



Resilience and Renaissance: Efforts to Rebuild a Healthier New Orleans

SITE VISIT
REPORT

NEW ORLEANS, LOUISIANA

MAY 26–28, 2009

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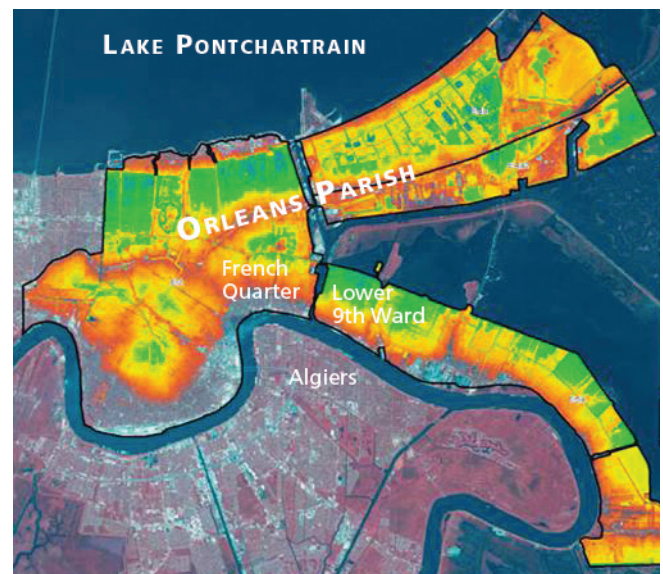
BACKGROUND

New Orleans is one of the oldest and most vibrant cities in the United States and internationally renowned for its multicultural and artistic heritage, particularly its music, architecture, and cuisine. Although it is a moderate-sized city in terms of resident population,¹ its ranks are routinely swelled by the millions of people from around the world who visit New Orleans for a convention or popular events such as Mardi Gras and the New Orleans Jazz & Heritage Festival; virtually all remark on its unique hospitality and the extraordinary character and warmth of its people.

Orleans Parish,² which geographically is the same as the City of New Orleans, is oddly shaped, and most of it sits between Lake Pontchartrain to the north and the Mississippi River to the south, although a large piece called the West Bank sits across the Mississippi. A large proportion of the greater New Orleans area is below sea level and surrounded by an extensive series of levees. It is a major port city, and port activity together with hospitality and tourism are major drivers of its economy.

The current population residing in Orleans Parish³ is estimated to be roughly 321,000⁴ and, although current demographic information is hard to come by, recent work by the U.S. Census Bureau and others indicates that it continues to be a rich and changing mix of the descendants of Native Americans, settlers, slaves, and immigrants from past centuries, as well as recent arrivals from a wide variety of nations.⁵

In the summer of 2005, Hurricane Katrina, one of the most destructive hurricanes in U.S. history, struck New Orleans. Subsequently, several of the levees protecting the city from the waters of the lake and the Gulf of Mexico⁶ broke and flooded the majority of New Orleans and parishes to the east; in many areas, the flooding was violent and heavy, and the flood waters remained for months. Hundreds of thousands of people were evacuated before and after the storm, and more than 1,500 people are estimated to have died during the storm and flooding and some may still be unaccounted for. City officials have estimated that many more people may have died months and years afterwards as a direct or indirect result of the disaster. The storm and its aftermath took a terrible toll on nearly everyone in New Orleans—



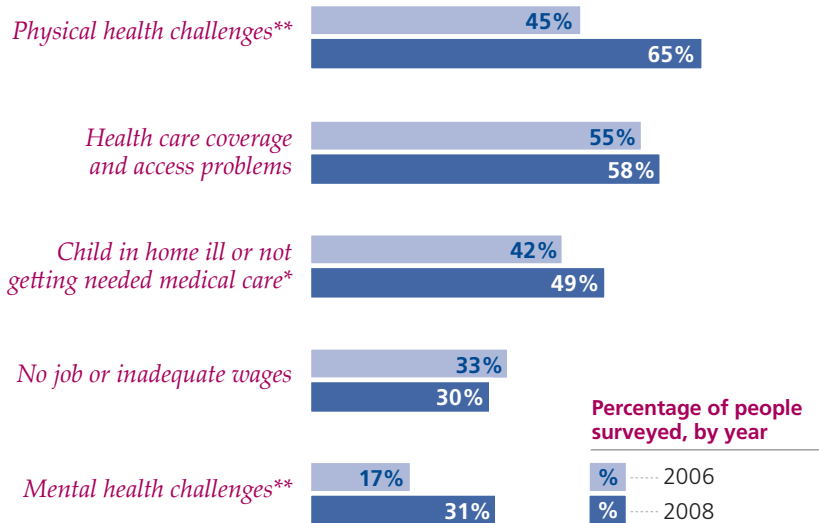
Satellite image taken by the U.S. National Oceanographic and Atmospheric Administration (NOAA) on August 31, 2005. Flooding in Orleans and neighboring parishes is shown within the bordered area, with color enhancements representing flood level ranges from 0 to 1 foot (red), 4 to 9 feet (yellow and green), to 10 to 20 feet (blue and purple).

most of them suffered profound and multiple losses of loved ones, homes, businesses, schools, livelihoods, and peace of mind.

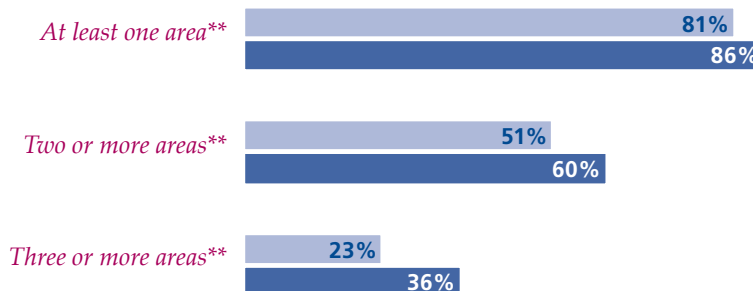
Assignment of responsibility for the disaster and the losses people suffered as well as criticism of the performance of federal, state, and city authorities before, during, and after Hurricane Katrina are sources of ongoing concern and anger. The process of recovery and rebuilding has been arduous, frustrating, and fraught with political and social tensions. But progress is apparent in many areas, and the resilient spirit of New Orleanians has perhaps never been more evident. The latest snapshot of the challenges the people of New Orleans face, provided by the Kaiser Family Foundation, highlights ongoing concerns.

KAISER SURVEY
New Orleans:
Three Years Post-Katrina

People who reported a problem in the areas of...



Problems reported in...



* Among those with children in the home.

** Statistically significant difference at $P < 0.05$.

Source: Adapted from Kaiser Family Foundation, New Orleans Three Years after the Storm: The Second Kaiser Post-Katrina Survey, 2008 (conducted March 5 – April 28, 2008), *chartpack, August 2008, chart 22, p. 17*; available at www.kff.org/kaiserpolls/upload/7800.pdf.

PROGRAM

Against this dramatic backdrop and with such an enormous and complex story to tell, it is not possible to do justice to the health issues, let alone all of the issues, facing New Orleans in one short site visit. Virtually the entire city and all its people were heavily affected by the disaster; it is critical to comprehend that scope, but also difficult to adequately encompass it. Moreover, as several New Orleanians put it, many people outside the city have one of two extreme impressions: either that New Orleans is still completely under water or that it is now totally restored. Neither impression is accurate, and providing a balanced view of its current state further added to the challenge of shaping the agenda.

The Forum, with the much-appreciated assistance of dozens of people inside and outside New Orleans, developed a three-day agenda focused on three themes: primary care and behavioral health services availability and access, public health preparedness, and rebuilding healthier communities. A pre-visit briefing provided the group grounding in the history of the storm and its impact as well as the Louisiana and New Orleans health care systems pre- and post-Katrina. It featured ongoing New Orleans-related research by the Kaiser Family Foundation, background on the response by the U.S. Department of Health and Human Services (HHS), and a presentation by the preparedness director for the City of New Orleans Health Department of her personal and professional experiences of the hurricane and its aftermath.

The site visit agenda was designed to provide a balanced view and attempted to paint a picture that was neither too rosy nor too bleak. It examined how the three major themes and others intersect in two distinct communities within New Orleans: the Holy Cross community surrounding the Lower Ninth Ward Center for Sustainable Engagement and Development and the community surrounding the Mary Queen of Viet Nam Community Development Corporation in New Orleans East. The agenda also included several panels convened in the hotel and on site, as well as visits to sites in the Bywater and Algiers neighborhoods, highlighting both shining success stories and examples of daunting challenges that remain. We are grateful to all of the people who took time out of their hectic schedules to be our hosts and guides.

With the goal of giving site visit participants a sense of the diversity of neighborhoods and the breadth of the destruction caused by the hurricane and flooding, Day One of the site visit began with an extensive tour of New Orleans led by five of the Women of the Storm, a group of concerned residents that started shortly after the disaster and is still working to help draw attention to the scope and lingering effects of the devastation. After the tour, which extended from the riverfront to the lakefront, the group heard from a panel of state, city, and Louisiana Public Health Institute officials about their perspectives on the current health status of New Orleans and its future prospects. The group then proceeded to the Bywater neighborhood to tour and discuss two programs based at St. Cecilia's, a deconsecrated church now used as a locus of community activity: a PACE (Program of All-Inclusive Care for the Elderly) site and a Daughters of Charity Health Clinic. Day One concluded with a dinner, including several invited guests who we were not otherwise able to fit into our crowded agenda.

Day Two began with a breakfast panel on Public Health Preparedness, after which the group crossed the Industrial Canal for a tour and discussion of the initiatives of the Lower Ninth Ward Center for Sustainable Engagement and Development, as well as an impromptu tour of the Jackson Barracks, the historic and extensive National Guard facility located in the Lower Ninth Ward. The Center also hosted a luncheon panel on behavioral health issues. Then the group headed across the Mississippi River to the Algiers neighborhood on the West Bank, to tour and discuss primary care issues at a school-based clinic and a free clinic. The free clinic, Common Ground, also hosted a panel of community-based providers for a discussion of primary care.

The final day in New Orleans began with a breakfast panel and discussion of inpatient capacity and the particular role that Charity Hospital plays in New Orleans. Then the group proceeded out to New Orleans East for a tour and discussion of the initiatives of the Mary Queen of Viet Nam Community Development Corporation, and one final lunch panel on community-based primary care.

IMPRESSIONS

The National Health Policy Forum asked participants to reflect on what they saw and heard during the site visit. What follows is a

compilation of their impressions, captured immediately after the conclusion of the agenda and then discussed after further reflection at a debriefing session the following week.

General

It is indeed possible to visit New Orleans, go from the airport to the French Quarter and other key tourist attractions, and come away with a sense that everything is pretty much back to normal. But stray into one of New Orleans' distinctive neighborhoods off the beaten path and one can see houses and blocks and communities in all stages of recovery, including examples of blight that existed prior to the disaster, magnificent restorations, and instances of no apparent recovery at all. Or strike up a conversation with almost anyone who lives there, and he or she will tell you a harrowing tale of survival and an inspiring story of accomplishment despite adversity and the continuing struggle to rebuild a life.

Site visit participants were confronted with the enormous scope of the damage caused to New Orleans and its people by the disaster—both physical and emotional, the vast extent of the losses that were suffered, the myriad obstacles to recovery and rebuilding, and the tremendous progress despite it all, which seemed largely attributable to the tenacity and resilience of New Orleanians. The group did not expect so much damage still to be evident almost four years later and felt somewhat at a loss to fully comprehend it.

