

Creating A Blueprint For Our Future

A white outline map of Louisiana is set against a dark blue background with a light blue grid. In the upper right portion of the state's outline, there is a cluster of interlocking gears of various sizes, some of which contain a cross symbol.

LOUISIANA STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN

2016-2020

For an electronic version of this document, please visit: www.dhh.louisiana.gov/sha-ship.

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Creating A Blueprint For Our Future

CONTENTS

LETTER FROM THE SECRETARY10

LETTER FROM THE ASSISTANT SECRETARY.....11

CREDITS & ACKNOWLEDGMENTS12

OFFICE OF PUBLIC HEALTH LEADERSHIP AND STAFF.....12

OFFICE OF PUBLIC HEALTH REGIONAL MEDICAL DIRECTORS/ADMINISTRATORS13

HEALTHY LOUISIANA STEERING COMMITTEE14

OTHER LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICES.....15

OTHER EXTERNAL PARTNERS.....15

COMMUNITY STAKEHOLDERS.....16

 Region 1 Greater New Orleans Area (New Orleans) 16

 Region 2 Capital Area (Baton Rouge)..... 16

 Region 3 South Central Louisiana (Houma/Thibodaux)..... 17

 Region 4 Acadiana (Lafayette) 17

 Region 5 Southwest (Lake Charles) 18

 Region 6 Central (Alexandria)..... 19

 Region 7 Northwest (Shreveport) 21

 Region 8 Northeast (West Monroe)..... 22

 Region 9 Northshore Area (Hammond) 22

EXECUTIVE SUMMARY23

WHAT IS A HEALTH ASSESSMENT?24

 Indicators defined 26

HIGH LEVEL ACTION PLAN.....	28
Support Behavioral Health.....	28
Promote Healthy Lifestyles.....	28
Assure Access to Healthcare.....	28
Promote Economic Development.....	28
Build Public Health System Infrastructure.....	28
Linkages between the Healthy Louisiana: Starts with Us (OPH Strategic Plan) and Healthy Louisiana: Creating a Blueprint for our Future (SHIP).....	29
Health Information Technology — Build Public Health Infrastructure.....	30
Improved Internal/External Collaboration – Build Public Health Infrastructure.....	30
SPECIFIC STRATEGIES ALIGNED WITH THE STRATEGIC PLAN AND HEALTHY LOUISIANA (SHIP) ARE:.....	30
Reducing Health Disparities — Access to Healthcare.....	31
Increased Workforce Development — Economic Development & Healthy Living.....	31
STATE HEALTH ASSESSMENT.....	32
Introduction.....	32
Louisiana Regions and Health Service Districts.....	32
Louisiana Cultural Regions.....	33
Regional Leadership.....	33
Assessment Methodology.....	34
Process for Selecting Indicators.....	34
ASSESSMENT FINDINGS.....	37
Who Lives in Louisiana.....	37
Demographics and Socioeconomic Characteristics.....	37
Socioeconomic Characteristics.....	39
LOUISIANA HEALTH FACTORS.....	41
Access to Healthcare.....	41
Health Insurance Status.....	41
Health Professional Shortage Areas.....	43
Federally Qualified Health Centers.....	43
Behavioral Factors Related to Access.....	44
Behavioral Risk Factors.....	45
Social and Built Environment.....	45
Grocery Store or Supermarket Access.....	46
Recreational Facility Access.....	46
Crime.....	47
LOUISIANA HEALTH STATUS.....	48
Behavioral Health.....	48
Mental Health.....	48
Mental Well-Being.....	49
Substance Abuse.....	49
Maternal and Child Health.....	51
Infant Mortality Rate.....	51
Low Birth Weight.....	51
Teen Births.....	52
Communicable and Infectious diseases.....	53
Sexually Transmitted Infections.....	53
HIV/AIDS.....	55
Chronic Disease.....	55

MORTALITY59
 Leading Causes of Death..... 59
 Fatal Injuries 61

STAKEHOLDER ENGAGEMENT: COMMUNITY THEMES, STRENGTHS, FORCES OF CHANGE, AND PRIORITIZATION62
 Engaging Stakeholders & Identifying Top Regional Priorities 62
 Regional SWOT Results 64
 Developing Regional Goals & Strategies 65
 Steering Committee 65

STATE HEALTH ASSESSMENT PRIORITY RESULTS66
 Behavioral Health/Mental Health/Addictive Disorders 66
 Chronic Disease Prevention & Management..... 66
 Healthcare & Insurance 67
 Nutrition & Healthy Eating 67
 Unemployment & Economic Development..... 67
 Public Health Infrastructure..... 67

STATE HEALTH IMPROVEMENT PLAN68
 How will Louisiana use the SHIP?..... 68
 What is the relationship between the SHIP and other planning efforts? 68

LOUISIANA HEALTH PRIORITIES69
 Support Behavioral Health..... 70
 Regional Highlights: 74
 Promote Healthy Lifestyles 75
 Regional Highlights: 81
 Assure Access to Healthcare..... 84
 Regional Highlights: 88
 Promote Economic Development..... 89
 Regional Highlights: 93
 Build Public Health System Infrastructure 96
 Regional Highlights: 97
 Plan Implementation and Monitoring 98
 Get involved!..... 98

REFERENCES99

APPENDIX A:

LOUISIANA HEALTH PLANNING SCAN RESULTS.....	101
Region 1: Jefferson, Orleans, Plaquemines, and St. Bernard	102
Region 2: East Baton Rouge, Ascension.....	103
Region 3: Lafourche, Terrebone, Assumption	104
Region 4: Acadia, Lafayette, St. Martin, Vermilion.....	105
Region 5: Calcasieu, Jefferson Davis	106
Region 6: Avoyelles, Catahoula, Grant, LaSalle, Rapides, Vernon, Winn	107
Region 7: Allen, Natchitoches, Webster, Desoto, Caddo, Bossier, Red River	108
Region 8: Caldwell, Franklin, Jackson, Lincoln, Morehouse, Ouachita, Richland, Union	109
Region 9: St. Tammany.....	110

APPENDIX B:

REGIONAL PRIORITIES.....	111
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APPENDIX C:

DETAILED SWOT RESULTS	112
Behavioral Health/Mental Health/Addictive Disorders	112
Chronic Disease Management & Prevention.....	116
Healthcare & Insurance	118
Nutrition & Healthy Eating	121
Unemployment & Economic Development	122
Violence, Crime, & Intentional Injury	124

APPENDIX D:

REGIONAL GOAL STATEMENTS AND STRATEGIES	125
Behavioral Health/Mental Health/Addictive Disorders	125
Chronic Disease Prevention & Management.....	126
Nutrition & Healthy Eating	126
Healthcare & Insurance	127
Unemployment & Economic Development	127

APPENDIX E:

SHIP PRIORITY PLANNING PROMPTS	128
Support Behavioral Health.....	128
Promote Healthy Lifestyles	129
Assure Access to Healthcare.....	130
Promote Economic Development.....	131

APPENDIX F:

MAPS	132
-------------------	------------

APPENDIX G:

GLOSSARY OF ACRONYMS.....	136
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LIST OF FIGURES

Figure 1: Louisiana's Nine Administrative Regions	32
Figure 2: Louisiana's Total Population by Race/Ethnicity	38
Figure 3: Population Age Distribution	38
Figure 4: Population Gender Distribution	39
Figure 5: Socioeconomic Characteristics of Louisiana	39
Figure 6: Percent of Population Living in Poverty by Age Group	40
Figure 7: Percent of Population Living in Poverty by Race/Ethnicity	40
Figure 8: Percent of Population Insured by Type of Insurance	41
Figure 9: Percent of Population Uninsured by Race/Ethnicity	42
Figure 10: Percent of Population Uninsured by Age Group	42
Figure 11: Percent of Louisiana Parishes Designated Health Professional Shortage Areas (HPSA)	43
Figure 12: Trends in FQHCs 2005-2013	44
Figure 13: Behavioral Factors Related to Access	44
Figure 14: Health Risk Behaviors	45
Figure 15: Crime Rates (per 100,000)	47
Figure 16: Prevalence of Poor Mental Health	49
Figure 17: Percentage of Adults Who Engage in Binge Drinking By Race/Ethnicity	50
Figure 18: Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older	50
Figure 19: Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older	50
Figure 20: Infant Mortality Rate by Race of Mother (per 1,000 live births)	51
Figure 21: Percent of Low-Weight Births by Race of Mother	52
Figure 22: Birth Rate by Race of Mothers Ages 15-19 Years Old (per 1,000 live births)	52
Figure 23: Chlamydia Rates by Race/Ethnicity (per 100,000)	53
Figure 24: Gonorrhea Rates by Race/Ethnicity (per 100,000)	54
Figure 25: Syphilis Rates by Race/Ethnicity (per 100,000)	54
Figure 26: Prevalence of Adults and Adolescents Living with HIV by Race/Ethnicity (per 100,000)	55
Figure 27: Age Adjusted Cancer Incidence Rates by Type (per 100,000)	56
Figure 28: Cancer Incidence Rates in Louisiana by Race (per 100,000)	56
Figure 29: Rates of Hospital Admissions by Diabetes Condition (per 100,000)	57
Figure 30: Rates of Hospital Admissions for Hypertension and Congestive Heart Failure (per 100,000)	57
Figure 31: Rates of Hospital Admissions by Respiratory Disease (per 100,000)	58
Figure 32: Number of Emergency Room Visits with Asthma as Primary Diagnosis by Age in Louisiana	58
Figure 33: Number of Emergency Room Visits with Asthma as Primary Diagnosis by Race/Ethnicity in Louisiana ..	59
Figure 34: Leading Causes of Death (per 100,000)	59
Figure 35: Leading Cause of Death Age-Adjusted Rates in Total Population (per 100,000)	60
Figure 36: Leading Cause of Death Age-Adjusted Rates by Race/Ethnicity (per 100,000)	60
Figure 38: Interconnections between "traditional" and "non-traditional" stakeholders in public health and community wellness.	63
Figure 39: SWOT Summary Word Cloud	64

LIST OF TABLES

Table 1: Louisiana Health Profile Framework..... 36

Table 2: Grocery Store Access..... 46

Table 3: Population in Food Deserts..... 46

Table 4: Access to Recreation and Fitness Facilities..... 46

Table 5: Louisiana’s Top 10 Mental Health Diagnoses 48

LIST OF MAPS

Uninsured Adults in Louisiana..... 131

Uninsured Children in Louisiana..... 131

FQHC Access Map..... 132

Rural Louisiana..... 132

Access to Health Care..... 132

Primary Care HPSA Map..... 133

Mental Health HPSA Map..... 133

Dental HPSA Map..... 134

Grocery Store Access Map..... 134



Letter from the Secretary



The Louisiana State Health Assessment (SHA) and State Health Improvement Plan (SHIP) represent the culmination of a grand collaboration of more than 500 stakeholders and other community members from throughout Louisiana. The combined document presents an analysis of the needs facing every region of the state, detailing their strengths and weaknesses as well as the opportunities and challenges that face them; forming a framework under which communities can engage in shaping their own health on a local, grassroots level; and providing each community with a set of priorities around which they can coalesce, cooperate and move forward.

Though the vast majority of the work that went into creating these documents occurred before I was named secretary for the Department of Health and Hospitals, I am no less pleased with the results of this collaborative effort.

The many hundreds of public and private organizations that participated in shaping this document, including those operating on the federal, state, and local levels, each had a role in ensuring that every community's voice was heard in the creation of individual assessments and priorities. Moving forward, these stakeholders will be able to guide the engagement of their communities, and I could not be more supportive of their efforts.

Since drafting this document, Louisiana has elected a new governor, whom I am honored to assist by leading the Department of Health and Hospitals. Under Governor John Bel Edwards, expanding Medicaid has become one of the state's new flagship initiatives to improve access to care for more Louisiana residents. Throughout the discussions leading to the publication of this document, access to care was an issue called out in every community, and put simply, expanding Medicaid is the single greatest action our state can take to ensure that every working Louisianan has access to health care. Expanding Medicaid will have positive, deep and meaningful impacts in every community in our state, not only by improving access to and the quality of care, but also by creating more jobs, making Louisiana better from both a health and economic perspective.

It is my sincere hope that each of you share the excitement I have for Medicaid expansion and will use the momentum we gain in expanding Medicaid to tackle the other goals outlined in this call to action.

Warmly,

A handwritten signature in blue ink, appearing to read 'Rebekah Gee'.

Rebekah Gee, MD, MPH
Secretary

Letter from the Assistant Secretary



Dear Colleagues

With great enthusiasm, I present to you the Louisiana State Health Assessment (SHA) and State Health Improvement Plan (SHIP), which lay the foundation of health for all communities in our state. Hundreds of community- and faith-based organizations, businesses, health care organizations and public officials from across our state made the development of this comprehensive report and improvement plan possible. Their ideas and knowledge can be found on every page of these two documents.

This roadmap to achieve health comes at a critical time for our beloved Louisiana. Health care providers and patients are facing a rapidly changing system. Businesses are facing increasing health care costs and lower productivity due to poor health. And, like many families struggling to find the time or money for a healthy meal every night at their home's kitchen table, public officials and local organizations are facing challenges in making communities more active and healthy by increasing green spaces, decreasing drive times and improving access to health care and healthy lifestyle options. Given what we face collectively, now more than ever, is the best time for all of us, no matter our background, our profession or the town we grew up in, to play a role in achieving our own individual health and our community's health. We must work in tandem to achieve optimal health in a world with seemingly more complex challenges.

Our state health department took the lead in this hard work, yet the SHA includes input from all sixty-four parishes, other public and private health partners across the state and our residents. This "report card" of our current health serves as a valuable resource to help communities make decisions on not just where we can spend money to improve health, but where we can save money and lives because we improved health! By capitalizing on our state's strengths, we can come together to develop effective policy and implement evidence-based interventions for sustainable and long-lasting health. I am pleased that all levels of community, be it state, regional or local, have taken another bold step to begin addressing the issues identified in the health assessment. I am encouraged at the momentum around this process and will do everything I can to ensure this continues now and into the future. The commitment of our organization to a healthier Louisiana is made possible by the spirit and collaboration of our state's neighborhoods, towns and cities. Whether this is your first or eleventh time to hear about our plan to achieve a healthier Louisiana, thank you for joining us in this effort to impact not only our current generation, but generations to come.

