Centering Public Health in Program Creation

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Background

- Louisiana is in a primary care crisis, with 60 of the state's 64 parishes having less than one provider per 3,500 patients [1].
- Lack of primary care contributes to higher rates of avoidable emergency visits and premature deaths due to treatable or preventable causes [4].
- The aged population and individuals living with substance use disorder are directly impacted.
- Louisianans aged 65 and older require more frequent primary care visits [2].
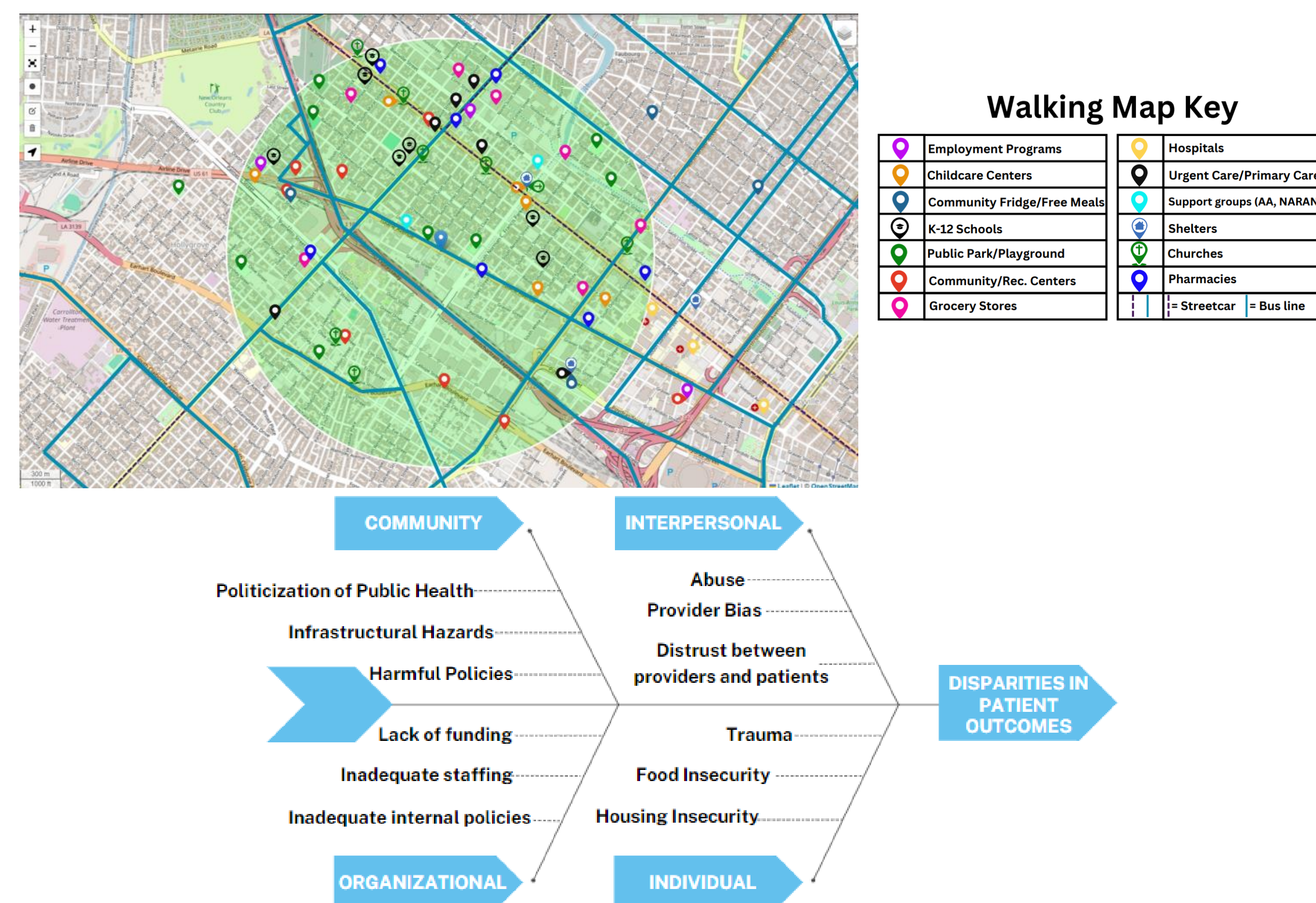- From 2012 to 2018 opioid related deaths have nearly doubled in Louisiana [3].

Objective

- Two additional chapters of SRCC will be created in partnership with Volunteers of America and will be focused on providing primary care to geriatric residents and residents living with or in recovery from substance use disorder.
- Evidence based public health tools will be used in the creation of these clinics to ensure community needs are appropriately identified and addressed.

Methods

- Two main tools were used: community asset mapping, and a fishbone diagram.
  - Community assets were selected based off the five domains of the Social Determinants of Health
  - The fishbone diagram provides further investigating social factors that cause poor health outcomes in the community
- The results of these diagrams were then analyzed highlighting areas of capacities, needs, and assets to guide the creation of clinic protocol for these two clinic sites.

Results/Products

Walking Map Key

Employment Programs		Hospitals	
Childcare Centers		Urgent Care/Primary Care	
Community Fridge/Free Meals		Support groups (AA, NARANON)	
K-12 Schools		Shelters	
Public Park/Playground		Churches	
Community/Rec. Centers		Pharmacies	
Grocery Stores		Streetcar · Bus line	

Discussion

Assets	Capacities	Needs

- Job Support Sites
- Childcare facilities
- Proximity to major medical centers
- Proximity to public transit system
- High education level= high community knowledge and skill level
	- Green spaces => community event Capacity
	- Churches and community centers => high sense of community
	- Close medical centers => high community power to improve health
		- Increased Primary care
		- Addiction Recovery Supports
		- Mental Health Supports
		- Financial Support
		  - free meals
		  - free transportation
		  - affordable housing

Conclusion

- Using evidence based public health tools, we understand the context of our patient population in their community and work within that context to achieve the best possible health outcomes.
- High need for increased primary care access in our community.
- Increasing access alone may not directly address the issues that result in worse health outcomes in our patients.
- Partnering with structures and supports already in place, increases support for patients outside of the clinic and improves health outcomes more effectively.

Recommendations

- These results should be incorporated into clinic protocols to ensure all patients are given care that fits their community needs and experiences.
- Catering protocols should include a focus on continuity of care to decrease further strain on our healthcare system, resources for those with limited access to wealth
- Partnering with local organization identified in the map may allow for further support expansion and utilization
- Walking map should be provided to patients directly to be used in addition with other educational materials
- Needs identified during clinic that have not been addressed in this map should be added in the future to best support patients

References

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3. Louisiana Department of Health. (2019). *Louisiana Health Report Card.* Bureau of Health Informatics. https://ldh.la.gov/assets/oph/Center-PHI/2019_Health_Report_Card.pdf
4. Commonwealth Fund. (2022). *Louisiana Scorecard on State Health System Performance.* Commonwealth Fund. Louisiana.pdf

Acknowledgement