New Orleans
Community Health Improvement Report

Community Health Profile &
Community Health Improvement Plan






Prepared by: the New Orleans Health Department
January 2013

LETTER FROM THE HEALTH COMMISSIONER

In keeping with Mayor Mitch Landrieu's commitment to improve the quality of life for the citizens of New Orleans, the Mayor and I are pleased to present this Community Health Improvement assessment and planning document. This booklet contains two reports, the Community Health Profile and Community Health Improvement Plan which are companion documents intended to complement each other and paint a broad picture of the state of community health in New Orleans. They are also available on the web at http://new.nola.gov/health.

The reports are the result of a formal community health Improvement assessment and planning effort reflect over 18 months of collaborative work with agency partners and community stakeholders to establish a shared vision, conduct a comprehensive community health assessment, and develop an assets-based planning document. Using the Mobilizing for Action through Planning and Partnerships (MAPP) framework as our guide we conducted four interdependent assessments that, when combined, provide a comprehensive snapshot of the specific health needs and opportunities in our community. Data from the community health assessment process was used to prioritize strategic issues to be included in the Community Health Improvement Plan.

We are thankful for the support of over 100 stakeholders and partners from across multiple sectors and technical assistance provided by the National Association of County & City Health Officials, the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention, and M Powered Strategies to develop this document. This is a living document and with the help of our partners, the plan will be implemented over the next five years. Through this effort we commit to rigorously measuring our processes and outcomes to evaluate and improve our planning efforts. We are also dedicated to developing data-driven targets and timely policies based on evidence-based interventions supported by sound research and/or practice. Most importantly, we are driven to see that this report is accessible to all who *live, learn, work, and play* in New Orleans.

Our challenges are great, but so is our opportunity. We invite you to use this plan to help inform and enhance your knowledge of the work currently underway to improve community health in New Orleans. We also encourage everyone to get involved and contribute to this effort as we seek to establish New Orleans a model for community health improvement for the nation.

Sincerely,

Karen Bollinger DeSalvo, MD, MPH, MSc

Health Commissioner

COMMUNITY HEALTH IMPROVEMENT STEERING COMMITTEE

Michelle Alletto	Birth Outcomes Project, Louisiana Department of Health and Hospitals
Eric Baumgartner	Louisiana Public Health Institute
Daesy Behrhorst	Louisiana Language Access Coalition
Theodore Callier	Dillard University
Nash Crews	Recovery School District
Karen DeSalvo	City of New Orleans
Lucas Diaz	Office of Neighborhood Engagement, City of New Orleans
Denise Graves	Micah Project
Avis Gray	Louisiana Department of Health and Hospitals
Stephanie Haynes	Greater New Orleans Drug Demand Reduction Coalition
Corey Hebert	Tulane Hospital
Ben Johnson	New Orleans Chamber of Commerce
Calvin Johnson	Metropolitan Human Service District
Jim Kelly	Covenant House
Flint Mitchell	Greater New Orleans Foundation
Tiffany Netters	Office of Public Health, Louisiana Department of Health and Hospitals
Minh Nguyen	Vietnamese American Young Leaders Association
Claire Norris	Department of Sociology, Xavier University of Louisiana
Lindsay Ordower	504HealthNet
Charlotte Parent	City of New Orleans, Health Department
Kate Parker	Prevention Research Center, Tulane University
Jamilah Peters-Muhammad	Ashe' Cultural Arts Center
Thena Robinson-Mock	Kids Rethink New Orleans Schools
Paul Salles	Metropolitan Hospital Association
Timolynn Sams	Neighborhood Partnership Network
Petrice Sams-Abiodun	Lindy Boggs Literacy Center, Loyola University
Liz Scheer	Baptist Community Ministries
Denese Shervington	Institute of Women and Ethnic Studies
Adrian Todd	Kingsley House
Yvette Wing	Centers for Disease Control and Prevention
Beverly Wright	Deep South Center for Environmental Justice, Dillard University

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BACKGROUND

Community Health Improvement is a comprehensive approach to assessing community health and developing and implementing action plans to improve community health through substantive community member and local public health system partner engagement. The Community Health Improvement process addresses the social and environmental determinants of health by engaging the broader public health system, focusing on the knowledge, assets and, resources we have available as a community to improve our health together. Generally, Community Health Improvement models include the following steps:

1. Prepare and plan
2. Engage the community
3. Develop a goal or vision
4. Conduct community health assessment(s)
5. Prioritize health issues
6. Develop community health improvement plan
7. Implement community health improvement plan
8. Evaluate community health improvement plan
9. Restart cycle

In 2011, together with community partners, the New Orleans Health Department (NOHD) engaged in its first city-wide community health assessment since 2000. This initiative is one of many collaborative efforts the department has undertaken in its quest to become a model 21st century health department capable of addressing modern, population-level health issues so that all New Orleanians can achieve their full potential. The New Orleans Community Health Improvement process represents a paradigm shift in how communities work to improve local health outcomes. This shift is marked by notions of health moving from a medical, individual healthcare, needs assessment model, to a framework that incorporates a broader idea of health--focusing on populations, assets and identifying resources.

The New Orleans Health Department was one of twelve local health department sites awarded a small demonstration site grant from the National Association of County and City Health Officials (NACCHO) through the Robert Wood Johnson Foundation. This grant was intended to help develop and implement a comprehensive Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Employing a nationally-recognized, best practice framework provides useful guidance and structure for agencies committed to improving community health. Through collaborative community health improvement efforts, stronger partnerships are built, the public health infrastructure is strengthened, multi-sector leadership is established, and the field of public health gains more visibility.

Agency partners and key stakeholders were enlisted to form two advisory bodies: the Community Health Improvement Core Team and Steering Committee. These groups were established to provide support to the CHA-CHIP team throughout the process. Members of the both entities were involved in the project from its inception to inform key facets of the project as it

developed. Specifically, members of the Community Health Improvement Core Team and Steering Committee served on assessment sub-committee working groups and were charged with designing a specific approach, collecting and analyzing available data, and writing portions of the report for each of the four MAPP assessments. They also serve similar roles in the Community Health Improvement Planning process.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

The MAPP framework is a nationally-recognized model for conducting community health assessments and strategic planning for community health improvement, supported by the Centers for Disease Control and Prevention (CDC) and NACCHO. MAPP is a cyclical, 18 month, six-phase process that can be tailored to suit the needs of most communities. The model promotes an active participation component through encouraging collaboration between multi-disciplinary partners in a variety of sectors that impact health. Community partners and stakeholders were invited to participate in this effort based on their professional expertise and scope of work.

Vision for Community Health Improvement

Vision statements provide focus, purpose, and direction to a process. They encourage participants to work collaboratively in achieving a shared vision for the future. In early 2012, through key informant interviews the Community Health Improvement Steering Committee began to shape their vision statement for the Community Health Improvement in New Orleans. In these interviews, participants were asked to list characteristics of a healthy New Orleans and share their own vision for community health improvement. Data from these interviews was used to develop several draft vision statements presented at a meeting of community stakeholders for feedback. To finalize the vision statement, meeting facilitators lead participants through a facilitated group consensus-building process. This method of group visioning helped to garner far-reaching community support and buy-in for the vision statement that would inform subsequent phases of MAPP.

> ***"We envision a safe, equitable New Orleans whose culture, institutions, and environment support health for all."***
>
> ***-Vision for Community Health Improvement in New Orleans***

NEW ORLEANS COMMUNITY HEALTH PROFILE

EXECUTIVE SUMMARY

This report presents the major quantitative and qualitative findings from our city-wide Community Health Assessment. We employed a macro-level analysis to synthesize the data and to help illustrate how citywide interactions affect health and other social outcomes in Orleans Parish. According to the Centers of Disease Control and Prevention (CDC), health is one of many domains that contribute to overall quality of life; other factors include jobs, housing, schools, neighborhoods, culture, values, and spirituality which often make it a complex variable to capture[i]. The construct of Health-Related Quality of Life (HRQOL) accounts for those components of overall quality of life that clearly affect physical and/or mental health. Because larger scale issues like healthcare funding, agency reorganization, and priority setting tend to have a trickledown effect on neighborhoods and individuals, as reflected in quality of life and health concerns, it is important to consistently and systematically assess these issues.

Community input was vital to shaping the city-wide Community Health Assessment and this Community Health Profile. The Community Health Improvement core team decided early in the assessment process to heed to growing concerns about assessment fatigue in the Greater New Orleans area due to the overwhelming number of community assessments conducted post-Hurricane Katrina, the chosen approach proved less invasive and burdensome to community residents. Instead, the Community Health Improvement team decided to use a mixed methods approach for collecting community health indicator data for this initiative with minimal primary data collection (i.e. surveys, key informant interviews, and focus groups). Instead we incorporated available secondary data from other community health and quality of life assessments as well as state and national surveillance reports. Specifically, this Community Health Profile report uses data from all four MAPP assessments to present a comprehensive overview of the trends, barriers, assets, and opportunities that impact the multiple determinants of health and health-related quality of life for the citizens of New Orleans.

Throughout the assessment process we learned that poverty, particularly childhood poverty, is a major determinant of health for residents of New Orleans. The effects of poverty on the health of our citizens can be seen through lack of access to affordable housing, food, healthcare services, as well as higher rates of unemployment, infant mortality and morbidity, and obesity than the national average. In addition, there is a 25 year gap in life expectancy between residents of one of the city's most economically depressed neighborhoods compared to those in the most affluent neighborhoods. According to the Joint Center for Political and Economic Studies' report *Place Matters for Health in Orleans Parish: Ensuring Opportunities and Good Health for All* (2012), "Place matters for health in important ways, according to a growing body of research. Differences in neighborhood conditions powerfully predict who is healthy, who is sick, and who lives longer. And because of patterns of residential segregation, these differences are the fundamental causes of health inequities among different racial, ethnic, and socioeconomic groups"[ii]. Thus, examining the distributions of poverty and health at the neighborhood and community level is essential to address and eliminate health disparities.

While it is true that there are a number of challenges that must be addressed to improve the health and quality of life for our residents, it is also true that New Orleans is a city on the mend. We are experiencing a period of astounding growth,

innovation, and cultural renaissance. Decision-makers and citizens alike are finding newer, more modern, and efficient ways to engage collaboratively to create a future that is brighter than our past through increased opportunities for civic engagement, more governmental accountability, rebuilding public infrastructure, and advocating for a "Health in All Things" policy and programmatic agenda for all who live, learn, work and play in New Orleans.

FOUR MAPP ASSESSMENTS

The assessment phase of the Community Health Improvement process involves conducting four interdependent assessments that when combined provide an expansive array of data that can be used to inform the Community Health Improvement Planning process. This profile contains findings from each of the following four MAPP assessments:

1. **Community Health Status**- the purpose of the Community Health Status Assessment is to gather data on all entities that comprise the public health infrastructure of New Orleans/Orleans Parish[iii]. To accomplish this, quantitative data is collected for extended range of health-related indicators that allow comparisons between the local jurisdictions and state and national health issues or trends. This assessment seeks to answer the questions:
    a. How healthy are our residents?
    b. What does the health status of our community look like?
2. **Local Public Health System**- the Local Public Health System (LPHS) can be described as the human, informational, financial, and organizational resources, including public, private, and voluntary organizations and individuals that contribute to the public's health. In this vein, the LPHS Assessment (LPHSA) evaluates the strengths and weaknesses of the system and provides the basis for improving the city's public health infrastructure. The assessment serves to answers the questions:
    a. What are the competencies, and capacities of our local public health system?
    b. How well are the 10 essential public health services being provided in our community?
3. **Community Themes and Strengths**- the Community Themes and Strengths is a critical component of Community Health Improvement. Through this process community concerns and solutions are explored to help provide insight into the issues of importance to the residents of New Orleans. This assessment is designed to result in a strong understanding of community concerns, perceptions about quality of life, and a map of community assets and answers the questions:
    a. What is important to our community?
    b. How do we perceive quality of life in our community?
    c. What assets do we have that can be leveraged to improve our community's health?
4. **Forces of Change**- the Forces of Change Assessment serves to help communities identify potential environmental shifts, changes to the public health landscape, both positive and negative, that could affect community health in the area. During this assessment, participants were asked to brainstorm forces, trends, factors, or events that will influence perceptions of health and quality of life in the community and the local public health system. The forces

identified helped to identify overarching concerns that may impact community health. The Forces of Change assessment seeks to answer the questions:

a. What is occurring or might occur that affects the health of our community or the local public health system?
b. What specific threats or opportunities are generated by these occurrences

COMMUNITY HEALTH INDICATORS

Working closely with community stakeholders and members of the Community Health Improvement Steering Committee the following community health indicators were selected (based on: data availability, relevance, and city-wide impact) to be addressed by the Community Health Assessment:

Category	Community Health Indicators	
Demographics	• Race • Ethnicity • Gender • Age	• Income • Housing • Education • Employment

Community Health Status/Outcomes	• Access to Healthcare
	  ○ Health insurance coverage
	  ○ Primary care
	• Chronic Disease
	  ○ Obesity
	  ○ Heart disease & stroke
	  ○ Diabetes
	• Communicable/Infectious Disease
	  ○ Chlamydia
	  ○ Gonorrhea
	  ○ Syphilis
	  ○ HIV/AIDS
		• Maternal and Child Health
		  ○ Infant mortality
		  ○ Teen pregnancy
		  ○ Low birth weight
		• Public Safety
		  ○ Murder & violent crime
		  ○ Intimate partner violence
		• Behavioral Health
		  ○ Mental health
		  ○ Substance abuse
		  ○ Suicide

In addition to quantitative health indicator data, we also used qualitative data to describe the various assets and barriers to community health for New Orleanians. While the quantitative health indicator section of this report relies solely on secondary surveillance data (collected by the State of Louisiana Department of Health and Human Services, the U.S. Census American Community Survey (ACS), and Centers for Disease Control and Prevention) the asset/barrier identification section of the report includes both primary and secondary data. Primary data includes key informant interviews and discussion/focus groups conducted during our Forces of Change and Local Public Health System Assessments, while the secondary data used from the City of New Orleans' Master Plan (Plan for the 21st Century: New Orleans 2030 – A Vision and A Plan for Action)[iv] and the Kaiser Family Foundation's 2010 report, New Orleans Five Years After the Storm: A New Disaster Amid Recovery[v]. The compilation and synthesis of health and quality of life data from each of the sources outlined above help to provide necessary context and insight into both the many challenges to addressing community health in New Orleans and the prevailing strength of the LPHS and residents determined to improve health outcomes in our city.

DEMOGRAPHICS

In 2010, the U.S. Census Bureau estimated that approximately 342,829 residents lived in Orleans Parish. While the majority of residents identify as Black or African American (61.2%) or White (34.2%), there are also a significant proportion of residents that identify as Asian (3.3%), Hispanic (5.2%), or as another unspecified race (2.4%). Currently, there are slightly more females (51.6 %) than males (48.4%) in New Orleans and the average age of residents is 34.6 years. Table 1 presents the demographic composition of Orleans Parish, Louisiana and the U.S.

Table 1: Population Demographics for Orleans Parish, Louisiana and U.S.

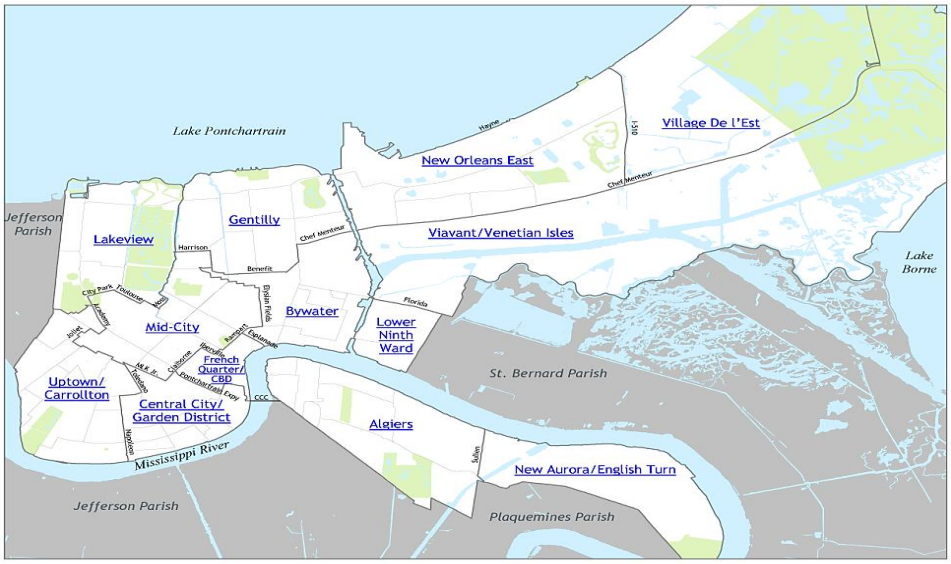
Demographics	Orleans Parish		LA	U.S.
Total population	343,829	-	4,533,372	308,745,538
Race				
Black or African American	210,447	61.2%	32.0%	12.6%
White	117,460	34.2%	62.6%	74.2%
Asian	11,306	3.3%	1.5%	4.8%
American Indian and Alaska Native	2,792	0.8%	0.7%	0.8%
Native Hawaiian and Other Pacific Islander	339	0.1%	0%	0.2%
Some Other Race	8,192	2.4%	1.5%	4.8%
Ethnicity				
Hispanic or Latino (of any race)	18,051	5.2%	4.2%	16.4%
Gender				
Female population	177,581	51.6%	51.0%	50.8%
Male population	166,248	48.4%	49.0%	49.2%
Age				
Under 5 years	22,040	6.4%	6.9%	6.5%
5 to 19 years	62,477	18.2%	20.8%	20.4%
20 to 34 years	89,004	25.9%	21.3%	20.2%
35 to 54 years	91,285	26.6%	27.0%	27.8%
55 to 64 years	41,384	12.1%	11.9%	11.9%
65 to 84 years	32,635	9.4%	10.8%	11.3%
85 years and over	5,004	1.5%	1.4%	1.8%
Median age (years)	34.6	-	35.8	37.2

Source: U.S. Census Bureau, 2010

Though slightly over 60% of New Orleanians identify as African American or Black, racial and ethnic groups are unevenly dispersed throughout the city. This uneven distribution often impacts health outcomes in minority communities, not because they are predominantly Black or Hispanic but because of spatial concentrations of higher rates of poverty. Even persons with middle and relatively higher incomes are at greater risk when more of their neighbors are poor[vi]. Research findings demonstrate a link between income inequality and mortality and self-reported health (SRH)[vii]. That is, individuals who report lower incomes also tend to report material deprivation and, in turn, tend to suffer social, psychological and emotional deprivation. The U.S. Census (2010) reports 14 tracks in Orleans Parish are racially homogeneous. These tracks are located in the neighborhoods of Fisher Development, the Lower Ninth Ward, Florida Development, Pontchartrain Park, Lake

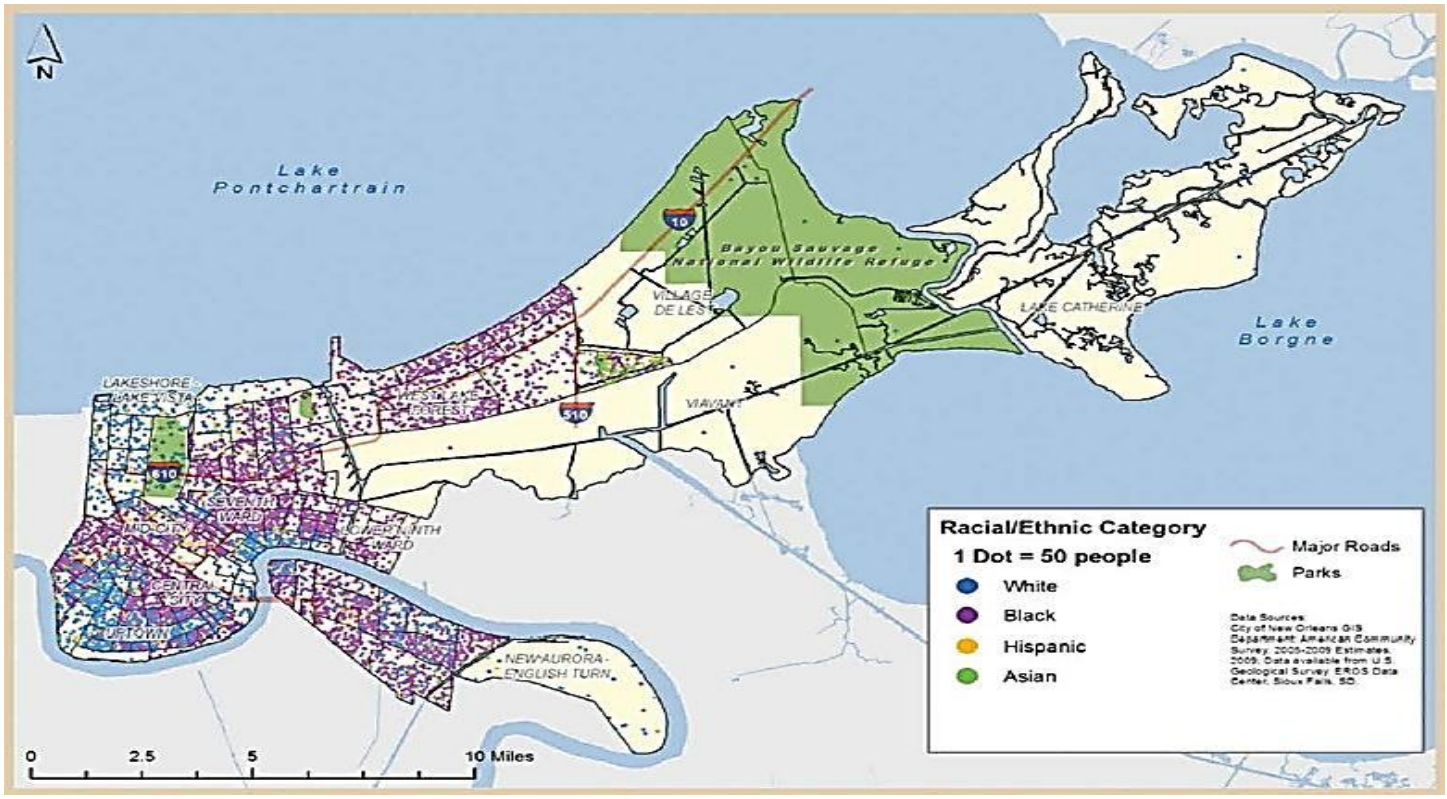
Catherine, Seventh Ward, St. Bernard Area, Treme, B.W. Cooper, Dixon, and the Northern Portion of Central City. Areas that are predominately white are between Orleans and Pontchartrain Avenue and in Audubon between Robertson Street and Prytania Street. Map 1 highlights several of the neighborhoods that comprise the city of New Orleans and Orleans Parish and Map 2 demonstrates the racial composition of Orleans Parish. The areas of Lake Terrace and Oaks, St. Anthony, Milneburg, Old Aurora, Tall Timbers/Brechtel, West & East Riverside, Lower Garden District, Central Business District, Mid-City and Marlyville/Fountainbleu are the most racially diverse areas.

