



Children's Hospital
New Orleans
LCMC Health

2022-2024 COMMUNITY HEALTH IMPLEMENTATION PLAN

Adopted by hospital facility March 24, 2022

CHIP Background

The 2022-2024 Community Health Implementation Plan (CHIP) for Children’s Hospital New Orleans (Children’s Hospital) is a companion piece to the Greater New Orleans Area [Community Health Needs Assessment](#) (CHNA). Children’s Hospital adopted the Greater New Orleans Area joint CHNA in December 2021. The CHNA identified significant health needs by reviewing data and soliciting input from people who represent the broad interests of the community. This CHIP builds upon the CHNA findings by detailing how Children’s Hospital intends to leverage resources and relationships with partner organizations to address the priority health needs identified in the CHNA over the next three years.

This CHNA and CHIP were conducted as part of a collaborative process with 19 hospital facilities across Southeast Louisiana. The Metropolitan Hospital Council of New Orleans (MHCNO), part of the Louisiana Health Association (LHA), contracted with the Louisiana Public Health Institute (LPHI) to develop joint CHNAs, as well as individual CHIP reports, for their member hospitals, including Children’s Hospital.

Community Served

The geographic region of focus for this CHIP is reflective of that described in their CHNA. The Greater New Orleans (GNO) community includes eight Louisiana parishes, Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, and St. Tammany Parishes. These parishes are referred to as “Greater New Orleans area” for the purpose of the CHNA-CHIP process. This community includes medically underserved, low-income, and minority populations.

Priority Health Needs

Community input in the CHNA process drove the determination of significant health needs, which were then prioritized in the CHIP process. During the CHNA process, community input was gathered through interviews, focus groups, and an online survey, targeting participants with special knowledge of public health and representatives of vulnerable populations in the communities served by the hospitals. By triangulating community input from assessment participants with secondary data, eight health needs were identified as significant drivers of poor health in the Greater New Orleans CHNA. These included: access to and continuity of care, mental and behavioral health, education and health literacy, health equity and discrimination in healthcare, health related impacts of violence, environmental factors, poverty and income inequality, and infrastructure. On September 28, 2021, CHNA leads from the Greater New Orleans hospitals gathered to review data from the assessment and conducted an initial prioritization activity of the eight health needs. Participants rated each health need according to their perceptions of: 1. the impact that addressing the issue would have on community health and 2. the feasibility of the hospital’s capacity to address the issue. After this initial prioritization activity, participants brought the health needs back to their hospital teams and leadership to discuss and finalize prioritization. Children’s Hospital prioritized and developed implementation strategies for the following four health needs: Mental and Behavioral Health, Education and Health Literacy, Access to and Continuity of Care and Health Equity and Discrimination in healthcare (Figure 1).

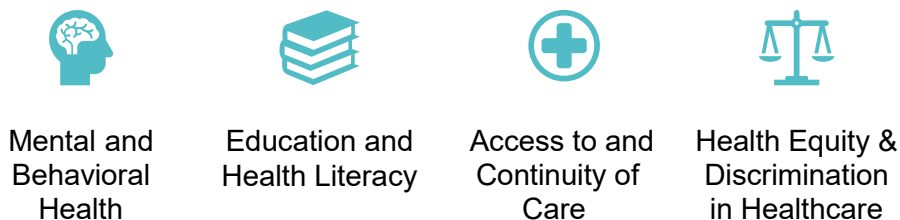


Figure 1. Health Needs Prioritized by Children’s Hospital New Orleans.

Priority Health Needs and Workplans

Below is a summary of findings for each priority health need along with Children’s Hospital’s corresponding CHIP workplans. Each table describes the workplan to address one of the four priority health needs chosen by Children’s Hospital leadership. While leadership chose four priorities to focus on, the workplan features multiple objectives housed under each priority to allow for a multi-pronged approach for improvement. Other elements of the plan include target populations, success measures, actions, objective leads and timeframes, and resources and partners. The activities outlined in these workplans are subject to change over time and should be updated on an ongoing basis.

Priority 1: Mental and Behavioral Health

The CHNA revealed mental health conditions, substance abuse, addiction, excessive alcohol use, and trauma as major problems in their communities. Qualitative participants expressed that behavioral health needs are immense, additive, and worsening due to the pandemic. In most parishes the drug overdose death rate is higher than the state rate, with St. Bernard rate at twice the state rate. A lack of availability of mental health providers is also an issue. In 6 of the 8 parishes in the GNO region there are fewer mental health providers per capita compared to the state rate.