The health status of New Orleanians was among the poorest in the nation before Hurricane Katrina, and the disaster compounded many of the City's severest problems. For example, the rates of mental illness are alarming, with suicide rates having greatly increased from pre-disaster levels and apparently still increasing. However, although the notion of a "clean slate" may seem somewhat hackneyed, most of the people with whom the group spoke emphasized the opportunities presented by the disaster: to change people's attitudes and behaviors concerning preparedness, to develop a community-based system of primary care that serves all communities well, to rebuild communities that promote the good health of the people living in them. And the group saw many examples of programs and entire communities taking good advantage of these opportunities to make a fresh start. The people the group met in these communities said that the disaster had engendered a new sense of activism and

increased community engagement—these were palpable in the communities visited.

Long-standing racial and class divisions are evident in many aspects of New Orleans' recovery, but in parts of the health sector there appears to be a growing sense of camaraderie and hopefulness that New Orleans will rebuild as a city that provides healthy communities and quality health care for all of its people. A challenge for those attempting to build the new community-based system of primary care is to avoid developing an effectively separate system for the poor, like the one historically embodied by Charity Hospital. Site visit participants heard about aspects of the recovery that have exacerbated racial tensions, but also about how shared hardship, new-found energies, and common concerns were bringing people together in ways that had not occurred previously. Many of the people the group visited with expressed a tentative sense of optimism and a hopeful feeling that things are different now and not likely to return to the past.

Charity Hospital, traditionally the source of care for low-income and uninsured people, looms large in New Orleans, both physically and emotionally, and the ongoing and somewhat bitter debate about whether and how to rebuild it threatens to overshadow other important aspects of health care. Some attention to inpatient capacity was appropriate, but the site visit agenda was focused on community-based primary and behavioral health care. Despite this, Charity Hospital came up in nearly every conversation. Because Governor Bobby Jindal (R) had recently announced plans to close the New Orleans Adolescent Hospital and consolidate it with a facility on the North Shore of Lake Pontchartrain, this hospital too was a frequent topic of discussion, with communities very concerned about the loss of those mental health beds and the difficulties for families to access facilities across the lake.

With the exception of some fine examples in the communities we toured and a promising coalition of health care providers, the site visit participants perceived a troubling lack of coordination, or even, in some cases, cooperation. The group observed and was told about disconnects at every level: within and between the city and state and federal government agencies, among health care institutions, and between different parts of the health care system. Communities attempting to pull themselves together lamented a lack of leadership, coordination, and support for their efforts from higher levels and the additional strain that this puts on already heavily burdened

communities. Numerous independent public and private funding streams—most limited in their use to specific goals or functions and each with different rules, operating procedures, and reporting requirements—have added to administrative burden and have also exacerbated existing turf battles and thorny power dynamics in New Orleans. Although many of the funding streams require demonstration of cooperation and coordination, the city lacks a coordinating locus perceived as credible and neutral by all involved, and core funding for coordination activities is scarce and time-limited.

Frustration with and a lack of confidence in government permeates most discussions with New Orleanians and colors how many of them think and talk about rebuilding and preparedness. Many feel that all levels of government have failed them, in no small part by an apparent inability to work together and shunting of responsibility among agencies. But the private sector is not exempt from criticism, and the group heard horror stories about dealings with insurance companies and some businesses that capitalized on the disaster, taking advantage of people in desperate situations to make a profit. However, New Orleanians are also eager to talk about the many good people, heroic deeds, and noble projects they have encountered in all sectors, and especially the tens of thousands of volunteers who continue to come to help with rebuilding. Building trust remains one of the greatest challenges for federal policymakers.

Preparedness

Having learned from the Hurricane Katrina experience, communities are rebuilding with a focus on getting back up and running more quickly should another disaster occur and are engaging residents to be more proactive in their planning for future emergencies.

New Orleanians are thinking both very broadly and very locally about rebuilding and protecting their communities as well as preparing themselves for future disasters, particularly hurricanes, one of their most likely threats. The Women of the Storm and others described the importance of restoring the coastal wetlands that once served to buffer New Orleans from the full brunt of storms coming out of the Gulf of Mexico. Everyone we spoke with is concerned that the levees intended to protect the city be rebuilt properly; lack of levee protection is a main reason cited for not returning to homes and neighborhoods. Communities like the ones the group visited are rebuilding with an

eye toward getting back up on their feet much more quickly after a disaster. New houses in the Holy Cross neighborhood of the Lower Ninth Ward, for example, are now being built on stilts above the flood level. The Mary Queen of Viet Nam community is working on ambitious development plans for its own clinic, school, farm, and senior center so that it can be more self-sufficient and, if needed, restart operations more quickly than when it had to depend on city, state, and federal agencies in the aftermath of Katrina.

One of the major preparedness challenges that New Orleanians described is not a strictly physical one and also involves changing attitudes toward and norms concerning evacuation. Many of the people who did not evacuate New Orleans prior to Hurricane Katrina did not have the means to do so, but others could have evacuated and chose not to. They had survived many hurricanes and even flooding before, and, with that as their frame of reference, thought they could ride out this storm, too. In an effort to change this mindset, the City of New Orleans and its communities have launched a campaign to encourage and enable a complete evacuation of the city. This includes urging those people who are eligible to register for the City-Assisted Evacuation Plan and those who want to volunteer to help with evacuations to become an “Evacuteer.”

The disaster demonstrated in stark terms the value of electronic medical records and robust, integrated systems of care. The experience of the Veterans Health Care System was widely considered to be one of the few success stories, and its ability to identify facilities for patients to be evacuated to and have their medical records available anywhere in the system were identified as major factors in its success. Others outside the Veterans’ system were not so fortunate: many wound up in places that could not care for them properly or found it exceedingly difficult to stay on vital medications. Thousands of paper records were destroyed in the flooding and health care providers evacuated along with everyone else; many have not returned. It took weeks or months for many people to be reconnected with any physician or pharmacist, let alone their usual care providers. But the experience has put New Orleans ahead of others in terms of appreciating the need for utilizing health information technology effectively, and even the small, free clinic that the group visited was using electronic health records.

The importance of taking care of the people whose job it is to take care of others was underscored by both the Veterans’ system and the

City of New Orleans, and echoed by others. Those who work in public health and health care were affected by the disaster along with everyone else. Many were concerned about what was happening to loved ones, were traumatized by the situations they were witnessing, and lost their homes and even the most basic of possessions. As professionals, they had to provide care and services to a devastated city at the same time that they were attempting to rebuild their own lives. Most of the organizations that our group heard from had since increased or reinforced mechanisms for staying in contact with and supporting their staff, with the Veterans' system having the advantage of a wide network of facilities and personnel on which to rely.

Community-Based Primary Care and Behavioral Health Services

Safety net leaders have worked to reorient the health care system to favor community-based primary care over centralized inpatient care, but more and better coordination among providers is still needed. Access to and strengthening of the full continuum of behavioral health services, particularly outpatient services, is critical to recovery.

Before Hurricane Katrina, primary care access for low-income and uninsured New Orleanians was concentrated in the Charity health care system currently administered by the Louisiana State University (LSU) system. Historically the state has funded a separate system to treat low-income and uninsured people instead of distributing funding to community-based health care providers; many call it a "two-tier" system. After Hurricane Katrina, Charity and University Hospitals (together these are the Medical Center of Louisiana at New Orleans, or MCLNO) and their outpatient clinics closed. On the inpatient side, University Hospital reopened about 14 months after the hurricane, providing some inpatient capacity. Since the storm, LSU MCLNO has changed its primary care delivery model to bring services to neighborhoods instead of rebuilding all of its primary care capacity downtown. In the last 18 months it has opened five community clinics in neighborhoods across New Orleans in addition to the general medicine clinic in the former Lord & Taylor department store downtown.

Many argue that the Charity system is separate and unequal, whereas others assert that it represents high quality and good value for the scarce dollars allotted, especially in comparison to what full insurance would cost. Site visit participants heard varied opinions on

the debate over rebuilding Charity. Some felt that those advocating for a new Charity hospital were primarily driven by concerns about training future cadres of physicians and competitive business pressures, and believed that the focus should instead be on addressing the local burden of illness and chronic care. After decades of visiting Charity's emergency room, bearing children there, being admitted or seen in an outpatient department clinic, many people feel that the hospital had become a familiar and loved institution, even if waits were long and amenities were lacking.

Hurricane Katrina's destruction created the need and opportunity for collaboration across all levels of government and the public and private sectors to rebuild the state's health care system. The Louisiana Healthcare Redesign Collaborative⁷ became the vehicle for discussions, and agreed on a number of principles for redesign: that the new system should have a prevention orientation; focus on the creation of medical homes; eliminate a two-tier system of care by having funds follow the person, not the institution; and focus on system-building opportunities afforded by investing in health information technology. With these principles in mind, the Primary Care Access and Stabilization Grant (Primary Care Grant) is likely the most significant federal success to emerge from that collaboration. The Primary Care Grant is a \$100 million, three-year federal investment, awarded by the Centers for Medicare & Medicaid Services (CMS) to the Louisiana Department of Health and Hospitals and administered by the Louisiana Public Health Institute to assist eligible clinics to stabilize and expand access to primary care, including behavioral health care, for all New Orleans residents, including the low-income and uninsured.⁸

By federal, state, and local accounts, the Primary Care Grant has been a resounding success. Across the 25 organizations funded, visit volume has increased 15 percent every six months starting in March 2007, and 36 of 87 service delivery sites have been recognized by the National Committee on Quality Assurance as patient-centered medical homes. While great progress has been made to reorient the primary care system in New Orleans, along with the grant program have come concerns typical for a time-limited federal funding source: sustainability and resource distribution. Funds were initially awarded in July 2007 with an end date of September 30, 2010. The site visit group met with seven recipients of the Primary Care Grant, all of whom expressed concern about sustainability beyond the 2010

funding end date. All said they needed more time to use existing grant funds and that the payer mix in New Orleans meant that additional grant dollars would likely be needed to create a stable and lasting system of community-based primary care. Grantee clinics are exploring other funding streams as the 2010 deadline nears.

Until the spring of 2009, when St. Thomas Community Health Center was awarded funds through the American Recovery and Reinvestment Act, New Orleans had only one federally qualified health center (FQHC), EXCELth, Inc. A study funded by the Baptist Community Ministries suggests that New Orleans could sustain three FQHCs. A number of the Primary Care Grant recipients are pursuing FQHC “look-alike” status, which would afford them more favorable Medicaid reimbursement rates as well as access to reduced drug prices. Some speakers suggested that reallocating a greater proportion of the disproportionate share hospital (DSH) funding to outpatient primary care facilities serving low-income people could help sustain the fledgling community-based primary care network in New Orleans.⁹

This nascent network could also benefit from more and better coordination among providers. Speakers noted, for example, that until recently, both LSU and the City of New Orleans were operating primary care clinics across the street from each other in New Orleans East. Tulane University has opened a clinic in New Orleans East, and EXCELth, Inc. has plans for one as well. A new organization, 504HealthNet,¹⁰ shows promise for fostering better-coordinated distribution of limited primary care resources, but until recently, competition has been more the norm than collaboration. Grantees said that, in an effort to improve their payer mix, they are competing for insured patients not only with each other, but also with outpatient clinics at numerous major hospital facilities in and near New Orleans.

Substance use and mental health disorders are pervasive in New Orleans. The stress, trauma, and suffering of New Orleanians who returned home, as well as those who could not or did not after Katrina, cannot be overstated, and in many cases is worsening over time. According to surveys by the Kaiser Family Foundation, 31 percent of residents surveyed in 2008 said they had a mental health challenge compared with 17 percent in 2006 (see chart on page 6). A September 2008 article in the *Journal of the American Medical Association* stated that studies show rates of post-traumatic stress disorder (PTSD) as

high as 62.5 percent for preschool children directly affected by the storm and more than 50 percent for some groups of adults.¹¹ According to the city's health director, the city's suicide rate tripled between 2006 and 2009. From outpatient to inpatient treatment, access problems are the norm; large unmet needs for treatment exist, and those in treatment face frequent disruptions. Speakers said that the number of mental health professionals is inadequate to serve the population that has returned to New Orleans and the severity of its needs. Lack of providers and treatment facilities has resulted in burgeoning caseloads in the local jails and the emergency department at University Hospital.