Sincerely,

J.T. Lane
Assistant Secretary

Credits & Acknowledgments

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504 HealthNet	Greater New Orleans Foundation	NHS Human Services
Access Health of Louisiana	Jefferson Community Healthcare Centers, River Ridge Clinic	Ochsner Health System
Boys Town Louisiana	Jefferson Parish Coroner's Office	Orleans Parish Government
Catholic Charities Archdiocese of New Orleans (CCANO)	Louisiana Primary Care Association	Plaquemine Community C.A.R.E Centers Foundations, Inc.
City of New Orleans Health Department	Louisiana Public Health Institute	Plaquemines Parish Government
Crescent City Media Group	Healthy Communities Coalition	Plaquemines Parish Head Start
Department of Health and Hospitals/Office of Behavioral Health	Louisiana State University Health Sciences Center New Orleans	Plaquemines Parish Health Department
Department of Health and Hospitals/Health Standards Section	Loyola University	Plaquemines Parish Schools
Department of Health and Hospitals/Medicaid	Market Umbrella	Plaquemines Medical Center
Department of Health and Hospitals/Office of Public Health	Metropolitan Center for Women and Children	Tulane University
East Jefferson General Hospital	Metropolitan Human Services District	Wetmore Foundation, Louisiana State University Health Sciences Center
	Mount Zion United Methodist Church of New Orleans	Xavier University of Louisiana
	Network for Economic Opportunity	

Region 2 Capital Area (Baton Rouge)

Acadiana Family Tree	East Baton Rouge Parish Government	Louisiana Rehabilitation Louisiana Workforce Commission
Aetna Better Health	East Baton Rouge Parish Schools	March of Dimes
Alliance Safety Council	Families Helping Families of Greater Baton Rouge	Ochsner Health System
Baton Rouge General Medical Center	Family Road of Greater Baton Rouge	Our Lady of the Lake Regional Medical Center- Children's Hospital
Capital Area Human Services Authority	Health Centers in Schools, Inc.	Pointe Coupee General Hospital
Capital City Family Health Center	Iberville Parish School Board	Pointe Coupee Homebound Health & Hospice Services
Department of Health and Hospitals/Bureau of Primary Care and Rural Health	Lane Regional Medical Center	Southeast Community Health Systems
Department of Health and Hospitals/Office of Behavioral Health	Louisiana Center for Health Equity	Southern University Ag Center
Department of Health and Hospitals/Office of the Secretary	Louisiana Department of Health and Hospitals/ Medicaid	St. Elizabeth Hospital
Department of Health and Hospitals/Office of Public Health	Louisiana Emergency Response Network	Tulane University
East Baton Rouge City Parish Government	Louisiana Family Medicine	United Healthcare
	Louisiana Hospital Association	West Feliciana Parish Government
	Louisiana Public Health Institute- Healthy Communities Coalition	Woman's Hospital

Region 3 South Central Louisiana (Houma/Thibodaux)

Access Health Louisiana	Louisiana Department of Health and Hospitals/ Medicaid	St. James Parish Hospital
Alcohol and Drug Abuse Council for South Louisiana	Louisiana Rural Health Association	St. John the Baptist Parish Government
AmeriHealth Caritas	Mary Bird Perkins Cancer Center	St. Mary Parish Government
Assumption Parish Sheriff's Office	Nicholls State University	St. Mary Parish Schools
Bayou Council Behavioral Health Services	Ochsner St. Anne General Hospital	Teche Action Clinics
Bayou Interfaith Shared Community Organizing (BISCO)	Options for Independence	Terrebonne General Medical Center
Fletcher Technical Community College	Plaquemines Parish Government	Terrebonne Parish Consolidated Government
Houma Civic Center	Prevention Partnership	Thibodaux Parish Government
Lady of the Sea General Hospital	Social Action Initiatives	Thibodaux Regional Medical Center
Lafourche Parish School District	South Central Louisiana Human Services Authority	Department of Health and Hospitals/Office of Public Health
Louisiana Assumption Parish Police Jury	South Central Planning and Development Commission	
	Start Corporation	

Region 4 Acadiana (Lafayette)

Abbeville General Hospital	Lafayette Farmers and Artisan Market at the Horse Farm	St. Martin Parish Sheriff's Office
Acadiana Area Human Services District	Lafayette General Medical Center	Southwest Louisiana Area Health Education Center
Acadia General Hospital-Lafayette General Health	Lafayette Surgical Specialty Hospital	The Extra Mile- Region IV
Acadia Parish Police Jury	Lafayette Parish Schools	United Way of Acadiana
Acadiana Family Tree	Lafayette Parish Sheriff's Office	University of Louisiana at Lafayette
City of Carencro	Louisiana Healthcare Connections	Woman's Foundation
Communities of Color Network	Louisiana State University-Ag Center	
Department of Health and Hospitals/Office of Public Health	Louisiana State University-Eunice	
Diabetic Kitchen	One Acadiana	
Families Helping Families of Acadiana	Our Lady of the Lake Regional Medical Center	
Iberia Comprehensive Community Health Center	Our Lady of Lourdes Regional Medical Center- St. Bernadette Medical Clinic	
Iberia Medical Center	PHI, Inc.	
Lafayette Community Healthcare Clinic	Project LAUNCH	
	St. Martin Parish Government	

Region 5 Southwest (Lake Charles)

Acadian Ambulance Services	Catholic Charities of Southwest Louisiana	Oakdale/ Chamber of Commerce
Allen Parish Hospital	Department of Health and Hospitals/Office of Public Health	Oakdale Family Health Clinic
Allen Parish Office of Homeland Security & Emergency Preparedness	DeQuincy Memorial Hospital	Oceans Behavioral Hospital of Lake Charles
Allen Parish School Based Health Clinics	DeRidder Police Department	Our Lady Immaculate School
Allen Parish School Board	Elton Rural Clinic	Partnership for a Healthier Southwest Louisiana
Amedisys Home Health & Hospice Care	Families Helping Families – Southwest Louisiana	St. Francis Nursing and Rehabilitation Center
American Cancer Society	Family & Youth Counseling Agency	South Cameron Memorial Hospital
American Heart Association	First Baptist Church DeRidder	South Cameron School Board
Beauregard Agape Community Clinic	First United Methodist Church Lake Charles	South Cameron School-based Health Center
Beauregard Internal Medicine & Pediatrics	Fred's Pharmacy	Southwest Louisiana Center for Health Services
Beauregard Memorial Home Health Agency	GO Group SWLA	Southwest Louisiana Alliance
Beauregard Memorial Hospital	Greater Beauregard Chamber of Commerce	SOWELA Technical & Community College
Calcasieu Chamber of Commerce	Greater St. Mary Baptist Church	St. Andrew Presbyterian Church
Calcasieu Community Clinic	Hackberry Rural Health Clinic	Sulphur Parks and Recreation
Calcasieu Council on Aging	Health Connections Physician	The Moss Bluff Pentecostal Church
Calcasieu Parish Office of Homeland Security & Emergency Preparedness	Home Health Care 2000 Inc.	Town of Kinder Mayor's Office
Calcasieu Parish Council on Aging	Imperial Calcasieu Human Service District	Trinity Baptist Church
Calcasieu Parish Medical Society	Jefferson Davis Parish Schools	True Blue Water Sports
Calcasieu Parish Police Jury	Jennings American Legion Hospital	United Way of Southwest Louisiana
Calcasieu School Board	Jennings Police Department	Volunteers for Family and Community-Jefferson Davis Parish
Central Louisiana Technical & Community College Oakdale Campus Nursing Program	Kinder Chamber of Commerce	West Calcasieu Cameron Hospital
Christus St. Patrick Hospital	Lake Area Industry Alliance	W.O Moss Memorial Health Clinic
Christus St. Patrick School-Based Health Center	Lake Area Medical Center	
City of Jennings Mayor's Office	Lake Arthur Health Clinic	
Clinic of Welsh	Lake Charles Charter Academy	
Cornerstone Hospital of SW Louisiana	Lake Charles Memorial Hospital-Gauthier Campus	
Coushatta Health Department	Louisiana State University Ag. Center	
	McNeese State University	
	McNeese State University- School of Nursing	
	Oakdale Community Hospital	

Region 6 Central (Alexandria)

Acadian Ambulance Service	Central Louisiana Technical Community College	First United Methodist Church, Thibodaux, LA
Alexandria Riverfront Center	Chamber of Commerce (Alexandria-Pineville)	Food Bank of Central Louisiana
Alexandria VA Healthcare System	CHRISTUS St. Frances Cabrini	Four Rivers Home Health
Alzheimer's Association	CHRISTUS-Cabrini Cancer Treatment Center	Freedman Clinic of Internal Medicine
Amedisys Home Health Care	CHRISTUS-School Based Health Clinics	Frye Magee & Associates, Inc.
American Cancer Society	City of Alexandria Fire Department	Government and Community Relations (CENLA)
AmeriHealth Caritas Louisiana	Coflax Rural Health Clinic	Grant Parish Head Start
American Red Cross	Community Health Worx	Grant Parish Police Jury
Arts Council Central Louisiana	Community Healthcare Network	Greater Alexandria Economic Development Authority
Bayne-Jones Army Community Hospital (Fort Polk)	Community Homes & Gardens	Guardian Hospice Care
Bitter or Better Motivations, LLC	Community Senior Resource Center	Hardtner Medical Center (Olla)
Bunkie General Hospital	Concerned Citizens of Pineville	HealthSouth (Winnfield)
Byrd Regional Hospital	Concordia Parish Sheriff's Department	HealthSouth Rehabilitation (Alexandria)
Calcasieu Community Clinic	Court Appointed Special Advocates (CASA)- (Central Louisiana)	Healthy Aging (Council on Aging Hematology-Oncology Life Center)
Campaign for Tobacco Free Living	Crisis Intervention Center (Baton Rouge)	Honor the Children Foundation
Caring Exchange Incorporated	Crossroads Regional Hospital	Hospice Compassus
CENLA Community Action Committee	Department of Child and Family Services	Huey P. Long Hospital
Central Louisiana Area Agency on Aging	Department of Children & Family Services/ Office of Community Services (CDR)	Interfaith of Northern and Central Louisiana
Central Louisiana Arts and Health Care	Department of Health and Hospitals/Office of Public Health Dermatology and Skin Surgery Clinic	Internal Medicine Associates
Central Louisiana Chemical Dependency Council, Inc.	Department of Children and Family Services (DCFS)	LA House of Representatives
Central Louisiana Counseling and Consulting Agency	Dubuis Hospital (Alexandria)	LaSalle General Hospital
Central Louisiana Medication Access Program (CMAP)	EMS DRC	Louisiana Allergy and Asthma Specialists
Central Louisiana Wraparound Agency (Eckerds)	Eyes Wide Open	Louisiana Ambulance Alliance
Central LA Interfaith Immigration Center	Extra Mile-Region VI	Louisiana Breast Feeding Coalition
Central Louisiana AHEC	Families Helping Families-Alexandria	Louisiana Cancer Control Partnership
Central Louisiana Community Foundation	Families in Need of Service	Louisiana College (Nursing)
Central Louisiana Economic Development Alliance	Family Counseling Agency	Louisiana Comprehensive Cancer Control Program
Central Louisiana Family Health and Wellness	Family Dentistry at the Lakes	Louisiana Cultural Economy Foundation
Central Louisiana State Hospital		Louisiana Department of Agriculture and Forestry

Region 6 (cont)

Louisiana Department of Transportation & Development (DOTD)	Phoenix Family Life Centers	Versailles Healthcare Center
Louisiana Governor's Office of Homeland Security	Pinecrest Supports and Services Center	Veterans Affairs Medical Center (Alexandria)
Louisiana Family Medicine Residency Program-Alexandria	Policy and Health Information (PM3)	Volunteers of America North Louisiana
Louisiana Integrated Treatment Services (LITS)	Promise Neighborhoods	William McBride, M.D.
Louisiana Occupational Health System	Rapides Foundation	Winn Parish Medical Center (Winnfield)
Louisiana Primary Care Association	Rapides Parish Coroner	Winn Parish Police Jury
Louisiana Public Health Institute-Healthy Communities Coalition – Region 6	Rapides Parish District Attorney's Office	Winn Parish Schools
Louisiana Southern Baptist Convention (Disaster Planning)	Rapides Parish Police Jury	Winnfield Community Health Center (FQHC)
Louisiana Special Education Center	Rapides Parish Highway Department	YMCA
Louisiana State Police (LSP)	Rapides Parish School Board	
Louisiana State Representative	Rapides Parish Sheriff's Office	
Louisiana State Veterinarian	Rapides Primary Health Care Center	
Louisiana Technical College – Avoyelles Campus	Rapides Regional Medical Center	
Leading Health Care Louisiana	Rapides Council on Aging	
Longleaf Hospital & Treatment Center	Rapides Station Community Ministries, Inc.	
Louisiana State University Ag. Center	Rapides Women's Health Clinic	
Louisiana State University-Alexandria	Re-Entry Solutions Center	
Loving Care Nurse Clinic	Refugee Resettlement Center	
Macon Ridge Community Development Corporation	Regency House of Alexandria	
Magellan Health Services	Riverland Medical Center	
Mansoor Pediatric	Riverside Hospital of Louisiana	
Matthew Memorial Healthcare	Northwood School Based Health Clinics	
MedExpress Urgent Care Centers	Seeds of Harvest Alexandria	
Mid-State Orthopedic & Sports Medicine Center	Shepherd Center of Central Louisiana	
New Horizons Independent Living Centers	Sicily Island Medical Center	
	Sickle Cell Anemic Research Foundation-Alexandria	
	Tri-Parish Rehabilitation (DeRidder)	
	Turning Point Battered Womens' Program	
	United Way of Central Louisiana	
	Vernon Parish Office of Emergency Preparedness	
	Vernon Parish Police Jury	

Region 7 Northwest (Shreveport)

Benton Fire Department

Bossier City Fire Department

Bossier Parish Emergency Medical Services

Bossier Parish Library

Bossier Parish Section 8 Housing

Bossier Parish Police Jury

Bossier Parish Sherriff's Office

Caddo-Bossier Office of Homeland Security and Emergency Preparedness

Caddo Coroner's Office

Caddo Council on Aging

Department of Health & Hospitals/Office Aging & Adult Services

Caddo Juvenile Justice Department

Caddo Parish Schools

Central Louisiana Health Education Center

Choices, Inc.

City of Natchitoches

Communities of Color Network

Community Foundation of Northern Louisiana

Department of Health and Hospitals/Office of Public Health

Diabetes Assessment and Management Centers

Jenkins Counseling Services

Louisiana Public Health Institute-Tobacco Free Living Program

Louisiana State Police-Troop G

Louisiana State University School of Allied Health Professionals-Shreveport

Martin Luther King Jr. Health Center

Natchitoches Regional Medical Center

Northwestern State University of Louisiana

Northwestern State University College of Nursing

Philadelphia Center

Salvation Army

Shreveport Fire Department

Shreveport Weather Forecast

Office Northwest Louisiana Human Services District

Southeast Louisiana Area Health Education Center

St. Luke's Episcopal Medical Ministry

Southern University Ag Center

ThinkFirst-Ark-La-Tex Chapter

United State Airforce Public Health Office

University Health Shreveport

Volunteers for Youth Justice

Webster Office of Homeland Security and Emergency Preparedness

Well Ahead Louisiana



Region 8 Northeast (West Monroe)

Affinity Health Group	Jackson Parish Schools	North Louisiana Economic Alliance
All Kids 'R Us Medical Clinic	Lincoln Parish Schools	Northeast Louisiana Sickle Cell Foundation
American State Care Center Inc.	Living Well Foundation	Nova Workforce Institute of Northeast Louisiana
BEAM, LLC	Louisiana Delta Community College	Office of State Representative Frank Hoffman
Better Business Bureau of Northeast Louisiana (BBB)	Louisiana Healthcare Qualify Forum	Our House, Inc.
CenturyLink	Louisiana Public Health Institute-Tobacco Free Living Program	Rayville Fire Department
Children's Coalition for Northeast Louisiana	Louisiana State University Ag Center	Southeastern Louisiana Health Education Center
Children's Cool	Louisiana State University Health Sciences Center	Southern University Agricultural Center
Consumer Financial Protection Bureau	Louisiana State Police	Student Financial Management Center
Department of Health and Hospitals/Office of Public Health	Louisiana Workforce Commission-Workforce LSU	United Way of Northeast Louisiana
Early Steps	Monroe Fire Department	Vantage Health Plan, Inc.
East Carroll Police Jury	Morehouse Community Medical Center	Well Ahead LA
Families Helping Families of Northeast Louisiana	Morehouse Parish Sheriff's Office	Wellspring Alliance
Gamble Hospice Care	MOVE, Inc.	
Green Oaks Detention Center	Northeast Delta Human Services Authority	
Jackson Parish Hospital		

Region 9 Northshore Area (Hammond)

Access Health Louisiana	Louisiana State University Ag Center	Southeast Louisiana Legal Services
Aetna Better Health	Louisiana State University Health Sciences Center	Southeast Louisiana University
AmeriGroup Louisiana, Inc.	Magellan Health	STARC of Louisiana
Choices of Louisiana, Inc.	Mary Bird Perkins Cancer Center	St. Tammany Chamber of Commerce
City of Mandeville	MMO Behavioral Health Systems	St. Tammany Coroner's Office
Department of Health and Hospitals/Office of Public Health	NAMI-St. Tammany	St. Tammany Parish Government
Florida Parishes Human Services Authority	Northlake Homeless Coalition	St. Tammany Parish Hospital
Families Helping Families Northshore	North Oaks Health System	St. Tammany Parish Library
Health Markets Insurance Agency	Pennington Biomedical Research Center	St. Tammany Parish Schools
Lakeview Regional Medical Center	Quad Youth Build	Tangipahoa Alcohol & Drug Abuse Council
Livingston Parish School Board	Regina Coeli Child Development Center	Tangipahoa Parish Government
Livingston Youth & Family	Southeast Community Health Care	Total Family Medical
Louisiana Governor's Office of Homeland Security and Emergency Preparedness	Southeast Louisiana Health Education Center	Volunteers of America
		Washington Parish Government
		Well Ahead LA

Executive Summary

The communities and people of the state of Louisiana reflect unique environments and geography and exhibit the state's perseverance and resiliency in tough economic times and in the face of natural disasters and other events. Many environmental and social characteristics of Louisiana make a healthy community a challenge in our state. The Louisiana Department of Health and Hospitals (DHH) Office of Public Health (OPH) is committed to improving population health through, "Creating A Blueprint for Our Future". This initiative is based on the World Health Organization's broad definition of health, which is "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948).

Achieving the goal of healthy people in healthy communities is a difficult and complex task that cannot be accomplished through a single plan of action or by a single governmental agency or non-governmental entity. The Institute of Medicine (2003) committee recommends six areas of action:

- Adoption of a population health approach that builds on evidence of the multiple determinants of health;
- Strengthening the governmental public health infrastructure;
- Creation of a new generation of partnerships to build consensus on health priorities and support community and individual health actions;
- Development of systems of accountability at all levels;
- Assurance that action is based on evidence; and
- Communication as the key to forging partnerships, assuring accountability and utilizing evidence for decision-making and action.

