Integrating the Social Determinants of Health into Building a Culture of Health in Louisiana

State Health Assessment State Health Improvement Plan

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State Health Assessment

March 2015-September 2015

Conducted eighteen meetings across the state (2 per region)

- Over 2800 people participated
- Represented over 545 organizations
 - Community-based organizations
 - Faith-based organizations
 - Education
 - Public Safety/Law Enforcement
 - Elected Officials
 - Hospitals/Providers
 - Community leaders



State Priorities

Support Behavioral Health Promote Healthy Lifestyles Assure Access to Healthcare Promote Economic Development Build Public Health Infrastructure



State Health Improvement Plan (SHIP) Objectives

Support Behavioral Health

- Promote integration of behavioral health and primary care services
- Support a coordinated continuum of behavioral health care and prevention services
- Improve community awareness of behavioral health services

Promote Healthy Lifestyles

- Increase physical activity access and outreach
- Promote health through the consumption of healthful diets
- Build community capacity for chronic disease prevention and management programs
- Increase the capacity for health systems to prevent, identify, and treat chronic disease

(2017)

(2017)

- Prevent initiation of tobacco use among young people
- Eliminate exposure to secondhand smoke (2017)
- Promote quitting among adults and young people

State Health Improvement Plan (SHIP) Objectives

Assure Access to Healthcare

- Increase individual and family insurance coverage
- Increase provider participation in Medicaid
- Provide pathways to healthcare access for underserved populations
- Improve appropriate use of health facilities and consumer understanding of health systems

Promote Economic Development

- Improve cross-sector collaborations to improve understanding of population health and economic health relationships
- Increase educational attainment and literacy levels to meet market demands
- Reduce barriers to employment
- Increase opportunities for workforce training and development

State Health Improvement Plan (SHIP) Objectives

Build Public Health Infrastructure

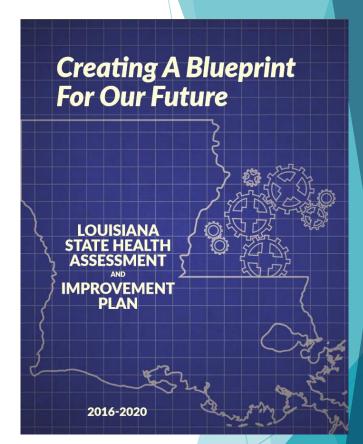
- Facilitate public health system strengthening through networking and relationship building
- Address long-standing health inequities through collaboration with diverse partners and community members
- Implement an ongoing cycle of health assessments and planning
- Build systems to analyze and share data

State Health Assessment 2016-2020

We published the state 5 year plan April, 2016

Dhh.louisiana.gov/sha-ship

Updated 2017 Revised edition to be posted May 30, 2017



Next Steps: Plan implementation and getting involved



Louisiana Racial/Ethnic Disparities (Health Outcomes)

Measure	Example of Disparity	
Infant Mortality Rate	In 2013, the Infant Mortality Rate (Deaths per 1,000 live births) for Black infants (12.0) was almost twice the mortality rate for White infants (6.2). Infants are defined as children under one year of age.	
Cancer Deaths	In 2013, the Number of Cancer Deaths per 100,000 population by Race/Ethnicity for Blacks (225.2) was more than 1.25 times the death rate for Whites (176.9).	
Diabetes Deaths	In 2013, the number of Diabetes deaths per 100,000 population by Race/Ethnicity for Blacks (43.1) was almost twice the number of deaths for Whites (21.8).	
Heart Disease Deaths	In 2014, the Number of Heart Disease Deaths per 100, 000 Population by Race/Ethnicity for Whites was (207.8) when compared to Blacks (242.3).	
Disability	In 2014, The Percentage of Non-Institutionalized Population Who Report a Disability, by Race/Ethnicity was almost 1.5 times greater for Native Americans or Alaska Natives (23.0%) when compared to Non-Hispanic Whites (15.4%).	
Life Expectancy	In 2009, The Life Expectancy at Birth (in years), by Race/Ethnicity shows distinct disparities among Asian Americans (85.6), Whites (76.7) and African-Americans (72.4).	

