West Jefferson Medical Center (WJMC) conducted and recently completed a comprehensive Community Health Needs Assessment (CHNA). The CHNA Report 2013 was accepted by the WJMC Board of Directors on September 23, 2013.

**WJMC Mission** - West Jefferson Medical Center is dedicated to providing quality care in a comforting and cost-effective manner.

**WJMC Vision** - West Jefferson Medical Center will optimize the health of our community now and in the future.

**WJMC History** - In the early 1950s, a group of citizens led by the late Joseph Massony, M.D. and the late George Fonseca took the first steps toward developing a small hospital to serve the citizens on the West Bank of Jefferson Parish. Founded April 11, 1956, West Jefferson Medical Center opened its doors in 1960. Today, West Jefferson is a full service 427-bed hospital in the heart of the West Bank of Jefferson Parish continuing its distinguished history as the major provider of healthcare for citizens of the West Bank community. Programs span preventive, emergent, acute and rehabilitative services as well as wellness. During the course of the completion of the CHNA, the Medical Center has been engaged in a Board-led initiative to become part of a larger system to ensure its viability to serve the community for generations to come.

**CHNA** - This project represents an important initiative to identify and explore the ever changing healthcare landscape and local community needs. The goals of the CHNA are to provide a further understanding of the health needs of our community and service area, guide the collaborative planning efforts in programs for the next three years and to serve as a basis for action implementation strategy that addresses prioritized needs. 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 WJMC, 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 this report, the West Jefferson Medical Center region has been defined to include 8 zip code areas in Jefferson Parish that hold a large majority (80%) of the inpatient discharges. (See Figure 1 & Table 1)

West Jefferson Medical Center Community Zip Codes

Table 1

<table>
<thead>
<tr>
<th>Zip Code</th>
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<td>70358</td>
<td>Jefferson</td>
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*Zip code areas 70054, 70059, 70073, and 70096 are P.O. Box areas only; not included in the analysis as data is not collected for P.O. Box zip code areas.*
West Jefferson Medical Center Community Map

Figure 1
Consultant Qualifications

West Jefferson Medical Center contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 21 years. Today more than one in five Americans lives in a community where Tripp Umbach has completed a community health assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books[^1] on the topic of community health and has presented at more than 50 state and national community health conferences.

A Guide for Implementing Community Health Improvement Programs:  
Project Mission

West Jefferson Medical Center completed a comprehensive CHNA in the Jefferson Parish area to better understand and plan for the current and future health needs of the communities it serves. West Jefferson Medical Center’s assessment especially includes the health priorities identified and/or perceived as the most pressing in the hospital’s primary service area.
The objective of this assessment was to analyze traditional health-related indicators as well as social, demographic, economic and environmental factors. The overall objective of the CHNA is summarized by the following areas:

- Obtaining information on population health status as well as socio-economic and environmental factors,
- Assuring that community members, including under-represented residents, were included in the needs assessment process,
- Identifying key community health needs within the hospital’s community along with an inventory of available resources within the community that may provide programs and services to meet such needs, and
- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA).
Methodology

Tripp Umbach facilitated and managed a comprehensive regional community health needs assessment on behalf of West Jefferson Medical Center — resulting in the identification of key 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.

**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 West Jefferson Medical Center.

- **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 comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the defined project area from existing data sources such as state and county/parish public health agencies, the Centers for Disease Control and Prevention, and other additional data sources. Focus group audiences were defined by hospital leadership utilizing secondary data to identify health needs and deficits in targeted populations. Focus group audiences for the local report purpose included: Senior Population (Independent Living) and Vietnamese Senior Population. The Medical Center verified and/or supplemented the secondary data with consultations with the local economic development group, the Area Agency on Aging and the area’s public school system.

- **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 also supported by secondary data, and where available a strong consensus provided by key community stakeholders and focus group participants.

- **Inventory of Community Resources:** Tripp Umbach completed an inventory of regional community resources available in the West Jefferson Medical Center service area using resources identified by the hospital facility, internet research and resource databases. These were further updated by the Medical Center following
calls to community organizations and assistance from internal leaders in key service areas including the emergency department and social services. Using the zip codes which define the West Jefferson Medical Center community (refer to Table 1 presented on page 2) community resources were identified with the capacity to meet the community health needs identified in the West Jefferson Medical Center 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 West Jefferson Medical Center 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 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 county/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 West Jefferson Medical Center 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 ICD diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.
Key Community Health Needs

Tripp Umbach’s independent review of existing data and in-depth interviews with stakeholders, representing a cross-section of agencies, resulted in the identification of three key health needs in the West Jefferson Medical Center service area that are supported by secondary and/or primary data. Needs identified include 1) ACCESS TO HEALTHCARE AND MEDICAL SERVICES (PRIMARY, PREVENTATIVE, AND MENTAL), 2) ACCESS BARRIERS TO COMMUNITY/SUPPORT SERVICES and 3) ACCESS BARRIERS TO HEALTHY LIVING OPTIONS AND RESIDENT ACCOUNTABILITY ISSUES (not listed in any specific order).

