the right time, in the right setting. The message is focused on educating about health concerns that necessitate a trip to the doctor’s office, an urgent care center, or the emergency room. The Coalition is actively convened by the following organizations: Baton Rouge General, Capital City Family Health Center, Louisiana Business Group on Health, Louisiana Drug Card, Ochsner Medical Center - Baton Rouge and the Salvation Army of Greater Baton Rouge.

• Area hospitals offer sign language and medical interpretation services to deaf and non-English speaking patients. This helps the patient make informed care decisions.

• Woman’s, Baton Rouge General and Baton Rouge General’s Pennington Cancer Center offer comprehensive support through patient navigation programs. Medical professionals (“navigators”) guide patients from diagnosis to survivorship, linking them with services to reduce barriers to treatment, coordinating care among medical specialists and providing educational and emotional support.

B. Built Environment

Built environment, or the design of the environments in which we live, work, and play, impacts the health of our population. Cities and neighborhoods can be built to promote interaction, physical activity and health or to encourage isolation, sedentary behavior and ill health. The use of active forms of transport such as walking and biking is associated with higher levels of fitness and lower levels of body fat and weight. Communities that are designed to promote physical activity, provide access to healthy food, and facilitate social support and positive interactions improve the health of residents.

Reliance on motorized transportation and a lack of infrastructure that promotes active transport reduces physical activity. Those who use public transportation are more active than those who use cars as their primary means of transport. Active transport and public transportation produce less pollution. Persons who commute long distances by car have poorer health than those with shorter commutes.

Residents are more likely to walk or bike in neighborhoods where there are sidewalks, bike paths and other design elements to promote pedestrian or cyclist comfort and safety. For example, physical activity is encouraged when streets are arranged in a grid rather than a cul-de-sac pattern, there are destinations such as shops and parks, and the zoning is mixed use. For those without access to a car, a lack of amenities in the neighborhood combined with a lack of reliable public transportation can have significant health consequences. This lack of mobility reduces access to healthy food,
medical appointments, employment, and education opportunities.

- EBR has recently passed a Complete Streets Policy, which will encourage the incorporation of more active, transport-friendly features into road construction and renovation projects. An ordinance established a Citizens Advisory Committee to oversee implementation and make recommendations. Healthy BR has a seat on this committee.
- Baton Rouge has been designated a Playful City – USA. This national recognition program honors communities for taking steps to ensure all children have access to active play.
- The Baton Rouge Recreation and Parks Commission is beginning implementation of Imagine Your Parks 2. This plan will improve the parks system through renovation and addition of new parks, including the addition of trails and facilities encouraging physical activity. Existing park amenities include lakes, hiking trails, fitness centers, BMX and skateboarding facilities, and community playgrounds.
- Baton Rouge has received recognition as a Bicycle Friendly Community. Bike Baton Rouge educates the community on the environmental, economic, and health-related benefits of biking and walking.
- Researchers at LSU’s Pennington Biomedical Research Center are working to bring the “Play Streets” concept to Baton Rouge. With the help of the Exxon Mobil Foundation and BREC Foundation, Pennington Biomedical is working to organize play events in which neighborhoods come together to periodically close off a street or street section in urban areas to allow for a dedicated play space for children.

C. Convenient Access. According to the 2015 CHR, the ratio of EBR residents to primary care physicians is 1,143:1; of residents to dentists 1,455:1; and of mental health providers 644:1. The number of medical providers is only one measure of access. Individuals without medical insurance coverage may not access medical care even if there is a provider nearby.

- East Baton Rouge Parish EMS’s Community Integrated Health Program provides scheduled, in-home visits by community paramedics to patients who frequently use EMS and emergency departments. The program has reduced hospital readmission rates by 60%.
- The Capital Area Transit System is revamping its routes to provide more frequent, reliable service.
- Health Centers in Schools staff work in public schools to provide preventive primary and chronic disease care, immunizations, mental health counseling, and vision and hearing screenings.

D. Insurance. Residents without health insurance are less likely to receive all levels of healthcare (including preventive, diagnostic and treatment) and have higher morbidity and mortality rates than the insured population.

Louisiana ranked 39th in the country in 2014 for residents without health insurance. EBR is experiencing positive results; data reported by the CHR indicates that the percent of uninsured EBR residents fell from 25% in 2008 to 17% in 2015. However, 22% of adults and 5% of children in EBR remain uninsured.

- The Mayor’s Office conducted a series of seven informational sessions at libraries throughout EBR on the Affordable Care Act (ACA) enrollment process. Each session involved Federally Qualified Health Centers and state partners and provided opportunities for individual counseling.

- Baton Rouge General offered free assistance to help community members enroll in ACA health plans. A total of 1,784 community members engaged with a trained navigator and 737 individuals enrolled in a plan.
- Together BR has provided a range of educational materials to help residents understand their options related to the health insurance provisions of the ACA.

2. Cancer

Cancer is the second leading cause of death in the United States, outpaced only by heart disease. In 2015, almost 510,000 U.S. residents are expected to die of cancer. According to the American Cancer Society, 24,100 new cases of cancer (approximately 66 a day) are estimated to occur in 2015.

The number of cancer cases reported in EBR between 2007 and 2011 averaged 2,061 per year, a 3.3% reduction over the previous five-year trend. The combined mortality rate for Louisianans with cancer is approximately 30% higher than the national average and EBR death rates from cancer average 1.76 per 1,000 residents.

CHR data indicates that 22% of adults in Louisiana and 17% in EBR are smokers. Adult smoking has decreased 3% from 2011 to 2015, reflecting progress within our community. EBR has implemented community-wide initiatives to help further reduce smoking rates.

Our community partners have joined efforts to provide convenient, and in some cases, free of charge, health screenings throughout EBR.

- Mary Bird Perkins-Our Lady of the Lake Cancer Center offers free cancer screenings for five different types of cancer:
breast, skin, prostate, colorectal and oral cavity.

• In 2014, approximately 3,700 residents were screened at 90 community health events in EBR, resulting in 23 cancer diagnoses.

• Lane Regional Medical Center conducts free annual skin cancer and prostate screenings.

• In 2014, Woman’s Hospital screened 5,500 women for breast cancer in 15 parishes using its Mobile Mammography Coach.

• Baton Rouge General’s Pennington Cancer Center offers free cancer skin screenings for the community, and in 2014-2015, provided 204 skin screenings.

• A communal effort designated surrounding hospital campuses as “Tobacco Free/Smoke Free” environments.

• Local hospitals partnered with Healthy BR for the Breathe Free campaign, which seeks to increase awareness of the dangers of smoking and help people quit.

• All restaurants within EBR are smoke-free.

• Woman’s Hospital is partnering with Mary Bird Perkins-Our Lady of the Lake Cancer Center to build The Center for Breast and GYN Cancer. Baton Rouge General and Pennington Cancer Center have also collaborated in the treatment of cancer. Baton Rouge General and Lane Regional Medical Center partner to provide radiation treatment services to cancer patients in the northern part of EBR parish through a state-of-the-art Radiation Oncology Center on Lane’s campus in Zachary. These collaborations provide patients with convenient treatment options for specific types of cancer based on the combined expertise of each participating organization.

