



EXECUTIVE



An image from the community vision of Lafayette's future.

SUMMARY

“When planning for a year, plant corn. When planning for a decade, plant trees. When planning for life, train and educate people.”

-Chinese proverb



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LOUISIANA PARISH HEALTH PROFILES 1999: USING INFORMATION TO DRIVE LOCAL ACTION

Taking responsibility for one's personal health and overall improvements in community quality of life is of growing importance in today's society. Many public health agencies and practitioners, as well as many outside of the traditional public health fields, have adopted the idea of "healthy people in healthy communities" as their guiding light, balancing individual health with the necessity of community improvement. The Parish Health Profiles 1999 were developed by the Department of Health and Hospitals Office of Public Health (OPH) in an effort to share this perspective, provide valuable health-related information and enable information-driven individual and community-level decision making. The Parish Health Profiles 1999 are intended to be a source of parish-level health information to be used for community-level planning. Public health practitioners have long recognized that by working towards improving the environment within which people live, significant improvements can be made to the health status of a population.

Research has demonstrated a strong link between quality of life issues, such as the economy, education and the environment, and the health status of individuals (Power et al, 1999). This edition of the Profiles uses this broader definition of health to understand the quality of life of communities. The information included represents not only health status, but also other aspects of quality of life, such as the status of local education, economy, environment and crime and safety

At the same time, the developers of the Parish Health Profiles 1999 recognize that information is power. As the state's primary health information agency, OPH understands the importance of sharing this information with Louisiana citizens in such a way that it can be used to improve health status. The corner stone, however, is that community members must be invested in community-based processes in order for them to be effective. It was in this spirit that the new Profiles were developed and written. The indicators presented in the Profiles are those which met a set of criteria for relevance to community level action.

There were many partners who, together with the Office of Public Health, made these publications a reality by sharing their data, information and expertise, including:

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- DHH Offices of Mental Health, Addictive Disorders, Citizens with Developmental Disabilities, Health Services Financing and Research and Development;
- Louisiana Department of Social Services;
- Louisiana Office of the Governor, Elderly Affairs Council;
- Louisiana Department of Economic Development;
- Louisiana Department of Education;
- Louisiana State Library;
- Louisiana Department of Public Safety and Corrections;
- Louisiana Department of Culture, Recreation and Tourism;
- Louisiana Department of Environmental Quality;
- Louisiana Coalition for the Homeless;
- Resources for Independent Living;
- Louisiana Electronic Assistance Program (LEAP) Center for Business and Economic Research; and
- Louisiana Turning Point Initiative.

The Profiles are designed to encourage community organizing with the goal of supporting community decision-making around improving quality of life. In order to meet the needs of consumers of health information, three introductory chapters were dedicated to discussion about health and a healthy community, what indicators are, how data can be used and interpreted and what a health improvement process involves.

Health in a healthy community

The discussion in this chapter is intended to provide the reader with an understanding of the health impact of all the aspects of community and social life. The primary arguments are that health services are only ten percent of the determinants of health (Lalonde, 1974), and that behind the causes of death and disease are attributable causes, such as tobacco use, firearm use, microbial agents and health risk behaviors (McGinnis and Foege, 1993). In light of these two arguments, the chapter makes a case for a new approach to improving health and quality of life. This approach is one that relies on community-based action and addresses multiple aspects of community life.

Indicators

This chapter fully explains how data which is actionable and relevant to community-level planning can be selected as an indicator. It includes a brief discussion of epidemiological terms and standards, as well as criteria communities can use to select indicators for their local work.



Turning information into action

The third and final introductory chapter presents an overview of community planning processes. It begins with information collection and moves through a discussion of elements relevant to communities engaged in these processes. Part of the discussion, based on a framework from the Himmelman Consulting Group, is an analysis of the levels of communication, commitment and corresponding impacts on the time, turf and trust of community partners (Himmelman, 1994).

User-friendly content

The Parish Health Profiles 1999 are designed to be customer friendly and have the interests of community leaders in mind. In addition to health and quality-of-life information, the Parish Health Profiles 1999 include the following to help community leaders and organizations identify and plan around improvement:

- **“Taking Care - Taking Control” stories**

Stories from Louisiana communities that have taken action to improve their quality of life.