MAP 1. ORLEANS PARISH NEIGHBORHOODS



Source: Greater New Orleans Community Data Center, Map available at: www.gnocdc.org

MAP 2. RACIAL COMPOSITION OF NEW ORLEANS NEIGHBORHOODS



Source: Place Matters for Health in Orleans Parish, 2012

In 2010, the U.S. Census reported the mean household income for Orleans Parish was $59,554. Nationally, real median household income[1] was $49,445 in 2010, a 1.2% decline in family households and 3.9% decline in nonfamily households from 2009. In Orleans Parish, 60.5% of households report incomes of less than $50,000, while 14% have an income less than $10,000, and retirement income comprises 12.6% of all households. According to *Place Matters for Health in Orleans Parish*, families living below the Federal Poverty Level (FPL) are 3.6 times more likely to report fair or poor health than those with incomes of at least two times above the poverty level. Between 2009 and 2010, there was a national increase in the rate of poverty[2]. Nationally, the official poverty rate in 2010 was 15.1 percent, an increase up from 14.3 percent in 2009. This was the third consecutive annual increase in the poverty rate. In 2010, approximately 23% of families in Orleans Parish lived below the poverty level. It is important to note that poverty is not randomly distributed across the population. Findings show that populations with marginal positions in the social structure (i.e., the young, minority, less educated, and women) are more likely to live below the poverty level than those who occupy higher positions in the social structure (e.g., older, white, more educated, and men). For families below the poverty level in Orleans Parish, findings show that families with younger children have slightly higher rates of poverty (39.5%) compared to families with older children. Additionally, single-headed households are significantly more likely to live below the poverty level (45.2%), than married couples (5.0%). Table 2 presents income distribution estimates for Orleans Parish, Louisiana and the U.S.

As previously mentioned, poverty is unequally distributed. Findings show persistent poverty in Central City, Seventh Ward, and Lower Ninth Ward. Economically disadvantaged communities/neighborhoods have restricted access to jobs and healthy foods and, in turn, poorer health outcomes. To assess poverty in neighborhoods a community risk index was created. The community risk index measures the distribution of poverty across neighborhoods/communities in Orleans Parish using , the following indicators: populations below 150% of the Federal Poverty Level (FPL), overcrowded households, households without a vehicle, and vacant housing (higher scores index community poverty, material deprivation, poorer housing conditions. The data in Table 3 highlights the percentage of individuals and families living below the poverty level over the past year. Map 3 indicates that 84 Census tracks (46.4%) have a score higher than zero, indicating a higher than average level of risk. Communities with the highest levels of risk are the Desire Development, Saint Bernard, Central City, the Saint Thomas Development, and the Florida Development. Areas with the lowest risk include Old Aurora, the Lake Terrace and Oaks, Lakeview, West End, Lakewood, Filmore, Little Woods and Read Boulevard East.

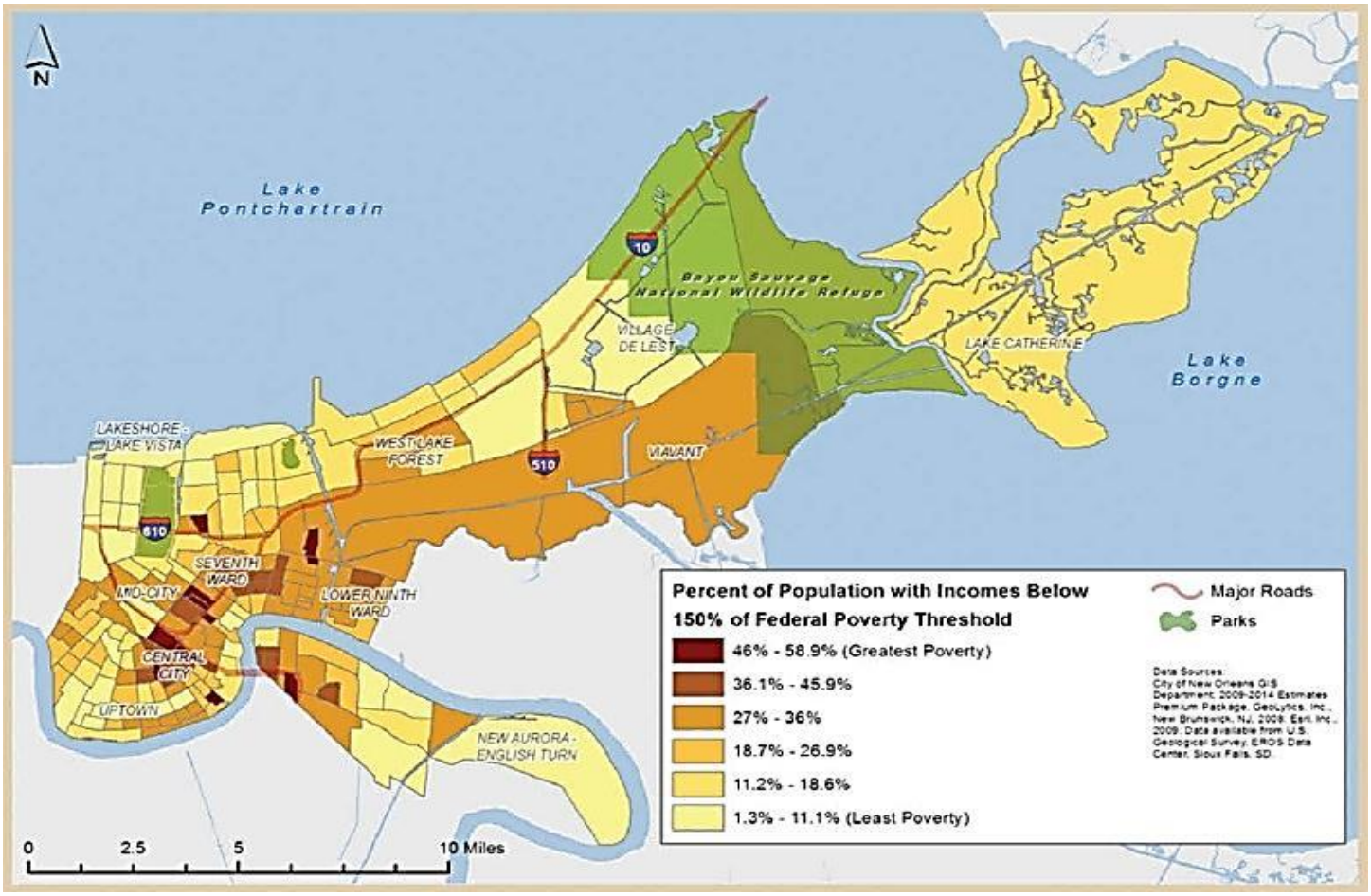
[1] "Real" refers to income after adjusting for inflation. All income values are adjusted to reflect 2010 dollars. The adjustment is based on percentage changes in prices between 2010 and earlier years and is computed by dividing the annual average Consumer Price Index Research Series (CPI-U-RS) for 2010 by the annual average for earlier years. The CPI-U-RS values for 1947 to 2010 are available in Appendix A and on the Internet at www.census.gov/hhes/www /income/data/incpovhlth/2010/p60no239 _appacpitable.pdf Consumer prices between 2009 and 2010 increased by 1.7 percent.

[2] This report utilizes the U.S. Census Bureau's estimates of income and poverty which, are based solely on money income before taxes and do not include the value of noncash benefits, such as nutritional assistance, Medicare, Medicaid, public housing, and employer-provided fringe benefits.

TABLE 2. Income Distribution for Orleans Parish, Louisiana and the US				
INCOME AND BENEFITS IN 2010 INFLATION-ADJUSTED DOLLARS)	Orleans Parish		LA	US
Total number of households	142,093	-	1,689,822	114,567,419
Nonfamily households	64,710	-	560,705	38,478,374
Less than $10,000	20,589	14.50%	9.8%	7.6%
$10,000 to $14,999	11,743	8.30%	7.5%	5.8%
$15,000 to $24,999	18,927	13.30%	13.6%	11.5%
$25,000 to $34,999	15,812	11.10%	10.9%	10.8%
$35,000 to $49,999	18,828	13.30%	14.4%	14.2%
$50,000 to $74,999	22,009	15.50%	17.0%	18.3%
$75,000 to $99,999	13,073	9.20%	10.9%	11.8%
$100,000 to $149,999	11,184	7.90%	10.1%	11.8%
$150,000 to $199,999	4,079	2.90%	3.0%	4.2%
$200,000 or more	5,849	4.10%	2.7%	3.9%
Mean household income (dollars)	$59,554		$59,116	$68,259
Mean household income with Social Security	$35,129	24.70%	28.4	28.4%
Mean Social Security income (dollars)	$13,367	-	$14,507	$16,236
Mean with food stamps/SNAP benefits in past 12 months	$22,309	19.1%	15.3%	11.9%
Mean family income (dollars)	$70,914	-	$69,092	$79,338
Mean nonfamily income (dollars)	$44,215	-	$36,435	$43,469
Per capita income (dollars)	$25,082	-	$22,862	$26,059
Source: U.S. Census Bureau, American Community Survey, 2010				

TABLE 3. Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level for Orleans Parish, Louisiana and the US			
	Orleans Parish	**LA**	**US**
All families	22.6%	14.5%	11.3%
With related children under 18 years	34.3%	22.6%	17.9%
With related children under 5 years only	39.5%	27.1%	19.3%
Married couple families	5.0%	5.1%	5.6%
With related children under 18 years	7.4%	7.1%	8.4%
With related children under 5 years only	10.7%	7.2%	7.6%
Families with female householder, no husband present	45.2%	37.1%	30.3%
With related children under 18 years	55.6%	46.5%	39.6%
With related children under 5 years only	55.8%	54.0%	47.7%
All people	27.2%	18.7%	15.3%
Under 18 years	42.0%	27.3%	21.6%
Related children under 18 years	42.0%	27.1%	21.2%
Related children under 5 years	50.1%	33.0%	25.0%
Related children 5 to 17 years	38.5%	24.7%	19.8%
18 years and over	23.0%	15.8%	13.3%
18 to 64 years	24.0%	16.7%	14.2%
65 years and over	17.1%	11.5%	9.0%
Source: U.S. Census Bureau, American Community Survey, 2010			

MAP 3. POVERTY BY NEIGHBORHOOD IN ORLEANS PARISH



Source: Place Matters for Health in Orleans Parish, 2012

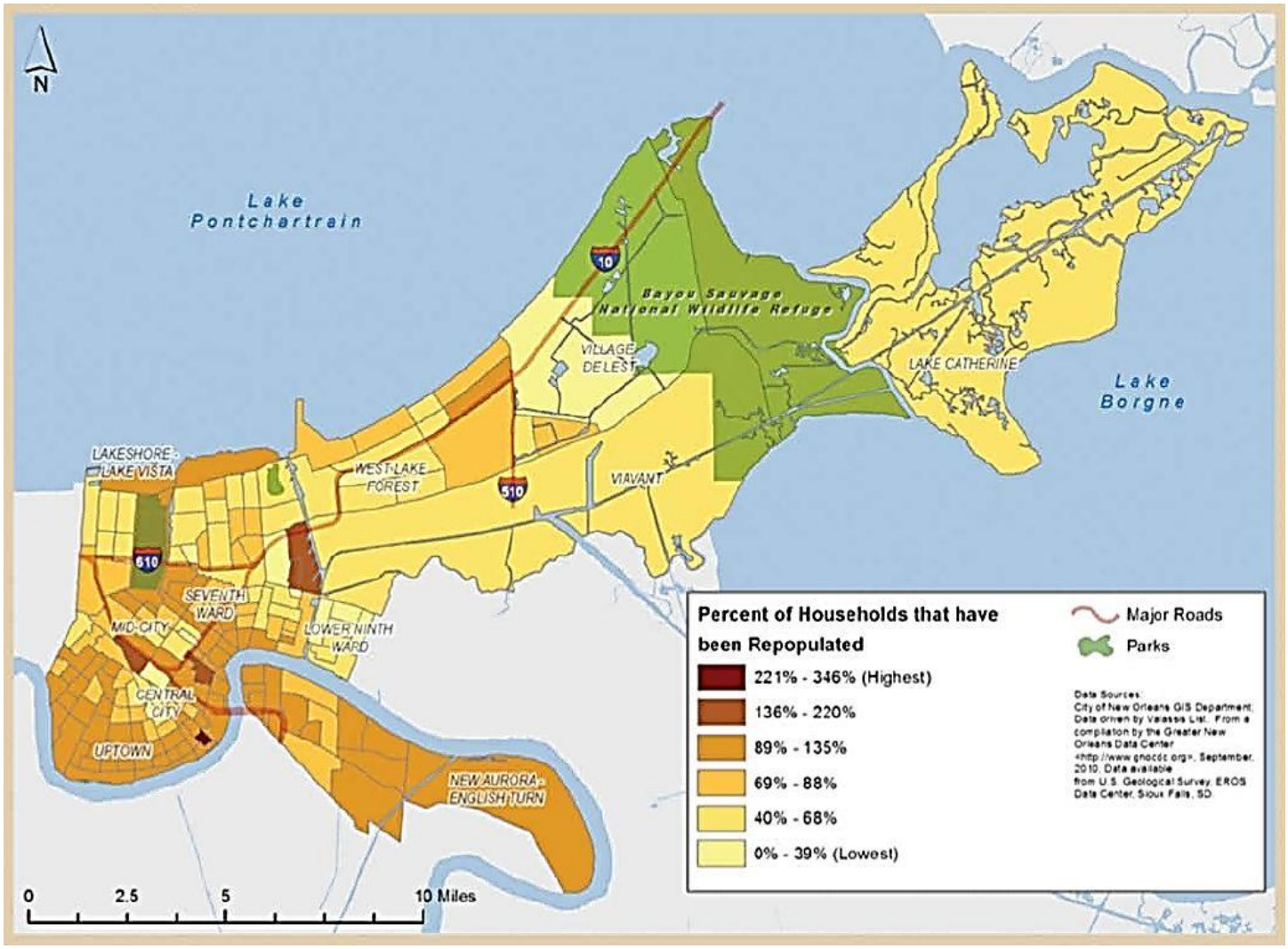
According to the World Health Organization (WHO) health is conceptualized as "the range of personal, social, economic and environmental factors which determine the health status of individuals or populations. Therefore, family composition is regarded as a health determinant in our social environment." Because household composition and structure affect access to health resources such as social support and, in turn, can serve as protective factors against poverty, chronic stressors or daily quality of life issues, the variations in household structures in Orleans Parish were examined. There were approximately 142,158 households in Orleans Parish in 2010. The majority of households in the Parish were composed of residents living with family members (53.9%), compared to those households that were composed of non-kin residents or roommates not related to them (46.1%). According to the U.S. Census Bureau, 22.7% of households reported living with children under the age of 18 while 20.6% of family households were composed of adults 65 years and older. Of the households with minor children, the majority are headed by single females (10.8%), compared to those headed by single males (2.2%). While, nuclear[3] family households make up 27.5% of Orleans Parish households, only 9.7% reported having minor children. Table 4 presents housing structure of Orleans Parish, Louisiana and the U.S. Map 4 shows the percentage

[3] A Nuclear family household is conceptualized as a two adult household with a husband and wife present.

of households that have repopulated as of December 2009 compared to those captured pre-Hurricane Katrina by the June 2005 US Census.

Table 4: Housing Population Characteristics[1] for Orleans Parish, Louisiana and the US				
	Orleans Parish		LA	US
HOUSEHOLDS BY TYPE				
Total households	142, 158	-	142,093	114,567,419
Nonfamily households	65, 515	46.1%	45.5%	33.6%
Family households (families)	76, 643	53.9%	54.5%	66.4%
With own children under 18	32, 293	22.7%	23.1%	29.7%
Married-couple family	39, 078	27.5%	28.0%	48.6%
With children under 18	13, 860	9.7%	10.6%	20.0%
Male householder, no wife present	7, 784	5.5%	5.1%	4.7%
With own children under 18	3,114	2.2%	1.3%	2.3%
Female householder, no husband present	29, 781	20.9%	21.4%	13.1%
With own children under 18	15, 319	10.8%	11.1%	7.4%
Households with individuals under 18 years	39, 412	27.7%	28.0%	33.1%
Households with individuals 65 years and over	29, 226	20.6%	20.6%	24.8%
HOUSING OCCUPANCY				
Total housing units	189, 896	-	190,154	131,791,065
Occupied housing units	116,638	72.5%	74.7%	86.9%
Owner-occupied	57,548	49.3%	50.3%	65.4%
Renter-occupied	59,090	50.7%	49.7%	34.6%
Vacant housing units	44,299	27.5%	25.3%	13.1%
Source: U.S. Census Bureau, American Community Survey, 2010				

MAP 4. PERCENT OF HOUSEHOLDS REPOPULATED, ORLEANS PARISH



Source: Place Matters for Health in Orleans Parish, 2012

Though the housing landscape is improving in New Orleans for most, a very visible homeless population still exists. Social services are limited and mostly available to the chronically homeless. For example, there are two major general population shelters, a male shelter, an adolescent shelter, a day shelter program, and a small number of church and nonprofit based supportive programs for clients with a history of substance abuse. The demand for housing and supportive services in New Orleans is great where those unable to qualify for shelters or transitional housing can be found sleeping along major highways and intersections. According to Unity of Greater New Orleans' *Point in Time* assessment[viii], conducted in February 2011, there are approximately 9,100 homeless people living in the Greater New Orleans area. Though the number of homeless individuals in New Orleans decreased by about 3,000 people from the previous assessment, the chronically homeless in our area is still almost double the national population. In general, our homeless tend to be an older male population, most aged 45-61 years. In addition, 79% reported some medical, physical, or psychiatric disability.

Education is a strong indicator of income and occupational status which also influences health status. For example, American adults with higher levels of education report higher earnings and lower unemployment rates[ix]. Specifically, adults

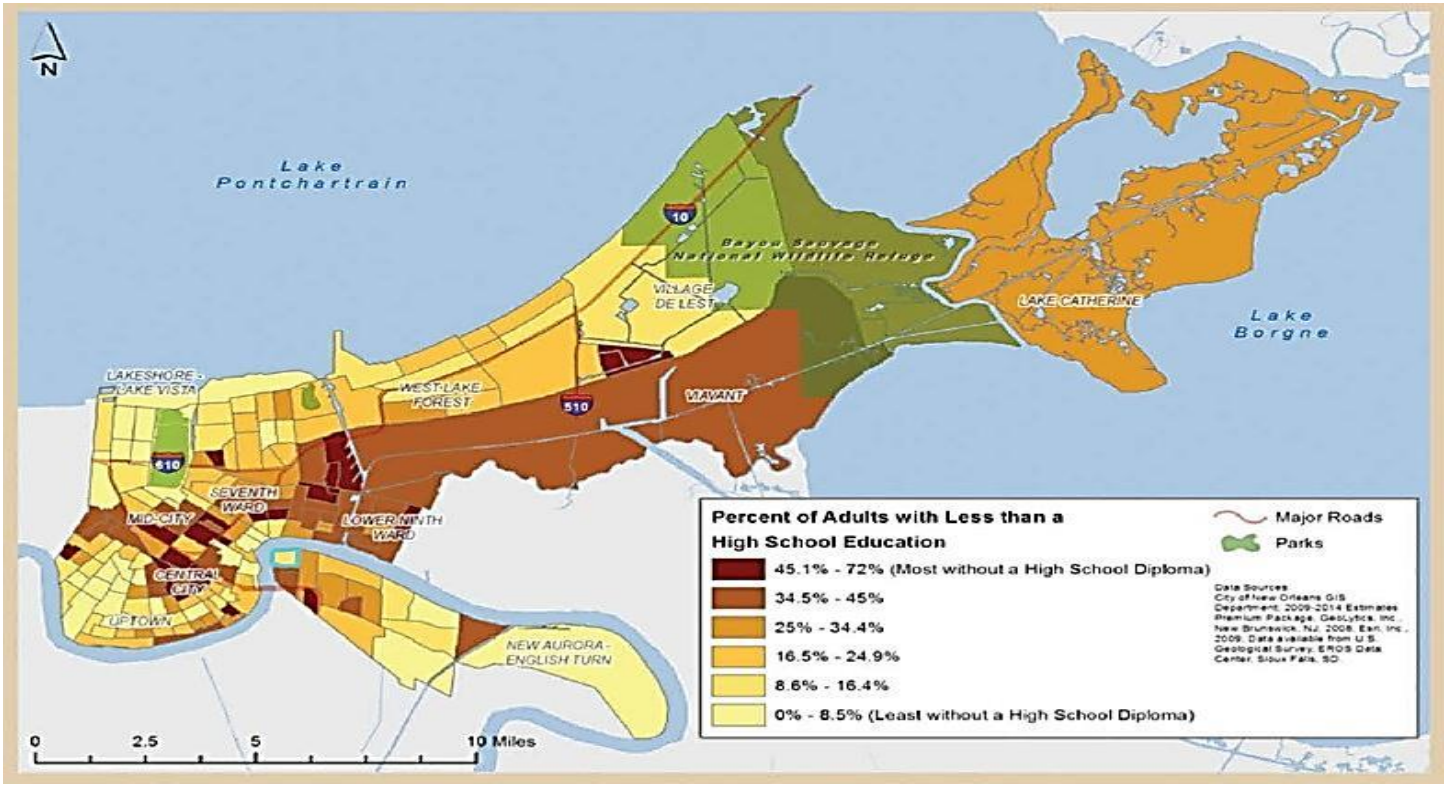
with less than a high school diploma earned less than half the income of their counterparts with a bachelor's degree ($18,432 versus $47, 510). But even those with a high school diploma earned less than those adults who had attended some high school ($26,140 versus 31,906). In 2010, 15.8% of adult residents, 25 years and older, of Orleans Parish attained less than a high school diploma or equivalency, 25.1% had a high school diploma, 20.9% had some college education, and 33.2% held a bachelor's degree or higher. Because education and income are strongly correlated, income and education distribution patterns are similar across neighborhoods. It is important to note that the aforementioned communities are areas that have the highest percentages of the population with incomes less than 150% of the federal poverty level. Table 5 shows distributions of educational attainment in Orleans Parish. Map 5 indicates that B.W. Cooper, Central City, the Desire Area, the Desire Development have the largest percentage of population lacking a high school education.