3. Diabetes

Many parts of our state are 50 percent above the national average for diabetes. In Louisiana, the prevalence of diabetes jumped from 8.5% in 2003 to 11.6% in 2013, a 37% increase over the last 10 years. Diabetes can cause heart disease, liver disease, blindness, limb amputation, and death. Diabetes is divided into type I diabetes, type II diabetes and gestational diabetes. Individuals with type I diabetes do not produce insulin and are unable to convert carbohydrates into energy. Type II diabetics produce insulin but are insulin resistant, which means they do not effectively use insulin to convert carbohydrates to energy. Gestational diabetes is insulin resistance that occurs during pregnancy.

Risk factors for type II diabetes include obesity, lack of physical activity, and genetics. With the exception of the last factor, these can be addressed through healthy lifestyle choices. Consuming primarily vegetables, whole grains and fish and limiting processed meat and carbohydrates and sugar-sweetened beverages appears to protect against type II diabetes. Physical activity reduces insulin resistance. Pharmacological intervention is always used with type I diabetes and may be used for type II if lifestyle changes are not effective.

In 2011, there were 36,002 diagnosed cases of diabetes in EBR. This represents 11.1% of the EBR population. According to 2011-2015 CHR data, the EBR rates of screening for diabetes have increased from 78% to 82%.

• Baton Rouge General’s Limbs for Life initiative helps community members proactively manage their risks to prevent lower-extremity amputations, which are commonly caused by circulation problems that result from diabetes and vascular disease.

• LSU’s Pennington Biomedical Research Center is working to uncover the triggers of chronic diseases such as diabetes to develop better treatments. It has been involved in the development of key diabetes medications on the market today and continues to seek new and better treatments.

• Gestational diabetes is also a concern in our area. The Reproductive Endocrinology & Women’s Health Lab at Pennington Biomedical is conducting research studies on a host of related risk areas for women and infants.

4. Heart Disease and Stroke

Cardiovascular disease, including heart disease and stroke, is the leading cause of death in the U.S. Risk factors for heart disease, high blood pressure, and stroke include lifestyle factors such as diet, physical activity levels, smoking, alcohol consumption, and obesity. Genetics, gender, and age also influence risk.

Interventions to prevent cardiovascular disease and hypertension may include changing the physical environment to promote physical activity, making fresh fruits and vegetables more readily available, and increasing cigarette and alcohol taxes to discourage smoking and alcohol consumption. At an individual level, interventions may include physician recommendations to make physical activity or dietary changes or to quit smoking or reduce alcohol consumption.

Treatment for hypertension and cardiovascular disease includes lifestyle modifications and prescription medications.
In 2012, 4% of EBR residents had previously received a heart attack diagnosis and 3.1% had been diagnosed as a stroke victim.

- East Baton Rouge Parish EMS provides live 12-lead EKG data to all area emergency departments from the field. In light of how this reduced “door to balloon” times, Mayor Holden, with the area hospitals, launched the “Survive. Don’t Drive” campaign to encourage residents to dial 9-1-1 when experiencing symptoms of a heart attack.
- Jump Start Your Heart screens hundreds of prep athletes each school year for cardiovascular abnormalities.
- Lane Regional Medical Center provides free annual heart screenings and CPR training to local businesses, schools, and churches. Lane also provides free Automated External Defibrillator devices to local churches and schools.
- Baton Rouge General offers free vascular health events for the community, and in 2014-2015, provided 553 stroke screenings.

5. HIV and Other STDs

Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs) are associated with increased morbidity and mortality. HIV transmission can be reduced or eliminated by addressing the primary methods of infection: safe sex practices, protection against transmission from an HIV-positive mother to her baby during pregnancy or birth, preventive treatment and sterile supplies for injection drug users, widespread testing and medical care for those who test positive, and effective counseling and treatment programs.

Louisiana ranks second in the nation in the number of newly diagnosed HIV cases. In 2013, there were 1,344 new HIV diagnoses, 742 new AIDS diagnoses and 18,980 persons living with HIV in Louisiana. The Baton Rouge public health region accounted for 20% of the new HIV diagnoses, 25% of the new AIDS diagnoses and 25% of citizens living with HIV. There is a higher rate of HIV diagnoses in the African American community, which accounted for 86% of the new HIV diagnoses. Men are particularly at risk; 71% of newly diagnosed individuals were male. Sexual transmission among men was the method of exposure for 40% of these cases.

STDs cause severe complications, including infertility, liver disease and some forms of cancer. The risks of transmitting STDs can be eliminated by abstaining from sexual activity and reduced through the use of condoms and latex dams, regular testing, and treatment. In 2013, Louisiana ranked highest among all states for gonorrhea (188.4 per 100,000 population) and congenital syphilis (51.3 per 100,000 live births), second for chlamydia case rates (521.6 per 100,000) and third for primary and secondary syphilis (9.2 per 100,000 population).

- Reducing HIV/STD rates is one of the top four community health priorities identified by the 2015 CHNA.

- A testing and treatment task force, coordinated by Healthy BR, has increased testing in emergency departments and health centers, on college and university campuses and at community events. A community-wide “Know Your Status” campaign resulted in increased free HIV screenings. In 2014, emergency departments and urgent care centers screened more than 15,500 patients, resulting in 47 new diagnoses.

- There are many community programs from which HIV patients can apply for assistance. These include:

6. Mental Health and Substance Abuse

Mental health refers to psychological, emotional, and social well-being. Mental illnesses affect a person’s mood and how he or she feels, perceives, and behaves. Mood disorders are the most common of all mental disorders and include major depression. One in four Americans will be diagnosed with some form of mental illness in their lifetime and 17% of all Americans will suffer from depression at some point in their lives.
Mental health and substance abuse are often interconnected. Substance abuse is defined as excessive drug or alcohol consumption that affects mental and physical health. Excessive alcohol consumption also contributes to heart disease, some forms of cancer, risky sexual behavior, and accidents.

In 2015, 16% of adults in Louisiana reported excessive drinking. Alcohol-impaired driving deaths accounted for 33% of all driving deaths statewide. These trends are also reflected in EBR, with 15% of adults reporting binge or heavy drinking. Alcohol was involved in 35% of motor vehicle crash deaths in EBR from 2007-2012. The effects of substance abuse can result in separation from friends and family members, which may trigger depression. In 2014, 22% of EBR residents reported having inadequate social support. Locally, the number of mentally ill in parish prison has doubled and the community is searching for solutions to decriminalize mental illness and provide residents with additional support.

