USING THE PARISH

DEFINITION OF HEALTH

THE ROLE O

EDUCATION

HEALTH PROFILES

"All across the world, in communities large and small, citizens

are coming together to create a new vision of their future.

Some are talking about 'healthy cities.' Others are promoting

the idea of 'sustainable communities.' ...These communities

want to ensure that the next generation inherits a healthy,

vital place to live."

– Tyler Norris and Associates, 1997

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HOW TO USE
THE PARISH HEALTH PROFILES

This book is intended to be informative and user-friendly. It can be read straight through or by topics and sections. Each page contains summarized information in the side-bars, figures, bullets and charts. These summaries relate to the more in-depth information in the main body of the text. Sprinkled throughout the Parish Health Profiles 1999 are stories from real people and communities.

At the top of each page is the Parish Health Profiles 1999 logo, chapter title and parish. You can photocopy pages and always know what document and section you used. Just below the logo and titles you will find a box with an indicator summary titled "How is this parish doing?" This box shows the status of the indicators presented in the text, as compared to state or national levels. A smiley face means the indicator is above average. A straight-mouthed face is an average level or unchanged. A frowning face means there is room for more improvement. The side-bars, which are the small columns on the edge of the page, have interesting facts and figures.

On many pages is a shaded box labeled, "Taking Care – Taking Control." These boxes contain the stories about people who responded to challenges in their communities by turning information into action. Where it is appropriate, there is a contact number to reach the people in the story.

The side-bars, like the one below, have interesting tidbits about Louisiana, such as:

DID YOU KNOW?
Seventy-two percent of eligible Louisianans are registered to vote (70.9% of men, 73.0% of women; 74.8% of whites, 65.2% of African Americans).
- Louisiana Department of Elections and Registration, 1991.

The indicators in the Parish Health Profiles can be used as guides to identify problems and successes in your community. These indicators are the starting point for exploring your community. Where it is appropriate, the limitations of the data are explained. **In the body of the text, the bold print identifies the indicators with data for the parish.**

Important points in the text are in bold print in these call-outs.

Each chapter combines data, graphs and stories about improving community health, because it takes many perspectives to bring the picture of any community's health in focus. This combination of information is part of a broader definition of health. This broad definition is one that provides an opportunity for everyone to act. There is a place for everyone to make a difference: in education, economics, neighborhood beautification, schools, housing and many other areas which all contribute to a

taking control

Stories about community health

Look in these "Taking Care–Taking Control" boxes to find stories and tips about turning information into action.
These stories are about your neighbors and friends across the state who have taken steps to improve their community. They are sharing their good ideas with all of us to help inspire community action.

community's health. At the end of each section there is a list of suggestions for taking action in the box titled "The Community Can." This is a beginning list of possible ways that you and your community can take steps to improve upon the indicators or topics presented in the section.

At the end of each section, after suggestions for community action, you will find the references. Parish Health Profile 1999 data is carefully documented to make it as easy as possible for the reader to contact or access the people and data sources. The references give as precise a location as possible, so readers can find the information themselves. At some point, the data collection had to stop and writers of this publication committed to a set of data. In a period of just a few months, many of the data will be updated, and even sooner for information that is on the internet. You and your community can keep abreast of the newest data by using the references and resources for more recent data.

Whenever possible, websites are provided in the references and resources. The websites are given for homepages of organizations. Because web pages are moved around, the home page is usually in the reference along with keywords that can be followed to the page where data is located on the site. To reach the exact webpage where data or information is located follow the "keywords."

The resources section in the back of the Profiles lists contact information for agencies and organizations that have been cited. There are also additional useful organizations that you or your community can contact.

The data for the Profiles have come from many different sources. Sometimes there will be several organizations who report on an indicator. You might find that they will have different results for the same indicator. Often that difference is due to the calculation or collection of the data. We report the indicators from the most credible source. We have tried to report the most recent data. The agencies that collect data have different calendars for collection, analysis and reporting. One of the drawbacks of using a wide variety of sources is the reality that indicators in the same chapter will not always be from the same year.

Finally, there other places to find the Parish Health Profiles. There is a website for the Profiles on the Department of Health and Hospitals, Office of Public Health home page (http://www.dhh.state.la.us/oph). All libraries have access to the internet. The thirty-three state libraries have the bound copies. Also, look upon the Office of Public Health Regional Offices to help you. They are all listed in the resources section.

References:

Louisiana Department of Elections. 1991. Statewide Post Election Report. October 19.

World Health Organization, keywords: http://www.who.org/home/info.html

Norris T and Associates. 1997. The Community Indicator Handbook: Measuring Progress toward Healthy, Sustainable Communities. Redefining Progress; Sustainable Communities.

DEFINITION OF A HEALTHY COMMUNITY:

- *a clean, safe, high quality physical environment and a sustainable ecosystem;*
- *a strong, supportive and participatory community;*
- *provision of basic needs;*
- *access to a wide variety of experiences and resources;*
- *a diverse, vital and innovative economy; and*
- *a sense of historical, biological and cultural connectedness.*

-   World Health Organization, 1999

The Profiles are a work-in-progress. These documents are public information written for the benefit of the public. Our request to you, the reader, is to complete and return the evaluation form that is included in this document to help us know how to improve for the next issue. Also, let us know what you found helpful for your work in communities.

