

Culture of Health in Louisiana

Parham Jaberi, MD, MPH
Medical Director, Office of Public Health
Assistant State Health Officer, Louisiana Department of Health

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Objectives

- ▶ Define Culture of Health
- ▶ Review Louisiana Health Rankings
- ▶ Discuss State Initiatives in Promoting Culture of Health
 - ◆ Tobacco Use Reduction
 - ◆ Obesity/Physical Inactivity Reduction
 - ◆ Sexually-Transmitted Illness Reduction
 - ◆ Medicaid Expansion
- ▶ Looking Back and to the Future



<https://blog.rendia.com/wp-content/uploads/2015/12/patient-education-culture.jpg>



Louisiana Culture



Health Culture



Establishing a Culture of Health

To afford every Louisianan the opportunity to lead a healthy life, we must address all the factors that affect health.

▶ **“We must shift towards a society that places everyone's health and well-being at the center of every aspect of life.” (Robert Wood Johnson Foundation)**

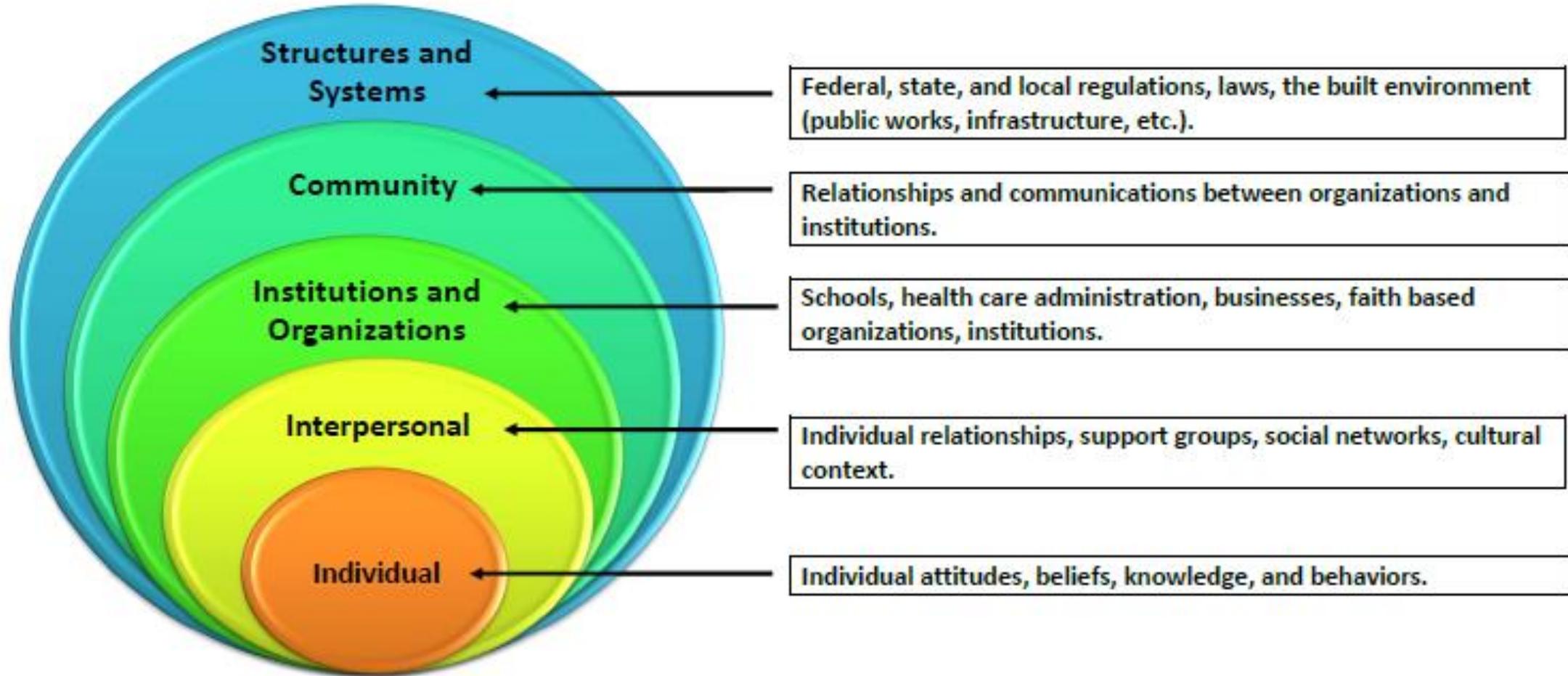
- ▶ Social Factors
- ▶ Economic Factors
- ▶ Behavioral Factors
- ▶ Built Environment
- ▶ Access and Quality of Care

Essential Elements in Establishing a Culture of Health

- ▶ HEALTH AS A SHARED VALUE
- ▶ QUALITY PARTNERSHIPS
- ▶ CIVIC ENGAGEMENT
- ▶ SENSE OF COMMUNITY
- ▶ SUPPORTIVE ENVIRONMENT
- ▶ BUILDING HEALTH EQUITY
- ▶ INTEGRATION OF HEALTH SERVICES
- ▶ BEHAVIORAL CHANGE
- ▶ POLICIES REFLECTIVE OF COMMUNITY GOALS