The CHNA provides for further understanding of the health needs of our community and service area, is a guide for our collaborative planning efforts for the next three years and will help to serve as a basis for action implementation strategies that address prioritized needs in community and service programming.

A summary of the top three needs in the West Jefferson Medical Center service area follows:

1. ACCESS TO HEALTHCARE AND MEDICAL SERVICES (E.G., PRIMARY, PREVENTATIVE, AND MENTAL)
Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need/Perceived Need for access to healthcare and medical services (e.g., Primary, Preventative, and Mental)

Summary of Key Secondary Data Points in Reference to: 1.) Access to Healthcare and Medical Services:
- The average CNI score for the WJMC service area is 4.1; this score falls above the average for the scale (3.0), and above a score of 4.0 indicating a significant number of barriers to healthcare access for zip code areas within the WJMC service area. The zip code area 70053 in Gretna, LA reports the highest CNI score in the WJMC service area at 4.8 (5.0 being the worst possible for the scale). Gretna also shows 4 of the 9 highest CNI measures of the CNI score; 23.8% elderly living in poverty, 30.7% children living in poverty, 16.6% uninsured, and 50.8% residents rent their home.
- It is important to note that the CNI scale range is from 1.0 to 5.0 and the WJMC service area CNI score range is 3.2 to 4.8 (moderate to high scores, no score of 1.0). These areas present levels of community health risk as they have the greatest barriers to health care and generally may have the

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1 CNI quantifies five socio-economic barriers to community health utilizing a 5 point index scale where 5 indicate the greatest need and 1 indicates the lowest need.
2 The five prominent socio-economic barriers to community health quantified in CNI include: Income, Culture/Language, Education, Insurance, and Housing.
poorest health among the region. The average CNI score for the scale is 3.0; therefore, all 8 of the zip code areas within the WJMC service area fall above the average indicating average or above average need.

- Specifically:
  - Lafitte (70067) reports the highest rate of residents without a high school diploma (35.1%).
  - More than one in every 10 residents of Westwego (70094) is unemployed.
  - Zip code area 70053 reports the highest score for the WJMC service area (4.8) indicating significant barriers to healthcare access. Zip code area 70094, while not the highest CNI score, also reports significant barriers to healthcare access with a CNI score of 4.6.
  - Zip code areas 70067 and 70358 report the lowest CNI scores for the WJMC service area at a score of 3.2. While this is the lowest for the WJMC service area, it is still above the average for the scale (3.0) indicating above average number of barriers to healthcare access.
  - More than half of single mothers with children in Westwego (70094) are living in poverty (50.3%).

- The service area shows a very slight trend toward a younger population; higher rates of residents aged 34 and younger than is seen for Jefferson Parish or Louisiana. However, for the parish/county we see a **steady decline in the estimated percentage of the population that is under the age of 20 (from 2005 to 2025)** and a **steady rise in the estimated percentage of the population that is 65 and older (from 2005 to 2030)**.
  - 21.4% of the residents in the WJMC service area are aged 0-14 (approx. 39,730 youth); this rate is higher than the rate seen across the state.
  - 11% of the residents in the WJMC service area are aged 65 and older (approx. 20,422 elderly); this rate is lower than the rate seen across the state.
  - The Medical Center’s community relations met with local public school system liaison and further determined population trend for youth negligible for community as was evidenced by recent school consolidations in local district.

- Unlike Jefferson Parish whole or the state of Louisiana, the WJMC service area shows a higher rate of Black, Non-Hispanic residents than White, Non-Hispanic residents (41.3% and 40.9% respectively).
  - More than 10% of the population of the WJMC service area is Hispanic.
• Nearly three quarters of the population of Harvey (70058) are a minority population (71.9%).

Lafitte (70067) reports the highest rate of residents without a high school diploma (35.1%). 22% of residents in the WJMC service area do not have a high school degree. This rate is higher than the rate seen for Jefferson Parish (17.2%) and the state of Louisiana (18.4%).

• The WJMC service area shows a much lower annual household income level at $54,021 than is seen for Jefferson Parish ($61,399). However, the average annual household income value for the WJMC service area is closer to but still lower than that seen for the state of Louisiana ($55,855).

• 16.1% of households of the WJMC service area report earning less than $15,000 per year. This rate is higher than is seen for Jefferson Parish (13.7%), but lower than is seen for the state (19.1%).

Gretna shows 4 of the 9 highest CNI measures of the CNI score, including, 23.8% elderly living in poverty, 30.7% children living in poverty, and 16.6% uninsured.

• Jefferson Parish shows the highest rate for Medicare coverage (9.5%) across the study area parishes.

• More than one in every 10 residents of Westwego (70094) is unemployed.

Congestive heart failure and diabetes are examples of diseases where preventive treatment and education play a vital role in maintaining health.

• PQI measures are higher than is seen for the state, indicating conditions in which the zip code areas in the WJMC service area report higher numbers of preventable hospitalizations than the state. These include: Congestive Heart Failure, Adult Asthma, Lower Extremity Amputation, Short- and Long-Term Complications of Diabetes, Perforated Appendix, Urinary Tract Infections (UTI), Hypertension, Chronic Obstructive Pulmonary Disease, and Angina without Procedure.