In New Orleans, the Metropolitan Human Services District provides publicly funded, outpatient, adult mental health services. While site visit speakers praised recent state-led leadership changes at the Metropolitan Human Services District, they also noted that the organization has a long way to go. Resources are limited and services are therefore targeted to the most severely mentally ill, leaving low-income individuals with mild to moderate conditions very few options for affordable services. Some assistance for those with mild to moderate diagnoses exists through Primary Care Grant-funded clinics. Speakers noted that if Louisiana's Medicaid program covered case-management services, the state's mental health services infrastructure could be strengthened to better serve people with a need for ongoing treatment through better coordination of services.

Arguing that the state has recently invested in outpatient behavioral health services so there should be less need for inpatient services, the Governor is in the process of closing the remainder of New Orleans' publicly funded, inpatient mental health beds—those at the New Orleans Adolescent Hospital.¹² Although speakers noted that one of the goals of building a full continuum of behavioral health services in New Orleans is to reduce the need for inpatient psychiatric beds, they argue that developing such a continuum is a work in progress and that, currently, greater inpatient capacity is severely needed. Building on the improved primary care access afforded by the Primary Care Grant, one of the projects of the organization REACH NOLA¹³ uses grant funds to train primary care providers to screen for, diagnose, treat when possible, and refer low-income patients for behavioral health problems. Stigma remains an issue, but lay health workers show promise for linking individuals with needed services, as is occurring in the Holy Cross neighborhood.

Healthy Communities

There is a clear commitment in some neighborhoods to incorporate a “healthy community” approach to rebuilding.

Access to fresh fruits and vegetables, clean water and air, safe homes, sidewalks and bike lanes, parks and playgrounds, public transportation, and zoning that limits access to alcohol—these factors have been shown to have a greater influence on health than access to medical care. A number of communities in New Orleans understand and embrace an approach to achieving health and wellness that focuses on these factors and are embodying it in the rebuilding process made necessary by Hurricane Katrina and its aftermath. Speakers pointed to the importance of local leadership to ensure community success in spite of barriers. For example, New Orleans East is a community of predominantly Vietnamese Americans and African Americans with a rapidly growing Latino presence. Leaders from the Mary Queen of Vietnam church congregation organized the community with an eye toward self-sufficiency, should another disaster occur. A first step involved the formation of the Mary Queen of Viet Nam Community Development Corporation as the nexus of efforts. This Community Development Corporation organized residents to close and clean up the Chef Menteur landfill, which was opened after Katrina to hold storm debris and is located about a mile from the community. It also spearheaded efforts to open two community clinics through partnerships with Tulane University and Children’s Hospital, as well as a charter school to teach local children, a critical element for drawing families back because the existing public school has still not reopened. Other plans include the creation of an urban farm to provide local fresh produce and a subsidized senior housing development. The concept of caring for seniors in the community mirrors that of the Program for All-Inclusive Care for the Elderly (PACE) site, which the group visited in the Bywater community, where medical care and social supports are provided in coordination with family caregivers to keep seniors living independently.

The goal of the Lower Ninth Ward Center for Sustainable Engagement and Development in the Holy Cross neighborhood is to create a sustainable urban ecosystem as part of the recovery process. Partnerships with organizations like Global Green and the Make It Right Foundation are helping them achieve this vision of sustainable, energy-efficient rebuilding. Just on the other side of one of the neighborhood’s levees is a bayou that few in the community even realized

was there. It had degenerated, and the community is investing in restoring it, in order to increase park space in the neighborhood and as a means of improving flood protection. Additional new community resources include a primary care clinic, a recovery center to help families navigate the home rebuilding process, and a farmers market that is open every second Saturday. The neighborhood appreciates the one family restaurant that is open, but the community still lacks a full-service grocery store and pharmacy.

CONCLUSION

Speakers shared both a genuine sense of optimism and a great deal of uncertainty about the future. Much of that uncertainty is related to still-undecided federal and state policies that affect communities attempting to rebuild and the sustainability of the health care system in New Orleans. Several speakers expressed anxiety over the future of the Primary Care Grant and whether recipients will receive an extension for the use of funds beyond September 30, 2010. Safety net providers are also concerned about two Medicaid funding issues that can affect their bottom lines and the care they provide: (i) a possible reduction in the state's Medicaid Federal Medical Assistance Percentage (FMAP) because of the temporary increase in income that resulted from disaster recovery funding, and (ii) recent state cuts in Medicaid in an effort to close a state budget gap. Further, the fate of the state's 1115 Medicaid waiver application, submitted to HHS in December of 2008, remains to be seen. Issues surrounding the rebuilding of Charity Hospital—whether and in what form it is rebuilt—also continue to swirl and contribute to the uncertain health care landscape. All of this local and state uncertainty is exacerbated by ongoing national health reform efforts and how they will affect Louisiana and New Orleans. But one thing seems certain: the people we met with will continue their valiant struggle to rebuild and provide care to their fellow New Orleanians under whatever circumstances they face.

ENDNOTES

1. Prior to Hurricane Katrina, the population of New Orleans was about 437,000 people.
2. Louisiana is divided into parishes rather than counties.

3. Large numbers of New Orleanians who intend to return are still living in other places to which they evacuated.
4. "3 Years Later, Katrina is Reshaping Area's Life," *Times-Picayune*, August 23, 2008.
5. For ongoing tracking of demographic and other recovery trends in New Orleans, see The New Orleans Index at www.gnodc.org.
6. The Mississippi River levees did not break.
7. Under the authority of the Secretary of the Louisiana Department of Health and Hospitals, the Collaborative's mission was to develop and oversee the implementation of a practical blueprint for an evidence-based, quality driven health care system for Louisiana. See the Collaborative's Redesign Charter at www.dhh.louisiana.gov/offices/publications/pubs-288/Official%20Collaborative%20Charter.pdf.
8. Of that amount, \$4 million was set aside for the City of New Orleans Health Department.
9. Louisiana's Medicaid waiver application, Louisiana Health First, which is still awaiting a response from CMS, includes a provision to set aside between \$10 and \$15 million in DSH funds to support Primary Care Grant recipients.
10. Formed in 2008, 504HealthNet is a nonprofit organization of 14 community service providers representing the majority of the safety net working collaboratively to better meet the primary care and behavioral health needs of low-income, uninsured, and underinsured residents of Greater New Orleans.
11. Lynne Lamberg, "Katrina's Mental Health Impact Lingers Patients Face Shortages of Facilities, Clinicians," *JAMA*, 300, no. 9 (September 3, 2008): pp. 1011–1013.
12. Before Katrina, Charity Hospital had 150 inpatient psychiatric beds. University Hospital reopened with no inpatient psychiatric beds and the New Orleans Adolescent Hospital (NOAH) had a total of 35 beds for children, adolescents, and adults.
13. REACH NOLA was established in 2006 and seeks to improve community health and access to quality health care in New Orleans through community-academic partnered programs. Partners include neighborhood organizations, faith-based groups, clinical service providers, academic institutions, and others involved in health.

TUESDAY, MAY 26, 2009

- 8:30 am** **Breakfast at Hotel Monteleone**
[214 Rue Royal; meet in Le Café]
- 9:30 am** **Tour of Hurricane Katrina's Effects on New Orleans**

Guided by Women of the Storm: **Dr. Naydja Domingue Bynum, Rebecca Currence, Anne Milling, Diana Pinckley, and Cecile Tebo**
- 1:00 pm** **Lunch available** [Hotel Monteleone, Royal B Room]
- 1:15 pm** **Welcome and Orientation** [Royal B Room]
- 1:30 pm** **Louisiana Health Policy Priorities**

Anthony Keck, MPH, *Health Policy Advisor* to Gov. Bobby Jindal
- What are the characteristics of Louisiana's health care delivery and financing systems, and what are the state's current priorities?
 - How has the national economic downturn affected Louisiana, and what are the implications for health care programs? How will the stimulus dollars be targeted?
 - How do the state and New Orleans interact with respect to health issues?
 - What are the key components of the Gov. Jindal's waiver proposal for Louisiana's Medicaid program?
 - What effect are pending state policy changes likely to have on the New Orleans health care system?
 - What is Gov. Jindal's position on reshaping the primary care delivery system in New Orleans and the inpatient capacity debate?
- 2:15 pm** **New Orleans Health Policy Priorities**

Kevin Stephens, Sr., MD, JD, *Director*, City of New Orleans Health Department
- What have been the functions of the New Orleans Health Department? What are its current priorities and biggest challenges? What health services does the city provide?
 - What is the Mayor's position on reshaping primary care and behavioral health services and inpatient capacity in New Orleans?

TUESDAY, MAY 26, 2009 (CONTINUED)

3:00 pm

Redesigning Primary Care Services in New Orleans

Clayton Williams, MPH, *Director*, Health Systems Division,
Louisiana Public Health Institute

- What was the primary care delivery system like for New Orleanians before Hurricane Katrina? What is it like now? How well is it meeting the needs?
- How has the Primary Care Access and Stabilization Grant program (PCASG) played out? What have been some program successes? Challenges?
- What are the plans to help grantees in the transition beyond PCASG? How might the primary care landscape change when the PCASG funds end?

3:30 pm

Bus Departure – St. Cecilia’s [4201 N. Rampart Street]

4:00 pm

Program for All-Inclusive Care for the Elderly (PACE) and Daughters of Charity Health Centers

Stephanie Smith, CPA, MAcc, *Executive Director*, PACE Greater New Orleans

- What is PACE, and who does it serve? How is PACE funded?
- What has been the impact of PACE on its participants, family members, and the broader community?
- How does PACE care for its participants during hurricanes and other public health emergencies?

Michael Griffin, MSc, *President and Chief Executive Officer*,
Daughters of Charity Services of New Orleans

- What is the involvement of Daughters of Charity of New Orleans (DOCNO), generally known for hospital-based services, in delivering community-based health care services? Describe the clinic sites, the services offered, the patients served, referral system, and the revenue sources.
- What is DOCNO’s vision for sustaining existing clinics? How does DOCNO approach situations where its Catholic values may conflict with the needs or demands from the community it serves? How does it ensure access to services that it is unable to provide because of religious objections?

TUESDAY, MAY 26, 2009 (CONTINUED)

5:30 pm Bus Departure – Hotel Monteleone

7:00 pm Reception and Dinner [Muriel's, 801 Chartres Street]

WEDNESDAY, MAY 27, 2009

7:45 am Breakfast available [Royal B Room]

8:00 am Public Health Preparedness

Evangeline Franklin, MD, MPH, *Director of Emergency Preparedness and Special Projects, City of New Orleans*

Julie Catellier, BSN, MPA, *Medical Center Director, Southeast Louisiana Veterans Health Care System*

- What are the key lessons learned by each organization pre-, during, and post-disaster?
- How does each organization serve special needs populations in an emergency situation? How are those with chronic conditions managed?
- What arrangements are in place for responders and caregivers who have to handle public health emergencies?

9:30 am Bus Departure – Holy Cross Neighborhood, Lower Ninth Ward [5130 Chartres Street]

10:00 am Overview of Lower Ninth Ward: Holy Cross Neighborhood and Center for Sustainable Engagement and Development

Charles Allen III, MSc, *President, Holy Cross Neighborhood Association*

Pam Dashiell, *Co-Director, Lower Ninth Ward Center for Sustainable Engagement and Development*

- How has Hurricane Katrina and its aftermath affected the Holy Cross community?
- How many people lived in the Holy Cross neighborhood before the disaster? How many have returned, and how many new residents have come?
- What is the community's philosophy of and approach to rebuilding?
- What has the community learned about preparedness for future emergencies, and what is its current approach?