Table 5. Educational Attainment for Orleans Parish, Louisiana and the US

Highest Level of Education for population 25 years and over	Orleans Parish		LA	US
Population 25 years and over	229,330	-	2,945,907	204,288,933
Less than 9th grade	12,191	5.3%	6.5%	6.1%
9th to 12th grade, no diploma	24,121	10.5%	11.6%	8.3%
High school graduate (includes equivalency)	57,661	25.1%	34.4%	28.5%
Some college, no degree	47,917	20.9%	21.0%	21.3%
Associate's degree	11,435	5.0%	5.1%	7.6%
Bachelor's degree	43,923	19.2%	14.4%	17.7%
Graduate or professional degree	32,082	14.0%	7.0%	10.4%

Source: U.S. Census Bureau, American Community Survey, 2010

MAP 5. EDUCATIONAL ATTAINMENT BY NEIGHBORHOOD IN ORLEANS PARISH



Source: Place Matters for Health in Orleans Parish, 2012

Employment status is also strong predictor of wellbeing and quality of life. The literature highlights that the health effects of unemployment could be induced by socio-economic factors, such as financial strain and poverty. Orleans Parish has 63.1% of the population over 16 years old in the labor force, where 53.7% of individuals self-reported as employed, and 9.2% were unemployed. The majority of those employed (38.50%) work in management, business, science, and arts positions or working within the educational services, healthcare, and social assistance industries. Table 6 illustrates employment status, including occupation, industry and class of worker in Orleans Parish, Louisiana and the U.S.

TABLE 6. Employment Status for Orleans Parish, Louisiana and the US

	Orleans Parish		LA	US
Population 16 years and over	281,961	-	3,550,438	243,832,923
Population 16 years and over In labor force	177,839	63.10%	2,203,490	64.4%
Civilian labor force	177,381	62.90%	61.6%	63.9%
Employed	151,493	53.70%	55.4%	57.0%
Unemployed	25,888	9.20%	6.2%	6.9%
Armed Forces	458	0.20%	0.4%	0.4%
Not in labor force	104,122	36.90%	37.9%	35.6%
OCCUPATION				
Civilian employed population 16 years and over	151,493	-	1,967,523	139,033,928
Management, business, science, and arts occupations	58,293	38.50%	31.4%	35.9%
Service occupations	37,448	24.70%	18.9%	18.0%
Sales and office occupations	31,851	21.00%	24.9%	25.0%
Natural resources, construction, and maintenance occupations	10,042	6.60%	12.3%	9.1%
Production, transportation, and material moving occupations	13,859	9.10%	12.6%	11.9%
INDUSTRY				
Civilian employed population 16 years and over	151,493	-	1,967,523	139,033,928
Agriculture, forestry, fishing and hunting, and mining	2,653	1.80%	4.2%	1.9%
Construction	8,312	5.50%	8.0%	6.2%
Manufacturing	7,120	4.70%	8.3%	10.4%
Wholesale trade	3,145	2.10%	2.7%	2.8%
Retail trade	12,768	8.40%	11.7%	11.7%
Transportation and warehousing, and utilities	7,540	5.00%	5.3%	4.9%
Information	2,415	1.60%	1.4%	2.2%
Finance and insurance, and real estate and rental and leasing	8,097	5.30%	5.5%	6.7%
Professional, scientific, and management, and administrative and waste management services	16,497	10.90%	8.0%	10.6%
Educational services, and healthcare and social assistance	41,422	27.30%	23.9%	23.2%
Arts, entertainment, and recreation, and accommodation and food services	25,138	16.60%	9.7%	9.2%
Other services, except public administration	6,988	4.60%	5.3%	5.0%
Public administration	9,398	6.20%	6.0%	5.2%
CLASS OF WORKER				
Civilian employed population 16 years and over	151,493	-	1,967,523	139,033,928
Private wage and salary workers	117,490	77.60%	77.1%	78.3%
Government workers	25,242	16.70%	17.3%	15.3%
Self-employed in own not incorporated business workers	8,713	5.80%	5.6%	6.3%
Unpaid family workers	48	0.00%	0.1%	0.1%

Source: U.S. Census Bureau, American Community Survey, 2010

HEALTH STATUS, HEALTH OUTCOMES, AND LIFE EXPECTANCY

Available data measuring health outcomes and determinants of overall health show both the state of Louisiana and Orleans Parish lag behind the nation on a number of indicators. Louisiana is consistently placed near the bottom of national health rankings, currently 49th, according to the America's Health Rankings project of the United Health Foundation. The report highlights Louisiana's high prevalence of obesity and diabetes, smoking, violent crime and childhood poverty as being leading risk factors, as illustrated in Figure 1. Within Louisiana, Orleans Parish ranks 60th out of 64 metropolitan areas in health outcomes and 27th of 64 in health factors according to the County Health Rankings & Roadmaps annual report. Compared to statewide figures, New Orleans reports higher rates of premature deaths, percentage of low birthweight babies, sexually transmitted infections, uninsured, children in poverty, and violent crime, as shown in Table 7.

Figure 1. Health Rankings for Louisiana	**2011**		**NO. 1**
	Value	**Rank**	**State**
DETERMINANTS **BEHAVIORS**			
Smoking (Percent of adult population)	22.1	44	9.1
Binge Drinking (Percent of adult population)	14.7	20	6.7
Obesity (Percent of adult population)	31.7	42	21.4
High School Graduation (Percent of incoming ninth graders)	63.5	48	89.6
COMMUNITY & ENVIRONMENT			
Violent Crime (Offenses per 100,000 population)	549	44	122
Occupational Fatalities (Deaths per 100,000 workers)	8.4	48	2.5
Infectious Disease (Cases per 100,000 population)	19.6	48	2.3
Children in Poverty (Percent of persons under age 18)	30.5	49	6.2
Air Pollution (Micrograms of fine particles per cubic meter)	9.8	25	5.2
PUBLIC & HEALTH POLICIES			
Lack of Health Insurance (Percent without health insurance)	17.2	36	5.0
Public Health Finding (Dollars per person)	$99	16	$244
Immunization Coverage (Percent of children ages 19 to 35 months)	89.4	35	96.0
CLINICAL CARE			
Early Prenatal Care (Percent with visit during first trimester)	86.7*	7	-
Primary Care Physicians (Number per 100,000 population)	117.9	23	191.9
Preventable Hospitalizations (per 1,000 Medicare enrollees)	93.2	47	25.6
ALL DETERMINANTS	-0.57	50	.90
OUTCOMES			
Diabetes (Percent of adult population)	10.3	41	5.3
Poor Mental Health Days (Days in previous 30 days)	3.9	41	2.3
Poor Physical Health Days (Days in previous 30 days)	4.2	44	2.6
Geographic Disparity (Relative standard deviation)	12.1	30	4.8
Infant Mortality (Deaths per 1,000 live births)	9.1	48	4.7
Cardiovascular Deaths (Deaths per 100,000 population)	318.9	45	197.2
Cancer Deaths (Deaths per 100,000 population)	215.3	47	137.4
Premature Deaths (Deaths per 100,000 population)	10,331	48	5481
ALL OUTCOMES	-0.25	48	0.32
OVERALL	-0.82	49	1.20

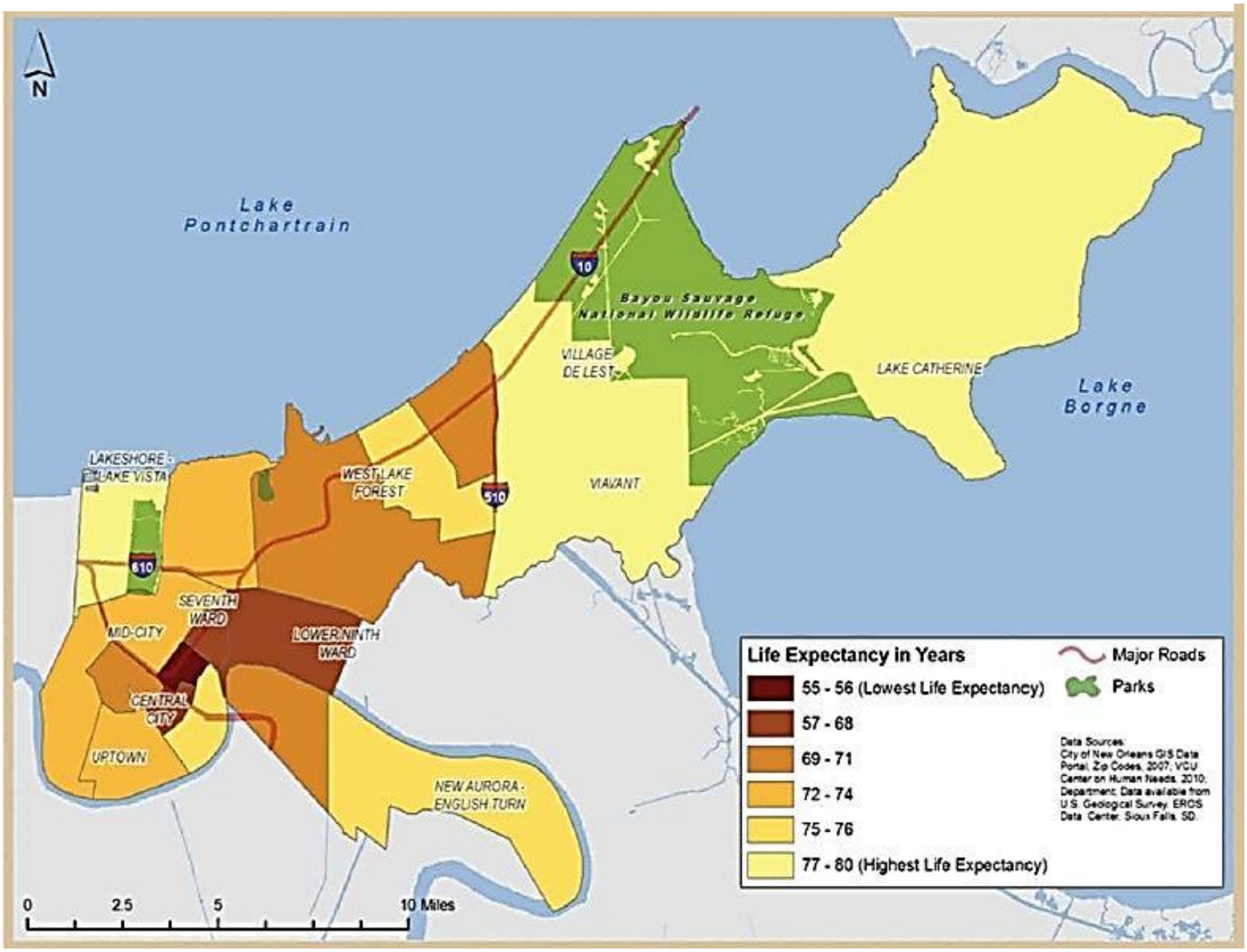
-Indicates data not available. *See measure description for full details.

Source: United Health Foundation: America's Health Rankings, 2011.

Table7. Orleans Parish Health Rankings					
	Orleans	Error Margin	National Benchmark*	Louisiana	Rank (of 64)
Health Outcomes					60
Mortality					62
Premature death	13,987	13,447-14,528	5,466	10,361	
Morbidity					45
Poor or fair health	18%	16-20%	10%	19%	
Poor physical health days	3.5	3.1-3.9	2.6	3.7	
Poor mental health days	3.6	3.2-4.0	2.3	3.2	
Low birth weight	13.4%	13.0-13.7%	6.0%	11.0%	
Health Factors					27
Health Behaviors					11
Adult smoking	21%	18-23%	14%	22%	
Adult obesity	30%	27-33%	25%	33%	
Physical inactivity	29%	26-32%	21%	30%	
Excessive drinking	19%	16-21%	8%	15%	
Motor vehicle crash death rate	13	12-15	12	22	
Sexually transmitted infections	1,152		84	626	
Teen birth rate	55	53-56	22	55	
Clinical Care					20
Uninsured	27%	25-29%	11%	20%	
Primary care physicians	526:1		631:1	863:1	
Preventable hospital stays	59	56-63	49	93	
Diabetic screening	74%	71-78%	89%	79%	
Mammography screening	60%	59-68%	74%	63%	
Social & Economic Factors					52
High school graduation	66%			67%	
Some college	61%	59-64%	68%	52%	
Unemployment	8.8%		5.4%	7.5%	
Children in poverty	41%	36-46%	13%	27%	
Inadequate social support	25%	23-28%	14%	23%	
Children in single-parent households	60%	58-63%	20%	41%	
Violent crime rate	1,074		73	676	
Physical Environment					21
Air pollution-particulate matter days	2		0	4	
Air pollution-ozone days	5		0	7	
Access to recreational facilities	6		16	9	
Limited access to healthy foods	21%		0%	14%	
Fast food restaurants	41%		25%	53%	
* 90th percentile, i.e., only 10% are better			Note: Blank values reflect unreliable or missing data		
Source: County Health Rankings & Roadmaps, 2012 LA report					

While many studies demonstrate the linkage between income and health-related outcomes, the relationship between communities that have high levels of poverty and corresponding high rates of chronic illnesses, like diabetes and heart disease, is most notable. More specifically, studies show that mortality and morbidity rates are unevenly distributed across the neighborhood level with less educated and economically disadvantaged neighborhoods reporting disproportionately poorer health outcomes. For example, in the Tulane, Gravier, Iberville, and Treme neighborhoods (zip code 70112) 36% of the population lives below the Federal Poverty Level (FPL). This community not only represents the highest proportion people living below the FPL in the New Orleans but also reports some of the poorest health outcomes (i.e., highest STD rate, highest rate of heart disease and the lowest life expectancy) outcomes compared to other areas. In comparison, zip code 70124 has the lowest rate of poverty in the city and significantly better health outcomes. Figure 2 and Map 6 present health outcomes including life expectancy by zip code and neighborhood.

MAP 6. LIFE EXPECTANCY IN YEARS BY NEIGHBORHOOD



Source: Place Matters for Health in Orleans Parish, 2012

FIGURE 2. HEALTH OUTCOMES BY ZIP CODE

ZIP Code	Neighborhood	Life Exp[a]	STD Rate[b]	LBW Rate[b]	Heart Disease Mortality[a]	Percent Less Than HS[c]	Percent Non-White[c]	Percent Below 150% FPL[c]
70112	Tulane, Gravier, Iberville, Tremé	54.5	4658.6	34.3	1946.2	39.5%	87.2%	36.0%
70113	Central City, Central Business Dist.	66.3	1292.8	27.1	375.9	40.0%	84.2%	35.0%
70114	Algiers Point, McDonogh, Whitney, Behrman	70.5	1048.7	29.5	350.9	27.4%	78.5%	31.0%
70115	Audubon, West Riverside, Uptown, Freret, Milan, Touro, E. Riverside, Irish Channel	73.8	573.8	12.7	261.5	16.7%	44.6%	21.0%
70116	Tremé, Seventh Ward, French Quarter, Marigny	65.7	1937.0	16.3	406.8	21.8%	55.2%	28.0%
70117	St.Roch, Florida Area, St. Claude, Bywater, Lower Ninth Ward, Holy Cross	67.6	1114.6	15.1	349.9	37.5%	88.4%	34.0%
70118	Audubon, Black Pearl, E. Carroliton, Leonidas, Hollygrove	73.2	671.6	13.5	291.9	20.0%	55.0%	20.0%
70119	Mid-City, Bayou, St. John, Tremé	74.4	841.2	11.3	262.1	34.9%	75.6%	25.0%
70122	Lake Terrace & Oaks, Fillmore, St. Anthony, Milneburg, Gentilly Terrace, Dillard	73.1	568.1	8.2	252.4	20.5%	75.3%	20.0%
70124	Lakeshore, Lake Vista, Lakeview, West End, Lakewood, Navarre	80.0	75.8	0.0	190.9	7.8%	6.7%	6.0%
70125	Broadmoor, Marlyville, Fontainebleau, Gert Town, B.W. Cooper	70.6	628.8	11.4	302.8	24.6%	66.6%	26.0%
70126	Pontchartrain Park, Gentilly Woods, Desire Area, Pines Village, Little Woods, Plum Orchard	68.8	826.8	12.7	339.1	22.2%	88.4%	20.0%
70127	Little Woods, West Lake Forest, Plum Orchard, Read Blvd West	75.4	608.4	12.1	236.8	18.4%	87.2%	18.0%
70128	Little Woods, Read Blvd East	70.5	742.5	14.0	317.9	16.8%	90.0%	15.0%
70129	Little Woods, Read Blvd East, Viavant, Venetian Islands	79.1	219.6	6.8	161.5	39.6%	80.5%	24.0%
70130	St. Thomas Development, Lower Garden Dist., Central Business Dist.	75.4	705.0	15.4	241.0	20.2%	44.5%	24.0%
70131	Old Aurora, Tall Timbers, Brechtel, New Aurora, English Turn	75.6	571.9	18.7	314.4	12.6%	47.9%	13.0%

(a) Calculated from abridged death tables provided by LA Vital Records Office and population estimates from 2000–2009 Geolytics Premium Estimates.
(b) Louisiana Department of Health
(c) 2009 Geolytics Premium Estimates
Note: All rates are per 100,000 population. FPL = federal poverty level, HS = high school education, Life Exp = life expectancy at birth (years); LBW = low birth weight; STD = sexually transmitted disease.

Source: Place Matters for Health in Orleans Parish, 2012

ACCESS TO HEALTHCARE

Access to healthcare is largely affected by a patient's health insurance status. Uninsured individuals use fewer healthcare services and, in turn, are more likely to suffer adverse health outcomes than individuals with private insurance coverage. Lack of insurance also has adverse effects on health status and physical functioning[x]. Like all health resources, there are healthcare variations across race, household structures, and incomes. For example, national rates and numbers of uninsured non-Hispanic Whites in 2010 was 11.7% (approximately 23.1 million). For Blacks in the same year, the number of uninsured individuals was 20.8%. Additionally, the national rate of uninsured individuals was higher among people with lower incomes compared to their more affluent counterparts. In 2010, 26.9% of people in households with annual incomes of less than $25,000 had no health insurance coverage. As household income increased, the uninsured rate decreased where 21.8% of people in households with incomes ranging from $25,000 to $49,999 were uninsured, 15.4% of people in households with incomes ranging from $50,000 to $74,999 were uninsured, and 8% of people in households with incomes of $75,000 or more also remained uninsured. Table 8 shows the distribution of health insurance coverage in Orleans Parish.

TABLE 8. Health Insurance Coverage for Orleans Parish, Louisiana and the US

	Orleans Parish		LA	US
Civilian non-institutionalized population	346,224	-	4,440,314	304,287,836
With health insurance coverage	280,795	81.10%	82.2%	84.5%
With private health insurance	185,982	53.70%	58.4%	65.8%
With public coverage	124,573	36.00%	34.0%	29.7%
No health insurance coverage	65,429	18.90%	17.8%	15.5%
Civilian non-institutionalized population under 18 years	73,806	73,806	1,113,329	74,017,524
No health insurance coverage	4,007	5.40%	5.5%	8%
Civilian non-institutionalized population 18 to 64 years	234,013	-	2,788,424	191,138,060
In labor force:	170,650	-	2,068,145	147,410,050
Employed:	145,883	-	1,863,173	131,727,379
With health insurance coverage	113,240	77.60%	77.0%	82.0%
With private health insurance	105,008	72.00%	72.8%	77.7%
With public coverage	11,327	7.80%	6.3%	6.3%
No health insurance coverage	32,643	22.40%	23.0%	18.0%
Unemployed:	24,767	24,767	204,972	15,682,671
With health insurance coverage	12,297	49.70%	43.3%	52.3%
With private health insurance	5,559	22.40%	24.3%	34.4%
With public coverage	7,542	30.50%	21.4%	20.1%
No health insurance coverage	12,470	50.30%	56.7%	47.7%
Not in labor force:	63,363	-	720,279	43,728,010
With health insurance coverage	47,172	74.40%	74.8%	77.7%
With private health insurance	28,497	45.00%	45.1%	51.2%
With public coverage	23,163	36.60%	36.7%	32.9%
No health insurance coverage	16,191	25.60%	25.2%	22.3%

Source: U.S. Census Bureau, American Community Survey, 2010

Between 2009 and 2011, the number of uninsured adults increased in the New Orleans region from 100,222 to 126,101, which caused rates of uninsured adults to rise from 20.2% to 24.1%. For adults under 200% of the FPL, 14,188 people became uninsured between 2009 and 2011, raising the percent of uninsured adults 19-64 under 200% FPL to 35.7%. A higher percentage of adults without a child in the household are uninsured at 26%, compared to 19.5% of adults with at least one child in the household. In 2010 specifically, 81% of individuals residing in Orleans Parish reported health insurance coverage where 54% reported private insurance coverage compared to 36% with coverage from public programs (e.g., Medicaid, Medicare). In addition, 22% of employed individuals lacked health insurance coverage.