A focus on strengthening public health infrastructure, a goal of building collaborative partnerships, an emphasis on inclusion of evidence-based practices, and an effort of community engagement were vital cornerstones to both the State Health Assessment (SHA) and development of the State Health Improvement Plan (SHIP). The five-year plan was designed to provide a comprehensive statewide plan and increase coordination and communication across internal and external organizational "silos" while addressing core issues identified for action by the community. Using a systems approach, OPH collaborated with stakeholders that represented various sectors of the public health system to develop a statewide plan to improve the health of Louisiana residents.

The Centers for Disease Control and Prevention (CDC), Community Health Assessment for Population Health Improvement explains that "an accurate portrait of a community's health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems" (U.S. Centers for Disease Control and Prevention, 2013-B). In Louisiana, the SHA revealed some serious challenges and exciting opportunities. While Louisiana lags behind the rest of the country when it comes to important health indicators, there are engaged and active community efforts underway or under development to address the challenges.

What is a health assessment?

A health assessment is a collaborative process of collecting and analyzing data and information for use in education and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve the population's health (PHAB, 2014).

The Centers for Disease Control and Prevention (CDC), Community Health Assessment for Population Health Improvement explains that “an accurate portrait of a community’s health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems” (U.S. Centers for Disease Control and Prevention, 2013-B). In Louisiana, the SHA revealed some serious challenges and exciting opportunities.

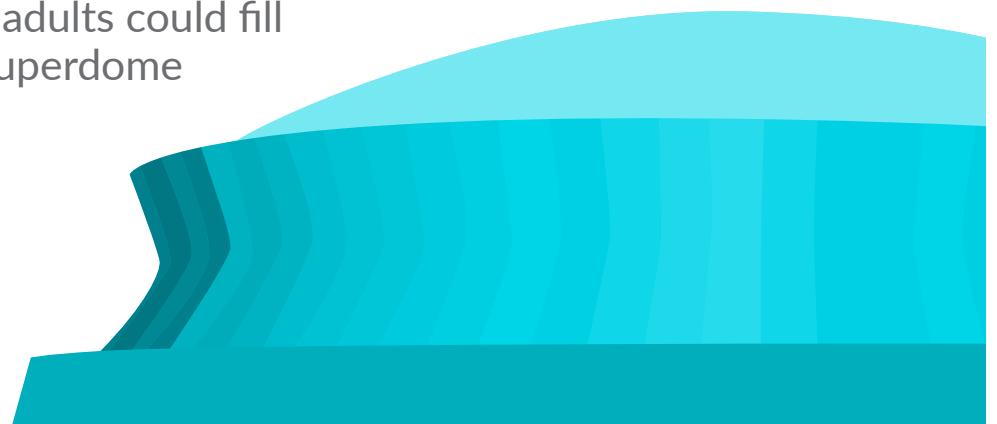
While Louisiana lags behind the rest of the country when it comes to important health indicators, there are engaged and active community efforts underway or under development to address the challenges.

Adult Obesity

The number of obese adults could fill the Mercedes-Benz Superdome more than 15 times.

Superdome Seating
Capacity: **72,003**

Louisiana Number of
Obese Adults: **1,136,259**

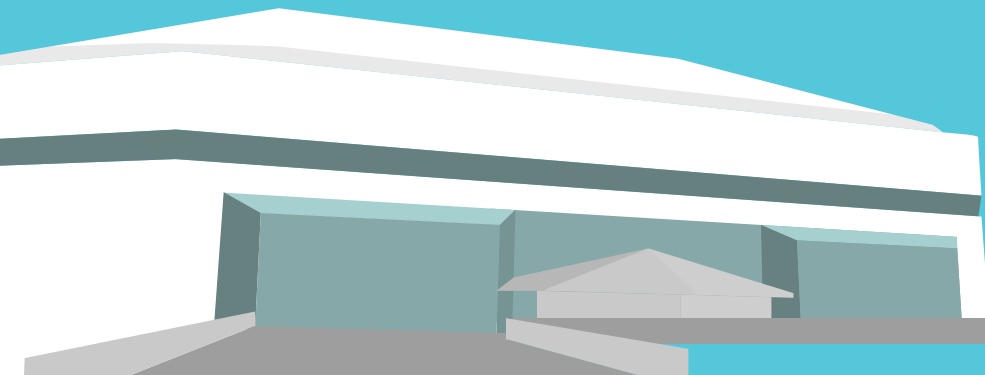


SELECTED INDICATORS	LOUISIANA	USA	LOUISIANA INDICATOR METRIC
Adult Diabetes Prevalence Estimate	12.1%	11.9%	400,984 number with diabetes
Adult Obesity	36%	31%	1,136,259 obese adults
Limited Access to Healthy Food	10%	6%	440,419 with limited access to healthy food
Premature Death	9,555 YPLL*	7,973 YPLL*	63,167 deaths
High School Graduation	73%	85%	45,522 cohort number
Poor Mental Health Days	3.5 days	3.5 days	52,645
Poor Physical Health Days	3.8 days	3.7 days	52,272
Children in Poverty	28%	24%	311,059 Children in Poverty
Severe Housing Problems	16%	14%	275,370 Households with Severe Problems
Population Under 65 without Health Insurance (percent)	19%	17%	755,908 Number Uninsured

* Years of potential life lost before age 75 per 100,000 population (age-adjusted)

Children in Poverty

The number of children living in poverty could fill the Smoothie King Center more than 17 times.



Smoothie King Center
Capacity: **18,000**

Louisiana Children living
in Poverty: **311,059**

Indicators defined

Adult diabetes prevalence Percentage of adults who responded yes to the question “Have you ever been told by a doctor that you have diabetes?” (Excludes pre-diabetes and gestational diabetes). (2011 BRFSS Methodology)

Adult obesity Percentage of adults who are obese, with a body mass index (BMI) of 30.0 or higher (2011 BRFSS Methodology)

Limited access to healthy food The proportion of the population who are both living in poverty and do not live close to a grocery store. Living close to a grocery store is defined differently in metro and non-metro counties, in metro counties, it means living less than 1 mile from a grocery store, in a non-metro counties, less than 10 miles (2015, County Health Rankings)

Premature death Number of years of potential life lost prior to age 75 per 100,000 population (2012 National Center for Health Statistics)

High school graduation Percentage of ninth-grade cohort that graduates in four years (2015, County Health Rankings)

Poor mental health days Number of days in the past 30 adults reported their mental health was not good (2011 BRFSS Methodology)

Poor physical health days Number of days in the past 30 days adults report their physical health was not good. (2011 BRFSS Methodology)

Children in poverty Percentage of persons younger than 18 years who live in households at or below the poverty threshold. (2012 National Center for Health Statistics)

Severe housing problems The percentage of households with at least 1 or more of the following housing problems: housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; household is severely overcrowded; and household is severely cost burdened.

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. (2011 U.S. Department of Housing and Urban Development)

The assessment informed the development of goals, objectives, and strategies for the SHIP. This plan serves as a blueprint to improve the health of Louisiana residents and a catalyst for moving diverse, traditional and non-traditional partners toward a more coordinated, common health agenda in the state.

The Louisiana health assessment process identified five strategic priorities and the desired outcomes to be achieved by collaborative activities of stakeholders who provided valuable input and identified other potential partners.

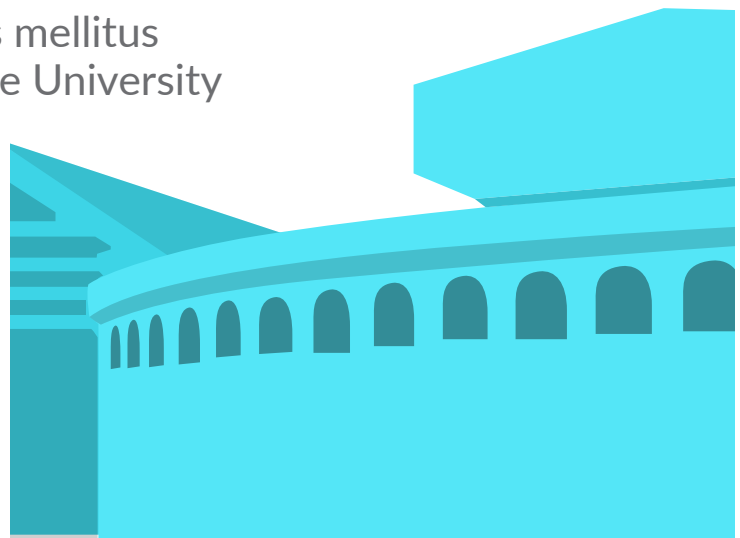
**Support Behavioral Health;
Promote Healthy Lifestyles;
Assure Access to Healthcare;
Promote Economic Development; and
Build Public Health Infrastructure.**

Adult Diabetes

The number of adults with diabetes mellitus in Louisiana could fill Louisiana State University Tiger Stadium almost 4 times.

Tiger Stadium Seating
Capacity: **102,321**

Louisiana Number of Adults
with Diabetes: **400,984**



High Level Action Plan

Support Behavioral Health

- Objective 1:** Promote integration of behavioral health and primary care services
- Objective 2:** Support a coordinated continuum of behavioral health care and prevention services
- Objective 3:** Improve community awareness of behavioral health services

Promote Healthy Lifestyles

- Objective 1:** Increase number of people who regularly engage in physical activity
- Objective 2:** Promote health through the consumption of healthful diets
- Objective 3:** Build community capacity for chronic disease prevention and management programs
- Objective 4:** Increase early screening and prevention efforts for chronic diseases

Assure Access to Healthcare

- Objective 1:** Increase individual and family insurance coverage
- Objective 2:** Increase provider participation in Medicaid
- Objective 3:** Provide pathways to healthcare access for underserved populations
- Objective 4:** Improve appropriate use of health facilities and consumer understanding of health system

Promote Economic Development

- Objective 1:** Improve cross-sector collaborations to improve understanding of population health and economic health relationships
- Objective 2:** Increase opportunities for workforce training and development
- Objective 3:** Increase educational attainment and literacy levels to meet market demands
- Objective 4:** Reduce barriers to employment

Build Public Health System Infrastructure

- Objective 1:** Facilitate public health system strengthening through networking and relationship building
- Objective 2:** Build systems to analyze and share data
- Objective 3:** Implement an ongoing cycle of health assessments and planning

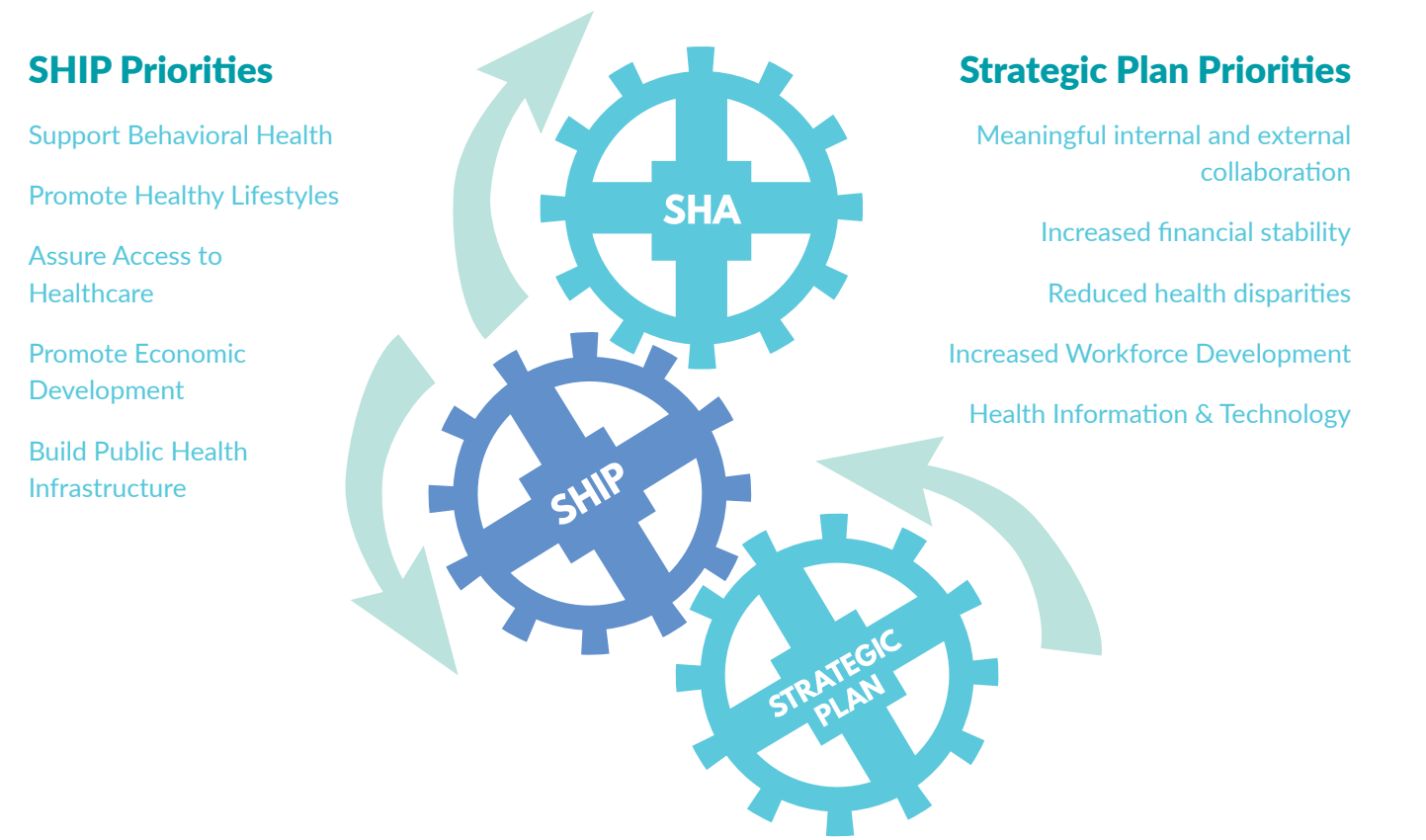
The SHA and SHIP provide opportunities for organizations and agencies across Louisiana to focus dialogue and align around a common framework. The plan provides a call for action by building on existing assets, leveraging resources, and engaging partners to act collectively to improve the health of Louisiana residents.

Linkages: Starts with Us (OPH Strategic Plan) and Creating A Blueprint For Our Future (SHIP)

The Louisiana OPH strategic plan and “Creating A Blueprint For Our Future” (SHIP) both reflect the state’s citizens’ concerns and priorities for action. Both plans acknowledge that there is more work to be done, especially around health disparities, health information technology, stakeholder collaboration, and workforce development. The strategic plan and SHIP, as well as the SHA, are complementary and instrumental as a means of fulfilling the agency’s mission and aspiring to achieve the vision through planned actions and quality improvement in a performance management context. Specifically, the SHIP was designed to build upon other guiding documents, plans, internal and external initiatives, and coalitions already in place to improve the public health of the residents in Louisiana. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants in the SHIP development process identified potential partners and existing networks and resources wherever possible and should continue to form new linkages. OPH has assumed the role of convening partners and organizing available data to support collective actions. Activities undertaken in these specific areas will be aligned in order to maximize success.

The strategic plan also determined that a state health assessment and improvement plan were needed. Both the OPH Strategic Plan and the SHIP have 5 priorities.

Those priorities are highlighted in the figure below:



Specific strategies aligned with the Strategic Plan and Creating A Blueprint For Our Future (SHIP) are:

Health Information Technology — Build Public Health Infrastructure

The strategic plan focuses on improving OPH's infrastructure through health information technology (collaboration initiatives, data collection, assessments, gap analysis). The SHIP focuses on enhancing data and health information technology, building systems to analyze data, and system measurement.

Goal: Leverage health information technology to maximize use and integration of data to drive decision making.

Objective: Create data integrations between 2 major and 3 minor partners.

Improved Internal/External Collaboration – Build Public Health Infrastructure

The strategic plan focuses on OPH's improved internal/external collaboration by addressing partnership development: engage and align the work of the public health system with stakeholders; promote coordination and integration of programs, policies and initiatives supporting partnering and partnerships; convene public health system leadership to implement SHIP and monitor results; and provide adequate resources to assure that the public health system can protect and promote the health of Louisiana residents. SHIP strategies include: Partnerships to strengthen and develop traditional and non-traditional partners and providing increased capacity, scope, resources and perspective through networking and relationship building upon which to further develop the public health of Louisiana.

Objective: OPH is valued as a leader in public health in Louisiana and facilitates partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.

Strategy (1): Develop and implement a community-focused Public Health Marketing campaign to convey the value of public health

Strategy (2): Ensure that OPH is represented on all appropriate state and local population health groups.



