

News From NACCHO

Searching for Lessons From the New Orleans Health Department: Implications for Public Health Practice

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The National Association of County and City Health Officials (NACCHO) is the national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

August 29, 2006, marked the first anniversary of hurricane Katrina and the subsequent disaster visited upon the Gulf Coast area, particularly the city of New Orleans. To commemorate this 1-year benchmark, the media produced numerous reports and revisionist commentaries on the fiasco, especially the uncoordinated responses that ensued and highlights of the slow progress of rebuilding. The reconstruction stories focused on the still-limited infrastructure in many areas, but these stories failed to capture and communicate the plight of a key local player—the health department. At this critical juncture, public health practitioners, various government agencies, policy makers, and other stakeholders need to comprehend the experiences of the local health department (LHD) throughout the disaster and the subsequent recovery efforts. This information can help by not only informing strategies for preparing for and responding to extreme disasters and other public health emergencies but also by teaching how a demolished local public health system can be rebuilt.

● Where Things Stand

Although conventional preparedness efforts, such as the Strategic National Stockpile (SNS) program,* had some success in New Orleans, other services did not flow so quickly. After the storm, the health department staff shrunk from 300 to 62 people. Although many public health practitioners rushed to aid in the recovery, the few remaining staff knew that for the first few days, they were on their own. This YOYO (you're on your own) effect underscores the need for more engagement and clearly defined duties for all three levels of governmental public health.

In support of efforts to improve the functioning and capacity of the health department in the rebuilding

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*In 1999, the US Congress created the National Pharmaceutical Stockpile program under the management of the Centers for Disease Control and Prevention and the Department of Health and Human Services. On March 1, 2003, the National Pharmaceutical Stockpile program became known as the SNS program under the new Department of Homeland Security. The purpose of the SNS program is to maintain a stockpile of pharmaceutical agents, vaccines, medical supplies, and equipment to augment state and local resources during a large-scale disaster or bioterrorism event. Upon request, the SNS program will deliver materials anywhere in the United States within 12 or fewer hours.¹

process, the National Association of County & City Health Officials (NACCHO) and several key metropolitan LHDs* convened a meeting in Houston, Texas, in October 2005. The meeting provided an opportunity for veteran health department professionals from other major US cities to learn of the challenges faced by the New Orleans health department and provide counsel and perspectives for the health director and his staff to consider as they began rebuilding the agency's infrastructure.

In addition to this meeting, many public health and medical practitioners visited the city, but the focus was on responding to the immediate medical and health needs of the citizens left behind.² The future of the health department was not foremost on their minds, understandably. However, it was during and immediately after the disaster that future considerations for the health department should have been examined. In this way, each obstacle, each barrier, each setback, and each success could have been immediately documented and included in reconstruction plans, which would enable a better response to public health emergencies. This is important to ensure development of adequate postdisaster operational capacity.

● Remaining Gaps

The public health system in New Orleans is still recovering, and there is still no agreement on a master plan for how it will be reconstructed. Details still need to be worked out, fully 1 year later. We do not know exactly what it will look like, what mix of advocacy, education and outreach, and service delivery the system will provide, nor whether these efforts will prove adequate to a rapidly changing landscape as the city rebuilds itself and becomes repopulated.

Challenges remain in bringing the novel notion of "reconstructing" a health department to the preparedness arena. The central problem, however, is one of philosophy—what are we trying to do and how do we want to go about doing it? How do we reestablish and reconstruct the health department? Will the "governmental" component get in the way of this development? We will fail if we do not use this unique, though tragic, opportunity to focus on innovative strategies that urge a deeper commitment to population-based research and intervention and novel approaches toward community development and engagement, in addition to delivery of key services. All of these issues are inter-

related and innovation will be central to resolving all of them.

These questions further lead us to consider the consequences of reverting to the siloed and segmented approach to public health practice. In the case of New Orleans, the unique social, political, and physical environment requires that LHDs take the lead in developing more comprehensive preparedness efforts as outlined in NACCHO's operational definition of an LHD.³ Several of the key functions outlined in the operational definition describe an LHD that

- understands the specific health issues confronting the community, and how physical, behavioral, environmental, social, and economic conditions affect them;
- prevents, minimizes, and contains adverse health effects from communicable diseases, disease outbreaks from consuming unsafe food and water, chronic diseases, environmental hazards, injuries, and risky health behaviors; and
- leads planning and response activities for public health emergencies.

● Lessons Being Learned

These key functions can best be addressed at the local level by building the leadership and capacity within LHDs. Meanwhile, the state and federal levels of government must fully support LHDs—the front line that keeps our communities safe and healthy—by providing the necessary resources to meet these key functions.

The aftermath of the disaster in New Orleans has changed the way we think about how we should communicate, collaborate, and educate each other as public health practitioners within the total public health system. There is a growing realization that a clear plan is needed that will focus on understanding both the lessons already learned and those that continue to be learned as the reconstruction continues.

If we want to use the lessons of Katrina to model future responses, if we want to use the reconstruction of the health department as an example of understanding the architectural and philosophical underpinnings for its growth, and if we want to be sure that the process succeeds, we must have a systems approach to the agency's reconstruction and development.

With an eye to the future, the development of intergovernmental networks and collaboration across regions/states is paramount to the success of an LHD's ability to effectively respond to emergency situations. The lessons learned in New Orleans demonstrate the critical importance of instituting key communications networks and information systems that can increase

*Health departments attending the Houston meeting included Harris County, Texas; Nashville, Tennessee; Los Angeles, California; Houston, Texas; and Chicago, Illinois.

the efficiency and effectiveness of LHDs in emergency situations. According to the Public Health Informatics Institute, "Collaboratively defining business processes of LHDs creates common understanding that goes far beyond creating a tangible set of business process definitions. It stimulates understanding among staff internal to an LHD and with external partners about the work of public health" (<http://www.phii.org/>).

We should be concerned with the construction of a new language and a new algorithm to produce model and novel interventions, with the goals being to understand the physical and philosophical construction of the health department and to create approaches that allow new, powerful—and hopefully more beneficial—patterns of practice to emerge.

Of course, reconstructing the health department is about more than modeling from lessons learned. It is about creating new infrastructure protocols and a better understanding of the populations that the department serves.

● Conclusion

Given the absolute devastation of the city, getting to the goal of responding can be a challenge when planning for reconstructing its services. We have to use this opportunity to turn adversity to advantage. The health

department is up and running, but there is still much rebuilding to do.

Collectively, we need to make strategic choices, and the development of local governmental public health should be one of these choices. We need to hope that the remaining staff will give leadership in a way that is lacking in other areas, as highlighted in the myriad 1-year-post-Katrina stories. Modest progress cannot make up for critical mass.

New Orleans now is a giant laboratory. Greater experimentation is needed to find realistic and sustainable ways to acquire resources and personnel and provide services. Although the arguments about the city's redevelopment will continue with subsequent anniversaries, some lessons are already clear. Progress on what seem to be intractable problems must start somewhere.

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