WEDNESDAY, MAY 27, 2009 (CONTINUED)

- 10:00 am** **Overview of Lower Ninth Ward (continued)**
- What is the history of the Center for Sustainable Engagement and Development? How is it funded? What services does it provide? What are its priorities and how are they decided?
- 10:30 am** **Tour – Community Projects**
- Tour (unscheduled) – Jackson Barracks**
- Major General Hunt Downer, Assistant Adjutant General, Louisiana National Guard**
- Noon** **Lunch [Greater Little Zion Missionary Baptist Church]**
- 12:30 pm** **Behavioral Health Needs and Capacity**
- Elmore Rigamer, MD, MPA, Medical Director, Catholic Charities**
- Craig Coensen, MD, Medical Director, Metropolitan Human Services District**
- Benjamin Springgate, MD, MPH, President and Co-Chair, REACH NOLA, Health Liaison, RAND Gulf States, and Executive Director of Community Health Innovation and Research, Tulane University Office of Community Affairs and Health Policy**
- Alice Craft-Kerney, RN, BSN, Executive Director, Lower 9th Ward Health Clinic**
- What are the behavioral health service needs of New Orleans residents? How are they different as a result of Hurricane Katrina and its aftermath? What is Louisiana Spirit, and how has it worked?
 - What did the behavioral health delivery system look like before the disaster, and how well was it meeting people's needs? What is the delivery system like today, and how well is it serving the needs of adults? Of children? Of people with severe mental illness? Of people with mild or moderate conditions?
 - What would an ideal continuum of care for behavioral health services look like, and what will it take to achieve this in New Orleans?
 - What innovative programs have evolved to better meet behavioral health needs?
 - What are the needs of people in the Holy Cross neighborhood in particular? Where do people in the Holy Cross community access behavioral health services?

WEDNESDAY, MAY 27, 2009 (CONTINUED)

2:00 pm **Bus Departure – Algiers Neighborhood, West Bank**
[715 Opelousas Avenue]

2:45 pm **Tour – Martin Behrman School-Linked Health Clinic**

Cassandra Youmans, MD, MPH, MS-HCM, *Medical Director*,
Ambulatory Care Services, LSU Health System

- How do school-linked health centers compare to school-based health centers? What are the unique issues that arise in serving minors in a school setting?
- Describe the clinic, the services offered, the patients served, referral system, and the revenue sources. Are there unique reimbursement issues related to school clinics and Medicaid and the Children’s Health Insurance Program in Louisiana?
- What is the relationship between school health centers and private primary care providers?

3:15 pm **Bus Departure – Common Ground Clinic** [1400 Teche Street]

3:30 pm **Tour and Discussion – Common Ground Clinic**

Antor Odu Ndep, MPH, *Executive Director*, Common Ground
Health Clinic

Anne Mulle, BSN, MSc, CFNP, *Nurse Practitioner*, Common Ground
Health Clinic

- What is the history of Common Ground? Describe the services offered, the patients served, the referral system, and the revenue sources.
- What is Common Ground’s vision for sustaining itself? What have been the successes and challenges of its mission to work in an anti-racist paradigm?

4:00 pm **Sustaining Community-Based Care**

Antor Odu Ndep, MPH, *Executive Director*, Common Ground
Health Clinic

Cassandra Youmans, MD, MPH, MS-HCM, *Medical Director*,
Ambulatory Care Services, LSU Health System

Monir Shalaby, MD, *Medical Director*, EXCELth, Inc.

WEDNESDAY, MAY 27, 2009 (CONTINUED)

4:00 pm

Sustaining Community-Based Care (continued)

Khalil Imsais, MD, *Associate Medical Director and Director of Pediatric/Adolescent Medicine*, St. Thomas Community Health Center

Elizabeth Scheer, RN, MN, MBA, *Health Grants Program Director*, Baptist Community Ministries

- Is there an entity in New Orleans that has the role of coordinating primary care resources?
- What challenges do you anticipate for your clinic(s) and community after the PCASG funds end?
- What are your strategies for sustainability beyond the PCASG funds (federally qualified health center, state funding, etc.)?

5:30pm

Ferry and Walking – Hotel Monteleone

7:00 pm

Dinner – Olivier’s [204 Decatur Street]

THURSDAY, MAY 28, 2009

7:30 am

Hotel check-out

7:45 am

Breakfast available [Orleans Room]

8:00 am

Inpatient Capacity Panel

Frederick Cerise, MD, MPH, *Vice President for Health Affairs and Medical Education*, LSU Health System

Mark Peters, MD, *President and Chief Executive Officer*, East Jefferson General Hospital

- What was the hospital market like in New Orleans before Katrina? What happened to New Orleans’ hospitals during the hurricane and its aftermath? How has the market changed since the disaster?
- How are the current hospitals faring? Does the existing hospital market meet the needs of the uninsured, underinsured, and insured in New Orleans? If not, how should things change to meet the needs?

9:30 am

Bus Departure – New Orleans East [4626 Alcee Fortier Boulevard]

10:00 am

Tour – Mary Queen of Viet Nam Community Development Corporation Projects

THURSDAY, MAY 28, 2009 (CONTINUED)

11:00 am Tour – Tulane and Children’s Hospital Clinics

11:30 am Description of Tulane Community Health Centers

Karen DeSalvo, MD, MPH, MSc, *Professor of Medicine and Vice Dean for Community Affairs and Health Policy, Tulane University School of Medicine*

- What is the history of Tulane University in delivering community- based health care services? Describe the clinic sites, the services offered, the patients served, the referral system, and the revenue sources.
- What is Tulane’s vision for sustaining existing clinics?

Noon Overview of Mary Queen of Viet Nam Community Development Corporation (MQVN CDC)

Rev. Vien T. Nguyen, MDiv, *Chairman of the Board*

Mary Tran, *Executive Director*

Diem Nguyen, PharmD, *Health Center Project Manager*

- How has Hurricane Katrina and its aftermath affected the Mary Queen of Viet Nam community?
- How many people lived in the community before the disaster? How many have returned, and how many new residents have come?
- What has the community learned about preparedness for future emergencies, and what is its current approach?
- What is the history of the Community Development Corporation? How is it funded? What services does it provide? What are its priorities, and how are they decided?
- What is the community’s philosophy of and approach to rebuilding?

12:45 pm Lunch [Community Center]

1:30 pm Bus Departure – Airport

FEDERAL PARTICIPANTS**Adam Aten, MPH***Legislative Analyst*

Office of Legislation

Centers for Medicare & Medicaid Services

Leslie Aubert*Caseworker – Constituent Services*

Office of Rep. Anh “Joseph” Cao (R)

U.S. House of Representatives

Megan Bel, MPA*Legislative Director*

Office of Rep. Steve Scalise (R)

U.S. House of Representatives

Kristine Blackwood, JD*Chief Counsel*

Special Committee on Aging

U.S. Senate

Dorothy Ferguson*Acting Director*

Greater New Orleans Health Care Rebuild

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Amanda Halpern*Senior Professional Staff Member (R)*

Subcommittee on Emergency Communications,

Preparedness, and Response

Select Committee on Homeland Security

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BIOGRAPHICAL SKETCHES

FEDERAL PARTICIPANTS

Adam Aten, MPH, is a legislative analyst at the Centers for Medicare & Medicaid Services within the agency's Office of Legislation. He is responsible for legislative developments on public health, health information technology, and quality of care as they relate to Medicaid and issues involving individuals who are dually eligible for both Medicare and Medicaid. He is currently completing a federal leadership program sponsored by the U.S. Department of Health and Human Services called the Emerging Leaders Program.

Prior to his work at the Centers for Medicare & Medicaid Services, Mr. Aten was a health economic research fellow at the Centers for Disease Control and Prevention, working as a staff member of the Community Guide for Preventive Services. A native of Freeport, Illinois, Mr. Aten earned his BS degree from the University of Wisconsin at Green Bay and his MPH degree from Des Moines University, College of Health Sciences.

Leslie Aubert is a native of New Orleans, retired after a 25-year career with a major airline. After four years of retirement, she is beginning a new career with Rep. Anh "Joseph" Cao (R-LA). She has also worked with Medi-Lend Nursing Services, New Orleans, as an executive assistant. Ms. Aubert attended Southern University of Baton Rouge, Louisiana, and also received a diploma in medical insurance billing and coding from Everest College in Dallas, Texas.

Megan Bel, MPA, is legislative director and health aide for Rep. Steve Scalise (R-LA). She joined Rep. Scalise's office in the spring of 2008 after working on his congressional campaign. Prior to working for Rep. Scalise, Ms. Bel worked for two years as a legislative assistant for former Rep. Richard Baker of Baton Rouge and as a policy advisor in the Louisiana Governor's Office. Ms. Bel also handles energy, environment, tax, and financial services issues for Rep. Scalise. She received her BS degree in business administration in 2003 and master of public administration degree in 2004 from Louisiana State University.

Kristine Blackwood, JD, currently serves as chief counsel for the U.S. Senate Special Committee on Aging. Before joining the Committee, Ms. Blackwood spent two years as an investigative counsel for John Dingell, former Chairman of the House Energy and Commerce

Committee, which has authorizing jurisdiction over the U.S. Department of Health and Human Services (HHS) and its programs. Prior to working on Capitol Hill, Ms. Blackwood was an attorney at the U.S. Department of Justice for over 12 years, most recently as an attorney-adviser in the Department's Office of Legislative Affairs. From 2003 to 2005, she served as the health care fraud coordinator for the Executive Office for United States Attorneys, where she oversaw the criminal and civil health care fraud enforcement efforts of the 93 U.S. Attorneys; advised and supported U.S. Attorneys with respect to health care fraud policy, program, and practice issues; and coordinated with other agencies involved in health care fraud enforcement, such as HHS's Office of Inspector General, the Centers for Medicare and Medicaid Services, the Food and Drug Administration, and state Medicaid health care fraud units. From 1994 until 2003, she served as an assistant United States attorney in the Civil Division of the Central District of California, headquartered in Los Angeles, California, principally focusing on health care fraud cases under the False Claims Act. Before joining the United States Attorney's Office, Ms. Blackwood was an income partner at McDermott, Will & Emery in Los Angeles, where she practiced business litigation. She clerked for U.S. District Judge Harry L. Hupp in the Central District of California upon graduation from the University of California, Los Angeles, Law School in 1983, and received a BA degree in political science from Boston University.

Dorothy Ferguson is financial management branch manager in the Division of Medicaid and Children's Health with the Centers for Medicare & Medicaid Services in the Dallas Regional Office. She has served in the federal government for 20 years, holding various positions including contracts specialist, grants management specialist, accountant, and the current position of branch manager. She has a bachelor of business administration degree with an emphasis in management from Northwood University.

Amanda J. Halpern is a senior professional staff member (R) for the Committee on Homeland Security of the U.S. House of Representatives, which has primary jurisdiction over the U.S. Department of Homeland Security. She is the lead Republican staff for the Subcommittee on Emergency Communications, Preparedness, and Response. Ms. Halpern holds a bachelor of arts degree in international affairs from the George Washington University, Elliott School of International Affairs. She is a native of Long Island, New York.