Reducing Health Disparities

— Access to Healthcare

Health equity is represented in OPH's strategic plan as a core value, priority (Reducing Healthy Inequities) and is also reflected in SHIP as a key priority (Access to Healthcare). These initiatives require community involvement starting with an assessment, identification of gaps, and review of policies that contribute to inequities in the state. OPH anticipates a rich partnership between the two bodies of work as health equity initiatives are defined and implemented.

Objective: Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.

Strategy (1): Assess, identify gaps, and define data sets and policies that contribute to disparities in health.

Strategy (2): Transform OPH's infrastructure and organizational culture to achieve a more integrated response to health disparities in all daily work and services provided over the next five years.

Strategy (3): Enhance the capacity of communities to engage in healthy living and eliminate health disparities

Increased Workforce Development

— Economic Development & Healthy Living

The strategic plan has a focus on improving public health workforce development in order to ensure we have the right skills at the table to support our state's improvement activities. These skills, tools and resources are critical components for effective support of Creating A Blueprint For Our Future initiatives. The SHIP focuses on workforce development and economic development.

Objective: OPH attracts and retains a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.

Strategy (1): Create a comprehensive plan for workforce development for public health professionals in the Office of Public Health.

Strategy (2): Implement a comprehensive, statewide worksite wellness program with a participation goal of 75% of all employees.

State Health Assessment

Introduction

Louisiana's assessment and planning approach adapted phases of the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) Framework. MAPP is a strategic planning process for improving community health. It is intended to be a community-driven process facilitated by public health leaders to apply strategic thinking to prioritize public health issues and identify resources to address them. The MAPP Framework has six phases: Organizing, Visioning, Assessments, Strategic Issues, Goals/Strategies, and Action Cycle (NACCHO, 2015).

The first phases of MAPP involve two critical and interrelated activities: organizing the planning process and developing the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented. Its purpose is also to engage stakeholders in the planning process so that the overarching vision aligns with local-level contexts, strengths and needs (NACCHO, 2015). OPH accomplished the organizing and visioning process through a series of meetings with the project leadership team, Louisiana's nine Regional Medical Directors, OPH program directors, OPH leadership, and Louisiana Public Health Institute. The team relied heavily on Louisiana's Regional Medical Directors and their established community relationships to determine the structure, timeline and overarching vision for the assessment process.

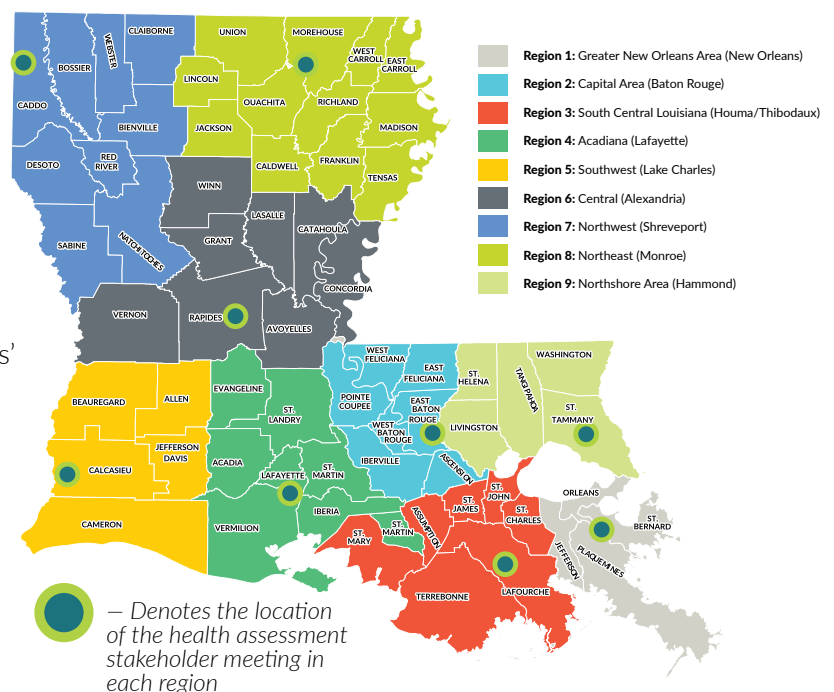
Louisiana Regions and Health Service Districts

An overview of Louisiana's regions helps contextualize the results included in this report, the health status of Louisiana, and the capacity building process. DHH divides Louisiana into nine Administrative Regions, consisting of a total of 64 parishes.

Louisiana is unique in that the health department is centralized, with the exception of two local health departments in Orleans and Plaquemines Parishes. Orleans Parish does not have a state funded health unit, but does have a state operated TB clinic and a reproductive health clinic staffed by OPH employees. Throughout the state, there are health units staffed by OPH employees located in fifty-six of the sixty-four parishes, with seven parishes hosting two health units. Some parishes' local government contribute funding, staff, and/or facility services to support the health units. Health units are tasked with providing several public health services (e.g., WIC benefits, immunizations, family planning, and nutrition services).

In addition to the services listed above, local Human Service Districts/Authorities provide services for mental health, addictive disorders and developmental disabilities in each parish.

Figure 1: Louisiana's Nine Administrative Regions



Louisiana Cultural Regions

In addition to the DHH Regions, Louisiana is also divided into cultural regions related to activities and lifestyle of the residents.

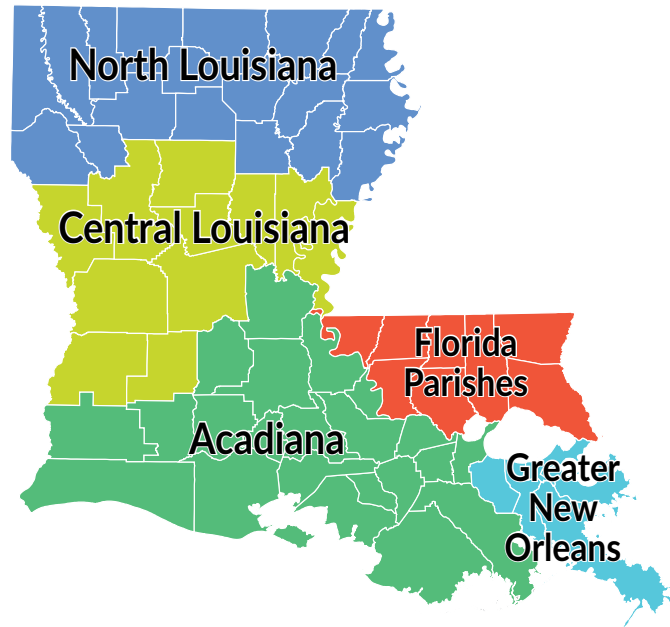
North Louisiana, “Sportsman’s Paradise,” includes one parish from Region 6, seven parishes in Region 7 and all 12 parishes in Region 8. The North Louisiana region is culturally known for its outdoor activities and historic sites.

Central Louisiana, “The Crossroads,” includes six parishes in Region 6 and two parishes in Region 7. Central Louisiana is known as the place where all Louisiana cultures come together, and is the main travel route between North and South Louisiana.

Acadiana, “Cajun Country,” includes all parishes of Regions 3, 4 and 5, as well as four parishes in Region 2 and one parish from Region 6. This region was named for its marshes, bayous and Cajun culture.

Florida Parishes are made up of all parishes in Region 9, plus three parishes in Region 2. These parishes were originally part of West Florida in the 18th and 19th centuries, and continue to use this regional description.

Greater New Orleans includes all of the parishes found in Region 1. It is the most common destination for travelers to Louisiana, and is a melting pot of culture and history. The region is culturally known for its festivals, music, and carnival traditions.



Regional Leadership

Louisiana’s Regional Medical Directors were fundamental in shaping the content, structure and timeline of the assessment process. The organizing process included discussions with the Regional Medical Directors around the purpose of the regional assessment meetings, meeting agendas and length, resource and supply needs, carefully planned messaging regarding the meetings (letters and emails), engagement of participants, meeting evaluations, and concerns regarding how participant input would ultimately be integrated into the SHIP. With input from the Regional Medical Directors, it was decided that the assessment would consist of two community meetings held in each of the nine public health regions over the course of six months.

As requested by the Regional Medical Directors, assessment meeting agendas were flexible and varied across regions in order to accommodate local needs and interests. The Regional Medical Directors made key decisions regarding who to invite to the meetings as well as meeting scope and content. Key considerations for the planning of the regional assessment meetings were to assess the level of commitment from not only the Regional Medical Directors, who are state employees, but also external partners and meeting participants. Especially important were considerations around the level of human and social capital for public health work currently in existence in each Region, and ways in which this capital could be successfully and sustainably leveraged through the assessment process while ensuring meaningful benefits for participants in this process. The messaging for the assessment meeting was intentional and built off of the DHHS’ strategic planning work. The assessment meetings’ messaging was: “Creating A Blueprint For Our Future.”

Assessment Methodology

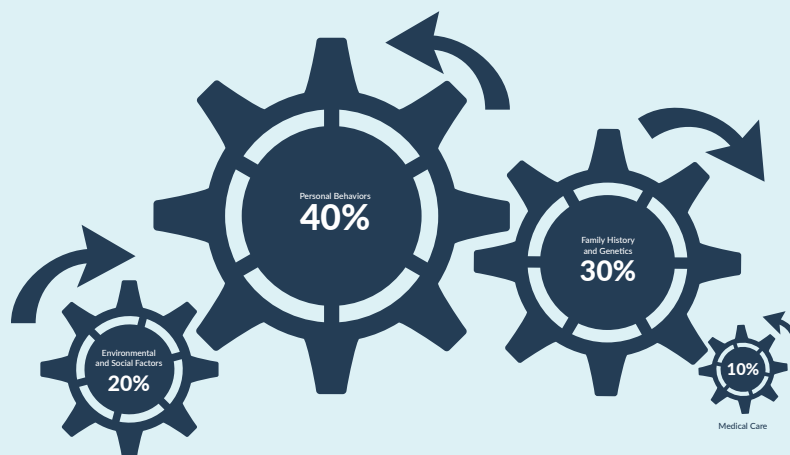
The third phase of MAPP centers on Assessments. There are four MAPP Assessments: Community Themes & Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment, and Forces of Change Assessment (NACCHO, 2015). Louisiana's SHA approach included modifications of three of the four MAPP assessments: community health status assessment, community themes and strengths, and forces of change. The community health status assessment involved a review of existing state, regional, and parish level data indicators to identify population health issues and social determinants of health of importance in Louisiana. Community themes, strengths and forces of change assessments were conducted during the regional assessment meetings with community stakeholders to provide a deeper understanding of issues of importance to residents as well as political, social, and structural assets and barriers to the community's health. Another important component of the assessment approach was conducting an environmental scan of existing assessments state-wide. Assessments included in this scan included those conducted by non-profit hospitals, regional coalitions, local foundations, the local health department in Orleans Parish, and parish government agencies (See Appendix A). Findings from the environmental scan informed selection of indicators for the community health status assessment, identification of stakeholders for the regional meetings, and narrowed selection of social and health domains for prioritization.

Process for Selecting Indicators

The World Health Organization's Commission on Social Determinants of Health define the determinants of health to be the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and systems include the social environment, physical environment, health services, and structural and societal factors (CSDH, 2008).

Health is More Than Access to Care

Drivers of Health



Health is driven by multiple factors that are intricately linked — of which medical care is one component

Source: Determinants of Health and Their Contribution to Premature Death, JAMA 1993

The Commission adds that these social structures are shaped by the amount of money, power, and resources that people have. Therefore, addressing these factors is the primary approach to achieving health equity and eliminating health disparities (CSDH, 2008). The social determinants of health conceptual model, because of its importance in eliminating health disparities and achieving health equity, framed the selection of indicators for Louisiana's SHA. Importantly, the indicators included in the profile are not intended to be a comprehensive list of all health measures for Louisiana residents. Rather, the profile is meant to provide a snapshot of the health of Louisiana residents, through the lens of the social determinants of health.

In order to identify the assessment OPH convened an internal committee that included epidemiologists, regional medical directors and administrators, and specialists in health promotions, chronic disease, and maternal and child health from across the OPH program units. External partners, including the Louisiana Public Health Institute (LPHI), a Louisiana-based not-for-profit public health institute, also informed selection of the indicators.

Criteria for indicator selection included:

- Impact on health (proportion of population impacted)
- Benchmarks available (national and/or state benchmarks)
- Meaningfully measured (reliable and valid data available)
- Alignment with emergent community priorities
- Demographic availability (disaggregate data available by race/ethnicity and age)

The most current data available were used to compile indicator summaries, figures, and tables. Analyses by race/ethnicity and age are presented where possible and when relevant.



Table 1: Louisiana Health Profile Framework

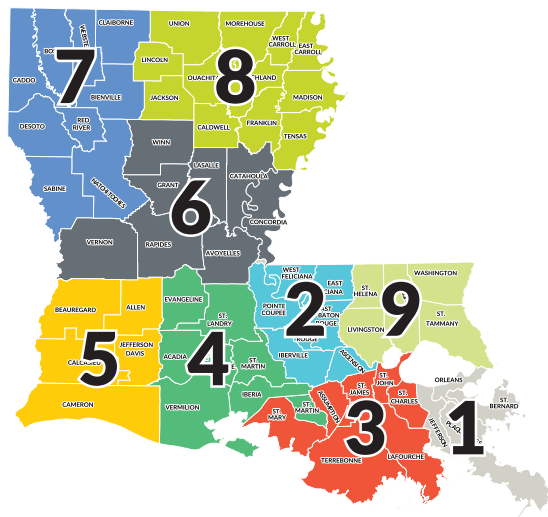
WHO LIVES IN THE STATE OF LOUISIANA?	
Demographics and socioeconomic characteristics	Age
	Sex
	Race
	Ethnicity
	Educational attainment
	Poverty
	Unemployment
WHAT ARE LOUISIANA'S STRENGTHS AND RISK CONTRIBUTORS TO HEALTH OUTCOMES?	
Access to healthcare	Health insurance status (insured and uninsured)
	Health Profession Shortage Areas
	Behavior factors related to access
Behavioral risk factors	Tobacco use
	Alcohol use
	Obesity
Social and built environment	Grocery store access
	Recreational facilities
	Crime
WHAT IS LOUISIANA'S HEALTH STATUS?	
Mental health	Mental illness diagnoses
	Poor mental health days
Maternal and child health	Infant mortality
	Low birth weight
	Teen birth rate
Communicable & Infectious disease	STI incidence
	HIV incidence
Chronic disease	Cancer incidence
	Hospital admissions for diabetes, respiratory disease, chronic disease
Mortality	Leading causes of death
	Fatal injuries

Assessment Findings

Who Lives in Louisiana

OPH serves a population of 4,625,470 residents (US Census, 2013). The populations of each region are:

- Region 1 (4 parishes) – **880,514**
- Region 2 (7 parishes) – **675,231**
- Region 3 (7 parishes) – **404,750**
- Region 4 (7 parishes) – **596,148**
- Region 5 (5 parishes) – **295,045**
- Region 6 (8 parishes) – **308,928**
- Region 7 (9 parishes) – **549,369**
- Region 8 (12 parishes) – **356,393**
- Region 9 (5 parishes) – **559,092**



Within the state, the age distribution consists of under 18 years of age (24%), between 18 and 64 years of age (64%), and 65 years of age and older (13%). Approximately, 51% of the population is female and 49% male. Race distribution includes, 63% white; 32% black or African American; and 5% Hispanic or Latino, Asian, two or more races, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander. Approximately, 19% of the population is below the federal poverty level and 79% of individuals over the age of 25 have graduated from high school (85% nationally) (U.S. Census, 2013). Unemployment rate is reported at 6.4% (U.S. Bureau of Labor Statistics, 2015).

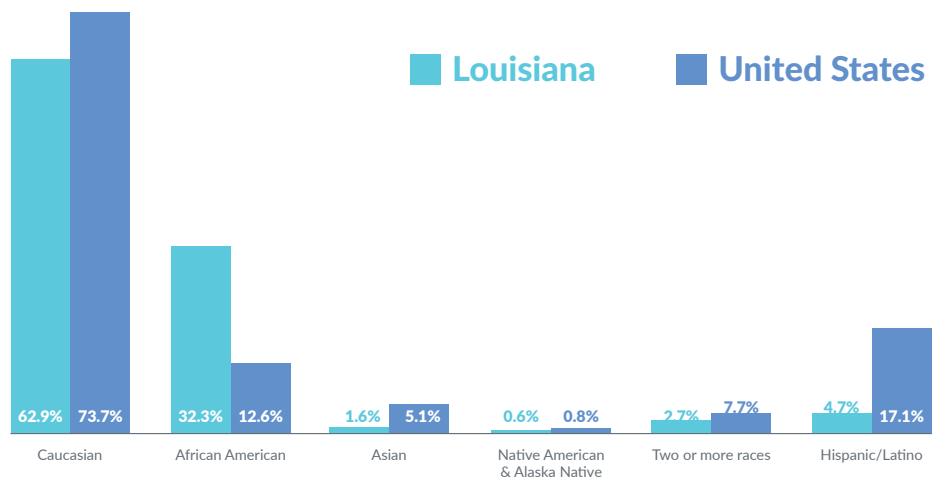
Demographics and Socioeconomic Characteristics

In order to fulfill the state's mission to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana, it is important to know where there are health disparities in access, health behaviors, and health status in order to achieve health equity. Health equity is achieved when all citizens have the opportunity to realize their full health potential and no citizen is at a disadvantage of achieving this due to socially determined circumstances (U.S. Centers for Disease Control and Prevention, 2015-B). An important first step in the pursuit of equity for the state of Louisiana was to identify the demographic and socioeconomic make-up of the state, as these are common social determinants of health.