- Mental Health and Substance Abuse is one of the top four community health priorities identified by the 2015 CHNA.
- Healthy BR members are collaborating to educate primary care and emergency room physicians on new screening tools and referral resources for mental health and substance abuse diagnoses.
- Our Healthy BR partners continue to participate in ongoing dialogue to address the mental health crisis in the Parish Prison, including the creation of a referral resource.
- The Community Mental Health Center-Baton Rouge Mental Health Clinic serves adults in EBR. A person in crisis may call the hotline or walk in to any of the three full-time mental health centers in the Capital Area Human Services District to receive evaluation and appropriate disposition that same day. During evenings and weekends, clinical on-call staff provides assistance to access appropriate emergency or crisis care when the community mental health centers are not open. On-call staff may be accessed by calling the hotline or through area emergency rooms.

7. Negative Lifestyle/Behaviors

A. Smoking. Smoking is a primary cause of lung cancer (the leading cause of cancer deaths) as well as other forms of cancer, chronic obstructive pulmonary disease, and heart disease.
- Local hospitals partnered with Healthy BR for the Breathe Free campaign, which seeks to increase awareness of the dangers of smoking and help people quit. Area healthcare organizations, including Mary Bird Perkins-Our Lady of the Lake Cancer Center, Baton Rouge General, Lane Regional Medical Center, Ochsner Health Center and Woman’s Hospital, offer smoking cessation classes, Certified Tobacco Treatment Specialists, and other resources and minimal or no charge.

B. Alcohol Consumption. Excessive alcohol consumption contributes to heart disease, some forms of cancer, risky sexual behavior, and accidents.
- The Baton Rouge Area Alcohol and Drug Center/Substance Abuse Services and the Louisiana Health and Rehab Options, Inc. (LHRO) Detox/Substance Abuse Services provide short-term treatment centers for substance abuse.

C. Diet. A diet high in fresh vegetables and low in sodium and processed foods protects against and may also improve hypertension, cardiovascular disease, diabetes, obesity, and some forms of cancer. EBR rates 6.3 of a possible 10 on a Food Environment Index measuring distance to a grocery store for low income households. This is lower than the statewide score of 6.8 and the national score of 8.4.

D. Physical Activity. Physical activity can prevent and lower health risks from high blood pressure, heart disease diabetes, obesity, and some forms of cancer. While 93% of EBR residents report access to exercise opportunities, 25% are physically inactive.
- All Med BR hospital partners have achieved recognition from the American Heart Association as Fit Friendly worksites for creating a wellness-centered culture in the workplace.

E. Oral Health. In addition to playing an important role in quality of life, poor oral health has been linked to heart disease. In 2012, 59.9% of EBR adults reported visiting a dentist or a dental clinic within the past year.
- The Louisiana Dental Association brought a Mission of Mercy dental clinic to Baton Rouge in February 2015. The clinic saw hundreds of patients on a first-come, first-serve basis.

F. Violence. Interpersonal violence is responsible for negative physical and mental health outcomes. In 2014, the violent crime rate in EBR was 701 incidents per year per 100,000 population. This is higher than the overall Louisiana rate of 536 and much higher than the rate of 59 (90th percentile) for the U.S.
- The City-Parish’s BRAVE program brings
together law enforcement, social services, and community organizations to decrease violent crime in target zip codes. The City-Parish has seen an overall decline in violent crime during the years BRAVE has been operating.

8. Obesity

One in two children in Louisiana is overweight or obese. Obesity related medical expenses cost Louisiana more than $3 billion annually. As cases of obesity rise in Louisiana and the U.S., so do the cases of related chronic diseases like diabetes. Obesity is defined as a body mass index (BMI) greater than 30. Obesity is a significant risk factor for diabetes, heart disease, and stroke. Lifestyle factors such as physical activity, healthy eating, and monitoring caloric intake can decrease the risk of obesity. Obesity across the nation increased from 27.1% in 2013 to 27.7% in 2014. Louisiana has experienced a spike in adult obesity from 32% to 34% over a three-year span. The EBR rate has significantly increased from 30% to 33% over the same three years.

- Obesity prevention is one of the top four community health priorities identified by the 2015 CHNA.
- The Fresh Beginnings project, funded through a $1 million grant from the Blue Cross Blue Shield of Louisiana Foundation’s Challenge for a Healthier Louisiana Grant Program, was launched in 2012 to promote access to healthy foods, healthy eating, and active lifestyles in North and Old South Baton Rouge. This project is administered by the Mayor’s Healthy City Initiative. The Fresh Beginnings project includes:
  - The Red Stick Mobile Farmers Market, operated by BREADA, has brought regular farmers markets to underserved neighborhoods. The market has four weekly stops and serves over 7,500 customers a year.
  - The Healthy Corner Store Initiative, coordinated by the EBR Redevelopment Authority, created access to fresh and healthy foods by transforming four neighborhood stores in underserved neighborhoods. The stores now offer fresh produce and healthier dry goods.
  - The Food Access Policy Commission, facilitated by Together Baton Rouge, assessed areas of low food access in the Parish and made recommendations. Implementation of these recommendations has created a grocery express bus route, a statewide advocacy group for Fresh Food Financing dollars, and a market analysis study of low food access areas.
  - The “It’s Your Life” curriculum and teacher training program, developed by the Evelyn J. Daniel Foundation, helps teachers in four pilot schools integrate nutrition and health education into the broader curriculum.
  - Project Fit America equipment was installed at four pilot schools, and Physical Education teachers were trained to use indoor and outdoor equipment. Students from the four pilot schools outperformed the control school in fitness testing.
  - The 5-2-1-0+10 message and curriculum was developed by Healthy BR and the Our Lady of the Lake Children’s Hospital and integrated into schools, parks, summer camps, health systems, and government agencies. It is taught to more than 11,000 children in camps each summer and used in 46 schools. 5-2-1-0+10 is a positive message about healthy eating and active living for children and teens. It teaches 5 servings of fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity, 0 sweetened drinks, and 10 hours of sleep for children each day.
- The Healthy BR Family Fit Day, sponsored by Healthy BR, makes family fitness an open streets-style event once a year at BREC’s City-Brooks Park. Events include fitness classes, healthy food tastings, walks, runs, bike rides, safety tutorials, fitness competitions, and much more.
- Our Med BR partners offer weight loss programs and nutritional counseling and education to the community.
- The Eat Healthy BR restaurant program, created in collaboration with the Baton Rouge Dietetic Association, focuses on healthy kids’ menus in local restaurants.
- BREC has expanded bike trails and the BREC on the Geaux program. BREC on the Geaux is a mobile recreation unit that takes pop-up physical activity to play deserts in EBR. Healthy BR partners with BREC to bring the mobile unit to local schools on a regular schedule. There are two units in operation.
- Healthy BR partners have initiated over 50 community, church and school gardens throughout the parish, increasing access to fresh, healthy foods.
- Obesity is also being addressed in our community through research. LSU’s Pennington Biomedical Research Center has been involved in the development of all approved obesity medications on the market today. The Center has made significant advances in a
number of research areas, including uncovering the link between excess fat and the development of diabetes with the discovery of a hormone that links obesity with inflammation in fat tissue.