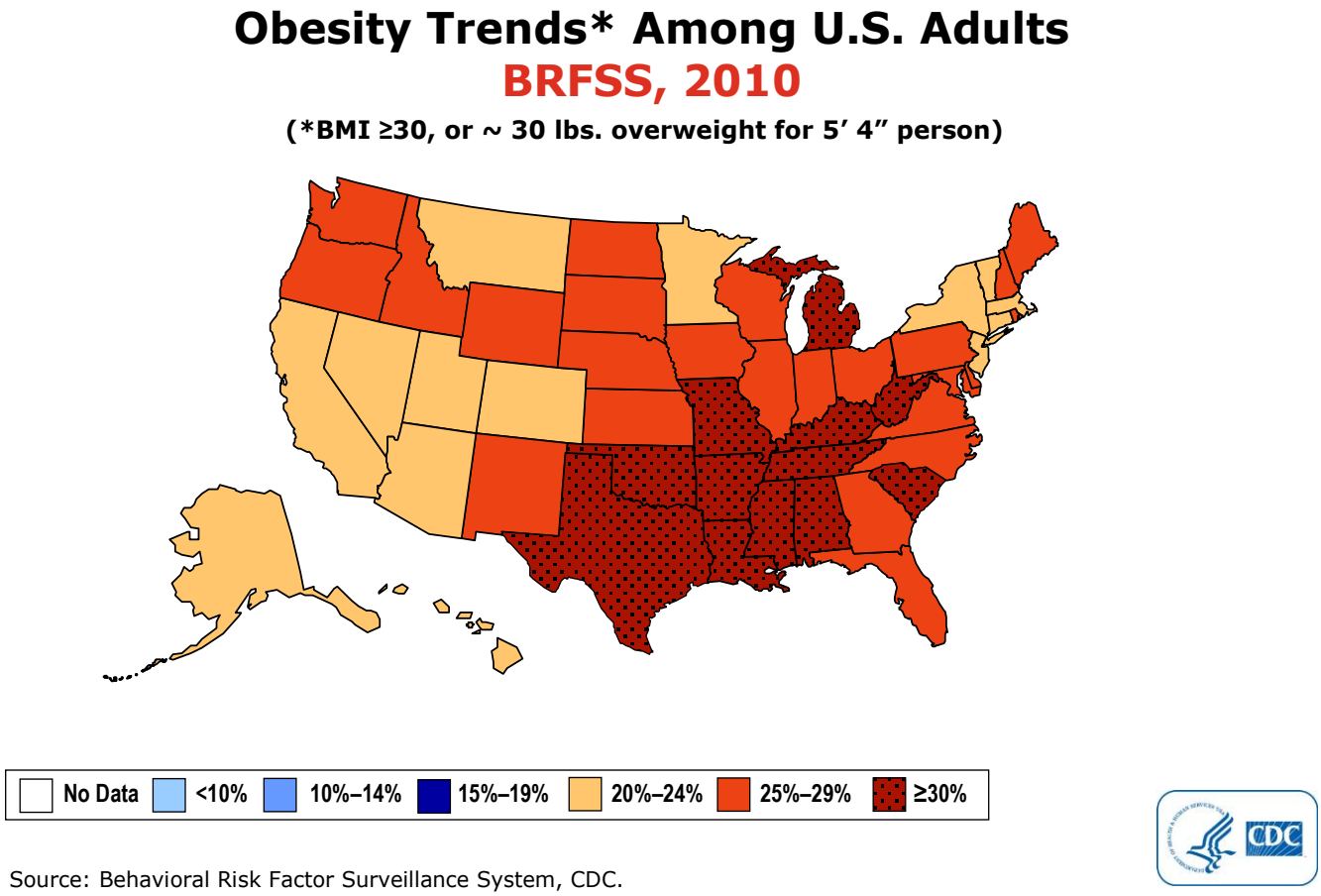
The widespread devastation of Hurricane Katrina gravely impacted healthcare infrastructure across the continuum of care, from basic 911 to primary care to hospital services in New Orleans[xi]. These challenges with the city's healthcare infrastructure also gave way to unprecedented opportunity to redesign a major American health sector from the ground up[xii]. The primary reason for taking on such a massive effort came from the long-standing poor performance of the system and poor health outcomes of the population; both causes rooted in systematic disrepair as evidenced by the low density of primary care physicians per population, high density of specialty care physicians, and higher number of hospital beds per capita than the national average[xiii]. Also, access to community-based primary care and prevention was challenging for the city's most vulnerable populations, low-income residents and the uninsured, where in lieu of primary care these populations relied heavily on emergency rooms for their care. A trend repeated throughout Louisiana, which has the 8th highest emergency room visit rate per capita in the nation[xiv].

The primary care safety-net in the Greater New Orleans area has grown rapidly in the past seven years since Hurricane Katrina. Currently it ranks in the top 10% nationally and has the capacity to reach 80% of the city's low-income population. Greater New Orleans has 102 access points for uninsured, under-insured, and low-income residents, 72 of which include primary care services. Over 200,000 people receive their care from more than 450 health care professionals at these health care sites. The network of community clinics in New Orleans has also greatly improved. At present, 18 organizations and 51 clinical sites offer ongoing, coordinated primary care services in the Greater New Orleans area. Because of demonstrated success in developing patient-centered medical home facilities, integrating primary care and mental health services, and creating new payment models to support team-based, innovative primary care services U.S. Secretary of Health and Human Services (HHS) Kathleen Sebelius has recognized it as a national model. These clinics are easily accessible with a reported average wait time to schedule an appointment of less than one week. Throughout the system, medical services are also offered at various clinics in seven different languages. Increasingly these clinics are poised to go beyond traditional medical care services, to also provide health services including prescription assistance programs, counseling, health education, support groups, community gardens, social services case management, and Medicaid enrollment. Though the safety-net is a dramatic improvement over past dependence on emergency rooms for primary care, it is still unstable and heavily reliant on public funds, especially for care to the uninsured.

CHRONIC DISEASE

Obesity increases the risk of a number of health conditions including hypertension, adverse lipid concentrations, and type II diabetes. The prevalence of obesity in the United States increased during the last decades of the 20th century. More recently, there appears to have been a slowing of the rate of increase or even a leveling off. Data show that in 2010, 35.7% of adults were obese and 16.9% of children were obese – with southern states reporting the highest prevalence of obesity[xv]. Given the health risks of obesity and its high prevalence, it is important to continue to track obesity among U.S. adults and children.

FIGURE 3. U.S. OBESITY TRENDS



Source: Behavioral Risk Factor Surveillance System, CDC.

Findings suggest that, Orleans Parish has slightly lower prevalence of obese adults (30%) compared to other geographic areas in Louisiana (33%), but both the local and state rates were higher than the national benchmark (25%). Rates of chronic diseases associated with obesity and poor fitness, such as diabetes, coronary heart disease and poor mental health days, also exceed the national average in the New Orleans metropolitan area[xvi,xvii,xviii]. Table 9 illustrates the prevalence of chronic disease among adults in the four parish area that comprises Louisiana's Region 1 compared to the state and U.S.

Table 9. Prevalence of Chronic Disease among Adults (18 years and over) in Orleans Parish, Louisiana and the US			
	Region 1[4]	LA	US
Heart disease	5.0%	5.3%	4.1%
Stroke	3.4%	3.4%	2.7%
Diabetes	10.4%	10.3%	8.7%
Source: Louisiana Department of Health and Human Services, BRFSS 2010			

Only 19% of Orleans Parish residents consume five servings of fruits or vegetables each day, and 29% of residents are inactive. This parallels substandard environmental factors indicating that access to fresh and nutritious food and recreational facilities in New Orleans is significantly below the national average. The combination of these behavioral and environmental factors translates into an adult obesity rate of 30% and associated rates of chronic diseases such as diabetes and cardiovascular disease that exceed the national average (61% for blacks and 51% of whites). Along with triggering severe medical consequences, poor fitness creates a significant economic burden, costing the United States nearly $270 billion a year in medical costs and productivity losses, with obesity-related medical expenditures for Louisiana coming in at over $2.3 billion[xix,xx]. Tables 10 and 11 highlight the burden of chronic disease in Louisiana and Orleans Parish to the system, hospital discharge data, and its citizens, death rates.

Table 10. Total Number of Hospital Inpatient Discharges in LA for Heart Disease Stroke and Diabetes	
	Number of inpatient discharges
Heart disease	55,091
Stroke	11,506
Diabetes	8,978
Source: Louisiana Department of Health and Human Services, Louisiana Hospital Discharge Data 2010	

Table 11. Heart Disease, Stroke, and Diabetes Age Adjusted Death Rates[5]		
	Orleans Parish	LA
Heart disease	234.1	242.3
Stroke	59.3	53.3
Diabetes	44.0	35.5
Source: CDC National Center for Health Statistics (2004-2008)		

[4] Region 1 includes the following Louisiana Parishes: Jefferson, Orleans, Plaquemines, and St. Bernard.
[5] Age adjusted death rates per 100,000 populations

COMMUNICABLE AND INFECTIOUS DISEASES

In 2010, a total of 1,307,893 Chlamydia infections were reported to the CDC in 50 states and the District of Columbia with rates highest in the South. In 2011, the reported rate of Chlamydia was 115.10 per 100,000 for Orleans Parish. Gonorrhea is the second most commonly reported notifiable disease in the United States. In 2010, a total of 309,341 cases of gonorrhea were reported in the United States, yielding a rate of 100.8 cases per 100,000 of the population.

Primary and secondary (P&S) syphilis cases reported to CDC decreased from 13,997 in 2009 to 13,774 in 2010, a decrease of 1.6%. Because of this decrease in overall cases reported, the rate of P&S syphilis in the United States (4.5 cases per 100,000 population) was 2.2% lower than in 2009 (4.6 cases). This is the first national decrease in P&S syphilis in 10 years. However, even with the marked decrease in overall P&S syphilis cases nationally, according to CDC Louisiana ranked 2nd among 52 areas (49 states; Washington, DC; and two territories) reporting cases. Specifically in 2010, the state of Louisiana reported 12.2 cases per 100,000 of the population a rate almost three times higher than the national rate. In addition, Louisiana is ranked 1st among 30 areas (28 states; Washington, DC; and 1 territory) reporting congenital syphilis cases. The state of Louisiana reported 49.8 cases per 100,000 live births a rate more than five times the national rate (8.7 cases per 100,000). Untreated Primary and Secondary syphilis infection can have serious health consequences, including heart abnormalities, mental disorders, blindness, neurological problems and death.

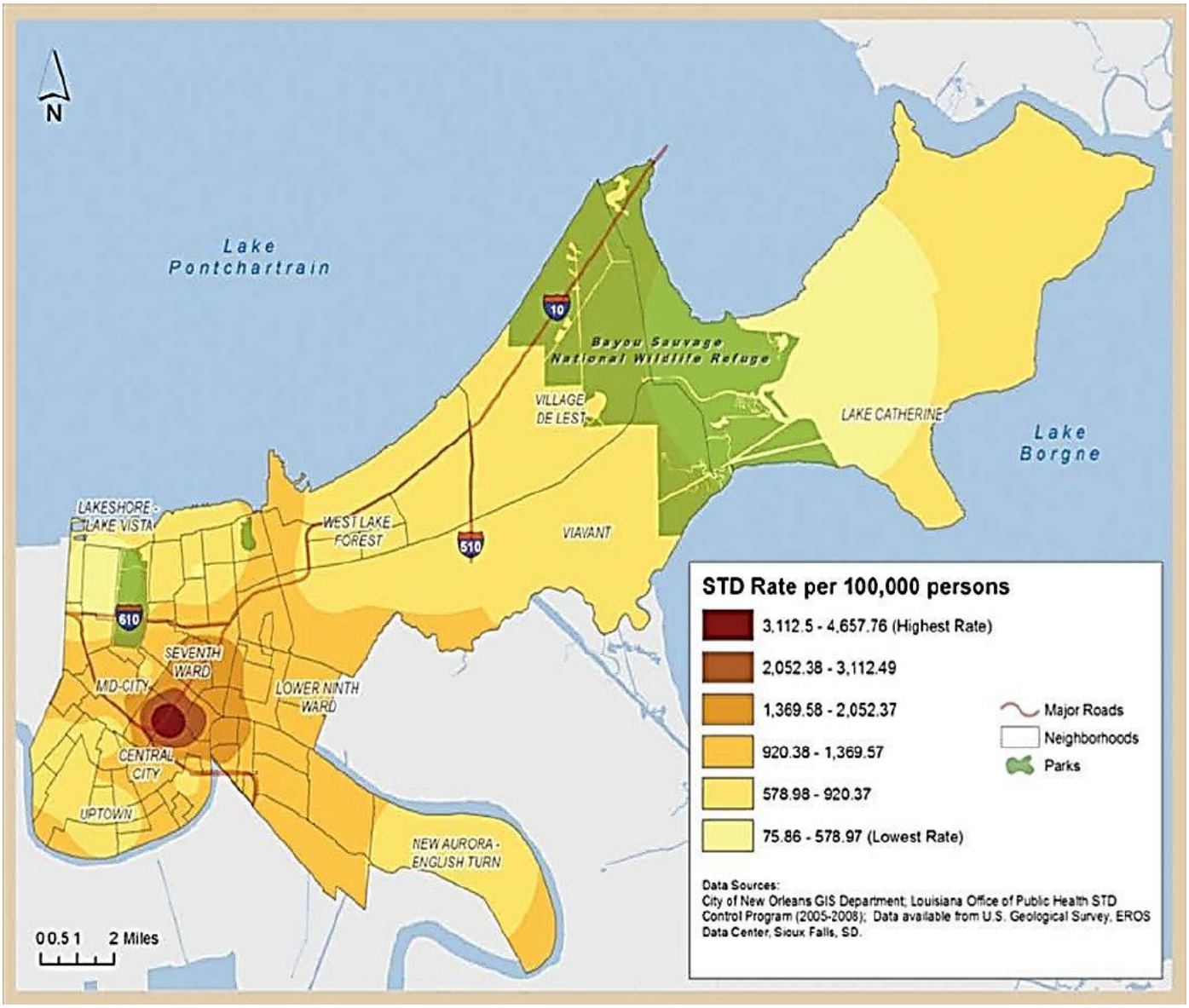
High rates of Sexually Transmitted Disease, particularly Chlamydia, Gonorrhea, and Syphilis, are often characteristic of communities that are largely female, young, and economically disadvantaged. Adjusting for these demographic disparities the highest STD rates in Orleans Parish can be found in the Tulane, Gravier, Iberville, and Treme neighborhoods (zip code 70112) with rates almost four times as higher than neighborhoods with comparable demographics. In addition, zip codes 70116 (Treme, Seventh Ward, French Quarter, Marigny), 70113 (Central City, Central Business District), 70117 (St. Roch, Florida Area, St. Claude, Bywater, Lower Ninth Ward, Holy Cross) and 70114 (Algiers Point, McDonough, Whitney, Behrman) also report high STD rates as shown in Map 8.

Communities with high STD prevalence are more likely to have higher rates of HIV[xxi]. HIV is virulent disease that disproportionately impacts underserved, minority, and disenfranchised communities. The Ryan White Part A system of care, and surveillance structure has adapted to address the needs of People Living with HIV and AIDS (PLWHA) in metropolitan New Orleans. Though rates of new infections continue to increase, the comprehensive approach to providing care has allowed New Orleans to move from 2nd in AIDS case rates in 2007, to 9th in 2010. Since the beginning of the epidemic, there have been 14,584 cumulative cases and 6,113 reported deaths in the New Orleans Eligible Metropolitan Area (NOEMA) attributed to the disease[6]. Ninety-four percent of Ryan White Part A clients reside in three of the four parishes that comprise the New Orleans metropolitan area or Louisiana Region 1; of those clients, 58% live in Orleans Parish. According to the Louisiana Department of Health and Hospitals surveillance data, HIV/AIDS prevalence for Orleans Parish is about 66%. It is

[6] Louisiana Department of Health and Hospitals, Office of Public Health data as of March 31, 2010

important to note that these numbers are an approximate as widespread stigma contributes to countless individuals living with HIV/AIDS to go undiagnosed or untreated.

MAP 6. STD RATES BY NEIGHBORHOOD



Source: Place Matters for Health in Orleans Parish, 2012

MATERNAL AND CHILD HEALTH

Though approximately 6 million women become pregnant in the United States each year, many of those pregnancies do not result in a healthy, live birth. Infant mortality rates continue to be one of the most widely used indicators of the overall health status of a community. The infant mortality rate (IMR) measures the rate of deaths of infants less than one year of age. This measure is frequently used for health status comparisons, because it is representative of social behaviors as well as medical risk factors. According to Louisiana Vital Statistics in 2010, there were 61,868 live births in the state and 4,591 in Orleans Parish. Conversely, 210 fetal deaths occurred in the state in 2010 and 17 were in Orleans Parish. In the United Health Foundation's 2007 report, Louisiana ranked 49th out to 50 states for its infant mortality rate, which was 9.9 deaths per 1,000 live births. In Orleans Parish, the total number of deaths of infants was 8.8 per 1,000 annually. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

Prenatal care is a strong predictor of maternal and infant health and is unevenly distributed in Orleans Parish. Studies show that areas that are most economically disadvantaged are less likely to report prenatal care. Specifically, *Place Matters* reports that mothers in the Gert Town, Ninth Ward, and Seventh Ward neighborhoods have the lowest number of prenatal care recipients. Lack of routine prenatal care prevent mothers and babies from being properly screened and monitored for pregnancy-related complications including gestational diabetes, HIV/AIDS and STDs. Untreated, STDs like Chlamydia, gonorrhea, and congenital syphilis can lead to ectopic pregnancy or infertility in the mother and blindness, respiratory infections, pneumonia, physical and developmental disabilities, or death in infants. In New Orleans the rates of STDs during pregnancy reported among Black women are extremely high, where Black women experience STD rates almost ten times those of their White counterparts. Table 12 shows the rates of sexually transmitted disease during pregnancy in Orleans Parish.

Table 12. Rates of Sexually Transmitted Disease (STDs) During Pregnancy by Race for Orleans Parish (2007-2009)

	White	Black	Other	All races	LA
All STDs (%)	0.9	10.7	3.0	7.8	6.3
Chlamydia	0.7	9.1	2.9	6.7	5.5

Source: Louisiana Department of Health and Hospitals, 2009

According to the CDC, teenage pregnancy is declining nationwide. In 2010, a total of 367,752 infants were born to women aged 15–19 years in the U.S., leading to a live birth rate of 34.3 per 1,000 women in this age group. The teen pregnancy rate for women of the same age group in Louisiana (54.7) and in Orleans Parish (47.1) was higher than the national rate for women of all races. Table 13 presents teen pregnancy rates, by race, of Orleans Parish and Louisiana. Low birth weight (LBW) refers to infants who weigh less than 5.5 pounds at birth. Most normal babies weigh 5.5 pounds by 37 weeks of gestation. Smoking accounts for 20 to 30 percent of all LBW births in the United States. Research suggests that there are significant differences in low birth weight across race groups, with minority groups reporting a higher prevalence of LBW.

Orleans Parish mirrors that trend. Blacks in Orleans Parish have higher low birth weight rates compared to their white counterparts, as illustrated in Table 14.

Table 13: Rates of Teen Pregnancy, by Race in Orleans Parish (2007-2009)

Maternal age (years)	White	Black	Other	All races	LA
15-17	6.4	30.9	20.9	26.1	28.4
18-19	25.8	92.0	56.1	78.6	94.1
15-19	14.1	55.3	35.0	47.1	54.7

Source: Louisiana Department of Health and Hospitals, 2009

Table 14. Low Birth Weight and Prematurity, by Race in Orleans Parish (2007-2009)

Indicators	White	Black	Other	All races	LA
Very low birth weight (<1500 grams) (%)	1.1	3.6	1.8	2.9	2.1
Low birth weight (<2500 grams) (%)	7.4	14.9	8.3	12.7	10.9
Pre-term births <32 weeks gestational age (%)	1.0	3.9	2.2	3.1	2.3
Pre-term births 32-36 weeks Gestational age (%)	8.2	11.6	6.4	10.5	10.3
Total pre-term births <37 weeks gestational age (%)	9.2	15.5	8.6	13.5	12.6

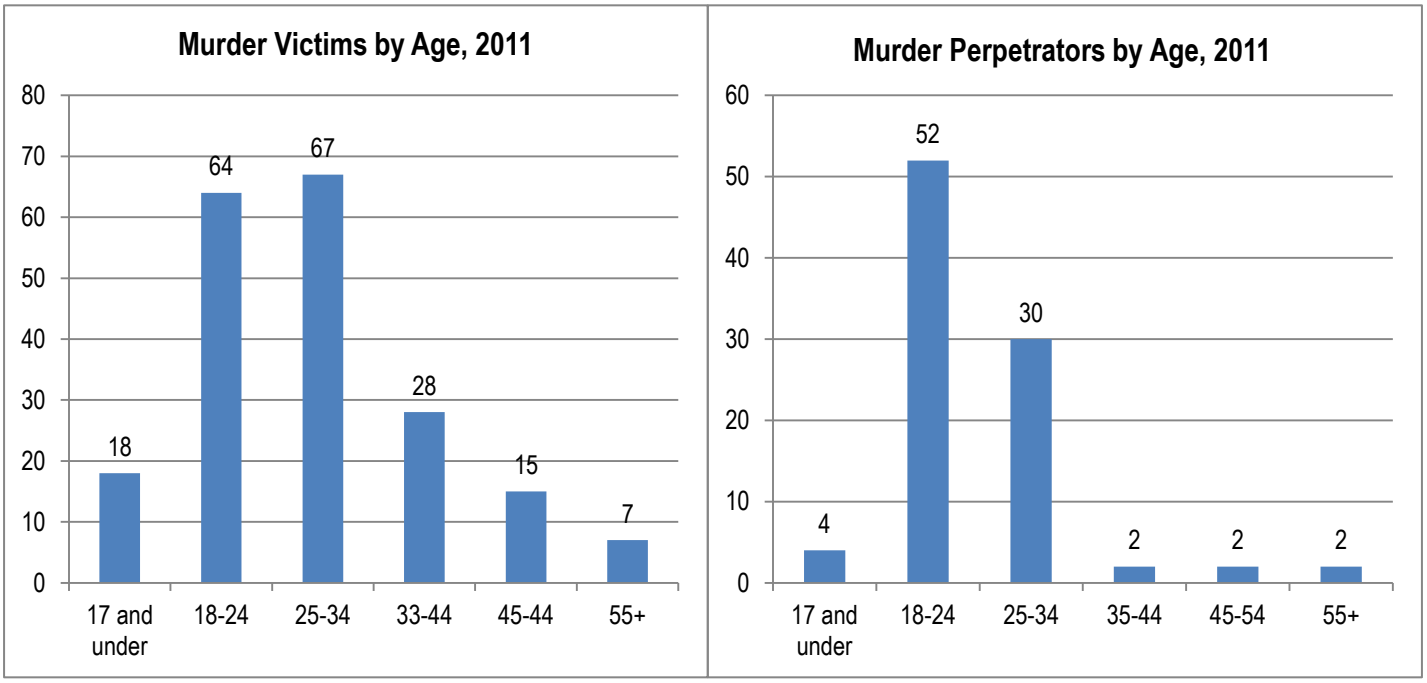
Source: Louisiana Department of Health and Hospitals, 2009

PUBLIC SAFETY

Murder rates in Orleans Parish have been unpredictable in the last decade influenced by major events including Hurricane Katrina and economic restructuring. Following Hurricane Katrina, Orleans Parish experienced mass displacement and repopulation. These shifts in population rates and neighborhood reconstruction impacted the crime rates in New Orleans and differentially affected census tracts and blocks within Orleans Parish. To assess crime rates, the New Orleans Police Department (NOPD) analyzed data on service calls. Findings show that in 2009, the service call data identified a total call for service rate of 3,592.8 per 100,000 where calls related to violent crimes averaged 510.6 per 100,000. Trends in violent crimes (i.e. forcible rape, robbery, aggravated assault, simple assault) show over 96% of juvenile violent crime arrestees are African-American, compared to 84% of adult violent crime arrestees.