Demographics

In 2013, the total population for the state of Louisiana was 4,625,470. The majority of the population was Caucasian at 63%. African Americans were the largest racial minority group at 32%, considerably larger than their representation in the nation (13%). Hispanics make up at 4% of the state's population, which is considerably lower than their representation in the nation (17%). Hispanics are the largest racial or ethnic minority group in the nation and up until the last five years was the fastest growing racial or ethnic minority population (Krogstad & Lopez, 2015). Asian American, Native Americans, and residents who identified as "Other" or with "Two or More Races" were around 1% of the Louisiana's total population.

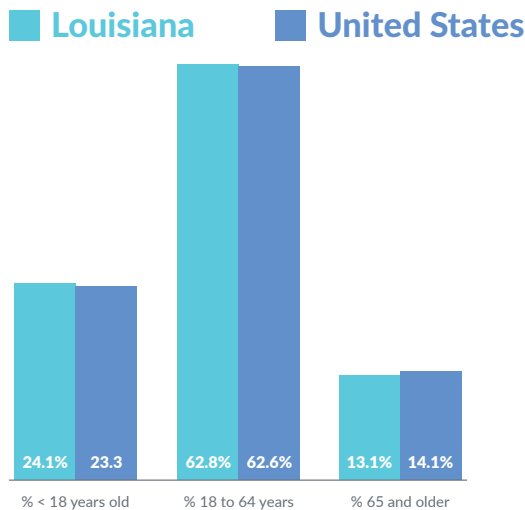
Figure 2: Louisiana's Total Population by Race/Ethnicity



Source: U.S. Census, American Community Survey, 2013

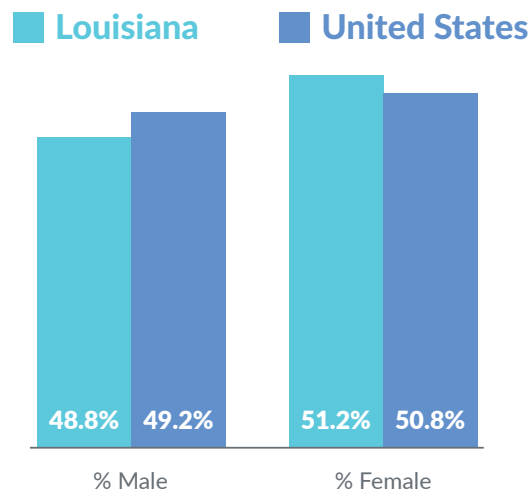
The age and gender distributions for the state of Louisiana resemble that of the nation with the majority of the population being between 18 and 64 years of age (64%), 24% under the age of 18, and 13% 65 years of age and older. Similarly, about half of Louisiana's population identifies as male (49%) and the other half identifies as female (51%).

Figure 3: Population Age Distribution



Source: U.S. Census, American Community Survey, 2013

Figure 4: Population Gender Distribution

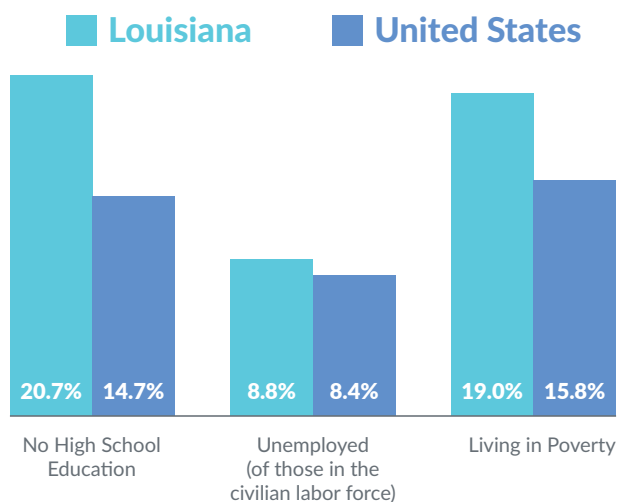


Source: U.S. Census, American Community Survey, 2013

Socioeconomic Characteristics

Socioeconomic factors are well-known and important determinants of health. Educational attainment, employment status, and income level are some of the strongest predictors of health behaviors, access to healthcare, and health status. Socioeconomic characteristics examined that can negatively impact health included high school non-completion, unemployment, and poverty (CSDH, 2008). Louisiana exceeds the nation in each of these three critical socioeconomic characteristics. Twenty-one percent of Louisiana's population above the age of 25 has less than a high school education compared to 15% of the nation's population above 25 years old. Louisiana's poverty rate also exceeds the nation with 19% of the state's population with incomes below the federal poverty level, compared to 16% of the nation's population. Louisiana's unemployment prevalence is similar to that of the nation at 8%.

Figure 5: Socioeconomic Characteristics of Louisiana

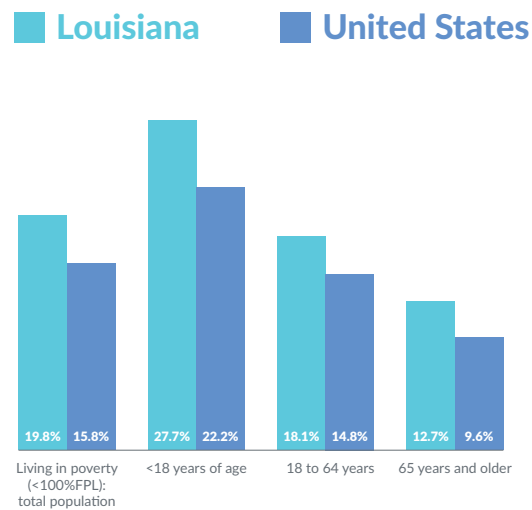


Source: U.S. Census, American Community Survey, 2013

A closer look at poverty in Louisiana reveals notable disparities across age groups and racial/ethnic groups. Of the population living in poverty in the state, the largest proportion are less than 18 years of age at 28% , followed by the adult population at 18% and the elderly at 13%. Children living in families with incomes below the federal poverty level are at risk for poorer physical and mental health as well as poorer social, behavioral and academic outcomes (National Center for Children in Poverty, 2015).

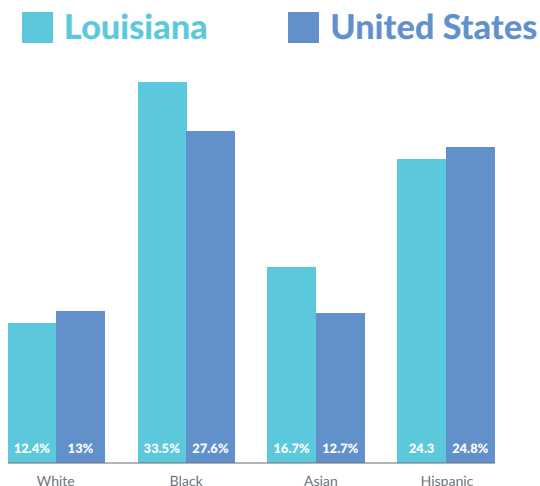
African Americans are the largest racial or ethnic group among the proportion of Louisiana's and the nation's population living in poverty (34% and 28%, respectively), followed by Hispanics at 24% and 25%, respectively. For Louisiana, the proportion of the population living in poverty who are Asian American exceeds that of the nation (17% vs. 13%). The lowest proportion of those living in poverty are Caucasian, and Louisiana's percent is similar to that of the nation, 12% and 13% respectively. The racial/ethnic disparity in Louisiana's (and the nation's) population living in poverty illustrates the vulnerability of racial and ethnic minorities to poor health outcomes and their ability to access healthcare when needed.

Figure 6: Percent of Population Living in Poverty by Age Group



Source: US Census, American Community Survey, 2013

Figure 7: Percent of Population Living in Poverty by Race/Ethnicity



Source: US Census, American Community Survey, 2013

Louisiana Health Factors

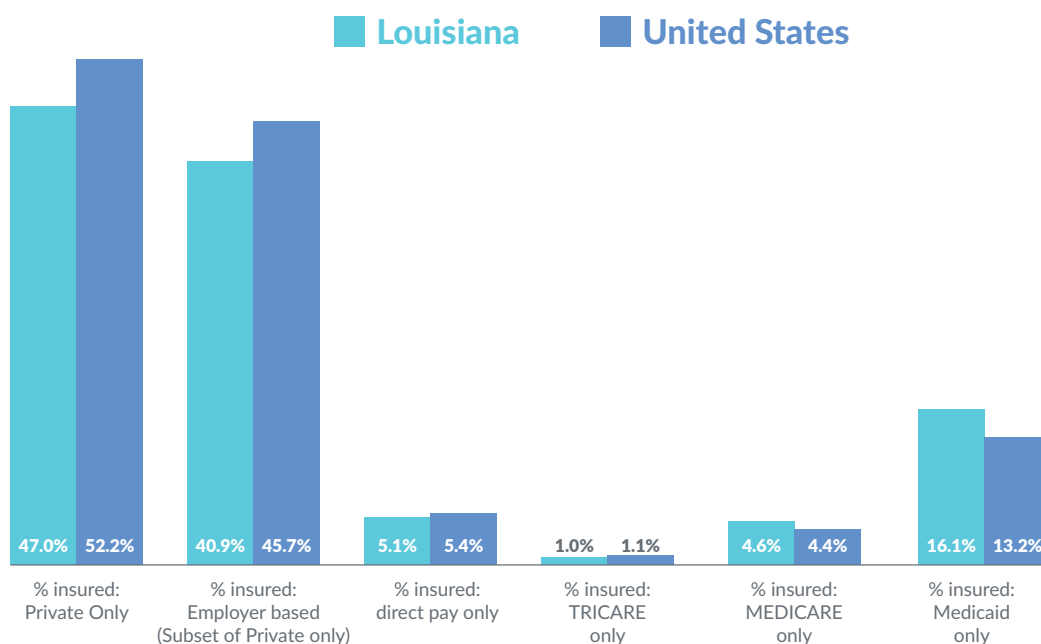
Access to Healthcare

Access to healthcare is a critical determinant of health. The Institute of Medicine defines access as the “timely use of personal health services to achieve the best health outcomes” (Institute of Medicine: U.S. Committee on Monitoring Access to Personal Health Care Services, 1993). Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity.” Access encompasses coverage, services, timeliness, and workforce (Healthy People 2020, 2014).

Health Insurance Status

Most Louisiana residents have health insurance through a private insurer (47%) or employer-based insurance (41%). These numbers are lower than, but comparable to, the nation (52% and 46%, respectively): 16% are insured through Medicaid only (nation, 13%), 5% through Medicare only (nation, 4%), and 5% are direct pay (nation, 5%).

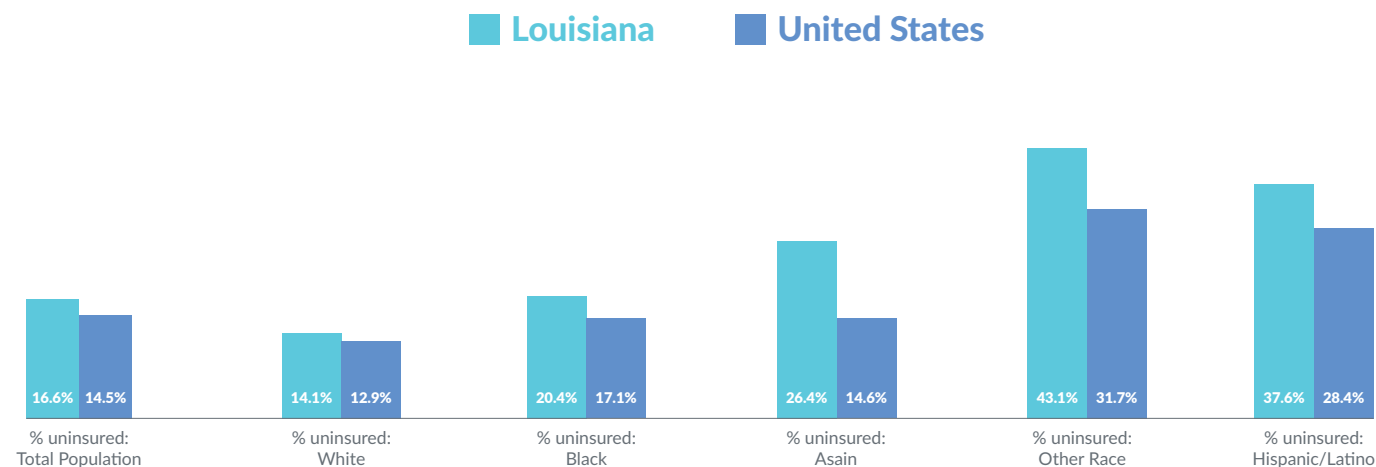
Figure 8: Percent of Population Insured by Type of Insurance



Source: US Census, American Community Survey, 2013

Seventeen percent of Louisiana residents reported being uninsured, compared to 15% of the nation's population (see Figure 9 below). The percent of uninsured is also racially and ethnically disparate with Hispanics representing 37% of Louisiana's and 28% of the nation's uninsured, Asian Americans representing 26% of the state's and 15% of the nation's uninsured, African Americans representing 20% of the state's and 17% of the nation's uninsured, and Whites representing 14% of the state's and 13% of the nation's uninsured. Racial and ethnic disparities in this critical access to health care domain influences disparate health outcomes among these groups in both Louisiana and the nation (See Appendix E) for maps of the distribution of uninsured adults and children across Louisiana.

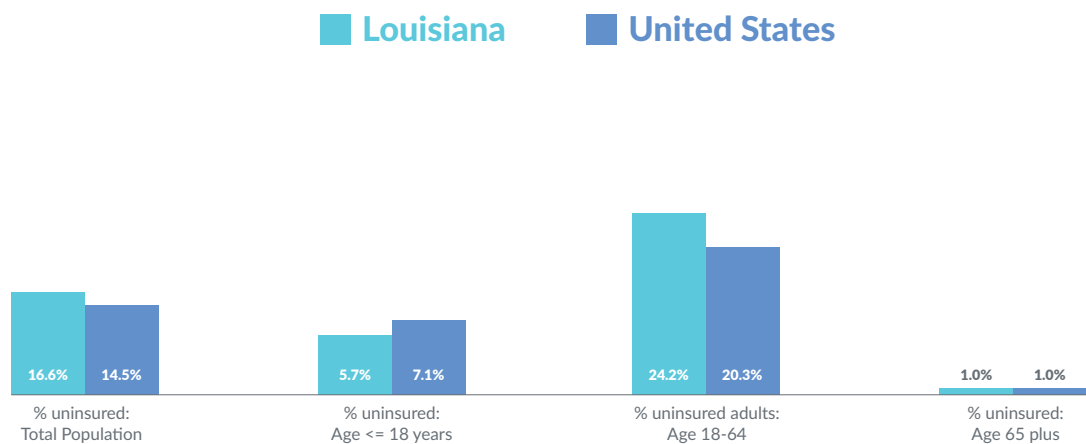
Figure 9: Percent of Population Uninsured by Race/Ethnicity



Source: American Community Survey 5 Year Data, 2013

An examination of uninsured populations by age group reveals that adults 19 to 65 are the largest proportion of the uninsured population in the state (24%) and the nation (20%). Considerably lower percentages of children and the elderly are uninsured. This finding illustrates the need to focus on improving healthcare coverage among the Louisiana’s adult population.

