NEW ORLEANS COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2025

PROGRESS REPORT: YEAR 1, QUARTER 1
JULY 1-SEPTEMBER 30, 2022

new orleans health department

Dr. Jennifer L. Avegno

A LETTER FROM THE DIRECTOR OF HEALTH

To my fellow New Orleanians,

Over the past year, there has been a tremendous amount of behind the scenes work to develop and implement our Community Health Improvement Plan (CHIP). More than 200 individuals have come together to define objectives and strategies to make our plan actionable, carefully blending the ideal with the practical. I want to honor and thank all of those who have participated in this process and who continue to make it so meaningful for our community. The CHIP has already become a major factor in how a wide range of policies and programs are designed, citywide. These are just a few examples.

A Healthy Homes ordinance recently passed City Council and will establish a rental registry, provide anti-retaliation laws, give renters protection from substandard housing and put fines towards landlords who don't apply. The Healthy Homes working group helped to raise this issue and to keep the pressure up, while the New Orleans Health Department (NOHD) played a leading role in garnering support.

The Violence Prevention working group is contributing to the work done by a broad coalition organized by United Way. This coalition is giving out over $1 million in a series of grants for funding to local agencies directly involved in youth-serving programs and violence prevention activities.

United Way and other coalition members advocated for alignment with the CHIP, so grants distributed will be tied directly to CHIP goals.

Members of the Maternal Child Health working group have developed and strongly advocated for the Universal Home Visiting program that will be fully funded in the City's 2023 budget, directly aligning the CHIP, state priorities, and our hospitals' Community Health Needs Assessments.

A new Mental Health Collaborative recently launched with representation from some of the CHIP Behavioral Health working group members, as well as funding for specific programs identified as key priorities. The Chronic Disease working group has evaluated and is monitoring a cultural competence training for the 504HealthNet clinics and thus helps individuals in clinics citywide.

Whether it is expansion of the Domestic Violence AIR program or the LEAD program in Behavioral Health, funding for the Trauma Recovery Center, homeless encampment hygiene, gun safety initiatives, or universal home visits, these are all tied directly to the collaborative work of the CHIP. All of this has been accomplished in such a short time, showing me that the sky is the limit and our community will benefit tremendously!

Sincerely,

CHIP LEADERSHIP

Each of the CHIP priority areas have three supporting working groups co-lead by at least one member of the New Orleans Health Department (NOHD) and one partner organization to facilitate shared planning and implementation. NOHD serves as the backbone organization, providing technical assistance and oversight for the CHI process and ensuring that the CHIP is implemented in alignment with our shared values.

Priority 1: Increase Access to Care

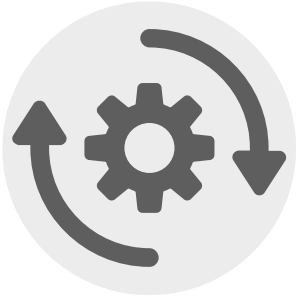
Becky Meriwether, St. Charles Center for Faith & Action
Dana Wilkosz, New Orleans Health Department
Emily Remington, 504HealthNet
Flint Mitchell, Louisiana Department of Health
Helena Likaj, Odyssey House Louisiana
Mary Beth Campbell, Louisiana Department of Health
Portia Williams, NOLA BabyCafe
Ragan Collins, New Orleans Health Department
Sheneda Jackson, New Orleans Health Department
Sherrard Crespo, VIA LINK
Torrie Harris, New Orleans Health Department
Travers Kurr, New Orleans Health Department

Priority 2: Improve Economic Stability

Andres Melendez-Salgado, New Orleans Health Department
Jeanie Donovan, New Orleans Health Department
Jessica Diedling, Ochsner Health
Lindsay Hendrix, Second Harvest Food Bank
Taylor Diles, New Orleans Health Department

Priority 3: Ensure Community Safety

Annelies DeWulf, University Medical Center of New Orleans
Astacia Shari Carter, New Orleans Mosquito, Termite, & Rodent Control Board
Hope Levins, New Orleans Health Department
Jocelyn Pinkerton, New Orleans Health Department
Marin Stephens, New Orleans Health Department
Meredith McInturff, New Orleans Health Department



Community Health Improvement Coordination

Diana Ishee, New Orleans Health Department
Jodi Dyer, New Orleans Health Department

CHI PARTNERSHIP

From the February publication of the CHIP to the end of Quarter 1 in September 2022, the Community Health Improvement (CHI) Partnership has grown significantly. NOHD leadership, program managers, and existing partners have served as CHIP ambassadors in the community, speaking publicly about the purpose and benefits of the CHIP and ways to get involved. This has yielded an increase in community awareness and areas of alignment among plans and initiatives, along with increases in human and fiscal resources to support implementation.

