

History

In 1996, the Louisiana Minority Health and Health Disparities Coalitions mandated that the Louisiana Department of Health and Hospitals (LDHH) establish a Bureau of Minority Health Access.

Health Priorities

The Louisiana Department of Health and Hospitals (LDHH) has identified health priorities for the people of Louisiana and specific priorities for racial/ethnic minority populations residing in the state.

Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Cancer	Cancer
Cardiovascular Disease	Cardiovascular Disease
Obesity	Diabetes
	HIV/AIDS
	Infant Mortality

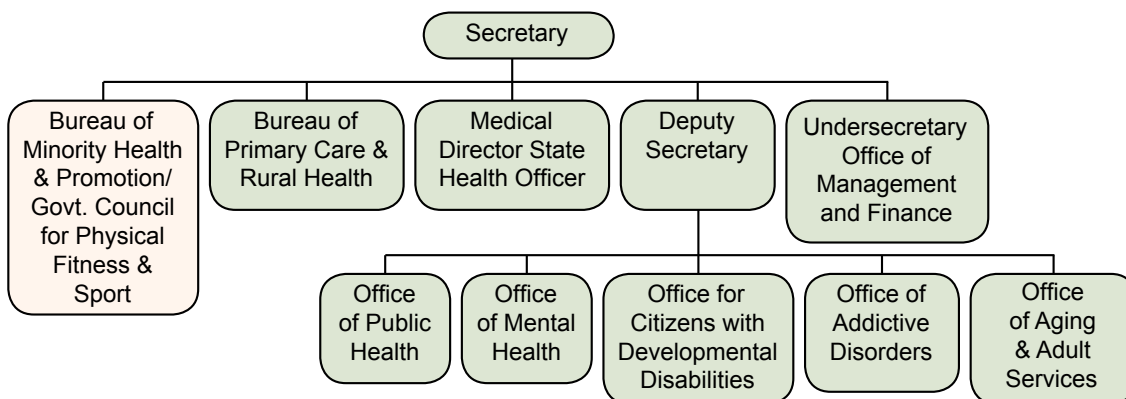
Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Louisiana	✓	✓	✓	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

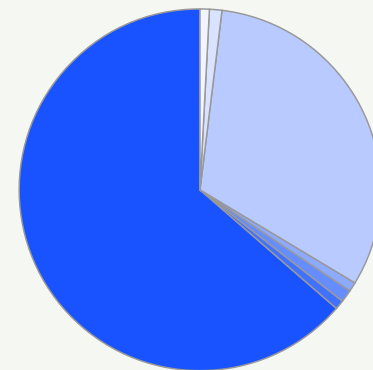
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and/or other key public health leadership:

Louisiana Department of Health and Hospitals



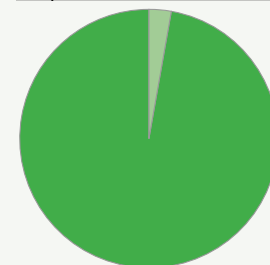
Total State Population:
4,287,768

Racial Distribution



- American Indian/Alaskan Native (1%)
- Asian (1%)
- Black/African American (32%)
- Native Hawaiian/Pacific Islander (1%)
- Other Race (1%)
- Two or More Races (1%)
- White (64%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (3%)
- Non-Hispanic/Latino Ethnicity (97%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Strategic Planning

As part of its mission to protect and promote health and ensure access to medical, preventive, and rehabilitative services for all citizens of Louisiana, the LDHH maintains a strategic plan designed specifically to eliminate racial and ethnic health disparities at its Bureau of Minority Health Access and Promotions.

Goal I: Facilitate collection, analysis, dissemination and access of information concerning minority health issues to reduce disparities in health status for underserved populations
Tracking Methods: Track the number of hits at the Bureau of Minority Health Web site, monitor state and federal legislation specific to minority health issues

Goal II: Use multicultural and culturally competent approaches to enhance ways in which health services are designed and delivered
Tracking Methods: Progress is tracked through the number of LDHH documents translated into other languages, number of LDHH staff involved in community outreach projects in diverse communities, and the number of staff who complete cultural competency training.

Goal III: Increase public awareness of minority health issues
Tracking Methods: Tracked by the number of health disparities awareness activities at community- and faith- based organizations and events, the number of newsletters distributed regarding minority health, results of community needs assessments and surveys, and the number of organized public hearings held regarding health disparities

Goal IV: Recruitment of minority health professionals
Tracking Methods: Track the number of minority recruitment partnerships and strategies established with academic institutions, local and state government, health and human service agencies

Partnerships

- The LDHH consults with an internal Minority Health Coalition that supports and guides agency leadership on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- MH/HD activities are conducted and coordinated across many LDHH program offices.
- LDHH maintains partnerships with an array of external entities active in MH/HD including: local health departments, tribal government, health departments in other states, federal government, health disparities advisory bodies, community-based and non-profit and faith-based organizations, schools, universities and the media.