In 2011, there were 199 murders in New Orleans. The murder rate in New Orleans, 50.9 murders per 100,000 residents, is ten times the national average and substantially higher than the murder rate in comparable U.S. cities[xxii,[i]]. Since 1979, New Orleans has consistently recorded murder rates that, on average, have been seven to eight times higher than the national average. Data collected for 2008 and 2009 indicated that New Orleans experienced homicide at a rate of 56.4 per 100,000 over the two-year period. The city's murder rate is higher than that of other countries such as Mexico, Colombia, and the Democratic Republic of the Congo, all with high levels of violence [xxiii,[ii]]. Predominantly, victims and perpetrators of murder in New Orleans are found to be unemployed African-American males between the ages of 16-25 years. Many have previous criminal records and little formal education. In 2011, 41% of murder victims were age 24 or younger; 61% of perpetrators were age 24 or younger [xxiv[iii]]. More than 90% of adult victims and perpetrators of murder were African-American males. From January 2010 to May 2012, 11% of all murder victims and 18.5% of all murder arrestees were juveniles, 18 years or younger. In cases involving juvenile victims and perpetrators, more than 93% of those involved were male and all were African-American. Findings suggest that murder and violent crimes were concentrated in three neighborhoods: Central City, St. Roch, and the Seventh Ward. In 2011, these neighborhoods accounted for approximately 35% of all murders while representing only 16% of the population. Similar patterns exist for youth violence. For January 2010 to May 2012, 23% of juvenile murder victims and 41% of juvenile homicide arrestees were from Central City, St. Roch, and the Seventh Ward. Though these neighborhoods are highlighted, risk factors for being a victim or perpetrator of violent crime and/or murder are prevalent throughout the city.

FIGURE 4. MURDER BY AGE, ORLEANS PARISH 2011



Source: NOPD Crime Statistics, 2011

Exposure to community violence does not occur in isolation: Those who witness community violence are more likely to be victims of another type of violence, including physical violence, sexual violence, and maltreatment/neglect. Elevated risk of post-traumatic stress disorder (PTSD), depression, anxiety, aggression, and school problems are some of the many consequences to prolonged exposure to violence during childhood[xxv]. An array of risk factors is thought to contribute to one being a perpetrator or victim of violence. In New Orleans, connections are beginning to be made between youth violence, domestic violence, and child maltreatment. Child maltreatment and domestic/intimate partner violence are interrelated and co-occur at a rate of about 40% [xxvi][v]. Past research indicates that about one-third of New Orleans women have a history of physical domestic violence [xxvii][iv]. Studies show that children who were maltreated or witnessed violence as a child were more likely to be victimized as an adult [xxviii][vi]. A history of extreme physical discipline in childhood is also a risk factor for adult domestic/intimate partner violence, and domestic violence is a risk factor for child maltreatment [xxix][vii]. Therefore, high rates of intimate partner violence may have a long-lasting, cyclical impact on New Orleans' youth.

BEHAVIORAL HEALTH

Behavioral health, in essence, is an umbrella term used to describe a plethora of services associated with mental illness, suicide, and substance abuse. Following Hurricane Katrina, behavioral health data was collected by multiple organizations but has not been updated in recent years. Lack of reliable data that is uniformly collected across behavioral health providers has created a vacuum that severely limits community-wide behavioral health planning and prohibits providers from quantifying need in Orleans Parish. Despite the challenges, a limited amount of available data clearly illustrates the demands on the behavioral health system in New Orleans. Table 15 presents the most current behavioral health data available for Orleans Parish.

In addition to mental health and substance abuse treatment, behaviors like binge drinking, tobacco use, and suicide also have considerable effects on community health outcomes in New Orleans. To assess binge drinking in Orleans Parish, self-reported binge drinking (30 days prior to the survey) were analyzed. It is important to note, male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion. In 2010, 14.5% of adults reported binge drinking. Among youth, CCYS reports that by the tenth grade, 60% of students in Orleans Parish have had a full drink of alcohol and 16% have tried marijuana. Among tenth graders, 30% had used alcohol in the past 30 days, 12% had engaged in binge drinking in the past two weeks, and 25% had been in a car driven by someone who had been drinking. About 6%, roughly 1,400, adolescents reported having sold drugs in the past year [xxx][ix]. Each day across the United States more than 3,800 youth under 18 years of age start smoking. Each year an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke, and another 8.6 million live with a serious illness caused by smoking. Despite these risks, approximately 46.6 million U.S. adults smoke cigarettes[xxxi]. In Orleans Parish, an estimated 19.6% of adults smoke cigarettes. In addition to substance abuse, suicidal behavior is a significant behavioral health issue that needs to be addressed. A wide range of social and environmental factors are associated with suicidal behavior. For example, levels of residential instability, unemployment, and other indicators of limited economic opportunity may be higher in communities with higher rates of suicide [xxxii]. Similarly, suicide rates are higher in communities with low levels of social integration and unstable social environments. Additional efforts are necessary to determine the relation between these factors and variations in regional suicide rates. Orleans Parish has a slightly lower suicide rate (9.80) than national (10.20) and state averages (11.60).

Table 15. Behavioral Health Indicator Data in Orleans Parish (2009-2010)		
Indicator	**Data**	**Source**
Substance Abuse Treatment Admissions in 2009	4,309 Individuals	SAMHSA
Treatment Admissions by Substance in 2009	Alcohol (26%) Marijuana (21%) Smoked Cocaine (16%) Heroin (15%) Prescription Pain Killers (9%) Methamphetamine (1%)	SAMHSA
Source of Referrals to Treatment in 2009	Criminal Justice (43%) Individual/Self (32%) Substance Abuse Providers (15%) Community Organizations (5%) Health Care Providers (3%) Other (2%)	SAMHSA
Lifetime Substance Use by 10th Graders in 2010 (% of 10th Graders who responded to the survey that they have ever used a substance)	Alcohol (60%) Cigarettes (24%) Marijuana (15%) Inhalants (9%) Sedatives (5%) Opiates (3%)	CCYS
Percent who say a doctor has ever told them they have a serious mental illness	16% in 2010 15% in 2008 5% in 2006	Kaiser Family Foundation
Percent who say in the past 6 months they have taken medicine for their problems with emotions, nerves or mental health	16% in 2010 17% in 2008 8% in 2006	Kaiser Family Foundation
Reported mental health status in 2010	36% Excellent 30% Very Good 20% Good 11% Fair 3% Poor	Kaiser Family Foundation
Identified "Making it easier to get mental health services" as a priority for rebuilding New Orleans' Health system	21% Most Important Priority 62% Very Important Priority	Kaiser Family Foundation

COMMUNITY INPUT

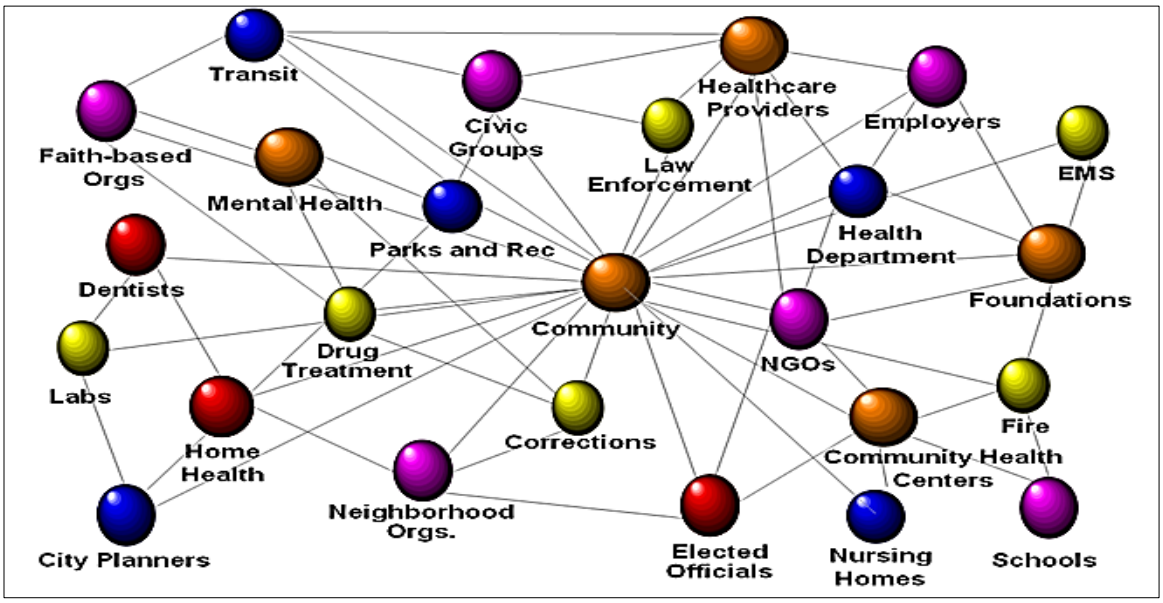
ASSETS AND BARRIERS TO COMMUNITY HEALTH

This section explores the many protective factors and some barriers to health and improved quality of life among residents of New Orleans. Taking care to highlight how community strengths and assets make our city a viable place for community health improvement efforts, this segment of the report starts an environmental scan of the myriad of systematic and social issues that pose threats to the health of our citizens then concludes with a comprehensive asset map that represents the best of what make this city and its citizens proud, resilient, and unique.

Local Public Health System

The agencies, organizations, and stakeholders that comprise the Local Public Health System in New Orleans all contribute to entities contribute to the health and well-being of the community. To adequately address the myriad of factors that contribute to individual and community health, it takes more than involvement from traditional healthcare and public health entities interfacing with individuals in the community. Understanding that health is influenced by a collection of social, economic, individual behavioral and environmental conditions, an effective Local Public Health System (LPHS) consists of an intricate network of community agencies with differing roles, relationships, and interactions that assumes the responsibility to offer timely, accessible, affordable health and supportive services to the community.

FIGURE 5. NEW ORLEANS LPHS WEB DIAGRAM



To better understand the role of the New Orleans LPHS in community health improvement we conducted a system-wide performance assessment using the National Public Health Performance Standards Program (NPHPSP) Local Public Health System Performance Assessment Instrument. Using the NPHPSP tool as a guide, members of the New Orleans LPHS were asked to rate system level performance, rather than individual agency performance, taking care to highlight systematic strengths and weaknesses.

The following 10 Essential Public Health Services were used to assess system performance:

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

The New Orleans LPHS scored highest, greater than 50%, in five of ten Essential Public Health Service Areas. These findings suggest that the LPHS has greater proficiency in traditional healthcare and public health roles (diagnose and investigate health problems (63%), develop policies and plans (59%), enforce laws and regulations (56%), link people to needed health services (51%), and evaluate health services (51%)) and is still continuing to build capacity in the more modern, population-based, collaborative methods of addressing community health (inform, educate and empower people (25%) and mobilize communities to address health problems) where the system scored lowest. Though the New Orleans LPHS functioning at significant levels providing care to constituents, there is more work that must be done to meaningfully engage and partner with residents to advance community health improvement efforts. The figure below illustrates performance scores for each of the essential service areas.

FIGURE 6. NEW ORLEANS LPHS PERFORMANCE SCORES

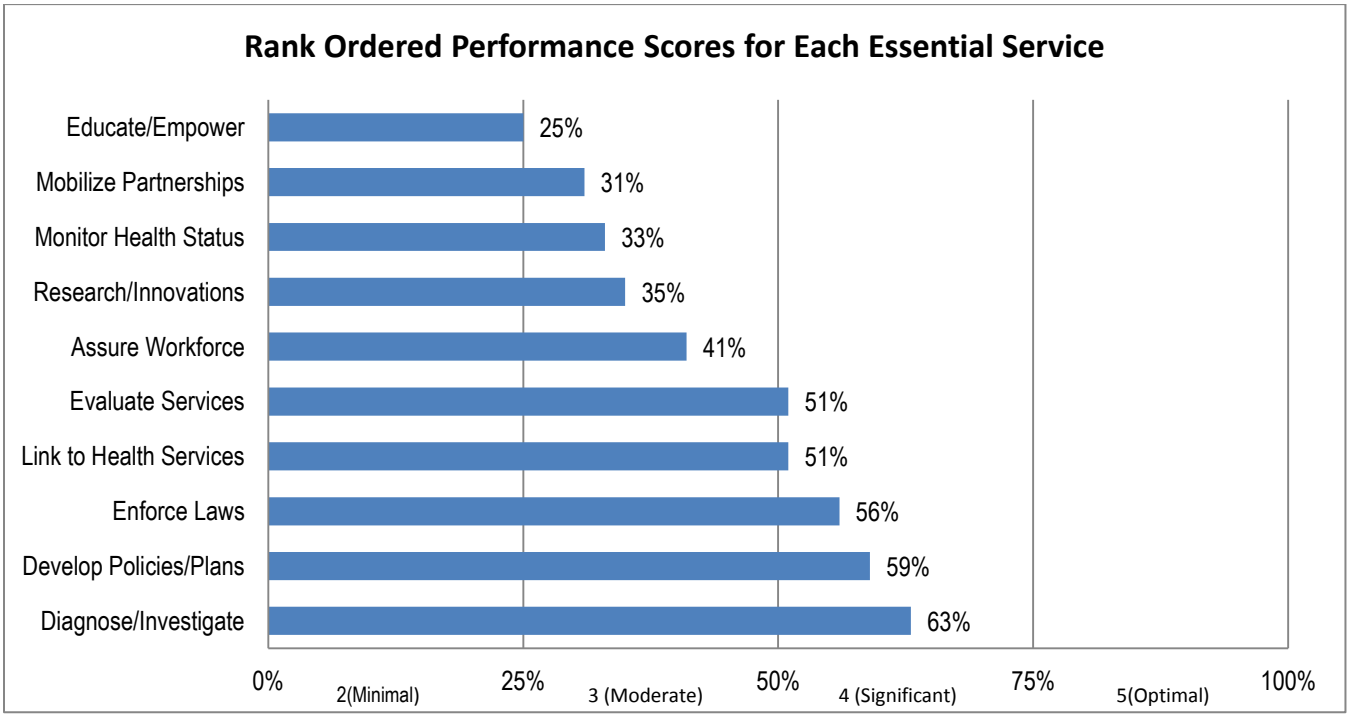
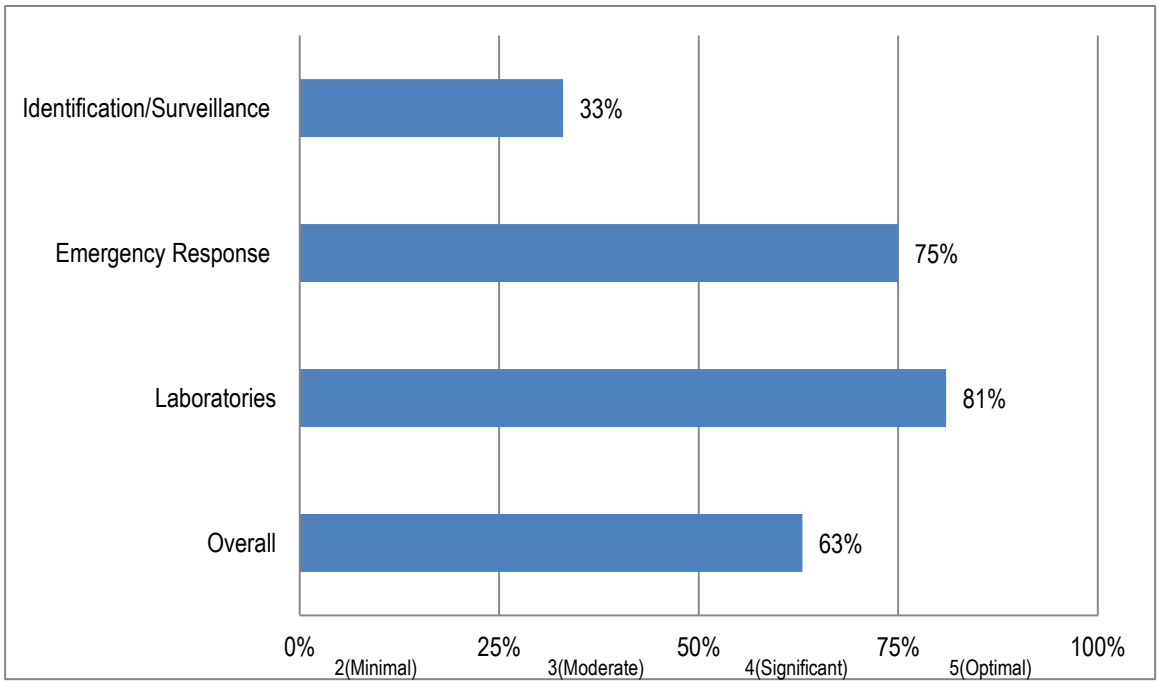


FIGURE 7. ESSENTIAL PUBLIC HEALTH SERVICE #2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY



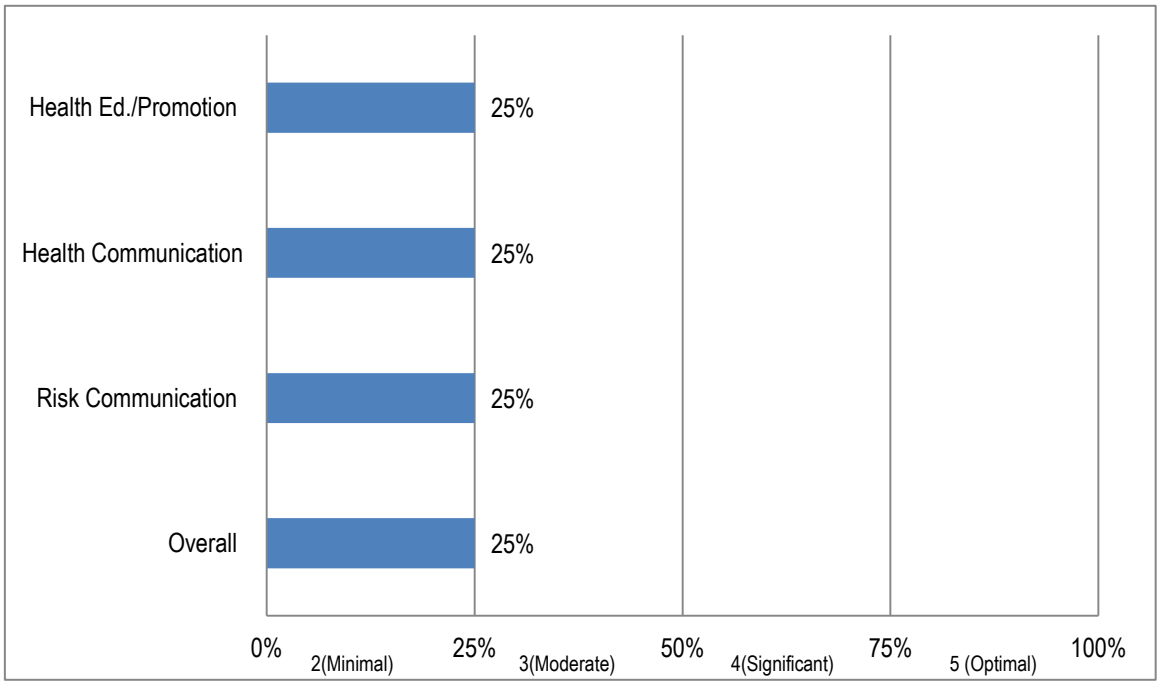
This service was scored highest by assessment participants. Key components of this service area include:

- Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

Table 16. Essential Public Health Service #2 Group Discussion Points

Strengths	Weaknesses	Opportunities for Improvement/Partnership
▪ Many state protocols are online and have been adopted locally. ▪ Monitoring is good and labs do a good job of reporting health information. ▪ Do believe we have a significant amount of resources in place; there are many PhD and Epidemiology doctoral students who are required to do practice experience.	▪ Local health department does not have any community data staff and many community health specialists are not aware of what they need to report. ▪ The state has the resources, but there have been many cuts and state officials feel overwhelmed and are understaffed. ▪ Timely communication back from the labs is poor and inadequate. Due to budget cuts, the system has had to prioritize its lab testing.	▪ It would be good for the local health department to work with the state health department's regional office to build a system for data sharing.

FIGURE 8. ESSENTIAL PUBLIC HEALTH SERVICE #3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES



This essential health service was scored lowest by assessment participants. Key components of this service area include:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages that are accessible to all populations.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Risk communication processes designed to inform and mobilize the community in time of crisis.

Table 17. Essential Public Health Service #3 Group Discussion Points

Strengths	Weaknesses	Opportunities for Improvement/Partnership
▪ There are data and guides being produced. There may be a disconnect with dissemination but the data is there. ▪ Organizations do plan to communicate their plans and what their services are, but there are limited funds/resources to communicate what they do. ▪ There is texting and communication for preparedness.	▪ Can't say that it's not happening, but is it happening on a scale big-enough for us to see? ▪ High illiteracy rates in this city, so if you're going to rely on anything that requires reading, then you will miss the boat. ▪ There isn't a system-wide communicator, no one is the designated, go-to person.	▪ Develop a community advisory committee. Have resident representatives at the table with health and governmental officials. ▪ There is a lot of potential; we should use all forms, PSA, ads, and billboards. ▪ Look at best practices to create a plan.