Suzanne Heurtin-Roberts, PhD, MSW, is a health scientist in the Immediate Office of the Director, National Institutes of Health (NIH), U.S. Department of Health and Human Services. Dr. Heurtin-Roberts is assuming a leadership role in planning for the Office of the Director-sponsored American Recovery and Reinvestment Act of 2009 program in Community Based Research. She has recently returned to NIH from a detail to the Office of Minority Health (OMH), in the Division of Policy and Data. There she served as executive director of the Federal Collaboration on Health Disparities Research. She also worked in the area of access to clinical trials for vulnerable populations as well as emergency preparedness and response planning for these populations. Dr. Heurtin-Roberts has long worked in the areas of health inequities and ethnic minority health. Prior to coming to the OMH, she served as director of community relations and outreach for the National Cancer Institute (NCI) Cardozo Cancer Clinic in Washington DC. She directed NCI's Centers for Population Health and Health Disparities, and was the health disparities research coordinator for the Behavioral Research Program. Dr. Heurtin-Roberts has chaired many committees and work groups within the NCI and across the NIH. She co-chaired the NIH's national conference "Understanding and Reducing Health Disparities: the Contributions of Social and Behavioral Science." In 2006, she received the NIH Director's Merit Award for her work with the NIH Social Work Task Force, developing infrastructure in social work research.

Before coming to the NCI, Dr. Heurtin-Roberts directed the Prevention Research Program for Special Populations at the National Institute on Alcohol Abuse and Alcoholism. She served on the graduate faculty of the National Catholic School of Social Services at the Catholic University of America. She has published in the areas of ethnicity and chronic illness, social justice, cancer, and qualitative methods, as well as mental health services research. Dr. Heurtin-Roberts received a doctorate in medical anthropology at the University of California, San Francisco and Berkeley, and a master's degree in social work from the University of California, Berkeley, where she also held a postdoctoral fellowship in mental health services research. A New Orleans native, she received an MA degree in sociology and a BA degree in anthropology from the University of New Orleans. Dr. Heurtin-Roberts continues to work on public health issues in New Orleans, especially post-Katrina.

Cheryl A. Levine, PhD, is a social science analyst for the U.S. Department of Housing and Urban Development (HUD), Office of Policy Development & Research (PD&R), Program Evaluation Division. Since joining the Department in 2001, she has managed a number of research contracts including the Department's employee and partner satisfaction surveys, studies of Sections 202/811 project size limits for persons with disabilities, interagency policy studies with the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services on affordable housing plus services for the elderly, and published findings from a nationally representative telephone survey of "Multifamily Property Managers' Satisfaction with Service Coordination." Annually, Dr. Levine chairs a team to establish HUD's research agenda for special needs groups. Additionally, she uses her background as a cultural anthropologist to serve as the Division's expert on qualitative research methods and has provided research support to other PD&R studies including Moving to Opportunity and HOPE VI. Currently, she is managing the Quality of Life Evaluation of FEMA's (the Federal Emergency Management Agency's) Alternative Housing Pilot Program. Dr. Levine earned her PhD degree in applied anthropology from the University of South Florida. Her dissertation focused on micro-entrepreneurship and microfinance among women in the Republic of Trinidad and Tobago. Her dissertation research was sponsored by a U.S. Student Fulbright Fellowship funded by the U.S. Department of State, Bureau of Education and Cultural Affairs.

Susan V. McNally, JD, is currently serving as senior emergency management coordinator in the Office of Operations Management at the Centers for Medicare & Medicaid Services (CMS), where she is leading work on continuity of operations and emergency preparedness. Since September 2007, Ms. McNally has been 1 of 13 participants in the U.S. Department of Health and Human Services (HHS) Senior Executive Service (SES) Candidate Development Program, an executive leadership development program to prepare participants for SES positions through rotational assignments and training in executive competencies. Ms. McNally will graduate from the program in June 2009.

Ms. McNally's home office is the CMS Office of Legislation, where she is director of the Low Income Programs Analysis Group. Prior to joining CMS, Ms. McNally worked as director of federal affairs at the National Association of Community Health Centers, where she

advocated for increased funding for services and health insurance coverage for low-income and uninsured individuals. Ms. McNally has extensive experience in health care policy and legislation from her work in Congress and the Executive Branch. She served as assistant counsel in the U.S. Senate Office of Legislative Counsel; attorney advisor in the HHS Office of the Assistant Secretary for Legislation; associate staff director and general counsel of the 1991 Advisory Council on Social Security; and senior health policy advisor to Rep. Fred Grandy of Iowa (staffing health and welfare policy issues before the Committee on Ways and Means, U.S. House of Representatives). Ms. McNally is an honors graduate of Barnard College and the Columbia University School of Law.

Anne Montgomery, MS, is a senior policy advisor (D) for the U.S. Senate Special Committee on Aging, chaired by Sen. Herbert H. Kohl (D-WI). She is responsible for policy development relating to long-term care, elder abuse and related issues for the Committee's Democratic staff. Earlier, Ms. Montgomery was a senior health policy associate with the Alliance for Health Reform in Washington, DC, where she played a key role in writing and editing policy publications and designing public briefings and conferences for congressional staff and other stakeholders. Ms. Montgomery served as a senior analyst in public health at the U.S. Government Accountability Office and as a legislative aide to Rep. Pete Stark (D-CA) of the Subcommittee on Health of the Committee on Ways and Means, U.S. House of Representatives. She was an Atlantic Fellow in Public Policy in London in 2001–2002, where she undertook comparative research on long-term care in the United States and the United Kingdom. She also worked as a journalist covering the National Institutes of Health and Congress during the 1990s. A member of the National Academy of Social Insurance, Ms. Montgomery has an MS degree in journalism from Columbia University and a BA degree in English literature from the University of Virginia, and has done gerontology coursework at Johns Hopkins University.

Carol Payne is currently serving as an operations specialist with the U.S. Department of Housing and Urban Development (HUD), assigned to the Baltimore Field Office. Ms. Payne focuses her efforts in the areas of affordable housing, chronic homelessness, and the integration of health and housing policy. In this capacity, she led the development of two model interagency partnerships, The Healthy Hearts in Public Housing Project and The Baltimore Housing Presidential

Classroom Scholars Program, both designed to address unmet public health and youth development needs, respectively, in Baltimore's public housing communities. Previous roles have included leadership positions in nursing administration at The Johns Hopkins Medical Institutions, and considerable legislative leadership roles such as organizing a coalition to ensure passage of the Maryland Maternal and Infant Security Act (1994) that established 48-hour hospital stays as an option for mothers and their newborns, revised Maryland standards for newborn hereditary disorders screening, and served as a model for national maternal child health policy.

Currently, Ms. Payne is co-leading HUD's Public Housing Health Initiative established to bring together representatives from federal agencies and relevant HUD divisions to formalize inter-agency cooperation on health services for public housing families. In this work, she is supporting a national HOPE VI pilot that extends the success and cumulative lessons learned from the Baltimore Healthy Hearts Project. The pilot, implemented in five HUD-sponsored HOPE VI sites (Phoenix; Boston; Fayetteville, North Carolina; New Orleans; and the District of Columbia), is designed to train and empower housing residents to teach other community residents and families about their personal risk for cardiovascular disease.

Ms. Payne is a Salzburg Fellow, 1 of 50 international recipients selected to study the Social and Economic Determinants of the World's Public Health in Salzburg, Austria. In 2005, the Maryland Daily Record recognized her as one of Maryland's Top 100 Women for her social justice activism in the areas of health, education and housing. She is a member of the American Public Health Association, Baltimore City Healthy Start, Inc, Board of Directors, and inaugural member of the Baltimore City Place Matters Collaborative for Health Equity. She is a graduate of Harvard University's John F. Kennedy School of Government Executive Training Program for housing professionals, holds a master's degree in nursing from Johns Hopkins University, and is pursuing a doctorate in urban public health at Morgan State University.

Devon Payne-Sturges, DrPH, is the assistant center director for human health with the National Center for Environmental Research (NCER) at the U.S. Environmental Protection Agency (EPA). She is responsible for identifying critical research needs in the area of environmental public health, directing NCER's extramural grant research program on human health, and communication research

results to the program offices within EPA, to the scientific community and to the public. NECR's Human Health Program is actively funding research in the areas of children's environmental health, biomonitoring, environmental threats to tribal communities, computational toxicology, and endocrine disrupting chemicals and environmental health indicators. In addition, Dr. Payne-Sturges is planning a science symposium on environmental justice and disproportionate environmental health impacts scheduled for March 2010. The goal of the symposium is to lay the foundation for developing analytical tools that can be used by federal, state, and local governments to better quantify and characterize disproportionate environmental health impacts on minority and low-income populations that may result from their programs, policies, and activities.

Prior to joining NCER, Dr. Payne-Sturges served as regulatory team lead and environmental health scientist with EPA's Office of Children's Health Protection and Environmental Education. There she worked on critical regulatory and science policy issues at EPA that affect children's health. Her areas of research include use of exposure biomonitoring for policy analysis, risk assessment, environmental health indicator development, and environmental health of minority populations. Dr. Payne-Sturges was recently appointed to EPA's Risk Assessment Forum and is serving on the Cumulative Risk Assessment Tech Panel and as chapter lead for the Agency's exposure assessment guidelines focusing on exposures of vulnerable and susceptible populations. She possesses master of public health and doctor of public health degrees in environmental health sciences from Johns Hopkins Bloomberg School of Public Health. Prior to joining the EPA, Dr. Payne-Sturges served as assistant commissioner for environmental health with the Baltimore City Health Department.

Bernice Reyes-Akinbileje, MA, is a health policy analyst with the Congressional Research Service (CRS), Library of Congress, where she provides legislative support and writes analytical reports for members of the United States Congress and their professional staff. Her areas of expertise span a range of topics that includes the following: health workforce, health care safety net, primary care delivery system, health resources, and health services. Her portfolio of written works include: Title VII health professions education and training; issues in reauthorization; health workforce programs: National Health Service Corps; and federal health safety net programs. Prior to joining CRS, she was a teaching fellow at the School of Education,

New York University. She holds a master of arts degree from New York University.

Demetria L. Robinson-Carter, CPA, is a financial management specialist for the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, stationed in Baton Rouge, Louisiana. She is a certified public accountant with approximately 20 years of professional accounting experience in the governmental, hospital, and public accounting industry. She has served as the manager of reimbursement at Tulane University Hospital and Clinic in New Orleans and in public accounting at the firm of KPMG, LLP, in Baton Rouge. Ms. Robinson-Carter was born in New Orleans and obtained her bachelor of science degree in accounting from Southern University A&M College in Baton Rouge.

Barbara Rogers has worked in the Washington, DC, office of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry since July of 2002, where she is responsible for legislative and policy issues related to environmental health. Prior to joining the CDC she worked for the Committee on Environment and Public Works of the U.S. Senate, the Committee on Transportation and Infrastructure of the U.S. House of Representatives, and the U.S. Department of Justice's Environmental Enforcement Section.

Emily Rosenoff, MPA, works for the HHS Assistant Secretary for Planning and Evaluation (ASPE) in the Office of Disability, Aging and Long-Term Care Policy. Her work includes a focus on: residential care and assisted living policy; Medicaid, including home- and community-based services; and emergency preparedness for at-risk populations. Ms. Rosenoff has also worked at the Organization for Economic Cooperation and Development (OECD); the Committee on Veterans' Affairs, U.S. Senate; and the University of California, San Francisco's Center for the Health Professions. Ms. Rosenoff received a master's degree in public affairs from Princeton's Woodrow Wilson School and her bachelor's degree in molecular and cell biology from University of California, Berkeley.

Peggy Sparr, MPA, MEd, has been supporting the U.S. Department of Health and Human Services in its oversight of federal planning and implementation activities for the rebuilding of the Gulf Coast Health Care infrastructure, since Hurricane Katrina hit the Gulf Coast at the end of August 2005. She is on loan to the Assistant

Secretary for Preparedness and Response to help him oversee state and local preparedness teams.