- Baton Rouge is home to a Translational Research Clinic for Children (TReCC) located at Pennington Biomedical. This center opened in 2014 and is dedicated to the study of pediatric obesity and diabetes though onsite clinical and population-based research. One of the programs currently underway in the TReCC is called Our Lifestyles, Our Lives. This program is in conjunction with Our Lady of the Lake and focuses on healthy eating, physical activity, and psychological support for children to achieve a healthy weight.

- With support from the Baptist Community Ministries, Pennington Biomedical Research Center has developed a toolkit of best practices to assist primary care providers in providing preventive and treatment services for childhood obesity. The toolkit has been delivered to physicians across EBR and can be found at http://www.pbrc.edu/obesitytoolkit/.

9. Overuse of Emergency Departments

An influx in emergency department volume throughout EBR has resulted in a collaborative approach to develop community-wide initiatives to control excessive emergency room utilization. Using the Institute for Healthcare Improvement’s Triple Aim as a guide, hospital and public health officials have created plans that will improve the patient experience and the health of the population while reducing per capita costs of care.

- Overuse of emergency departments is one of the top four priority community health needs identified by the 2015 CHNA.

- A partnership with the Louisiana Healthcare Quality Forum was formed to create a Health Information Exchange for ER data. This data allows the coalition to identify frequent users and tailor patient navigation programs to their needs.

- There are several urgent care centers strategically located throughout EBR to alleviate use of the hospital emergency departments for non-emergent situations. In addition, each hospital has nursing call centers or hotlines. Residents report concerns or symptoms; a nurse will provide education and guidance on appropriate resources for care.

- Partner organizations participate in community health fairs to educate the public on when to use the ER and which cases are more appropriate for urgent care settings. This includes outreach and presentations to community and faith-based organizations.

- East Baton Rouge Parish EMS’s Community Integrated Health Program provides scheduled, in-home visits by community paramedics to patients who frequently use EMS and emergency departments. The program has reduced hospital readmission rates by 60%.

10. Vulnerable Populations

Vulnerable populations are determined by socioeconomic status, age, gender, race, disability status, and anyone at risk for health disparities. There are factors that increase the

<table>
<thead>
<tr>
<th>Kindergarten–5th Grade (323 students, 2011)</th>
<th>6th–8th Grade (761 students, 2013)</th>
<th>9th–12th Grade (560 students, 2013)</th>
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</thead>
<tbody>
<tr>
<td>• 22% experience behavior problems</td>
<td>• 61% indicated that family personal change was impactful</td>
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<tr>
<td>• 15% have family health concerns</td>
<td>• 34% reported poor dietary habits</td>
<td></td>
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<tr>
<td>• 26% experience family stress</td>
<td>• 7% were physically inactive</td>
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<tr>
<td>• 10% suffer poor dietary habits</td>
<td>• 19% are considered academic underachievers</td>
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<tr>
<td>• 25% admit to a gun at home</td>
<td>• 10% have a limited support system, which could be a reason that 11% had thoughts of running away</td>
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<td>• 14% use tobacco</td>
<td>• 55% have been exposed to violence</td>
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<td>• 21% report drug use in family</td>
<td>• 6% carried a weapon</td>
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<tr>
<td>• 4% admit to physical abuse</td>
<td>• 19% admitted to having a gun in their household</td>
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<td></td>
<td>• 6% admitted to engaging in sexual activity with 1% not using protection</td>
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<tr>
<td></td>
<td>• 14% suffer minor depression</td>
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<td></td>
<td>• 4% have had suicidal thoughts/and or attempts</td>
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<td></td>
<td>• 66% experienced family personal change</td>
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<td></td>
<td>• 3% worked more than 20 hours a week</td>
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<tr>
<td></td>
<td>• 16% reported a limited support system</td>
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<tr>
<td></td>
<td>• 2% admitted to having a gun in their household</td>
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<tr>
<td></td>
<td>• 13% had a concern for personal safety</td>
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<tr>
<td></td>
<td>• 37% reported engagement in sexual activity, with 14% not using protection</td>
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</tr>
<tr>
<td></td>
<td>• 19% admitted to depression and/or feeling sadness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 40% reported family tobacco use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 6% admitted to alcohol/drug usage</td>
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</tbody>
</table>
risk of being considered vulnerable, such as geography, decision-making ability, disability, chronic illnesses, and lack of education.

The most vulnerable groups are children, adolescents, and the elderly. None of these groups can independently take care of themselves. Their lifestyle can be affected by the decisions made by others.

Engaging children and learning from them are ways to understand their societal culture and the lifestyles that affect their mental health. In some areas of EBR, children and adolescents consistently witness violence, substance and physical abuse and risky sexual behaviors that cause a sense of mental instability in their lives.

**General Vulnerable Population Overview:**

- 17% experience inadequate access to food
- 11% experience inadequate access to healthy food
- 15% could not see a doctor because of cost (17% in Louisiana)
- 22% of the EBR adult population is uninsured (26% in Louisiana)
- 6% of children are uninsured in both EBR and Louisiana
- 68% of children are eligible for free lunch in EBR (59% in Louisiana)
- 29% of children live in poverty in both EBR and Louisiana
- 6.3% of adults are unemployed in EBR (6.4% in Louisiana)
- The median household income in EBR is $47,770 ($42,998 in Louisiana)
- Areas of highest need include zip codes 70801, 70802, 70805, 70806, 70807, 70811 and 70812
- The second highest need areas are in zip codes 70814, 70815, 70816, 70819 and 70820
- Within these zip codes, there are vulnerable populations that are affected more than others by socioeconomic factors.

- Free health screenings are provided by Healthy BR partners throughout the year, including glucose testing, cholesterol testing, blood pressure screening, osteoporosis screening, BMI calculation, stroke risk assessment, heart rhythm screening, vascular screening, various cancer screenings, and genetic screening.
- Residents may apply for the Supplemental Nutrition Assistance Program (SNAP).
- Special services and access for women, infants, and children are available through the Special Supplemental Nutrition Program.
- Free groceries and food may be part of the federal government USDA Commodity Food Program. The items are available to eligible households throughout EBR, with a focus on seniors and children.
- The Baton Rouge Office of Social Services offers short-term assistance through the Community Service Block Grant and other government funding:
  - Housing needs and costs, including funds for paying security/move in deposits, rent or in some cases, a mortgage.
  - Utility assistance, including energy, heating or air conditioning bills.
  - Healthcare needs, including vouchers for medications or other medical costs.
- The Baton Rouge Office of Social Services provides emergency services to the disabled and elderly.
- Federal government grants from Low Income Home Energy Assistance Program, or LIHEAP, is a form of utility and electric bill payment assistance. Payments or credits are made to energy vendors on behalf of eligible EBR families.
- The National Emergency Food and Shelter Program is a program for people facing eviction or homelessness. The Rent and Mortgage Assistance Program assists families who have received an eviction or foreclosure notice.
- Housing Opportunities for Persons with AIDS, known as HOPWA, is targeted at low-income individuals who have been diagnosed with HIV/AIDS. The financial aid program creates and supports access to affordable private housing and apartments.
- Lane Regional Medical Center, Ochsner Health Center and Woman’s Hospital partnered with the Louisiana Department of Health and Hospitals (DHH) to implement the “Go the Full 40” initiative, a voluntary program that reduces early deliveries, C-section rates and medical complications in newborns delivered before 40 weeks’ gestation.
Partnerships

Alignment with other organizations is critically important to the success of our community health initiatives. The Capital Area United Way (CAUW) recently reassessed their funding process and outcomes. Healthy BR partnered with CAUW to ensure that funding decisions were compatible with the goals and priorities established within the CHNA. CAUW funds many Healthy BR partner organizations and is in a unique position to guide alignment with community initiatives.