Figure 10: Percent of Population Uninsured by Age Group



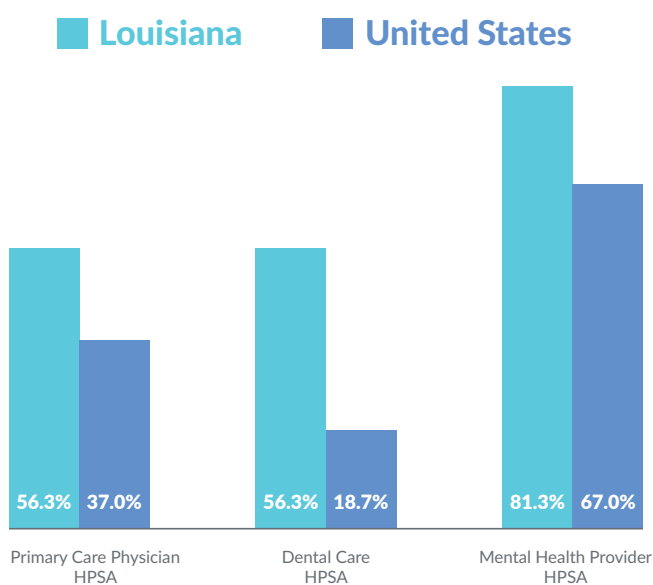
Source: American Community Survey 5 Year Data, 2013

Health Professional Shortage Areas

The U.S. Department of Health and Human Services' Health Resources and Services Administration designates geographic areas, populations, or facilities as having shortages of primary care, dental care, or mental health care providers. Geographic area shortages are determined based on provider to population ratios, high need for services (mental health care only), and professionals in contiguous areas that are over-utilized, excessively distant or inaccessible to residents of the area under consideration (HRSA, 2015).

More than half of Louisiana's parishes are designated as geographic health professional shortage areas for primary care (56%), dental care (56%), and mental health care (81%). This is compared to only 37% of U.S. counties for primary care, 19% of U.S. counties for dental care, and 67% of U.S. counties for mental health care (See Appendix E) for maps of Louisiana's HPSAs.

Figure 11: Percent of Louisiana Parishes Designated Health Professional Shortage Areas (HPSA)



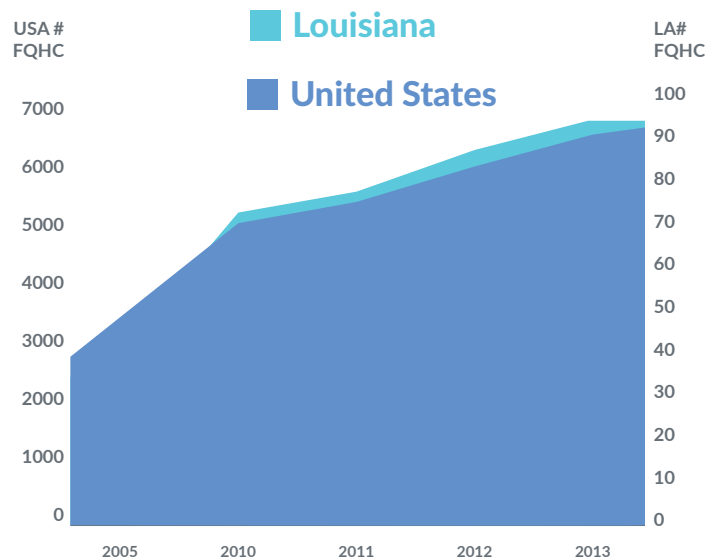
Source: Dartmouth Atlas of Healthcare, 2012

Federally Qualified Health Centers

A critical community asset in the state of Louisiana is the growing number of Federally Qualified Health Centers (FQHCs). FQHCs are health care organizations that receive federal grants and must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, and have an ongoing quality assurance program. FQHCs are a critical health care access point for under- and uninsured populations in particular and aim to serve as health homes providing quality integrated preventive and palliative care to its patients (Department of Health and Human Services & Centers for Medicare and Medicaid Services, 2013).

The number of FQHCs in Louisiana has shown a steady increase since 2010, growing from 70 in that year to 89 in 2013. The number of Louisiana's FQHCs has more than doubled since 2005 from 38 to 89. Notably, Louisiana's growing number of FQHCs has outpaced that of the nation over the past five years (See Appendix E) for maps of FQHC access across Louisiana, and access points in rural Louisiana.

Figure 12: Trends in FQHCs 2005-2013

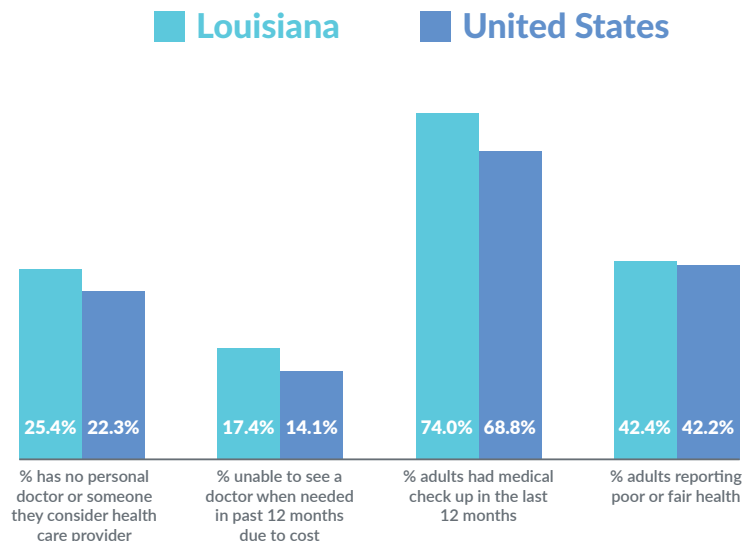


Source: AHRQ, 2014

Behavioral Factors Related to Access

One quarter of Louisiana’s population report having no personal doctor or someone they consider their healthcare provider compared to 22% of the nation’s population. Seventeen percent of adult Louisiana residents report not being able to see a doctor when needed in the past 12 months due to costs, and 42% reported being in fair or poor health. Encouragingly, 74% of adults in Louisiana reported having a check-up within the last 12 months.

Figure 13: Behavioral Factors Related to Access



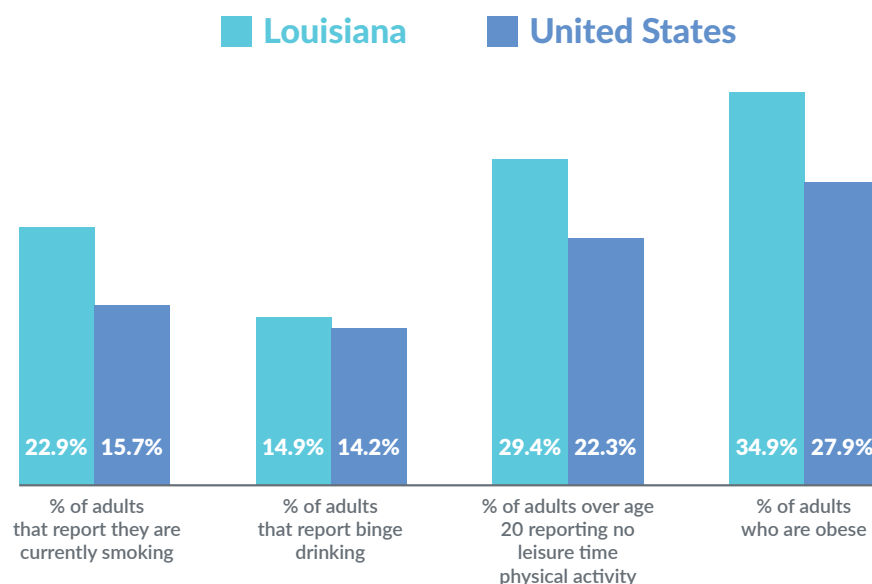
Source: Behavioral Risk Factor Surveillance System, 2014

Behavioral Risk Factors

The World Health Organization defines risk factors as conditions or habits that make a person more likely to develop a disease or increase the chances that an existing disease will get worse (World Health Organization, 2015). Important risk factors examined in Louisiana's assessment were weight, tobacco and alcohol consumption given their link to chronic disease and mortality related to chronic conditions.

Twenty-three percent of Louisiana's adult populations are currently smokers, compared to only 16% of the nation's population. The proportion of Louisiana residents who reported excessive alcohol consumption (15%) is similar to that of the nation (14%). Thirty-five percent of Louisiana adults and 28% of the nation are obese, and 30% of Louisiana adults (22% for the US) report no leisure time physical activity.

Figure 14: Health Risk Behaviors



Source: Behavioral Risk Factor Surveillance System, 2014

Social and Built Environment

The social and built environment of a community facilitates access to health and human services, healthy food, and recreational facilities all of which are critical to disease prevention and health promotion. Social factors and built environment are also where disparities related to race/ethnicity and socioeconomic status are apparent and negatively affect health and its related outcomes among these sub-populations. The built environment includes environmental sustainability, climate change, and environmental inequities as a major contributor to health disparities; particularly in behavioral health, chronic disease prevention and management, and unemployment and economic development.

Grocery Store or Supermarket Access

Louisiana's grocery store rate is comparable to that of the nation, 22 and 21 establishments per 100,000 population respectively (See Appendix E) for a map of grocery store access in Louisiana.

Table 2: Grocery Store Access

	NUMBER OF GROCERY STORES	GROCERY STORES, RATE PER 100,000 POPULATION
Louisiana	992	21.9
United States	66,286	21.2

Source: U.S. Census, County Business Patterns, 2013

In addition to grocery store availability, residents' ability to get to a grocery store near their home is also an important indicator of access to healthy food options. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. Low access is defined as the nearest grocery store being more than a mile away in urban areas and more than 10 miles away in rural areas (U.S. Department of Agriculture, 2015). Almost 30% of Louisiana residents live in a food desert, compared to 23% of the nation's population.

Table 3: Population in Food Deserts

	POPULATION IN FOOD DESERTS	PERCENT POPULATION IN FOOD DESERTS
Louisiana	1,295,100	28.57%
United States	72,905,540	23.61%

Source: USDA, Food Access Research Atlas, 2010

Recreational Facility Access

In addition to access to healthy food options, access to opportunities for leisure time physical activity is another key social and built environment factor that is critical to prevention of chronic disease and other poor health outcomes. Louisiana's recreation and fitness facility rate is comparable to that of the nation at 10 establishments per 100,000 population respectively.

Table 4: Access to Recreation and Fitness Facilities

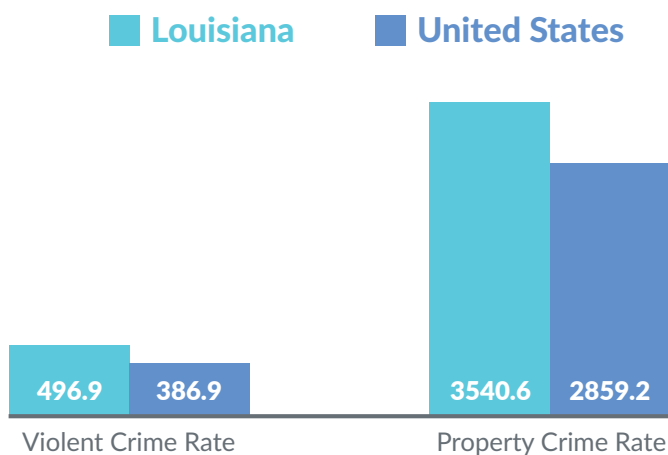
	NUMBER OF RECREATION & FITNESS FACILITIES	RECREATION & FITNESS FACILITIES, RATE PER 100,000 POPULATION
Louisiana	435	9.6
United States	30,393	9.7

Source: U.S. Census, County Business Patterns, 2013

Crime

Crime is a social factor that can impact health and health outcomes in a population. Both the violent and property crime rates in Louisiana exceed that of the nation. The violent crime rate in Louisiana is 497 per 100,000 population, and the property crime rate is 3541 per 100,000 population. Communities who are plagued by high crime may have limited or compromised opportunities to engage in behaviors that prevent poor health outcomes such as outdoor physical activity.

Figure 15: Crime Rates (per 100,000)



Source: FBI Uniform Crime Reports, 2012



Louisiana Health Status

Behavioral Health

Behavioral health reflects both mental health and substance abuse problems. The World Health Organization (2014) defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. There is emerging evidence that positive behavioral health is associated with improved health outcomes (U.S. Centers for Disease Control and Prevention, 2013-A).

Mental Health

Mental illness is diagnosed mental disorders that are characterized by changes in thinking, mood, behavior, or some combination of these associated with distress and/or impaired functioning (SAMHSA, 2015). The top 10 diagnosed mental health diagnoses in Louisiana are listed in Table 5. Major affective disorder is the top class of diagnosed mental disorders in the state at a rate of 473 per 100,000 population. Major affective disorders includes bipolar disorders, depressive disorders, and other mood disorders. This is followed by substance dependence at a rate of 196 per 100,000 and psychotic disorders at a rate of 184 per 100,000.¹ Psychotic disorders include schizophrenia, schizoaffective disorder, brief psychotic disorder, delusional disorder, and others.

Table 5: Louisiana's Top 10 Mental Health Diagnoses

DIAGNOSIS	
Major Affective Disorder	473
Substance Dependence	196
Psychotic Disorder	184
Attention Deficit	76
Alcohol Dependence	67
Depressive Disorder	58
Substance Abuse	50
Anxiety Disorder	47
Alcohol Abuse	31
Adjustment Disorder	17

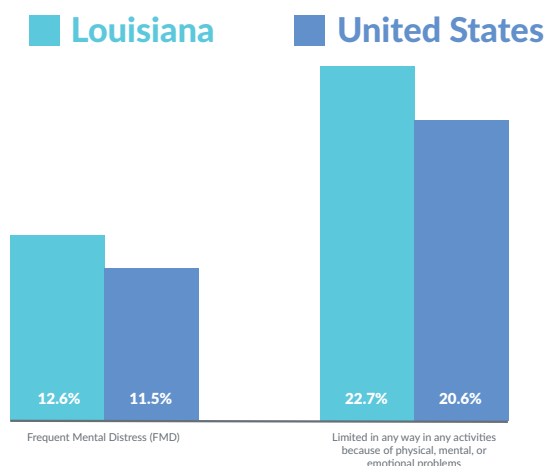
* Rate per 100,000 population (Louisiana Office of Behavioral Health, 2014)

¹ Substance dependence and substance abuse are now classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition as substance use disorders, which occurs when there is recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment (SAMHSA, 2015, <http://www.samhsa.gov/disorders/substance-use>). Some of the most common substance use disorders are alcohol use disorder, tobacco use disorder, cannabis use disorder, stimulant use disorder, hallucinogen use disorder, and opioid use disorder.

Mental Well-Being

In addition to diagnosed mental health disorders, the general mental well-being of Louisiana residents was examined. Thirteen percent of Louisiana residents reported feeling frequent mental distress and 23% reported limited activities due to physical, mental or emotional problems. The prevalence of poor mental health among Louisiana residents was comparable that of the nation.

Figure 16: Prevalence of Poor Mental Health



Source: Behavioral Risk Factor Surveillance System, 2014

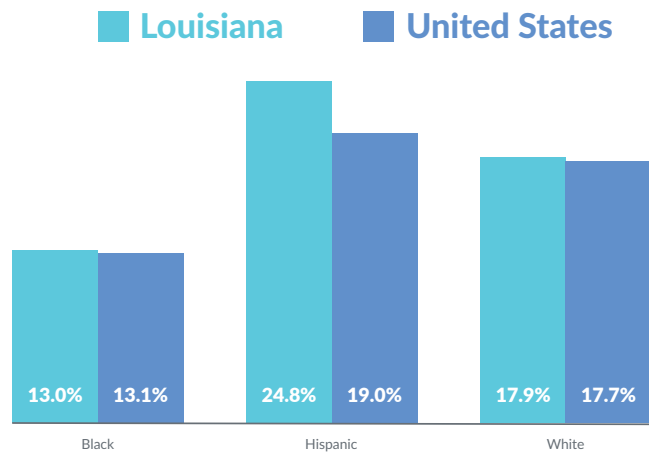
Substance Abuse

Substance abuse and dependency in Louisiana adults remains on par with national averages and overall, has not changed significantly in the past five years. Rates of binge drinking² have remained steady among Whites and Blacks while skyrocketing among the Hispanic population. Nearly 25% of all adult individuals identifying as Hispanic had engaged in binge drinking within the past 30 days at last measurement (BRFSS, 2014).

Opioid addiction is of particular concern in Louisiana and in states across nation. Heroin use in Louisiana increased eight fold between 2010 and 2013 (CDC, 2013) as individuals addicted to prescription painkillers turned to heroin, a cheaper and more widely available proxy. Groups with an increased risk for heroin abuse or dependence include men, persons aged 18 to 25 years, non-Hispanic Whites and persons with an annual income less than \$20,000 (CDC, 2015). In terms of measures of mortality, Louisiana has an opioid overdose rate of 13.2 per 100,000 in comparison to the national rate 12.4 per 100,000 (CDC, 2013). Adequate substance abuse treatment facilities and programs to serve those with opioid disorders are needed to fill the service gap and to meet the increased need within the state.