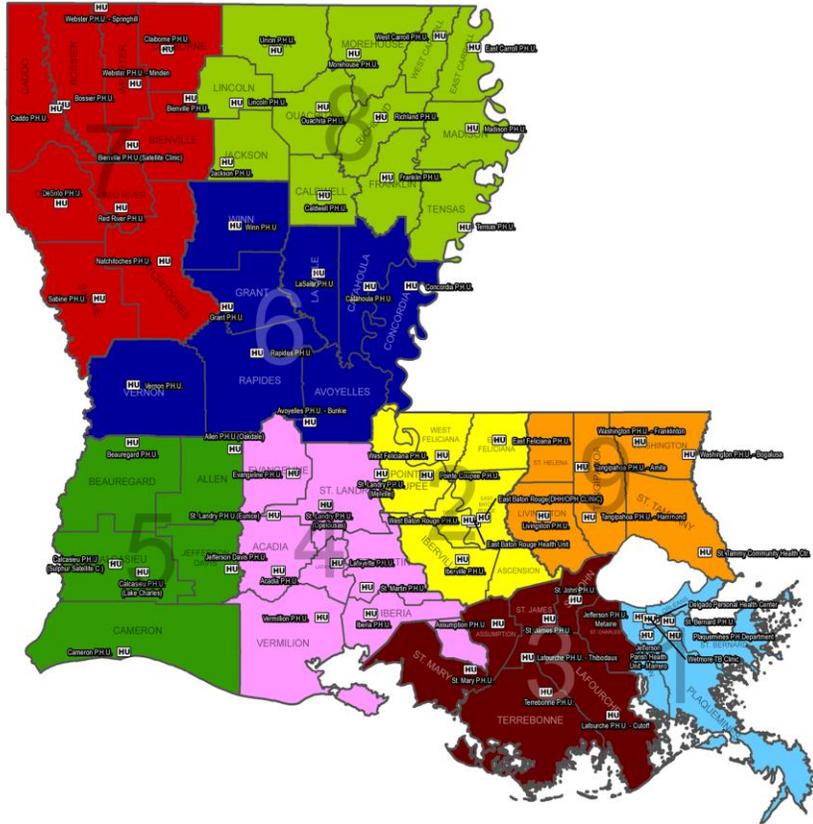


Socio-Ecological Model of Health

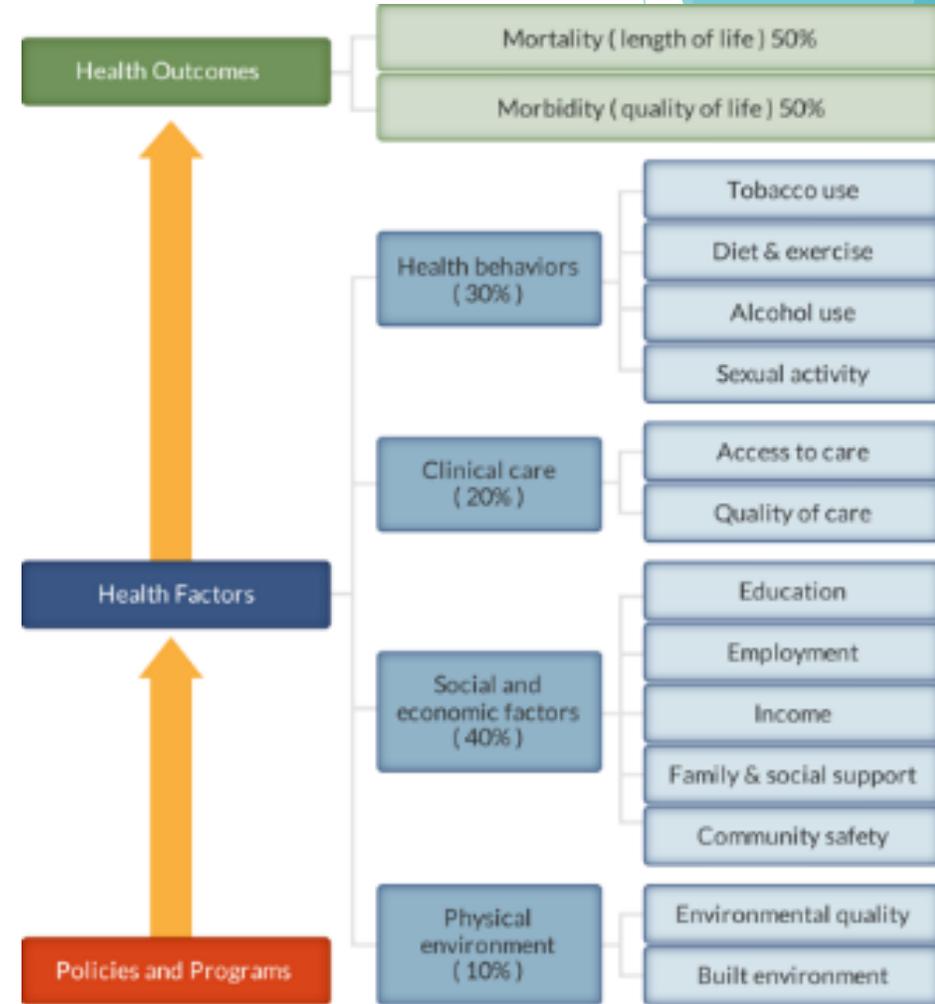


Reference: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity/pdf/toolkit.pdf>

Health in Louisiana



- ▶ Health Behaviors, Social and Economic Factors and the Physical Environment Contribute to **80%** of Health Outcomes



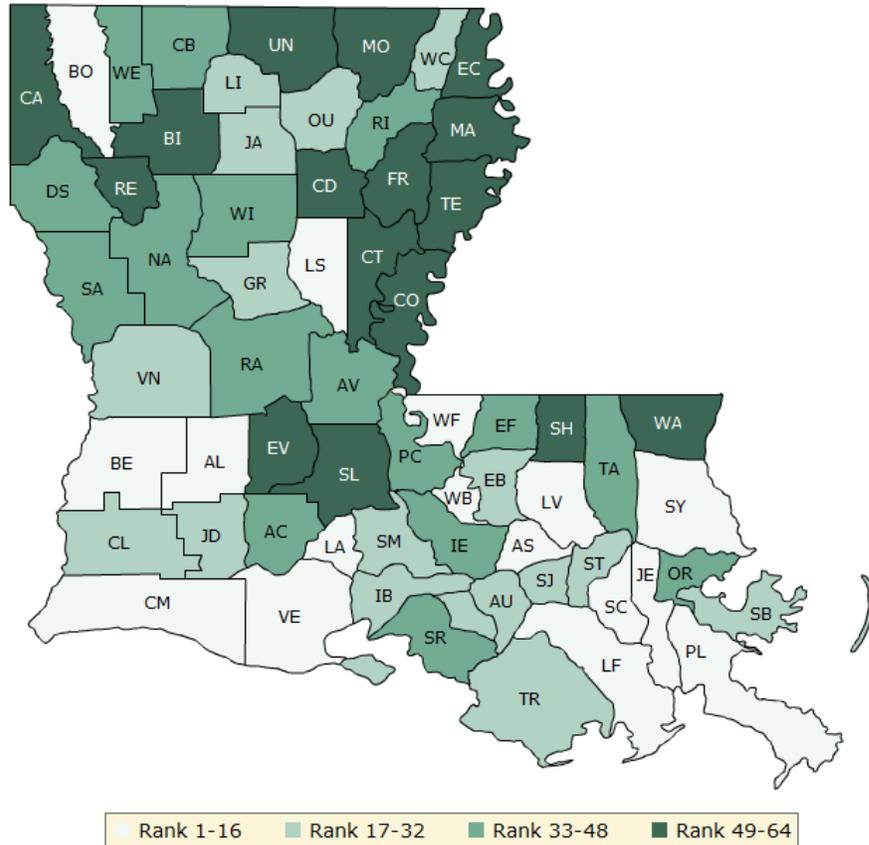
County Health Rankings model ©2012 UWPPI

County Health Rankings

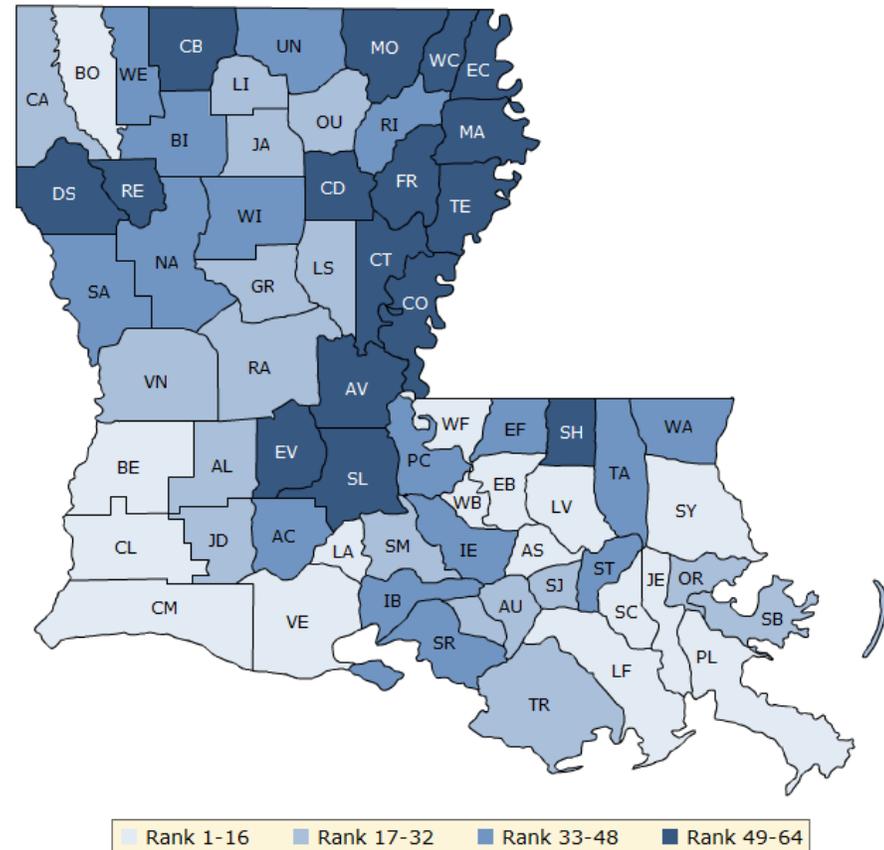
Robert Wood Johnson Foundation

<http://www.countyhealthrankings.org/app/louisiana/2017/downloads>

Louisiana Health Outcomes Map



Louisiana Health Factors Map



2017 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	9,300	5,300	13,000
Poor or fair health	% of adults reporting fair or poor health	16%	21%	15%	38%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.8	4.3	3.6	6.3
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	4.3	3.9	5.5
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	11%	6%	15%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	17%	22%	16%	31%
Adult obesity	% of adults that report a BMI ≥ 30	31%	35%	28%	42%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	6.5	2.3	8.4
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	26%	29%	23%	36%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	74%	0%	97%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	19%	12%	21%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	30%	33%	8%	56%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	294.8	626.0	103.8	1,232.5
Teen births	# of births per 1,000 female population ages 15-19	38	45	23	79
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	14%	17%	12%	21%
Primary care physicians	Ratio of population to primary care physicians	2,030:1	1,540:1	11,190:1	870:1
Dentists	Ratio of population to dentists	2,570:1	1,930:1	22,340:1	1,220:1
Mental health providers	Ratio of population to mental health providers	1,105:1	600:1	8,500:1	310:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	56	68	33	231
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	86%	83%	61%	89%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	61%	44%	71%

SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	88%	80%	68%	98%
Some college	% of adults ages 25-44 with some post-secondary education	57%	56%	30%	69%
Unemployment	% of population aged 16 and older unemployed but seeking work	5.3%	6.3%	4.6%	13.9%
Children in poverty	% of children under age 18 in poverty	22%	28%	15%	56%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	5.7	4.0	7.5
Children in single-parent households	% of children that live in a household headed by a single parent	32%	44%	19%	69%
Social associations	# of membership associations per 10,000 population	12.6	9.7	4.9	22.6
Violent crime	# of reported violent crime offenses per 100,000 population	198	510	76	1,092
Injury deaths	# of deaths due to injury per 100,000 population	77	78	47	111
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.2	9.5	8.3	11.2
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	16%	8%	28%
Driving alone to work	% of workforce that drives alone to work	81%	82%	70%	89%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	30%	32%	11%	59%

Louisiana Health Rankings

We Can Do Better!