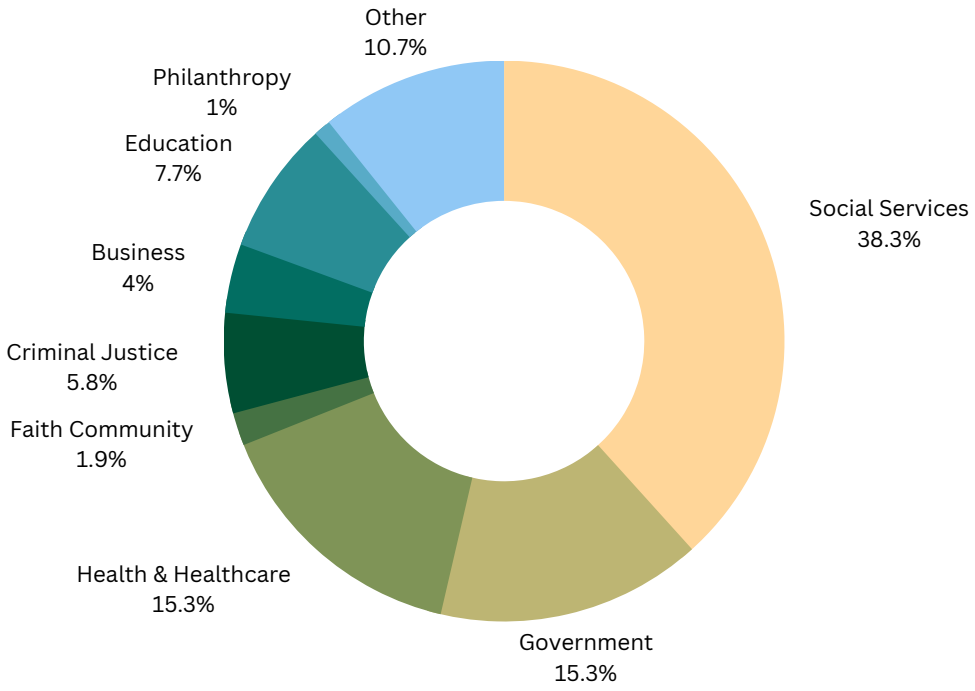
Internally, the CHI program at NOHD has focused on supporting working group leadership in planning and facilitating meetings, assessing gaps in membership to support implementation, recruiting to fill those gaps, and identifying ways to support partners who continue to provide critical time and resources.

203
individuals

104
organizations

CHI Partnership by Sector

Using a collaborative approach, CHI brings partners from all backgrounds to work together, recognizing the interconnectedness of sectors and their ability to shape the health of a population. One of the desired outcomes of this effort is to ensure that a cross-sector approach is taken to addressing health issues. Currently, the partnership has broad sector representation, with social services, government, and health and healthcare represented the most.



ANNUAL PLANNING

This quarter, working groups focused on finalizing annual implementation plans, including measurable objectives that contribute to overall goals, and prioritizing strategies that are rooted in best practices or have an evidence base. Some of the strategies selected lift up and build upon existing collaborative initiatives, while others seek to fill gaps in knowledge or capacity, or propose new interventions to long-standing problems.

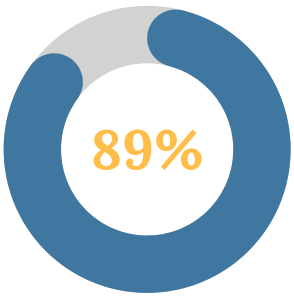
Common CHIP Strategies

Across the three priority areas and the strategies within each working group, common themes have been identified that could present opportunities for collaboration in the future.

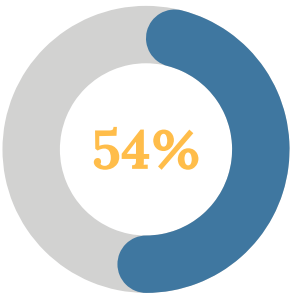
- Data Collection and Analysis
- Direct Service Provision
- Funding
- Health Communications
- Linkage to Care
- Outreach and Education
- Policy and Planning
- Training & Collective Learning

Benefits of Partnership

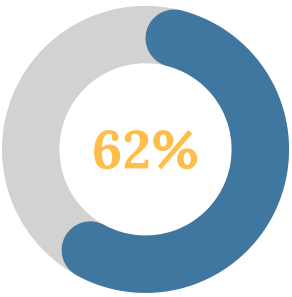
Being a part of the CHIP benefits partners too! In November 2022, CHIP leads and co-leads were asked to reflect on the benefits of participation and its impact on the work that they do. Nearly all respondents reported an increased knowledge of community organizations and resources, while more than half reported that involvement in the CHIP has resulted in increased collaboration in their daily work. Approximately two-thirds reported that involvement in the CHIP has yielded new and unique interventions to address health issues.



