



LCMC University Medical Center

2025-2027

COMMUNITY HEALTH
IMPLEMENTATION PLAN

University  [®]
Medical Center
New Orleans
LCMC Health

Adopted by hospital facility [05/15/2025]

CHIP Background

This 2025-2027 Community Health Implementation Plan (CHIP) for University Medical Center (UMC) is a companion piece to the [CHNA](#). UMC adopted the Greater New Orleans Area 2024 Community Health Needs Assessment 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 UMC 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 Ochsner and LCMC facilities in the Greater New Orleans area. Children’s Hospital New Orleans, East Jefferson General Hospital, New Orleans East Hospital, Ochsner Medical Center – New Orleans, Ochsner Medical Center – Kenner, Ochsner Rehabilitation Hospital, Touro Infirmary, Lakeside Hospital, University Medical Center New Orleans and West Jefferson Medical Center 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 five Louisiana parishes, Jefferson, Orleans, St. Bernard, St. Charles, and St. John the Baptist parishes. These parishes and county are referred to as Greater New Orleans” 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, nine health needs were identified as significant drivers of health in the Greater New Orleans area CHNA. These included: socioeconomic challenges, environmental health, crime and violence, affordability of care, access to & awareness of behavioral health, health literacy, cultural competency and discrimination, maternal and infant health services, sexual health services, and chronic disease prevention. In December 2024, CHNA leads from the Greater New Orleans 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 Board of LCMC’s University Medical Center and approved.



Chronic Disease
Prevention



Cultural
Competency



Behavioral
Health



Health Literacy

Figure 1. Health Needs Prioritized by University Medical Center

Priority Health Needs and Workplans

Below is a summary of findings for each priority health need along with University Medical Center (UMC) corresponding CHIP workplans. Each table describes the workplan to address one of the four priority health needs chosen by UMC 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: Chronic Disease Prevention

Chronic diseases of the greatest concern to CHNA respondents included obesity, hypertension, diabetes, and cancer. Parishes in Greater New Orleans are all impacted by high rates of these chronic diseases, and many participants also connected them to aforementioned environmental challenges that affected access to healthy food or opportunities for physical activity. Cancer screening rates were consistent with or slightly lower among respondents than recommended guidelines, underscoring the need for continued prevention efforts.

Chronic Disease Prevention						
Goal 1: Increase options to access to care in cancer services area						
Intervention Strategy: Implement and identify strategies that will increase access and decrease care barriers.						
Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
UMCNO Cancer Services	Increase accessible Cancer Center services for patients and decrease barriers to University Medical Center New Orleans by 2027	Patients identified in the University Medical Center service areas.	Maximize the expanded cancer space for patient access with increased appointments. Hire additional Heme-Oncology providers by Q4 2026	# of patient visits increasing year over year and reported annually. # of Heme-Oncology providers hired # of lung screenings conducted and reported annually	LSU School of Medicine, Tulane School of Medicine, Area FQHC partners, and the American Cancer Society	Cancer Service Line

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
UMCNO Cancer Services	Increase accessible Cancer Center services for patients and decrease barriers to University Medical Center New Orleans by 2027	Patients identified in the University Medical Center service areas.	<p>Launch the Lung Nodule Screening program by Q3 2025</p> <p>Hire Thoracic surgeon as part of the program by Q3 2025</p> <p>Conduct 2 community outreach events each quarter</p> <p>Implement a cancer risk clinic and assessment tool by Q2 2025</p> <p>Active Phase 1 clinical trials program by Q2 2025</p>	<p># of lung disease/cancers identified thru the lung screening program</p> <p># of community outreach programs conducted annually</p> <p># of patients assessed by the lung cancer assessment tool</p> <p># of Phase 1 clinical trials initiated at UMC reported annually</p>	LSU School of Medicine, Tulane School of Medicine, Area FQHC partners, and the American Cancer Society	Cancer Service Line

Goal 2: Increase options to access to care in cardiology services area

Intervention Strategies: Implement and identify strategies that will increase access and decrease care barriers.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
UMCNO – Cardiology Services	Increase accessible Cardiology services for patients and decrease barriers to University Medical Center New Orleans by 2027	Patients identified in the University Medical Center service areas.	Addition of new subspecialty clinics (Device/Remote and Heart Failure, Vascular and Gen Cards by Q4 2026 Conduct 3 community outreach events annually	# of patient seen in expanded provider clinics year over year reported annually # of community outreach events conducted annually	LSU School of Medicine, Tulane School of Medicine, American Heart Association, American College of Cardiology, 504 Healthnet (FQHC partners), U.S. Army Corps of Engineers, New Orleans and Company	Cardiology Service Line