• For many of the PQI measures in which the WJMC service area shows higher rates than the state, it also shows higher rates than is seen for Jefferson Parish. This tells us that the zip code areas within the specific WJMC service area report higher rates of preventable hospitalizations than the overall parish and the state.

• All of the parishes in the study area report at least 20% of their population aged 16 and older having been diagnosed with high blood pressure.
Stakeholder interview findings support secondary data that residents’ access to healthcare and medical services, including preventative services and information regarding awareness of said services, are important community health priorities.

Community stakeholders perceived mental health and an increase in chronic disease such as hypertension, diabetes and obesity as the top trending health needs regionally. Some of the other health needs mentioned often by stakeholders were a lack of healthy lifestyles, accessible healthcare for the under/uninsured, and perinatal issues (i.e., the rate of pre-mature births and infant mortality). Additional health needs mentioned included a lack of prevention education/preventive care, heart disease, drug and alcohol abuse, and cancer rates.

The more than 100 stakeholders interviewed identified the following specific problems and/or barriers throughout the region that are in relation to the aforementioned need 1) Access to healthcare and medical services (e.g., Primary, Preventative, and Mental) and/or perceptions thereof:

- **Inaccessible healthcare perception:**
  - There is a lack of affordable health insurance/coverage throughout the region.
  - There is a lack of access to quality primary care (i.e., 24 hr. clinics) throughout the region.
  - There is a shortage of healthcare providers/specialists throughout the region.
  - Insurance barriers along with the ability to have healthcare coverage are an issue.
  - There is a lack of access to preventive care throughout the region.
  - Hospital competition creates barriers to coordination of care.
  - The amount of time it takes to secure healthcare can create barriers to residents.
  - There are not equal resources for all to access healthcare, including medication in some communities.
  - Not all medical records are computerized throughout the region.

- **Perceptions that some residents in the community are unhealthy and uneducated on healthy living:**
  - Some specific health issues throughout the region mentioned were; diabetes, obesity, HIV/AIDS, cancer, heart disease, homelessness, homicide by firearm, and strokes.
  - Some residents are living unhealthy lifestyles and do not have an appropriate diet.
  - There is a lack of knowledge of primary prevention and good health behaviors.
There is a lack of information/outreach on what resources are available in the community to help residents live healthy.

Behavioral health is a concern throughout the community (i.e., stress, smoking, alcohol and drug addiction).

There is a lack of resources to address cultural barriers when dealing with the navigation of healthcare services.

There is limited access to recreation/fitness facilities in some communities.

Focus group participants from both focus groups felt barriers to access of healthcare and medical services, specifically, primary, preventative and mental health services, existed. Specifically mentioned were the following:

Vietnamese seniors perceived preventive health and education services provided by medical facilities (i.e., hospitals, private practitioners, etc.) in their community to be limited in the areas of co-pays for medical services, process to secure under/uninsured medical care, cost of prescription medication, bi-lingual services, specialist services and resident avoidance of medical facilities/screenings.

Specifically:

- **Cultural Barriers:** Participants perceive language barriers are the biggest concern. The group agreed they hesitate reaching out for help due to this barrier. Participants believed language barriers prevent them from explaining their illness/health concerns and vice versa, as it is very difficult to understand the healthcare professionals. Participants believed effective verbal and nonverbal communication can influence positively the quality of the healthcare seeking experience as well as treatment acceptance and adherence, just as ineffective communication can negatively affect the quality of care due to cultural/language barriers. Many participants, due to cultural and language barriers, feel uncomfortable obtaining healthcare services and a majority of participants perceived they have to pay for an interpreter to be present at their appointments and many do not have the funds to do so.

- Specifically mentioned, in reference to cultural barriers, including a lack of bi-lingual preventative outreach; Vietnamese participants believed a significant disparity exists in women's health screenings. Participants shared that some Vietnamese women seldom have Pap and breast exams done because of fears regarding invasion of privacy,
embarrassment, and lack of knowledge on cervical, ovarian and breast cancer in the community. Also, participants believed a significant disparity exists in men’s health screenings, particularly with prostate cancer screenings for some of the same reasons such as invasion of privacy and lack of knowledge in the community.

- Overall, participants perceived there is a lack of healthcare specialists that are bi-lingual (e.g., perceived lack of mental health providers, dentists and optometrists).

- **Preventative Education and Outreach:** Participants believed there is a lack of preventative education within their communities. Participants perceived there aren’t healthcare professionals/organizations that come into their communities to discuss preventative care (i.e., screenings, health fairs, women’s care such as breast exams, men’s care such as prostate exams, etc.). Participants perceived a lack of overall education throughout the region, which inhibits their awareness, specifically with health-related matters. For example, a majority of participants tend to use the emergency room for non-emergencies because of their lack of knowledge on where to go for treatment. In relation to the aforementioned statement, participants perceived a lack of services (i.e., urgent care clinics) for residents in their community. Participants believed there aren’t any available clinics within their communities; they are only aware of the hospitals and are using the emergency rooms for non-emergencies and experiencing long wait times because of overcrowding.