Mental and Behavioral Health					
Goal(s): Provide culturally competent in-patient and out-patient behavioral health services.					
General strategy: Provide access to pediatric behavioral health services in the hospital service area.					
SMART Objective (anticipated outcome)	Target Population(s)	Success Measures	Actions	Lead & Timeframe	Resources & Partners
Offer behavioral health services to youth in the hospital service area.	Youth 0-21 served by CHNO regardless of ability to pay	Document # of patients receiving services	1. Provide inpatient and outpatient behavioral health services. <ol style="list-style-type: none"> Medical Psychology Program Behavioral Health Center (IP) Autism Center OP Psychiatry Trauma and Grief Center JJIC Metanoia Manor 	Lead: Behavioral Health Practice Administrator, JJIC Manager Timeframe: Year 1-3	Resources: Funding, staff time, materials, dedicated space Partners: City of New Orleans, Tulane Health Sciences Center, LSU Health Sciences Center, Lucine Center, Metanoia Manor
		Document # of patients enrolled in ThriveKids	2. Increase access to behavioral health services and provide care coordination in schools. <ol style="list-style-type: none"> ThriveKids School Wellness Program 	Lead: ThriveKids Director Timeframe: Year 1-3	Resources: Staff time. Dedicated space, funding Partners: Jefferson Parish Schools, City of New Orleans, Tulane Health Sciences Center, LSU Health Sciences Center, TAG Center

Priority 2: Education and Health Literacy

The CHNA illustrates that low health literacy is a key factor contributing to poor health outcomes in the community. Low levels of educational attainment and poor quality of primary and secondary schools are seen as contributing factors to low health literacy in the community. In many GNO parishes, higher educational attainments lags behind state averages. Participants have noted the impacts of this on health literacy in the community.

Education and Health Literacy					
Goal(s): Goal(s): Promote programs that improve health information, communication, informed decision-making, and access to health services.					
General strategy: Provide access to early intervention and preventative care education					
SMART Objective (anticipated outcome)	Target Population(s)	Success Measures	Actions	Lead & Timeframe	Resources & Partners
Provide early intervention and preventative health services in the communities served by CHNO.	Youth 0-21 served by CHNO regardless of ability to pay	Document # of youth served by each program	1. Offer general and special pediatric care which includes services to facilitate early intervention with any health issues outside of typical child development including referrals: <ul style="list-style-type: none"> a. Dialysis Program b. Transplant Center c. ThriveKids School Wellness Program d. Adolescent Medicine 	Lead: Dialysis Director, Transplant Director, ThriveKids Director, Division Head of Adolescent Medicine Program Timeframe: Year 1-3	Resources: Staff time, materials Partners: Jefferson Parish Schools, LSU Health Sciences Center
		<u>Parenting Center</u> Document # of youth served, # of parents served, and # of presentations given	2. Provide parents with the education and support necessary to facilitate early intervention and preventive care for youth served by CHNO. <ul style="list-style-type: none"> a. The Parenting Center at Children’s Hospital b. Patient Navigators 	Lead: Parenting Center Program Coordinator, Sr. Director Physician Service Timeframe: Year 1-3	Resources: Staff time, materials Partners: Walnut Square Apartments, Forest Park Apartments, New Orleans Public Libraries, Covenant House, Broadmoor Improvement Association, Office of Youth and Families, Kids Castle at Lakeside Mall
		<u>Patient Navigators</u> Document # of patients seen			
		Document hours of care provided and # OP visits	3. Provide patients with information about and access to healthy options. <ul style="list-style-type: none"> a. Ambulatory Clinical and Nutritional Support b. Diabetes Center 	Lead: Chief Clinical Dietician Timeframe: Year 1-3	Resources: Staff time Partners: Same

Priority 3: Access to and Continuity of Care

Barriers to care identified in the CHNA include insurance issues (limited options based on payor, uninsured rates), inadequate quality of care, and operational issues such as location and hours. Insurance was a barrier to care for participants, and data shows that there are still divides in who has access and who does not. In nearly every parish in the GNO area, a higher percentage of Black residents are uninsured compared to White residents, and a higher percentage of Hispanic residents are uninsured compared to non-Hispanic residents of any race. Barriers to care that related to location and hours were also an issue. This can be partially attributed to the fact that in most parishes, there are fewer primary care physicians per capita compared to the state rate.