Healthy BR also worked with the Louisiana Department of Health and Hospitals (DHH) as it began its own Community Health Assessment process in 2015. While DHH Region 2 includes seven parishes, many of the issues faced by the broader region are the same in EBR. Alignment between the CHNAs and Implementation Plans for each organization helps direct state funds and programming to address jointly-identified needs.

Next Steps

This CHNA is only the first step in an ongoing process. Healthy BR partner organizations must use this information as a resource and a template for working within their organizations to develop strategies and partnerships to further address the top ten priorities. While there are common areas of focus among Healthy BR partners, each must individually consider resources, costs, future impacts, and limitations of implementation plans.

The top four priorities – HIV and other STDs, obesity, overuse of emergency departments, and mental health and substance abuse – have the potential to greatly influence more than one area of need and the greatest potential for community-wide positive impact. Our community partners have collaborated in a three-year Joint Implementation Plan that will address these needs across the EBR community; see Appendix C.

Top 4 Priorities

1) HIV and other STDs
2) Obesity
3) Overuse of Emergency Departments
4) Mental Health and Substance Abuse
Baton Rouge General Medical Center:

Organization Type: Baton Rouge General Medical Center is the first and only comprehensive full-service hospital in the capital city, with 590 licensed beds and multiple campuses. The hospital opened its doors in 1900, and has provided the southeastern region with high-quality healthcare for generations. Also affiliated with BRG is Baton Rouge General Physicians, an employee network of more than 100 physicians and mid-level healthcare providers.

Services Offered: With a staff of nearly 800 highly skilled physicians representing more than 80 medical specialties and subspecialties and 3,500 employees, BRG is a regional leader in primary care and specialty programs. Treating more than 300,000 patients each year, BRG offers programs that include: Emergency, Regional Burn Center, Pediatrics, Heart and Vascular, Cancer, Birth Center, Behavioral Health, Hyperbarics and Wound Care, Imaging and Radiology, Neurosciences, Orthopedics, Rehabilitation, and Wellness and Lifestyle. An accredited teaching hospital since 1991, Baton Rouge General serves as a satellite campus of Tulane University School of Medicine, and offers other medical education programs, including a School of Nursing, School of Radiologic Technology, Family Medicine Residency Program, Internal Medicine Residency Program, Pharm D Program, Sports Medicine Fellowship Program, and Clinical Pastoral Education/Training.

Primary Service Area: For the purposes of this assessment, Baton Rouge General’s primary service area is defined as East Baton Rouge Parish based on its location and the population it serves. The hospital’s secondary market includes the parishes of Livingston, Ascension, Tangipahoa, Iberville, West Baton Rouge, Assumption, Pointe Coupee, East Feliciana, West Feliciana and St. Helena.

Lane Regional Medical Center:

Organization Type: Established in 1960, Lane is a state-of-the-art, 139-bed, regional healthcare system that is continually expanding and adding new technologies, programs and services such as Interventional Cardiology, Endoscopy & Infusion, Behavioral Health, Wound Care & Hyperbarics, Advanced Resonance Imaging Technology, and Radiation and Medical Oncology.

With more than 850 dedicated team members, Lane Regional is the largest employer within the city of Zachary. The hospital continues to grow and invest in the community by recruiting new physicians and providing access to the very best healthcare services, technologies and programs available in the region.

Lane’s core values are Excellence, Integrity, Compassion, Respect and Commitment. For more details, please visit LaneRMC.org.

Services Offered: Offering a full range of inpatient and outpatient diagnostic services, Lane supports Orthopedics, Labor & Delivery, Vascular & General Surgeries, In-Patient Rehabilitation, Sleep Medicine, Home Health, Diabetes Management, Emergency Services and After-Hours Urgent Care.

Primary Service Area: For the purposes of this assessment, Lane Regional Medical Center’s service area is defined as East Baton Rouge Parish based on its location and the population it serves. It is located in the northern part of the parish and serves as the primary healthcare resource for the region, including more than 200,000 residents in the communities of Zachary, Baker, Central, Clinton, St. Francisville, and beyond.

Our Lady of the Lake Regional Medical Center:

Organization Type: Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need. We call forth all who serve in this healthcare ministry to share their gifts and talents to create a Spirit of Healing for all those entrusted to our care. We are, with God’s help, a healing and spiritual presence for each other and the communities we are privileged to serve.

Our Lady of the Lake is one of the largest private, not for profit Academic medical centers in the state; operating under the Franciscan Missionaries of Our Lady Health System. The health system serves patients throughout the State of Louisiana with a network of hospitals, clinics, physicians, elderly housing, and integrated information systems. Our Lady of the Lake has a complement of nearly 1,200 physicians and more than 7,000 team members. Our Lady of the Lake has over 800 licensed beds and treats 35,000 inpatients; 600,000 outpatients. Joint Commission accredited, the hospital is also Magnet Designated with many specialty certifications such as Stroke, Trauma, Bariatric Surgery and Chest Pain.

Our Lady of the Lake Children’s hospital operates as a hospital within a hospital, Our Lady of the Lake Children’s Hospital is the second largest pediatric facility in Louisiana treating 90,000 children each year. With the most local pediatric patient beds and the largest local pediatric intensive care unit, the hospital treats children statewide and beyond. In addition, the hospital offers the region’s only 24/7 pediatric emergency department.

Services Offered: Our Lady of the Lake provides a comprehensive range of services for the community in which it serves. With over 60 medical specialties, services include the Mary Bird Perkins – Our Lady of the Lake Cancer Program, Children’s Hospital, Diabetes and Nutrition Center, Emergency Department, free standing ED in Livingston, Endoscopy Center, Hearing and Balance Center, Heart and Vascular Institute, Imaging Services, Laboratory and Diagnostics, Mental and Behavioral Health, NeuroSciences Services, Orthopedic Services, Palliative Medicine, Inpatient and Outpatient...
Pharmacy, Rehabilitation, Respiratory Care Services, Senior Services, Surgical Services, Robotic Surgery, Trauma Services, Voice Center, Weight Loss, LSU Health Baton Rouge, Wound Ostomy Center and more. In partnership with Our Lady of the Lake, LSU and Tulane, the hospital hosts a vast array of Graduate Medical Education residents and training programs including pediatrics, psychiatry, internal medicine, emergency medicine and more.

Our Lady of the Lake also has a joint venture partner, Surgical Specialty Center of Baton Rouge. The joint venture was completed in September 2008.