Increased knowledge & awareness of organizations & community resources



Increased collaboration in daily work



Identified new strategies and interventions as a result of CHIP work

P1: INCREASE ACCESS TO CARE

The Access to Care priority area is composed of three working groups: Chronic Disease Prevention & Management, Maternal & Child Health, and Behavioral Health. A summary of Quarter 1 accomplishments is below.

Communications

- Drafted campaign messaging materials, identified prioritized audiences, and engaged partners for dissemination of messaging

Training & Education

- Conducted trainings in areas of cultural competency and harm reduction strategies

Workforce Development

- Initiated conversations to standardize doula registration and expand doula certification

Service Delivery

- Expanded service delivery through opening of Sobering Center
- Secured funding to establish Universal Home Visiting program for new moms and babies

Data & Information

- Made contributions to state-wide maternal mortality report
- Explored opportunities for data sharing to improve care coordination

Strategy Spotlight

Health Literate Communications

Together, **Optum**, **United Healthcare, 504HealthNet, and NOHD** developed health literate communications aimed at increasing awareness of hypertension and Diabetes. Images encourage readers to seek out further information and receive primary care preventive services through our local FQHC network. Optum and their marketing partners drafted 12 social media templates and six palm cards for the Chronic Disease working group to review and disseminate.

132
Individuals trained in Narcan administration

146
Narcan doses distributed

48
LEAD client referrals for supportive services

$180k
Workforce development funds awarded for doula trainings

18
Health literate communications about chronic disease developed

3
FQHCs whose staff received training in cultural competency

P1: ACTION PLAN

1.1: Chronic Disease Prevention & Management

1.1.1: By July 2025, increase community knowledge and awareness of chronic health conditions, factors that influence health, and resources available
- 1.1.1.1: Health Literacy Interventions

1.1.2: By July 2025, increase the number of FQHC patients 18+ who receive services for prevention of chronic disease
- 1.1.2.1: Patient financial incentives for preventive care

1.1.3: By July 2025, increase the percent of prioritized populations linked to care for chronic disease management
- 1.1.3.1: Assess Community Health Worker Landscape
- 1.1.3.2: Train Community Health Workers

1.1.4: By July 2025, increase the proportion of medical students and providers trained to deliver culturally competent health care services that address patient needs
- 1.1.4.1: Cultural Competency Landscape Analysis
- 1.1.4.2: Pilot a CLAS Community of Practice
- 1.1.4.3: Standardize Cultural Competence Training

1.2: Maternal & Child Health

1.2.1: By July 2025, increase access to equitable and culturally competent sources of prenatal care
- 1.2.1.1: Education to providers about doulas
- 1.2.1.2: Doula messaging campaign
- 1.2.1.3: Doula workforce development

1.2.2: By July 2025, increase the proportion of new moms who access postpartum services
- 1.2.2.1: Universal Home Visiting program

1.2.3: By July 2025, increase the proportion of infants who are exclusively breastfed through six months of age
- 1.2.3.1: Standardize breastfeeding plan
- 1.2.3.2: Engage providers in breastfeeding promotion

1.3: Behavioral Health

1.3.1: By July 2025, increase utilization of harm reduction services and resources
- 1.3.1.1: Naloxone education and distribution programs
- 1.3.1.2: Syringe service programs
- 1.3.1.3: Expand harm reduction services to other parishes

1.3.2: By July 2025, increase utilization of mental health and substance use treatment
- 1.3.2.1: Health information sharing
- 1.3.2.2: Resource Mapping
- 1.3.2.3: Sobering Center
- 1.3.2.4: Alternative Dispatch

1.3.3: By July 2025, increase the proportion of children and adolescents who receive evidence-based preventive mental health interventions in schools
- 1.3.3.1: Behavioral health resource awareness campaign
- 1.3.3.2: Youth Behavioral Health Survey
- 1.3.3.3: Conduct Mental Health First Aid Training

1.3.4: By July 2025, decrease use of criminal justice system for behavioral health interventions
- 1.3.4.1: Law Enforcement Assisted Diversion
- 1.3.4.2: Fill existing data gaps

P2: IMPROVE ECONOMIC STABILITY

The Economic Stability priority area is composed of three working groups: Supportive Work Environments, Healthy Homes, and Food Security & Nutrition. A summary of Quarter 1 accomplishments is below.

