

Theory of Change – Health

Health

We believe that healthy people contribute positively to their societies through increased workplace productivity, increased earning potential, better educational outcomes for children, and less drain on the health care system.

A. ULTIMATE GOAL(S)

Ensure that every individual in the Greater New Orleans area has access¹ to comprehensive, quality, evidence-based medical care² and/or health promotion³ services that involve the patient in decision-making and are fair and not affected by race, ethnicity, gender, language, age, disability, or income.

Rationale: Access to comprehensive, quality health care services is vital for the attainment of health equity and for improving the health-related quality of life for all.⁴ Those denied access to basic health care may live shorter and more constrained lives.⁵

B. OBJECTIVE(S)

- To ensure access to comprehensive, quality primary, mental health, and preventive care services for uninsured Greater New Orleans area residents by enrolling eligible individuals into public insurance programs.

Rationale: Lack of adequate coverage makes it difficult for people to get the health care they need, and when they do get care, burdens them with large medical bills. Moreover, uninsured people are (1) less likely to receive medical care, (2) more likely to die early, and (3) more likely to have poor health status. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.⁶

¹ Access is either the potential or the actual entry of a given individual or population group into the health care system (Gulliford, M. et al 2002).

² Evidence-based medicine (EBM) is defined as the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of EBM means integrating individual clinical expertise with the best available external clinical evidence from systematic research (Sacket, DL et al. 1996).

³ Health promotion is the process of enabling people to increase control over, and to improve their health. Health education is a component of health promotion (WHO).

⁴ Healthy People 2020. Access to Health Services, www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1

⁵ Ibid.

⁶ Ibid.

- To support advocacy that ensures access to comprehensive, quality primary, mental health, and preventive care services for Greater New Orleans area residents.

Rationale: Health advocacy addresses the determinants of health which negatively impact individuals or communities. Advocates take action by either informing those who can enact change or by initiating, mobilizing, and organizing activities to make change happen, with or on behalf of the individuals or communities with whom health professionals work.⁷ In our complex and often unfair health care system, advocacy can promote the rights of patients.

- To eliminate or reduce barriers to the utilization of comprehensive, quality primary, mental health, and preventive care services for Greater New Orleans area African-American males.

Rationale: Some researchers consider the availability of services to be a limited measure of access to health care, as those in need may often have services available to them, but they may encounter other barriers to utilization.⁸ African-American male barriers to access include masculinity, socioeconomic status, racism and distrust of the medical establishment, lack of awareness of the need for primary care, religious beliefs, a criminal background, and peer influences.⁹ No matter the barrier, individuals who refuse to utilize health care services may live shorter and more constrained lives.¹⁰ Low utilization of health care services by African-American males in Greater New Orleans (Jefferson, Orleans, Plaquemines and St. Bernard) is common, although the four-parish area has established one of the most lauded networks of community based health centers in America including more than 80 clinics boasting high utilization rates.¹¹ African-American men often avoid primary health care, and therefore do not benefit from preventive care services. Instead, they opt to use emergency departments, delay treatment until their condition worsens, or avoid care completely. Under these circumstances, continuity of care, risk reduction, and adequate illness management are not possible. Their behaviors have contributed to disparities in life expectancy, increased disease morbidity, and increased mortality for African-American men in comparison to other demographic groups. The average life expectancy of African-American men is 6 years less than White men, 7 years less than Black women, and 11 years less than White women.

- To support health education efforts that encourage consumer participation in medical and health decision making.

⁷ Oandasan, Ivy F. "Health Advocacy: Bringing clarity to educators through the voices of physician health advocates." (October 2005 Supplement). *Academic Medicine*, Vol. 80, No. 10.

⁸ Gulliford, M. et al. 2002.

⁹ Cheatham CT, Barksdale DJ, Rodgers SG. "Barriers to health care and health-seeking behaviors faced by Black men." *Journal of American Academy of Nurse Practitioners* (2008), Nov;20(11):555-62.

¹⁰ Healthy People 2020. Access to Health Services, www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1

¹¹ DeSalvo, Dr. Karen. New Orleans Health Commissioner, at the New Orleans Faith Health Alliances Annual Meeting, April 5, 2011.

Rationale: There is growing evidence that involving patients in medical decision making can produce better health outcomes. Moreover, informed consumers can contribute to their health and well-being better than non- or ill-informed consumers. Accordingly, ethicists have accepted the principle that what doctors think is best for patients in all but the most extreme circumstances, may be trumped by what competent, informed patients want.¹² Therefore, educating patients could help them become better advocates for themselves and their families. Patient education benefits include improved quality of care, improved patient satisfaction, and increased compliance.¹³

C. WHAT WE FUND

To most effectively meet these objectives, the Greater New Orleans Foundation will, through its IMPACT program, support organizations that:

1. Implement collective education and outreach efforts to increase Medicaid/LaCHIP or Medicare enrollment for indigent consumers of health care services.

