

Assessing community health needs and developing the appropriate plans to address these needs are essential to improving and sustaining the health of our communities. To do so, we must understand our community, the needs identified, and the process for moving forward to improve the health of Baton Rouge. Both a primary and shared focus among health care organizations is responding to the health needs of our communities. More recently, we are encouraged to develop initiatives that incorporate multiple healthcare organizations to collaborate with available and upcoming resources to offer effective and positive impacts on the community. And more specifically, the concept of a Community Health Needs Assessment is now reinforced by the Patient Protection and Affordable Care Act, which contains new requirements for tax-exempt hospitals to conduct community health needs assessments and to adopt implementation strategies to meet the health needs identified through the assessments.

In May of 2008, Baton Rouge Mayor-President Melvin L. "Kip" Holden commissioned the Mayor's Healthy City Initiative to encourage Baton Rouge residents to adopt a healthier and more active lifestyle. The Mayor envisioned a program that would promote and identify resources available in the community for residents to fight chronic diseases and childhood obesity. In Louisiana, almost half of our children are considered overweight or obese, putting them at a much greater risk of obesity-related health problems like diabetes, heart disease, stroke, cancer and asthma. Nation-wide the number of children who are considered overweight or obese has nearly tripled over the past 30 years.

To tackle this problem, the Mayor subdivided the Initiative into 3 separate but compatible parts: HealthyBR – a focus on healthier eating and a more active lifestyle; MedBR – a focus on access to care and health outcomes; and the Innovation Center – a focus on community efforts to address Childhood Obesity. Each subgroup engages a variety of partner organizations in a cooperative effort between local and state governments, area hospitals, and local health organizations.

### Communicate, Collaborate, and Coordinate

The organizations listed below represent the Mayor's Healthy City Initiative - Board of Directors, HealthyBR, and MedBR. Each organization participated in completing the community assessment tools identified in this report. These partners reviewed all processes involved with conducting the Community Health Needs Assessment and approved the information described throughout the report.

#### MHCI Board of Directors

- Mayor-President of Baton Rouge
- Recreation and Park Commission of EBR, BREC
- Our Lady of the Lake RMC
- Blue Cross Blue Shield of Louisiana
- Woman's Hospital
- Baton Rouge General
- LA Department of Health and Hospitals
- Baton Rouge Area Foundation
- Baton Rouge Area Chamber
- EBR Public School System
- Pennington Biomedical Research Center

#### HealthyBR

- City Parish
- BREC
- Louisiana Council on Obesity Prevention & Management
- American Heart Association/Provident Resources Group, Inc.
- Pennington Biomedical Research Center
- Our Lady of the Lake RMC
- YMCA of the Capital Area
- The Baton Rouge Area Foundation (BRAAF)
- LSU and Southern AgCenters
- Center for Planning Excellence (CPEX)
- Big River Economic and Agricultural Development Alliance (BREADA)
- Baton Rouge Advocates for Safe Streets (BRASS)
- Capital Area United Way
- Baton Rouge Community College

#### LINKS

- Better BR
- Together BR

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#### MedBR

- City Parish
- East Baton Rouge Parish School System
- Baton Rouge General
- Ochsner Medical Center
- LSU Health Sciences
- Our Lady of the Lake Regional Medical Center
- Lane Regional Medical Center
- Blue Cross/ Blue Shield of Louisiana
- Woman's Hospital
- Earl K Long/LSU Health
- Health Centers in Schools
- Louisiana Primary Care Association
- Office of Mary Landrieu
- Capital Area Human Services District
- Interfaith Federation
- Baton Rouge Virtual Community Clinics
- Office of Public Health, LA DHH
- LA Public Health Institute
- EMS
- EBR Prison Health Services
- American Cancer Society
- Capitol City Family Health
- Just Kids Dental
- Amedisys

## Structure

HealthyBR and MedBR partners follow a similar meeting and agenda structure. Each group meets bi-monthly for a one-hour session, which is open to visiting and/or interested organizations. Both HealthyBR and MedBR groups nominate a lead that is responsible for reporting to the Board of Directors any progress, updates, and barriers that may exist. Although priority items and topics for discussion may vary between groups and over time, both adhere to a key requirement - 'organizational asset mapping.'