Policy & Advocacy
- Advocated for passing of Healthy Homes Ordinance

Technical Assistance
- Secured funding and inclusion in community of practice to support assessment, planning, and strategy development in home hazard reduction

Workforce Development
- Identified hospital and community-based workforce development opportunities

Research
- Identified research scope on best practices to create Supportive Workplace Recognition Programs
- Identified neighborhoods with highest SNAP gap counts

Service Delivery
- Conducted collaborative interdepartmental inspections to identify and mitigate home health hazards

Outreach & Education
- Provided SNAP outreach materials to 1,500 individuals

Strategy Spotlight

Home Hazard Mitigation

NOHD was accepted into the National League of Cities Healthy Housing Local Action Challenge to plan, implement, and evaluate healthy housing policies in New Orleans. The challenge provides a pathway for local leaders to improve health and engage with housing practitioners nationwide. Participants can also earn recognition for their work to implement policies, programs, and practices to improve health housing broadly, or to focus on issues such as eliminating asthma triggers or lead abatement. This will be a compliment to the Healthy Homes ordinance which will impose basic requirements for habitability, provide periodic inspections of certain rental units so that substandard conditions can be identified and corrected, and secure the rights of lessees to report violations without fear of consequences.

18
Partner sites providing SNAP application assistance

1500
SNAP outreach materials disseminated

110
SNAP applications submitted through assistance sites

3
Multi-agency environmental health inspections conducted

4
Average number of Departments who collaborate to conduct environmental health inspections

P2: ACTION PLAN

2.1: Supportive Work Environments

2.1.1: By July 2025, increase the capacity of public health workforce to meet community health needs
- 2.1.1.1: Support PH workforce development programs

2.1.2: By July 2025, advocate for policies that support health and well-being
- 2.1.2.1: Build framework for workplace recognition program
- 2.1.2.2: Expand employers who have existing health and well-being policies in place

2.1.3: By July 2025, engage employers to pay wages that allow employees to cover the basic cost of living
- 2.1.3.1: Support increased wages for specific sectors

2.2: Food Security & Nutrition

2.2.1: By July 2025, increase access to healthy foods
- 2.2.1.1: Advocate for healthy retail policies
- 2.2.1.2: Conduct nutrition education

2.2.2: By July 2025, increase participation in food and nutrition assistance programs among eligible individuals and families
- 2.2.2.1: Streamline SNAP application processes
- 2.2.2.2: SNAP outreach and application assistance

2.3: Healthy Homes

2.3.1: By July 2025, reduce exposure to health hazards in the home
- 2.3.1.1: Conduct interdepartmental home health hazard inspections
- 2.3.1.2: Housing rehabilitation loan and grant programs
- 2.3.1.3: Conduct Community Needs Assessment
- 2.3.1.4: Participate in Community of Practice for lead and asthma triggers

2.3.2: By July 2025, increase renter protection and landlord accountability
- 2.3.2.1: Advocate for landlord rental registry
- 2.3.2.2: Conduct outreach and education to renters

P3: ENSURE COMMUNITY SAFETY

The Community Safety priority area is composed of three working groups: Public Health Threats, Violence Prevention, and Transportation Safety. A summary of the Quarter 1 accomplishments is below.

Funding

- Awarded NACCHO RISE grant to support infectious disease and environmental health hazards planning
- Trauma Recovery Center submitted a budget to City entities to expand and increase mental health treatment and case management to crime victims
- Applied for Safe Streets for All Action Plan Grant to develop action plans to improve safety

Service Delivery

- Expanded service delivery to victims of domestic violence through initiation of Advocacy Initiated Response (AIR) program in the 3rd district.
- Participated in multi-agency initiative to communicate and distribute Monkeypox vaccines

Data Collection & Analysis

- Initiated data collection and analysis in areas of transportation safety and violence prevention

Strategy Spotlight

Monkeypox Response

In anticipation of Southern Decadence, **NOHD, LDH, CDC, and CrescentCare,** among others, worked to prevent outbreaks of Monkeypox through low-barrier vaccine distribution and targeted public communications and outreach. Together, they hosted 13 vaccine events and administered over 3,000 doses of the vaccine before and during the festival. These collaborative efforts received national recognition as a best practice due to the thoughtful engagement of prioritized populations to inform interventions. Additionally, they were featured by federal entities in the NACCHO Podcast from Washington, the NACCHO October 2022 InTouch eDigest Newsletter, and in the October CDC Morbidity and Mortality Weekly Report.