Louisiana Racial/Ethnic Disparities (Social Determinants)

Measure	Example of Disparity
Education	According to the National Center for Education Statistics (2011-2012), 72% of high school students in Louisiana graduated from high school. By race/ethnicity, the percentage is comprised of the following graduation rates: Asian/Pacific Islander (85%), White (78%), Hispanic (70%), Blacks (65%). The 20 percentage point disparity is notable between Asian/Pacific Islander and Black students' graduation percentages.
Income	In 2015, White citizens earn, on average, 1.1 times more than any other race or ethnicity. This wage disparity can be seen among the 5 most common occupations (Driver/Sales Worker & Truck Drivers, Elementary & Middle School Teachers, Secretaries & Administrative Assistants, Retail Salespersons, Cashiers).
Grocery Store Access	A study conducted by Tulane University in 2010 (Bodor et al) found that African American neighborhoods had less access to supermarkets and greater access to small food stores and general merchandise stores than mixed-race neighborhoods. Additionally, they had significantly less fresh and frozen fruit and vegetable shelf space available than mixed-racial neighborhoods.
Living Below the Federal Poverty Level (FPL)	According to the US Census in 2015, the most common race or ethnicity living below the poverty level (\$24,250 for a family of 4) in Louisiana, was Black or African-American (31%), Whites (12%), Hispanic (22%), other races (19%). The disparity among Blacks or African-Americans is notable because Blacks or African-Americans comprise approximately 32% of Louisiana's population.
Home Ownership by Race	As published in the Assets and Opportunity Scorecard in 2014,1.6 times as many White households in the United States are homeowners compared to households of color. This is comparable to the disparity in Louisiana at 1.57 times as many White households (74.4%) to households of color (47.3%) owning homes.



Data Sources

Measure	Source	
Infant Mortality Rate	Matthews, TJ, M.S., et. al. Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set. Division of Vital Statistics. <u>National Vital Statistics Report</u> , Vol 64, No. 9, August 6, 2015.	
Cancer Deaths	U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999-2013 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2016. Available at: <u>www.cdc.gov/uscs</u> .	
Diabetes Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <u>http://wonder.cdc.gov/ucd-icd10.html</u> on Feb 2, 2015.	
Heart Disease Deaths	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on <u>CDC WONDER Online Database</u> , released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jan 21, 2016.	
Disability	Erickson, W., Lee, C., von Schrader, S. (2016). Disability Statistics from the 2014 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Retrieved Apr 01, 2016 from <u>www.disabilitystatistics.org</u> .	
Life Expectancy	<u>Measure of America</u> calculations using mortality counts from the Centers for Disease Control and Prevention, National Center for Health Statistics. Mortality - All County Micro-Data File, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Population counts are from the CDC WONDER Database.	



Data Sources

Measure	Source
Education	National Center for Education Statistics, Common Core of Data State Dropout and Graduation Rate Data (2011-2012). Retrieved on April 25, 2017 http://www.governing.com/gov-data/education-data/state-high-school-graduation-rates-by-race-ethnicity.html
Income	US Census Bureau, American Community Survey PUMS 5-Year Estimate. Retrieved on April 25, 2017 https://www.census.gov/programs-surveys/acs/data/pums.html
Grocery Store Access	Bodor, JN et al (2010). Disparities in food access: does aggregate availability of key foods from other stores offset the relative lack of supermarkets in African-American neighborhoods. Retrieved April 25, 2017 from https://www.ncbi.nlm.nih.gov/pubmed/20403377.
Living below the Federal Poverty Level (FPL)	US Census Bureau, Current Population Survey (CPS: Annual Social and Economic Supplements). Retrieved April 25, 2017 from <u>https://www.census.gov/programs-surveys/cps.html</u> .
Home Ownership by Race	2014 American Community Survey. Washington, DC: U.S. Department of Commerce, Census Bureau, 2015.