Through organizational asset mapping, community partners share available resources, programs, initiatives, as well as any upcoming events in which collaboration is encouraged. This allows for connectivity and most importantly reduces duplication of efforts. Organizational asset mapping speaks to the action planning conducted by both HealthyBR and MedBR. Each group develops three-action plans, specifically divided into Year-One, two, and three initiatives. Three-year action plans are reviewed by the Board of Directors and consistently referred to when discussing future endeavors.

## Our Community Needs and Demographic Analysis

As of 2011, East Baton Rouge Parish is Louisiana's largest parish with a population of 434,633 and accounts for nearly 10% of Louisiana's total population. The parish's ethnic composition is comprised of 51% Whites, 44% African Americans, 3% Hispanics, and 2% Asians. The median household income for East Baton Rouge Parish is \$46,563 despite a 6.2% unemployment rate and a 30% high school graduation rate. As it relates to the Community Health Needs Assessment, we are defining our community by zip code level.

The Mayor's Healthy City Initiative - HealthyBR and MedBR programs conduct a variety of community assessments in preparation for three-year action planning. In order to best identify areas in need, gaps in services, and duplicative efforts, these assessments speak directly to action planning. The following assessments were conducted during 2010 - 2011 - Community Needs Index, NLC Healthy Southern Cities Technical Assistance, Community Healthy Living Index, County Health Rankings, BRAF City Stats, and finally, the Identification of Health Issues: Baton Rouge's 10 Priorities.

The data from the assessments drills down to the core risk factors and outliers that determine the top health issues that are affecting our community. These factors include infants born with low birth weights, a low high-school graduation rate, a large uninsured population, high unemployment rates, and a high crime rate. Many of these factors are inter-related to one another and contribute both directly and indirectly to our community's health issues.

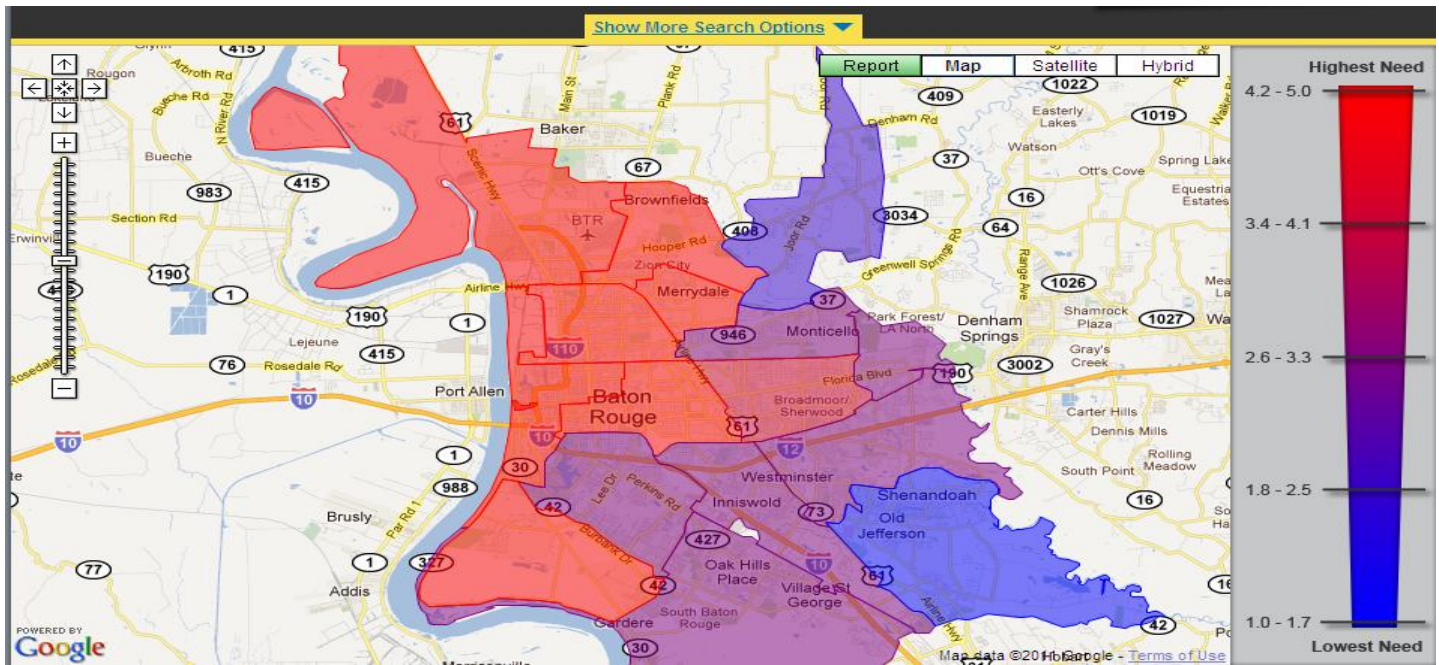
In East Baton Rouge Parish, only 60% of the high school population is graduating and the numbers of children in poverty and in single parent households are more than double that of the national benchmarks. The unemployment rate is 6.2% and the homicide rate is 16 times the national average. These socioeconomic factors contribute to the parish's low health literacy, both in adolescents and adults, and a large number of uninsured individuals. Consequently, low health literacy can lead to unhealthy behavior and low health outcomes. Of the adult population in East Baton Rouge Parish, 20% use tobacco products, 30% are obese, and 16% drink alcohol in excess. Tobacco use is directly related to various forms of cancer and low infant birth rates. East Baton Rouge Parish has an infant birth weight rate double that of the national benchmark. Low birth weights have been linked to having a higher risk of potential developmental and growth problems, cardiovascular disease, and respiratory conditions. Also, the parish has 6 times more sexually transmitted diseases than the national benchmark and Baton Rouge, the city that makes up the majority of the parish, is ranked 2<sup>nd</sup> in the nation for new HIV/AIDS cases.