$75k
Awarded for infectious disease and environmental health hazards planning

200
Domestic violence victims contacted by AIR program advocates

82
Domestic violence victims received referrals for services

5
Local government departments developing Traffic Safety Dashboard

178
Surveys completed by unsheltered homeless residents to identify barriers to shelter

91
Interviews conducted with unsheltered homeless residents to identify barriers to shelter

P3: ACTION PLAN

3.1: Public Health Threats

3.1.1: By July 2025, increase collaboration between government and academic entities to address local infectious disease threats
- 3.1.1.1: Engage infectious disease stakeholders
- 3.1.1.2: Obtain funding for infectious disease planning

3.1.2: By July 2025, improve response to spread of emerging diseases of local concern
- 3.1.2.1: Communicate infectious disease concerns
- 3.1.2.2: Detect emerging infectious diseases
- 3.1.2.3: Mitigate effects of vaccine-preventable disease outbreaks

3.1.3: By July 2025, improve capacity and coordination of relevant City departments to address public health emergencies
- 3.1.3.1: Streamline processes to support EOC
- 3.1.3.2: Streamline City response planning

3.1.4: By July 2025, increase stakeholder collaboration in providing timely and appropriate services during public health emergencies to serve individuals with limited mobility and medical needs
- 3.1.4.1: Build capacity to notify and provide services to public during emergencies

3.1.5: By July 2025, reduce negative health impacts related to extreme weather events
- 3.1.5.1: Create safer environments for refuge and shelter

3.2: Violence Prevention

3.2.1: By July 2025, increase utilization of crime data and best practices to inform crime reduction strategies
- 3.2.1.1: Landscape data analysis of violent crimes

3.2.2: By July 2025, increase positive youth development programs and services
- 3.2.2.1: Fund youth development programs and services

3.2.3 By July 2025, increase the number of firearm owners who report utilizing safe firearm storage practices
- 3.2.3.1: Conduct firearm safety campaign

3.2.4: By July 2025, increase the utilization of victim intervention services
- 3.2.4.1 Implement AIR Model for DV Prevention
- 3.2.4.2: Support expansion of Trauma Recovery Clinic
- 3.2.4.3: Crime Victims Reparation Fund awareness campaign

3.2.5: By July 2025, increase compliance of violence prevention policy implementation
- 3.2.5.1: Monitor DV & SA policy implementation

P3: ACTION PLAN

3.3: Transportation Safety

3.3.1: By July 2025, increase utilization of data to assess the root causes of traffic-related fatalities and severe injury
- 3.3.1.1: Develop and sustain Transportation Safety Taskforce

3.3.2: By July 2025, reduce risky travel behavior and promote safe road use
- 3.3.2.1: Develop and distribute educational campaigns on risky travel behavior for the public
- 3.3.2.2: Implement Safe Routes to School planning activities

3.3.3: By July 2025, increase the number of legislative actions that improve transportation safety for the public
- 3.3.3.1: Expand school zone designations for K-12
- 3.3.3.2: Implement New Orleans Safe Streets for All Policy
- 3.3.3.3: Implement Speed Management Program along an established High Injury Network
- 3.3.3.4: Implement Complete Streets Policy implementation activities

3.3.4: By July 2025, increase utilization of multi-modal transportation options
- 3.3.4.1: Increase transportation access for young people
- 3.3.4.2: Provide multimodal ride voucher funding for NOHD programs

3.3.5: By July 2025, increase cross-sector collaboration for transportation safety, mobility planning, and project implementation
- 3.3.5.1: Engage in strategic planning with cross-sector partners

NEXT STEPS

Where do we go from here?

This CHIP is a continuous work in progress. As the backbone organization, NOHD is always looking for ways to improve and grow to support the CHI partnership network. These four areas are where efforts will be focused behind the scenes to support CHIP implementation and the partnerhships.

☐ 01

Data Needs

Continue to define and fill data gaps to support data-driven decision making and demonstrate progress

☐ 02

Working group capacity

Continue targeted recruitment to fill gaps in skills and resources, develop internship opportunities, etc.

☐ 03

Collaborative Funding

Explore opportunities for collaborative funding to support strategy implementation

☐ 04

Partner Engagement

Identify partner needs, barriers to participation, and opportunities to support engaged partners

Contact

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