Healthier Northshore

2025-2027
COMMUNITY HEALTH
IMPLEMENTATION PLAN

Lakeview Hospital
LCMC Health

Northshore Rehabilitation Hospital

Ochsner Health

RIVERSIDE MEDICAL CENTER

SMH
Your Hospital for Life.

St. Tammany
HEALTH SYSTEM

Adopted by hospital facility 05/15/2025

CHIP Background

This 2025-2027 Community Health Implementation Plan (CHIP) for Healthier Northshore is a companion piece to the (CHNA). Healthier Northshore adopted the Healthier Northshore CHNA in December 2024. 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 Healthier Northshore 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 LCMC, Ochsner, and St. Tammany Health System in the Northshore region. Lakeview Hospital, Northshore Rehabilitation, Riverside Medical Center, Slidell Memorial Hospital, Slidell Memorial Hospital East, and St. Tammany Parish Hospital contracted with the Louisiana Public Health Institute (LPHI) to develop CHNAs and provide technical assistance and oversight on CHIP reports.

Community Served

The geographic region of focus for this CHIP is reflective of that described in the CHNA. This community includes 3 Louisiana parishes, St. Tammany, Tangipahoa, and Washington. These parishes and county are referred to as the Northshore 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, three health needs were identified as significant drivers of health in the Northshore area CHNA. These included: chronic disease, maternal and infant health, and behavioral health. In December 2024, CHNA leads from the Northshore area hospitals gathered to review data from the assessment and conducted an initial prioritization activity of the health needs. This was done by presenting results to the CHNA Steering Committee Members and hosting a facilitated discussion to narrow down priorities, upon which the results and priorities were presented to the boards of all participating hospitals and approved.

Figure 1.Health Needs Prioritized by Healthier Northshore

Priority Health Needs and Workplans

Below is a summary of findings for each priority health need along with Healthier Northshore's corresponding CHIP workplans. Each table describes the workplan to address one of the three priority health needs chosen by Healthier Northshore leadership. While leadership chose three 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: Chronic Disease

Chronic disease was a major concern of CHNA respondents, with obesity, heart disease or high blood pressure, and diabetes ranking among the most commonly identified local health concerns. Tangipahoa and Washington parishes in the Northshore region are impacted by higher than state average rates of these chronic conditions, with equal or lower rates observed in St. Tammany. Survey respondents also emphasized the health concern of cancer in their communities, and secondary data demonstrated racial disparities in cancer incidence. Rates of screening for chronic disease vary by type of screening and across different demographics, highlighting the need for increased screenings for chronic conditions and cancer on the Northshore.

Chronic Disease

Goal 1: Decrease burden of chronic conditions like heart disease, stroke, diabetes, obesity, debility, and others within the patient populations of Healthier Northshore.
Goal 2: Increase health literacy focused on chronic conditions (listed above) for patient populations of Healthier Northshore.
Goal 3: Increase cancer prevention awareness and behaviors, early detection activities, and utilization of therapeutic modalities for management.

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
STHS **SMH** **Ochsner** **RMC**	Increase preventative health screenings in community settings.	General Public	Community health screenings and care coordination for patients Community health preventative cancer screenings, and general health and wellness screenings Lakeview's Annual Girls Heath Day	# of screenings # of participants screened. # of girls screened and provided educational materials.	Be Well Bus, Mobile CT Unit Community Organizations +Partners Clinics, Radiology, & Cardiology	STHS Community Engagement SMH Regional Cancer Center RMC PR & Marketing Clinic Ochsner Community Affairs + Cancer Service Line Lakeview Marketing

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
STHS **Ochsner** **SMH** **RMC**	Increase health education for chronic disease prevention, educate on lifestyle changes	General Public	Cooking demonstrations + dietary education hosted at various locations Install community gardens in underserved areas including educational seminars EatFit Programming: CHOP program (ages 7-12), expand partnerships and reach in community, Alcohol Free for 40, Foodservice in Hospitals Host yearly Fit as a Firefighter summer camp with Slidell Fire	Number of participants at cooking demonstrations. Number of partnerships (restaurants, festivals, schools, grocery stores, labeled products) # of participants at summer camp.	American Heart Association Physicians + Staff Dieticians NAMI Community Garden, Magnolia Park Community Garden Community Partners Marketing and communications	STHS Community Engagement EatFit SMH Community Outreach RMC Nutrition Services & PR

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
STHS **NSR** **Ochsner**	Increase awareness of resources across community by outreach	General Public	Resource guide and map of existing infrastructure to support healthy lifestyles Community support groups + education with focus on chronic disease management and impact on health Educational material at community events, and information posted on website	# of Monthly/quarterly outreach completed and monitor continued growth # of Monthly Stroke Support Group to provide supportive services and outreach # health education encounters in a community setting	Community Partners Community Health Events Marketing+ Communications	NSR Director of Business Development + Therapy Director Community Affairs
SMH	Increase access to nutritious food and education	Cancer patients	Provide food items to patients of SMH Regional Cancer Center through its Food Pantry	# of patients that utilize food pantry	St. Tammany Food Bank	SMH Regional Cancer Center
Lakeview **Ochsner** **STHS**	Free education on smoking cessation for the community	General population	Free ongoing classes on smoking cessation inpatient and outpatient.	# of patients seen in cessation clinics Quit status of patients	Ochsner Primary Care, Community Health, Health Outcomes	Lakeview Respiratory Team, Ochsner Tobacco Cessation STHS Tobacco Cessation