Specific SHIP measures focused on disparities/social determinants of health

Economic Stability

Income distribution by gender

Proportion of persons living in poverty

Employment

Unemployment

Education

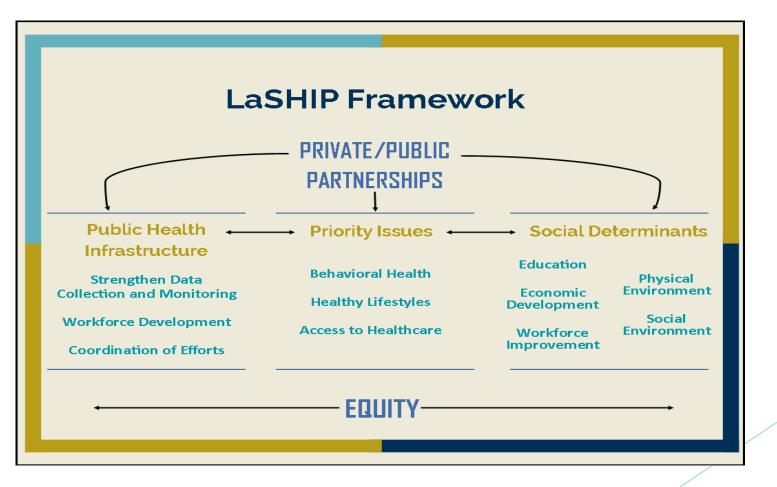
- Educational attainment
- High school graduation
- High school completers that enroll in college the following fall
- Language and literacy education for adults

Specific SHIP measures focused on disparities/social determinants of health

- Medical
 - Number of providers
 - Provider certification
 - School-Based Health Center services
 - Access to care (Insurance coverage)
- ▶<u>Transportation</u>
 - Availability of public transportation
 - Cohesiveness/integration of bicycle and pedestrian efforts
- Plus various <u>Public Health</u> indicators and health indicators resulting from behaviors



State Health Improvement Plan Implementation





Support Behavioral Health

- Current partner with Capital Area Human Services District in the promotion of behavioral health and primary care services integration
- To improve data collection and analysis of Opioid Use Disorder in Louisiana, the Bureau of Health Informatics has received a CDC grant to create a secure online surveillance system. The system will inform and support prevention and treatment programs statewide. System ready by September, 2017
- Participating in the State Epidemiology Workgroup (SEW) which maintain a public online portal of behavioral health indicators.

Promote Healthy Lifestyles

- Louisiana Obesity Prevention and Management Commission (LOPMC) was reinstated on August 1, 2016 (Act 186)
 - November 2016, LOPMC voted to provide consultative and technical assistance to the Office of Public Health related to the Promote Healthy Lifestyles priority area
- Establishment of a workgroup for tobacco youth prevention (Quarterly meetings)
- 11 municipalities have enacted a 100% comprehensive smoke-free ordinances (including electronic cigarettes) for tobacco retailers, parks and recreation, and footage from doorways.



Promote Healthy Lifestyles, continued

- 2017 BILL PROPOSAL HB531 (Pending House Education Committee)
- Prohibits the use of tobacco products on school property

This legislation would remove the exception for allowing designating smoking areas on the school grounds. In addition, this amendment will expand the definition of smoking to include use of all tobacco products on school grounds, including the use of electronic smoking devices and vaporizers.



Assure Access to Healthcare

- Medicaid Expansion enrollment reaches 420,890 new members
- Uninsured rate has decreased by nearly half (21.7% down to 12.5%)
- Increased number of providers practicing in health professional service areas
- 82,214 adults have received at least one preventive or new patient services
- Ongoing collaboration with Medicaid and the Healthy Louisiana initiative

Promote Economic Development

- Formed new state partnerships:
 - Department of Corrections educational programming, job skills and employment readiness
 - Louisiana Community and Technical College System
 - Louisiana Economic Development
 - WorkReady U



Build Public Health Infrastructure

- Provide annual updates on Robert Wood Johnson Foundation's County Health Rankings health statistics to regional stakeholders
- 6 Regional Health Summits completed, across 3 regions to date

America's Health Rankings 2016

Louisiana Rank - 49th



Top 5 Challenges

High prevalence of obesity

High prevalence of low birth weight

High infant mortality rate

In the past four years, public health funding decreased 28% from \$102 to \$73 per person

In the past year, diabetes increased 12% from 11.3% to 12.7% of adults



County Health Rankings 2017

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Top 5

Bottom 5

1. Cameron	60.Washington
2. St. Tammany	61. Concordia
3. Ascension	62. Tensas
4. Lafayette	63. Madison
5. Bossier	64. East Carroll



Additional Priorities for the Office of Public Health & Success

STD/HIV Reduction Activities

Louisiana has consistently ranked high in the nation for STD and HIV rates for many years

Louisiana is ranked #1 in the nation (case rates*) for:

- Primary & Secondary Syphilis
- Congenital Syphilis
- Gonorrhea
- Louisiana is ranked #2 in the nation (case rates*) for:
 - Chlamydia
- Nationwide, syphilis rates are continuing to rise at an alarming rate

