

Getting People Healthy in New Orleans



Executive Summary

The Life's Blood of a City's Progress Is the Health of its Citizens

INTRODUCTION

The City of New Orleans is one of the greatest cities in the world. It is an international focal point for the origination of the pre-Lenten celebration known as Mardi Gras. Boasting a singular history created by the blending of French, Spanish and American rule, it bears the unique stamp of pre- and post-Civil War American history and the Civil Rights movement. Birthplace of Louis Armstrong, it is also the birthplace of the internationally celebrated musical form known as 'jazz'. It is an international port with a rich history in international business, mining, oil, trade and tourism. The combination of many cultures has given New Orleans its unique character in architecture, cuisine and customs. There is clearly no place like New Orleans in the world!

To a great extent, New Orleans' uniqueness also contributes to its greatest challenges. Rapid improvements in technology and transportation with resulting fluctuations in business have changed the major economic focus in our city to tourism. Decreases in significant businesses (oil and gas and technology, to name a few), the flight of higher income households to the suburbs and the general lack of industrialization in the south have left our city with some of the worst health and social indicators in the United States. Some of the reasons why visitors flock to New Orleans are the very same reasons for our massive health problems: terrific food, the relaxed environment and behaviors which can lead to substance abuse, poor judgment in sexual activity, and smoking, to name a few. It is clear that many of New Orleans' critical assets are also its tragic flaws.

These cultural factors are not the only culprits. The social, economic and health problems associated with poverty plague our predominantly African American citizenry and potentially blight our future. The table below (compiled by the City of New Orleans Health Department, or NOHD, for a recent grant application to the Louisiana Office of Public Health) displays just a few of the social and health indicators of the challenges faced by New Orleanians.

Table ES.1 Health Status Indicators for the City of New Orleans

Health Status Indicators for the City of New Orleans	Orleans	Louisiana
Waiting Time for Public Housing	25 Months +	
Shortage of primary care physicians	HPSA/Yes	
Median Household Income	\$27,788	\$32,124
Unemployment Rate	5.50%	
Percent of individuals \leq 200% poverty	50.00%	
Percent of uninsured individuals	33.5%	
Cancer Rate	256.7/100,000	202/100,000
Coronary Heart Disease Rate	222.5/100,000	216/100,000
Infant Mortality	10.7	7.20
Late Entry into Prenatal Care	24%	17%
Low Birth Weight Rate	12.5%	7.5%
Suicide Rate	12.3/100k	7.4/100,000
Aids/HIV Rate	40/100,000	16/100,000
Percent of Elderly Population	13%	11.6%
Percent of Minority Populations (All)	70%	24.9%
Other: Unmarried Mothers	63.7	32.4

These indicators above paint a grim picture of the health status of a poor, predominantly African American city and demonstrate the challenge of breaking a multi-generational cycle through aggressively engaging in a plan that targets the disparities of health status by race and gender. Although there is evidence of improvement in many of these indicators, there are also widening gaps, particularly as it refers to African Americans – most notably, differences in life expectancy at birth.

A suggested framework for further reading of the City of New Orleans Health Department’s challenges and responses can be summarized with the following key facts:



Citizens in New Orleans and Louisiana consistently fall at the bottom of national rankings of health status indicators.

67% of the people in New Orleans are African American;
 24% live 100% below the poverty line;
 50% live below 200% of the Federal Poverty Level.

33.5% (100,017 individuals) of adults 18-64 years in New Orleans lack health insurance coverage

Recent cutbacks have reduced access to non-emergency care for the uninsured and under-insured of the City by more than 2/3, due to closures of the Walk-In Clinic (W-16) at the Medical Center of Louisiana at New Orleans (formerly known as Charity Hospital) and the emergency room at Bywater Hospital (formerly St. Claude General Hospital). These facilities handled nearly 56,000 individual visits in the past, mostly sourced from zip codes 70117 and 70119.