- Specifically, participants believed among the Vietnamese community, the concept of preventive medicine is not generally recognized, especially if a condition is not accompanied by symptoms. However, also mentioned, participants believed they have to rely on their family members (i.e., children) to take them to appointments and to help with obtaining the proper education on preventative services and care, but they are not always available.

- **Insurance Coverage/Affordability:** Participants were under the impression the process required to secure uninsured medical care can take several weeks to complete, which participants believed makes immediate medical appointments
difficult to secure. Also, participants were under the impression some residents with limited incomes may have to choose between healthcare costs (i.e., co-pays, prescriptions, health insurance, etc.) and other basic necessities (i.e., food, utilities, etc.), which participants believed often limits their access to healthcare.

Seniors (i.e., Assisted Living) perceived that access to primary care and mental health services in their communities may be limited in the areas of affordability, accessibility, psychiatry, bedside manner, transportation, and availability of services.

Specifically:

- **Insurance Coverage/Affordability:** Overall, participants were concerned with the cost of healthcare. Participants stated their deductibles continue to rise every year and they are frustrated because some insurance companies are not accepting Medicare and it is hard for them to receive necessary healthcare services. Specifically, participants stated reimbursements for some hospitals are taking too long (i.e., 6 months or more) and this is why their Medicare is being turned away. Participants also spoke of confusing paperwork to register for free clinics or Medicaid. Participants mentioned, while there are some larger hospitals in the area, they believe they do not provide services for low-income individuals and the services that are available at each hospital are limited.

- Participants voiced specific concerns about handling serious health concerns (i.e., cancer) in which they believe many doctors will not see patients who have Medicare, even if they have supplemental insurance along with the Medicare. Specifically, participants felt some doctors limit the number of Medicare patients that they will accept due to the reduced insurance payments that they will receive from Medicare. Lastly, participants expressed concern about having to file claims against their insurance companies to pay for their expensive medical procedures.

- **Mental Health:** Participants stated mental health is a huge concern in the community. Specifically, participants felt their concern is with the limited amount of mental health services and mental health providers throughout the region.
Participants stated, not only is there a lack of access to mental health services, but there is a lack of affordable health insurance for people to receive necessary care. Participants stated there are not enough resources to meet the demand for mental health services causing gaps in service provision (i.e., counseling for uninsured adult and geriatric populations). Participants believed people are being turned away from mental health clinics because they don’t have insurance. Additionally, participants felt there are a lot of people dealing with mental health issues throughout the region and they self-medicate themselves with drugs or alcohol because of the lack of services and/or health insurance. Due to a lack of resources within the community, participants identified the issue that many of the individuals from the current mental health facility may have to be cared for at Mandeville and the hospital staff would have more difficulty in handling mental health patients as it is not their specialty at the general hospital.

- Participants also expressed concern for the individuals discharged from the mental health facility because they believe many of them will end up in prison due to limited resources.

- **Accessibility:** Participants stated it is more convenient for some patients to use the emergency room than Urgent care because of the distance to the facility coupled with very limited transportation options. Participants mentioned there have been community hospitals in their area in the past that have closed, reopened and closed again. Prior to Hurricane Katrina, their community had a handful of community hospitals/clinics allowing residents more healthcare options in their backyards. (i.e., Eastern New Orleans area). Participants believed for those who do receive healthcare services some are unable to receive appropriate follow-up care because of the lack of transportation to obtain the services. Also, participants were concerned about the limited transportation options for handicapped individuals.

- Participants identified issues with poor availability of doctors when scheduling an appointment. One individual cited a 2-month wait to get a check-up. Participants were concerned that the long waits may cause themselves or others to choose not to obtain preventive care.
• Some participants expressed concern with seeing a nurse or resident when they specifically scheduled an appointment to see their doctor. Participants stated there are limited doctors and specialists in the region. Participants felt it takes a long time to see a specialist because there is a lack of specialists in the region.

• Outreach: Participants mentioned they have some concerns with the lack of bedside manner by some doctors. The participants informed us some doctors use too much technical medical terminology and it is hard for them to understand.

• Also, participants identified concerns that some medical professionals do not inform their patients of all available resources for reduced medications or alternative healthcare methods. Participants were under the impression there are alternative healthcare options that their doctors may not inform them of and that it is up to them to seek such alternative avenues.

2. ACCESS BARRIERS TO COMMUNITY/SUPPORT SERVICES
Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for access to community/support services. The number of community services can be ascertained through existing directories and the development of a provider inventory, while access to these services by community members is not directly quantified by secondary data.

Summary of Key Secondary Data Points in Reference to: 2.) Access to Community/Support Services:

- The WJMC service area shows a projected population decline at a rate of 4.4% by 2017 (i.e., more than 8,000 residents in five years). The WJMC service area is the only hospital service area that shows a projected population decline as compared with the other hospital service area included in the MHCNO study.