**Community Needs Index**

With a community best defined by zip-code, this tool demonstrates a clear need in specific areas of our city. Utilizing data sources provided by Thompson Reuters, the CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The ability to pinpoint neighborhoods with significant barriers to health care access is an important advancement for public health advocates and care providers.

Based on an array of demographic and economic statistics, the CNI provides a score for every populated zip code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a zip code with the least need, while a score of 5.0 represents a zip code with the highest, most immediate needs. The CNI score is an average of five barrier scores that measure socioeconomic indicators of each community: income, cultural, education, insurance, and housing barriers. Those zip codes highlighted in red in the given Parish are facing barriers related to income, education, and insurance which have a negative effect on the overall health of the population.

Zip	CNI Score	Poverty 65+	Poverty Children	Poverty Single w/kids	No High School Diploma	Minority	Unemployed	Uninsured	2010 Population
<b>East Baton Rouge Parish</b>									
70817	1.6	0%	3%	15%	3%	15%	3%	5%	31446
70739	1.8	9%	5%	23%	9%	10%	3%	8%	11815
70770	2.0	13%	5%	22%	10%	12%	3%	10%	3699
70818	2.0	7%	6%	21%	10%	9%	3%	12%	10039
70809	3.0	5%	7%	15%	4%	26%	3%	14%	22753
70814	3.0	6%	10%	20%	11%	80%	4%	16%	14393
70819	3.0	11%	7%	11%	15%	39%	5%	10%	4797
70803	3.2	0%	0%	0%	2%	30%	21%	52%	3456
70808	3.2	5%	5%	21%	5%	27%	4%	20%	29802
70810	3.2	10%	9%	28%	5%	51%	4%	12%	37683
70816	3.2	4%	8%	24%	6%	39%	4%	13%	39324
70791	3.4	13%	13%	40%	13%	41%	4%	16%	25284
70714	3.6	11%	15%	35%	15%	63%	4%	20%	20623
70815	3.8	4%	18%	37%	10%	47%	4%	17%	27864
70811	4.2	17%	25%	42%	17%	82%	5%	27%	13297
70820	4.2	21%	18%	38%	9%	45%	6%	38%	17059
70806	4.6	16%	29%	51%	15%	58%	7%	31%	27047
70812	4.6	30%	36%	59%	22%	95%	9%	33%	11892
70801	5.0	0%	100%	100%	23%	68%	11%	44%	57
70802	5.0	36%	45%	58%	29%	85%	14%	44%	26323
70805	5.0	27%	39%	55%	30%	94%	12%	40%	29383
70807	5.0	26%	46%	61%	33%	97%	14%	41%	17715
70813	5.0	0%	51%	70%	39%	100%	39%	52%	1859



