

Role of a Public Health Institute in Post-Katrina Recovery

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Presentation Overview

- 1. Public Health Institutes: A brief overview
- 2. Impact of Hurricane Katrina on the population and health system of the Greater New Orleans Region
- 3. Role of LPHI in the recovery

What is a Public Health Institute?

 Public health institutes are multi-sector organizations that work to improve population health

 Most function alongside and in partnership with government, the business community, academia, and other non-profit organizations

Public Health Institutes and the Public Health System



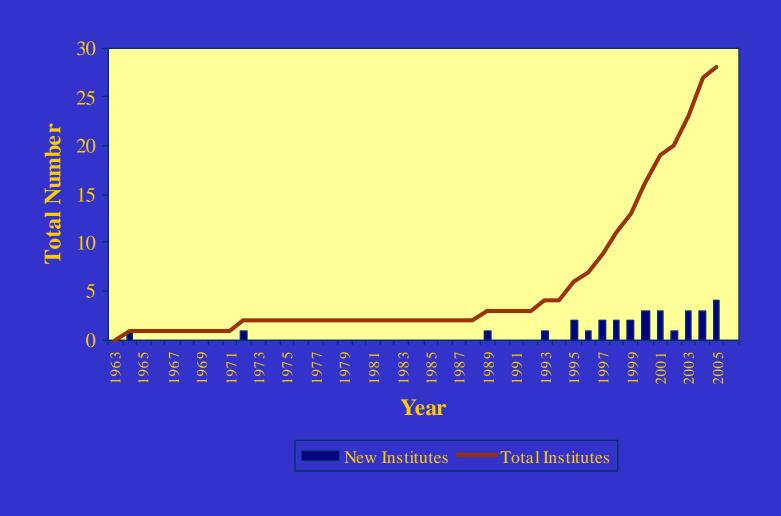
Source: Institute of Medicine, 2003

The Work of Public Health Institutes

- Health policy research
- Health information systems
- Applied population research
- Community capacity enhancement
- Technical assistance

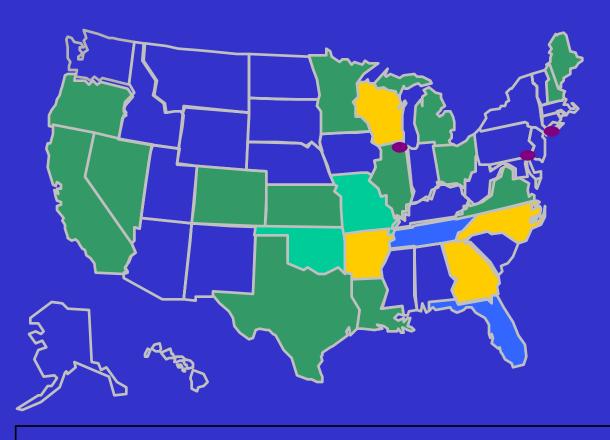
- Training
- Coalition building and management
- Health systems development
- Community needs assessments
- Program evaluation

Emergence of Public Health Institutes



NNPHI Members

visit www.nnphi.org for links to members' websites



Statewide Nonprofit

Provisional Member

University-Affiliated

- Affiliate member
- Municipal / Sub-State



LPHI Mission

Improve the health and quality of life in Louisiana through public/private partnering