- The WJMC service area shows a very slight trend toward a younger population; higher rates of residents aged 34 and younger than is seen for Jefferson Parish or Louisiana.
• 21.4% of the residents in the WJMC service area are aged 0-14 (approx. 39,730 youth); this rate is higher than the rate seen across the state.

Unlike Jefferson Parish or the state of Louisiana, the WJMC service area shows a higher rate of Black, Non-Hispanic residents than White, Non-Hispanic residents (41.3% and 40.9% respectively).

22% of residents in the WJMC service area do not have a high school degree. This rate is higher than the rate seen for Jefferson Parish (17.2%) and the state of Louisiana (18.4%). The WJMC service area shows the lowest rate of residents with a Bachelor’s Degree or higher (14.3%) compared with Jefferson Parish (23.2%) and the state (21.1%).

• 16.1% of households of the WJMC service area report earning less than $15,000 per year. This rate is higher than is seen for Jefferson Parish (13.7%) but lower than is seen for the state (19.1%).

The zip code area 70053 in Gretna, LA reports the highest CNI score in the WJMC service area at 4.8 (e.g., 5.0 being the worst possible for the scale). Gretna also shows 4 of the 9 highest CNI measures of the CNI score; 23.8% elderly living in poverty, 30.7% children living in poverty, 16.6% uninsured, and 50.8% residents rent their home.

• More than one in every 10 residents of Westwego (70094) is unemployed.
• More than half of single mothers with children in Westwego (70094) are living in poverty (50.3%).
• Jefferson and Lafourche Parishes show the highest number of individuals living in a home with 12 people (0.3% and 0.7% respectively).

Jefferson shows the highest rates of Hispanic (15.8%) and Asian (4.9%) students in public school.

Stakeholder interview findings display residents’ access to community/support services is an important community health priority.

The more than 100 stakeholders interviewed identified the following problems and/or barriers throughout the region that are in relation to the aforementioned need 2) Access to community/support services:

• Some residents in the community are unhealthy and uneducated on healthy living:
  o Some specific health issues throughout the region mentioned were: diabetes, obesity, HIV/AIDS, cancer, heart disease, homelessness, homicide by firearm and strokes.
Some residents are living unhealthy lifestyles and do not have an appropriate diet.

There is a lack of knowledge of primary prevention and good health behaviors.

There is a lack of information/outreach on what resources are available in the community to help residents live healthy.

Behavioral health is a concern throughout the community (i.e., stress, smoking, alcohol and drug addiction).

There is a lack of resources to address cultural barriers when dealing with the navigation of healthcare services.

There is limited access to recreation/fitness facilities in some communities.

Focus group participants from both focus groups felt access barriers to community/support services existed. Specifically mentioned were the following:

Vietnamese seniors believed that while they had services available in their communities, they perceived these services to be limited in the areas of transportation, safety, and bi-lingual services.

Specifically:

• Cultural Barriers: The Vietnamese senior population perceived that there are cultural barriers within the region. Culture is often defined as a learned set of values, beliefs, norms, and patterns of behavior. Effective communication with people of different cultures is especially challenging. Cultures provide people with ways of thinking, ways of seeing, hearing and interpreting the world. Thus, the same words can mean different things to people from different cultures, even when they talk the "same" language. When the languages are different, and translation has to be used to communicate, the potential for misunderstandings increases. (doi:
Participants were under the impression that there is limited bi-lingual police response in their community. Also there are not bi-lingual support services available for public transportation (i.e., buses). This inhibits them from accessing these transportation services. Overall, participants believe that there is a lack of community programs, including bi-lingual support programs and community assistance programs.

**Public Transportation Shortage:** Participants believe there is a public transportation shortage. Participants perceive there is only one van available once a month to pick up seniors and take them to the grocery store, healthcare appointments, etc. Additionally, participants believe their only option, beside public transportation, is with their children or other family members, whom are not always available because of their work schedule.

Seniors (i.e., Assisted Living) perceived their communities to have a lack of resources. Specifically, seniors indicated that the lack of a public transportation system reduced access around their community and perceived their communities to be unsafe.

**Specifically:**

**Public Transportation Shortage:** Participants believed that the current public transportation system is inadequate, especially for seniors. Participants stated that public service has very limited access and the van service that is offered has limited seats, routes, and times/days. Specifically, participants stated that the van service is only able to transport fourteen people at a time and wait times can be lengthy. Additionally, they believe there is only one van that operates three days a week (e.g., Mondays-transportation is provided to doctor appointments, Tuesdays- transportation is provided anywhere within the West Bank community and Thursdays-transportation is provided to Wal-Mart). Participants mentioned Humana provides their members a card to go to a local fitness center, but some participants expressed they did not have transportation to get to the fitness center. Some
participants believed total travel time on public transportation to get to most places is exorbitant.

- Participants stated that their only other option for them to get around is to rely on their family. Lastly, elderly and senior participants were concerned about the limited transportation options for handicapped individuals.

- **Safety Concerns:** Seniors perceived their communities to be unsafe due to crime, drugs and lack of security. Participants believe there is a lack of security and protection for the elderly population. Seniors stated they feel unsafe at night due to the lack of security.