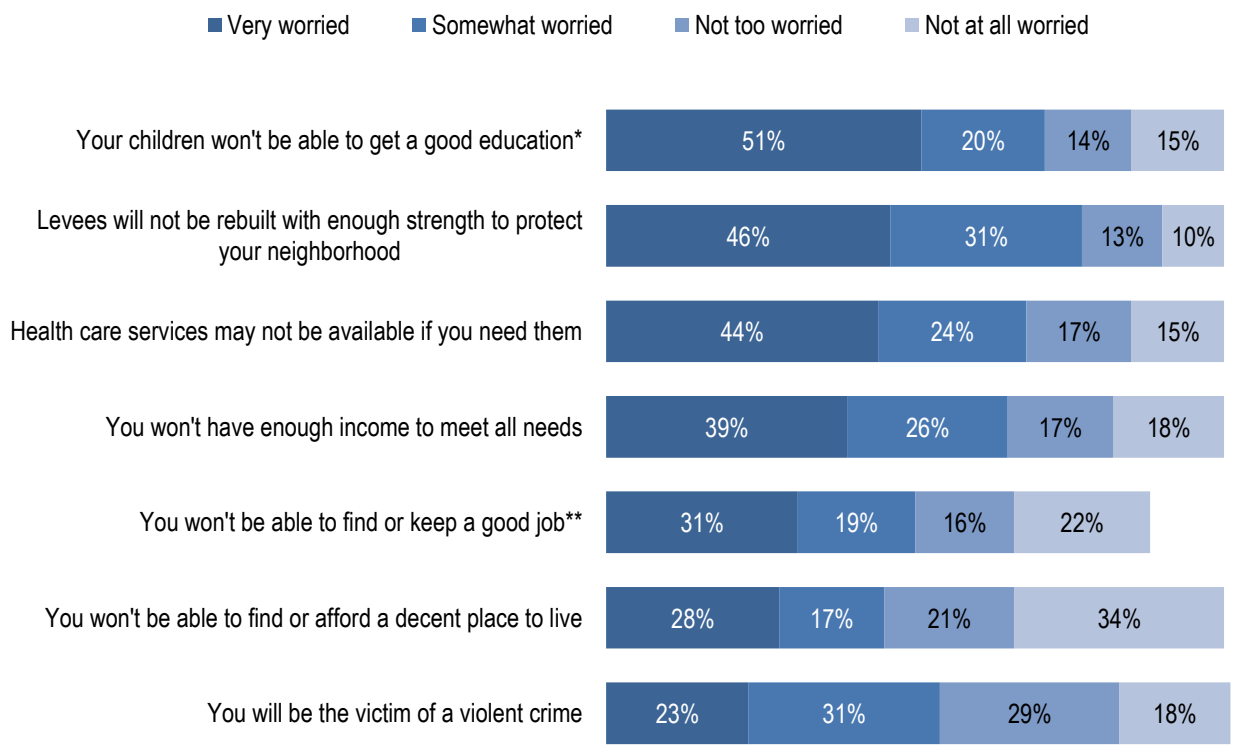
Resident Priorities and Community Concerns

Data from the Kaiser Family Foundation's 2010 report, the City of New Orleans' Master Plan, and our own Force of Change Assessment highlight a number of long-standing social issues like violent crime, effects of historical racism, and unemployment in addition to more recent concerns like the effects of the unstable economy and continued Hurricane Katrina recovery efforts as some of the top barriers to health and quality of life for residents of New Orleans. Many of these issues are possible risk factors that can contribute negatively to resident's own perceptions of their health, health-related quality of life, self-efficacy, and overall wellbeing. The figures and tables presented below illustrate some of the most prevailing community concerns and potential barriers to community health as identified by residents and members of the New Orleans LPHS.

FIGURE 9. TOP COMMUNITY CONCERNS IN NEW ORLEANS

Concerns About Education, Levees, Health Care Top List of Personal Worries

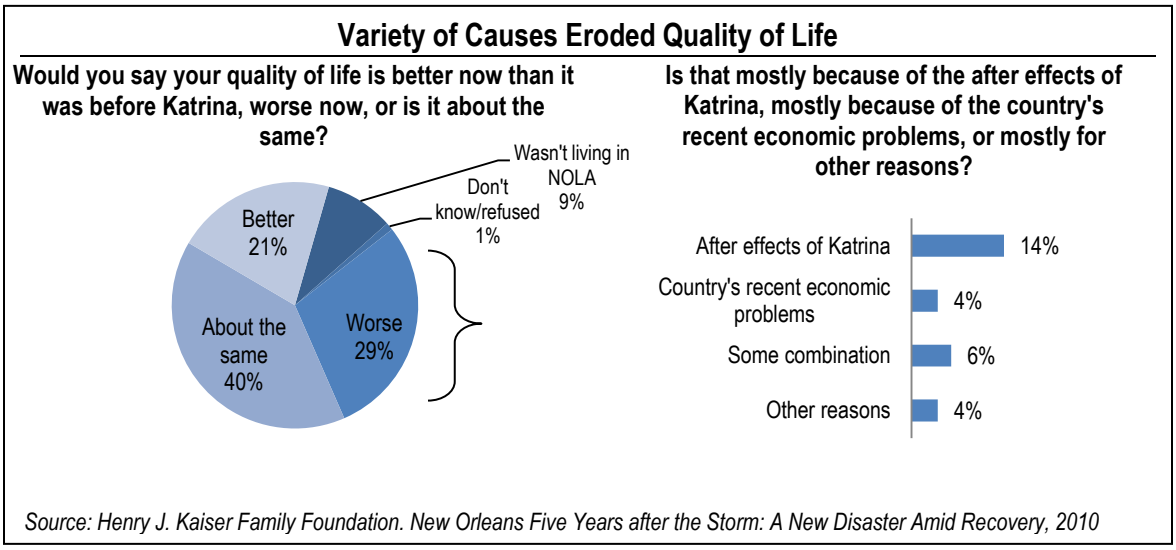
I'd like you to tell me how worried you are about each of the following items- very worried, somewhat worried, not too worried, or not at all worried.



Note: *Based on respondents who are the parent or guardian of any children under the age of 19 living in their household.
**Percentage who are retired not shown. Percentage who did not give an answer not shown.

Source: Henry J. Kaiser Family Foundation. New Orleans Five Years after the Storm: A New Disaster Amid Recovery, 2010

FIGURE 10. ISSUES AFFECTING QUALITY OF LIFE IN NEW ORLEANS



Source: Henry J. Kaiser Family Foundation. New Orleans Five Years after the Storm: A New Disaster Amid Recovery, 2010

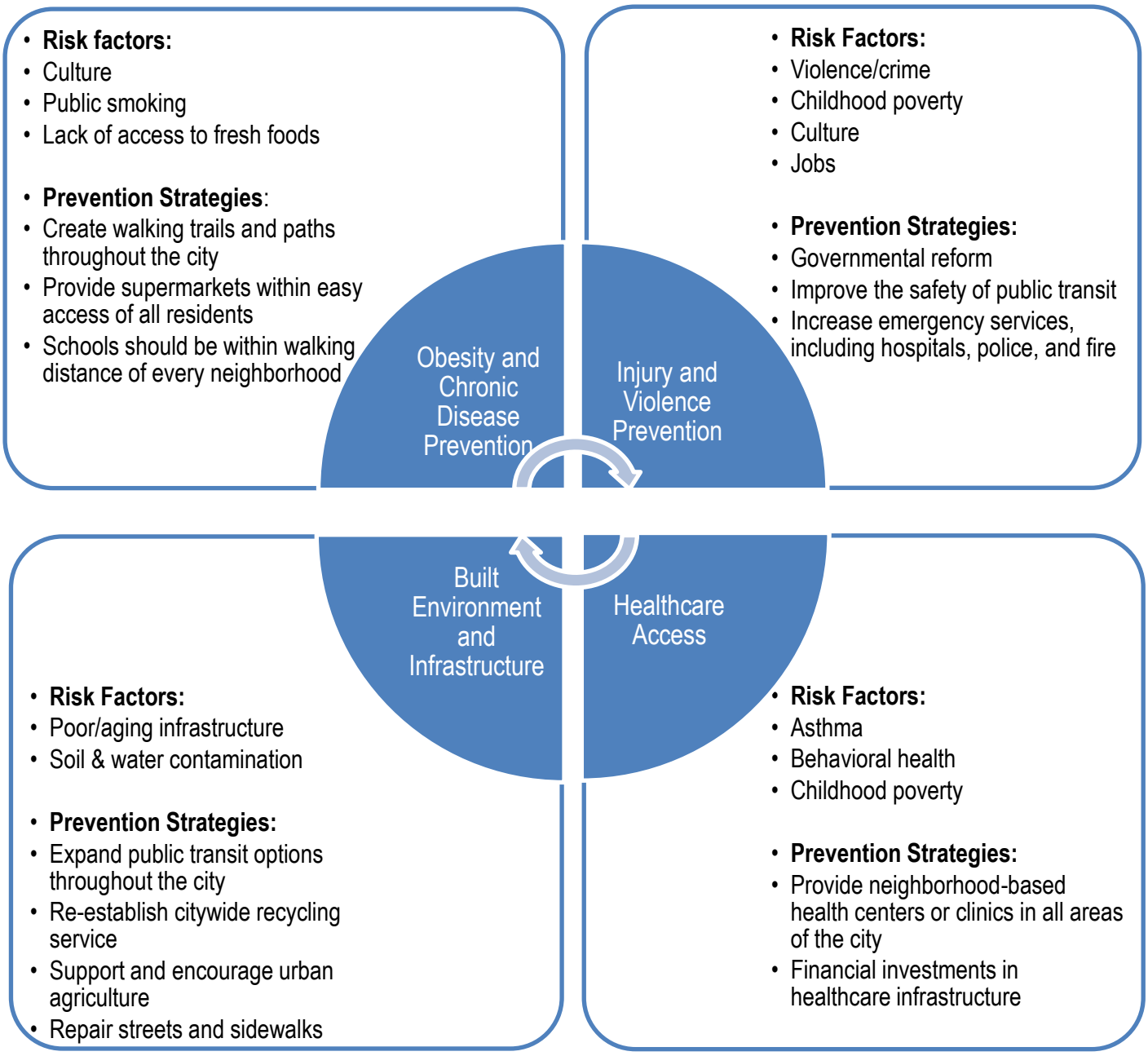
Table 18. Community Health and Quality of Life Themes in New Orleans from City of New Orleans Master Plan	
Health and Human Services	• Give top priority to crime prevention • Increase emergency services, including hospitals, police, and fire • Provide neighborhood-based health centers or clinics in all areas of the city
Transportation	• Expand public transit options throughout the city • Improve the safety of public transit • Create a network of dedicated bike lanes throughout the city • Make downtown parking more accessible and provide park and ride service to downtown • Create walking trails and paths throughout the city
Green Infrastructure	• Place new parks near schools and neighborhood amenities and services • Provide adequate security in parks • Use parks for flood protection and stormwater drainage • Develop new walking and jogging paths • Develop new active recreational areas and community gardens • Preserve and restore the tree canopy throughout the city • Provide public access to water wherever possible and respect ongoing planning for the riverfront
Neighborhoods and Housing	• Increase use of renewable energy • Re-establish citywide recycling service • Provide supermarkets within easy access of all residents • Support and encourage urban agriculture
Environmental Quality	• Preserve/strengthen neighborhood culture • Repair streets, sidewalks and infrastructure • Provide more grocery stores in neighborhoods that are currently underserved
Community Facilities and Infrastructure	• Schools, healthcare centers, and community centers should be located in all areas of the city • Schools should be within walking distance of every neighborhood. • School buildings should be available for multiple purposes (youth programs, community centers, neighborhood libraries, etc.) • Facilities that should get first priority for improvements are: healthcare/hospitals/clinics (especially community based clinics); schools; community centers/multi-purpose centers/shared-use facilities; libraries

Table 19. Forces of Change Affecting Community Health Improvement in New Orleans

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

As this broad listing of issues and concerns illustrates, New Orleanians define health, and the factors that influence health, broadly. This more expansive view of health is not limited to traditional healthcare models but stretches beyond patient encounters to address access to a wide range of health and supportive services. The following figure demonstrates how many of the potential risk factors expressed in this section can be translated to help inform ongoing work initiated by members of the LPHS. The datapoints presented below are not mutually exclusive and in fact are interrelated, often overlapping across public health topic areas when funding and priority setting decisions are made.

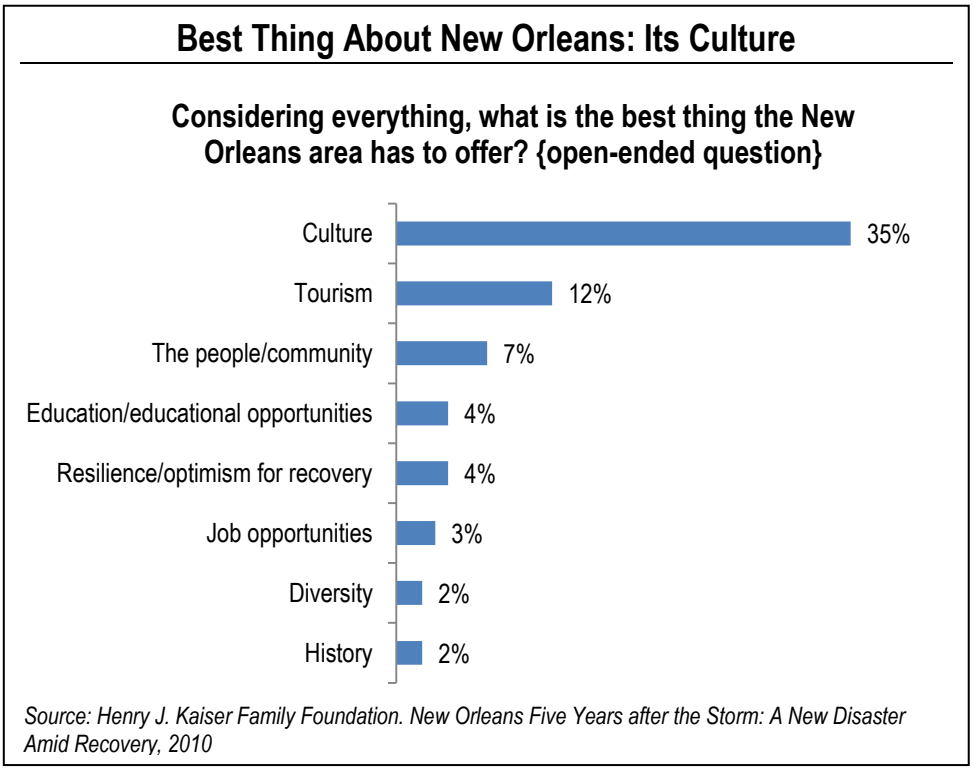
FIGURE 11. CROSSWALK OF COMMUNITY CONCERNS AND/OR BARRIERS TO HEALTH IN NEW ORLEANS



COMMUNITY STRENGTHS AND ASSETS

Culture

FIGURE 7. NEW ORLEANS BEST ATTRIBUTES



In New Orleans concepts of culture are, by far, the most unifying attribute that residents and community stakeholders identify with and hold in high regard. In fact, culture is often noted as one of our most prevailing strengths. The multi-faceted nature of what is considered typical expressions of New Orleans' indigenous culture, including warm and welcoming residents, indulgent foods and sprits, as well as the Laissez Les Bon Temps Rouler ("let the good times roll") attitude, may actually be more famous than the city itself. For residents of New Orleans, cultural identity is not a static or monolithic concept and can be interpreted in a number of ways that may actually lend itself to posing some barriers to addressing health and quality of life issues in the city as well. However, in the post Hurricane Katrina landscape, perceptions of culture in New Orleans have continued to be the most revered characteristic and possibly one of the most important protective factors of the city residents.

Though tourism and the tourist industry continue to drive the local economy, residents of the city also enjoy partaking in year-round festivals and events that celebrate their indigenous culture. Annual celebrations commemorate everything that is considered truly New Orleans and important or historical in Southeast Louisiana including the various elements of "Creole" cuisine, music, ethnic traditions and ancestry (African, Greek, Italian, French, and Spanish), and new events are added

every year. Most of the more popular festivals are free of charge, open to the public, and enjoy record-breaking crowds each year partly due to resident participation. But to New Orleanians, culture means so much more. In its current context, culture is characterized by a number of positive changes in and around the city like increased community participation, more citizen and neighborhood engagement, and increased youth participation in school and other reform efforts. In addition, protective factors like community unity and social support have increased as evidenced by the growing number of nonprofit businesses and social aid and pleasure clubs in existence post-Katrina. This cultural change is a sign of community or social cohesion, which is necessary if the physical and social environment can have an influence on behaviors that are conducive to health[xxxiii].

NEIGHBORHOODS

New Orleans is a city comprised of many neighborhoods each with its own unique character that adds to shaping the city's culture. In fact, strong neighborhood identity has been one of the most prevailing factors in both pre and post Hurricane Katrina New Orleans. The New Orleans City Planning Commission recognizes 73 neighborhoods throughout the city, the boundaries of which were set by the commission in the 1970's. More recently for planning purposes, the commission arranged the neighborhoods into 13 planning districts where each district contains multiple neighborhoods. Across neighborhoods and planning districts, to date there are well over 200 active neighborhood associations and community-based organizations dispersed throughout New Orleans. Neighborhood and community-based organizations serve the needs of the community through spearheading advocacy efforts, increasing community capacity and social support, leveraging resources, and linking residents to necessary services where applicable.

There are also a number of built environment projects improving neighborhood infrastructure to make communities more pedestrian and bicycle friendly. Many of these efforts are multi-year projects that require governmental and non-governmental partnerships, funding and sustained neighborhood engagement to actualize. In addition to implementing bike lanes and walking trails throughout the city, other infrastructure projects in neighborhoods also involve street light and surface street repairs, fighting housing blight, and building and/or repairing existing local playgrounds.

YOUTH DEVELOPMENT

There has been a reinvestment in the youth of New Orleans. Against the backdrop of widespread poverty, crime, and murder, New Orleans' young people have been a beacon of hope for true recovery. There are many youth development programs that have been initiated at all levels including government, private, non-profit and community-based agencies. There are also a number of obesity prevention programs that have been implemented across the city focusing on behavior change in youth through increasing physical activity and/or decreasing unhealthy eating. There are also several programs

designed to help youth gain valuable work experience, increase traditional and technical educational outcomes, and develop parenting and other life skills.

URBAN AGRICULTURE

While New Orleanians have been able to enjoy the bounty of fresh produce, meats, and seafood offered at the historic New Orleans French Market for over two centuries, recently there has been an insurgence of urban gardens and farmers markets operating in the area, post Hurricane Katrina. Though few big box stores and popular grocers have repopulated the city during its ongoing recovery effort, this has actually presented a unique opportunity for a number of urban gardeners, local farmers, and food justice advocates. Not only have a number of community farmers markets stepped in to start filling the gap left behind by larger grocers, but also many of the city's charter schools are also following the urban agriculture trend, planting their own gardens for use in school cafeterias or sale at local markets by students. Many farmers markets are also investing in the health of their surrounding communities by providing discounts to neighborhood residents, accepting SNAP (Supplemental Nutrition Assistance Program) and WIC (Women, Infants, and Children) benefits and providing produce matches, working with assisted living and nursing homes to bring seniors to the markets, and hosting a variety of community education classes. There are also a growing number of restaurants committed to using fresh, local food as staples of their menus and some offering "farm-to-table" options.

Community Health Asset Map

Culture

- Culinary Schools & Restaurants
- Cultural and Performing Arts Centers
- Festivals and Community Events
- Foundations
- Historical Preservation Organizations
- School Bands
- Media Outlets
- Museums
- Musician & Artist Support
- Social Aid & Pleasure Clubs
- Zoo, Nature Center & Aquarium
- Mardi Gras Indians & Parade Krewes
- Tourism & Visitor's Bureau
- Film Industry

Education

- Colleges & Universities
- Daycare and other Childcare Facilities
- National School Breakfast and Lunch Programs
- Pre-K and Head Start Programs
- Private, Parochial, and Archdioses Schools
- Public Library System
- Public School Districts & Charter Schools (K-12)
- School and Charter Boards
- School Gardens
- VocationalTraining/Trade Schools

Employment

- Business Associations
- Chamber of Commerce
- College & University Systems
- Hospitals
- Hotels, Restaurants, Tourism & Hospitality Industry
- Job Corps/Americorps/VISTA/Teach for America
- Job Placement & Training Services
- Local & State Government (Regional Offices)
- Non-Profits
- Urban League

Family & Social Services

- Charitable Organizations & Foundations
- Churches & Faith-based Organizations
- Community Coalitions & Advocacy Groups
- Crisis Intervention Service Programs & Organizations
- Formal & Informal Support Groups
- Human Service & Non-profit Organizations
- Professional Sector Associations
- Schools of Social Work & Psychology
- Shelters & Drop-in Centers
- Volunteer & Service Organizations

Healthcare

- Behavioral Health Providers
- Community Health Centers & FQHCs
- EMS/Paramedics/Police & Fire
- Home Health/Hospice/Nursing Homes
- Hospitals
- Managed Health Care Organizations and Insurance Companies
- Medical, Dental, and Nursing Schools
- Pharmacies
- Private Medical & Dental Practices
- School Nurses
- Schools of Public Health
- State and Local Health Departments
- Urgent Care Centers
- VA

Housing

- Affordable Housing
- Assisted Living Facilities
- Charitable Organizations/Individuals
- Green building & Renovations
- Healthcare for the Homeless
- Historic Preservation Organizations
- Homeownership Programs
- HUD & HANO
- Local Ordinances , Laws & Policies
- New Orleans Mission
- Non-profits & Advocacy Organizations
- Private Homes & Rental Units
- Rebuilding Incentive Programs

Community Health Asset Map cont.

Hurricane Recovery

- American Red Cross
- Churches & Faith-based Organizations
- Federal/State/Local Grants and Financial Assistance & Tax Credits
- Green & Sustainable Building
- Local and State Government
- Neighborhood Organizations
- Non-profit Organizations
- Parish Levee Board
- Private Companies/Donors
- Public Works
- Sanitation & Waste Removal
- Skilled Labor
- US National Guard
- Workforce Development

Neighborhoods

- Churches & Faith-based Organizations
- Community Gardens & Farmer's Markets
- Corner Stores & Community Grocers
- Culture
- Festivals & Craft Markets
- Neighborhood Organizations
- Neighborhood Watch
- Parks & Playgrounds
- Recreation Centers
- Resident Engagement
- Small Businesses
- Walking Paths

Nutrition

- Commercial Grocers
- Farmers Markets/Community & School Gardens
- Federal School Breakfast & Lunch Program
- Food Bank & Food Pantries
- Restaurants
- WIC Program & SNAP Benefits
- Primary Care Physicians
- Nutritionists & Dieticians
- Meals on Wheels
- Food Drives & Holiday Meals
- Charitable Organizations & Foundations

Public Safety

- Colleges & Universities
- Community Advocacy Groups
- Community Officer Program
- Crisis Response Units
- Emergency Preparedness
- Local and State Government
- Local/State/Federal Courts
- Neighborhood Watch/Crime Stoppers
- Non-Profit Organizations
- Police & Fire
- Prisons/Jails
- Probation & Parole
- Truancy Officers
- Waste & Debris Removal

Physical Fitness

- Charitable Cause Awareness Events (Heart Walk etc.)
- Competitive Races
- Fitness Centers & Clubs
- Nutritionists/Personal Trainers
- Parks & Playgrounds
- Physicians
- Professional Sports Teams
- Recreation Centers & Public Pools
- School Athletic & Marching Unit Programs
- Worksite Wellness Programs
- YMCA

Transportation

- Airports
- Bikes & Bike Lanes
- Complete Streets & Safe Routes to School
- Federal & State Departments of Transportation
- Media & News Outlets
- Public Transit (buses, street cars & ferries)
- Service Shuttles for Elderly, Veterans & Ill
- Storm Evacuation Plans
- Taxis
- The Port of New Orleans
- Trains

NEW ORLEANS COMMUNITY HEALTH IMPROVEMENT PLAN

EXECUTIVE SUMMARY

New Orleans is a mid-sized city with nearly 350,000 residents, serving as Louisiana's major urban metropolis and largest tax base. Rich in history, culture, ethnic diversity, and natural resources New Orleans has many assets to be leveraged. Although many opportunities exist for residents of New Orleans, longstanding income and health disparities, exacerbated by Hurricane Katrina in 2005, must be addressed so that all citizens are positioned to reach their fullest potential.