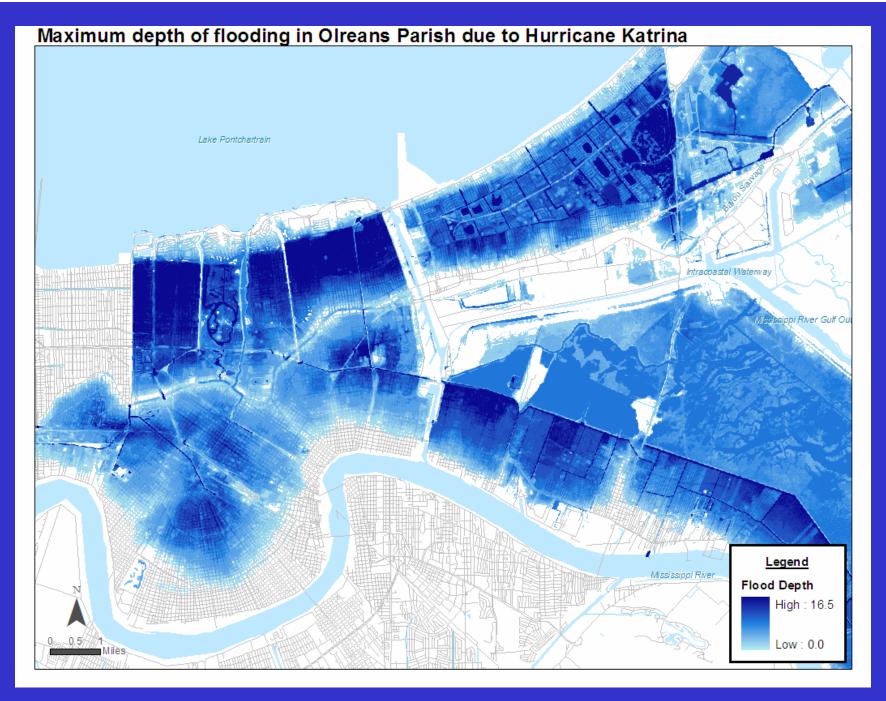
Katrina

- Katrina made landfall on August 29, 2005
- Close to 80% of residents left under mandatory citywide evacuation order (CNN 2005)
- Initial demographic disruption from evacuation is exacerbated by:
 - Loss or damage to 71% of city's housing stock (HUD 2006: 23).
 - Complete and prolonged collapse of public infrastructure and services



Katrina

- Approx. One Million people had successfully evacuated central Gulf Coast
- At New Orleans landfall, Category 3
- At dusk, "All Clear" sounded
- And then, the levees...
- Surrealistic transition into a doomsday scenario...where an entire community is uprooted and service capacity gutted





The kitchen of an LPHI staff member after the water was drained



Race: Orleans Parish

Racial/Ethnic Composition	Estimated Count	Estimated Percent	Margin of Error (+/-)	ACS 2004
White only	81,557	42.7	5.3	8 (A) (A) (A) (A) (B) (B)
Black only	89,891	27.0	6.2	302.941
Asian only	6,607	3.5	3.0	9,577
American Indian, Alaska Native only	797	0.4	0.5	548
Native Hawaiian, Other Pacific Islander only	2,180	1.1	1.1	0
Multiracial	650	0.3	0.3	3,912
Other race or no race selected	9,457	4.9	2.6	3,846

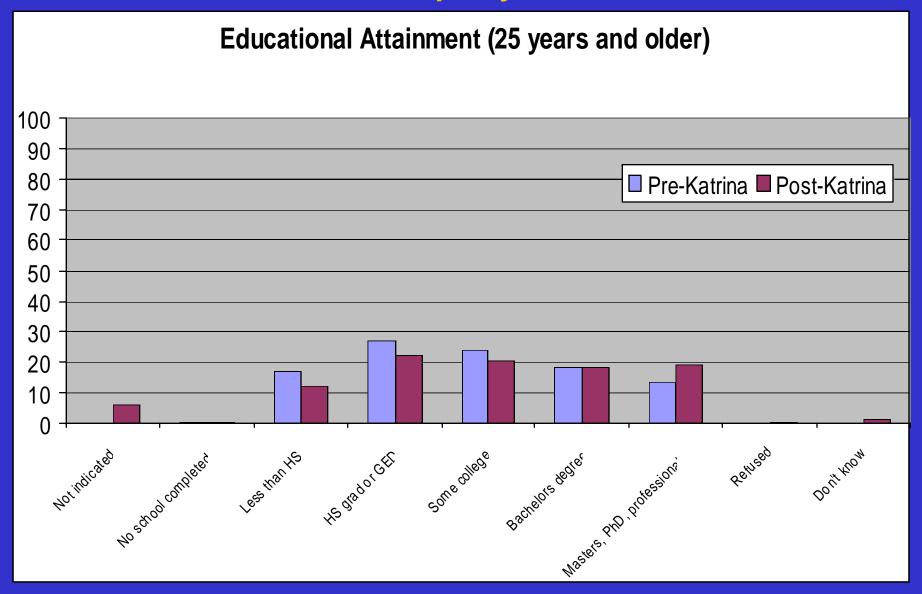
Source: Louisiana Health and Population Survey (January 9, 2007); US Census American Community Survey (2004)