The current “safety net” clinics (nine sites, both publicly and privately operated) available in New Orleans to provide primary care (on-going, non-emergency medical care) can accommodate approximately 50,000 patient visits each year (approximately 25,000 individuals).

The Walk-In Clinic has been used for non-emergency medical problems for generations. One of the biggest challenges is helping people adapt to new circumstances, including finding a regular source of care, and paying for care once a provider is found. In addition, free care eligibility criteria have changed for other areas of Charity, and these other services (especially the Emergency Room) will become increasingly congested.

Total un-utilized capacity at community clinics could accommodate 7,000 more annual encounters. In the longer term, existing brick and mortar could accommodate added care providers who could provide an additional 30,000 annual encounters, if the resources were made available. If existing maternal and child health centers are converted to Federally Qualified Health Centers, another 30,000 visits for all age groups could be accommodated by the system. This increased access would serve to decrease health care expenditures by identifying and treating conditions earlier.

The health of the citizens is both a result of and a reason for a city's lack of progress. There are complicated health challenges that this community is addressing. The NOHD is taking a leading role in confronting these health issues to improve the health status of everyone in Orleans Parish.

THE “NEW” NEW ORLEANS HEALTH DEPARTMENT

There is a different view of problem solving which characterizes the administration of C. Ray Nagin, and the NOHD under the direction of Dr. Kevin U. Stephens. *Healthy People 2010*, the national health framework that has been revised and refined every decade for the past 30 years, has become the blueprint for the NOHD in building its programs. Becoming an integral part of the *Healthy Louisiana 2010* State initiative, NOHD will continue to upgrade to state-of-the-art technology, reorganize service delivery to provide greater efficiency, quality, and effectiveness, and collaborate with community partners and other health institutions to better utilize scarce resources. These activities will make the NOHD one of the premier departments in the nation for implementing rapid, well-integrated changes in its organization and delivery of services to become its most effective in improving the health status of the citizens of New Orleans.

HEALTHY PEOPLE 2010

This comprehensive framework for assessing and influencing individual and community health identifies 10 leading health indicators, 28 focus areas and 467 separate objectives that can impact the achievement of two over-arching goals:

- ***Increase quality and years of healthy life.***
- ***Eliminate health disparities.***

Shown below, the leading health indicators and focus areas are useful in organizing information about the health of our citizens and responses that can positively impact their health. All aspects of this framework are addressed, either through direct services or referrals through the New Orleans Health Departments programs.



Table ES.2 Healthy People 2010 Leading Health Indicators

Healthy People 2010 Leading Health Indicators
Physical activity
Overweight and obesity
Tobacco use
Substance abuse
Responsible sexual behavior
Mental health
Injury and violence
Environmental quality
Immunization
Access to health care

	Healthy People 2010 Focus Areas	NOHD Focus: Direct and/or by Referral
1	Access to Quality Health Services	Direct
2	Arthritis, Osteoporosis, and Chronic Back Conditions	Referrals
3	Cancer	Direct & Referral
4	Chronic Kidney Disease	Direct & Referral
5	Diabetes	Direct & Referral
6	Disability and Secondary Conditions	Referral
7	Educational and Community-Based Programs	Direct
8	Environmental Health	Direct
9	Family Planning	Direct
10	Food Safety	Direct
11	Health Communication	Direct
12	Heart Disease and Stroke	Direct & Referral
13	HIV	Direct & Referral
14	Immunization and Infectious Diseases	Direct
15	Injury and Violence Prevention	Direct & Referral
16	Maternal, Infant, and Child Health	Direct
17	Medical Product Safety	Direct
18	Mental Health and Mental Disorders	Direct & Referral
19	Nutrition and Overweight	Direct & Referral
20	Occupational Safety and Health	Direct
21	Oral Health	Direct
22	Physical Activity and Fitness	Direct
23	Public Health Infrastructure	Direct
24	Respiratory Diseases	Direct
25	Sexually Transmitted Diseases	Direct & Referral
26	Substance Abuse	Direct & Referral
27	Tobacco Use	Direct
28	Vision and Hearing	Direct & Referral

Using this framework as a basis, NOHD has identified 6 behaviors and characteristics, and 11 conditions and diseases, which are significant health issues for the City of New Orleans. These 17 focus areas are discussed in detail in *Getting People Healthy New Orleans*, along with specific health department programs that address each focus area.