49th
in
Overall
Health

45th
in
Physical
Activity

47th
in
Cancer
Deaths

45th
in
Diabetes

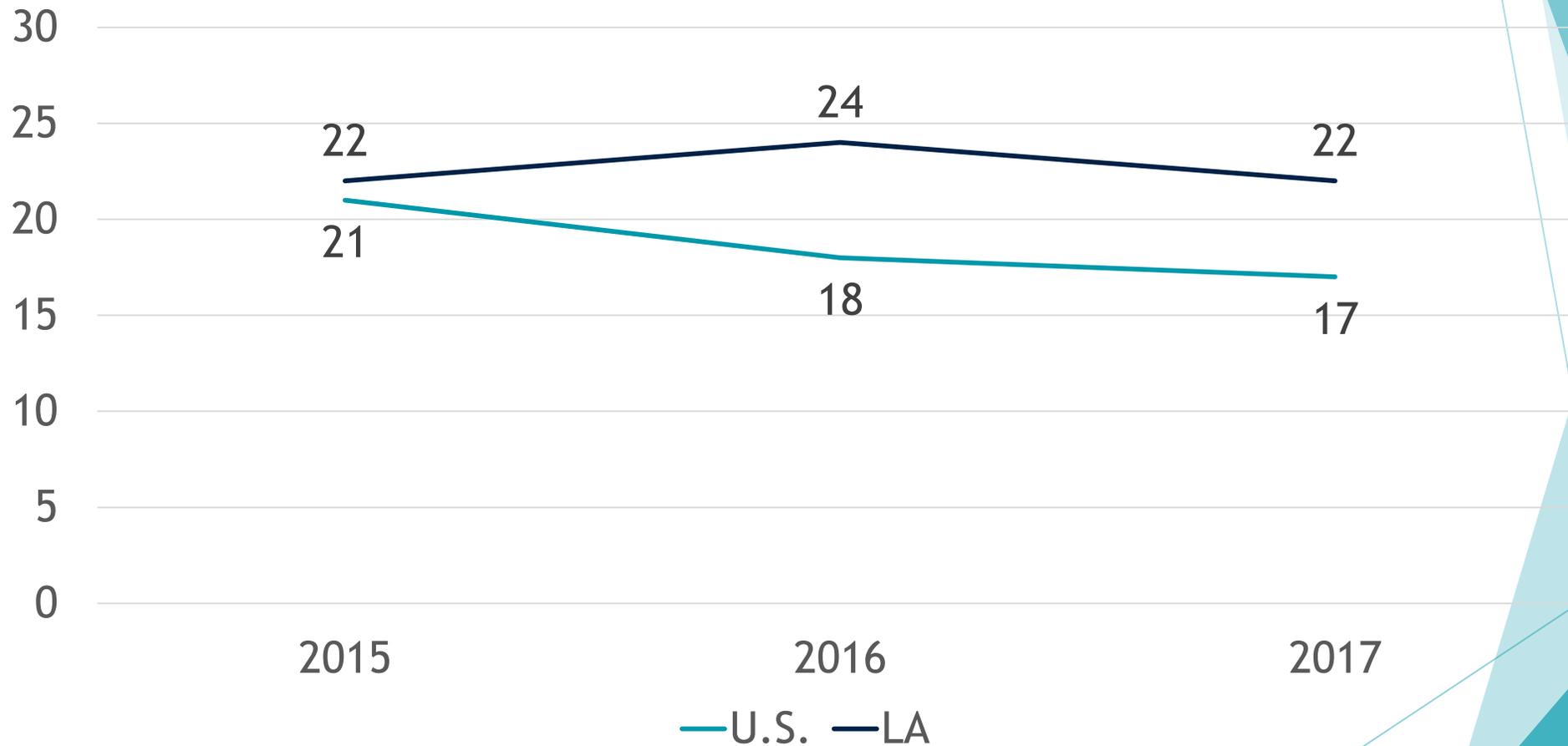
43rd
in
Smoking

50th
in
Obesity

SOURCE: America's Health Rankings, 2016.

Smoking

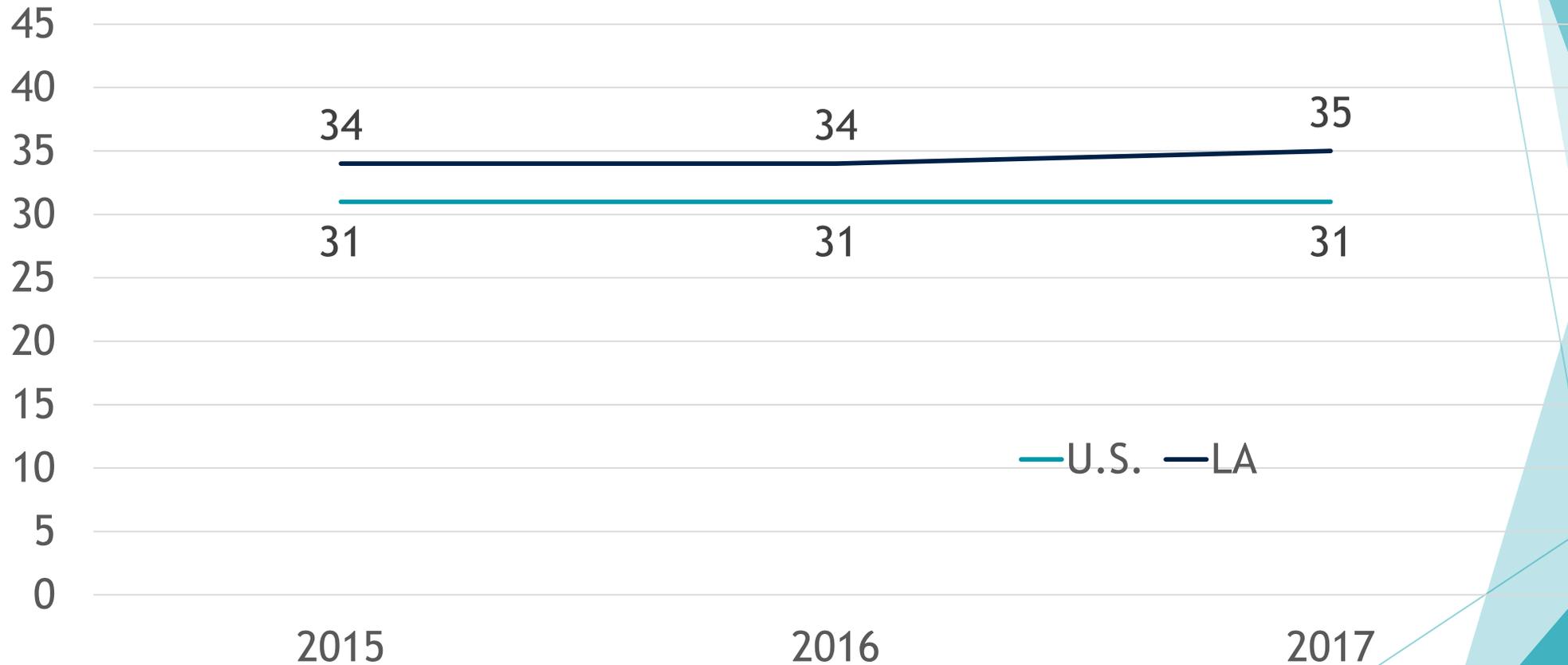
Percent of Adults Who Are Current Smokers



Reference: University of Wisconsin Population Health Institute. County Health Rankings 2015, 2016, 2017.
DATA SOURCE: Behavioral Risk Factor Surveillance System, 2006-2012, 2014, 2015.