- Participants stated crime is a huge concern throughout the region; especially among the youth. Additionally, participants believe children need more positive role models and dedicated leaders. Additionally, participants believed there is a lack of parental involvement throughout the region. Participants stated children need supervision and it is important that parents get involved as much as they can to make it a safe community.

- Participants believed the safety of kids in the school systems is a concern because kids bring weapons to school and school focus is taken off education and more on crime prevention. Participants also mentioned that bullying is a huge concern within the school districts.

- Participants believed there was a huge concern with the number of kids on medication. There were several participants who stated their grandchildren were on ADHD medicine, which created a concern among the group because they believed some doctors are not taking the time to treat children and understand their specific behaviors. Participants stated some kids are going into kindergarten and are not familiar with a strict routine and teachers don’t have the patience to deal with the kids and refer them to a doctor and then the doctors put them on medicine. Participants stated the kids need time to adapt to the transition.

- Participants were concerned with the amount of drug use that is going on in the community. Participants believed that the
drug and substance abuse problem relates to the lack of mental health providers because the people who need help are unable to receive it due to lack of insurance, lack of providers, and lack of access, and are medicating themselves with drugs and alcohol. Specifically, participants felt rates of violence and crime are all bound to increase due to the closing of the mental health facilities in Louisiana.

Specific Resource Shortage: Participants believed that there are limited resources in the community, especially for the elderly (i.e., in home care services).

- Participants stated that there is no 24-hour care service for seniors in homes to receive help if an emergency were to occur and the time lapse to receive care was a huge concern among the group. Participants stated that they don’t feel comfortable in their living environment because management makes them feel like they are doing them a favor by taking care of them. Participants believed that they are not treated fairly at their senior home and they have no voice; they can either accept their situation and make the best of it or dwell on it. Lastly, participants mentioned they believe mold is a major concern in the area after areas were flooded and abandoned; no one has dealt with mold at a structural level; therefore, it is in the air now.

- Participants believed, as a result of Katrina, hospitals, grocery stores, convenience stores, etc. have been closed and never reopened; many communities are lacking stores to offer basic supplies for residents to live. Participants believed an impact of the lack of grocery stores in regional neighborhoods is the rise of other chronic health conditions (i.e., Diabetes).

3. ACCESS BARRIERS TO HEATHLY LIVING OPTIONS AND RESIDENT ACCOUNTIBILITY ISSUES
Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for greater access to healthy living options and increased resident accountability.

Summary of Key Secondary Data Points in Reference to: 3.) Access Barriers to Healthy Living Options and Resident Accountability Issues:

- The PQI measures are higher than is seen for the state; indicating conditions in which the zip code areas in the WJMC service area report higher numbers of
preventable hospitalizations than the state. These include: Congestive Heart Failure, Adult Asthma, Lower Extremity Amputation, Short- and Long-Term Complications of Diabetes, Perforated Appendix, Urinary Tract Infections (UTI), Hypertension, Chronic Obstructive Pulmonary Disease, and Angina without Procedure.

- For many of the PQI measures in which the WJMC service area shows higher rates than the state, it also shows higher rates than is seen for Jefferson Parish; this tells us that the zip code areas within the specific WJMC service area report higher rates of preventable hospitalizations than the overall parish and the state.

- All of the parishes in the study area report at least 20% of their population aged 16 and older having been diagnosed with high blood pressure.

- After the 2005 hurricanes, rates of residents going to their doctors declined across many of the parishes and rates of residents reporting that they go nowhere for healthcare increased for many of the parishes after the hurricanes.

- If we look at general alcohol use in the past month, residents of Jefferson Parish (i.e., Region 10) report the highest rate as compared with the other regions in the study area (i.e., 53.28% of residents of Jefferson Parish aged 12 and older report alcohol use in the past month). Also, we see that residents of Jefferson Parish report the lowest rate of perceiving a risk associated with drinking more than 5 drinks in one week.

- On the other hand, SAMHSA data shows us that binge drinking and alcohol dependence is reported at lower rates for Jefferson Parish than for some of the other regions in the study area. The conclusion we can come to is that general alcohol use in Jefferson Parish is reported at higher rates, but binge drinking or alcohol dependence in Jefferson Parish are lesser concerns compared with other regions in the study area.

- Stakeholder interview findings display residents’ access to community/support services is an important community health priority.

- Community stakeholders perceived an increase in chronic disease such as hypertension, diabetes and obesity as the top trending health needs regionally, along with a lack of healthy lifestyles and accessible healthcare for the under/uninsured.
The more than 100 stakeholders interviewed identified the following specific problems and/or barriers in relation to the aforementioned need 3) Access to healthy living options and increased resident accountability issues:

- **There are disparities throughout the region, which can make it unsafe to live:**
  - Violence, drugs and mental health all go hand in hand throughout the region.
  - Violence is having an impact on the community.
  - There are drug and alcohol addictions and addictive disorders throughout the region.
  - There is a lack of mental health facilities/resources in the region.
  - It is a financially poor state and region.
  - Parks and playgrounds are unsafe due to crime and equipment in areas throughout the region.
  - Youth issues involving violence, etc.
  - There is a lack of nurturing and family support in some areas throughout the region.