Goal 3: Increase options to access to care in diabetes services area

Intervention Strategies: Implement and identify strategies that will increase access and decrease care barriers.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
UMCNO – Diabetic Services	Increase accessible Diabetic services for patients and decrease barriers to University Medical Center New Orleans by 2027	Patients identified in the University Medical Center service areas.	<p>Expansion of Podiatry Services- additional provider and surgery services</p> <p>Improving quality Diabetic Foot Care Certification of nursing staff by Q3 2026</p> <p>Diabetic Retina care with screenings thru primary care.</p> <p>Develop educational material to support patients post visit by Q4 2025 for distribution</p> <p>Increase visibility and engagement within the community thru formal with Ashe Cultural Center Health Hub project by Q3 2025</p>	<p>- # of podiatry visits and indicated procedures increased year over year reported annually</p> <p>- # of staff certified</p> <p>- # of diabetic retinal screenings increased year over year.</p> <p>- With LCMC Marketing team, create collateral marketing material by end Q3 2025</p> <p>- # of community members participating in the Health Hub reported annually</p>	<p>LSU School of Medicine, Tulane School of Medicine, Local 504 Healthnet (FQHC partners American Society of Retina Specialists, American Diabetes Association, Ashe’ Cultural Arts Center, New Orleans East Hospital</p>	<p>Primary Care/Surgery Service Lines UMC/NOEH Business Development</p>

Priority 2: Cultural Competency

For both physical and mental health, finding providers who would meet cultural needs of different groups was a consistent theme in the CHNA. Participants felt that for racial minorities and immigrants, discrimination and language issues contributed to reduced access to needed care. Cultural stigmas against mental illness were raised as issues preventing some groups from seeking out care when needed. Outdated medical practices that resulted in differential clinical thresholds for certain racial groups were identified as a barrier to effective care.

Cultural Competency

Goal: LCMC Health’s anticipates that by prioritizing cultural competency and providing training for teammates we will create an environment where we will experience improved patient trust and satisfaction, improved health outcomes and obtain a reduction in health care disparities. We anticipate our strategy will enable our teammates to effectively interact and work with people from diverse cultural backgrounds, fostering respect, understanding, and equitable outcomes.

Intervention Strategy: LCMC Health System Opportunity & Social Responsibility Department (OSR) will develop and implement a cultural competency and cultural humility toolkit to enhance cultural competency and cultural humility for clinical staff working with African American, Hispanic, and Vietnamese populations in all LCMC Health hospitals and to enhance patient-provider communication. The program aims to increase staff understanding and improve patient care to be added to all hospitals’ mandatory competencies by January 2026.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Create culturally tailored content focusing on language barriers, health disparities, historical context, and healthcare access for African American, Hispanic, and Vietnamese communities by December 2025	LCMC Health hospitals’ clinical staff. LCMC Health employed physicians LCMC Health largest underserved populations, African American, Hispanic and Vietnamese.	Conduct a survey and focus groups to understand the specific cultural challenges faced by each population. Partner with cultural experts, community leaders, or organizations to ensure accurate and authentic content.	Will design surveys and focus group materials. Will obtain responses from a representative sample of all three underserved populations.	Members of LCMC Health’s Community Advisory Council Members of hospital Mosaic Teams Pilot hospital units and groups	Opportunity & Social Responsibility Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Design and deliver culturally relevant training programs	LCMC Health hospitals' clinical staff. LCMC Health employed physicians	Utilize information obtained from subject matter experts (SBE) to design training. Ensure that all materials and training align with national cultural competency standards and address key patient demographics in the hospital's community.	Initial program design completed by August 2025 Will finalize the information gathering process by June 2025	Members of LCMC Health's Community Advisory Council	Opportunity & Social Responsibility Department
UMC	Launch training program pilot, obtain and integrate feedback and revisions by October 2025	LCMC Health hospitals' clinical staff. LCMC Health Employed physicians.	Pilot the training in three high-diversity departments (e.g., Maternity, Emergency, and Primary Care Physician Offices). Provide pilot training to community advisors, hospital clinical staff and employed physicians in cultural competency, cultural humility and inclusive communication by September 2025, gathering feedback for revisions.	Final version of pilot approved by team by August 2025. Pilot program implemented by September 2025 with all identified groups. All feedback and revisions will be obtained by October 2025	Members of LCMC Health's Community Advisory Council Members of hospital Mosaic Teams Pilot hospital units and groups	Opportunity & Social Responsibility Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Conduct analysis of data, refine training and upload finished products into the learning center to flaunch in Q1 2026.	<p>LCMC Health hospitals' clinical staff and employed physicians</p> <p>LCMC Health largest underserved populations, African American, Hispanic and Vietnamese.</p>	<p>Conduct pre- and post-implementation patient, clinical staff and physician surveys.</p> <p>Upload staff training modules in LCMC Health Learning Center to launch Q1 2026.</p>	Conduct analysis of survey responses and pre- and post-test scores aiming for at least an 85% positive response rate regarding cultural competency and cultural humility in care by December 2025	<p>Pilot group respondents.</p> <p>LCMC Health Learning Center</p>	Opportunity & Social Responsibility Department