Adult Obesity

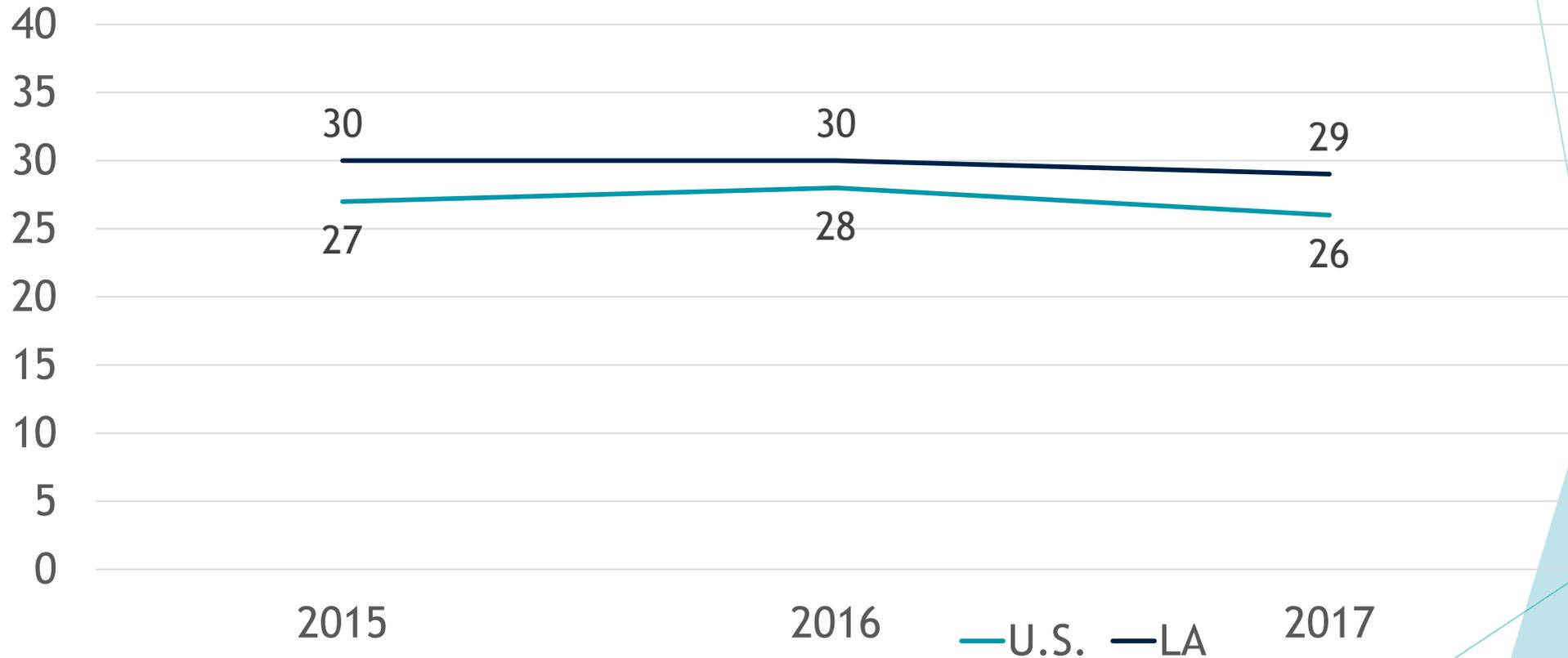
Percent of Adults Reporting BMI \geq 30



Reference: University of Wisconsin Population Health Institute. County Health Rankings 2015, 2016, 2017.
DATA SOURCE: CDC Diabetes Interactive Atlas, 2011, 2012, 2013.

Physical Inactivity

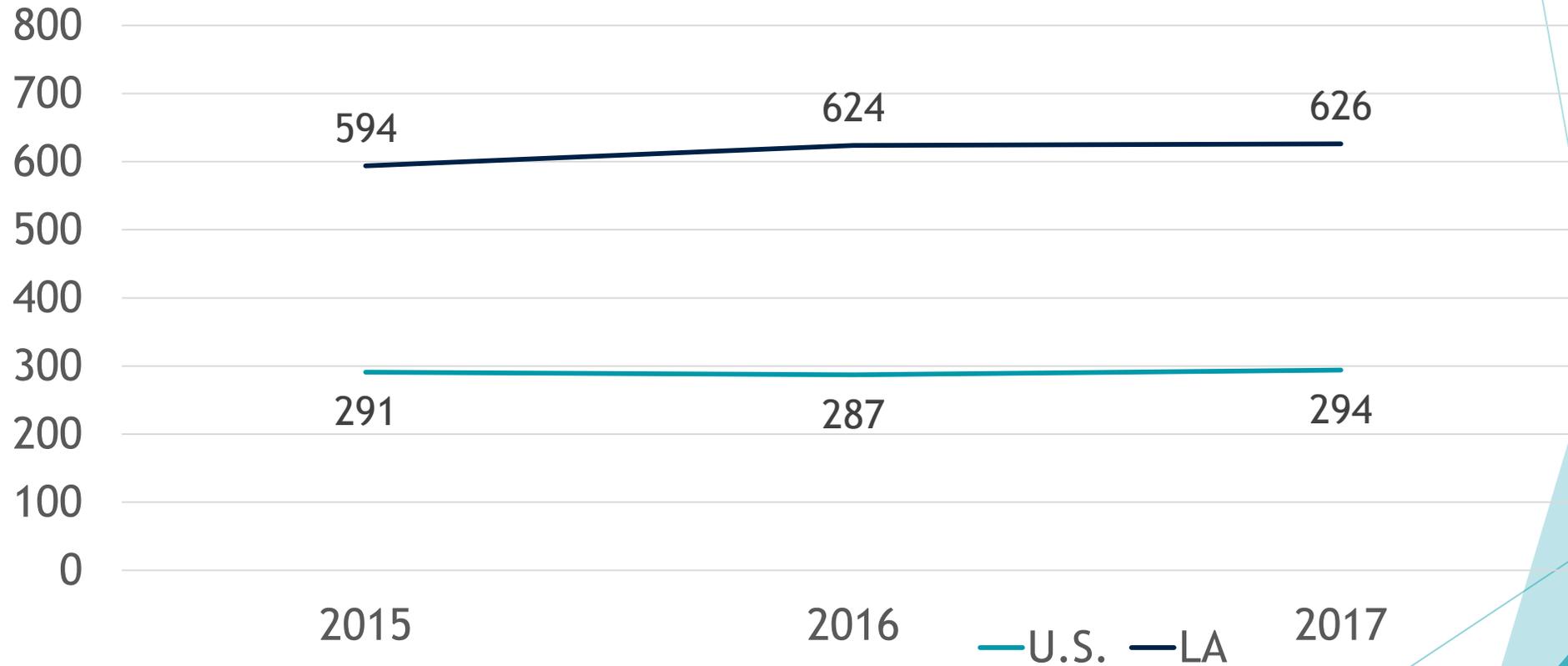
Percent Adults Over 20 Years Reporting
NO Leisure-Time Physical Activity



Reference: University of Wisconsin Population Health Institute. County Health Rankings 2015, 2016, 2017.
DATA SOURCE: CDC Diabetes Interactive Atlas, 2011, 2012, 2013.

Chlamydia Case Rates

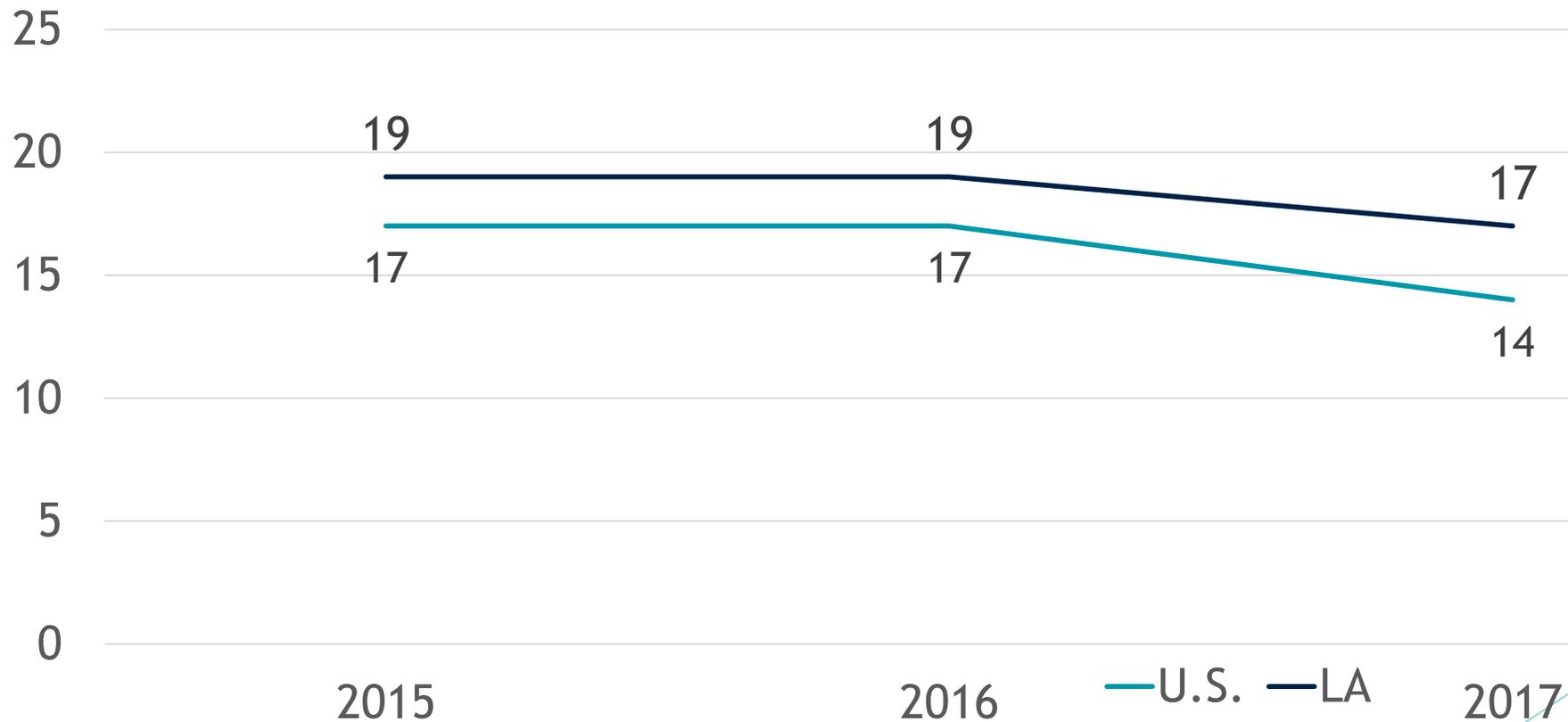
Number of Newly Diagnosed Chlamydia Cases per 100,000 population



Reference: University of Wisconsin Population Health Institute. County Health Rankings 2015, 2016, 2017.
DATA SOURCE: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2012, 2013, 2014.