Thank you.

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HEALTH IN A HEALTHY COMMUNITY

What creates health?

What makes a community healthy? Many would say that having access to medical care is the most important factor affecting health. Research, shown in Figure 1, actually shows that medical care influences only ten percent of an individual's overall health status (Scovill, 1998). Other factors such as lifestyle and the environment are less well-defined, but they play a dominant role in determining health. One of the goals of the Profiles is to begin to explore the many factors that can influence health at the individual and community level.

Broad definition of health

Any carpenter will say building a solid house requires a strong foundation. The same is true for healthy communities. The underlying factors of communities – strong families, good jobs, a thriving economy, quality education, to name a few – make up the foundation of good health. Yet these areas are traditionally thought to lie outside the health field. In fact, however, they are unavoidably connected to the public's health and to public health practice. This is highlighted by the National Center for Health Statistics in a recent publication, *Health, United States, 1998*:

"For almost all health indicators considered, each increase in either income or education increased the likelihood of being in good health. Persons with lower income or education were also more likely to lead sedentary lifestyles and smoke cigarettes, while being less likely to have health insurance coverage or receive preventive care.

Figure 1: Influencing Factors on Health Status

- 20% Human Biology
- 20% Environment
- 50% Lifestyle or behavior
- 10% Medical Care
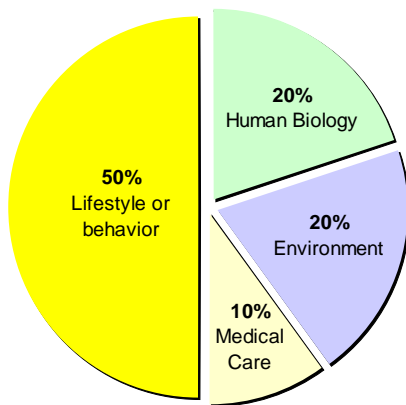
Source: Lalonde, 1974.

Taking Care, Taking Control: "Louisiana – The most livable state"

taking control

Gov. Foster's Vision: *Louisiana: Vision 2020*

Louisiana Governor Mike Foster and other governmental leaders are committed to making Louisiana one of the most livable states in the country. The governor and the legislature have shown that commitment by approving *Louisiana: Vision 2020,* our state's twenty-year strategic plan for economic development. The vision of the plan states that, "Twenty years into the 21st Century, Louisiana will have a vibrant, balanced economy; a fully engaged, well-educated work force; and a quality of life that places it among the top ten states in which to live, work, visit and do business."

Governor Foster believes to reach the vision:
- Government should do what it does best: focus on providing education and infrastructure for the citizens of the state;
- The state should practice investment budgeting instead of expenditure budgeting; and
- The state should operate like a business and set priorities.

Louisiana state government has already taken steps towards achieving that vision. Integrity and accountability have been brought back into government. Significant investments and reforms are being made in both K through 12 education and higher education, including a new K-12 school accountability program and the creation of the Louisiana Community and Technical College System. The state has also taken steps to improve workforce development through the creation of the Louisiana Workforce Commission. The state's Charity Hospital has new management in LSU-Medical Center – an effort to provide better healthcare services. And the state has shown its commitment to support museums, libraries, parks and the humanities in an effort to enhance Louisiana's natural and cultural assets.

- *For further information: Louisiana Economic Development Council. 1998. Vision 2020 and Meg Fuselier, Office of the Governor, 225-219-4557.*

Further, ...infants born to mothers who did not finish high school were about 50 percent more likely to be of low birth weight than infants whose mothers finished college. Children one to five years of age living in families with low income are over seven times as likely to have elevated blood lead levels as children in high-income families."

Adopting a broad definition of health incorporates the full range of quality of life issues. Not only does quality of life incorporate the various sectors, institutions and structures of the community, but it also captures dimensions of the physical, spiritual, financial, cultural and emotional existence not captured by a traditional definition of health. This broad view of health allows us to look behind the physical signs and symptoms and search for the underlying determinants of health.

> **"Too often, surface problems in communities are the focus, without proper acknowledgment of their deeper causes. "**

Root causes of poor health outcomes
Public health professionals frequently talk about root causes of health problems. When a person has hypertension (high blood pressure), for example, they may think it is due to a bad diet and very little exercise. But there may be underlying causes for a poor diet and inadequate exercise, such as:

- Cultural eating and exercising norms;

- Being too poor to afford high quality food or to get to a good grocery store;

- Reacting to the depression or stress of insecure employment with poor eating habits; or

- Living in a neighborhood where it is not safe enough to exercise (McGinnis and Foege, 1993).

Public health professionals explain root causes with a story about a man pulling people out of a raging river. All day long he jumps in to save people until he is exhausted. Another person, seeing the tragedy, walks up river and finds the cause: part of a bridge is washed out. Until people are warned about it, they will continue to fall into the river (Wallack, 1993).