Ms. Sparr has worked on many different sides in the business of health care regulation and its implementation. Her professional career spans 34 years as a teacher, provider, policy analyst, and administrator in health and human services. She comes to this experience most currently acting as the deputy director of the Greater New Orleans Health Care Rebuild staff, in the Office of the Administrator of the Centers for Medicare & Medicaid Services, and before that, as the U.S. Department of Health and Human Service's executive coordinator for the Secretary's Advisory Committee on Regulatory Reform, in Washington, DC. Ms. Sparr's education includes an MPA degree in intergovernmental management from the University of Southern California, an MEd degree in exceptional children education from Buffalo State College, and a BA degree (cum laude) in communication disorders from the State University of New York, Buffalo.

BIOGRAPHICAL SKETCHES

SPEAKERS

Charles E. Allen, III, MSc, is associate director at the Tulane/Xavier Center for Bioenvironmental Research (CBR). He also helps direct the CBR's Sustainable Urban Ecosystem Initiative (UrbanEco). Through this initiative, the CBR is studying the dynamic interface between the built and natural environments and the human interactions between these two systems. It is through this initiative that the CBR is working to help the Holy Cross/Lower Ninth Ward community of New Orleans chart a path toward an energy efficient, sustainable post-Hurricane Katrina recovery. Mr. Allen also serves as president of the Holy Cross Neighborhood Association (HCNA) and represents the Holy Cross Historic District as a member of the New Orleans Historic District Landmarks Commission. He is also co-chair of a partnership and project known as REACH-NOLA, which works to improve access to quality health care for New Orleans residents. And, he is a board member of the Louisiana Clean Tech Network. He also serves as a board member for the Foundation for Science and Math Education, the Lower 9th Ward Stakeholders Coalition, and the Lower 9th Ward Education Advisory Group. Mr. Allen has been appointed to the Board of Directors for the U.S. Green Building Council (USGBC) to offer a community perspective on the post-Katrina recovery efforts of New Orleans and to work to keep USGBC connected to these efforts. Finally, he has also been appointed to the Louisiana Governor's Advisory Committee on Coastal Restoration and Protection. Mr. Allen is a graduate of Xavier University of Louisiana, where he received his bachelor of science degree in biology. He is also a graduate of the Tulane University School of Public Health and Tropical Medicine, where he received his master of science degree in public health.

Naydja Domingue Bynum, PhD, is a leader in health care, community development, and architectural preservation. A registered nurse who completed her undergraduate degree at Dillard and master's and doctorate at Louisiana State University, she specializes in nursing administration and education. She is past president of the Preservation Resource Center (PRC), an organization that promotes the preservation of New Orleans' historic architecture and neighborhoods. She and her husband have renovated several historic houses, especially in the Tremé community. She is president of the Historic

Faubourg Tremé Association (HFTA), a neighborhood organization that improves the quality of life by fighting blight, crime, and grime while supporting the architecture, culture, and history in historic Tremé. She is a member of the board of directors for the Vieux Carré Property Owners and Residents Association (VCPORA) and the People's Program, an organization that provides senior citizens with educational classes and social activities at affordable prices.

Julie A. Catellier, BSN, MPA, was appointed director of the Southeast Louisiana Veterans Health Care System in March of 2007 after serving as acting director since August 2006. Ms. Catellier joined the Southeast Louisiana Veterans Health Care System two weeks after Hurricane Katrina to lead the disaster recovery effort. Under her leadership three new Community Based Outpatient Clinics were activated and primary care and mental health services were restored system-wide. She is especially suited for this role as a result of her extensive experience in disaster recovery. She participated in or led recovery teams for Hurricane Hugo in 1989, Hurricane Andrew in 1992, Hurricane Georges in 1998, Hurricane Ivan in 2004, Hurricane Katrina in 2005, and Hurricanes Gustav and Ike in 2008. As director, Ms. Catellier is responsible for the design and construction of the replacement medical center due to open in 2013. Prior to her assignment in New Orleans Ms. Catellier was detailed to VA Central Office and served on the VA transition team for Secretary James Nicholson and Under Secretary for Health Jonathan Perlin.

Ms. Catellier joined the Department of Veterans Affairs in 1983 at the James A. Haley VA in Tampa, Florida, where she practiced professional nursing. In 1986, she assumed the position of staff assistant to the chief of staff and became the first clinical applications coordinator in the VA system. In 1992 she was appointed as the associate director at the Kerrville VAMC in Kerrville, Texas. In 1995, Ms. Catellier was selected as the associate director at the Central Texas Veterans Healthcare System where she worked until her promotion to medical center director at Biloxi. From April 1998 to September 2005, Ms. Catellier served as the director of the VA Gulf Coast Veterans Health Care System, Biloxi, Mississippi. Ms. Catellier has a BS degree in nursing from George Mason University in Fairfax, Virginia, and a master of public administration degree (health services administration) from Golden Gate University in San Francisco, California.

Frederick Cerise, MD, MPH, is vice president for Health Affairs and Medical Education, which oversees Louisiana State University (LSU)

Health Science Centers in New Orleans and Shreveport and the LSU Health Care Services Division, which collectively operate ten public hospitals and associated clinics. Prior to rejoining LSU, Dr. Cerise was secretary of the Louisiana Department of Health and Hospitals. Prior to that, Dr. Cerise served as administrator of Earl K. Long, LSU's public hospital and clinic system in Baton Rouge. He is an internal medicine physician and spent 13 years teaching medical students and treating patients in the state's public hospital system. Dr. Cerise received an undergraduate degree in science from the University of Notre Dame in Indiana and a graduate degree in medicine from the LSU School of Medicine in New Orleans. He completed his medical residency at the University of Alabama Medical Center in Birmingham. Dr. Cerise later received a master's degree in public health from Harvard University.

Craig Coenson, MD, is a board-certified psychiatrist and currently serves as the chief medical officer for Metropolitan Human Services District (MHSD). MHSD is an agency that provides treatment for the citizens of Orleans, St. Bernard, and Plaquemines Parishes. It provides mental health and addictive disorder services as well as services for the developmentally disabled. The agency also supplies permanent supportive housing. Dr. Coenson is also an assistant clinical faculty at Tulane University. Previously he served as the national medical director at CIGNA Behavioral Health (CBH). Dr. Coenson joined CBH in 2000 as a medical reviewer, then senior medical director, and finally national medical director. Prior to joining CBH, Dr. Coenson served as regional chief of inpatient psychiatry at Kaiser Permanente. He opened a private practice in San Diego, California, where he served as a medical director of a large metropolitan medical/psychiatric inpatient unit. As a summa cum laude graduate of Tulane University, he completed a fellowship in consultant liaison psychiatry at the University of California, San Diego, and published an article on General Hospital Psychiatry.

Alice Craft-Kerney, RN, BSN, is the executive director and co-founder of the Lower 9th Ward Health Clinic. Prior to Hurricane Katrina, Ms. Craft-Kerney had been a trauma nurse at Charity Hospital for 21 years. When she returned to New Orleans in February 2006 following the storm, she decided to open a health clinic in her former neighborhood. The Lower 9th Ward Community Health Clinic was a community-driven response to fill the unmet health care needs that emerged in the wake of the post-Katrina floods. Patricia Berryhill,

RN, a Lower 9th Ward resident and co-founder of the clinic, allowed use of her home for the express purpose that it would be used as a health clinic. The clinic began seeing patients in March 2007.

Rebecca M. Currence grew up in North Carolina and graduated from Wake Forest University with majors in political science and history before moving to New Orleans with her husband. Except for a brief sojourn in Edinburgh, Scotland, they have lived in New Orleans ever since. A fundraising professional, she has worked with Newman School and as foundation director of the Louisiana State Museum in New Orleans, raising resources to support museum properties all over the state. A longtime member of the organization's board, Ms. Currence is currently president of Longue Vue House and Gardens, a national landmarks property. She is also a member of the board of the Louisiana Nature Center and a volunteer for the New Orleans Museum of Art, the Preservation Research Center, Trinity Episcopal Church, and Audubon Zoo.

Pam Dashiell is a long-time civic and environmental justice activist in the Holy Cross and Lower Ninth Ward neighborhoods. She is co-director of the Lower Ninth Ward Center for Sustainable Engagement and Development (CSED) and is chairperson emeritus of the Holy Cross Neighborhood Association. Ms. Dashiell is sustainability program coordinator for the Louisiana Bucket Brigade, an advisor to the Gulf Coast Fund, member of the Lower Ninth Ward Stakeholders Coalition, and serves on the boards of the Alliance for Affordable Energy and Smartgrowth Louisiana.

Karen DeSalvo, MD, MPH, MSc, is professor of medicine at the Tulane School of Medicine. She is vice dean for community affairs and health policy at Tulane University School of Medicine and has responsibility for implementing the Medical School's mission to build healthier communities. She has served as the section chief of general internal medicine and geriatrics since 2000 and holds the C. Thorpe Ray Endowed Chair in Internal Medicine. Dr. DeSalvo's research and policy interests focus on advancing policy and practice aimed at improving care quality and effectiveness with a particular focus on vulnerable populations. She has been a leader in health sector recovery and health care reform efforts in Louisiana since Hurricane Katrina. She also led the development of a replicable model of a neighborhood-based medical home for the medically underserved which is now a Tier 3 NCQA Patient Centered Medical Home. She was selected as a founding member of the Louisiana Health Care

Quality Forum Board and chairs its Medical Home Committee. She is a member of the Louisiana Medicaid Technical Advisory Committee and is vice chair of the Louisiana Health Care Commission.

Dr. DeSalvo was recognized the Woman of Excellence in Health Care by the Louisiana Legislative Women's Caucus for her health care reform efforts in 2008. She received her bachelor of arts degree from Suffolk University in Boston, Massachusetts, in biology and political science. She matriculated to Tulane University Health Sciences Center where she simultaneously received her medical doctorate and master of public health degree. She remained at Tulane as a resident, chief resident, and fellow in internal medicine. She participated as a fellow in the Program in Clinical Effectiveness at Harvard University, where she received a master's degree in clinical epidemiology from the Harvard School of Public Health.

Evangeline Franklin, MD, MPH, is the director of emergency preparedness and special projects of the City of New Orleans Health Department (NOHD) and has directed preparation of the NOHD's All Hazards Emergency Operations Plan. She is a participant in the City of New Orleans Emergency Operations Center (ESF8) in the event of a hurricane or other state of emergency. During Hurricane Katrina, she was co-medical director of the Special Needs Shelter in the Superdome. She and her Superdome coworkers were evacuated to Dallas and worked with the public and mental health organizations in the Dallas/Fort Worth area and with the Centers for Disease Control and Prevention in the Convention Center and Reunion Shelters. Until November 2008, she was director of clinical services and employee health with responsibility for five clinics including one school-based clinic, Dental Services, WIC, Child and Maternal Health and the Healthcare for the Homeless Programs. She continues to provide leadership in all areas related to health information technology, geographic information systems (GIS), and the NOHD Web site. She expanded NOHD medical and dental services and integrated grant program services into the clinical setting.

Prior to her current position at the NOHD, Dr. Franklin worked as health plan medical director for Aetna and United Healthcare in Louisiana; served as director of Immediate Care Department, Call Center, and Ancillary Services (laboratory, x-ray, physical therapy and occupational medicine) at UniversityMEDNET, a large group practice in Cleveland, Ohio; as a clinical instructor at Case Western Reserve University School of Medicine; an assistant medical director,

Cleveland Family Health Services; and held appointments to University Hospitals of Cleveland and UniversityMEDNET Credentialing and Quality Committees. She currently holds a special appointment to the Department of Community Medicine at Tulane School of Medicine, is an instructor at Tulane School of Public Health in Health Systems Management, and is an adjunct professor of Homeland Security in the Tulane University School of Continuing Studies. She received her doctor of medicine and master of public health degrees from Yale University and her bachelor of arts degree in biochemistry and certificate in science in human affairs from Princeton University. She is board-certified in internal medicine.

