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TOURO INFIRMARY

COMMUNITY HEALTH NEEDS ASSESSMENT: EXECUTIVE SUMMARY

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Introduction

Touro Infirmary (Touro) is New Orleans' only community-based, not-for-profit, faith-based hospital. Touro is a 280 staffed bed adult, acute care facility that is part of a three hospital, not-for-profit system including Children's Hospital New Orleans and Interim LSU hospital (e.g., future name will be University Medical Center New Orleans when it opens in 2015). Touro contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). Touro collaborated with outside organizations in the Greater New Orleans region¹ during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process by providing input regarding community health needs (See Page 3).

¹In 2012, Touro joined with eleven members of the Metropolitan Hospital Council of New Orleans (MHCNO), a nonprofit, regional membership and service organization representing hospitals and healthcare organizations in the Greater New Orleans Metropolitan Area to initiate the process of conducting a comprehensive regional Community Health Needs Assessment (CHNA). The collaborative study laid the foundation for individual hospital CHNA's (Individual-level CHNA reports required by the IRS), such as Touro's CHNA. Specifically, the collaborative effort played an important role with obtaining input through conducting over 100 key stakeholder calls in the Greater New Orleans region and facilitating 14 focus groups with over 200 residents.

- Catholic Charities
- Kingsley House
- Delgado-Charity School of Nursing
- Blue Cross Blue Shield
- Acadian Ambulance
- United Way for the GNO Area
- Covenant House New Orleans
- Baptist Community Ministries
- LSUHealth Science Center
- VOA - New Orleans
- Second Harvest Food Bank
- Jefferson Parish Public School System
- Louisiana Association of United Ways
- New Orleans Hornets (NBA team)
- United Healthcare Louisiana
- Humana Louisiana
- Prevention Research Center Tulane University
- St Thomas Community Health Center
- Louisiana Office of Public Health
- JEDCO
- West Jefferson Medical Center
- Entergy
- Gulf Coast Bank and Trust
- American Cancer Society
- NO/AIDS Task Force
- Louisiana Cancer Research Consortium
- American Heart Association
- Susan G. Komen, New Orleans
- New Orleans Health Dept.
- State of Louisiana Leadership
- Jefferson Parish Human Svcs. Authority
- Jefferson Parish Chamber of Commerce
- Hispanic Apostolate Community Services
- Catholic Charities Archdiocese of New Orleans
- Jefferson Parish Sheriff Dept.
- Neonatal Medical Group
- City of Slidell Leadership
- Acadian Ambulance Service
- STPH Community Wellness Center
- St. Tammany West Chamber of Commerce
- St. Tammany Parish Government
- St. Tammany Parish Government
- Greater New Orleans YMCA
- Seniors and Law Enforcement Together (SALT)
- STPH Parenting Center
- St. Tammany EDF
- St. Tammany Parish Fire District 4
- St. Tammany Parish Sheriff's Office
- City of Covington Leadership
- North Shore Healthcare Alliance
- New Orleans Health Dept.
- Ochsner Kenner
- Operations Vineyard Church
- Kenner Kiwanis Board Member
- The Dial Corporation
- City of Kenner Leadership
- St. Charles Community Health Center
- Dept. of Community Services, Archdiocese of New Orleans
- The Plaquemines Gazette
- Daul Insurance
- Algiers Economic Development
- Pickering and Cotogno
- City of New Orleans Leadership
- Institute of Mental Hygiene
- North Shore Rotary Club
- City of Slidell Leadership
- East St. Tammany Chamber of Commerce
- Ochsner North Shore
- Delgado Community College
- LSU Health Science Center, Allied Health
- LSU Health Science Center, Nursing
- Tulane University School of Medicine
- Xavier University, New Orleans
- LSU Health Science Center, Medical Students
- Tulane Medical Center
- Touro Infirmary

This project represents an important initiative to identify and explore the ever changing healthcare landscape. Also, this report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that nonprofit hospitals conduct CHNA's every three years. The CHNA process undertaken by Touro, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the communities served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with senior leadership from the hospital to accomplish the assessment.

Community Definition

While community can be defined in many ways, for the purposes of the CHNA, Tripp Umbach, along with hospital leadership, have chosen to define the Touro community to include 20 zip code areas in three parishes that represent a large majority (80%) of the inpatient discharges. (See Table 1& Figure 1)

Touro Infirmery Community Zip Codes
Table 1

Zip Code	Parish	Zip Code	Parish
70001	Jefferson	70119	Orleans
70005	Jefferson	70122	Orleans
70058	Jefferson	70124	Orleans
70072	Jefferson	70125	Orleans
70113	Orleans	70126	Orleans
70114	Orleans	70127	Orleans
70115	Orleans	70128	Orleans
70116	Orleans	70130	Orleans
70117	Orleans	70131	Orleans
70118	Orleans	70043	St. Bernard

Methodology

Tripp Umbach facilitated and managed a comprehensive regional community health needs assessment on behalf of Touro — resulting in the identification of top community health needs. The assessment process included input from persons who represent the broad interests of the communities served by the hospital facilities, including those with special knowledge and expertise of public health issues and the underserved community.