This publication shares a way of addressing many of the societal issues that affect health and exploring their root causes. Too often, surface problems in communities are the focus, without proper ac-

Leading, Actual and Root Causes of Death, U.S., 1998

Leading cause	Actual cause	Root causes
Heart disease	Diet/exercise	Poverty
Cancer	Tobacco	Stress
Stroke	Diet/exercise	Depression
Injury	Violence, alcohol	Fear
Diabetes	Diet/exercise	Hopelessness
Pulmonary Obstruction	Tobacco	Ignorance
		Injustice

Source: Adapted from McGinnis and Foege, 1993 and Files, 1994.

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knowledgment of their deeper causes. Addressing the underlying causes of poor health will have a longer lasting impact. For example, many people believe the solution to increased health needs is to build more medical facilities. What may be more important is to focus on activities that prevent illness and assure that people remain healthy. This requires looking at the root causes of ill health, focusing on prevention and reinforcing healthy habits.

Causation Pathways (Scovill, 1998)

One way to analyze root causes is to develop a causation pathway for a health issue. The pathway starts with the outcome under consideration, such as high infant mortality in teen births, shown in Figure 2. It traces the causes backward (or upstream), continually asking "why" until arriving at the root cause(s). Therefore, following the present example, community programs that build teen self-esteem, keep teens busy after school or help build educational skills in youth can ultimately reduce infant mortality, low birth weight and teen pregnancy.

Addressing the root causes of health issues has the added benefit of positively impacting other aspects of individual and community life. Improvements in areas such as stress, education and poverty will create a ripple affect which will touch all areas of a person's life. Benefits to the community may include lower crime rates, increased economic opportunity and better parenting. By focusing on root causes communities have the power to raise the 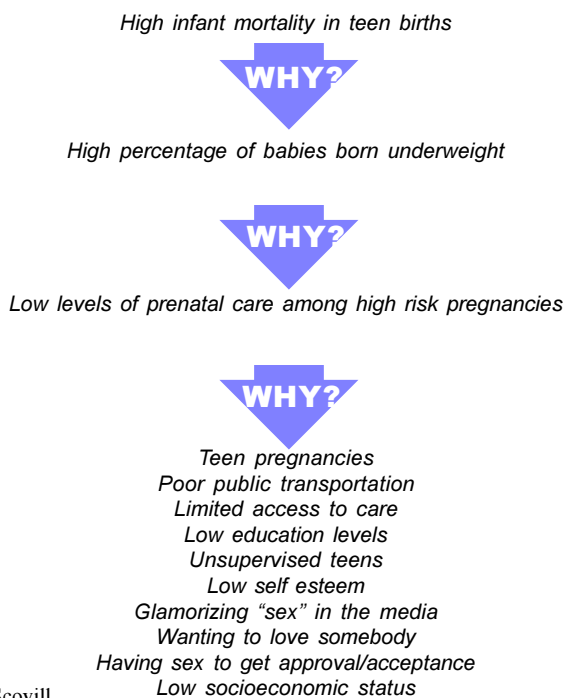quality of life for all their citizens. Using the causal pathway as a tool allows communities to better target their responses to problems and to get maximum, long-term impact for the time and resources that are invested.

Tools such as the causation pathway can help communities identify *what* they can do. They don't explain *how* to go about fixing it. There are, however, lessons and methods to be borrowed based on the experience of various communities in Louisiana and around the nation. What many of these communities are finding out is that *how* they go about working together to fix their problems is just as important as *what* it is that they decide to work on. Read on to see how this is being done.

Figure 2
The Causation Pathway, an example...

High infant mortality in teen births

WHY?

High percentage of babies born underweight

WHY?

Low levels of prenatal care among high risk pregnancies

WHY?

Teen pregnancies
Poor public transportation
Limited access to care
Low education levels
Unsupervised teens
Low self esteem
Glamorizing "sex" in the media
Wanting to love somebody
Having sex to get approval/acceptance
Low socioeconomic status

Source: Scovill,

References

Files A. 1994. Presented to the National Civic League Healthy Communities Conference. Quoted by Scovill

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Lantz P et al. 1998. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association, June 3. 279:21. p. 1708.

Lalonde M. 1974. A New Perspective on the Health of Canadians: a working document. Government of Canada, Ottawa, April. 1974. Quoted by Scovill M. 1998.

McGinnis J and Foege W. 1993. Actual Causes of Death in the United States. Journal of the American Medical Association. 270(18): 2208. Quoted by Scovill M. 1998.

National Center for Health Statistics. 1998. Health, United States 1998 With Socioeconomic Status and Health Chartbook. Hyattesville, MD. p. 4-5.

Scovill M. 1998. Community Health Assessment and Moving to Action. Presented at DHH-OPD Healthy Communities Summit "Pulling Together the Pieces of a Thriving Community." May 27, 1998. 1:30 - 4:30 p.m.

Wallack L. et al. 1993. Media Advocacy and Public Health: Power for Prevention. Sage. Newbury Park. p. 17.

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Thank you.