**Primary Service Area:** For purposes of this Joint CHNA, Our Lady of the Lake has defined East Baton Rouge Parish as its primary service area. Secondary service areas include the surrounding parishes of Ascension, Livingston, St. Helena, West Feliciana, Point Coupee, and West Baton Rouge. Fifty two percent of the discharges from Our Lady of the Lake come from our primary service area of East Baton Rouge Parish.

**Surgical Specialty Center of Baton Rouge:**

**Organization Type:** Located in the state capital of Baton Rouge, Louisiana, Surgical Specialty Center of Baton Rouge (SSCBR) is a healthcare provider for the Greater Baton Rouge area and surrounding parishes. The hospital opened in April, 2003 and has 8 operating rooms, 2 minor procedure rooms, and 16 licensed beds. The hospital provides surgical services in the following specialties: ENT, General Surgery, General Pediatric Surgery, Hand, Orthopedics, Spine, and Urology. Other services include Imaging (CT, X-Ray) Lithotripsy, Pain Management, and Sleep Studies.

SSCBR completed a joint-venture with Our Lady of the Lake Regional Medical Center (OOLL), one of the largest private medical centers in the state, in September, 2008. SSCBR has nearly 150 physicians on staff and 200 team members. SSCBR has 16 licensed inpatient beds and admitted approximately 900 patients to the inpatient unit in 2015. SSCBR performed approximately 12,000 surgical procedures, 2,000 pain management procedures, and 650 Lithotripsy procedures in 2015. Additionally, approximately 300 patients had sleep studies provided by SSCBR and 4,600 Imaging studies were conducted.

As a licensed hospital, SSCBR is accredited by The Joint Commission and has received several local quality awards for implementing the CMS quality initiatives. SSCBR has also received many awards from Press Ganey, a national patient satisfaction survey vendor, for excellent patient satisfaction results.

**Services Offered:** SSCBR and staff urologists have been providing free prostate screenings since 2005. We will continue to provide this valuable service providing approximately 40 free screenings per year.

The Cancer Program of Mary Bird Perkins and OLOL offers patient navigation, free cancer screenings, outreach to uninsured, participation in clinical trials, and a comprehensive exercise and wellness program. The Cancer Program also strives to reduce cancer health care disparities and improve information sharing among community cancer centers.

SSCBR continues to provide services to those with Medicare and Medicaid coverage, as well as provide charity care. OOLL is able to serve the community through Lake Line Direct: a free 24/7 resource for health information/referral and Telehealth which is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Additionally, OOLL provides health screenings, community education and outreach; Medicaid and LACHIP enrollment and most recently an expansion into Livingston Parish offering a facility with a 24/7 Emergency Room with transfer capabilities.

**Primary Service Area:** SSCBR’s primary service area is the same as OOLL’s market. For purposes of the Community Health Needs Assessment the primary service area has been defined as East Baton Rouge Parish.

**Woman’s Hospital:**

**Organization Type:** As one of the largest hospitals in the nation specializing in the care of women and infants, Woman’s is a free-standing nonprofit organization consistently recognized for innovative programs and quality care. With almost 2,000 team members, Woman’s is an 8-time recipient of Modern Healthcare’s “Top 100 Best Places to Work in Healthcare” award.

Woman’s has 168 licensed adult hospital beds and 72 licensed NICU beds, and provides an array of treatments for women and infants. Currently the 17th largest delivery service in the U.S. and the largest in Louisiana, patients deliver more than 8,500 babies at Woman’s each year. More than 7,000 surgeries, 46,000 mammograms and 50,000 pap screens are performed annually.

Woman’s is accredited by the Joint Commission, is a Magnet-designated hospital, and maintains patient engagement scores in the 95th percentile. An accredited teaching hospital, Woman’s has partnered with Our Lady of the Lake, Louisiana State University and Tulane University Medical School to provide Graduate Medical Education for residents in obstetrics and gynecology, general surgery, emergency medicine, plastic surgery, psychiatry and pediatric programs.

Woman’s also operates the Woman’s Child Development Center and the Woman’s Center for Wellness. The Foundation for Woman’s is a 501(c)(3) nonprofit organization whose primary purpose is to raise and manage private support for Woman’s Hospital.

**Services Offered:** Woman’s provides an array of services for patients in East Baton Rouge and the surrounding communities, including obstetrics and gynecology, postpartal and antepartal care, oncology, neonatal and adult intensive care, cosmetic surgery, bariatric surgery, social services and pastoral care, respiratory therapy, orthopedic treatment and surgery, general surgery and maternal-fetal medicine. Outpatient services include nutritional counseling and weight loss, audiology, physical therapy, occupational therapy and speech therapy for men, women and children, as well as laboratory and imaging services. Woman’s also offers a variety of outpatient clinic services.

**Primary Service Area:** For purposes of this Joint CHNA, Woman’s has defined East Baton Rouge Parish as its primary service area. Over 50% of patients presenting during fiscal year 2015 (October 2014 – September 2015) were from East Baton Rouge Parish. Significant secondary service areas include the surrounding parishes of Ascension and Livingston.
Work since the Prior CHNA

Baton Rouge General Medical Center:

**Obesity:** BRG offers many community wellness programs, including biometric screenings, weight management plans, fitness classes, nutritional counseling and more. A corporate wellness program is also being piloted. Comprehensive surgical options include gastric bypass, adjustable gastric banding and sleeve gastrectomy, as well as weight loss surgery support groups.

**HIV and other STIs:** Testing for STDs is now part of every BHU admission. HIV tests are performed if an at-risk behavior is identified. Social workers help patients with resources and referrals, and provide emotional support.

**Mental and Behavioral Health:** The hospital offers comprehensive services to address substance abuse, eating disorders, anxiety, depression, bipolar disorder and chronic mental illness. A PTSD program was developed to provide treatment and emotional support to veterans and first responders. An 8-week wellness management program teaches positive coping skills such as relaxation, problem solving and relationship building.

**Overuse of Emergency Departments:** Using the Institute for Healthcare Improvement’s Triple Aim as a guide, BRG collaborates with the Better Access to Care Coalition and other community groups to educate the public on the appropriate use of primary care, urgent care and emergency services. This includes ongoing internal and external outreach communications reinforcing healthy utilization habits, and media messaging that stressed “the right care at the right time in the right setting.”

Lane Regional Medical Center:

**Obesity:** Lane offers free healthy cooking classes and good health wellness classes and events to patients and community members to help reduce obesity, plus provides a variety of healthy food choices on the cafeteria menu.

**HIV and other STIs:** Lane provides HIV education and screening information to assist individuals who want to be tested.

**Mental and Behavioral Health:** Lane offers a comprehensive, physician-supervised, outpatient behavioral health center for individuals needing mental health assistance.

**Overuse of Emergency Departments:** Lane is part of the Healthy BR working group to decrease ED readmission rates through a health information exchange, as well as provide access to care information (right care, right time, right place message) and promote Lane’s after hours urgent care center for non-emergent healthcare needs.