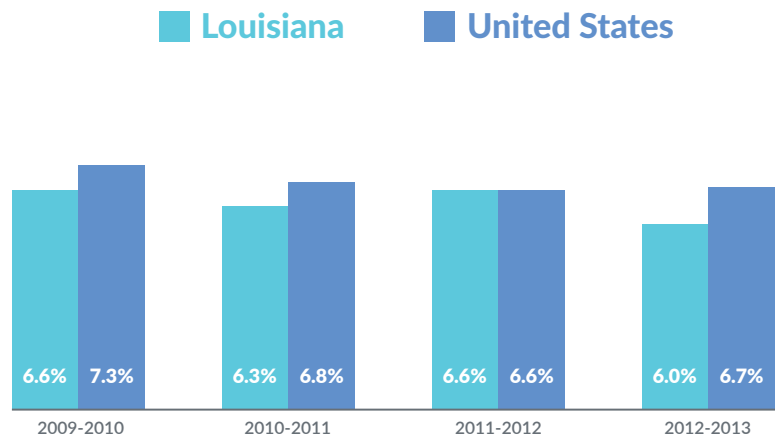
² Defined as four or more drinks for women and five or more drinks for men on an occasion during the past 30 days (CDC, 2015)

Figure 17. Percentage of Adults Who Engage in Binge Drinking By Race/Ethnicity



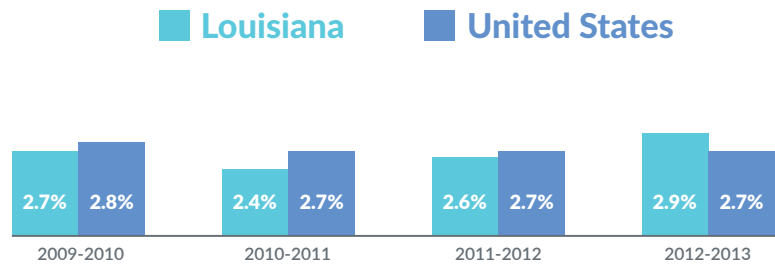
Source: BRFSS, 2014

Figure 18. Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older



Source: SAMHSA Behavioral Health Barometer: Louisiana, 2015

Figure 19. Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older



Source: SAMHSA Behavioral Health Barometer: Louisiana, 2015

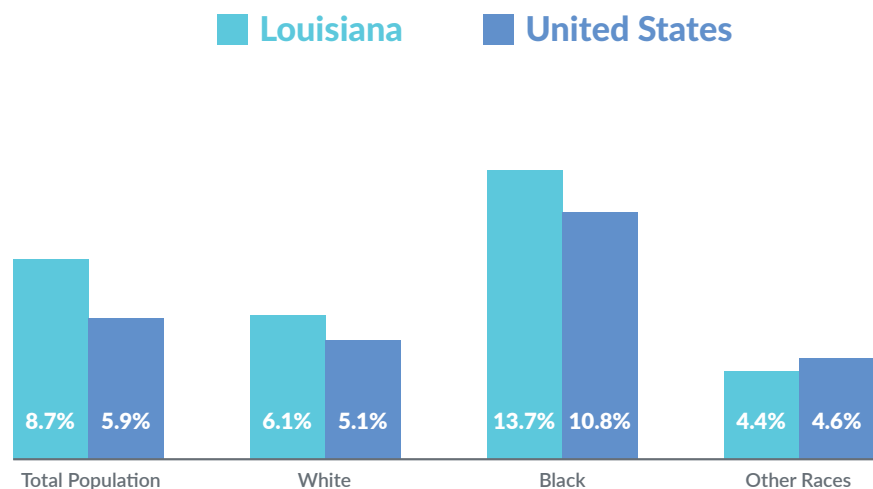
Maternal and Child Health

The well-being of women, infants, children, and families determines the health of the next generation and can help predict future public health challenges (Healthy People, 2020, <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>). Maternal health before, during, and after pregnancy can provide opportunity to identify health risks in women and prevent future health problems for women and their children (Healthy People, 2020). Both social and physical determinants affect maternal and child health and can result in poor birth outcomes such as infant mortality, low-birth weight infants, and births to teenage parents, all of which disproportionately occur in racial and ethnic minority women, particularly African American and Hispanic women.

Infant Mortality Rate

The infant mortality rate is an estimate of the number of infant (less than one year old) deaths per 1,000 live births (U.S. Centers for Disease Control and Prevention, 2015). Infant mortality is preterm and low-birth weight, birth defects, pregnancy complications, SIDS, and injuries. Louisiana's infant mortality rate exceeds that of the nation at 9 per 1,000 live births. Also, there is a clear racial disparity in infant mortality in Louisiana with rates among African Americans (14 per 1,000) far exceeding that of Caucasians (6 per 1,000), and other races (4 per 1,000).³ A critical factor in prevention of infant mortality is good prenatal health and health care.

Figure 20: Infant Mortality Rate by Race of Mother (per 1,000 live births)



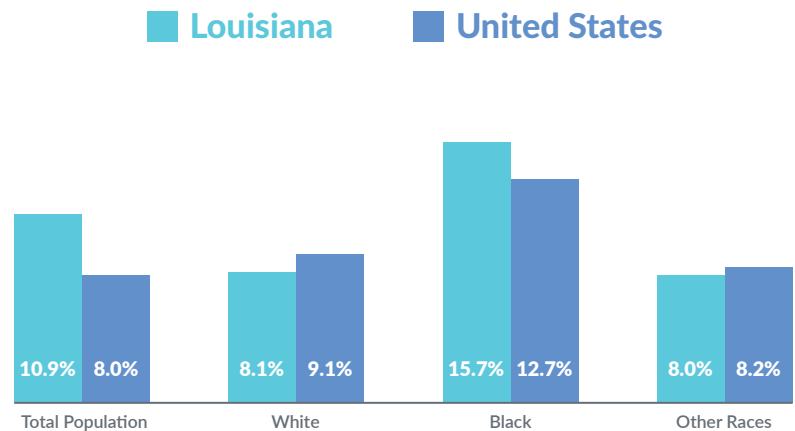
Source: Louisiana State Center for Health Statistics, 2013

Low Birth Weight

Low birth weight infants are infants born weighing less than 2500 grams (or 5 pounds, 8 ounces). Low birth weight is associated with both short-term complications and long-term health problems (Institute of Medicine: Committee to Study the Prevention of Low Birthweight, 1985). Similar to infant mortality, Louisiana's percentage of low birth weight infants exceeds the nation at 11%. African Americans in Louisiana are more likely than Caucasians and those of other races to deliver low birth weight infants. Sixteen percent of African American mothers delivered low birth weight infants in Louisiana compared to only 8% of Caucasian mothers and mothers of other races.

³ "Other Races" includes American Indian or Alaska Native and Asian or Pacific Islander. Numbers for Hispanics are too small to report at the state level.

Figure 21: Percent of Low-Weight Births by Race of Mother

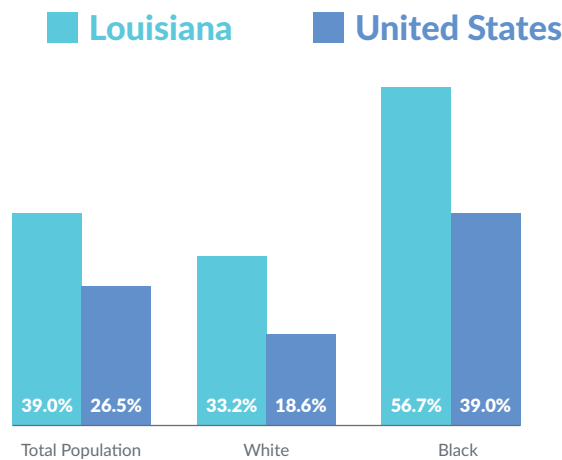


Source: Louisiana State Center for Health Statistics, 2013

Teen Births

The teen birth rate (estimate of births to mothers between the ages of 15 and 19 years for every 1,000 live births) has continuously declined in the nation over the past 20 years (Office of Adolescent Health, 2014). However, Louisiana’s teen birth rate remains higher than the nation’s at 39 per 1,000 live births. In Louisiana, African Americans make up the largest proportion of teen mothers with a birth rate of 57 per 1,000 adolescent females compared to only 33 for Caucasians.⁴

Figure 22: Birth Rate by Race of Mothers Ages 15-19 Years Old (per 1,000 live births)



Source: Louisiana State Center for Health Statistics, 2013

⁴ Note, no other racial or ethnic groups are included because of small numbers at the state level.

Communicable and Infectious diseases

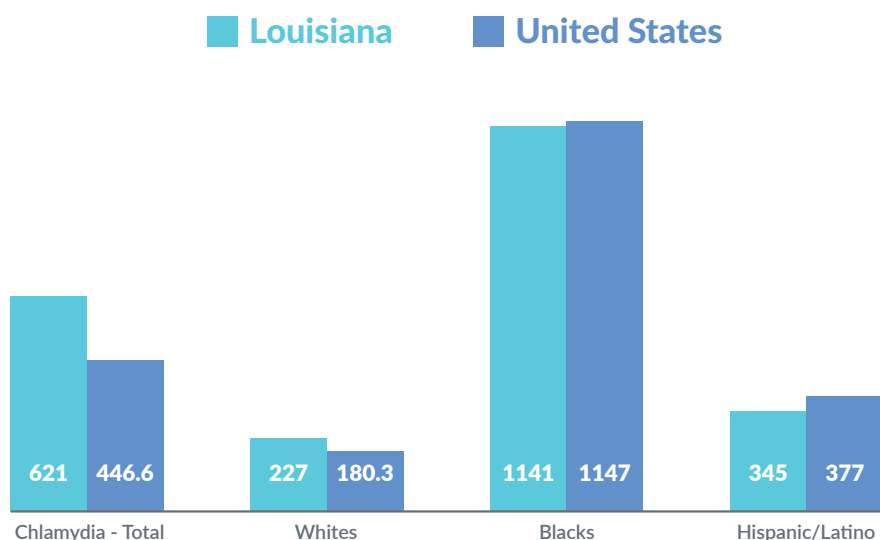
Communicable and infectious diseases remain a health problem in the USA and are among the leading causes of death globally (Healthy People, 2020, <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>). The infectious disease burden (specifically STI and HIV/AIDs prevalence) among racial and ethnic minority populations is of particular concern due to increasing rates among these populations.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) have a significant impact on health, and rank among the top five disease categories for which adults seek health care (World Health Organization, 2013). STIs increase the risk of contracting HIV and the cause of adverse birth outcomes, pregnancy complications, cervical cancer, and other disease. Louisiana's rates of three of the most commonly occurring sexually transmitted diseases, exceeds that of the nation. For every 100,000 people in Louisiana's population the rate of chlamydia is 621 (US is 447), gonorrhea is 187 (US is 106), and syphilis is 9 (US is 6).

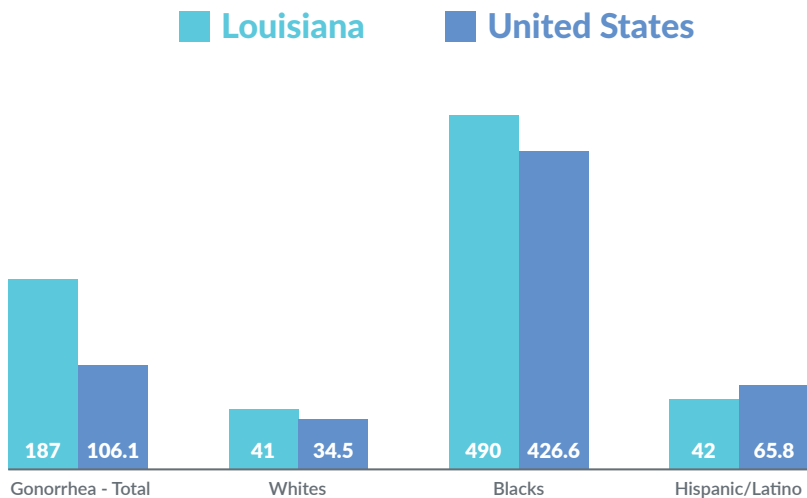
African Americans have the highest rates of STIs both in Louisiana and in the nation. The chlamydia rates among Louisiana's African American population is 1411 compared to 345 among Hispanics and 227 for Caucasians. The disparity is also evident in gonorrhea rates in Louisiana with rates of 490 for African American, 42 for Hispanics and 41 for Caucasians. Syphilis rates follow the same pattern of racial disparity at 17 for African Americans, 6 for Hispanics, and 3 for Caucasians.

Figure 23: Chlamydia Rates by Race/Ethnicity (per 100,000)



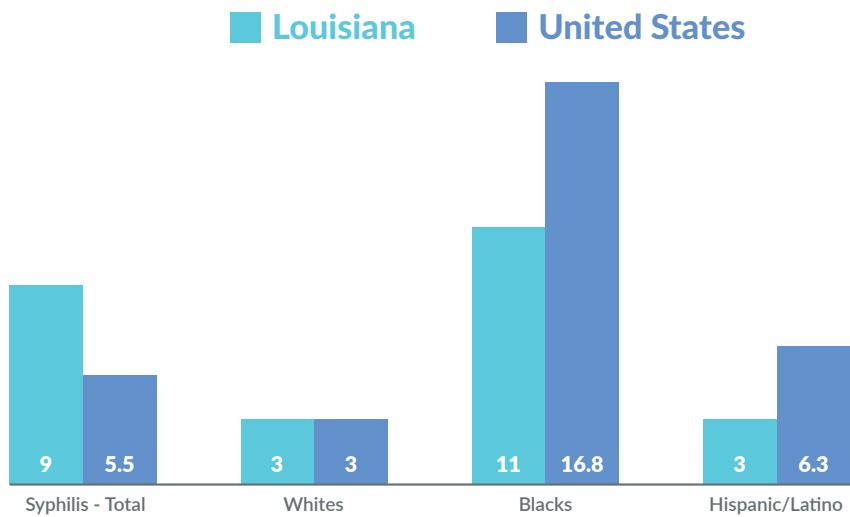
Source: Louisiana State Center for Health Statistics, 2013

Figure 24: Gonorrhea Rates by Race/Ethnicity (per 100,000)



Source: Louisiana State Center for Health Statistics, 2013

Figure 25: Syphilis Rates by Race/Ethnicity (per 100,000)

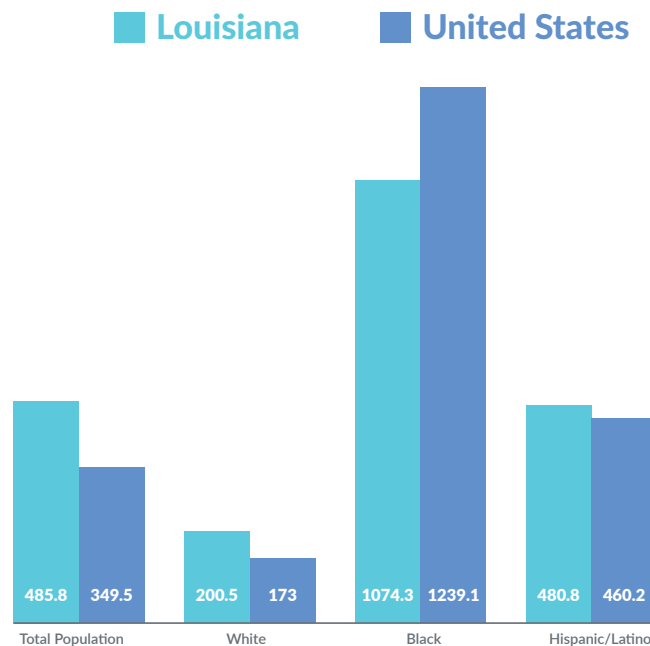


Source: Louisiana State Center for Health Statistics, 2013

HIV/AIDS

The rate of Louisiana residents currently living with HIV is 486 per 100,000 residents, which is greater than the nation's rate of 350. As with STIs, the HIV rate is highest for African American both in the state (1074) and the nation (1239), followed by Hispanics (LA: 481 and US 460), and Caucasians (LA: 201 and US: 173).