Key data sources in the regional community health needs assessment included:

- ❑ **Community Health Assessment Planning:** A series of conference calls were facilitated by the consultants and the project team consisting of leadership from Touro.

- ❑ **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed a comprehensive analysis of health status and socio-economic environmental factors related to the health of residents in the defined project area from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, and other additional data sources. (Available upon request)

- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with hospital leadership to identify leaders from organizations that have special knowledge and/or expertise in public health. Such persons were interviewed as part of the regional needs assessment planning process. A series of approximately 100 interviews were completed with key stakeholders in the Greater New Orleans metropolitan area. (Available upon request)

- ❑ **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to assure that community members, including under-represented residents, were included in the needs assessment planning process via two focus groups conducted by Tripp Umbach in the Touro community in October 2012 through the regional process (summaries available upon request). Focus group audiences were defined by the CHNA oversight committee utilizing secondary data to identify health needs and deficits in target populations. The focus group audience included:
 - Women of child-bearing age
 - Senior population (Independent-living)

- ❑ **Identification of top regional community health needs:** Top community health needs were identified by analyzing secondary data, key stakeholder interviews and focus group input. The analysis process identified the health needs revealed in each data source. Tripp Umbach followed a process where the top needs identified in the assessment were supported by secondary data, where available and strong consensus provided by key community stakeholders and focus groups.

- ❑ **Inventory of Community Resources:** Tripp Umbach completed an inventory of community resources available in the service area using resources identified by the hospital facilities, internet research and resource databases. Using the zip codes which define the Touro community (refer to Table 1 presented on page 5), more

than 175 community resources were identified with the capacity to meet the three community health needs identified in the Touro CHNA.

- ❑ **Final Regional Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and an identification of top health needs as required by the IRS.

Key Terms:

- ❑ **Demographic Snapshots:** A snapshot of the Touro community definition compared to parishes and state benchmarks.
- ❑ **Community Need Index Analysis (CNI):** Because the CNI considers multiple factors that are known to limit health care access, the tool provides an accurate and useful assessment method at identifying and addressing the disproportionate unmet health-related needs of neighborhoods (zip code level). The five prominent socio-economic barriers to community health quantified in the CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socio-economic barriers to community health utilizing a 5 point index scale where a score of 5 indicates the greatest need and 1, the lowest need.
- ❑ **County Health Rankings:** Each parish receives a summary rank for 37 various health measures associated with health outcomes, health factors, health behaviors, clinical care, social and economic factors, and the physical environment.
- ❑ **The Prevention Quality Indicators index (PQI)** was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the Touro region and Louisiana. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. The quality indicator rates are derived from inpatient discharges by zip code using ICD9 diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

Key Findings

The goal of the assessment is to identify the health needs of the communities served, develop a deeper understanding of these needs and identify community health priorities.

Tripp Umbach's independent review of existing data and in-depth interviews with stakeholders representing a cross-section of agencies and focus group input resulted in the identification of three key health needs in the Touro service area that are supported by secondary and/or primary data. The stakeholder and focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the service area of Touro. Key stakeholder and focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.) and therefore is not factual and inherently subjective in nature. Key stakeholder and focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities.

Touro is in a unique position to identify and address health needs of their communities, especially as those needs relate to the provision of acute, adult care. The following executive summary provides an overview of the needs that were identified through the CHNA process, which directly affects adult health and well being. Within the context of broader community health needs, Touro Infirmary will focus its implementation planning efforts on adult health needs. Finally, as required, all needs that are presented in this assessment will be either addressed by Touro or referred to existing providers as appropriately fits their mission and available resources; also displayed through the implementation planning process.

What follows is a collective summary of the substantial issues and concerns that were discussed by key stakeholder and focus group audiences and where relevant, supported by secondary data.

Needs identified include (not listed in any specific order):

- 1) Access to healthcare and medical services (i.e., primary, specialty, preventive, and mental)
- 2) Access to community/support services to sustain a healthy and safe environment
- 3) Promotion of healthy lifestyles and behaviors (specific focus on chronic disease)

Tripp Umbach used CNI scores, the PQI index, and County Health Rankings to identify barriers and potentially avoidable hospitalizations as part of the CHNA. These areas present the highest community health risk as they have the greatest barriers to health care and generally have the poorest health among the region. Also, for instance, factors such as educational attainment are a very important measure in community health analysis as it is related to many other health determinants, such as: occupation, income, access to healthcare, access to healthy food and recreational options, and ability to make healthy decisions.