Our Lady of the Lake Regional Medical Center:

**Obesity:** Our Lady of the Lake has successfully established a service line dedicated to Weight Loss and Diabetes Management and Prevention. The Nutrition and Metabolic Service Line consists of Lake Weight Solutions, Bariatric Services, Lake Health Center and Diabetes and Nutritional Services and LSU Health Baton Rouge Foot Clinic.

Our Lady of the Lake has successfully implemented the 5210+10 campaign through Health Centers in Schools, Baton Rouge Children’s Health Project, and Community Advocacy outreach. The message was also adopted by the Our Lady of the Lake Physician Group.

**HIV and other STIs:** Opt out HIV/AIDS screenings were successfully implemented at all three Our Lady of the Lake Emergency Rooms.

The hospital supports the HIV/AIDS community through the Early Intervention Clinic at LSU Health Baton Rouge, Mid City Clinic. Social workers in the ED’s serve as transitions to care liaisons for follow up care.

Our Lady of the Lake implemented the LaPHIE (Louisiana Public Health Information Exchange) to identify and flag patients seen in the ER who are deemed out of care by the Department of Health and Hospitals. Strategies to get patients back into care are implemented.

**Mental and Behavioral Health:** The psychiatry program has grown to 18 residents. The hospital has opened a new outpatient Psychiatric Clinic staffed by residents and faculty, doubling the number of patients they are able to serve.

The hospital offers 24/7 inpatient consult services and has increased the number of Psychiatrists from four in 2010 to 15 full time psychiatrists.

**Overuse of Emergency Departments:** Our Lady of the Lake continues to promote community education to decrease over utilization of the ED. Education efforts to link patients to primary care and to direct patients to appropriate levels of care continue. LSU Health BR Urgent Care Clinics continue to meet the needs of over 43,000 patients.

Social workers in the ED help direct patients to primary care and the appropriate follow up resources.
Woman’s Hospital:

Obesity: Woman’s offers comprehensive weight loss services designed with the patient’s needs in mind. These include Ideal Protein, the Balance weight loss program, bariatric surgery, support groups, educational seminars, a women’s only fitness facility, and diabetes and metabolic centers. Woman’s partners with BREADA to host onsite farmer’s markets for employees, visitors and area residents. Woman’s nurses/dieticians attend mobile farmer’s markets to educate the community on the advantages of breastfeeding and a healthy diet, and the resulting impact on childhood obesity. Woman’s breastfeeding rate is 69%; compared to the Joint Commission mean of 58% and the state average of 57%. From 2014 to 2015, there was a 4.2 increase in the number of women who chose to breastfeed exclusively. All Woman’s Hospital facilities were designated “Well Spots” in 2015 by the Department of Health and Hospitals Well Ahead program. Woman’s participates in a variety of community events promoting exercise and nutrition and is a sponsor of Healthy BR's Family Fit Day. Woman’s participated in over 40 community outreach and educational events in 2015. The Woman’s Child Development Center is NAPSACC accredited and supports the 5210+10 initiative. Healthy Merits, the employee wellness program, offers free biometric screenings and incentive points for healthy behaviors as well as insurance premium discounts. The Woman’s Way café offers a complete line of discounted healthy options and promotes the 5210+10 program.

HIV and other STIs: Woman’s treats over 50% of all known sexual assault victims who present to a healthcare facility in East Baton Rouge. Voluntary HIV screens are now offered to all presenting patients. From October 2014 – September 2015, 2,632 patients were screened for HIV, and 11 new cases were diagnosed. Specially-trained nurses provide care management and medication at no cost to HIV-positive pregnant patients. Since 2005, there have been no cases of mother-to-child transmission among program participants.

Mental and Behavioral Health: A triage process including a mental health assessment/suicide risk screening was implemented August 1, 2015 for all Assessment Center and Labor and Delivery patients. A positive assessment triggers a social worker visit and suicide precautions. A Neonatal Abstinence Task Force researches and reports on the issue surrounding care options within the community for pregnant women with opiate addiction. Measures include early identification, brief intervention, treatment and if necessary, transition to medications while in the hospital. Woman’s Center for OB/Gyn has partnered with Capital Areas Human Services to provide screening, brief intervention and treatment to women who screen positive for anxiety, depression, substance abuse and/or domestic violence. Social workers provide support in the clinic environment.

Overuse of Emergency Departments: The Center for OB Gyn (a partnership between Woman’s and LSU) added an additional five clinic visits per day for patients with emergent conditions to prevent emergency room visits. Woman’s expanded community education through the Diabetes Self-Management Education program, which teaches patients self-care skills to reduce unnecessary hospital admissions.
APPENDIX A

Healthy BR Partners:
American Cancer Society
American Heart Association
AmeriHealth Caritas
Arthritis Association of Louisiana
Baton Rouge Advocates for Safe Streets
Baton Rouge AIDS Society
Baton Rouge Area Foundation
Baton Rouge Bike Club
Baton Rouge Children’s Health Project
Baton Rouge Community College
Baton Rouge Crisis Intervention Center
Baton Rouge Dietetic Association
Baton Rouge General Medical Center
Berean Wellness
Better BR
Big River Economic & Agricultural Development Association
Bike BR
Blue Cross Blue Shield of Louisiana
BREC
Capitol Area Human Services District
Capitol Area United Way
Capitol City Family Health Center
Cardiovascular Institute of the South
Center for Planning Excellence
City of Baton Rouge-Parish of East Baton Rouge
City-Parish Ryan White Program
City-Parish HeadStart
Delta Service Corps
Department of Health and Hospitals
Division of Human Development and Services, City of Baton Rouge-Parish of East Baton Rouge
East Baton Rouge Parish Redevelopment Authority
East Baton Rouge Parish Schools
EMS/Prison Medical
Geaux Health and Fitness
Girls on the Run
Greater Baton Rouge Food Bank
Health Centers in Schools
Healthy Lives
HIV/AIDS Alliance for Region Two (HAART)
Hurt, Help, Heal Hope, IV Home Retreat Center
Interfaith Federation
Jump Start Your Heart
Knock Knock Children’s Museum
LAHPERD
Lake After Hours
Lane Regional Medical Center
Louisiana Business Group on Health
Louisiana Campaign for Tobacco-Free Living
Louisiana Center for Health Equity
Louisiana Healthcare Quality Forum
Louisiana Hospital Association
Louisiana Public Health Institute
Louisiana Rehabilitation Services
LSU Ag Center
LSU Community-University Partnership
LSU Health Sciences
March of Dimes
Mary Bird Perkins Cancer Center
National Pharmacy Infusion
Ochsner Health System
Office of Public Health-Region II
Our Lady of the Lake Regional Medical Center
Pennington Biomedical Research Center
RocketKidz Foundation
Slow Food Baton Rouge
Southern University Ag Center
Spectrum Fitness
Sunshine Foundation
Together Baton Rouge
Volunteer Health Corps
Wheels to Succeed
Woman’s Hospital
YMCA of the Capital Area
References and Data Sources