Michael Griffin, MSc, is the president and chief executive officer of Daughters of Charity Services of New Orleans (DCSNO) having been appointed by the organization's Board of Directors in April 2008. A native of Baton Rouge, Louisiana, he most recently served as administrator of the Center for Health Promotion at the University of Alabama at Birmingham (UAB). There he led the Center on its mission to increase the capacity of UAB and thus collaborating local, state, regional, and national agencies in addressing issues related to health promotion and disease prevention. Mr. Griffin also served as the executive director of Coordinated Health System of Jefferson County, Inc., in Birmingham where he was charged with implementing and maintaining a public-private sector collaborative health delivery system for uninsured residents.

In his role as operations manager with Ascension Health's Seton Family of Hospitals in Austin, Texas, Mr. Griffin had operational and administrative oversight of Seton's senior health centers and the Seton South Community Health Center. Earlier in his career, he served as an administrative fellow at St. Mary's Hospital and the Daughters of Charity National Health System East Regional Office in Evansville, Indiana, and as an administrative resident at St. Thomas Hospital in Nashville, Tennessee. Mr. Griffin holds a bachelor's degree in health services administration from Dillard University in New Orleans and a master of science degree in public health with a concentration in health administration from Meharry Medical College in Nashville. He has served as a public health intern with the New Orleans Department of Health and is a United States Army veteran who participated in Operation Desert Shield/Storm.

Khalil Ismais, MD, is the associate medical director and director of pediatric/adolescent medicine at St. Thomas Community Health

Center. He has practiced medicine in Louisiana in a number of capacities for almost 35 years. He spent 26 years working in ambulatory medicine for the Medical Center of Louisiana in New Orleans and was also medical staff in allergy and immunology and internal medicine/pediatrics at the Ochsner Clinic Foundation. Dr. Ismais received his medical doctorate from the Valencia Faculty of Medicine in Valencia, Spain.

Anthony Keck, MPH, formerly chief of staff for the Louisiana Department of Health and Hospitals (DHH) Secretary Alan Levine, is on detail to the Office of the Governor to serve as a policy advisor on health and social services issues. As the DHH chief of staff, Mr. Keck's responsibilities included the management of DHH's legislative affairs, communications, and policy departments. Prior to joining DHH, he was teaching and researching at Tulane University while working on his doctorate in health systems management. Prior to his time at Tulane, Mr. Keck was employed at Johnson & Johnson's Medical Device & Diagnostics Group, where he worked as manager, and later the director of operations of Latin American Consulting & Services in Santiago de Chile. From 1997 to 1998 he was also employed by Johnson & Johnson Health Care Systems as a senior consultant in Ann Arbor, Michigan, where he managed a variety of surgical services consulting projects in the United States. Mr. Keck worked in New Orleans from 1992 to 1997 as an administrator at St. Thomas Health Services community clinic, and a senior engineer and later director of management engineering at Ochsner Clinic. He has a bachelor of science degree in engineering and a master of public health degree from the University of Michigan, and is currently pursuing a doctorate of public health from the Tulane University School of Public Health and Tropical Medicine.

Anne Milling is the founder of Women of the Storm which was conceived at the Millings' Thanksgiving dinner table when hosting a group of friends who had badly damaged homes. Talk turned to why so few members of Congress had visited to see the dramatic scope of the damage. Ms. Milling offered that if you want guests to visit you, you must invite them. Thus the seed of an organization was planted. In four decades of volunteering, Ms. Milling has been president of the Sewerage & Water Board for the City of New Orleans, chairman of the Loyola University Board of Trustees, president of the Junior League of New Orleans, president of the Bureau of Governmental Research, president of Longue Vue House and

Garden, and chairman of the Archbishop's Community Appeal. She has been vice chairman of Project Lazarus (AIDS hospice), the Council for a Better Louisiana, the Superdome Commission, and Second Harvesters Food Bank. She is currently on the boards of the New Orleans Museum of Art, Ochsner Foundation Hospital, the *Times-Picayune*, and Entergy New Orleans. Ms. Milling is a native of Monroe, Louisiana, and a graduate of Newcomb College/Tulane University who holds a master's degree from Yale.

Anne Mulle, BSN, MSc, CFNP, has six years' experience in nursing. She is a clinical provider and manager of Common Ground Health Clinic, a free primary care clinic located in New Orleans, Louisiana, committed to helping increase access to health care services. Ms. Mulle received a bachelor of science degree in biology from Georgetown University and a bachelor of science degree in nursing from Columbia University. She received a master of science degree from the University of California, San Francisco. Ms. Mulle is a certified family nurse practitioner.

Antor Odu Ndep, MPH, graduated from the University of Calabar in Nigeria with a BSc degree in physiology. She went on to become an anatomy/physiology instructor at a health professions training institution before relocating to the United States in 1997. Ms. Ndep earned her MPH degree in maternal and child health. Upon graduation, she worked at the Tulane Xavier National Center of Excellence in Women's Health (TUXCOE) as a program coordinator for Healthy Tales, a non-traditional narrative story-based health education program that she developed under the supervision of her mentor, Dr. Jeanette Magnus. In 2003 Ms. Ndep became the first health educator of TUXCOE and the Mary Amelia Douglas-Whited Community Women's Health Education Center (MAC). She was also a student preceptor as well as the community outreach coordinator.

Ms. Ndep is a doctoral candidate at the Department of Community Health Sciences, Tulane University School of Public Health and Tropical Medicine. Her interests include community health education, cultural competency in all aspects of public health education, programming, and services and designing health education materials for low-literacy populations. Her current research topic is the perceived stress and coping self-efficacy of a sample of New Orleans population affected by Hurricane Katrina. She is currently the executive director of Common Ground Health Clinic (CGHC) in Algiers that provides quality, collaborative health care that is patient-centered and

community-focused. The clinic was recently recognized at the highest level (Level 3), as a Patient-Centered Medical Home by the National Commission for Quality Assurance. CGHC is the first clinic in the state of Louisiana to be recognized at that level.

Diem Nguyen, PharmD, is the health center project manager and serves as the principal lead in all aspects of health for Mary Queen of Viet Nam Community Development Corporation (MQVN CDC). Her responsibilities include securing partners and site control for a community-owned health center, informing community members of available medical and social services, and providing health interpretation and translation services. Through securing partnerships with Children’s Hospital and Tulane University School of Medicine, MQVN Community Development Corporation opened two clinics in the community: Kids First Clinic New Orleans East and Tulane Community Health Center in New Orleans East. She is a recipient of the V-Day Leadership Award and received her doctor of pharmacy degree from Xavier University of Louisiana.

Reverend Vien T. Nguyen, MDiv, is the pastor of Mary Queen of Viet Nam Catholic Church in eastern New Orleans, Louisiana. Pre-Katrina New Orleans East had an enclave of Vietnamese Americans, predominantly Catholics, who came to the area after the war in 1975. In the aftermath of Katrina, the quiet community came together to fight plans to turn most of New Orleans East green space into a landfill in the midst of recovery. As pastor of the parish, Fr. Nguyen led the effort in these fights. He also established and is the chair of the Community Development Corporation that endeavors to create Viet Village as a contribution to the colorful ethnic diversity in New Orleans. Viet Village includes a cultural center, a community health center, a retirement community, an urban farm with a farmer’s market, a charter school, and a shopping mall. The most recent development at Mary Queen of Viet Nam Church is that it has officially transformed to serve more than just the Southeast Asian Catholics in the Archdiocese of New Orleans to include the Latino Americans, the African Americans, Asian Americans, and the Caucasian Americans in the Eastern edge of New Orleans. He received a bachelor of arts degree from St. Joseph Seminary College in St. Benedict, Louisiana, and a master of divinity degree from Notre Dame Seminary and Graduate School of Theology in New Orleans, Louisiana.

Mark J. Peters, MD, has served as president and chief executive officer at East Jefferson General Hospital in Metairie, Louisiana, since

2002. Dr. Peters joined East Jefferson General Hospital in 2000 as senior vice president/medical director. He had previously been chief medical officer/vice president of medical services at Upper Valley Medical Center, a not-for-profit health care system in Troy, Ohio. Dr. Peters received his medical degree from Ohio State University in 1978 and served as chief resident during his family practice residency at Miami Valley Hospital in Dayton, Ohio. He is also a member of the American College of Physician Executives, achieving his certification in 1999. Dr. Peters served as the chairman of the Metropolitan Hospital Council of New Orleans in 2005, 2006, and 2007. He has also served as a board member of the Louisiana Hospital Association since 2006. Dr. Peters also lends his health care expertise as a board member of the Jefferson Economic Development Corporation (JEDCO) and Greater New Orleans, Inc. (GNO Inc.). He has served as honorary chairman for both the American Heart Association and the American Cancer Society to support medical research. Dr. Peters is a leading advocate of health care reform in Louisiana, having served as chairman of the Coalition of Leaders for Louisiana Healthcare (COLLAH), developing a health care reform plan for the greater New Orleans Region. He continues his work with local, state, and federal officials to meet the health care needs of the region.

Diana Pinckley is president of Pinckley Inc., a marketing communications and public relations consultancy, and a senior strategist with Zehno Cross Media Communications. Ms. Pinckley has spent a 25-year career developing successful public relations strategies and marketing communications tools for higher education and cause-related marketing. She serves on the boards of several organizations focused on “building back better” in a post-Katrina world. She is a former board chair of the Crescent City Farmers’ Market, a volunteer strategic communications adviser to the New Orleans Public Library, a member of the task force for the Edible Schoolyard New Orleans at Samuel Green Charter School, and a member of the executive committee of the Foundation for Science and Mathematics Education, which supports two college-prep/STEM high schools. An honors English graduate of Duke University, the Tennessee native writes a regular mystery book review column in the *New Orleans Times Picayune* and is author of *New Orleans: River Region Renaissance, a portrait of the Crescent City* (Community Communications, 1996). She was named a 2006 Woman of the Year by *New Orleans CityBusiness*.

Elmore F. Rigamer, MD, MPA, is the medical director of Catholic Charities of the Archdiocese of New Orleans. He oversees health-care programs administered by the organization and advises Catholic Charities on new health directions. He is also the co-chair of the Behavioral Health Action Network (BHAN) and worked with the Louisiana Public Health Institute (LPHI) to develop and implement the coalition. BHAN is a network of mental health care providers and stakeholders across the Greater New Orleans area that was convened by the LPHI. BHAN's mission is to facilitate the recovery of comprehensive behavioral health services in the Greater New Orleans area through public and private partnerships in a way that is responsive to the cultural diversity of New Orleans residents. Dr. Rigamer served for 18 years in the U.S. Department of State. His last post was as medical director, advising the Secretary of State on international health issues while overseeing the health care of foreign service diplomats and their families. He completed his residency training at The New York Hospital – Cornell University and the Albert Einstein College of Medicine in New York. He received his MPA degree from Harvard University in Cambridge, Massachusetts.

Elizabeth Scheer, RN, MN, MBA, is the health grants program director at Baptist Community Ministries (BCM), one of the largest private foundations in Louisiana with a commitment to the New Orleans region and to the attainment of a healthier community for the people living there. Prior to joining BCM, she served in senior management positions in a for-profit biopharmaceutical company incorporated in Louisiana, and both regional and national managed care organizations (HMOs) and physician-hospital organizations (PHOs). Ms. Scheer began her career in the healthcare sector as a Cardiovascular Clinical Nurse Specialist responsible for the Cardiac Rehabilitation Program at Ochsner Foundation Hospital. Ms. Scheer has and continues to serve on numerous not-for-profit and professional boards. She is an active member of the Jefferson Chamber of Commerce serving on its Board of Directors and on numerous Jefferson Parish governmental task forces and citizen advisory committees.