Data included in the secondary data analysis was collected and analyzed between April 2012 and August 2013. During this time, the St. Bernard Parish Hospital opened a new medical office building with 15 individual physician offices to run private-practices along with the St. Bernard Community Health Center. While this new medical office building may have an impact on community health in the area, the opening of this medical office building occurred after the data was collected and analyzed for this CHNA report.

Below is a general outlook of the Touro service area (e.g., as defined for the purposes of this CHNA report) based on secondary data analysis conducted during the CHNA process that includes data on age, race, income, and educational attainment rates.

- ❑ The Touro service area, along with Orleans and St. Bernard Parishes, and Louisiana project population increases within the next five years. Specifically, the Touro service area shows a projected population increase at a rate of 10.9% by 2017 (i.e., more than 57,000 more residents in five years). This rate is one of the highest compared to the other hospitals in the region.
 - ❑ Compared to the other parishes in the Touro community, St. Bernard Parish shows the highest projected percentage population increase of 26.7% by 2017; however, with a much smaller total population (39,646) than the other parishes (approx. 400,000) this is only an increase in the total population of +10,575 residents.
 - ❑ Orleans Parish shows a high projected percentage rise in population as well as a high number rise in population (16.8%, +61,425 residents).
 - ❑ Jefferson Parish shows a projected decline in population at a rate of 4.6%, 19,455 residents.
- ❑ The Touro service area shows higher rates for middle-aged residents (i.e., aged 25 to 64) and lower rates of younger and older residents (i.e., aged 24 and younger or 65 and older) as compared with the state of Louisiana.
 - ❑ 18.4% of the residents in the Touro service area are aged 0-14 (i.e., approx. 96,912 youth).

- ❑ 12.2% of the residents in the Touro service area are aged 65 and older (i.e., approx. 64,256 older residents).
- ❑ The Touro service area shows a larger percentage of the population as Black, Non-Hispanic (49.3%) than White, Non-Hispanic (39.1%) residents.
 - ❑ Additionally, 7% of the Touro service area population is Hispanic; this is more than the state rate (4.6%).
- ❑ 16.2% of residents in the Touro service area do not have a high school (HS) degree. While this rate is lower than the rate seen across the state (18.4%), it is still nearly one in every six residents without a HS degree.
- ❑ The Touro service area shows an average annual household income level at \$57,706; higher than the state at \$55,855.
- ❑ The overall unemployment rate for the Touro service area is 10.8%.
- ❑ The overall uninsured rate for the Touro service area is 18.4%.

A summary of the top needs in the Touro CHNA follows:

1. ACCESS TO HEALTHCARE AND MEDICAL SERVICES (I.E., PRIMARY, SPECIALITY, PREVENTIVE, AND MENTAL)

Underlying factors: The need for access to affordable healthcare services, including specialty services, mental health services, and health prevention services was identified by primary input from community stakeholders and focus group participants and supported by secondary data. The lack of receiving adequate levels of healthcare, which can be for various reasons, including a lack of health insurance due to affordability and navigation issues, and/or provider shortages, leads to resident’s lack of preventive care and eventually can lead to the need for expensive, advanced stage medical services.

- ✓ **Areas of specific focus** identified in the needs assessment include:
 - *Access to care: including primary, specialty, and preventive*
 - *Health insurance coverage*
 - *Physician shortage*
 - *Access to mental health services*

2. ACCESS TO COMMUNITY/SUPPORT SERVICES TO SUSTAIN A HEALTHY AND SAFE ENVIRONMENT

Underlying factors: Underlying factors identified by primary input from key stakeholders and focus group participants: Need for access to community/support services. Participants believed there is a need for programs and services to support healthy lifestyles. While community services supporting residents are available, stakeholders and focus group participants indicated there may be a gap between the availability of services and access to these services due to various factors, including lack of public transportation, financial barriers, lack of adequate dissemination of information, etc. The number of community services can be further ascertained through existing directories and the development of a provider inventory, while access to these services by community members is not always quantified by secondary data.

Areas of specific focus identified in the needs assessment include:

- *Community support infrastructure*
 - *Access to public transportation*
 - *Lack of support from the education system*
- *Economic challenges*

3. PROMOTION OF HEALTHY LIFESTYLES AND BEHAVIORS (SPECIFIC FOCUS ON CHRONIC DISEASE)

Underlying factors: identified by secondary data and primary input from community stakeholders: Need for improved promotion of healthy lifestyles and behaviors (specific to chronic and infectious diseases). Stakeholders perceived the health status of many residents to be poor due to various factors such as, limited education on how to promote healthy living. Specifically, stakeholders referenced the increase of chronic and infectious diseases (i.e., obesity, diabetes, and HIV/AIDS). Stakeholders and focus group participants discussed accountability issues that are coupled with lack of awareness and education. Stakeholders and focus group participants focused their discussion on target populations such as the underserved/uninsured, children and elderly, and the working poor.

