

1. Our Health Challenges: A Legacy of Health Disparities Pre/Post Katrina



Health Report Cards

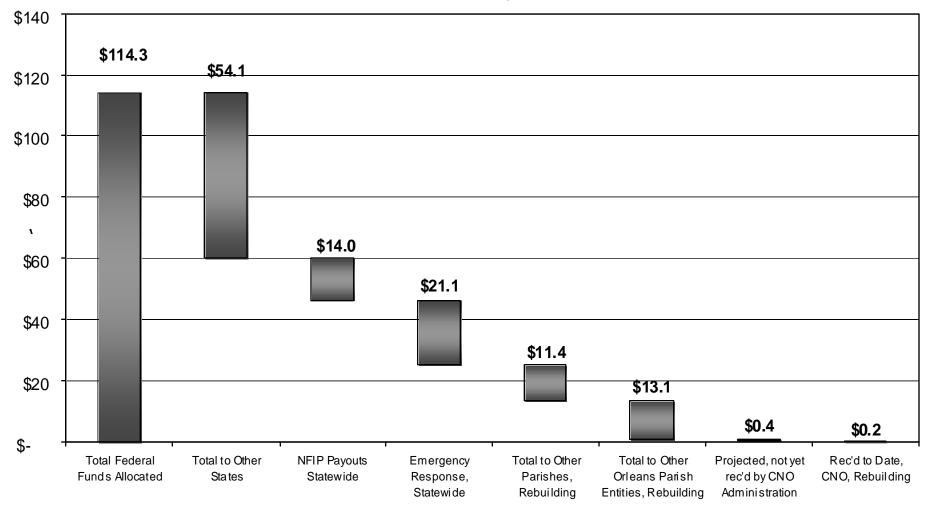
2006

Data	Rank
30.8%	48th
10,530	49th
223.3	48th
9.9	49th
24.7%	47th
11.7	46th
18.8%	44th
	30.8% 10,530 223.3 9.9 24.7% 11.7

Source: United Health Foundation, America's Health Ranking 2006



Distribution of Federal Funds Following Hurricanes Katrina & Rita





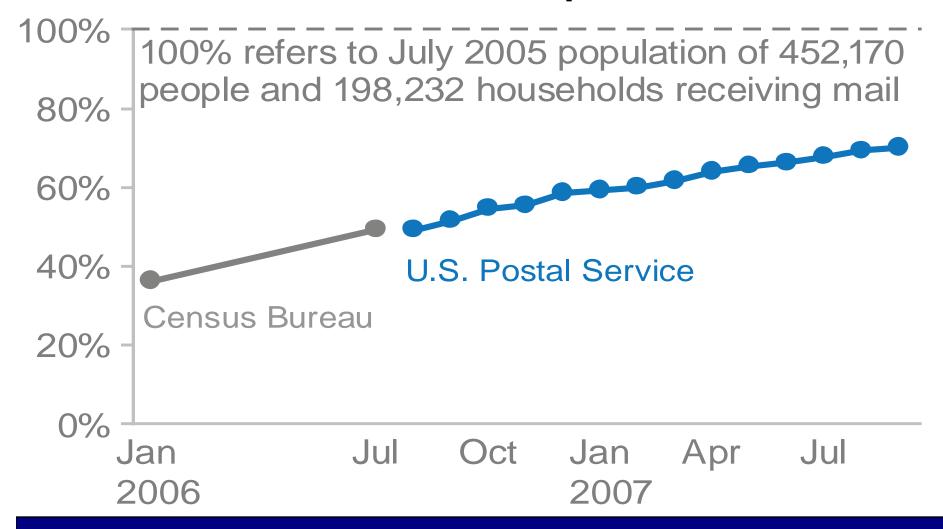
Rebuilding Efforts

Tourism and Airport are Rebounding

- 3.6 million people visited New Orleans in first six months of 2007;
 3.7 million people visited for all of 2006
- Visitors are projected to spend \$4.5 billion in New Orleans this year.
 The record was set in 2004 at \$4.9 billion
- This month the airport will reach 132 daily flights with 15,663 seats -- 81.5 percent of flights and 75.8 percent of seats offered Pre-Katrina.
- Free wireless service now available throughout the terminal
- Upgrade to airport security system underway



New Orleans Post-Katrina Population Indicators







Repopulation Trends

The population of the city of New Orleans continues to rebound.

