

Getting People Healthy in New Orleans



THE HEALTHY LOUISIANA 2010 PROJECT AND THE SEVEN POINT PLAN OF THE NEW ORLEANS HEALTH DEPARTMENT

OVERVIEW

The NOHD has a clear view of its goals as it relates to improving the health status of the citizenry of New Orleans. Consistent with the mission of public health is to fulfill “society’s interest in assuring conditions in which persons can be healthy.”¹ NOHD is engaged with both private and public organizations and individuals in accomplishing this mission. This collaboration seeks to fulfill its responsibilities by preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, encouraging healthy behavior, helping communities to recover from disasters, and ensuring the quality and accessibility of health services.

ISSUES AND TRENDS

NOHD recognizes that public health encompasses three core functions: *assessment* of information on the health of the community, comprehensive public health *policy development*, and *assurance* that public health services are provided to the community. These functions have been defined further and expanded into 10 essential public health services.² See Figure 3.1 for full list from the *Public Health in America* statement.³ NOHD has existing programs that provide these services and is seeking to fortify programs and interventions in these areas. The programs that provide these services are highlighted in each of the seven points of this plan. NOHD further recognizes the totality of the public health infrastructure, which includes all governmental and nongovernmental entities that provide any of these services. Environmental health, occupational health and safety, mental health, and substance abuse are integral parts of public health. Service providers, such as managed care organizations, hospitals, nonprofit corporations, schools, faith organizations, and businesses, also are an integral part of the public health infrastructure in this community.

ESTABLISHING A HEALTHY PEOPLE 2010 INITIATIVE THROUGH LEGISLATION

The Healthy Louisiana 2010 (HL 2010) program is Louisiana’s version of the national *Healthy People 2010* plan. The program is based on the national *Healthy People 2010* process, yet tailored to meet the needs of Louisiana’s citizens. The Louisiana Department of Health and Hospitals’ Office of Public Health established the program to create partnerships with each of the state’s parishes, helping them to develop and implement local health initiatives. The program will provide for a broad-based effort aimed at addressing the needs of health promotion and disease prevention in the communities within each parish.

While the Healthy Louisiana 2010 program will provide leadership and support to individual parish partnerships, each parish will be responsible for meeting the criteria for partnership certification. This allows for minimizing state directives and maximizing community involvement and ownership. Louisiana was the first state to enact legislation to establish a statewide Healthy People program. The legislation mandated that a *Healthy People 2010* Planning Council (shown in Appendix B) be established first. The Council was required to have representation from state agencies, community based organizations, and health-related organizations. This group was charged with collaborating with the Department of Health and Hospitals to identify the top ten health priorities or Leading

Health Indicators (LHI) for the state, and then to develop and implement a statewide *Healthy People 2010* strategic plan.

Through a series of meetings, the HP Council's work culminated in the formal adoption of Louisiana's 10 Leading Health Indicators (LHIs) that serve as the priorities for Louisiana's health promotion and disease prevention agenda. The Healthy People Council and the Louisiana Legislature's Health and Welfare Committee approved the statewide strategic plan for the program in 2003.

Figure 3.1: Essential Public Health Services

Essential Public Health Services
1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and assure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

SOURCE: Public Health Functions Steering Committee, *Public Health in America*, Fall 1994. <http://www.health.gov/phfunctions/public.htm>. (January 1, 2000)

HOW IS THE HEALTHY LOUISIANA 2010 PROCESS STRUCTURED?

One of the most effective tools for improving health in communities is the establishment of broad-based community partnerships. The goal of these partnerships will be to develop and implement local action agendas that are tied to local and state Healthy Louisiana 2010 objectives. This process will result in the creation of partnership between the Healthy Louisiana 2010 program office and each parish with the state. These partnerships will be composed of parish and local leadership, representing the racial/ethnic makeup of the parish, from the following groups:

- Public and private health associations
- Civic groups and other nonprofit organizations
- Schools and universities
- Public Health entities
- Businesses
- Churches and faith-based organizations
- Local and state governments
- Hospitals, clinics and physicians
- Law enforcement

Each of the nine administrative regions under the Office of Public Health (OPH) will designate a community liaison to work with their communities and the Healthy Louisiana 2010 Program office. These community liaisons will be the contact persons for the Healthy Louisiana 2010 Program office and will provide education and technical assistance to local partnerships engaged in the Healthy Louisiana 2010 “Healthy Community” certification process.