> ***"We envision a safe, equitable New Orleans whose culture, institutions, and environment supports health for all."***
>
> -Vision for Community Health Improvement in New Orleans, 2012

The transformation of the New Orleans Health Department (NOHD), moving from clinical care and direct service to population-based policy and program implementation, increased our ability to assess community health broadly while also building internal capacity to address health issues of immediate concern. The New Orleans Community Health Improvement Plan (CHIP) is a progressive, assets-based effort with dynamic, sector-based work plans that were developed as a result of several strategic planning efforts that took place concurrent to the community health improvement process. With the help of our partners, we have developed action plans with measurable targets to address the following five priority areas:

- Access to Physical and Behavioral Healthcare
- Social Determinants of Health
- Violence Prevention
- Healthy Lifestyles
- Family Health

With these overarching priorities as the foundation, we are continuing our collaborative work with community stakeholders and partner agencies to develop and implement actionable policies and programs. These sector-based strategies reflect a yearlong assessment and planning process and will serve as our guide over the next five years as we strive to achieve our vision for community health improvement in New Orleans.

UNDERSTANDING THE COMMUNITY HEALTH IMPROVEMENT PLAN

What is a Community Health Improvement Plan?

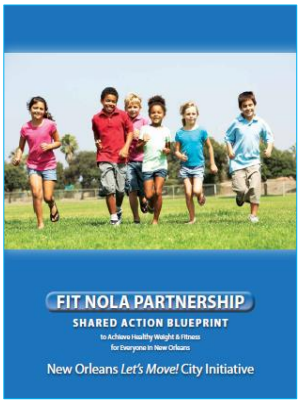
According to the National Association of County & City Health Officials (NACCHO), a CHIP is a **long-term**, **systematic effort** to address public health problems **based on the results of a community health assessment** (CHA) and a community health improvement process. CHIPs help to provide support for developing new policies and determining health promotion strategies. It should define a shared vision for community health through collaboration with diverse partners and address the broad range of strengths, weaknesses, challenges, and opportunities that exist within the community to improve health. Through collaboration and technical assistance from national partners, the New Orleans CHIP provides a blueprint for our local public health system so that it is capable of addressing modern, population-level health issues for all citizens.

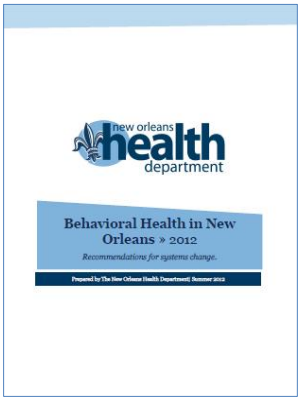
How Will We Use the CHIP?

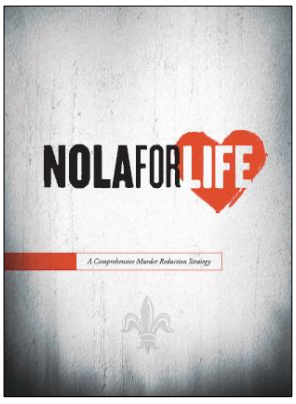
Community health partners in a variety of sectors (non-profit, business, media, government, education, etc.) use CHIPs to set priorities, coordinate activities, and target resources. This document will be our guide for the next five years (2013-2018) as we strive to improve community health in the five priority areas. After reading this document, taking a moment to consider the suggested goals, activities, targets, and time lines, we invite you to join us in this work to improve community health in New Orleans. Our CHIP is a living document, this means that although we have captured specific goals, objectives, performance measures, and targets on paper now, the plan will continue to grow and evolve over the next five years as we do.

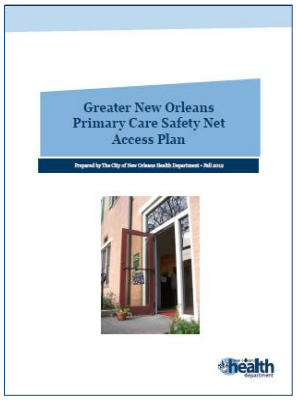
What is the relationship between the New Orleans CHIP and other City of New Orleans/New Orleans Health Department Action Planning Efforts?

The CHIP does not replace or supersede any concurrent action planning document produced by the City of New Orleans, the health department, or any of our community partners. Though NOHD has been the chief organization responsible for organizing and coordinating the community health improvement process, it does not own the process nor is it the sole organization responsible for CHIP implementation. In fact, we embarked on the community health improvement process









intent on developing a CHIP that complemented the various other action planning efforts and/or documents produced by our governmental and community partners.

NOHD's commitment to this effort, as part of a larger movement to develop collaborative partnerships with community stakeholders, can be seen through its work to build community capacity to address key population health issues which took place concurrently to the CHA and CHIP development processes. Work in these areas yielded the following report documents and programmatic focus areas, some of which were used to help inform the New Orleans CHIP: NOLA for Life: A Comprehensive Murder Reduction Strategy, Fit NOLA Partnership: Shared Action Blueprint to Achieve Healthy Weight & Fitness for Everyone in New Orleans, Greater New Orleans Primary Care Safety Net Access Plan, Behavioral Health in New Orleans 2012: Recommendations for Systems Change.

Developing the New Orleans Community Health Improvement Plan

In 2011, NOHD with the support of the Louisiana Public Health Institute (LPHI) brought together a diverse group of community partners to engage in the first city-wide health assessment and health improvement planning process since 2000. With funding from the National Association of County and City Health Officials (NACCHO) through the Robert Wood Johnson Foundation, we collaborated with nearly 100 community partners over one and a half year to conduct a comprehensive CHA and develop an action-oriented CHIP. Using the Mobilizing for Action through Planning and Partnership (MAPP) framework, a nationally-recognized model for conducting community health assessments and strategic planning for community health improvement as our guide, we conducted a comprehensive city-wide health assessment. MAPP is a shift in the way community partners work together with government and private companies to define health issues, establish a shared understanding of community need, and prepare a coordinated, assets-based response. When combined, the four interdependent MAPP assessments that provide a wide range of data to inform the Community Health Improvement Planning process. Major findings from the CHA are highlighted below:

- Notions of culture among New Orleanians continue to be one of our greatest assets.
- Neighborhood identity, character, and increased civic engagement are revitalizing the city.
- For the nearly 350,000 residents of Orleans Parish, high rates of poverty, particularly childhood poverty, is a major contributing factor to health disparities.
- Where we live greatly affects our health and health outcomes, which poses particular challenges for residents living in neighborhoods with high concentrations of poverty.
- There is a 25 year difference in life expectancy between those living in the 70112 (Tulane, Gravier, Iberville, Treme) and 70124 (Lakeview, West End) zip codes.
- Rates of violent crime, murder, and concerns about public safety continue to concern New Orleanians.
- Though the local public health system in New Orleans has made great strides since Hurricane Katina there are still many opportunities to foster better communication across agencies, formalize partnerships, make data more accessible and timely, strengthen the healthcare safety net, mobilize communities, and establish consistent evaluation models.

The New Orleans Health Department led the effort to develop a unified and coordinated CHIP with valuable input from our community health improvement partners. Data from the CHA was used to guide the selection of emerging/strategic issues and CHIP priority areas. Strategic issues are defined, by NACCHO, as those critical policy or key challenges that must be addressed for a community to achieve its shared vision. Community feedback heavily shaped the plan. In addition to the work done with stakeholders, the health department developed a community-wide health priority questionnaire that was completed by over 200 Orleans Parish residents during Mayor Landrieu's annual "Community Budgeting for Outcomes" meetings. Questionnaire results were shared with stakeholders to help align our process with resident priorities. To ensure that the CHIP was a collaborative process, our stakeholders were asked to review the CHP document on their own, complete a questionnaire identifying strategic issues for the CHIP supported by data, and attend a convening to select final strategic issue areas. The following strategic issues were selected, through the process outlined above, as the most critical issues to address in order to achieve our vision for community health improvement in New Orleans:

- Access to Healthcare
- Behavioral Health (mental health & substance abuse)
- Emergency Preparedness
- Environmental Health
- Healthy Families (maternal & child)
- Healthy Lifestyles (fitness & nutrition)
- Local Public Health System Infrastructure (data sharing & availability, interagency coordination)
- Social Determinants of Health (poverty, housing, health disparities, language access, etc.)
- Violence Prevention

Each member of the community health improvement steering committee was then asked to use the following selection criteria to vote for three CHIP priority areas from the strategic issues:

- Available data supports the issues as a key area of need
- There is existing resident interest and/or engagement around this issue
- Resources are currently available or can be attained
- Measurable outcomes for the priority area can be defined

The group voted on the following five priorities for inclusion in the CHIP:

1. Access to Physical and Behavioral Healthcare
2. Social Determinants of Health
3. Violence Prevention
4. Healthy Lifestyles
5. Family Health

In addition to the areas highlighted above, CHIP will also address the social determinants of health as both a standalone issue and throughout the other four priority areas. According to the World Health Organization (WHO), the social

determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries." Therefore, working to address the social determinants of health, like race, poverty and income, language access, and education to name a few, that contribute to the disparate health outcomes experienced by many in our community takes a coordinated, collaborative, multi-disciplinary approach. Health disparities, as defined by the National Prevention Strategy, are a difference in health outcomes across subgroups of the population. The WHO Commission on Social Determinants of Health suggests the following strategies for addressing the conditions that contribute to disparities:

- Improve daily living conditions
- Tackle the inequitable distribution of power, money, and resources
- Measure and understand the problem and assess the impact of action

Through our collective work to achieve our shared vision for community health improvement in New Orleans we are committed to addressing all structural inequities that contribute negatively to the health and quality of life for all New Orleanians.

What Policy Changes are needed for our CHIP to be Successful?

We recognize that if we are to achieve our vision for community health improvement in New Orleans and successfully implement the strategies highlighted in this document, then we need to develop and promote policies that reinforce this effort. Through incorporating policy development and advocacy into our CHIP we acknowledge that the systems and environments in which we work also affect our success. Therefore the policy recommendations included in the table below are designed to address our collective public health concerns, guide the implementation of the strategies proposed in this CHIP, and promote a "health in all things" legislative approach.

CHIP Priority Area	Policy Recommendation(s):
Access to Physical and Behavioral Healthcare	▪ Assure high-quality, affordable, and accessible healthcare services for all. ▪ Implement evidence-based best practices to integrate behavioral health services into primary care.
Social Determinants of Health	▪ Use data-driven, evidenced-based best practices to identify and address health disparities.
Violence Prevention	▪ Advocate for wrap-around preventive services that offer alternatives to incarceration. ▪ Advocate for increased behavioral health resources, particularly youth mental health services.
Healthy Lifestyles	▪ Educate and empower residents to advocate for healthy policies in their communities. ▪ Improve the built environment to ensure healthy and safe options are accessible to all.
Family Health	▪ Advocate for programs that support the wellbeing of the entire family throughout the life course.

ACCESS TO PHYSICAL AND BEHAVIORAL HEALTHCARE

Access to affordable, timely, and seamless healthcare, for both physical and behavioral services, is one of the greatest concerns for residents of New Orleans. While the primary care safety-net in the greater New Orleans area has grown rapidly in the past seven years since Hurricane Katrina increasing its ability to meet community demand, disproportionate rates of the uninsured and underinsured in our community are a persistent challenge. In addition, access to behavioral health services also presents a number of challenges to overcome. The lack of reliable data collected across behavioral health providers severely limits community-wide behavioral health planning and prohibits providers from accurately assessing need in Orleans Parish.



GOALS	OBJECTIVES
Ensure coverage and access for under and uninsured individuals in New Orleans.	▪ Increase the proportion of persons with medical insurance (*Healthy People 2020: AHS-1*)
Ensure access to a seamless, coordinated system of quality behavioral health (mental health and substance abuse) services for all.	▪ Increase the proportion of adults with mental health disorders who receive treatment *(Healthy People 2020: MHMD-9)* ▪ Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year *(Healthy People 2020: SA-8)*

Statement of Need

Access to necessary healthcare services is largely affected by a patient's health insurance status and/or ability to pay. Between 2009 and 2011, the rate of uninsured adults New Orleans rose from 20.2% to 24.1%. For adults under 200% of the Federal Poverty Level (FPL), the percent of uninsured adults 19-64 rose to 35.7%. Currently, the healthcare safety-net in New Orleans ranks in the top 10% nationally and has the capacity to reach 80% of the city's low-income population. Greater New Orleans has 102 access points for uninsured, under-insured, and low-income residents where over 200,000 people receive their care. The network of community clinics in New Orleans has also greatly improved. At present, 18 organizations and 51 clinical sites offer ongoing primary care services in the Greater New Orleans area to meet the growing need.

The Louisiana State University–Health Sciences Center (LSU-HSC) estimated that in December 2011, 21 mental health patients were responsible for 109 emergency room visits to the Interim LSU Hospital (Smith, 2012). One person alone made eight visits. This example illustrates how multiple visits by a small group of individuals can place burden on a health system. In 2010, Kaiser reported that 16% of Orleans Parish residents surveyed had been told by a doctor that they have a serious mental illness, three times the rate in 2006 (5%). Similarly, 16% of Orleans Parish surveyed indicated that they had taken medicine for their problems with emotions, nerves or mental health in the past 6 months, double the rate in 2006.

Background

In the summer of 2011 and spring of 2012, the City of New Orleans, as part of the White House Strong Cities Strong Communities initiative (SC2) began work on two programmatic efforts to understand the current and projected capacity of the behavioral health system and the primary care safety net in the New Orleans metropolitan area. SC2 is a White House initiative that builds partnerships between the federal and local government by bringing federal expertise to help the city identify key projects that will improve the livelihoods of New Orleanians.

With assistance from the U.S. Department of Health and Human Services (HHS) and the Robert Graham Center, NOHD, through the New Orleans Health Access Planning project, developed a comprehensive overview and set of policy recommendations for healthcare access in the New Orleans area. Dr. Karen DeSalvo, Health Commissioner for the City of New Orleans and Dr. Anjum Khurshid from the Louisiana Public Health Institute co-chaired the advisory group of 15 community leaders, from an array of backgrounds, to create a picture of health and healthcare access for the Greater New Orleans area.

Behavioral health was identified as an area in need of additional technical assistance, collaboration, communication, and resources through listening sessions with the community. Mayor Mitchell J. Landrieu requested expertise from the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist with capacity building activities for behavioral health. Through SC2, NOHD and SAMHSA collaborated with the community to develop key strategies to strengthen the behavioral health system.

Objectives and Strategies

Objective 1: Increase the proportion of persons with medical insurance (*Healthy People 2020: AHS-1*)			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
U.S. Census, ACS	79.8%	85%	100%

Strategy 1: Ensure coverage and access to primary care and behavioral health services for under and uninsured individuals in New Orleans and DHH Region 1.			
Activity	**Performance measures**	**Target date**	**Lead Partner(s)**
Increase enrollment in the Greater New Orleans Community Health Connection Medicaid Waiver program	▪ Increase GNOCHC enrollment by 20% to cap of 65,000 people	Dec. 31, 2013	NOHD, 504Healthnet
Work with safety net providers to ensure system readiness for ACA implementation in 2014	▪ Implement a shared services framework for providers ▪ Implement GNOCHC payment schema	Dec. 31, 2013	NOHD, 504Healthnet, safety net providers, LA DHH, LPHI
Educate community residents on opportunities in Affordable Care Act	▪ Number of residents & organizations trained ▪ Number of correspondence with legislators	Dec. 31, 2013	Moving Forward Gulf Coast/Crescent City Media Group

Objective 2: Increase the proportion of adults with mental health disorders who receive treatment *(Healthy People 2020: MHMD-9)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
Louisiana Department of Health and Hospitals, Office of Behavioral Health	Data not currently available	TBD	TBD

Strategy 1: Build capacity of the mental health system in New Orleans			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Perform rapid assessment local of Behavioral Health system	▪ Disseminate assessment to community stakeholders	Dec. 31, 2012	NOHD, Metropolitan Human Services District
Institutionalize utilization data collection methodology for Medicaid clients	▪ Set uniform data collection methods ▪ Get baseline data	Dec. 31, 2012	Magellan Health Services of Louisiana, NOHD, BHIC

Strategy 2: Ensure coordinated, efficient, and accountable trauma response services are available to residents of New Orleans after exposure to violence.			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Connect schools to behavioral health resources for trauma response	▪ Percentage of high risk schools with either an existing crisis plan or that use PREPaRE training to augment their crisis plan	June 2013	NOHD, City of New Orleans, RSD, OPSB
Improve ability of schools to recognize mood/conduct disorders in students and identify supportive services	▪ Number of teachers, social workers, coaches and counselors trained	Ongoing	Institute for Women & Ethnic Studies (IWES)

Objective 3: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year *(Healthy People 2020: SA-8)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
National Survey on Drug Use and Health	2.5%	5%	10%

Strategy 1: Build capacity of substance abuse prevention and treatment services workforce in New Orleans			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Disseminate community needs assessment report	▪ Work with local partners to understand report implications	Dec.31, 2012	Greater New Orleans Drug Demand Coalition
Form substance abuse data workgroup	▪ Convene community partners ▪ Set workgroup priorities	Ongoing	Greater New Orleans Drug Demand Coalition

SOCIAL DETERMINANTS OF HEALTH

Health is influenced by a number of factors beyond our individual responsibility to maintain healthy behaviors and seek necessary medical intervention to treat illness. In fact, the social, physical, environmental, and economic circumstances in which we live greatly affect and in some cases determine our health outcomes. It is important that we conceptualize health disparities and the social determinants of health as those structural and systematic barriers to achieving optimal health outcomes. According to the National Prevention Strategy on Elimination of Health Disparities, "Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion." Addressing the social determinants of health takes a unified approach and benefits the health of all New Orleanians.



GOAL	OBJECTIVES
Create social and physical environments that promote good health for all *(Healthy People 2020)*	▪ Increase collaboration and communication to address the social determinants of health across the Local Public Health System in New Orleans ▪ Increase prevalence of culturally and linguistically competent health communication strategies

Statement of Need

Though slightly over 60% of New Orleanians identify as African American or Black, racial and ethnic groups are unevenly dispersed throughout the city. This uneven distribution often impacts health outcomes in minority communities, not because they are predominantly Black or Hispanic but because of spatial concentrations of higher rates of poverty. Even persons with middle and relatively higher incomes are at greater risk when more of their neighbors are poor[xxxiv]. Poverty is not randomly distributed across the population. Populations with marginal positions in the social structure (i.e., the young, minority, less educated, and women) are more likely to live below the poverty level than those who occupy higher positions in the social structure (e.g., older, white, more educated, and men).

Background

Establishing a coordinated response to addressing the social determinants of health is an emerging portfolio of work for NOHD. With the help of our community partners, we hope to be able to provide more specific targets to measure progress in future community health improvement work.

Objectives and Strategies

Objective 1: Increase collaboration and communication to address the social determinants of health across the Local Public Health System in New Orleans			
Strategy 1: Develop a community-wide framework that addresses elimination of health disparities			
Activity	**Performance measures**	**Target date**	**Lead Partner(s)**
Form a Community Health Improvement Coalition to address the social determinants of health	▪ Research best practice community approaches to addressing health disparities ▪ Develop policy recommendations	Dec. 31, 2014	NOHD
Provide culturally based healing spaces for community members to gather and engage in lifestyle wellness activities.	▪ Number of visits ▪ Number of community programs/services offered	Ongoing	IWES, Ashe' Cultural Arts Center
Objective 2: Increase accessibility of culturally and linguistically competent health communication strategies			
Strategy 1: Partner to develop relevant and timely health communication material			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Form partnership to develop and disseminate health communication materials in Spanish and Vietnamese	▪ Number of materials translated for use by limited English proficient citizens	Ongoing	NOHD, VAYLA, LALAC, Puentes, MQVN, Committee for a Better New Orleans, City of New Orleans
Develop framework to ensure literacy of all health-related materials produced by members of the New Orleans LPHS	▪ Number of organizations adopting recommendations from the framework	Dec. 31, 2015	NOHD, Lindy Boggs National Center for Community Literacy at Loyola University
Educate community members on utility of healthynola.org interface to collect community level data for planning	▪ Number of community education sessions for Healthy NOLA neighborhoods site	Jan. 2018	LPHI

VIOLENCE PREVENTION

Exposure to community violence does not occur in isolation and has long lasting effects on the perpetrators and victims of violent crime. A number of risk factors contribute to one being a perpetrator or victim of violence so it is important to intervene at multiple touch points along the life course of at-risk individuals. Witnesses of community violence and those with prolonged exposure to violence during childhood are more likely to be victims of violence and are at elevated risk of post-traumatic stress disorder (PTSD), depression, anxiety, aggression, and problems in school[xxxv].

GOAL	OBJECTIVES
Implement policies and programs that prevent violence before it occurs, intervene in cases of violence with trauma-informed approaches, and support resiliency and recovery	▪ Reduce adolescent and young adult perpetration and victimization of violent crimes *(Healthy People 2020: AH-11)* ▪ Reduce violence by current or former intimate partners *(Healthy People 2020: IVP-39)*

Statement of Need

In 2011, there were 199 murders in New Orleans. The murder rate in New Orleans, 50.9 murders per 100,000 residents, is ten times the national average and substantially higher than the murder rate in comparable U.S. cities[xxxvi,[i]]. Since 1979, New Orleans has consistently recorded murder rates that, on average, have been seven to eight times higher than the national average. Data collected for 2008 and 2009 indicated that New Orleans experienced homicide at a rate of 56.4 per 100,000 over the two-year period. The city's murder rate is higher than that of other countries such as Mexico, Colombia, and the Democratic Republic of the Congo, all with high levels of violence [xxxvii,[ii]]. In New Orleans, victims and perpetrators of murder were predominately found to be unemployed, African-American males between the ages of 16-25 years; many with previous criminal records and little formal education.

Background

Safety has long been a chief concern among residents of New Orleans. To adequately address this multi-factorial issue as a strategic public health priority we have engaged in a number of community-based planning initiatives. Mayor Mitch Landrieu's top priority is to end the cycle of death and violence on the streets of New Orleans, and to create a culture that celebrates life. Through the NOLA for Life comprehensive murder reduction strategy, the City of New Orleans committed to a public health approach to murder reduction. The city-wide, collaborative strategy outlines initiatives in five main categories:

- Stop the Shooting
- Invest in Prevention
- Promote Jobs and Opportunity
- Get Involved and Rebuild Neighborhoods
- Improve the New Orleans Police Department (NOPD)

By employing this holistic approach to community violence prevention the City of New Orleans hopes to overcome long-standing challenges to achieve its vision to have youth and families flourishing in safe and healthy neighborhoods, with access to quality educational, economic and cultural opportunities that allow them to become self-reliant, self-sufficient and creative human beings capable of giving back to the world.