Priority 3: Behavioral Health

Behavioral health encompasses both mental health and substance use disorder. Both were strong themes in the CHNA. Participants felt that costs and insurance coverage of mental health could be a challenge, while for substance use, experts felt that there was a gap in availability of services. In addition, participants felt that stigma and lack of awareness functioned as barriers to needed care for both substance use and mental health needs.

Behavioral Health

Goal: UMC will provide competent and compassionate outpatient and inpatient behavioral health services to adults and adolescents in need of short and long intervention, assessment and symptom stabilization.

Intervention Strategy: Provide access to behavioral health services in the hospital's primary and secondary service areas.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Increase accessible Behavioral Health services for patients and decrease barriers to University Medical Center New Orleans by 2027	Patients identified in the University Medical Center service areas.	<p>Continue providing services to various specialty areas for Behavioral Health including:</p> <ul style="list-style-type: none"> •Women's Services •Trauma Recovery Center •Cancer services •Bariatrics •Integrated Medicine <p>Hold annual BH symposium for community providers</p>	<p># of patients served, reported annually.</p> <p>Annual symposium topic and attendance</p> <p>Annual update on BH campaigns and community access.</p> <p>Alignment with New Orleans East Hospital to expand services by Q2 2026.</p> <p># of patients receiving trauma recovery services reported annually.</p> <p># of First responders accessing services reported annually.</p>	<p>LSU School of Medicine, Tulane School of Medicine, Area FQHCs, Metropolitan Human Services District, LDH, City of New Orleans DOH, Son of a Saint, Catholic Charities, local housing shelters and, United Way, crime Victim Reparation, South Louisiana Legal Services, Umbutu, GNOF and Omaha 360 group</p>	Behavioral Health Service Line

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Increase accessible Behavioral Health services for patients and decrease barriers to University Medical Center New Orleans by 2027	Patients identified in the University Medical Center service areas.	<p>Develop and initiate BH campaigns focused on community needs and requests such as the “Vital Signs” campaign at least one annually.</p> <p>Blueprint development created to expand BH services into New Orleans primary service areas.</p> <p>Continued support of the Trauma Recovery Center serving community members effected by gun violence or trauma.</p> <p>Formulating dedicated services for Emergency First Responders starting with primary care access and linkages to Support groups.</p>	Annual report to City of New Orleans leaders regarding impact of the program	LSU School of Medicine, Tulane School of Medicine, Area FQHCs, Metropolitan Human Services District, LDH, City of New Orleans DOH, Son of a Saint, Catholic Charities, local housing shelters and, United Way, crime Victim Reparation, South Louisiana Legal Services, Umbutu, GNOF and Omaha 360 group	Behavioral Health Service Line

Priority 4: Health Literacy

Health literacy is key to maintaining and improving health including both knowledge of health behaviors and ability to understand and seek out accurate health information from doctors or other sources. Digital tools are an important component of health literacy. While broadband access was generally high in target parishes, CHNA participants described varying levels of quality of service by place and challenges understanding digital technology, including accessing telehealth. Community members felt that improving overall health literacy would be crucial to increasing overall health knowledge and patient engagement.

Health Literacy

Goal: LCMC Health System’s anticipated outcomes are to empower our patient’s ability to access, understand, and use health information and services effectively, enabling them to make informed decisions and actively participate in maintaining and improving their own health and the health of their communities.