Access to and Continuity of Care (Page 1 of 2)

Goal(s): Provide access to medical and preventive health services available to youth in our hospital service area.

General strategy: Provide and improve access to youth seeking care at Children’s Hospital of New Orleans that may not otherwise have access to health services.

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures	Actions	Lead & Timeframe	Resources & Partners
Strategy: Provide access to medical and preventive health services available to youth in the hospital service area.	Youth 0-21 served by CHNO regardless of ability to pay	Document # of OP visits	1. Expand access to medical and preventive care to patients within the community. <ul style="list-style-type: none"> a. Expand primary care access points throughout the community b. Expand specialty care access throughout the community c. Expand telehealth capabilities to help overcome transportation barriers for patients and families 	Lead: Administrative Project Coordinator	Resources: Funding, staff time, materials, committed space, cost of clinic operations, equipment Partners: Tulane Health Sciences Center, LSU Health Sciences Center
		Document # of immunization visits and # of immunizations given	2. Provide preventative services contributing to overall health improvement of pediatric community including immunizations. GNO Immunization Program	Lead: Immunization Grant Manager	Resources: Operational cost, staff time, supplies, immunization bus Partners: Methodist Health System Foundation
		Document # of applications, # of youth assisted, and amount of \$ committed	3. Provide a health insurance coverage option for those families not able to obtain an otherwise sufficient insurance plan. <ul style="list-style-type: none"> a. Children’s Healthcare Assistance Program (CHAP) - assists in providing medical care to our facility to uninsured or under insured patients. 	Lead: Director of Reimbursement	Resources: Operational cost, budget to cover care, staff time, cost of transportation when provided Partners: Conifer

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures	Actions	Lead & Timeframe	Resources & Partners
		Document # of families resided and average length of stay	4. Own and operate family housing available to families on a sliding fee scale to make it easier for families to stay near their children while they receive care at Children’s Hospital. <ul style="list-style-type: none"> a. Hogs House b. Ronald McDonald House 	Lead: Hogs House Manager, Ronald McDonald House Manager Timeframe: Year 1-3	Resources: Staff time, operational cost, committed space Partners: Hogs for the Cause, Ronald McDonald House Charities
Strategy: Provide a coordinated multidisciplinary response to child victims of abuse	Youth 0-21	Document # of medical visits and the # of forensic interviews performed	Provide forensic interviews, medical evaluation and treatment for child abuse victims referred to our agency. <ul style="list-style-type: none"> a. Audrey Hepburn CARE Center b. New Orleans Child Advocacy Center 	Lead: CARE Center Director Timeframe: Year 1-3	Resources: Staff time, committed space, funding Partners: New Orleans Police Department, Department of Children & Family Services, Orleans Parish District Attorney’s Office, Metropolitan Center for Community Advocacy, Children’s Bureau New Orleans

Priority 4: Health Equity and Discrimination in Health Care

Discrimination in healthcare affects patient engagement, access to care, and quality of care. CHNA participants shared examples of healthcare entities discriminating based on race, language, immigration status, age, sexual orientation, and gender identity/expression. The percent of the population who speak a language other than English, and with limited English proficiency are highest in Jefferson, Plaquemines, St. Bernard, and Orleans. Qualitative participants reported that LGBTQ people, the aging population, the undocumented population, and people perceived as low-income or uneducated experience discrimination in the healthcare system.

Health Equity and Discrimination in Health Care (Page 1 of 2)
 Goal(s): Implement organization wide diversity, equity, and inclusion (DEI) strategies.
 General strategy: Expand capability to provide culturally and linguistically appropriate health care.