Rationale: According to a Louisiana Department of Health & Hospitals report, in the state, the percent of uninsured Medicaid eligible non-elderly adults is 32.1 percent or 101,618 (note: the report does not provide a breakdown by Region or parish). Currently, Louisiana Medicaid eligibility for non-elderly adults is 15 percent (\$1675 gross yearly income for a family of one) of the federal poverty level (FPL); however, if FPL was expanded as it is for children, there would be many more Medicaid eligible adults. Note: The Patient Protection and Affordable Care Act, if upheld, will expand coverage for adults with incomes up to 133 percent (\$14,856 gross yearly income for a family of one) FPL in 2014.¹⁴ The percent of uninsured Medicaid eligible children in Region 1 (New Orleans) is 4.3 percent or 5,420 children, which is the highest regional rate for uninsured Medicaid eligible children in the state. In all Louisiana regions, except Region 1 and Region 9 (the northshore of New Orleans), the percent of uninsured children has declined significantly since 2009. A significant portion of this decline was attributed to greater education and outreach efforts (e.g., advertising, walker-talker programs, and contact through public schools and doctors' offices) to enroll uninsured children who are eligible for public insurance in the Medicaid/LaCHIP programs.¹⁵

¹² Kravitz, RL & Melnikow, J. "Engaging patients in medical decision making: The end is worthwhile, but the means need to be more practical." *BMJ* (2001) Sept; 323(7313):584–585.

¹³ Abbott SA. "The benefits of patient education." *Gastroenterology Nursing* (1998), Sep-Oct;21(5):207-9.

¹⁴ Louisiana Department of Health & Hospitals. "Louisiana's Uninsured Population: A Report from the 2011 Louisiana Health Insurance Survey." January 2012.

(http://new.dhh.louisiana.gov/assets/medicaid/LHIS/2011LHIS/LHIS_Layout_FINAL_000.pdf)

¹⁵ Louisiana Department of Health & Hospitals. "Louisiana's Uninsured Population"

2. Advocate to improve health policy and resource allocation decisions, provide consumers protections, preserve access to health care, and/or expand Medicaid coverage to increase access to comprehensive, quality primary, mental health, and preventive care for all irrespective of ability to pay.

Rationale: Louisiana has one of the strictest Medicaid eligibility programs, meaning the state only provides Medicaid coverage to adults who are working parents at or below 25 percent (\$2793 gross yearly income for a family of one) of the federal poverty level (FPL).¹⁶ That is, if a person is unemployed, has no child, or whose income is greater than 25 percent of FPL, he or she cannot receive Louisiana Medicaid. Additionally, some doctors will not see Medicaid patients because of low reimbursement rates. In areas of the state with a shortage of doctors this makes it harder for Medicaid patients to secure timely access to health care. This is especially true in rural areas and for Medicaid patients across seeking to access specialist.¹⁷ Health advocacy has the ability to expand coverage and win comprehensive health reform by fighting for quality, affordable coverage for all, at the local, state, and federal level; preserve access to care by fighting budget cuts to deny or reduce care and coverage; and provide consumer protections by working to protect consumers against medical debt and abusive practices by insurers, providers, and others in the health care industry.¹⁸ Health advocacy is a great state-level strategy to expand Medicaid coverage to a more appropriate FPL category.

3. Implement education and outreach efforts to improve utilization of health care services by African-American males.

Rationale: Awareness must be raised among African-American males who are not seeking needed primary health care before health disparities in life expectancy, increased disease morbidity, and increased mortality can be adequately addressed and decreased. Research has identified effective education and outreach strategies to actively address the health disparities faced by African-American men including bringing health care to the community as an approach to raise health awareness and promote health-seeking behaviors. Effective programs have outreached in places where African-American men frequent including health clubs, barbershops, YMCAs, and churches. Other recommended actions to raise awareness have included public service announcements, radio commercials, and billboards as well as the provision of preventive services through health fairs, and development of positive provider-patient relationships.¹⁹

¹⁶ <http://www.hopenetworks.org/ProblemsSolutions.htm> and <http://www.statehealthfacts.org/comparereport.jsp?rep=43&cat=17>

¹⁷ Personal communication, April 4, 2012, Moriba Karamoko, ED, Louisiana Consumer Healthcare Coalition.

¹⁸ Health Access. Agenda of 2011. <http://www.health-access.org/>

¹⁹ Cheatham CT, Barksdale DJ, Rodgers SG. "Barriers to health care and health-seeking behaviors faced by Black men." *Journal of American Academy of Nurse Practitioners* (2008), Nov;20(11):555-62.

4. Use health education²⁰ to improve health literacy, influence attitudes, and improve health awareness so that indigent consumers of health care services can make better decisions and take preventive actions that will improve personal, family, and community health.

Rationale: Health education improves health knowledge, attitudes, and behavior. As such, it often improves the health status of individuals, families, and communities; and by focusing on prevention, reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.²¹ As health consumers become more informed, it is important that they understand that preventive care is the most important step one can take to manage health, as prevention is easier than curing, and many of the top risk factors leading to illness and premature death are preventable.²²

D. OTHER WORK WE DO IN SUPPORT OF THESE GOALS/OBJECTIVES

- The Greater New Orleans Foundation is a member of the Community Health Improvement Steering Committee for the City of New Orleans FIT NOLA Initiative, which works in partnership with the New Orleans Health Department to help transform the overall health and quality of life for all New Orleanians. Through participating in various collaborative efforts, the steering committee will serve an advisory role in community health improvement decisions, activities, implementation, and evaluation.

²⁰ Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes (WHO).

²¹ Coalition of National Health Education Organizations. What is health education?
http://www.cnheo.org/PDF%20files/health_ed.pdf

²² Agency for Healthcare Research and Quality. "The patient-centered medical home: Strategies to put patients at the center of primary care." February 2011.