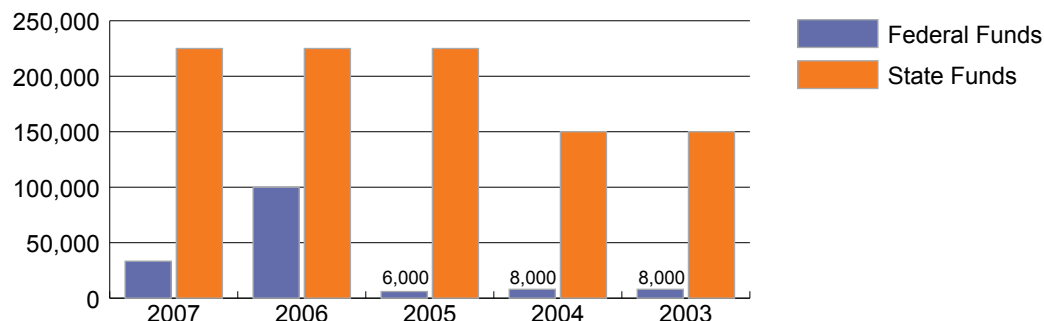
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD issues and activities at the LDHH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	75%
Bureau of Primary Care and Chronic Disease	5	50%
Louisiana Tobacco Control Program	6	50%

Financial Investments

Below are the reported state and federal investments in LDHH racial/ethnic minority health and health disparities (MH/HD) activities from 2003 to 2007. LDHH reports additional funding from other sources for specific activities. This graph may therefore be an underestimate of the total annual budget for MH/HD activities.



Activities

Minority and Multicultural Health Month

The month of April is dedicated to high-visibility health promotion and disease prevention campaigns for the state's racial/ethnic minority populations. These activities are conducted in cooperation with community-based organizations that are located in and/or serve racial/ethnic minority communities. Campaigns specifically target medically underserved areas of the State and address health issues related to infant mortality, diabetes, HIV/AIDS, high blood pressure, cardiovascular disease, and other health issues that disproportionately affect racial/ethnic minorities in Louisiana.

Partners (and Funding)

LDHH Office of Public Health (\$105,000) and Maternal and Child Health program, State Medicaid Agency, LACHIP (State Children's Health Insurance Program) and the Louisiana Tobacco Control Program

Activity Outcomes

Promotional efforts in medically underserved areas actively encourage communities to use local health services as their principal sources of primary health care. These efforts have indeed reduced the number of hospital emergency room visits made for primary care services across the state.

Evaluation Methods

Monitor daily reports from participating organizations on the status of health campaign activities, sign-in sheets that track the number of participants at events, and the number of referrals for treatment following health screenings

Activities continued...

Operation Safe Re-Entry Hurricane Recovery Initiative

The LDHH developed the Safe Re-Entry Initiative to address disparities in health status and access to care following two powerful hurricanes in 2005. After these disasters, health challenges such as acute respiratory infections chronic depression and limited access to health care disproportionately affected disadvantaged people of color. The Initiative continues to assist underserved people from minority communities to access primary health care and social services. For example, the Initiative has established carpooling networks that enable patients to access health services and pharmacies that are not located in their immediate areas.

Partners and Funding

FEMA, Department of Health and Hospitals, Office of Minority Health/US Department of Health and Human Services (OMH/DHHS) (\$100,000), Louisiana Medicaid Agency (\$150,000), LDHH Maternal and Child Health Program, LACHIP, North Carolina Office of Minority Health, Louisiana Primary Care Association, Chahta Tribe, St. Tammany Sherriff's Department, St. Tammany Ministerial Alliance, Pfizer Pharmaceuticals and ExCelth Health System

Activity Outcomes

LDHH reports that minority residents who suffered disproportionately from the effects of the hurricanes have improved their access to health and social services, particularly mental health care.

Evaluation Methods

Door-to-door surveys are conducted to assess the Initiative's impacts on health care access and health outcomes, and to identify unmet health and related needs of underserved populations. Survey results are used to revise Initiative priorities and methods and to address unmet needs.

Post-Hurricane Katrina Program

The program was created in 2005 to provide prenatal, post-partum and well-baby information and services to mothers and newborns from racial/ethnic minority populations who suffered disproportionately in the aftermath of the hurricanes. The Program's Baby Health Fairs provided underserved mothers and babies with maternal and child health education, services, products and safety devices such as car seats.

Partners (and Funding)

OMH/DHHS (\$99,000), LDHH Maternal and Child Health Program, Healthy Start Program, Office of Family Planning and Nurse-Family Partnership, LACHIP, LAMOMS, Jefferson Parish Health Unit, March of Dimes, Safe Kids Coalition, Shots for Tots, Tobacco Free Living, Hispanic Apostolate and the Charity School of Nursing

Activity Outcomes

Approximately 2,550 pregnant women and mothers of newborns received valuable information on prenatal, post-partum and well-baby care, as well as referrals to health care providers during two Baby Health Fairs. More than 300 car seats and other baby products were also distributed to mothers free of charge.

Evaluation Methods.

Assessment forms were distributed to all Health Fair participants for constructive feedback.

Louisiana's primary contact for racial/ethnic minority health and health disparities is:

Rudy Macklin

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Bureau of Minority Health Access and Promotion

Louisiana Department of Health and Hospitals

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