Age Distribution

Age Cohort	Percent change since 2005
Under 5 years	A AMERICAN
5 to 9 years	
10 to 14 years	49.
15 to 19 years	
20 to 24 years	13.3%
25 to 34 years	9.0%
35 to 44 years	11.6%
45 to 54 years	19.7%
55 to 64 years	7.5%
65 to 74 years	10.5%
75 to 84 years	1000

Source: Louisiana Health and Population Survey (January 9, 2007); US Census American Community Survey (2005)

Education and Employment



Source: Louisiana Health and Population Survey (January 9, 2007); US Census American Community Survey (2005)

LPHI and Hurricane Recovery

Immediately after the storm, LPHI applied its competencies to support recovery through collaborative efforts:

- 1. Created and directed Legislative Crisis Center
- 2. Convening the Greater New Orleans Health Planning Group
- 3. Social marketing (www.stayhealthyla.org)
- 4. LA Health and Population Survey (www.popest.org)
- 5. Administration of the Primary Care Access and Stabilization Grant



Louisiana Legislative Resource Center

- Legislators of directly impacted areas were displaced and out of the information and decision-making loop in first days after storm
- Truly case of: "my constituents are dying back there!"
- Governor's office, executive agencies, military and feds were "directing" things
- Legislators are unique in direct contact and standing with both neighborhood level and state policy level
- Needed processes and structure for info sharing and decision influence – simply no precedent

Louisiana Legislative Resource Center

- LPHI asked to advise in urgent ad hoc meeting convened by President of Senate and Speaker of House with impacted legislators 3 days after Katrina
- LPHI designed "war room" in state capitol basement with communications and IT
- Created process intake of calls/e-mails from legislators /constituents/public for both needs and offers and built electronic directory of response assets and f/u e-log
- Leadership of Leg staff immediately had extraordinary volunteer staffing from throughout legislative staff
- In two weeks of service, processed over 200 requests, including directing search and rescue to trapped constituents who called their legislator's office

2. Greater New Orleans Health Planning Group

Post-Katrina Planning Framework for Greater New Orleans

- Hurricane Katrina caused severe damage to the infrastructure for health care and public health services in the Greater New Orleans area ... And,
- Spawned an extraordinary commitment of new resources to invest in community health capacity redevelopment ...

Post-Katrina Framework for a Healthier Greater New Orleans

- BUT, if all of the components of the health system are rebuilt as they were, Greater New Orleans risks experiencing the same bad health outcomes
- Framework for a Healthier Greater New Orleans was developed in August - October of 2005 by the Greater New Orleans Health Planning Group

Post-Katrina planning framework for Greater New Orleans

- Role of LPHI
 - Co-convener with federal agencies
 - Provided research support and staffing
 - Assured office and logistical support during chaotic period
- Framework was developed by a group of over 100 people, divided into workgroups, representing:
 - Federal, state, and local health agencies
 - Private, government, and nonprofit health providers
 - Community groups

Framework for a Healthier New Orleans Guiding Principles

- All actions must support a healthier Greater New Orleans as Goal
- Plan must be at leading edge for health systems planning
- Plan must be grounded in best evidence and modeling for population dynamics by time, location, SES and health needs
- People of the community must participate at every level

Framework for a Healthier New Orleans Priority Recommendations

- 1. Healthy Neighborhood Design
- 2. Safe external and housing/indoor environments
- 3. Sufficient public health capacity for assessment, policy development and assurance
- 4. Neighborhood primary care for all
- 5. Acute hospital and specialty services
- 6. Health Information System
- 7. Health care workforce

3. Social marketing (www.stayhealthyla.org)

Stay Healthy Louisiana Website and Mass Media Campaign

- Website, <u>www.stayhealthyla.org</u> Launched by LPHI
 Division of Media and Communications in late September 2005 via a partnership with the Louisiana Department of Health and Hospitals.
- Supported by radio and television PSAs, StayhealthyLA delivered information on disaster/emergency recovery and preparedness, mental health, and other pressing public health issues to varied populations across the state.
- Evolved into a centralized resource for public health information in Louisiana, providing critical information via toll-free hotline (1-888-419-HEALTHY)

Louisiana Spirit Initiative Mass Media Campaign

- In August of 2007, LPHI's Division of Media & Communications contracted with the Louisiana Spirit Hurricane Recovery crisis counseling and mental health program to manage and oversee a statewide marketing and communications campaign to promote free crisis counseling services through community outreach, public education, information and referral.
- The Louisiana Spirit program is funded through grants from the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Louisiana Spirit operates under the Louisiana Department of Health and Hospitals—Office of Mental Health.
- The campaign is ongoing and involves television, radio, print and outdoor advertising and print materials to promote Louisiana Spirit's toll-free counseling hotline.