In addition to the headquarters and regional staff, it is recommended that each parish partnership will hire a local “Community Project Coordinator.” The Community Coordinator will be responsible for performing a community health assessment; identifying community programs with HP 2010 initiatives; promoting the communities’ initiatives by maintaining high visibility in the community; maintaining an on-going health promotion media campaign; and providing leadership and education to the community partnerships. This coordinator must be funded by local sources (i.e. local health departments/hospitals, parish commissions, foundations, etc.) and will likely be a skilled health professional such as a nurse or a health educator.

DEVELOPING COMMUNITY PARTNERSHIPS AND REGIONAL NETWORKS

Parishes in Louisiana are being asked to develop broad-based community partnerships that represent the needs of their communities and whose missions are prevention-based. Ideally, these partnerships should be composed of local leadership from businesses, churches, universities, public health agencies, hospitals, etc., representing the racial/ethnic make-up of the community. The goal of these partnerships will be to develop and implement local action agendas that are tied to local and state Healthy Louisiana 2010 objectives. The Healthy Louisiana 2010 program staff will provide assistance in recruiting and developing structure for community-based coalitions.

ACHIEVING THE COMMUNITY CERTIFICATION AWARD

The first step in the community certification process will be to perform a community health assessment. Through the health assessment process, community members will gain a better understanding of the health of their community and will be able to identify available resources, including health care systems in their community. The health assessment will culminate in a report that includes current information about the health of the citizens in the parish, as well as an inventory of available resources and existing programs. This report will also provide the basis for discussion and action. Following the community health assessment, the community coalition will write and submit their application for certification.

COMMUNITY CERTIFICATION AWARD

The “Healthy Community” Certification Award will provide statewide and national recognition of the valuable work of community members and agencies. Through the “Healthy Community” process, parishes will be certified and recognized by the Governor as “Healthy Communities.” The Governor, or his/her designated official, will present the awards on an annual basis at a statewide conference sponsored by the Louisiana Department of Health and Hospitals’ Office of Public Health. Statewide community and public health leaders, as well as partnership team members, will be invited to the conference, where their efforts will be showcased and shared with other parish partnerships. Workshops will provide training in building successful partnerships and coalitions; influencing change at the community level; performing and interpreting community assessments; tips for finding funding; influencing policy; the importance of evaluation, etc.

Application for the Healthy Louisiana 2010 Community Achievement Award will be a first step in documenting the NOHD process for change. This application will demonstrate that the NOHD has adopted the state’s ten Leading Health Indicators and has begun an initiative to address **at least two** of these health priority objectives. These objectives must be measurable and realistic. By receiving this certification award, NOHD will enhance its access to grant opportunities from federal, state, and

other funding agencies. Certification can even serve to attract economic investment in the City of New Orleans.

NOHD's Getting People Healthy in New Orleans

NOHD will use a modified *Healthy People 2010* framework in concert with Healthy Louisiana 2010 health indicators to target the unique needs of the citizens of New Orleans. The Seven Point Plan addresses the following topical areas, which represent behaviors, diseases, and programs. Each section considers objectives and work plans based on the *Healthy People 2010* and Healthy Louisiana 2010 objectives. In doing so, NOHD will employ a systematic review of its entire program, community relationships and infrastructure requirements for future success.

This section discusses these areas of great concern to the NOHD in its mission to meet the *Healthy People 2010* goals

- Smoking – according to the World Health Organization, the number one cause of preventable deaths
- Obesity and Physical Activity – and the diseases that are the consequences of these behaviors, in particular Diabetes and Cardiovascular Disease
- Risky Behaviors – substance abuse; irresponsible sexual behaviors that lead to unwanted pregnancy, STD's, and HIV/AIDS
- Maternal and Child Health
- Environmental Health, in particular, exposure to lead
- Access to Care
- Employee Health

Throughout these discussions the reader will learn how the NOHD has developed a response representative of all of its current functions and activities required to achieve these goals. Many of these activities are already in place, and include upgrades in physical plant, information management infrastructure, equipment, and service activities as follows:

- Implementation of process analysis and TQM approach to identifying strengths and weakness in the organization and opportunities for improvement
- Evaluation data collection methodology and processes to move towards a rapid recall, paperless system and a more efficient patient experience;
- Institution of an integrated geographic analysis of socioeconomic, education, crime, housing and transportation data;
- Coordination of clinical services with grant program activities to connect the community with appropriate health services;
- Collaboration with community organizations, churches and schools to identify specific interventions, points of distribution of those interventions and assess results of interventions by using surveys and responding with customized health fairs which address disease conditions, insurance coverage, prevention, etc.
- Systematic analysis of new and existing data sets; design of appropriate responses; monitoring processes to determine the effectiveness interventions
- Upgrade clinic physical plant, equipment, administrative processes and expand full primary care services for all age groups to improve access

- Participation with local medical institutions in public health, epidemiology and medical research initiatives for targeted problem populations and organizational and administrative challenges.
- Innovation in clinical and care management systems demonstrations projects
- Infrastructural reengineering and upgrades, including implementation of state of the art data and information systems
- Development of templates with suitable rapid cross application
- Collaboration with a variety of organizations, including faith based organizations, managed care organizations, community service organizations and educational systems and institutions. A list of organizations with whom NOHD currently collaborates can be found in Appendix C.

The Seven Point Plan that follows outlines each Leading Health Indicator and the goals, objectives and plans for each. Because many of the activities of the NOHD are designed to be efficient in presenting or intervening with several issues of the target audience at the same time, complete descriptions of the programs of the NOHD can be found in Appendix A.

The NOHD public health infrastructure is the collection of resources needed to deliver the essential public health services to the community: people who work in the field of public health, information and communication systems used to collect and disseminate accurate data, and public health organizations are in the front lines of public health activity in New Orleans. However, similar to many other communities, the overall public health infrastructure is a complex web of practices and organizations that has been characterized as in “disarray.”^{1,2} NOHD seeks to focus on reorganizing and providing leadership to correct this situation by evaluating and reengineering its activities around a Seven Point Plan that follows the well-researched template provided by *Healthy People 2010* and *Health Louisiana 2010*.

NOHD faces significant challenges in the face of enormous problems. Various reports and evaluations have described the continuing deterioration of the national public health system: health departments are closing, technology and information systems are outmoded, emerging and drug-resistant diseases threaten to overwhelm resources, and serious training inadequacies weaken the capacity of the public health workforce to address new threats and adapt to changes in the health care market.^{3,4} New Orleans is one of the communities with these characteristics. Conversely, interest in public health has led to the development of public health improvement plans in several States, including Illinois and Washington. In addition, private foundations have funded major national programs to improve health. For example, Turning Point: Collaborating for a New Century of Public Health Initiatives, supported by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation, helps develop more effective public health infrastructure by providing technical assistance to health departments at State and local levels. New Orleans is looking at these examples to rapidly move towards sustainable change in an era that requires innovation in obtaining funding.

The Seven Point Plan discusses the health problems of New Orleans and the use of the *Healthy People 2010* Objectives and Focus Areas Template to reinvent its basic infrastructure. NOHD is reviewing each of its categorical public health programs—childhood immunizations, infectious disease monitoring, cancer and asthma prevention, injury prevention, and many others—to assess its requirements for health professionals who are competent in cross-cutting and technical skills, public health divisions with the capacity to assess and respond to community health needs, and up-to-date

information systems. NOHD will be a place where Federal public health agencies can rely on the presence of a strong infrastructure and systems to support the implementation of their programs.

The NOHD will serve as a stronger participant for planning, delivering, and evaluating public health with the capacity to prepare for and respond to both acute and chronic threats to the City's health, whether they are bioterrorism attacks, emerging infections, disparities in health status, or increases in chronic disease and injury rates based upon an infrastructure comprised of physical plant, health care workforce, up-to-date data and information systems, and strong collaboration with other public health and community based organizations.