Zip Code	CNI Score	Population	City	County	State
70801	5	61	Baton Rouge	East Baton Rouge Parish	Louisiana
70802	5	26591	Baton Rouge	East Baton Rouge Parish	Louisiana
70805	5	30011	Baton Rouge	East Baton Rouge Parish	Louisiana
70806	4.6	27722	Baton Rouge	East Baton Rouge Parish	Louisiana
70807	5	18162	Baton Rouge	East Baton Rouge Parish	Louisiana
70808	3.2	30711	Baton Rouge	East Baton Rouge Parish	Louisiana
70809	3	22541	Baton Rouge	East Baton Rouge Parish	Louisiana
70810	3	36367	Baton Rouge	East Baton Rouge Parish	Louisiana
70811	4.2	13505	Baton Rouge	East Baton Rouge Parish	Louisiana
70812	4.6	12222	Baton Rouge	East Baton Rouge Parish	Louisiana
70814	3.2	14513	Baton Rouge	East Baton Rouge Parish	Louisiana
70815	3.8	28765	Baton Rouge	East Baton Rouge Parish	Louisiana
70816	3	40165	Baton Rouge	East Baton Rouge Parish	Louisiana
70817	1.6	31864	Baton Rouge	East Baton Rouge Parish	Louisiana
70818	2	10283	Baton Rouge	East Baton Rouge Parish	Louisiana
70819	3.2	4737	Baton Rouge	East Baton Rouge Parish	Louisiana
70820	4.2	16943	Baton Rouge	East Baton Rouge Parish	Louisiana

<http://cni.chw-interactive.org/>

**National League of Cities: Healthy Southern Cities Technical Assistance**

National League of Cities Institute for Youth, Education, and Families (YEF Institute) selected three cities to participate in the first phase of its recently announced Municipal Leadership for Healthy Southern Cities technical assistance project. The three cities are Little Rock, Ark., Baton Rouge, La., and Tupelo, Miss. As part of the 18-month project, each city receives customized technical assistance from the YEF Institute and other national experts. The goal of the project is to advance local efforts to combat childhood obesity through the development and implementation of community wellness plans. These plans will include policies to expand access to fresh, healthy foods and opportunities for recreation.

Our initial assignment – complete the Community Healthy Living Index (CHLI) assessment.

**Community Healthy Living Index (CHLI)**

Healthy BR partners, specifically those familiar with the categories presented, were asked to review and complete the assessment. Content matter experts from the following organizations participated in the original assessment.

CHLI’s Health-Related Categories	Organization Completing Assessment
General Practices in Healthy Living	Mayor’s Office
Community Design in Practice of Healthy Living	Centers for Planning Excellence (CPEX)
Physical Environment related to Physical Activity	Recreation and Park Commission of EBR, BREC YMCA
Physical Environment related to Food/Nutrition	Louisiana Council on Obesity Prevention & Management Big River Economic and Agricultural Development Alliance (BREADA) LSU and Southern AgCenters
Primary Health Care Providers	Department of Health and Hospitals Our Lady of the Lake RMC, with MedBR
Public Transportation in Support of Healthy Living	Mayor’s Office
Safety	Mayor’s Office

Considered a best practice, the CHLI assessment was developed in partnership with experts from Stanford, Harvard, and St. Louis Universities with support from the Center for Disease Control (CDC) and Robert Wood Johnson Foundation (RWJF). YMCA of the USA created CHLI in response to our nation's rising chronic disease rates. CHLI identifies gaps in community resources and helps identify opportunities for building strong partnerships aimed at improving the health of the community. *\*Please find the complete CHLI Assessment under Appendix A.*

**CHLI Assessment Recommendations**

Answered as “In Development,” “No,” “Rarely,” and “Some”

Transportation Measures

- Community audit to assess the current environment for walking, biking and public transportation.
- Traffic calming measures (e.g., road barring, central islands, roundabouts, speed bumps, etc.).
- The community has a public transportation system (e.g. buses, rail system) that provides access to major employers, medical facilities, schools, physical activity/recreation facilities, and retail areas, including stores/resources for healthy food.