- Through October 2007, the City continues to grow at a rate of approximately 4,000 residents per month.
- Growth continues to radiate from established neighborhoods and communities.
- This trend has been apparent and consistent through 2007

Source: GCR & Associates



Getting People Healthy in New Orleans Seven-Point Plan as a Grid for Recovery

- Seven-Point Plan's focus areas consistent with Healthy People 2010
- Smoking
- Obesity, Physical Activity
 and Consequent Conditions
- Risky Behaviors
 - Alcohol and Substance Abuse
 - Irresponsible Sexual Activity
 - Co-occurring Mental Illness

- Maternal and Child Health
- Lead Exposure and Environmental Health
- Access to Health Care and Health Education
- Employee Health



2. Problems Exacerbated by Katrina...And Resulting Policy and Programmatic Changes



Hospital Beds in Orleans Parish Pre-Katrina Post- Katrina

NACT ANTO

 MCLANO 	522	• MCLANO	170
 Touro 	252	Touro	270
 Methodist 	273	 Methodist 	0
 Memorial 	360	 Memorial 	0
 Tulane 	342	 Tulane 	120
 Bywater 	136	 Bywater 	0
• Children's	201	Children's	150
 Lindy Boggs 	172	 Lindy Boggs 	0
• Total	2,258	 Total 	710
	,		



MH/SA Post Disaster Utilization Rates

- "Stress has long been recognized as one of the most powerful triggers for drug craving and relapse to drug abuse" (NIDA Notes, Vol. 17, No. 4)
- We know epidemiologically about 17% of the population of a health community seek behavioral health services either in the form of mental health services or substance abuse treatment.



MH/SA Post Disaster Utilization Rates

After reviewing the literature, it appears there are several groups of individuals we need to focus on as service delivery. The groups are:

- Individuals who are in recovery.
- Individuals currently using and more likely to increase use from recreational use to dependence and more harmful consequences
- Individuals who begin using substances as a result of the disaster (for instance, in "Depression, PTSD, Substance Abuse Increases in Wake of September 11 Attacks," researchers found that, of the respondents not using prior to 9/11, 19.3% started consuming alcohol, 3.3% started smoking, and 2.5% began using marijuana).



Parish

Pre-Katrina		Post-Katrina • MCLANO 30		
 MCLANO 	159	 MCLANO 	30	
 NOAH 	30	 NOAH 	30/40	
 Methodist 	14	 Methodist 	0	
 Depaul 	74	 Depaul 	0/33	
Touro	48	Touro	0	
 Bywater 	20	 Bywater 	0	
 Total 	345	Total	60/103	



The Severity of Katrina's Impact

- National Center for Post-traumatic Stress Disorder has shown that in moderately to severely affected areas:
- 25-30% of the population will experience clinically significant issues
- 10-20% will fall into the sub-clinical category.



Mental Health

Self-Reported, Mental Health Scaled Scores 2006 Health and Population Survey

Mental Health Indicator – Assessment only of Head of Household	Estimated Count	Estimated Percent
Not Indicated	2,635	3.5
Serious mental health condition indicated by score		
(Score ≥ 13)	12,470	16.3
Score 0-12	61,247	80.2
Total	76,352	100.0



Mortality Study

Hypothesis

 Persistent, elevated proportion of death following Katrina due to delayed death reporting and minimal inter-agency communication; increased stress and high risk behavior; decreased access to healthcare and medication

Methodology

 Attempted to validate printed monthly death notices as a tool for LHDs by looking at significance between state's 2002-03 vital

Findings

- Crude data revealed increase in proportion of Jan-Jun. deaths compared to baseline (1317/mo. vs. 924/mo.)
- Differences between 2002-03 death notices and top ten Cause of Death were insignificant.