Health Insurance Coverage

Percent of Population Under Age 65
Without Health Insurance



Reference: University of Wisconsin Population Health Institute. County Health Rankings 2015, 2016, 2017.
DATA SOURCE: Small Area Health Insurance Estimates, 2012, 2013, 2014.

MOVING LOUISIANA'S HEALTH FORWARD

Well-Ahead Louisiana is an initiative started by the Louisiana Department of Health aimed at improving the health and wellness of Louisiana residents.

[LEARN MORE ▶](#)



Tobacco Free



Healthy Eating



On The Go



Balance

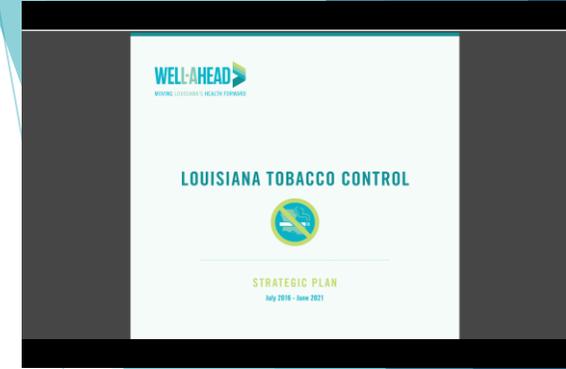
Changing the Culture in Louisiana on Tobacco

- ▶ Tobacco use is the leading preventable cause of death in the United States.
- ▶ It causes or accelerates disease states including cancer, heart disease, stroke, lung diseases (such as emphysema), and diabetes.
- ▶ More than 20 million people in the United States have died from smoking-related diseases since 1964, including 2.5 million nonsmokers as a result of exposure to secondhand smoke.

Louisiana Tobacco Control Strategic Plan

July 2016 - 2021

- ▶ Formulated in coordination with national, state, and local organizations
 - e.g. ACS, AHA, LPHI-TFL, LSUHSC, Pennington, Rapides Foundation, Southwest AHEC
- ▶ 5 Priority Areas
 - Prevention Initiation of Tobacco Use Among Young People
 - Eliminate Exposure to Secondhand Smoke
 - Promote Quitting Among Adults and Young People
 - Statewide Coordination and Evaluation/Surveillance
 - Eliminate Disparities Related to Tobacco-Use



Changing the Culture of Health Around Smoking

LA SMOKE-FREE ACT (Act 815)



- Effective January 1, 2007
- Protects Workers from exposure to second hand smoke
- Eliminates smoking in work places, healthcare facilities, colleges, public transportation, retail stores
- Eliminates smoking in restaurants
 - *Excluded free standing bars and casinos*
- Allowed Local Government to Pass More Stringent Laws

Changing Culture of Health Around Smoking

April 18, 2017

**Lafayette City-Parish Council
approves ordinance to ban
smoking in bars. (7-2)**



City of Alexandria

First City in Louisiana to become smoke-free in 2012

Alexandria celebrates 5 years smoke-free



By Grace Carson | Posted: Fri 7:42 PM, Jan 27, 2017

New Orleans Smoke-Free Ordinance

April 22, 2015



**NO
SMOKING OR VAPING**

New Orleans City Code Chapter 66, Article II

  | **If you see someone smoking, please notify the manager.
To report violations, visit nola.gov/smokefree or call 311.**

Changing the Culture of Health In Louisiana on Obesity (& Physical Inactivity)

- ▶ Obesity is the second leading cause of preventable death in the U.S.
- ▶ It contributes to a variety of chronic conditions that include heart disease, stroke, diabetes and certain cancers.
- ▶ Unlike smoking where we are seeing a steadily declining in recent decades, obesity has become a national epidemic affecting nearly 1 in 3 Americans today.
- ▶ The Louisiana Obesity Prevention and Management Commission was created to combat this epidemic in our state, which is currently ranked the most obese in the nation.



Louisiana Obesity Prevention & Management Commission (LOPMC)

- ▶ Reduce the proportion of adults who engage in no leisure-time physical activity
- ▶ Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 min/week
- ▶ Decrease the percentage of students in grades 9-12 who do not engage in at least 60 minutes of physical activity on any day
- ▶ Decrease the percentage of adults and adolescents who report consuming less than one serving of fruits or vegetables per day



LOPMC Revised Strategy Recommendations for Increasing Physical Activity Access and Outreach

- ▶ Partner with local school districts to develop joint-use agreements for physical activity
- ▶ Assist minority communities in identifying community-based organizations to partner with in changing the health profile of the community
- ▶ Encourage community design policies and initiatives that support opportunities for safe and accessible active transportation and physical activity
- ▶ Partner with local school districts and early childhood education centers to enhance physical education and physical activity in schools and child care settings.
- ▶ Provide training to child care professionals on different ways child care centers can align licensing regulations and early learning standards with national standards for physical activity



LOPMC March 2017 Report - Available online:

http://wellaheadla.com/Portals/0/Program%20Files/2017%20Obesity%20Commission%20Report_opt.pdf?ver=2017-04-07-085157-237

LOPMC Revised Strategy Recommendations for Consumption of Healthful Diets

- ▶ Partner with local school districts to support the implementation of USDA Smart Snack Guidelines
- ▶ Encourage the implementation of food service guidelines and nutrition standards in restaurants and workplaces
- ▶ Promote the use of evidenced-based programs such as the 5-2-1-0 Let's Geaux Program.
- ▶ Coordinate with local farmer's market to promote the use of SNAP benefits at markets.



LOPMC March 2017 Report - Available online:

http://wellaheadla.com/Portals/0/Program%20Files/2017%20Obesity%20Commission%20Report_opt.pdf?ver=2017-04-07-085157-237



Secretary

REBEKAH E. GEE, MD, MPH

AGING & ADULT SERVICES

BEHAVIORAL HEALTH

DEVELOPMENTAL DISABILITIES

HEALTHY LOUISIANA

PUBLIC HEALTH

Well-Ahead Louisiana, Louisiana Restaurant Association, Ochsner Eat Fit partner to provide healthy dining options

March 06, 2017

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, has partnered with the Louisiana Restaurant Association and Ochsner Eat Fit to provide healthy dining options in restaurants across the state.

“Louisiana is renowned for its food and culture, but we also have the highest obesity rates in the nation and lead the nation in other preventable chronic diseases such as diabetes, heart disease and stroke,” said Melissa R. Martin, director of the Health Promotions at the Louisiana Department of Health. “Our unique partnerships with the Louisiana Restaurant Association and Ochsner Eat Fit provide opportunities to help residents make smarter and healthier food choices at a time when Americans are dining out more than ever.”

Restaurants can help create a culture of wellness for our state by joining the Louisiana Restaurant Association and participating in healthy initiative likes Well-Ahead Louisiana and Ochsner Eat Fit. Well-Ahead recognizes places and spaces that make it easier for Louisiana residents to live well. These places are designated as “WellSpots.”

Restaurants are designated as WellSpots when they achieve wellness benchmarks that include promoting healthy menu options as the daily special, having all side dishes default to healthy options, and accommodating for the dietary restrictions of patrons.

The Ochsner Eat Fit initiative gives restaurants the opportunity to work with registered dietitians to offer and highlight nutritious menu items with the Eat Fit seal of approval.



Changing the Culture of Health in Louisiana to Reduce Sexually Transmitted Illness Rates?

