

Framework for a Healthier Greater New Orleans

EXECUTIVE SUMMARY

Before Hurricane Katrina, Louisiana's health statistics were among the worst in the nation, in spite of the fact that health care expenditures were at the national average. The severe damage to the infrastructure for health care and public health services in the greater New Orleans area caused by Hurricane Katrina now requires that we rebuild all elements of the health system. The need for widespread recovery provides an opportunity to redesign the health infrastructure in ways that lead to improved health for the region's residents.

Shortly after the storm, a group of over 100 people from local, state, and federal health agencies, private providers, nonprofit organizations, and community groups gathered to discuss how the various elements of the health infrastructure could be redesigned and rebuilt. In addition, the group sought recommendations from unaffiliated community members. Finally, expertise from national organizations was sought to provide additional guidance.

From these sources, a planning framework was developed that identifies priority areas in which fundamental changes in the design of the health system could lead to better outcomes. Within each of those areas, the framework describes guiding principles and performance standards that health-related organizations should follow in rebuilding. It also suggests critical actions and required resources that can be taken in this initial recovery phase to lay the foundation for a more effective health system in the future. This framework should serve as a guide for organizations developing more detailed plans to rebuild health-related structures and requesting financial assistance in this rebuilding.

The framework covers priority issues across the entire spectrum of public health and clinical medicine, including building "healthy neighborhoods", environmental health, essential public health services, primary care, hospital and specialty care, information systems, and the health workforce. Because of time constraints, it does not cover the important issue of long-term care. Several cross-cutting principles emerged:

Planning and Implementation Principles

- All actions should be based on the ultimate goal of improving health outcomes.
- Opportunities for creating national models for improving health outcomes should be explored to the fullest.
- Decisions should be based on ongoing demographic analyses to reflect rapid shifts occurring in the greater New Orleans area.
- Community members should participate in all elements of decision-making.

Key findings in specific areas of health are as follows:

Healthy neighborhood design

- Neighborhoods should be rebuilt in ways that promote healthy living, which should include sidewalks and bike lanes, parks or playgrounds, access to healthy food, and conditions that promote safety, among other features. Neighborhoods should also be rebuilt in ways that strengthen formal and informal social networks and social institutions.

Environmental health

- Indoor environments of homes, schools and workplaces in the greater New Orleans area should be safe.
- Returning residents should not be exposed to hazardous compounds in soils, sediments or other sources from flooding associated with Hurricane Katrina.
- Core environmental health functions should be restored to insure safe drinking water; food safety; air quality; sewage, waste water and solid waste/debris management; minimal exposure to hazardous materials; and vector control.

Other core public health functions

- The New Orleans City Health Department, the Region 1 Health Office and the Office of Public Health should assure that all of the 10 essential core public health services are adequately conducted.
- Public health agencies in the greater New Orleans area should have a comprehensive package of surveillance systems that adds syndromic, risk factor and mental health/substance abuse surveillance, and environmental tracking to existing surveillance systems.
- Health promotion should use both modern media and community outreach. Messages should be consistent, evidence-based, and should address the leading underlying causes of morbidity and mortality.

Health effects monitoring and research

- Special studies should be done to measure expected health effects, identify unexpected health effects, and address residents' concerns about health risks related to the disaster.

Primary medical care

- Primary care in New Orleans should be neighborhood-based, convenient, affordable, inclusive of all life stages, and comprehensive. Services should be available to all and should not be distinguished based on age, disease, or socioeconomic status. These services should include preventive health services, disease management, family planning, mental health services, and access to medications, among others.
- A separate workgroup that includes local, state, and federal officials should develop plans for long-term financing of primary care.

Hospital and specialty care

- All persons in the greater New Orleans region should have access to quality hospital and specialty care regardless of their income or health insurance coverage. The Medical Center of Louisiana at New Orleans' (MCL-NO) responsibilities for care of low-income and uninsured persons and its health services/training capacities may not have to remain the domain of a public/state facility, but oversight mechanisms should be established to ensure that low income and uninsured persons have access to quality care.
- Planners should request that the greater New Orleans region become a model demonstration project that would assure equal access to care for the uninsured over the longer term.

Health information technology

- Integrated information systems for health records and patient tracking should link patients continuously across all primary, specialty, and hospital care settings, and should conform to the strategic goals of the National Health Information Network.

Health workforce

- State-of-the-art facilities for education of health care professionals training should remain available regardless of the way that care for low-income and uninsured residents is ultimately provided. In light of regional hospital and clinic closures, Graduate Medical Education institutions should examine alternative/interim options such as training in private hospitals and non-traditional settings.
- The new medical education environment should place significant emphasis on training primary care physicians, mental health providers, as well as physician extenders who will serve as the health workforce in the region.