Monir Shalaby, MD, has been medical director for EXCELth, Inc., a federally qualified health center in New Orleans, since 2002. Dr. Shalaby joined EXCELth, Inc. in 1999 as a staff physician in pediatrics and general practice. From 1988 to 1999, he worked in private practice in pediatrics and general practice. He spent one year as a

physician with the New Orleans Health Department and Louisiana Department of Health and Hospitals. He received his medical degree from Ain Shams University, School of Medicine in Cairo, Egypt, and completed a residency in pediatrics with Louisiana State University in New Orleans, Louisiana, as well as an internship with the Department of Internal Medicine at Jewish Memorial Hospital, affiliated with Boston University in Boston, Massachusetts.

Stephanie Smith, CPA, MAcc, is executive director for PACE Greater New Orleans, a Program of All-Inclusive Care for the Elderly and the PACE Louisiana Association. She began her career in 1986 as a staff accountant with Reznick, Fedder, and Silverman, PC, in Montgomery, Alabama. In 1988, she progressed to senior accountant with Lawrence and Lawrence, PC, in Mobile, Alabama before becoming the chief financial officer/controller in 1991 for The PrimeHealth Companies, a health maintenance organization. In 1999, Ms. Smith began her career with HCA, The HealthCare Company, holding various executive positions including director of managed care for their Physician Practice Management Co. and director of decision support in New Orleans. In 2006, Ms. Smith became the division director of decision support and financial planning for the Gulf South Division of HCA in Houston, Texas. She assumed the role of executive director for PACE GNO returning to New Orleans in 2007. Ms. Smith is a member of the American College of Healthcare Executives, the American Institute of CPAs, Louisiana Society of CPAs, and the Coalition for Change for Home and Community based services. She serves as a board member for the Gulf States Association of Homes and Services for the Aging, as well as various civic organizations. Following the receipt of her bachelor of science degree in accounting from the University of South Alabama, she received her Master's degree in accounting from the University of South Alabama in 1995.

Benjamin Springgate, MD, MPH, is the executive director of Community Health in the Section of General Internal Medicine and Geriatrics, Department of Medicine, at Tulane University School of Medicine; and the Health Liaison for the RAND Gulf States Policy Institute. Dr. Springgate also serves as executive director of community health innovation and research for the Office of Community Affairs and Health Policy in the School of Medicine. His research has included community-based participatory approaches to address post-disaster health and health care challenges. Dr. Springgate currently leads two community-based initiatives through the REACH

NOLA health partnership to improve resilience and to improve access and quality of care for depression and post-traumatic stress disorder in post-Katrina New Orleans. Dr. Springgate received a BA degree from Brown University in Providence, Rhode Island, and MD and MPH degrees from Tulane University. He completed combined residency training in internal medicine and pediatrics at Tulane, and was a fellow in the Robert Wood Johnson Clinical Scholars Program at the University of California, Los Angeles.

Kevin U. Stephens, Sr., MD, JD, has been the health director for the city of New Orleans since 2002. His responsibilities for public health for the city include managing 6 divisions and 30 programs including operation of clinics, nutritional services, immunization services, HIV/AIDS prevention and care, lead poisoning prevention, and emergency medical services. He also procures and manages multiple health grants for the city ranging from HIV, chronic diseases, substance abuse, and maternal and child health services. Dr. Stephens also serves on the clinical faculty of Xavier University, Dillard University, LSU Medical School, and Tulane Medical School. Previously he served as the women's health medical director for the Office of Public Health in the Louisiana Department of Health and Hospitals. He is a board-certified obstetrician and gynecologist and an attorney specializing in health policy and public health administration. He holds a bachelor of science degree in physics from Southern University, an MD degree from Louisiana State University Medical School, and a JD degree from Loyola University. His residency in obstetrics and gynecology was completed with Tulane University.

Cecile Tebo is a social worker who is crisis unit administrator for the New Orleans Police Department (NOPD). A lifelong New Orleansian, she worked in adoption services before moving to NOPD. Ms. Tebo and her team of volunteers have been at street level in the post-Katrina New Orleans world, intervening on a one-on-one basis with the mentally ill of the city when there were few professionals or facilities to care for them. She witnessed an increase in post-traumatic stress disorder (PTSD) and suicide following the storm, yet there were no psychiatric beds for two years with the closure of Charity Hospital, the second-largest public hospital in the nation. She reports that there's been little improvement, even today, as the state plans to close the only mental health facility for adolescents in the city. She has suffered bruises and broken bones in the course of her professional duties, yet she prevails.

Mary Tran is the executive director of the Mary Queen of Viet Nam Community Development Corporation (MQVN CDC). Ms. Tran provides leadership to MQVN Community Development Corporation and is responsible for the development and day-to-day management of the organization in accordance with the guidelines set by the Board of Directors. She serves as a Dẫn Thân Corps member of the National Alliance of Vietnamese American Service Agencies' (NAV-ASA). The primary goal of the Dẫn Thân Corps is to engage young Vietnamese Americans across the United States who are passionate about economic justice and social change, to make a difference in individual lives and build strong communities. In her role with the Corps, she has helped hundreds of Katrina victims find emergency shelter, apply for FEMA assistance, secure trailer homes, access social services and receiving food, clothing and medical assistance; has coordinated MQVN CDC's community visioning process; and is currently working with Providence Community Housing to develop an affordable senior housing project. Ms. Tran was born and raised in New Orleans and has over six years of experience working in the Vietnamese community and in the social service sector. She received her bachelor's degree from the University of New Orleans.

Clayton Williams, MPH, is director of the Health Systems Division at the Louisiana Public Health Institute (LPHI) in New Orleans, Louisiana. His career in health began in the emergency medical system of Chicago, followed by several years as director of programs at a community clinic on Chicago's west side. Mr. Williams moved to New Orleans to pursue graduate studies at Tulane University in 1998, and with the exception of a one-year research fellowship with the U.S. Centers for Disease Control and Prevention in Atlanta, he has been in New Orleans ever since. Mr. Williams has successfully managed over \$120 million in health systems development, chronic disease prevention, and applied research programming over his eight-year tenure with LPHI.

Mr. Williams holds a BA degree from Northwestern University and an MPH degree from Tulane University's School of Public Health and Tropical Medicine. He is an alumnus of the National Public Health Leadership Institute and is currently a doctoral student at Tulane University in Health Systems Management. Mr. Williams serves as a technical advisor to Louisiana's Department of Health and Hospitals for Medicaid Reform and as a member of the Medical Home Committee of the Louisiana Health Care Quality Forum.

Cassandra D. Youmans, MD, MPH, MS-HCM, is the medical director for ambulatory care for the Medical Center of Louisiana at New Orleans. She obtained a bachelor of science degree from the University of South Carolina, a doctorate of medicine from the University of South Carolina School of Medicine in Columbia, South Carolina, completed a residency in combined internal medicine and pediatrics from Louisiana State University Health Sciences Center (LSUHSC) in New Orleans, a master of science degree in health care management from the University of New Orleans College of Business Administration, and a master of public health degree from the LSUHSC School of Public Health. She is board-certified in both internal medicine and pediatrics, and is a fellow of the American College of Physicians and the American Academy of Pediatrics.

She has practiced internal medicine and pediatrics in urban and rural academic, community, and public health environments for over 16 years. Her administrative career includes serving as the Louisiana Department of Health and Hospitals, Division of Public Health Region 1 medical director from 2004 to 2006, and the district health director for the Georgia East Central Health District from 2006 until assuming her current position in May 2007. She has spent her entire career in efforts to improve access to culturally sensitive, evidenced-based, quality health care for all, either through providing direct service, facilitating partnerships and collaborations for service integration, or program development.

BIOGRAPHICAL SKETCHES

FORUM STAFF

Judith Miller Jones, MA, has been director of the National Health Policy Forum at the George Washington University since its inception in 1972. As founder and director, Ms. Jones guides the Forum's educational programming for federal health policymakers, spearheads NHPF's fundraising efforts, and serves as a resource to foundations, researchers, and other members of the health policy community. Ms. Jones was appointed to the National Committee on Vital and Health Statistics in 1988 and served as its chair from 1991 through 1996. She is a lecturer in health policy at George Washington University, is a mentor for the Wharton School's Health Care Management Program, and, on occasion, consults with nonprofit groups and corporate entities across the country. Prior to her work in health, Ms. Jones was involved in education and welfare policy. She served as special assistant to the deputy assistant secretary for legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Before entering government, Ms. Jones was involved in education and program management at IBM, first as a programmer, a systems analyst, and then as a special marketing representative in instructional systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University. As a complement to her work in the federal arena, Ms. Jones is involved in a number of community activities in and around Shepherdstown, WV. These include participation in a local emergency planning committee and chairing Healthier Jefferson County, a committee dedicated to improving public health and medical care in that area of the Eastern Panhandle.

Kathryn Linehan, MPH, joined the Forum as a principal policy analyst in January 2009. Her areas of interest include private insurance markets and post-acute and long-term care payment systems. Before joining the Forum, Ms. Linehan was a consultant at Alicia Smith & Associates, where she worked with a number of states with Medicaid managed care programs. She worked with clients on developing, implementing, and evaluating various aspects of their Medicaid programs. Prior to her consulting work, Ms. Linehan analyzed Medicare payment issues with two Congressional support agencies. For three years she analyzed skilled nursing facility and hospice

payment issues at the Medicare Payment Advisory Commission (MedPAC). Prior to that, she was a senior analyst at the General Accounting Office (GAO, now known as the Government Accountability Office) for five years, where she focused on various issues including Medicare+Choice, prescription drug, and physician payment policy. She has a bachelor's degree from Oberlin College and a master of public health degree from the University of Michigan School of Public Health.

Michele J. Orza, ScD, joined the Forum as a principal policy analyst in February 2008. Her areas of interest include evidence-based health practice and policy, public health infrastructure and systems, global health, health science and technology; and the portfolios overseen by U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the Agency for Healthcare Research and Quality (AHRQ). Prior to joining the Forum, Dr. Orza was a scholar at the Institute of Medicine with the Board on Global Health, where she served as study director for the President's Emergency Plan for AIDS Relief (PEPFAR) Evaluation. While at the IOM, she also served as acting director of the Board on Health Care Services. Previously, she had served as assistant director of the Health Care Team at the Government Accountability Office, where she was responsible for managing study teams evaluating a wide range of federal programs. For several years she also served as director of science and research at the American College of Cardiology where her department was responsible for supporting the college's evidence-based medicine activities. Before coming to Washington, DC, she worked as a research assistant in the Technology Assessment Group at the Harvard School of Public Health on a wide variety of methods for and applications of systematic reviews and meta-analysis and other tools to promote and support evidence-based public health. Dr. Orza received both her master's degree in health policy and management and her doctorate in program evaluation from the Harvard School of Public Health and received the first BA degree in women's studies from Harvard/Radcliffe University.

Jessamy Taylor, MPP, principal policy analyst, joined the National Health Policy Forum in 2004. Her research, analysis, and writing focuses on the health care safety net and issues affecting low-income and vulnerable populations. Prior to coming to the Forum, Ms. Taylor worked at the U.S. Department of Health and Human Services managing the legislative portfolio of the Health Resources and Services

Administration (HRSA) in the Office of the Assistant Secretary for Legislation and directing a number of rural health systems development grant programs in the federal Office of Rural Health Policy within HRSA. She began her work with HRSA in 1999 when she joined the Office of the Administrator to work on outreach activities for the State Children's Health Insurance Program and a multi-agency oral health initiative. Ms. Taylor began her federal career as a Presidential Management Intern in the Social Security Administration's Office of Disability and Income Security Programs. She holds a bachelor's degree in political and social thought from the University of Virginia and a master of public policy degree from the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin.



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