- ▶ Louisiana is ranked #1 in the nation for case-rates of:
 - Primary & Secondary Syphilis
 - Congenital Syphilis
 - Gonorrhea
- ▶ Louisiana is ranked #2 in the nation for case-rates of:
 - Chlamydia

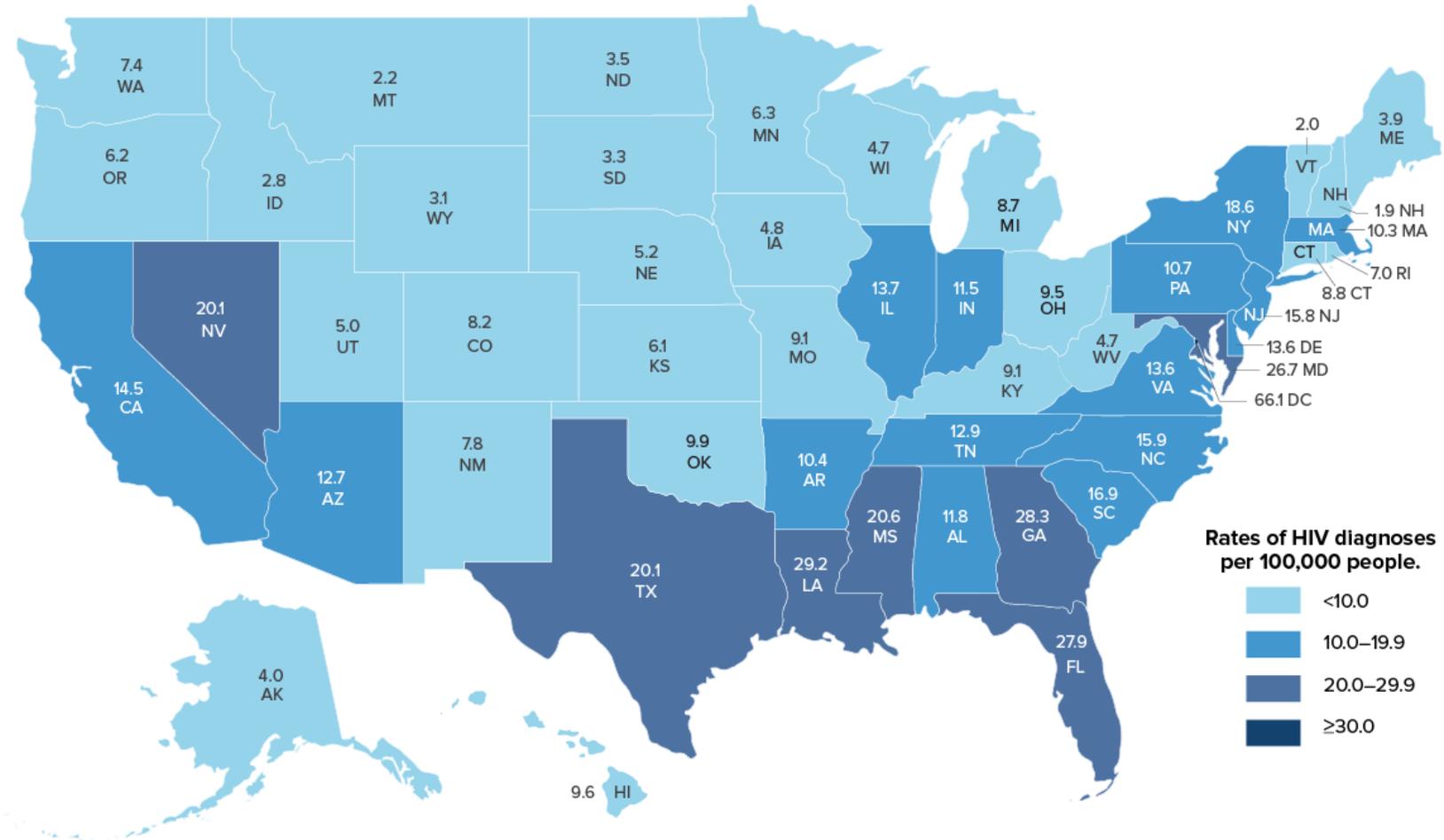


*Reference: 2015 CDC STD Surveillance Report released Oct 19, 2016

LDH-OPH 2016 STD/HIV Reduction Strategy

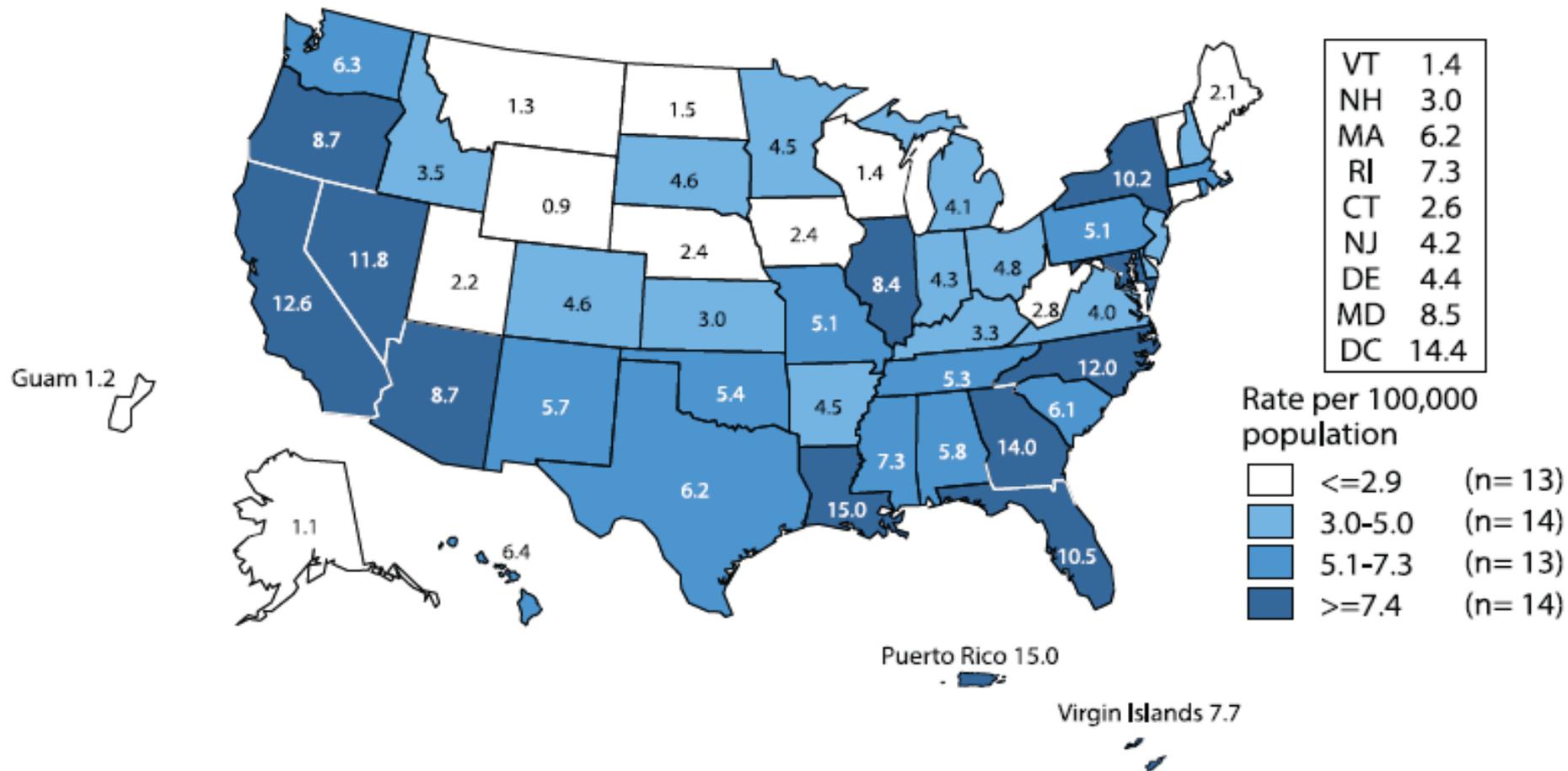
- ▶ Focused plan of action that encompasses goals, objectives, and evidence-based strategies in targeting STD/HIV reduction:
 - I. **Direct Care Services:** To ensure optimal use of available healthcare services and resources for the prevention of new STD/HIV infection
 - II. **Patient Awareness & Education:** To improve health outcomes through increased STD/HIV awareness and promotion of healthy sexual behaviors
 - III. **Community Awareness & Engagement:** To promote strong community partnerships by expanding existing relationships and developing additional community-based services focused on reducing STD/HIV morbidity and mortality

Rates of HIV Diagnoses in the United States (2015)



Source: CDC. Diagnoses of HIV Infection in the United States and dependent areas, 2015. *HIV Surveillance Report* 2016; 27.

Rates of Primary & Secondary Syphilis Diagnoses in United States (2015)



Source: Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2015*. Atlanta, GA: U.S. Department of Health and Human Services, 2015.