Research also is a key activity of the NOHD programmatic efforts in identifying opportunities to improve health, strengthen information systems and organizations, and make more effective and efficient use of resources. Health data and surveillance systems provide information on illness, disability, and death from acute and chronic conditions; injuries; personal, environmental, and occupational risk factors; preventive and treatment services; and costs. To be most useful, public health data must be accessible, accurate, timely, and clearly stated and must adhere to strict confidentiality standards. The system must be linked with other data systems and must be linked with and integrated at the Federal, tribal, state, and local levels. The systematic collection, analysis, interpretation, dissemination, and use of health data drive efforts to determine the health status of a population, plan prevention programs, and evaluate program effectiveness. Healthy People activities during the 1980s and 1990s have demonstrated the central role of data, focused attention on what is important to measure, and stimulated the development of new data systems.

Although Federal agencies take the lead in collecting national public health data, these agencies are only some of the many necessary partners that collect, analyze, and use public health data. Surveillance often involves active cooperation among Federal, tribal, state, and local agencies. For example, the Vital Statistics Cooperative Program obtains information on births, deaths, marriages, and divorces from all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Programs in each area collect vital information from many sources in local communities, including funeral directors, medical examiners, coroners, hospitals, religious authorities, and justices of the peace. Other data collection systems, based on sample surveys rather than reports, depend on the participation of thousands of private citizens nationwide. And still other systems rely on the administrative records of public and private health care organizations.

If data are not available or are missing, problems can arise, especially for state and local health agencies. In particular, health problems may not be identified in high-risk populations, or the public intervention may not be timely enough. Information enables public health to direct preventive services and health promotion activities toward select populations.

The public health workforce must have up-to-date knowledge, skills, and abilities to deliver services effectively and carry out the core functions of assessment, policy development, and assurance of services. The importance of organizations in making a system effective often is overlooked. Yet, tribal, state, and local public health agencies, in partnership with other community organizations, are essential to an effective public health system.

Because a national data system is not yet available for tracking progress, one subject of interest concerning the public health infrastructure is not covered in this focus area's objectives. This topic represents a research and data collection agenda for the coming decade: increasing the proportion of Federal, tribal, state, and local public and private employers that voluntarily adopt the Standard Occupational Classification (SOC) system to categorize public health personnel.

A major goal of *Healthy People 2010* is to eliminate health disparities. These disparities exist at all state and local levels but are not well delineated because of differences in public health systems. A better trained public health workforce, improved data and information systems, and more effective public

health organizations will strengthen the public health infrastructure at all levels and help identify where disparities exist. Then, targeted interventions and programs to eliminate the disparities can be developed.

Disparities among public health organizations and between the public and private health sectors are also of concern. For example, a diverse, highly skilled workforce must be recruited and trained to meet the challenges of the 21st Century. Salary structures and disparities in staffing across jurisdictions, as well as between workers in the public and private sectors, will affect the ability of public health agencies to recruit and retain a high-quality workforce.

Several developments suggest opportunities to improve public health capacity nationwide. The 1997 report *The Public Health Workforce: An Agenda for the 21st Century* recognized the need for a system to assure a stronger public health workforce.⁵ The report identified five areas to be strengthened: national leadership, state and local leadership, workforce composition, curriculum development, and distance learning. Data systems are needed to track the extent to which the workforce has the knowledge, skills, and abilities to carry out its functions. With wide input from the public health community, the SOC system was updated in 1997 and 1998 to include an array of public health professions.⁶ SOC will continue to be used in a number of national population- and employer-based surveys by the Bureau of Labor Statistics (U.S. Department of Labor), the Bureau of the Census (U.S. Department of Commerce), and the Bureau of Health Professions (U.S. Department of Health and Human Services). A standard classification may be useful in determining minimum levels of competency for each classification.

INTERIM PROGRESS TOWARD YEAR 2000 OBJECTIVES

Healthy People 2000 did not have a specific focus area for public health infrastructure. Two objectives, however, did address broad infrastructure areas. One stated, “Increase to at least 90% the proportion of persons who are served by a local health department that is effectively carrying out the core functions of public health.” Although selected studies have provided a snapshot of local health department effectiveness in carrying out the core functions,^{7, 8} systematic monitoring of this objective over time has not been done. However, efforts to define, achieve, and measure this objective have contributed to a more complete description of infrastructure as well as a more detailed and expanded infrastructure goal.