- **“The community can . . .” recommendations**

Ideas for action steps communities can take that will impact the indicators discussed at the end of each chapter.

- **Resources**

A chapter of phone numbers and addresses of local, state and national organizations, as well as books, journals, videos and website addresses.

Your parish at a glance – the selected indicators chart

This chart is intended to demonstrate the wide variety of parish-level information in the Profiles that can be looked at in comparison to national and state information. These indicators can also be used to set agendas for quality-of-life improvement at the community level. The Parish Health Profiles 1999 include many more indicators than are on these charts. Readers can use the index or table of contents to find other types of indicators.

References

Himmelman A. 1994. Communities Working Collaboratively For a Change. In: Herrman M. Resolving Conflict: Strategies for Local Government. Minneapolis: Minnesota.

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

McGinnis J and Foege W. 1993. Actual Causes of Death in the United States. *Journal of the American Medical Association*. 270(18). p. 2207-2212.

Power C, Manor O, and Matthews S. 1999. The Duration and Timing of Exposure: Effects of Socioeconomic Environment on Adult Health. *American Journal of Public Health*. 89(7). p. 1059-1065.



**Parish Health Profiles 1999
Your Parish at a Glance**

	St. James Data (Year)	LA Data (Year)	US Data (Year)
ECONOMICS			
% in poverty	20% (1995)	18% (1997-98)	13% (1998)
% children <18 in poverty	29% (1995)	28% (1995)	22% (1995)
% unemployed	8% (1998)	5% (1998)	6% (1995)
MOTHERS AND CHILDREN			
% of births to mothers using prenatal care in the first three months	77% (1996)	81% (1996)	82% (1996)
Infant mortality rate	9.9 (1997)	9.5 (1997)	7.1 (1997)
% child fully immunized by 2 yrs.	98% (1998)	82% (1998)	78% (1997)
Teen birth rate	48.0 (1997)	66.6 (1997)	52.9 (1997)
% low birth weight	12% (1997)	10% (1997)	8% (1997)
INFECTIOUS DISEASES			
Syphilis rate (per 100,000)	0.0 (1997)	9 (1997)	3.2 (1997)
AIDS rate (per 100,000)	4.6 (1997)	25.5 (1997)	22.3 (1997)
TB rate (per 10,000)	0.9 (1998)	0.7 (1998)	0.9 (1998)
PREVENTABLE CAUSES OF DEATH			
Heart disease death rate (per 100,000)	208.6 (1997)	272 (1997)	271.6 (1997)
Cancer death rate (per 100,000)	236.5 (1997)	215 (1997)	201.6 (1997)
Diabetes death rate (per 100,000)	27.8 (1997)	39 (1997)	23.4 (1997)
ENVIRONMENTAL CATEGORY			
Permitted toxic releases (lbs.)	16.7 mil (1997)	184 mil (1997)	2.6 bil (1997)
EDUCATION			
School Expenditure per student	\$6,866 (1997-98)	\$5,584 (1997-98)	\$6,624 (1997-98)
% attendance [^]	94% (1997-98)	93% (1997-98)	†
% drop-out	6% (1997-98)	10% (1997-98)	11% (1997-98)
SAFETY			
Validated child abuse/neglect rate (per 1,000)	6.4 (1997)	10.3 (1997)	15 (1997)
Accidents/Injury death rate (per 100,000)	60.3 (1997)	43 (1997)	35.7 (1997)

	REGION (Avg. 1995-98)	LA (Avg. 1995-98)	US (1997)
HEALTH BEHAVIORS*			
% women 50+ had a mammogram & clinical breast exam in the past 2 years	57%	57%	66%
% pap smears within 3 years in women 18+	86%	84%	85%
% current smokers (every/some days)	32%	26%	23%
% obese adults**	43%	34%	31%
% 65+ who had flu shot in past year [‡]	53%	55%	66%

* Only available at regional level but may be worth being a parish level agenda

** Body Mass Index >27.8 for males;>27.3 for females

‡ Data are from 1996 and 1998 averaged together for Region and Louisiana

† Not reported

[^] "% attendance" is the total number of days that all students were actually in attendance at school throughout the entire school year divided by the total number of days that students would have been in attendance had every student been present every day of the school year

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Thank you.