Table ES.3: Healthy People 2010 Leading Health Indicators and Focus Areas

**REENGINEERING AND
COMMUNITY
PARTNERSHIPS**

Within the framework of *Healthy People 2010*, the offices, divisions, programs and services of the NOHD are being re-engineered.

NOHD FOCUS AREAS	
BEHAVIORS/CHARACTERISTICS	CONDITIONS & DISEASES
<ul style="list-style-type: none"> ▪ Physical Activity/Overeating ▪ Smoking ▪ Alcohol and drug usage ▪ Risky sexual activities ▪ Access to health care ▪ Environmental Health 	<ul style="list-style-type: none"> ▪ Obesity and overweight ▪ Diabetes ▪ Cardiovascular Disease ▪ Cancer ▪ Substance Abuse ▪ Mental Illness ▪ HIV/AIDS ▪ Syphilis/Chlamydia/Gonorrhea ▪ Tuberculosis ▪ Influenza/Pneumonia ▪ Lead poisoning

Concurrent reorganization and strategic planning efforts are underway at this writing:

- Externally, the delivery system of health care in the community is being assessed through the project entitled **Primary Care Strategic Plan for the City of New Orleans**, identifying gaps in service as well as services that are best delivered through the public health department and those that are best delivered through the private and nonprofit health care delivery system throughout the city.
- Internally, each office and division is reviewing its programs, identifying measurable goals and objectives that can be linked to *Healthy People 2010*.
- Current capabilities assessment and specific plans for improvement are integral parts of both plans.

Recent successes within the New Orleans Health Department include:

- the reopening of the Edna Pilsbury Community Health Clinic (after remodeling),
- a new mobile dental clinic for continued services to the elderly with the Council on Aging,
- establishment of a “safe house” for people to use during lead-abatement efforts,
- re-organization of the HIV/AIDS program,
- new leadership within the Emergency Medical Service (EMS) division,
- new leadership and organizational structure for the Clinical Services division,
- re-organization of the Delgado STD Clinic,
- creation of a new division of Employee Health,
- re-funding for 5 years of the Health Care to the Homeless program,
- receipt of a Steps to a Healthy USA grant,
- development of a hurricane preparedness plan for the City,
- a comprehensive media campaign including a weekly television show called Healthy Steps on WWL-TV and regular articles in the Tribune,
- a community health calendar,
- frequent community health fairs, including collaborations with the American Lung Association for Asthma U and with Healthy Community Churches,
- significant improvements in infant mortality rates, impacted by Maternal-Child Health programs and clinics,
- leadership in the establishment of the Metropolitan Human Services District for the coordinated delivery of services for mental health, addictive disorders and developmental disabilities,
- lead role in Region I consortium: the Governor’s Health Care Reform Panel,
- hosting of several national health conferences, including lead prevention, AIDS, health care for the homeless and American Pediatrics Association,
- received a grant from GlaxoSmithKline for an asthma environmental van,
- initiation of the Getting Real about Violence Program funded by Title Five at George Washington Carver Complex.

Technology upgrades continue to take place, giving NOHD better access to operational and clinical information about its services and the health outcomes that result from these services. Baseline data for each defined outcome is in the process of being identified and will be used to track future progress against goals. Re-structuring, where appropriate, will allow the highly skilled people within NOHD to better focus on ensuring high quality, appropriate health care for all citizens and visitors to New Orleans. Where efficiencies can be gained by engaging community partners in the delivery of these services, the Health Department will aggressively seek out high quality partners to augment its programming.