- **Focus group participants from both focus groups felt barriers to access of healthy living options along with resident accountability existed. Specifically mentioned were the following:**

- Vietnamese senior participants stated they perceive language barriers are the biggest concern. The group agreed they personally hesitate reaching out for help due to this barrier.

  **Specifically:**
  - Participants believe that very few important decisions, particularly health decisions are not made by individuals, but instead with family input.

- **Seniors (i.e., Assisted Living) began the focus group with the specific concern of Diabetes. The discussion expanded to identify that they felt Diabetes in their region is most likely related to overall unhealthy lifestyles.**

  **Specifically:**
  - Participants believe unhealthy food choices are a cultural way of life throughout the region. Participants identified there are some healthy food options but individuals choose not to eat healthy food for two reasons; culturally it is not what they are used to and the healthy food options are more expensive.
• Participants believed there is a lack of parental involvement throughout the region. Participants stated children need increased supervision and it is important that parents get involved to help create a safe region. Participants felt there is a lack of parental guidance and some parents need to be held accountable.

Conclusions and Next Steps

The majority of community needs identified through the West Jefferson Medical Center community health needs assessment 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. 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 CNI scale range is from 1.0 to 5.0 and the WJMC service area CNI score range is 3.2 to 4.8 (e.g., moderate to high scores and no score of 1.0). Specifically, the zip code area 70053 in Gretna, LA reports the highest CNI score in the WJMC service area at 4.8 (5.0 being the worst possible for the scale). Gretna also shows 4 of the 9 highest CNI measures of the CNI score; 23.8% elderly living in poverty, 30.7% children living in poverty, 16.6% uninsured, and 50.8% residents rent their home. 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.

An increase in residents who are under/unemployed ultimately causes a decrease in their purchasing power. Individuals and families living in poverty are also a concern for certain areas of the service area. 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 perceive a decrease in available community services (i.e., public transportation, support services, etc.) due to funding cuts. Many focus group participants perceived a reduction in community services in their communities as well. Furthermore, lack of transportation and the absence of grocery stores ultimately lead to inadequate diets contributing to chronic health conditions. Lastly, focus group participants from both focus groups feel barriers to access of healthcare and medical services, specifically, primary, preventative and mental health services, exist. Also, important to mention is the existence of cultural barriers.
WJMC, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow this assessment. Collaboration and partnership are strong in the region. It is important to expand existing partnerships and build additional partnerships with multiple regional organizations to develop strategies 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. It will be important to determine the cost, effectiveness, future impact and limitations of any best practices methods. Implementation plans will have to 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.

The Implementation Action Plan to be taken by WJMC in close efforts with community organizations will be fine-tuned over coming months and adjusted ongoing to best meet prioritized needs and at the appropriate time will include system partner and appropriate community organizations and the parish community.

Additional data and greater detail related to an inventory of available resources within the community that may provide programs and services to meet such needs is available in Appendix X.

**Action Steps:**

- Present results widely to community residents (i.e., Available via the internet through the hospital website by October 5, 2013).

- Note publication and/or sharing of information to date during the process of completing the Assessment – both primary and secondary data shared with the local Human Services Authority in the community for mental health programming assistance.

- Promote as an Information Resource: The 2013 Community Health Needs Assessment of WJMC has been compiled for the Medical Center as an Information Resource. The data collected identifies common needs, issues and barriers and priorities across various segments of the population as well as those unique to
particular ones within the hospital’s service area. The information provides a foundation for program development and strategic planning in the future.

- Email Assessment to Community Groups by October 5, 2013
- Email Assessment to Business Groups by October 5
- Post on WJ Intranet by October 5

- Publish the Community Health Needs Assessment on the hospital’s website and share ongoing internally with program developers and planners across the Medical Center and in collaboration with entities co-developing programs and services as well as community organizations able to meet and/or address identified barriers.
  - Communicate to Leadership Team third quarter
  - Include in orientation of new members of Leadership Team

- WJ Community Relations publish ongoing inventory of available resources in the communities that are available to address the top community health needs identified by the community health needs assessment and present to community (hospital website and share with Area Agency on Aging and related outlets)
  - Communicate third quarter to organizations included in Community Inventory so that they are aware of importance of providing program updates for the inventory
  - Provide and document communication of Community Inventory to agencies which use said document including but not limited to Catholic Charities, Area Agency on Aging and local Human Services Authority

- Implement an 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 and share information via annual community venues including:
  - Night Out Against Crime and offer to Civic Groups for their Websites
  - Family Festival and/or special events open to the public at the Medical Center
  - Programs of the WJ fitness and wellness center including Thumbs Up Health
- Develop work groups to focus on specific strategies to address the identified needs in the community health needs assessment including the Area Agency on Aging Committee and local not for profit organizations’ subcommittees and project initiatives.