Intervention Strategy: LCMC Health System Diversity & Social Responsibility Department (OSR) will develop and implement a comprehensive health literacy toolkit to improve patient understanding of medical information, ensuring that at least 80% of patients report improved comprehension of their diagnoses, treatment plans, and medication instructions by the end of Q4 2025. Our three-pronged approach will also empower our clinical staff and physicians with an increased awareness and skill set to address the literacy needs of our patient populations by at least an 80% achievement in post-test scores by the end of Q4 2025.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	In a three-pronged approach LCMC Health’s System OSR Department will address the topic of health literacy by developing educational and informational tools for clinical staff and physicians.	LCMC Health’s most frequently requested languages from our Limited English Proficiency (LEP) patients are the following: 1.Spanish 2.Vietnamese 3.Portuguese Develop a multilingual, accessible health literacy toolkit that includes brochures, digital resources, and learning modules covering common medical conditions and concerns.	LCMC’s Health’s System OSR Department will develop and expand the range of their Health Literacy program, “Be in the KNOW”, to encompass a health literacy toolkit and two learning modules for staff. Ensure all materials are written at a 6th-grade reading level or lower and include visuals to accommodate diverse patient populations by June 2025	The patient education toolkit and the staff training modules will be piloted within the system with the following groups: 1.Patient Toolkit – 10 members of LCMC Health hospital’s Community 2.Advisory Council’s Educational modules – 10 clinical members of LCMC Health’s hospital Mosaic Teams	Marketing, Nursing Education, Physician Education, Mosaic Teams Clinical Members, Community Advisory and Council Members	OSR Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	<p>Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%≥ from Council members on ease of understanding and effectiveness of patient communication by August 2025.</p> <p>Feedback will be obtained and improvements will be made.</p>	Select members of LCMC Health hospital's Community Advisory Council's and clinical members of LCMC Health's hospital Mosaic Teams (formerly Diversity Action Teams)	<p>Pilot patient toolkit and staff training modules among a select group of clinical evaluators and achieve an evaluation score of at least 805 of clinical staff on effective patient communication and how to use the toolkit by August 2025</p> <p>The evaluation of all materials will include the following processes. Identification of pilot group members, distribution of materials with instructions for evaluation and scoring process, collection of evaluation tools and feedback, recommendations for improvements will be incorporated into tools and final versions will be created by marketing, final versions will be prepared for implementation on pilot units</p>	Achievement of an evaluation score of at least 80% from both groups	Marketing, Nursing Education, Physician Education, Mosaic Teams Clinical Members, Community Advisory and Council Members	OSR Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Pilot toolkit to the identified patient and clinical populations by September 2025.	Pilot Participants will include: 10 low-risk patients will be selected from each pilot unit and 10 clinical members of each pilot unit.	<p>Pilot the toolkit in three high-traffic departments (e.g., Emergency, Primary Care, and Cardiology) by September 2025, gathering feedback for improvements from patients, staff and physicians.</p> <p>Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%\geq from Council members on ease of understanding and effectiveness of patient communication by August 2025.</p> <p>Nursing leadership approval will be obtained and an in-service presentation will be provided to staff of pilot units.</p> <p>Pilots will launch for 1-week at each location.</p>	Conduct patient surveys before and after implementation, aiming for at least an 80% improvement in patient-reported understanding of their health information.	<p>Nursing unit leadership</p> <p>Chief Medical Officers (CMOs)</p>	OSR Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
UMC	Pilot educational modules to clinical staff members and Physicians by October 2025.	Pilot Participants will include: 10 clinical members of each pilot unit.	Pilot staff and physician education modules with a select group of clinical staff from each unit. Nursing leadership approval will be obtained, and an in-service presentation will be provided to staff of pilot units. Pilots will launch for 1- week at each location.	Conduct staff pre- and post-tests aiming for at least an 80% improvement of their skill set regarding health literacy.	Nursing unit leadership Chief Medical Officers (CMOs)	OSR Department
UMC	Launch an informational campaign in partnership with Organizational Development Team in the learning center and upload training modules in learning center by December 2025.	Upload toolkit contends into OSR “store” on the LCMC Health intranet along with instructions for utilization. Socialize the launch of the “Be in the KNOW: Health Literacy Campaign” to run from December 1, 2025 – January 31, 2026. Upload staff training modules in LCMC Health Learning Center to launch Q1 2025.	Implementation of both the health literacy toolkit and Staff training modules with a “Be in the KNOW” Campaign. We will be working in collaboration with our Local & System Marketing Departments and hospital Mosaic Teams.	We will ensure that all hospitals participate in the campaign.	Marketing (Hospital and System), Hospital and Mosaic Teams	OSR Department

Health Needs Not Selected for Prioritization

While all health needs identified in the CHNA process are of concern and importance, University Medical Center commits to focusing on key issues where they can be most impactful. To maximize resources available for the priority health needs listed above, the UMC 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.	
Significant Need	Why is it not addressed
Socioeconomic Challenges	Direct impact on sufficient wages, poverty or cost of living falls outside the scope of healthcare delivery.
Environmental Health	Other facilities or organizations in the community are addressing the need. Relative lack of expertise or competencies to effectively address the need.
Crime and Violence	Not identified as a high priority but it has been identified in the previous UMC 2021 CHIP and the work continues in this area.
Maternal & Infant Health Services	Other facilities or organizations in the community are addressing the need. Falls outside the scope of healthcare delivery.
Sexual Health Services	Identified in previous UMC CHIP and the work continues in this area.
Affordability of Care	Other facilities or organizations in the community are addressing 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. University Medical Center 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 University Medical Center CHIP, please contact Toni Flowers (toni.flowers@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 over 25 years.