Solutions

 implement Electronic Death Registration Systems (EDRS) to facilitate rapid reporting, realtime death monitoring and interoperability

statistics and notices



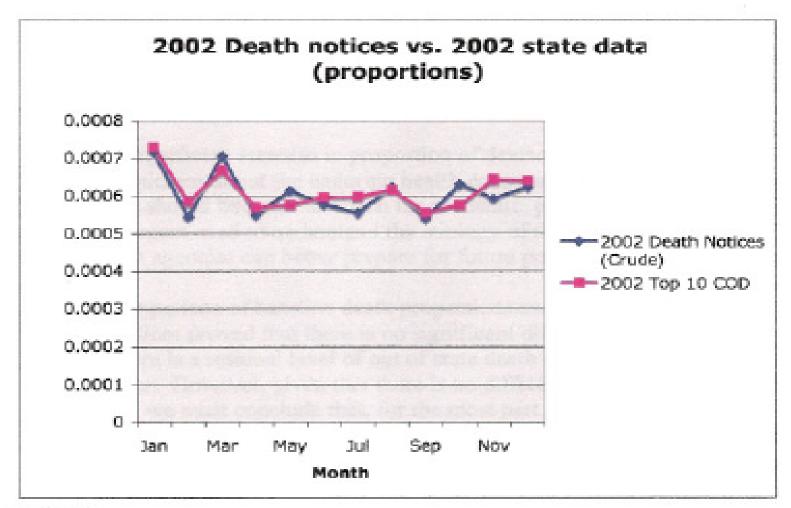


Figure 3



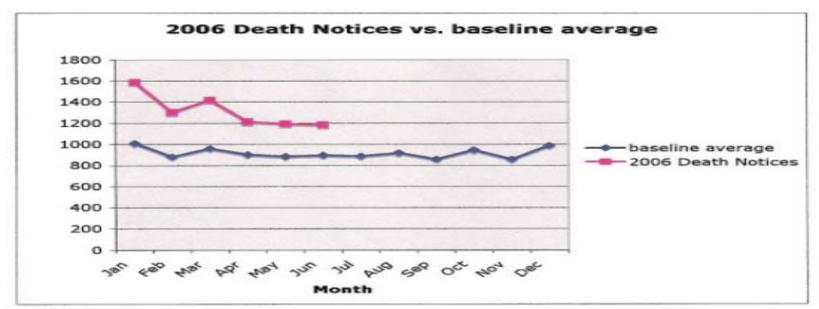


Figure 2

Trend analysis using a linear regression model indicated a downward tendency in proportion of deaths (p=0.03) at a rate of 0.007% per month. The R-square value of the regression model is 0.728. This model appears to contradict the result from the two sample binomial test. If there were a true downward trend, then it would be reasonable to observe a significant difference between January 2006 and June 2006; however, this does not seem to be the case. However, due to the small number of months being tested, the strong indication of a downward linearity could be ambiguous. These results may warrant further study.

Differences between 2002 & 2003 death notices and state vital statistics were insignificant in both frequency (p=0.13, p=0.81, respectively) and proportions (p=0.14, p=0.81, respectively) (Figures 3 & 4).



Louisiana Attempts to Redesign Healthcare

The goal was to establish:

- Medical Home system of care
- Health Insurance Connector—subsidizing participation in employer sponsored health coverage or private insurance



Healthcare in New Orleans

The overriding issues are:

- Health Disparities
- High Uninsured Population



Healthcare in New Orleans

There are several solutions:

- Increase access to Primary Healthcare
- Increase ER and Hospital beds
- Health Information Technology
- Address Social Determinants
- Insurance



Healthcare in New Orleans

Specific Initiatives:

- Methodist Hospital
- DRA funding
- Workforce Development
- Grants and Research