4. LA Health and Population Survey (www.popest.org)

Information Challenges

- Traditionally reliable data sources (e.g. decennial census) were rendered obsolete due to the massive population migration and destruction caused by Katrina
- Paucity of authoritative data to drive resource allocation decisions, preparedness efforts, and other decisions necessary for recovery

Louisiana Health and Population Survey

- Conducted by LPHI on behalf of the Louisiana Recovery Authority and LA Department of Health and Hospitals with technical assistance from CDC and Census Bureau
- Household surveys conducted in 18 hurricane-affected parishes to produce health and demographic estimates (download comprehensive descriptive reports at www.PopEst.org)
- Source for the most comprehensive demographic information since Katrina

LPHI Role in Population Survey

- Project management
- Data collection
- Data management and technology support
- Report writing
- Website development
- Media and communications support
- Human resource management
- Liaison to LA Health Care Redesign Collaborative

5. Administration of the Primary Care Access and Stabilization Grant

Purpose of PCASG

 Primary Care Access and Stabilization Grantfunding to assist in the stabilization and expansion of access to outpatient primary care including medical and behavioral health and other supportive services in Greater New Orleans

 \$100 million (100% federal funds) over the next 3 years (5% administrative)

Goals for the PCASG

- Increase access to care on a population basis
- Develop sustainable business entities
- Provide evidenced based, quality health care
- Develop an organized system of care

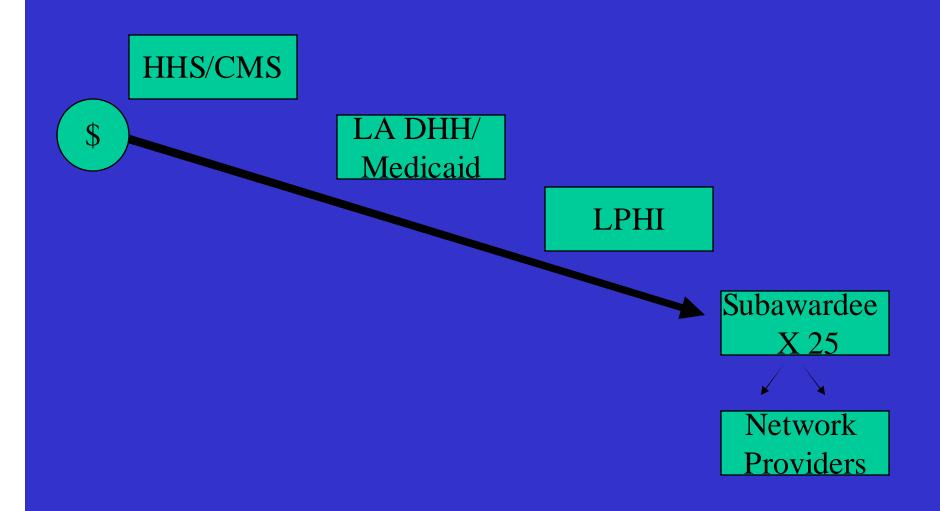
Timeline

- March 13, 2007 House Energy and Commerce Subcommittee on Oversight and Investigations Hearing
- May 23rd, 2007 Letter from HHS/CMS to LA DHH announcing availability of funds
- June 12, 2007 LPHI chosen as state's local partner in administering the grant
- July, 23rd 2007 Notice of award is made to LA DHH and LPHI.
- August 10, 2007 Applications due
- September 21st, 2007 Eligibility announcement and \$16.7 million disseminated via initial awards

LPHI Role in PCASG

- Collaborative leadership with public/private partners
- Program development
- Team competency building
- Fiduciary support
- Contract management
- Technical assistance

Contracting



Conclusion:

Public Health Institutes:

- Form customized and focused teams
- Nimble and able to deploy projects rapidly
- Avoid red tape
- Serve as a transparent and trusted entity for the community
- Translate an evidence base into useful communications