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures	Actions	Lead & Timeframe	Resources & Partners
Strategy 1: Ensure effective communication with patients and their families through culturally sensitive communications and education.	Youth 0-21 served by CHNO with varying cultural backgrounds (i.e., Latino, Vietnamese, etc.) and residents with limited English skills	Document # of calls using the translation line, \$ committed, and in-person interpreter case load	1. CHNO will screen patients during admission for their language of preference and provide appropriate translation services for patients that prefer a language other than English. <ul style="list-style-type: none"> a. Offer a language line for translation b. Ensure comprehension of information provided to patients with limited English-speaking skills. 	Lead: Social Services Manager Timeframe: Year 1-3	Resources: Staff time, cost of language line, cost of document translation and printing Partners: AMN, One World, Deaf Action Center
		Document # of pastoral contacts (visits/services/events)	2. Offer chaplain services to provide oversight and coordination for religious preferences and practices for a variety of affiliations.	Lead: Chaplains Timeframe: Year 1-3	Resources: Funding, staff time, materials Partners: Baptist Community Ministries
		Document # of classes/educational outreach efforts provided in a language other than English and # of participants	3. CHNO will offer CPR classes to Spanish speaking parents.	Lead: Parenting Center Timeframe: Year 1-3	Resources: Staff time Partners: Parenting Center

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures	Actions	Lead & Timeframe	Resources & Partners
Strategy 2: Attract and retain a diverse employee pool through trainings, recruitment programs, and community partnerships	CHNOLA Team Members High School and College students of color	Document # of trainings offered and # of participants	1. Provide employees with educational opportunities related to diversity, equity, and inclusion <ul style="list-style-type: none"> a. SOGI training b. LGBTQ+ training c. Unpacking Bias Training 	Lead: Walter Pierre Diversity Committee Timeframe: Year 1-3	Resources: Funding, staff time, equipment Partners: LCMC Organizational Development
		Document # of opportunities	2. Increasing opportunities for students of color to reimagine the possibility of them in the medical field <ul style="list-style-type: none"> a. Office of Medical Education b. The 15 White Coats 	Lead: VP of Academic Affiliations and Community Programs Timeframe: Year 1-3	Resources: Staff time, committed space, materials Partners: The 15 White Coats, ThriveKids, New Orleans Public Schools, Jefferson Parish Schools
Strategy 3: Promote the health and wellbeing of children with disabilities	Children with disabilities who reside in the GNO area	Document # of participant and # of volunteers	Provide opportunities for children with disabilities to participate in organized sports <ul style="list-style-type: none"> a. Miracle League Northshore b. Miracle League GNO 	Lead: Miracle League Managers Timeframe: Year 1-3	Resources: Funding, staff time, dedicated space, volunteers, playground, supplies Partners: The Miracle League, Audubon Nature Institute, Coquille Parks & Recreation
Strategy 4: Develop and implement tools to screen for social needs during healthcare interactions	Youth 0-21 served by CHNO	Document # of patients enrolled	Increase enrollment on Healthy Planet <ul style="list-style-type: none"> a. Patient Access b. ThriveKids School Wellness Program 	Lead: Director Pt Access Rev Cycle, ThriveKids Director Timeframe: Year 2-3	Resources: Staff time, technology equipment Partners: EPIC Team

Health Needs Not Selected for Prioritization

While all health needs identified in the CHNA process are of concern and importance, Children's Hospital New Orleans commits to focusing on key issues where they can be most impactful. To maximize resources available for the priority health needs listed above, the Children's Hospital leadership determined that the remaining issues would not be explicitly prioritized and addressed in this CHIP:

- Poverty
- Violence & Crime
- Infrastructure
- Environmental Factors

Children's Hospital New Orleans decided not to address these issues due to a relative lack of expertise or competencies to effectively address the need. Further, they noted that other facilities or organizations in the community are already addressing these issues. All the health needs identified in the CHNA process are interconnected and impact one another as they drive health outcomes. Thus, progress on the priority health needs should positively impact the health needs not selected for prioritization. Furthermore, there are community organizations and leaders working to address these health needs. The CHNA-CHIP process creates an opportunity for additional partnerships between hospital facilities and community organizations to improve all aspects of community health.

Next steps

Improving the health of communities is a long-term, continuous process that occurs in a constantly changing environment and requires ongoing partnership and trust building. Rather than remain a static document, the CHIP workplans should evolve as hospital facilities work with community, and those changes should be tracked and evaluated. Children's Hospital New Orleans will monitor progress and revise the CHIP workplans as needed over the next three years. Progress will be reported in the next CHNA. For additional information on Children's Hospital New Orleans' CHIP, please contact Sharon Civil, Administrative Project Coordinator, at Sharon.civil@lcmchealth.org.

LPHI assisted in the compilation of this initial Community Healthy Implementation Plan Report. LPHI is a statewide 501(c)(3) nonprofit public health institute that has proudly served the residents of Louisiana for nearly 25 years.