April is STD Awareness Month!



Activities are scheduled across the state focused on syphilis awareness, prevention and treatment

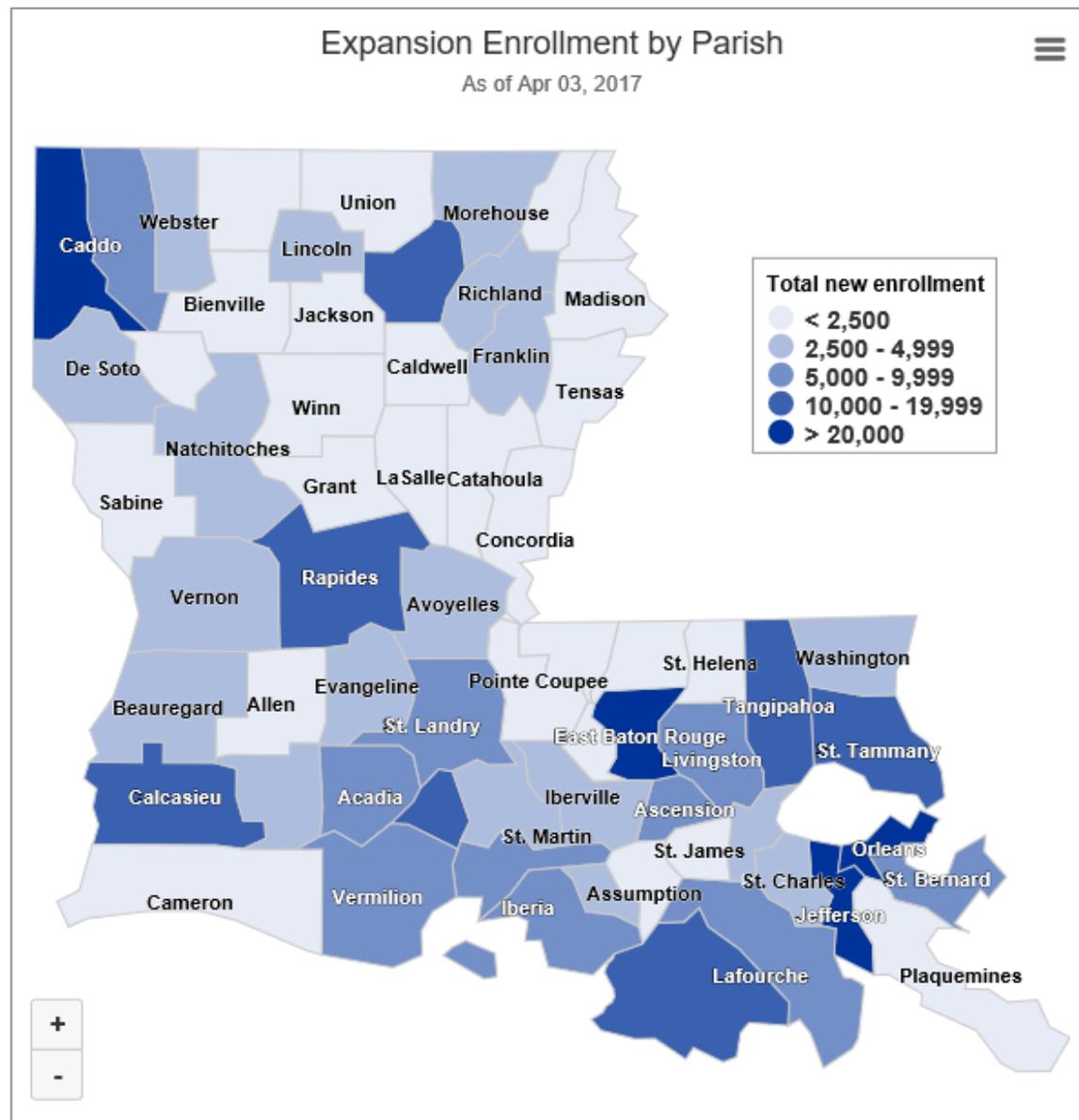
www.louisianahealthhub.org

Changing the Culture of Health in Louisiana on Uninsured Rates

- ▶ On January 12, 2016, Governor John Bel Edwards signed an [executive order \(JBE 16-01\)](#) to begin the process for expanding Medicaid in Louisiana no later than July 1, 2016.
- ▶ Expansion has made Medicaid available to more than 400,000 people living in Louisiana who did not previously qualify for full Medicaid coverage and could not afford to buy private health insurance.
- ▶ By receiving Medicaid coverage, these Louisianans, many of them working adults in important industries like food service and construction, are finally able to get the regular, preventative and primary care that best promotes health and wellness.

LIVES AFFECTED	OUTCOME	
	Health Insurance	Details
416,855	Adults enrolled in Medicaid Expansion as of April 03, 2017	
	Preventive Care	Details
72,063	Adults who received preventive healthcare or new patient services*	
	Breast Cancer	Details
5,895	Women who've gotten screening or diagnostic breast imaging*	
88	Women diagnosed with breast cancer as a result of this imaging*	
	Colon Cancer	Details
6,921	Adults who received colon cancer screening*	
1,980	Adults with colon polyps removed: colon cancer averted *	
70	Adults diagnosed with colon cancer as a result of this screening*	
	Newly Diagnosed Diabetes	Details
1,586	Adults newly diagnosed and now treated for Diabetes*	
	Newly Diagnosed Hypertension	Details
4,053	Adults newly diagnosed and now treated for Hypertension*	

*Statistics as of March 20, 2017

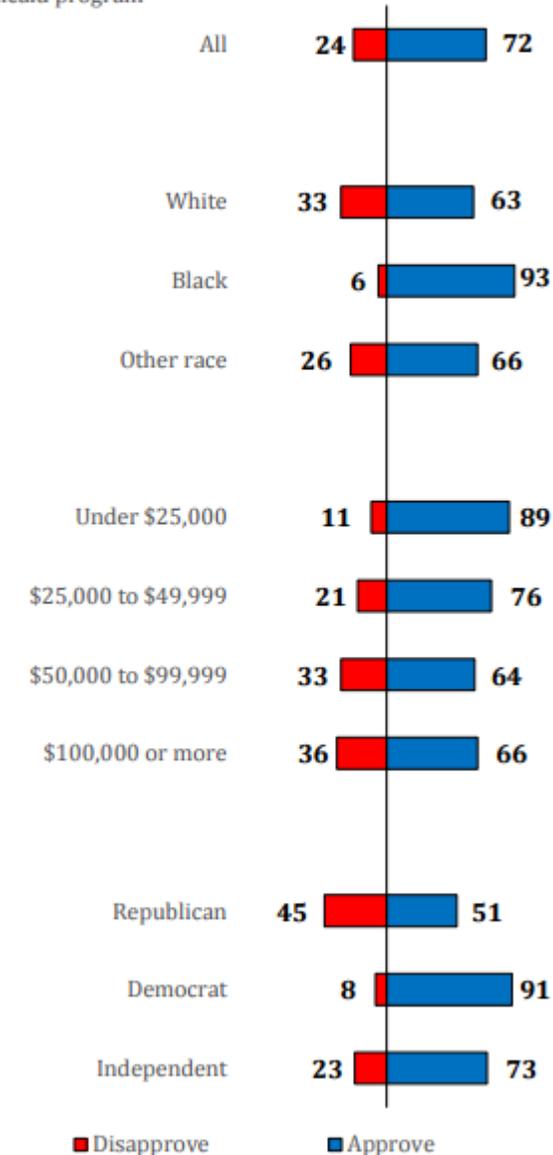


LSU Survey: Medicaid Expansion has 72% approval

- ▶ April 11, 2017
- ▶ The 2017 Louisiana Survey, a project of the Reilly Center for Media & Public Affairs at LSU's Manship School of Mass Communication, shows that:
 - ▶ **About three fourths of residents (72 percent) approve of expansion.**
- ▶ The 2017 Louisiana Survey was administered over the telephone from February 23 to March 23, 2017, to both landline and cell phone respondents. The project includes a representative sample of 1,012 adult Louisiana residents. The total sample has a margin of error of +/- 3.1 percentage points

Figure 1: Widespread Approval of Medicaid Expansion in Louisiana

Percent who say they _____ of the state expanding its Medicaid program



SOURCE: 2017 Louisiana Survey

Medicaid Expansion Partnership with Department of Corrections

- ▶ **Phase 1** - provides for pre-release Medicaid enrollment of DOC offenders in state correctional facilities.
 - As of March 10th, 430 offenders have been linked to a Healthy Louisiana plan. Of the total, 75 enrollees are in the high-need group for case management.
- ▶ **Phase 2** - actively underway. This phase will provide for pre-release Medicaid enrollment of DOC offenders in local correctional facilities.
 - Pilot in East Baton Rouge, St. Tammany, Caddo, Jefferson, and Orleans Parishes where a Regional Reentry Center exists to support the effort.
- ▶ **Phase 3** - will provide for pre-release enrollment to local offenders in local facilities.