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
Ochsner Health	Digital Medicine	General Population	Improve control status for patients with diabetes and hypertension Enroll patients across payer sources	# of Enrollments in Digital Medicine	Primary Care IS Support	Digital Medicine
Ochsner Health	Cancer Treatment	General Population	Increased number of patients enrolled in clinical trials Increase potential matches for bone marrow transplants Chemo-care companion MD Anderson partnership	# of patients treated	Academics Health Outcomes	Cancer Service Line
Ochsner Health	Health Outcomes Drive Teams	General Population	OHN Regional Hypertension, Statins & Diabetes Pilots Integrate data stratification into regularly used dashboards Patient-access to early detection and management tools	% of patients in chronic disease management programs with controlled conditions	Ochsner Health Network Population Health Inpatient Safety and Quality Data Analytics Ochsner Health Plan Patient Experience	Health Outcomes

Priority 2: Maternal and Infant Health

Access to education and support for expectant mothers is crucial in improving maternal and infant health outcomes on the Northshore. Secondary data from the Northshore CHNA demonstrated racial disparities in low birthweight as well as elevated teen birth rates in Tangipahoa and Washington. CHNA focus group and interview participants identified a lack of resources for mothers who are low-income or lack family support as a major challenge for the Northshore region.

Maternal and Infant Health

Goal 1: Improve infant health outcomes including birth weight, full term delivery, percentage of infants breastfed at birth, reduction of NICU stays and readmissions.
Goal 2: Decrease maternal morbidity and mortality rates of the patient populations of Healthier Northshore.
Goal 3: Increase access and utilization of prenatal care for underserved populations.

Facilities	Objective	Target Population(s)	Action Steps	Measurement Approach	Partners & Resources	Lead Department
STHS Lakeview	Exclusive breastfeeding rates for inpatient	New mothers	Increase lactation support while inpatient. Provide education for all staff on lactation education	# of new mothers exclusively breastfeeding to 57%. Audit and report data to GIFT and Baby Friendly USA.	LaPQC GIFT and Baby Friendly USA	STHS +Lakeview – Women Children services
STHS Lakeview NSR SMH	Outpatient lactation appointments and phone consults	New mothers	Virtual visit with STHS women child services Outpatient lactation consults	# of new patients utilizing consults Number of new mother patients admitted to NSR, or referrals for virtual consulting on lactation	STPH lactation consultants	STHS, SMH and Lakeview – Women + Children services

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
STHS **SMH**	Safe sleep education + promotion	New mothers + families	Educational sessions provided to new parents or families with new babies.	# of participants	St. Tammany Coroner's Office	STHS + SMH- Women Children services Community Outreach
STHS **Lakeview**	Severe range hypertension program	New mothers	At home monitoring + blood pressure testing and follow up care.	Audit scheduled 3 day follow up appointment for blood pressure monitoring for moms that qualify for hypertension protocol.	LaPQC, specifically the SBI initiative.	STHS + Lakeview – Women Children services

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
SMH **Ochsner Lakeview** **RMC**	Provide expecting mothers with health education and resources.	Expecting mothers Female-General Population Parents and/or caregivers	Expansion of Prenatal/ Postnatal health education provided at initial visit with OBGYN. Increase limit of postpartum visits Connected MOMs Free education classes on a wide range of topics from prenatal/postnatal to prep for family members Partnering with Rotary working with Pregnancy Crisis Center Fundraising and Educating the public	Track the number of expecting mothers who are provided with education. Track visits to women's services RMC Launch 2025- upcoming event in April 2025	SMH Community OBGYN offices Ochsner Community Affairs; Digital Medicine; Health Outcomes Lakeview Collaborate with the Nurse Family Partnership and WIC departments. Collaborative designations from LaPQC, GIFT, SBI and Baby Friendly	SMH Community OBGYN offices Ochsner Women's Service Line Lakeview-Women, Newborn, and Pediatric Care RMC PR& Marketing
RMC	OB/GYN provider employed by RMC	Female-General Population	With approval from hospital board, start the search for OB/GYN provider	Launch 2025		BOC (Board of Commissioners)

Priority 3: Behavioral Health

Access to behavioral healthcare remains a significant challenge on the Northshore. All parishes in the region have a higher ratio of population to mental health providers than the state, and both CHNA survey respondents and interviewees highlighted how stigma, lack of awareness, and financial burdens impact access to mental health care.