- Access to Healthcare and Medical Services –
  - Publish foreign language line assistance to interpret services directory, community inventory
  - Publish Directory of WJMC Services in English, Spanish and Vietnamese and publish on hospital website
  - Conduct annual health fair and/or health forums to provide information in Vietnamese collaborating with local Vietnamese community to provide information on programs and services as well as identify bi-lingual providers and translation assistance available
  - Develop health fair venue for Hispanic community collaborating with key partners
  - Identify preventive services available using multiple mediums to communicate services including those for seniors
  - Update community resource inventory ongoing to include community resources available for behavioral health; publish physician referral assistance and availability of Guest Services to assist in locating doctors and programs addressing health needs
  - Embrace community advocacy with local Civic Coalition comprised of 14+ civic groups to communicate information and resources available to enhance healthcare and medical services understanding and awareness. Community Relations with Guest Services to have responsibility to completion of an ongoing addressing of these above actions as it especially relates to language barriers

- Access Barriers to Community/Support Services – The Medical Center will both publish community inventory and update ongoing through focus on maintaining accurate, updated community inventory. Guest Services and Community Relations with Social Services will have responsibility to periodically update the on-line materials regarding community and support services to include transportation services, public transportation and area
Agency on Aging transportation resources. Attention will also be given to transportation assistance available for medical transportation for health conditions such as cancer thru not for profit organizations such as the American Cancer Society

- Opportunities will be sought to highlight new services which address barriers ongoing. Increase public awareness of transportation options such as via Medical Center’s website, social services department and guest services. Information dissemination will be recorded to include the type of information provided ongoing and satisfaction with usefulness of information and/or recommendations to hospital administration for follow up information needed as requested by community citizens and community organizations. In addition, communicate findings of CHNA regarding reliable transportation for seniors that is affordable and accessible to area agency on aging committee. Provide or assist in providing information to underserved populations including minority communities via local senior and community centers

- Access Barriers to Health Living Options and Resident Accountability Issues – Medical Center will continue to host Civic Coalition and civic leadership with member Civic Groups to help address need for healthy living options and resident safety and other perceived disparities. Medical Center will continue to participate in National Night Out Against Crime providing relevant information regarding community resources and program development which address health and safety barriers and wellness initiatives. Community Relations with relevant community leaders and organizations will address the barriers identified in the CHNA and provide information regarding Medical Center and community organizations addressing needs to include update on senior centers and programs to address disparities for all ages. The participation in and number of events as well as attendance during information dissemination will be recorded by Community Relations annually and reported accordingly. In addition, strengthen communication and information sharing regarding community inventory and updates with community organizations, local businesses, advocacy groups, faith-based groups and academic institutions ongoing

- Explore attracting outside funding and implementation of actions to address top health needs from local and a regional level perspective by exploring grants and
grant collaborators. WJMC Patient Business Services leadership and Community Relations Leadership to coordinate this initiative

- **Community Relations** to work both 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 sharing the needs assessment and perceived needs of residents for services and information with the local Anti-Poverty Agency (Community Action JeffCAP, Jefferson Parish Community Affairs, American Cancer Society, American Heart Association, etc.) and with groups with similar mission to facilitate resource and community support information (such as the local Senior Expo Committee of Jefferson Parish)

- 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. Provide periodic updates to senior leadership with regards to progress made in addressing needs and updating community inventory of resources especially which address top needs

**WJMC programs and projects that will further address specific prioritized needs include:**

**ACCESS TO HEALTHCARE AND MEDICAL SERVICES (E.G., PRIMARY, PREVENTATIVE, AND MENTAL)**

- Addition of WJ Family Doctors Grand Isle Clinic on the remote Island
- Addition of Urgent Care Fall 2013
- Cancer Center at WJMC
- Collaboration with JHSA
- Continued grant applications such as Susan G. Komen grant for Screening Mammography/Other services
- Language Services as arranged by Guest Services at WJMC
- Clinical Research
- Thumbs Up Health and similar grocery store venues for information distribution
ACCESS BARRIERS TO COMMUNITY/SUPPORT SERVICES

WJ Care Transition Clinic
WJ Continuity of Care Clinic
Case Management/Social Services at WJMC to aid patients with barriers to care
Smoking Cessation Programs at WJMC including Smoking Cessation Trust
Wellness programs of WJ Fitness Centers
Support Groups at WJMC (Stroke, Oncology, Mended Hearts, Other)
WJ Diabetes Services
Care House as provided for by Foundation for families of patients in WJ Critical Care
Spiritual Care Services at WJMC
Heart Failure Resource Center
Palliative Care Services
Thumbs Up Health and similar grocery store venues for information distribution

ACCESS BARRIERS TO HEALTHLY LIVING OPTIONS AND RESIDENT ACCOUNTIBILITY ISSUES

Provision of use of facilities for Information Awareness via Civic Coalition
Annual Night Out Against Crime participation
Seniors Program at WJ Fitness Center
Thumbs Up Health and similar grocery store venues for information distribution

Using above groups and other methods, conduct annual focus group(s) to update information re: improvement and/or changes in knowledge re: unhealthy lifestyles and appropriate diet information as well as of knowledge of primary prevention and good health behaviors. Grocery outlet activities will advance this monitoring of effectiveness of action plan.

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