The second objective stated, “Increase to at least 50% the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations.” In 1996–97, baseline data for this objective were obtained for local health departments serving certain racial and ethnic groups comprising 10% or more of the population. Programs or interventions were most likely to be adapted in the areas of maternal and infant health (47%), nutrition (44%), and family planning (42%). Adaptations were least likely to have been made for such groups in the areas of occupational safety and health (13%), mental health and mental disorders (18%), and food and drug safety and health (18%).

Healthy People 2000 had a specific priority area on data and surveillance. Several objectives from *Healthy People 2000* have been modified and are included in *Healthy People 2010* as Public Health Infrastructure objectives dealing with data and information systems.

Of the seven surveillance and data system objectives, progress has been made on six. A set of health status indicators appropriate to Federal, state, and local levels was developed, and all states monitor at least some indicators. National data sources to measure progress toward each of the *Healthy People 2000* objectives were identified or created for 97% of objectives. Although difficult to quantify, progress toward filling data gaps is continuing, most recently through the *Healthy People 2000 Midcourse Review and 1995 Revisions*, when considerable attention was given to population groups at

highest risk for premature death, disease, or disability. The number of states that periodically publish data on *Healthy People 2000* objectives has increased substantially. Systems for the transfer of data have expanded considerably in all states, with the expansion of the Internet playing a major role. Achieving the timely release of data appears to have moved away from the target; however, the measurement of progress for this objective is affected by the frequency of data collection.

Note: Unless otherwise noted, data are from the Centers for Disease Control and Prevention, National Center for Health Statistics, *Healthy People 2000 Review*, 1998–99.

Healthy People 2010 Infrastructure Objectives:

Seventeen objectives have been established related to infrastructure, all of which are applicable to the New Orleans Health Department as it re-invents itself. These are listed below, and **more detailed information can be found in Appendix K.**

Healthy People 2010—Summary of Infrastructure Objectives

Goal: Ensure that Federal, tribal, state, and local health agencies have the infrastructure to provide essential public health services effectively.

Number	Objective Short Title
Data and Information Systems	
23-1	Public health employee access to the Internet
23-2	Public access to information and surveillance data
23-3	Use of geo-coding in health data systems
23-4	Data for all population groups
23-5	Data for Leading Health Indicators, Health Status Indicators, and Priority Data Needs at Tribal, State, and local levels
23-6	National tracking of <i>Healthy People 2010</i> objectives
23-7	Timely release of data on objectives
Workforce	
23-8	Competencies for public health workers
23-9	Training in essential public health services
23-10	Continuing education and training by public health agencies
Public Health Organizations	
23-11	Performance standards for essential public health services
23-12	Health improvement plans
23-13	Access to public health laboratory services
23-14	Access to epidemiology services
23-15	Model statutes related to essential public health services
Resources	
23-16	Data on public health expenditures
Prevention Research	
23-17	Population-based prevention research

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- ¹ Institute of Medicine, Committee for the Study of the Future of Public Health. *The Future of Public Health*. Washington, DC: National Academy Press, 1988.
- ² Harrell, J.A., and Baker, E.L. The essential services of public health. *Leadership in Public Health* 3(3):27-31, 1994.
- ³ Public Health Functions Steering Committee. *Public Health in America*. Fall 1994.
<http://www.health.gov/phfunctions/public.htm> January 1, 2000.
- ⁴ Baker, E.L.; Melton, R.J.; Stange, P.V.; et al. Health reform and the health of the public: Forging community health partnerships. *Journal of the American Medical Association* 272(16):1276-1282, 1994.
- ⁵ Public Health Service (PHS). *The Public Health Workforce: An Agenda for the 21st Century*. Washington, DC: U.S. Department of Health and Human Services (HHS), 1997.
- ⁶ Office of Management and Budget. 1998 Standard Occupational Classification. *Federal Register* 64(101):53136-53163, September 30, 1999.
- ⁷ Richards, T.B.; Rogers, J.J.; Christenson, G.M.; et al. Evaluating local public health performance at a community level on a statewide basis. *Journal of Public Health Management and Practice* 1(4):70-83, 1995.
- ⁸ Turnock, B.J.; Handler, A.; Hall, W.; et al. Local health department effectiveness in addressing the core functions of public health. *Public Health Reports* 109:478-484, 1994.