City Hall

- Ensuring that healthy food and beverages are the predominant options served and vended at government sites, parks and recreation; for meetings events, and conferences.
- If vending/concessions are available at community parks, predominantly healthy food and beverage options are provided.
- Support to agricultural programs for healthy eating (farmers markets, community gardens, Farm to School Programs).
- Campaigns promoting healthy eating and nutrition.

Schools

- School sites have walking and biking infrastructure so the majority of students can walk and/or bike to school.
- Safe Routes to Schools (SRTS) and/or walking school-bus programs exist so that children can safely walk or bike to school free from traffic hazards or concerns about personal safety.
- Low-cost or free vegetable and fruit snack programs in schools and before- and afterschool settings.



Healthcare

- Primary health care providers in the community define and treat obesity as a disease and include appropriate counseling in medical care, including referrals for nutrition services and exercise physiologist as needed.
- Primary health care providers maintain a comprehensive, continuous, and reliable system for monitoring patients' body mass index, lifestyle related chronic diseases, nutrition and physical activity behaviors.
- Primary health care providers work with insurance companies to offer coverage for preventive services, including nutrition counseling and physical activity programming.

Businesses

- Restaurants in the community promote healthy eating by providing nutrition information on the menu, identifying healthy menu options, serving moderate portions, and/or highlighting healthy foods.
- In addition to local food stores and supermarkets, vegetables and fruits are available from alternative sources in the community, such as farmers markets, roadside vegetable and fruit stands, farm stands and community gardens.
- Vegetables and fruits from alternative sources are available at comparable prices.
- Encouraging restaurants to provide nutrition labeling and moderate proportions.

**County Health Rankings**

"We measure two types of health outcomes to represent how healthy each county is: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels." The Robert Wood Johnson Foundation is collaborating with the University of Wisconsin Population Health Institute to develop these Rankings for each state's counties. <http://www.countyhealthrankings.org/>

EBR ranks 19 out of 64 parishes, with Louisiana ranking 49<sup>th</sup> in the nation. According to the County Healthy Rankings, East Baton Rouge is double the national benchmark in rates of low birth weight and double the uninsured population rate. While East Baton Rouge Parish ranks 19<sup>th</sup> out of the 64 Counties overall in Louisiana in the County Health Rankings, the southern part of our Parish hides the higher disparities found in the North. Out of the 24 zip codes that comprise East Baton Rouge, 6 zip code areas do not have adequate access to healthy food markets. These same zip codes are the ones suffering from lower performing schools, lower access to health care and higher rates of crime.

	East Baton Rouge	Error	National	Louisiana	Rank
Health Outcomes					19
Mortality					26
Premature death	10,364	10,012-10,715	5,564	10,654	
Morbidity					18
Poor or fair health	15%	13-16%	10%	19%	
Poor physical health days	3.1	2.8-3.4	2.6	3.7	
Poor mental health days	2.7	2.4-3.0	2.3	3.1	
Low birthweight	11.9%	11.6-12.2%	6.0%	10.9%	
Health Factors					6
Health Behaviors					2
Adult smoking	20%	18-22%	15%	23%	
Adult obesity	30%	27-32%	25%	32%	
Excessive drinking	16%	14-18%	8%	16%	
Motor vehicle crash death rate	19	17-20	12	23	
Sexually transmitted infections	537		83	528	
Teen birth rate	41	40-42	22	55	
Clinical Care					3
Uninsured adults	25%	22-29%	13%	26%	
Primary care physicians	683:1		631:1	863:1	

	East Baton Rouge	Error	National	Louisiana	Rank
Preventable hospital stays	58	56-60	52	98	
Diabetic screening	78%	74-83%	89%	77%	
Mammography screening	67%	62-72%	74%	60%	
Social & Economic Factors					22
High school graduation	60%		92%	61%	
Some college	65%		68%	51%	
Unemployment	6.2%		5.3%	6.8%	
Children in poverty	25%	21-28%	11%	25%	
Inadequate social support	24%	21-26%	14%	23%	
Children in single-parent households	45%		20%	41%	
Homicide rate	16	14-17	1	13	
Physical Environment					55
Air pollution-particulate matter days	5		0	4	
Air pollution-ozone days	20		0	7	
Access to healthy foods	75%		92%	62%	
Access to recreational facilities	14		17	9	