APPENDIX B

2015 Community Health Needs Assessment
## APPENDIX C – Implementation Plan

### Priority: Obesity

<table>
<thead>
<tr>
<th>Population Health Measures</th>
<th>Adult Obesity Rate (CHR)</th>
<th>2014 Baseline</th>
<th>2015 Actual</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>34%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Physical Inactivity Rate (CHR)</td>
<td>25%</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Access to Exercise Opportunities (CHR)</td>
<td>96%</td>
<td>93%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>Food Environment Index (CHR)</td>
<td>6.5</td>
<td>6.3</td>
<td>7.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Project/ Tactic</th>
<th>Indicators</th>
<th>2014 Baseline</th>
<th>2015 Goal</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in childhood obesity through education</td>
<td>5-2-1-0+10 Program</td>
<td># of school-based personnel trained (PE Teachers, nurses, etc.)</td>
<td>167</td>
<td>175</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of schools utilizing messaging</td>
<td>46</td>
<td>46</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5210+10 grants awarded ($)</td>
<td>0</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of camps utilizing messaging</td>
<td>40</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of workplaces utilizing messaging</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

| Increased access to fresh and healthy food | Eat Healthy BR | # of participating restaurants | 15 | 20 | 30 |
|                                            | Red Stick Mobile Farmers Market | # of weekly stops | 4 | 6 |
|                                            |                              | Pounds of produce sold | 35575 | 40000 | 500000 |
|                                            | Food Access Policy Commission | # of recommendations being implemented (out of 5) | 0 | 2 | 5 |
|                                            | Summer Food Service Program | # of meals served | 356552 | 400000 | 500000 |

| Increased access to physical activity | BREC on the Geaux | # of children served | 19680 | 23000 | 30000 |
|                                       | Family Fit Day | # of attendees at Family Fit Day | 800 | 1500 | 2500 |
## Priority: Emergency Department Utilization

<table>
<thead>
<tr>
<th>Population Health Measures</th>
<th>2014 Baseline</th>
<th>2015 Actual</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventable Hospital Stays (CHR)</td>
<td>46</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Uninsured (CHR)</td>
<td>18%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Primary Care Physicians Ratio (CHR)</td>
<td>1156</td>
<td>1143</td>
<td>1100</td>
</tr>
</tbody>
</table>

### EVIDENCE

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Project/ Tactic</th>
<th>Indicators</th>
<th>2014 Baseline</th>
<th>2015 Goal</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data driven analysis of ED overutilization</td>
<td>Creation of a Health Information Exchange</td>
<td>Live reports run</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of patients appearing more than 5 times in a 30 day period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct patients to more appropriate sources of care</td>
<td>Access to care education</td>
<td># of level 4 &amp; 5 ED visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Urgent Care and Ambulatory Care visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of campaign media impressions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MedLine BR</td>
<td># of calls to MedLine BR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreasing dental pain as a reason for presenting in EDs</td>
<td>LDA Mission of Mercy</td>
<td># of patients seen</td>
<td>0</td>
<td>1473</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Priority: HIV/AIDS

<table>
<thead>
<tr>
<th>Population Health Measures</th>
<th>2014 Baseline</th>
<th>2015 Actual</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmitted Infections (CHR)</td>
<td>744</td>
<td>584</td>
<td>400</td>
</tr>
<tr>
<td>Estimated HIV Case Rate (CDC)</td>
<td>38.1</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Estimated Stage 3 AIDS Case Rate (CDC)</td>
<td>27.5</td>
<td></td>
<td>22</td>
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</table>

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Project/ Tactic</th>
<th>Indicators</th>
<th>2014 Baseline</th>
<th>2015 Goal</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing the amount of people tested, especially using new, quicker testing methods to make HIV screenings a routine procedure</td>
<td>Testing in EDs</td>
<td># of facilities testing</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of patients screened</td>
<td>9922</td>
<td>14000</td>
<td>14000</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of new positives</td>
<td>27</td>
<td>280</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td>Testing in community settings</td>
<td># of screenings</td>
<td>7600</td>
<td>8000</td>
<td>8000</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of new positives</td>
<td>36</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Testing in healthcare settings</td>
<td># of screenings</td>
<td>3746</td>
<td>6000</td>
<td>6000</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of new positives</td>
<td>29</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>Testing on college campuses</td>
<td># of screenings</td>
<td>300</td>
<td>500</td>
<td>600</td>
</tr>
<tr>
<td>Increase awareness about HIV/AIDS resources and treatment options</td>
<td>Hold community events that include testing/counseling</td>
<td># of community events held</td>
<td>4</td>
<td>8</td>
<td>8</td>
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<tr>
<td>Decrease stigma around HIV/AIDS</td>
<td>Involve PLWH in education/awareness committee</td>
<td># of PLWH on committee</td>
<td>2</td>
<td>15</td>
<td>20</td>
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<tr>
<td>Support policy change that affects stigma and treatment</td>
<td>Increase the number of schools using Project AIM, TOP, etc.</td>
<td># of schools using Project AIM, TOP, etc.</td>
<td>0</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Educate School Board Members</td>
<td># of School Board Members reached</td>
<td>0</td>
<td>5</td>
<td>9</td>
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## Priority: Mental and Behavioral Health

### Population Health Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>2014 Baseline</th>
<th>2015 Actual</th>
<th>2018 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Providers (CHR)</td>
<td>850</td>
<td>644</td>
<td>600</td>
</tr>
<tr>
<td>Poor Mental Health Days (CHR)</td>
<td>2.6</td>
<td>2.6</td>
<td>2.4</td>
</tr>
<tr>
<td>Excessive Drinking (CHR)</td>
<td>15%</td>
<td>15%</td>
<td>12%</td>
</tr>
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</table>

### Strategic Objective

<table>
<thead>
<tr>
<th>Objective</th>
<th>Project/ Tactic</th>
<th>Indicators</th>
<th>2014 Baseline</th>
<th>2015 Goal</th>
<th>2018 Goal</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divert mental health patients to appropriate sources of care</td>
<td>Decriminalizing mental illness</td>
<td># of offenders in parish prison receiving mental health services</td>
<td>325</td>
<td>300</td>
<td>225</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of patients seen by social worker at Parish Prison</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconfigure prison EMS staff to provide more care</td>
<td>Secure FT LCSW at the parish prison</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td></td>
<td>Reorganize prison EMS to include a psych NP 4 days/week</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Publicize available resources</td>
<td># of patients presenting in Emergency Room in crisis</td>
<td>From ED Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Educate key stakeholders</td>
<td># of PCPs receiving information</td>
<td>0</td>
<td>50</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of policymakers engaged</td>
<td>0</td>
<td>15</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhance behavioral health services available in schools</td>
<td>Health Centers in Schools</td>
<td># of behavioral health patient encounters</td>
<td>4800</td>
<td>5000</td>
<td>5500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children’s Hospital Mobile Unit</td>
<td># of behavioral health patient encounters</td>
<td>932</td>
<td>975</td>
<td>1100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capital Area Human Services District</td>
<td></td>
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