Based on the 2015 CDC STD Surveillance Report released October 19, 2016

STD/HIV Reduction Strategy Successes

- Almost doubled the number of syphilis tests performed at community-based organizations in 2016 (compared to 2015)
- Increased the number of early syphilis cases that were treated with increased timeliness at Parish Health Units from 78.6% in 2015 to 82% in 2016
- Developed a Congenital Syphilis Case Review Team to identify contributing factors and address opportunities for targeted intervention
- Successfully implemented extra-genital gonorrhea and chlamydia testing at 4 Parish Health Units in 3 OPH Regions, with plans for statewide availability by the end of 2017
- Increased the number of persons living with HIV with undetectable viral loads in Louisiana (who were in medical care) from 70% in 2014 to 79% in 2015 (2016 pending)
- Developed Regional Task Forces across the state to increase community awareness of STD/HIV prevention efforts and strengthen partnerships to help us combat these diseases.

Hepatitis C Activities

Data Modeling to Estimate Number of Persons with Hepatitis C

- Collaboration with the CDC Foundation and the Center for Data Analysis (CDA)
- Five States Selected (CA, LA, NY, OH, WA)
- Using Surveillance Data, estimate number of undiagnosed persons
- Cost benefit analysis to determine level of resources needed to treat individuals that will lead to elimination of Hepatitis C
- Results to be presented at Hepatitis Elimination Summit in late April

Hepatitis C Activities

Received the Ryan White Special Projects of National Significance (SPNS) Award

- One of five jurisdictions selected for 3-year award to support persons co-infected with HIV and Hepatitis C
- Primary Activities
 - Provider Outreach and Education
 - Patient Education
 - Practice Transformation
 - Enhanced Hepatitis C Virus Screening
 - Improved Access to Hepatitis C Virus Care
 - Medication Adherence Support



Reproductive Health Program (RHP)

- Nationally 45% of pregnancies are unintended (mistimed or unwanted), compared to 60% in Louisiana.
- To reduce unintended pregnancy, Louisiana needs to increase access to comprehensive reproductive health services and the full range of FDA-approved contraceptive methods including IUDs and implants, known as Long Acting Reversible Contraception (LARC).

RHP seeks to:

- Provide access to high-quality, efficient reproductive health services to men, women, and adolescents statewide by:
 - Delivering services in Louisiana's long-standing network of OPH clinics
 - Expanding the Title X network to primary care settings through integration of reproductive health services
- Be the go-to resource for reproductive health expertise and training for a diverse array of providers to strengthen health system capacity overall
- Lead statewide partnerships to promote reproductive health for all Louisianans

Increasing Access through Provider Training: Two key initiatives to build system capacity

Reproductive Health Integration Initiative in partnership with Louisiana Public Health Institute (LPHI)

- Expanding RHP Title X network with 5 contracted Federally Qualified Health Centers (FQHCs)
- ▶ Full scope of Title X services as outlined in Quality Family Planning (QFP) Recommendations

Reproductive Health Provider Training Initiative - a component of Birth Outcomes Initiative 2.0

- ▶ Diverse array of providers across state OB/GYN, Women's Health NP, Family NP, PCPs, Pediatricians, etc
 - Priority in areas with limited access to services and high need
- Focus specifically on quality Contraceptive Services pregnancy intention, contraceptive counseling, access to full range of methods, including LARC

Both initiatives offer training, technical assistance, and quality improvement support on:

- Clinical Guidelines screenings, services, best practices for patient-centered counseling and education
- EHR optimization to support practice change and report-building for QI
- Staff utilization and clinic flow
- Ordering, Stocking, Billing of LARC
- Adolescent-friendly services



Developmental Disabilities/Developmental Screening Data

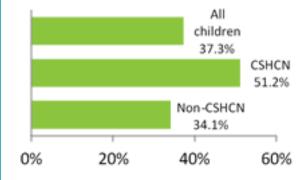
- Approximately 1 in 6 (15%) U.S. children have a developmental disability (CDC 2008)
- Only 2-3% of U.S. children receive public early intervention services by age 3 (CDC 2011)
- Quality early intervention services can change a child's developmental trajectory and improve life-long outcomes for children, families, and communities



BFH Developmental Screening Initiative

- BFH prioritized work to improve developmental screening rates and developmental screening service systems in the state based on the findings of the 2015 Title V State Needs Assessment.
- As part of the Young Child Wellness Collaborative, convened an interagency, content expert Developmental Screening Workgroup which endorsed a limited set of screening instruments across key developmental domains tailored to the unique needs of our state's population.
- The Louisiana Developmental Screening Guidelines (LDSG) include recommended periodicity for developmental, autism, social/emotional, environmental, and parental well-being risk screens and aligns with AAP recommendations and the Standards for Systems of Care for Children with Special Health Care Needs.