Objectives and Strategies

Objective 1: Reduce adolescent and young adult perpetration and victimization of violent crimes *(Healthy People 2020: AH-11)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
New Orleans Police Department	41% victims 61% perpetrators	TBD	TBD

Strategy 1: Develop, implement and support multi-disciplinary and data-driven initiatives that address the following four pillars: Prevention, Intervention, Enforcement and Rehabilitation.			
Activity	**Performance measures**	**Target date**	**Lead Partner(s)**
Enhance existing initiatives and support the creation and implementation of new initiatives that are data-driven and multi-disciplinary, with the goal of preventing youth violence	▪ Develop a strategic plan targeting youth violence supported by the National Forum on Youth Violence Prevention	April 2013	City of New Orleans, New Orleans Police Department (NOPD), U.S. Attorney's Office, New Orleans Health Department, RSD
Strategy 2: Ensure coordinated, efficient, and accountable services for victims of violence			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Increase the number of trained professionals with ability to implement evidence-based counseling after exposure to violent crime	▪ Currently under development	Dec. 31, 2014	Behavioral Health Interagency Council (BHIC)
Strategy 3: Develop a policy agenda to support community violence prevention strategies			
Collaborate with community stakeholders to advocate for polices that promote safe, healthy learning environments for youth and families	▪ Disseminate Orleans Parish Place Matters Report ▪ Form sector workgroups to address and implement policy agenda	Ongoing	Orleans Parish Place Matters

Objective 2: Reduce violence by current or former intimate partners *(Healthy People 2020: IVP-39)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
New Orleans Police Department Surveillance	Data not currently available	TBD	TBD

Strategy 1: Identify and prevent domestic violence through additional screening of people receiving support from City of New Orleans and other supportive service providers.			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Pilot the Family Violence Prevention initiative (domestic violence screening program) in local WIC and Healthy Start clinics	▪ Number of employees who receive screening training, booster trainings and training in child development ▪ Number of individuals who receive child welfare and family violence screening at WIC and Healthy Start clinics ▪ Number of individuals referred for family violence assistance programs	Jan. 2013	NOHD, WIC Program, Healthy Start Program, New Orleans Family Justice Center
Implement *Blueprint for Safety* model in New Orleans	▪ Establish vision for the project ▪ Determine baseline and establish measurement targets	Dec. 31, 2015	City of New Orleans, New Orleans Family Justice Center, Catholic Charities

HEALTHY LIFESTYLES

Maintaining a healthy weight through proper nutrition and physical fitness is an important measure of overall good health. Adhering to recommended fitness and nutrition guidelines throughout the life course can help reduce risk of obesity-related conditions like diabetes, stroke, heart disease or hypertension. In many cases, proper weight control techniques can also help with management of chronic disease symptoms which can keep conditions from worsening. In post Hurricane Katrina New Orleans, there have been several initiatives aimed at addressing the food deserts in communities created by a lack of big box grocers returning to the city. To help with the issue of access to fresh fruits and vegetables for all, many community farmer's markets accept WIC and EBT, some local schools have community gardens, and there is also growing community concern and advocacy around consistent implementation of the school lunch program nutritional guidelines. Similarly, physical fitness, particularly among school-aged youth, has garnered a great deal of community support with advocacy efforts around proper implementation of the state of Louisiana requirement for physical education and activity as well as recommendations for out of school time exercise and daily screen time limits. Implementing system level policy changes in addition to advocating personal responsibility in both physical fitness and nutrition will help New Orleans achieve the vision of First Lady Michelle Obama's *Lets Move!* initiative by eliminating childhood obesity in one generation.



GOAL	OBJECTIVES
New Orleans will be a top ten fittest city in the United State by 2018	▪ Decrease the proportion of persons who are overweight and/or obese *(ACSM Fitness Index)* ▪ Increase the proportion of persons who are physically active at least moderately *(ACSM Fitness Index)* ▪ Increase the proportion of persons that eat 5+ servings of fruits and vegetables per day *(ACSM Fitness Index)*

Statement of Need

Data show that in 2010, 35.7% of adults were obese and 16.9% of children were obese – with southern states reporting the highest prevalence of obesity[xxxviii]. Findings suggest that, Orleans Parish has slightly lower prevalence of obese adults (30%) compared to other geographic areas in Louisiana (33%), but both the local and state rates were higher than the national benchmark (25%). Rates of chronic diseases associated with obesity and poor fitness, such as diabetes, coronary heart disease and poor mental health days, also exceed the national average in the New Orleans metropolitan area[xxxix,xl,xli]. Only 19% of Orleans Parish residents consume five servings of fruits or vegetables each day, and 29% of residents are inactive. This parallels substandard environmental factors indicating that access to fresh and nutritious food and recreational facilities in New Orleans is significantly below the national average. The combination of these behavioral and environmental factors translates into an adult obesity rate of 30% and associated rates of chronic diseases such as diabetes and cardiovascular disease that exceed the national average (61% for blacks and 51% of whites).

Background

In February 2011, the City of New Orleans joined First Lady Michelle Obama's *Let's Move!* campaign and committed to ending childhood obesity in one generation. With funding and support from the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity and the Arkansas Center for Health Improvement; we formed the Fit NOLA Partnership with key community partners to help develop a blueprint to achieve this goal. The Fit NOLA Partnership brought together over 100 organizations to envision a fit city for everyone, develop policy recommendations, and design environmental strategies that help make the healthy choice the easy choice. The Fit NOLA Action Blueprint was developed as a result of the groundwork done by the Partnership and serves as a road map for everyone who lives, learns, works and plays in New Orleans to collaborate and take action to improve the nutritional and physical fitness of our community. The Partnership agreed to work toward a set of projects in the first year that would build a foundation for future success and leverage existing resources. Following the recommendations identified in the planning process, a series of work teams focused on core sectors were created to maximize the success of our Partnership. The specific sector-based project-planning phase started at the third forum to move Partnership-wide strategies into actions that will yield significant health and quality of life benefits for our community. Together, we can scale up existing initiatives that are successful and take action to innovate new initiatives that address barriers to healthy nutrition and physical activity. The Fit NOLA Partnership is committed to using our Shared Action Blueprint to help everyone reach a healthy weight and improve the fitness of our community.

Objectives and Strategies

Objective 1: Decrease the proportion of persons who are overweight and/or obese *(ACSM Fitness Index)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
County Health Rankings	64%	45%	25%

Strategy 1: Increase awareness of the Fit NOLA campaign, local nutrition and fitness resources, and the need for policies to promote fitness and health			
Activity	**Performance measures**	**Target date**	**Lead Partner(s)**
Recruit print, television, radio and electronic media members into the partnership	▪ At least 5 members of the media attend partnership meeting	Dec. 31, 2015	NOHD, Fit NOLA Partnership
Develop a core message and logo with input from local children, teens and young adults	▪ Draft message and logo developed ▪ Core message and logo finalized	March 2013	LPHI, NOHD, Fit NOLA Partnership
Launch a Fit NOLA interactive website and social marketing campaign	▪ Fit NOLA website launched ▪ Message and/or materials disseminated	Dec. 31, 2013	LPHI, NOHD, Fit NOLA Partnership
Create print and electronic guide of all existing physical activity and nutrition resources in New Orleans.	▪ Resource guide finalized ▪ Resource guide posted on web	Dec. 31, 2013	NOHD, Fit NOLA Partnership

Objective 2: Increase the proportion of persons are physically active at least moderately *(ACSM Fitness Index)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
BRFSS, Louisiana	41.2%	60%	80%

Strategy 1: Build Capacity of New Orleanians to be physically active			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Create safe environments for everyone to be physically active	▪ Number of sidewalks restored ▪ Number of bike lanes ▪ Number of functioning streetlights	Jan. 2018	Tulane PRC, Parks and Parkways, Public Works, NOHD, Fit NOLA Partnership
Advocate physical break policies and programming in schools	▪ Number of New Orleans schools that meet physical activity requirements	Dec. 31, 2014	Kids Rethink New Orleans Schools, NOHD, Fit NOLA Partnership
Expand NORDC programming options	▪ Number of NORDC programs	Jan. 2018	NORDC, NOHD, Fit NOLA Partnership
Conduct trainings to improve the availability of quality physical activities in schools	▪ Number of training workshops conducted	Jan. 2018	NOHD, Fit NOLA Partnership

Objective 3: Increase the proportion of persons that eat 5+ servings of fruits and vegetables per day *(ACSM Fitness Index)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
BRFSS, Louisiana	16.9%	25%	50%

Strategy 1: Improve access to affordable, nutritious food			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Increase access points to fresh fruits and vegetables in schools	▪ Number of New Orleans schools providing healthy breakfast and lunches based on Healthy, Hunger-Free Kids Act of 2010	Dec. 31, 2016	NOHD, Fit NOLA Partnership
Increase access points to fresh fruits and vegetables in the community	▪ Number of grocers, farmer's markets, mobile farmer's markets in New Orleans	Dec. 31, 2017	NOHD, Fit NOLA Partnership

FAMILY HEALTH

Children born into healthy families and supportive communities are more likely to flourish and become well rounded adults. Parents who seek adequate pre-conception and prenatal care are, in many cases, less likely to suffer poor pregnancy and birth outcomes and more likely to receive necessary medical intervention to help babies thrive even if complications arise. In Orleans Parish, we are working to improve pregnancy and birth outcomes through using an assets-based, family centric framework. By taking an ecological approach, considering the physical and mental health of parents and/or caregivers in addition to socio-economics, we hope to address challenges, provide support, and intervene when necessary to improve outcomes at various points throughout the life course.



GOAL	OBJECTIVES
Design and implement programs to support mothers and fathers so that their families can achieve optimal health and reach their fullest potential.	▪ Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors *(Healthy People 2020: MICH-16)* ▪ Reduce low birth weight (LBW) and very low birth weight (VLBW) *(Healthy People 2020: MICH-8)*

Statement of Need

According to Louisiana Vital Statistics in 2010, there were 4,591 live births and 17 fetal deaths in Orleans Parish. According to the United Health Foundation's 2007 report, Louisiana ranked 49th out to 50 states for its infant mortality rate, which was 9.9 deaths per 1,000 live births. In Orleans Parish, the fetal death rate was 8.8 per 1,000 live births for the same year. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. Low birth weight (LBW) refers to infants who weigh less than 5.5 pounds at birth. Most healthy babies weigh 5.5 pounds by 37 weeks of gestation. Research suggests that there are significant differences in low birth weight across race groups, with minority groups reporting a higher prevalence of LBW. Orleans Parish mirrors that trend with higher low birth weight rates among African Americans in Orleans Parish compared to their white counterparts.

Background

In addition to the ongoing initiatives to improve birth outcomes for all children born in the New Orleans metro area, NOHD will assume the role of community convener through the Healthy Start New Orleans Program to develop a family health partnership framework and strategic planning document. Community partners will take the lead on suggesting policy recommendations and environmental strategies to improve health outcomes in Orleans Parish using a family centric approach. The anticipated planning document will serve as a road map for future family health initiatives in our community.

Objective and Strategies

Objective 1: Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors *(Healthy People 2020: MICH-16)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
LA DHH	12.6%	Increase by 18%	25%

Strategy 1: Provide timely, accurate, culturally competent health education to parents and/or caregivers			
Activity	**Performance measures**	**Target date**	**Lead Partner(s)**
Form Family Health Partnership in Orleans Parish to assess and plan coordinated approach to improving outcomes throughout the life course	▪ Convene partnership ▪ Perform rapid assessment of family health in Orleans Parish ▪ Develop policy recommendations	June 2013	NOHD
Promote message to reduce the number of elective deliveries before 39 gestational weeks	▪ Number of 39 weeks trainings conducted	Ongoing	LA DHH
Increase capacity of teens parents to serve as parenting education resources among their peers	▪ Number of peer educators trained ▪ Number of teen parenting educational sessions held	Ongoing	IWES

Objective 2: Reduce low birth weight (LBW) and very low birth weight (VLBW) *(Healthy People 2020: MICH-8)*			
Data Source	**Current Status**	**Short Term Target (2015)**	**Long Term Target (2018)**
LA DHH	13%	8%	3%

Strategy 1: Strengthen local capacity to address poor birth outcomes in New Orleans			
Activity	**Performance measure(s)**	**Target date**	**Lead Partner(s)**
Expand “Best Baby Zones” program in New Orleans	▪ Number households in targeted neighborhoods participating program ▪ Number of families participating in focus groups	Oct. 31, 2013	NOHD-HSNO, LSUHSC, Hollygrove Community Development Corporation (CDC)

HOW CAN YOU HELP IMPROVE COMMUNITY HEALTH IN NEW ORLEANS?

Community health improvement is not a static process. We promote a Health in All things approach to community health planning and are therefore looking for partners in a variety of sectors interested in partnering across the local public health system in New Orleans to help develop recommendations, implement programs, and evaluate our efforts. If you, or your organization, are the missing partner in the New Orleans CHIP please contact the New Orleans Health Department to get more information about how you can help support our efforts to improve community health in New Orleans. We look forward to working with you!

New Orleans Community Health Department
Community Health Improvement Initiative
1300 Perdido Street, Ste. 8E18
New Orleans, LA 70112
504-658-2500 (p)
504-658-2520 (f)
http://new.nola.gov/health

PLANNING INITIATIVE PARTNERS

The New Orleans Health Department would like to acknowledge all partners and partner organizations that contributed to each of the community-wide planning initiative mentioned in this CHIP.

Community Health Improvement

Steering Committee Members:

- Michelle Alletto, Birth Outcomes Project, Louisiana Department of Health and Hospitals
- Eric Baumgartner, Louisiana Public Health Institute
- Daesy Behrhorst, Louisiana Language Access Coalition
- Theodore Callier, Dillard University
- Nash Crews, Recovery School District
- Lucas Diaz, Office of Neighborhood Engagement, City of New Orleans
- Denise Graves, Micah Project
- Avis Gray, Louisiana Department of Health and Hospitals
- Stephanie Haynes, Greater New Orleans Drug Demand Reduction Coalition
- Corey Hebert, Tulane Hospital
- Ben Johnson, New Orleans Chamber of Commerce
- Calvin Johnson, Metropolitan Human Service District
- Jim Kelly, Covenant House
- Flint Mitchell, Greater New Orleans Foundation
- Tiffany Netters, Office of Public Health, Louisiana Department of Health and Hospitals
- Minh Nguyen, Vietnamese American Young Leaders Association
- Claire Norris, Department of Sociology, Xavier University of Louisiana
- Lindsay Ordower, 504HealthNet
- Kate Parker, Prevention Research Center, Tulane University
- Jamilah Peters-Muhammad, Ashe' Cultural Arts Center
- Thena Robinson-Mock, Kids Rethink New Orleans Schools
- Paul Salles, Metropolitan Hospital Association
- Timolynn Sams, Neighborhood Partnership Network
- Petrice Sams-Abiodun, Lindy Boggs Literacy Center, Loyola University
- Liz Scheer, Baptist Community Ministries
- Denese Shervington, Institute of Women and Ethnic Studies
- Adrian Todd, Kingsley House
- Yvette Wing, Centers for Disease Control and Prevention
- Beverly Wright, Deep South Center for Environmental Justice, Dillard University

Partner Organizations

- Orleans Parish Place Matters
- Moving Forward Gulf Coast/Crescent City Media Group

Access Planning Taskforce:

- Co-Chair, Karen DeSalvo, Health Commissioner, City of New Orleans
- Co-Chair, Anjum Khurshid, Louisiana Public Health Institute
- Leah Berger, Director, Tulane School of Medicine Office of Community Affairs and Health Policy

- Julie Catellier, Director, Southeast Louisiana Veterans Health Care System
- Jonathan Chapman, Executive Director, Louisiana Primary Care Association
- Gerrelda Davis, Director, Bureau of Primary Care, Louisiana Department of Health and Hospitals
- Patrick Dobard, Superintendent, Recovery School District
- Bill Gilchrist, Director of Place-Based Development, City of New Orleans
- Calvin Johnson, Executive Director, Metropolitan Human Services District
- JT Lane, Assistant Secretary for Public Health, Louisiana Department of Health and Hospitals
- Norman McSwain, President, Orleans Parish Medical Society
- Lindsay Ordower, Executive Director, 504HealthNet
- Paul Salles, CEO, Metropolitan Hospital Council of New Orleans
- Timolynn Sams, Executive Director, Neighborhood Partnership Network
- Elizabeth Scheer, Vice President, Health, Baptist Community Ministries

National and Local Partners:

- Andrew Bazemore, MD, MPH, Robert Graham Center
- Anjum Khurshid, PhD, MBBS, MPAff, Louisiana Public Health Institute
- Roderick King, MD, MPH, US Department of Health and Human Services, Health Resources and Services Administration
- Jennifer Rankin, PhD, Robert Graham Center
- Susan Todd, MPAff, US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation
- Lindsay Ordower, 504HealthNet

Fit NOLA Partnership

Steering Committee Members:

- Karen DeSalvo, *Health Commissioner, New Orleans Health Department*
- Julia Bland, *Executive Director, Louisiana Children's Museum*
- David Coffman, *Community Food Security Manager, Second Harvest Food Bank of New Orleans and Acadiana*
- Kevin Dedner, *State and Policy Leader, Robert Wood Johnson Foundation Center to Prevent Childhood Obesity*
- Linda Greco, *Program Account Manager, Southeast United Dairy Industry Association*
- Rhonda Jackson, *Director, Share Our Strength*
- Tionna Jenkins, *Research Associate, Robert Wood Johnson Foundation Center to Prevent Childhood Obesity*
- Flint Mitchell, *Program Officer, Greater New Orleans Foundation*
- Ayame Nagatani Dinkler, *Policy Advisor, New Orleans Health Department*
- Kathryn Parker-Karst, *Assistant Director, Prevention Research Center at Tulane University*
- Pamela Romero, *Nutrition Consultant Coordinator, Louisiana Department of Health and Hospitals*
- Mary Beth Romig, *Director of Public Relations and Special Projects, Office of Mayor Mitchell J. Landrieu*
- Jennifer Ruley, *Pedestrian and Bicycle Engineer, Louisiana Public Health Institute*
- Cheryl Teamer, *President, Teamer Strategy Group*
- Mary Jo Webster, *Director of ServeNOLA, Office of Mayor Mitchell J. Landrieu*
- Jane Wholey, *Director, Kids Rethink New Orleans Schools*

Partner Organizations

- 504HealthNet
- Academy of Nutrition and Dietetics
- Agenda for Children
- Alliance for a Healthier Generation
- American Heart Association
- Aramark
- Baptist Community Ministries
- Bike Easy
- Blue Cross and Blue Shield of Louisiana
- Catholic Charities Archdiocese of New Orleans
- Children's Hospital of New Orleans
- Coca-Cola
- Communities In Schools
- Crimestoppers
- Deveney Communications
- Drive Sports Performance
- Downtown Development District
- Early Childhood and Family Learning Foundation
- East Jefferson General Hospital
- Edible Schoolyard NOLA
- Emeril Lagasse Foundation
- Fairground Triangle Neighborhood Association
- Friends of Lafitte Corridor
- Girls On The Run
- Greater New Orleans Foundation
- Greater New Orleans Pediatric Society
- Gris Gris Lab
- Grow Dat Youth Farm
- Healthcare Journal of New Orleans
- HealthCorps
- Healthy Lifestyle Choices
- Healthy Start New Orleans
- Institute of Women and Ethnic Studies
- Jefferson Parish Public School System
- Junior League of New Orleans
- Kids Rethink New Orleans Schools
- Kingsley House
- Louisiana Academy of Family Physicians
- Louisiana Action for Healthy Kids
- Louisiana Chapter - American Academy of Pediatrics
- Louisiana Children's Museum
- Louisiana Department of Health and Hospitals
- Louisiana Department of Transportation and Development
- Louisiana Dietetic Association
- Louisiana Health Care Commission
- Louisiana Outdoor Outreach Program
- Louisiana Public Health Institute
- Louisiana Restaurant Association
- Louisiana Safe Routes to School
- Louisiana State Medical Society
- LSU Ag Center
- LSU Health Sciences Center
- LSU School of Public Health
- Market Umbrella
- Neighborhood Partnership Network
- New Orleans Ballet Association
- New Orleans Black Nurses Association
- New Orleans Chapter of the LINKS, Inc.
- New Orleans City Park
- New Orleans Department of Public Works
- New Orleans Health Department
- New Orleans Hornets
- New Orleans Kids Partnership
- New Orleans Outreach
- New Orleans Recreation Development Commission
- New Orleans Recreation Development Foundation
- New Orleans Regional Planning Commission
- NIKE
- Ochsner Health System
- Office of Mayor Mitchell J. Landrieu
- Orleans Parish Medical Society
- Orleans Parish School Board
- Partnership for Youth Development
- Pennington Biomedical Research Center
- Picard Center
- Play NOLA
- Playworks New Orleans
- Pontchartrain Chapter of The Links, Incorporated
- Prevention Research Center at Tulane University
- Recovery School District
- Robert Wood Johnson Foundation Center to Prevent Childhood Obesity
- Sankofa Community Development Corporation
- Save-A-Lot
- Second Harvest Food Bank of Greater New Orleans and Acadiana
- Share Our Strength
- Slidell Memorial Hospital
- Social Entrepreneurs of New Orleans
- Southeast United Dairy Industry Association

- Teach for America
- Teamer Strategy Group
- Terrebonne Parish Planning and Zoning
- The Fitness Principle with Mackie Shilstone
- The Renaissance Project
- Thomas Jefferson High School
- Tulane Community Health Clinics
- Tulane University
- Tulane University Dietetic Internship Program
- Tulane University Medical Center
- Tulane University School of Medicine
- Tulane University School of Public Health
- United Healthcare
- United States Department of Agriculture Food and Nutrition Service
- United States Department of Housing and Urban Development
- United States Department of Veterans Affairs
- United States National Park Service
- University of New Orleans Transportation Institute
- Up2Us
- Urban Strategies
- Vietnamese American Young Leaders Association
- Vietnamese Initiative in Economic Training
- Volunteers of America
- Walmart
- Xavier University Department of Sociology
- YMCA of Greater New Orleans
- Youth Run NOLA

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1300 Perdido Street, Ste. 8E18
New Orleans, LA 70112
504-658-2500 (p)
504-658-2520 (f)
http://new.nola.gov/health