Areas of specific focus identified in the needs assessment include:

- *Prevention and health education with a focus on prevention of chronic Diseases – especially diabetes and obesity*
- *Resident accountability*

Conclusions and Recommended Next Steps

The majority of community needs identified through the Touro CHNA process are not directly related to the provision of traditional medical services provided by community hospitals. However, the top needs identified in this assessment do “translate” into a wide variety of health related issues that may ultimately require hospital services.

Common themes throughout the assessment speak to the need to increase access to affordable healthcare services, while simultaneously building a culture that supports healthy behaviors both at the individual and community levels. Larger scale issues like healthcare funding and the organization of public service agencies has been found to have a trickledown effect on neighborhoods and individuals.

For example, the average CNI score for the Touro service area is 4.2; this score falls above the average for the scale (3.0) and above 4.0 indicating a significant number of barriers to healthcare access for the Touro service area. Specifically, zip code areas 70113, 70117 and 70119, all in New Orleans, LA, report the highest CNI scores for the Touro service area at 5.0 (i.e., worst possible for the scale). These areas present the highest community health risk as they have the greatest barriers to healthcare and generally have the poorest health among the region. Additionally, an increase in residents who are under/unemployed ultimately causes a decrease in their purchasing power. Individuals and families, including children, living in poverty is a large concern for certain areas of the region. Economic barriers often lead to the lack of preventive care, resulting in the need for more serious hospital services when care is ultimately provided.

Stakeholders and focus group participants perceived a decrease in available community services (i.e., public transportation, support services, such as preventive education outreach, etc.) potentially due to funding cuts. Furthermore, stakeholders and focus group participants mentioned they felt there is a lack of healthy living options which can ultimately lead to inadequate diets contributing to chronic health conditions and eventually, if not properly treated, more serious health conditions.

Needs identified include (not listed in any specific order):

- 1) Access to healthcare and medical services (i.e., primary, specialty, preventive, and mental)
 - ✓ **Areas of specific focus** identified in the needs assessment include:
 - *Access to care: including primary, specialty, and preventive*
 - *Health insurance coverage*
 - *Physician shortage*
 - *Access to mental health services*

2) Access to community/support services to sustain a healthy and safe environment

✓ **Areas of specific focus** identified in the needs assessment include:

- *Community support infrastructure*
 - *Access to public transportation*
 - *Lack of support from the education system*
- *Economic challenges*

3) Promotion of healthy lifestyles and behaviors (specific focus on chronic disease)

✓ **Areas of specific focus** identified in the needs assessment include:

- *Prevention and health education focused on prevention of chronic diseases – Especially diabetes and obesity*
- *Resident accountability*

Touro, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. Touro currently provides numerous services throughout the study area, but also recognize it is vital that ongoing communication and a strategic process follow this assessment. Collaboration and partnerships are strong in the region and Touro understands it is important to expand existing partnerships and build additional partnerships with multiple regional organizations to develop strategies to create a plan to address the top identified needs. There are consistent areas of focus in the region as it relates to improved access to healthcare, behaviors that impact health, and community support services. The area is faced with poverty, chronic illness, limited educational attainment in some areas, mental health issues and substance abuse. Strategic discussions among hospital leadership as well as regional leadership will need to consider the interrelationship of the chronic issues facing the area, specifically obesity. It will be important to determine the cost effectiveness, future impact and limitations of any best practices methods. Implementation plans will give top priority to those strategies that will have the greatest influence in more than one need area to effectively address the needs of residents. Tripp Umbach recommends the following actions be taken by Touro in close partnership with community organizations over the next four to six months.

Additional data and greater detail related to an inventory of available external resources within Touro's defined service area, that may provide programs and services to meet such needs is available upon request.

Recommended Action Steps:

- ❑ Results are presented widely to community residents (i.e., made available via the internet through the hospital website).
- ❑ Take an inventory of available resources in the community that are available to help address the top community health needs identified by the community health needs assessment.
- ❑ Implement a comprehensive “grass roots” engagement strategy to build upon the resources that already exist in the communities and the energy of and commitment of community leaders that have been engaged in the community health needs assessment process.
- ❑ Attraction of outside funding and implementation of actions to address the top health needs on a regional level.
- ❑ Work at the hospital-level and with local participating organizations to translate the top identified community health issues into individual-hospital and community-level strategic planning and community benefits programs.
- ❑ Within three years’ time conduct an updated community health needs assessment to evaluate community effectiveness on addressing top needs and to identify new community needs.