Impact of Changing the Culture of Health

▶ PRIMARY PREVENTION

- Preventing Disease From Occurring

▶ SECONDARY PREVENTION

- Encourages individuals to get tested and treated as soon as possible to reduce impact from illness

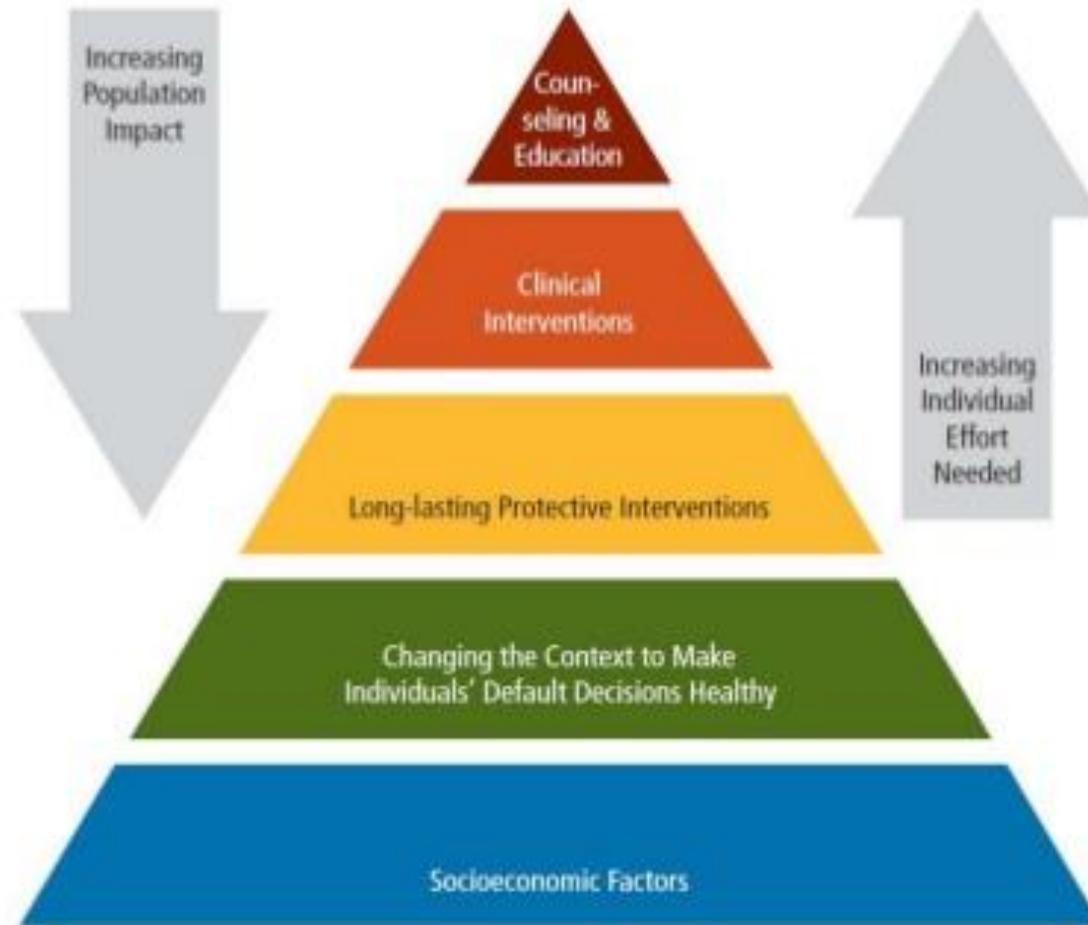
▶ TERTIARY PREVENTION

- Reduces long-lasting effects from a an injury or chronic illness

The Patient Protection and Affordable Care Act (ACA)

- ▶ The ACA incentivizes prevention by requiring group health plans and private health insurers to cover recommended preventive services, immunizations, and other screenings with zero enrollee cost sharing.
 - ◆ **Emphasizes - 1° Prevention > 2° Prevention > 3° Prevention**
- ▶ Changes at the Federal level have direct consequences on States' and Localities' ability to address health concerns.

“Making the Healthy Choice the Easy Choice”

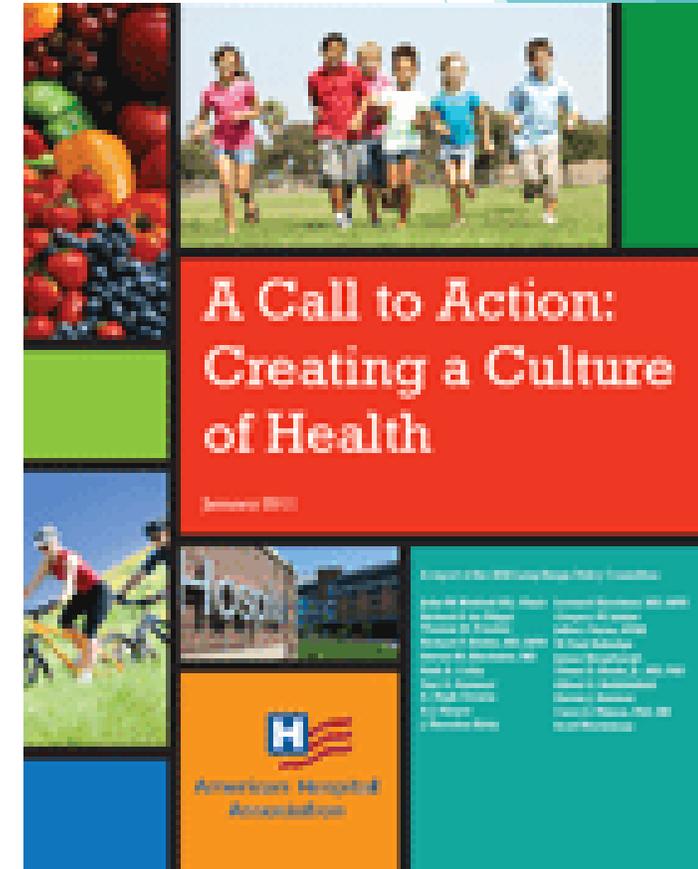


Health Impact Pyramid

Source: Thomas R. Frieden, A Framework For Public Health Action: The Health Impact Pyramid, 100 Am. J. Pub. Health 590, 591 (2010).

American Hospital Association Long Range Policy Committee (2010)

- ▶ As an extension of the American Hospital Association's Health For Life: Better Health. Better Health Care roadmap for improving America's health-care-system "Focus on Wellness" pillar, the AHA's Long-Range Policy Committee (LRPC) in 2010 focused on identifying emerging practices in hospital employee health and wellness.
- ▶ The importance of this topic is evident in the critical role hospitals play in their communities in the financial case for creating a culture of health, in the national set of public health goals found in Healthy People 2020, and in the incentives to be accountable care organizations as described in the Affordable Care Act of 2010.



Reference: <http://www.aha.org/advocacy-issues/healthforlife/culture.shtml>

Challenges faced by hospitals in response to Changing the Culture of Health

- ▶ Motivating employees over extended time periods
- ▶ Financial restrictions or limitations
- ▶ Measuring program effectiveness

Reference: <http://www.aha.org/advocacy-issues/healthforlife/culture.shtml>

Questions to Consider Moving Forth

<https://publichealthatpenn.wordpress.com/2014/07/11/introducing-201415-cphi-seminar-series-conversations-around-cultures-of-health/>

- ▶ What does health mean for different populations? How does the definition of health influence policy and practice decisions?
- ▶ How do we work across sectors to build a culture of health?
- ▶ What sources of technology help capture and promote health?
- ▶ How can individuals more easily access good health?
- ▶ What are significant cultural considerations of achieving the best health outcomes?
- ▶ How do we market “good” health in a world where “bad” health is continually in our face
- ▶ How do we translate what we know about achieving positive health outcomes to the general public?
- ▶ How do we continue to work to close the gap on health disparities by creating healthier environments?

How can improving the Culture of Health Protect Louisianans against Emerging Illnesses and Public Health Emergencies?

- ▶ Opioid Epidemic
- ▶ Zika Virus Infection
- ▶ Natural Disasters



Closing Comments

- ▶ Developing Partnerships
- ▶ Planning is not enough, must ACT!
- ▶ Use evidenced-based practices wherever possible
- ▶ Consider keys to success in behavioral change
- ▶ Ensure healthcare services are respectful and responsive to our state's increasingly diverse communities. (CLAS)
- ▶ Consider Barriers (Cost, Physical Access)
- ▶ Family involvement in care should be part of clinical-decision making (IOM).



Thank You!