Behavioral Health

Goal 1: Decrease stigma surrounding behavioral health conditions like depression, anxiety, and substance use within the patient populations of Healthier Northshore.
Goal 2: Increase awareness, access, utilization, advocacy efforts, and reach of behavioral health services.

Facilities	Objective	Target Population(s)	Action Steps	Measurement Approach	Partners & Resources	Lead Department
STHS **SMH** **RMC**	Mental Health resources and education	New mothers Adult Pediatrics	Home health program providing post- partum depression care and other support to new moms, single moms, teen moms without support. Community education sessions: Fit as a Firefighter, Caregivers, Living with Cancer, Bereavement and Mindful Meditation support groups. Telehealth service to provide help to those that are experiencing behavioral or mental issues to provide counseling	STHS and RMC to Launch programs in 2025, # of participants tracked. SMH track the number of referred patients to Ochsner mental health professionals. Tra ck the number of participants at each session and support group		STHS – Women Child services + Home Health SMH Regional Cancer Center + Community Outreach Ochsner Psychiatric Department RMC Senior Leadership & Clinic Director

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
NSR	Counseling Services	Patients with identified counseling needs related to diagnosis while admitted to NSR	Counseling services provided as needs are identified for new diagnoses such as new amputee, cancer, stroke and traumatic injuries	Launch program in 2025	NSR case management team for f/u post DC and/or long-term need for services post DC	Medical Staff
RMC	Behavioral/Mental Health questions incorporated in PCP assessment-PH29	General	Adding questions regarding behavioral/mental health to the PCP intake assessment to ensure patients full needs are met with resources to provide help if needed.	Launch in 2025		Clinic Director & Senior Leadership
RMC Ochsner STHS	Improving Behavioral Health Literacy Among Primary Care Providers	Employees/PCPs and Medical Staff	Behavioral/Mental health provider recruitment and growth to include clinical rotations (social work and APP's included) Provide continuing education (like Mental Health First Aid) on behavioral health conditions and treatment options to improve early intervention.	RMC Launch in 2025 Ochsner and STHS to track number of providers trained and follow-up assessments on confidence in addressing mental health needs.	Academics Ochsner Work Force Development STHS STPN NAMI SELA	BOC & Senior Leadership Ochsner Behavioral Health Service Line STHS

Facilities	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
Ochsner	Access to Behavioral Health	General	Collaborate with community partners and specialty facilities to improve referral networks and access, and provide services in community setting	# of patients seen by a mental or behavioral health provider	Community Partners	Ochsner Behavioral Health Service Line
STHS	Behavioral Health Resource Guides for Discharged Patients	Patients discharged from medical and psychiatric units	Develop customized discharge packets with community behavioral health resources, including crisis hotlines and outpatient options.	Distribution numbers and follow-up utilization data.	Hospital discharge teams, FPHSA, NAMI SELA	STHS Community Engagement
STHS	Trained Family or Peer Support Specialists to interact with families of individuals admitted due to psychiatric or substance use disorder emergencies	Caregivers	The goal is to determine feasibility of a pilot NAMI in the Lobby program to educate, support, and connect families to available resources.		STHS care coordination, N AMI SELA	STHS Community Engagement + Primary Care
STHS	Behavioral Health Education for Patients and Families	Patients and caregivers	Develop and distribute educational materials in waiting rooms, patient portals, and discharge instructions to reduce stigma and improve understanding of behavioral health conditions.	Track patient engagement through QR code scans, website visits, and post-visit surveys.	Healthier Northshore, NAMI SELA, local mental health professionals	STHS Community Engagement

Health Needs Not Selected for Prioritization

While all health needs identified in the CHNA process are of concern and importance, Healthier Northshore commits to focusing on key issues where they can be most impactful. To maximize resources available for the priority health needs listed above, the Healthier Northshore leadership determined that the following issues would not be explicitly prioritized and addressed in this CHIP because of resource constraints and a relative lack of expertise or competency to effectively address these needs:

Significant needs not being addressed and why:
If the hospital facility does not intend to address a significant health need identified in the CHNA, providing a brief explanation of its reason for not addressing the health need is sufficient. Reasons for not addressing a significant health need may include, but are not limited to:
Resource constraints,
Other facilities or organizations in the community are addressing the need,
Outside the scope of healthcare delivery, and/or
A lack of identified effective interventions to address the need.

Significant Need	**Why is it not addressed**
Poverty and Economic Opportunity	Outside the scope of healthcare delivery and other facilities or organizations in the community are addressing the need.
Transportation	Other facilities or organizations in the community are addressing the need and resource constraints.
Affordability of Care	A lack of identified effective interventions to address the need.
Health Literacy and Digital Access	A lack of identified effective interventions to address the need.
Patient-Provider Trust	Currently embedded in healthcare delivery continuum.
Sexual Health Services	A lack of identified effective interventions to address the need.

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. Healthier Northshore 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 the Healthier Northshore CHIP, please contact Anne Pablovich at apablovich@stph.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 over 25 years.