	East Baton Rouge	Louisiana
Health Outcomes		
% diabetic	11%	11%
HIV prevalence rate	791	
Health Behaviors		
Binge drinking	15%	14%
Physical inactivity	26%	30%
Health Care		
Mental health providers	2,661:1	4,381:1
Social & Economic Factors		
Median household income	\$46,563	\$43,635
% with high housing costs	35%	30%
% of children eligible for free lunch	67%	63%
% illiterate	13.4%	16.0%
Physical Environment		
Liquor store density	3.0	4.0
% of labor force that drives alone to	82%	81%

<http://www.countyhealthrankings.org/louisiana/east-baton-rouge>

**Baton Rouge Area Foundation – City Stats**

Baton Rouge City Stats uses more than 70 indicators to track the quality of life for EBR. A survey is conducted in an effort to assist with decision making on grant opportunities and civic leadership initiatives. Key findings include: EBR’s cancer death rate has been rising in the past few years with ~1.793 per 1,000 reported in 2008. Although the diabetes death rate decreased from 2004 to 2007, it began an upward trend in 2007. Baton Rouge continues to have among the highest HIV rates in the country. <http://www.braf.org/braf/Portals/15/docs/CityStats/CityStats2011finalweb.pdf>

### Identification of Health Issues Determined by Hospitals in the Area: Baton Rouge's 10 Priorities

Representatives from Woman's Hospital, Our Lady of the Lake Regional Medical Center, Baton Rouge General Medical Center, Lane Regional Medical Center, and LSU Health/Earl K. Long Medical Center met during the spring of 2011 to discuss an assessment of community health. Upon completing the net analysis of data collected from the NLC Healthy Southern Cities Technical Assistance, Community Healthy Living Index, County Health Rankings, BRAF City Stats, and the Community Health Index, this group of health care leaders discovered common themes. To better validate the gathered information, each hospital representative surveyed clinical staff by conducting one-on-one interviews that included both managers and community health care providers, concerning health issues seen within his or her organization. Each hospital's representative conducted roundtable discussions with clinical staff in an effort to best define the needs of the community. An aggregated list resulted in - Baton Rouge's 10 Health Priorities.

Seeking high-level input and thorough assessment, the MedBR lead presented Baton Rouge's 10 Priorities to MedBR and HealthyBR, as well as the Board of Directors for the Mayor's Healthy City Initiative. All MHCI partners reviewed and approved the given list after comparing data with the three-year action plans and aligning efforts with the defined mission statements. A total of **forty** diverse organizations representing the **voice** of our community at large reviewed and approved the priorities identified below.

HealthyBR Mission: *To identify and coordinate efforts aimed at healthy eating and an active lifestyle into a unifying commitment to better health.*

MedBR Mission: *To connect, coordinate, and communicate resources for medical, dental, and prescription services with a focus on the medically fragile, vulnerable populations and the uninsured and underinsured.*

Priorities are listed in alphabetical order and not based on prioritization.

1. Adolescent health (risky behaviors, abuse, and culture of violence);
2. Barriers (low health literacy, transportation, compliance, access to physicians, public policy)
3. Cancer
4. Child Health (injury prevention, immunizations, abuse, vision, asthma, prenatal);
5. Depression/mental health/substance abuse
6. Diabetes
7. Heart disease/high blood pressure/stroke
8. HIV/STD's
9. Lifestyle issues (tobacco use, substance abuse, diet and exercise);
10. Obesity

Top four priorities for 2012 identified by hospitals are obesity, HIV/AIDS, ER utilization, and mental/behavioral health. The hospitals will implement a collective collaborative plan for addressing these issues in our community.

### Next Steps

Each organization will develop an implementation plan based on this Community Health Needs Assessment for addressing the needs identified in this population. With a common platform to improve the overall health of Greater Baton Rouge, health care organizations can effectively plan to move forward with programs, initiatives, and outreach and can do so, in collaboration with one another. We learned that in order to make an impact, to move numbers in the right direction, we must communicate, collaborate, and coordinate.