Percent of children receiving a screening using a parent completed screening tool, Louisiana, 2011-2012



Source: National Survey of Children's Health CSHCN: Children with Special Health Care Needs

BFH Developmental Screening Initiative – Next Steps

- Statewide dissemination of the Louisiana Developmental Screening Guidelines.
- Assemble collaborative partnerships to bolster developmental screening service systems in the state.
- Support Louisiana providers in implementing comprehensive developmental screening programs, providing free technical assistance and resources on the Louisiana Developmental Screening Guidelines.

Additional information on the Young Child Wellness Collaborative and the Louisiana Developmental Screening Guidelines can be found at <u>www.ldh.la.gov/cshs</u>

Contact the Bureau of Family Health's Developmental Screening Coordinator for resources and information on this initiative –

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Electronic Health Record System

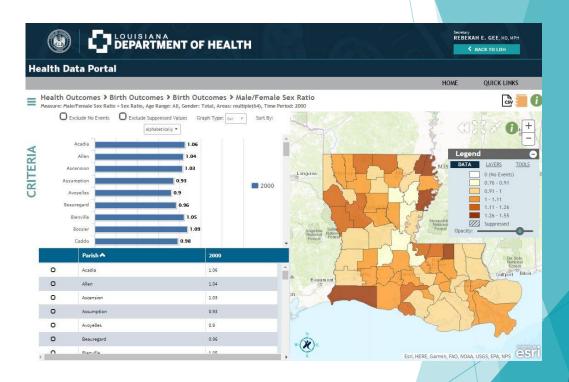
- Launched in 2015 in the parish health units to support clinical services and billing.
- Enhancements/Improvements since the launch:
- 1) Revised workflows to capture high quality data for billing and population management
- 2) Aligning forms to meet best practice needs
- Pharmacy integration for inventory management
- Implementation of systematic measurement to
- 1) Improve adherence to clinical best practices
- 2) Identify opportunities for quality improvement and new interventions



Public Health Data Portal

- The Bureau of Health Informatics has partnered with Environmental Public Health Tracking to create and launch a self-service data portal for Louisiana residents looking for information on health concerns and conditions in the state.
- The portal reflects the vision and core values of OPH: to demonstrate transparency by making quality health data available and to employ and promote science-based best practices towards continuous improvement.
- Data within the portal is interactive, and can be searched and viewed by topic in various formats, such as tables, graphs and maps.
- Quick access is also provided to associated information and links, and the data displays, which have been carefully designed and reviewed by a panel of health experts and geographers, allow various datasets to be explored geographically and over time.

healthdata.dhh.la.gov or via the OPH website at www.ldh.la.gov



DEPARTMENT OF HEALTH

Louisiana Opioid Surveillance Initiative

- To improve data collection and analysis of Opioid Use Disorder in Louisiana, the Bureau of Health Informatics has received a CDC grant to create a secure online surveillance system.
- The system will inform and support prevention and treatment programs statewide.
- ▶ LDH data will be linked with partner data.
- Planned datasets include:
- Inpatient discharges
- Vital Records
- Medicaid Claims
- EMS transport
- Emergency Room admissions
- Prescription Monitoring Program



We all benefit when the health of our community is excellent and we all suffer when it is poor.

•For health care providers, health impacts the quality of life of their patients and the cost of care

•For businesses, health impacts productivity of the workforce and the cost of health insurance premiums

•For schools, health matters in student learning and staff performance

10 Things to Know About Health

- 1. Health is more than health care.
- 2. Health is tied to the distribution of resources.
- 3. Racism imposes an added burden.
- 4. The choices we make are shaped by the choices we have.
- 5. High demand + low control = chronic stress.
- 6. Chronic stress can be deadly.
- 7. Inequality economic and political is bad for our health.
- 8. Social policy is health policy.
- 9. Health inequities are not natural.
- 10. We all pay the price for poor health.
 - –Unnatural Causes

Acknowledgments

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QUESTIONS