Figure 26: Prevalence of Adults and Adolescents Living with HIV by Race/Ethnicity (per 100,000)



Source: Louisiana State Center for Health Statistics, 2013

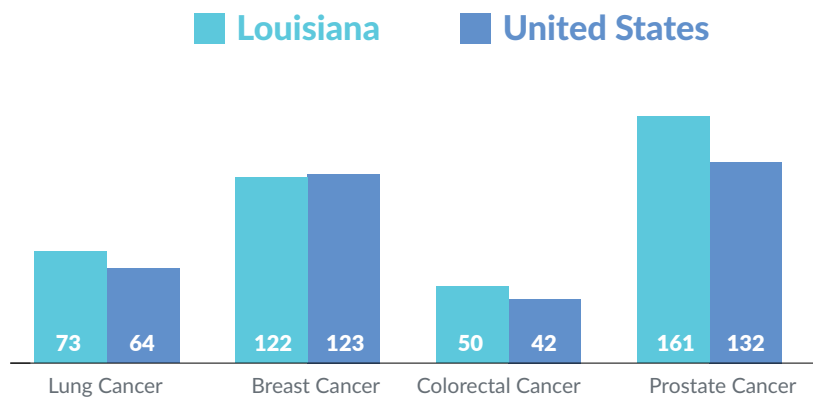
Chronic Disease

Chronic disease is the primary contributor to death and illness in the U.S. and the financial burden of chronic disease is significant, accounting for 86% of the nation's health care costs (U.S. Centers for Disease Control and Prevention, 2015-C). Chronic diseases examined for Louisiana's SHA include cancer, diabetes, hypertension, heart disease, and respiratory disease. Breast cancer incidence in Louisiana is similar to that of the nation, 122 and 123 per 100,000 population respectively. However, Louisiana's incidence of lung (73 per 100,000), colorectal (50 per 100,000), and prostate (161 per 100,000) cancers exceeds that of the nation (64, 42, and 132, respectively).

When examining cancer incidence by race, lung, breast, and colorectal cancer incidence among Blacks is higher than among Whites, but not exceedingly so. In contrast, the prostate cancer incidence among Blacks is significantly higher at 222 per 100,000 than among Whites at 143 per 100,000.⁵

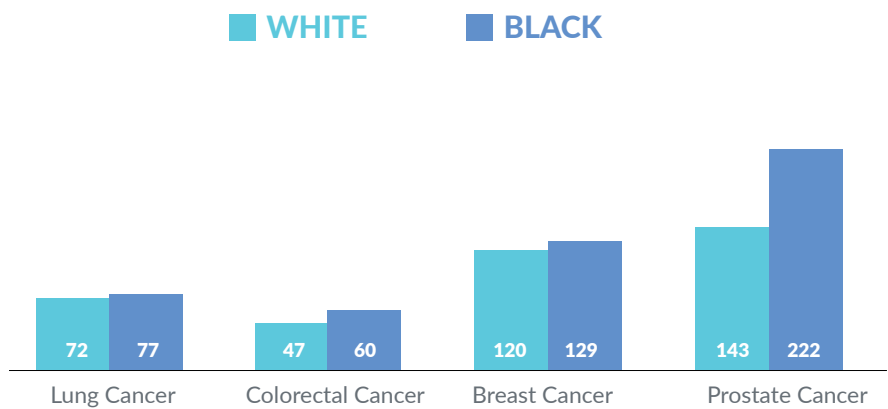
⁵ No other race or ethnic group numbers are presented because they are too small at the state level.

Figure 27: Age Adjusted Cancer Incidence Rates by Type (per 100,000)



Source: Louisiana State University Tumor Registry, 2008-2012

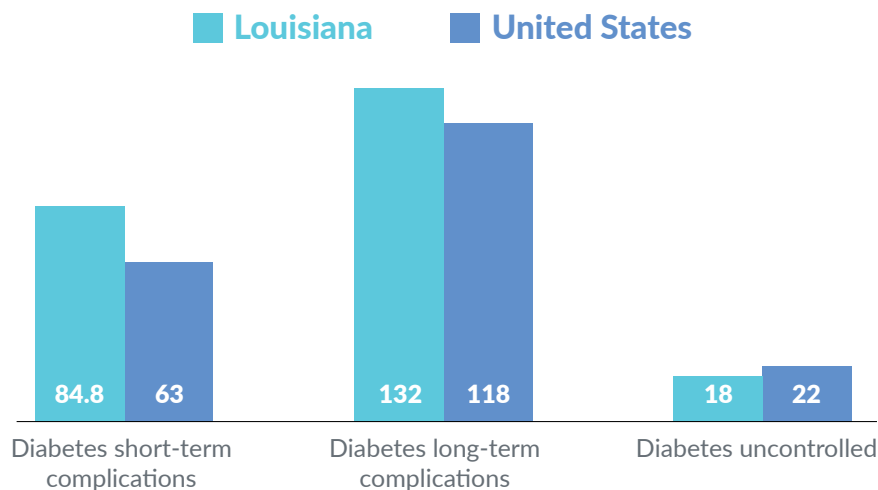
Figure 28: Cancer Incidence Rates in Louisiana by Race (per 100,000)



Source: Louisiana State University Tumor Registry, 2008-2012

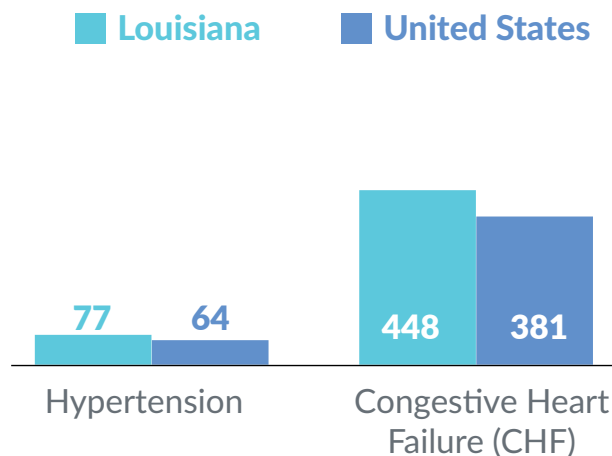
Louisiana’s rates of diabetes (84.8 per 100,000 for diabetes with short-term complication and 132 per 100,000 for diabetes with long-term complications), hypertension (77 per 100,000), and congestive heart failure (448 per 100,000) exceeds U.S. rates (63, 118, 64, and 381 per 100,000 respectively). Notably, the rate of uncontrolled diabetes in Louisiana (18 per 100,000) is less than the U.S. rate (22 per 100,000).

Figure 29: Rates of Hospital Admissions by Diabetes Condition (per 100,000)



Source: LAHIDD, 2012 & NIS, 2009

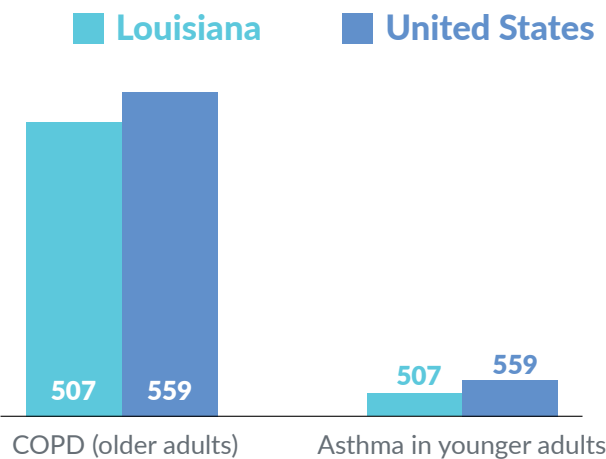
Figure 30: Rates of Hospital Admissions for Hypertension and Congestive Heart Failure (per 100,000)



Source: LAHIDD 2012 & NIS, 2012

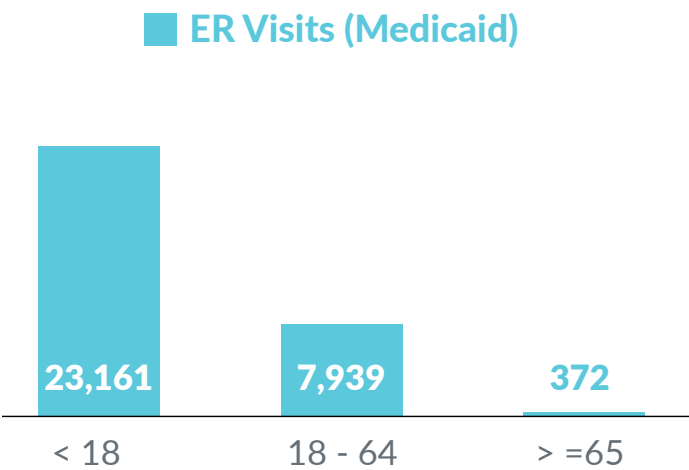
Louisiana's rate of respiratory diseases, COPD (507 per 100,000) and asthma (40 per 100,000), are lower than the U.S.'s rates (559 and 63 per 100,000, respectively). A closer look at asthma prevalence in Louisiana revealed that the greatest number of emergency room visits for asthma are by residents under the age of 18 (23,161 vs. 7,939 for adults and 372 for residents 65 years and older), and Blacks represent the largest number of ER visits for asthma (23,327 vs. 5,804 for Whites and 608 for Hispanics).

Figure 31: Rates of Hospital Admissions by Respiratory Disease (per 100,000)



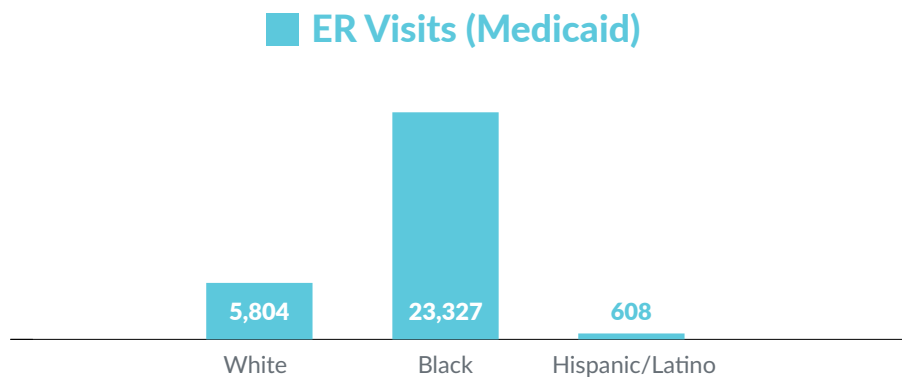
Source: LAHIDD, 2012 & NIS, 2009

Figure 32: Number of Emergency Room Visits with Asthma as Primary Diagnosis by Age in Louisiana



Source: Louisiana Hospital Inpatient Discharge Data, 2014

Figure 33: Number of Emergency Room Visits with Asthma as Primary Diagnosis by Race/Ethnicity in Louisiana



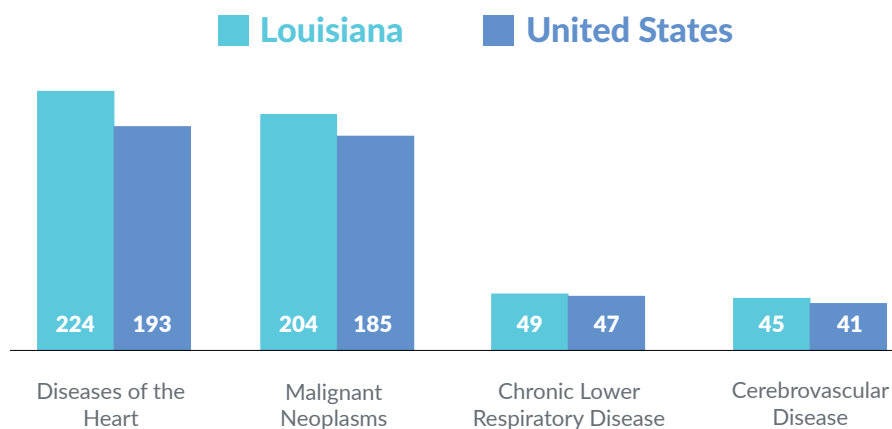
Source: Louisiana Hospital Inpatient Discharge Data, 2014

Mortality

Leading Causes of Death

The leading causes of death in Louisiana are heart disease (rate of 224 per 100,000 population), cancers (204 per 100,000), respiratory disease (49 per 100,000), and cerebrovascular disease (45 per 100,000). Louisiana's death rate for all causes exceeds the nation.

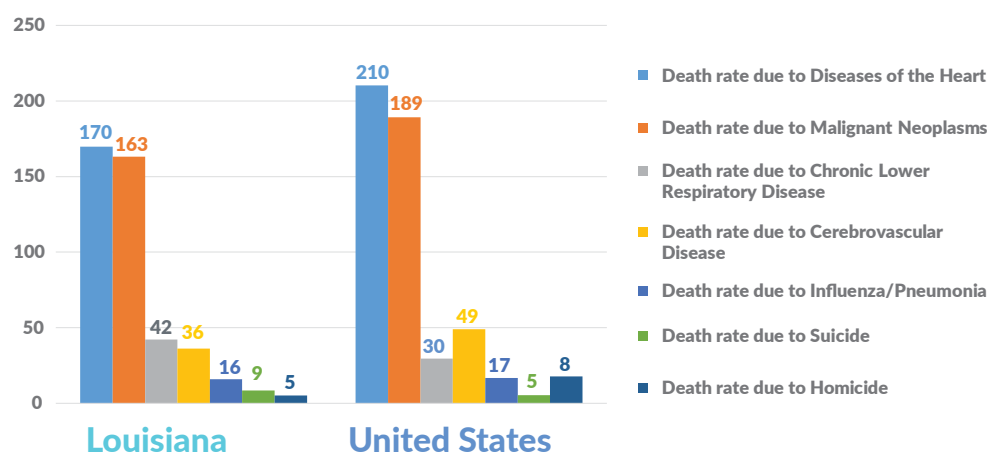
Figure 34: Leading Causes of Death (per 100,000)



Source: Louisiana State Center for Health Statistics, 2013

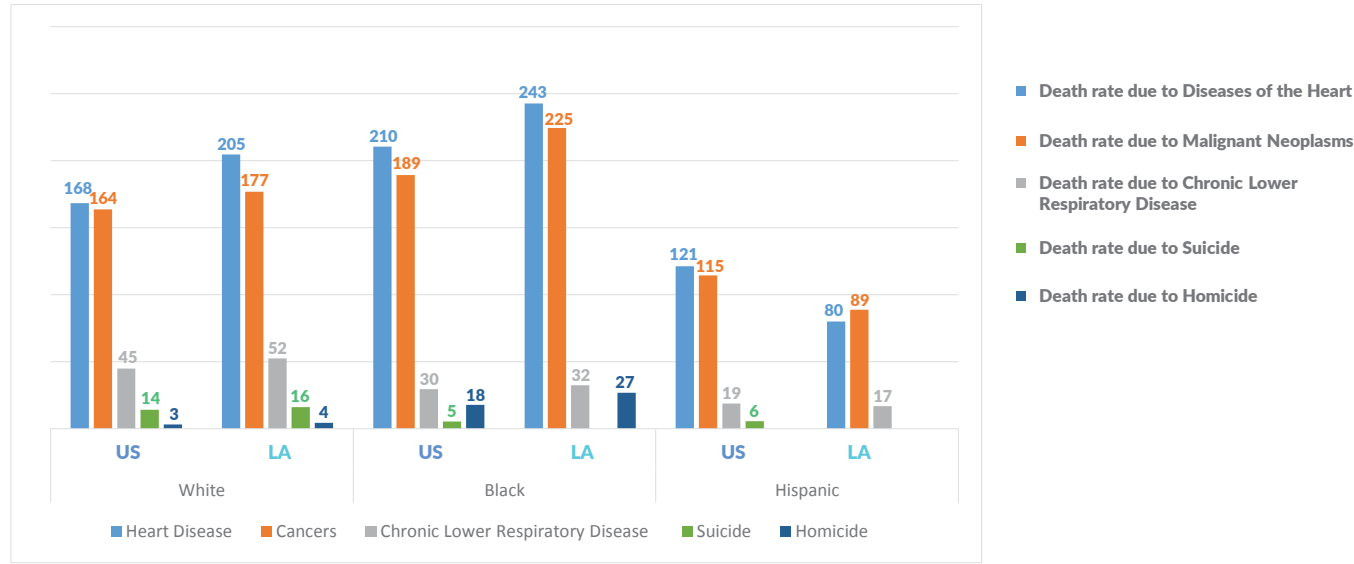
Examining leading causes of death by race/ethnicity in Louisiana and the U.S. shows the same leading causes for Caucasians, African Americans, and Hispanics.⁶ However, when rates are adjusted for age to show leading causes of death among younger adults (below age 65), influenza/pneumonia, suicide, and homicide emerged among the leading causes. Notably, there are racial/ethnic disparities in mortality of Louisiana residents. African Americans dying of heart disease, cancers, cerebrovascular disease and homicide exceeds that of Caucasians and Hispanics. Also, the suicide death rate was highest among Caucasians. Finally, for all leading causes the death rates for Caucasians and African Americans exceed that of Hispanics.

Figure 35: Leading Cause of Death Age-Adjusted Rates in Total Population (per 100,000)



Source: Louisiana State Center for Health Statistics, 2013

Figure 36: Leading Cause of Death Age-Adjusted Rates by Race/Ethnicity (per 100,000)



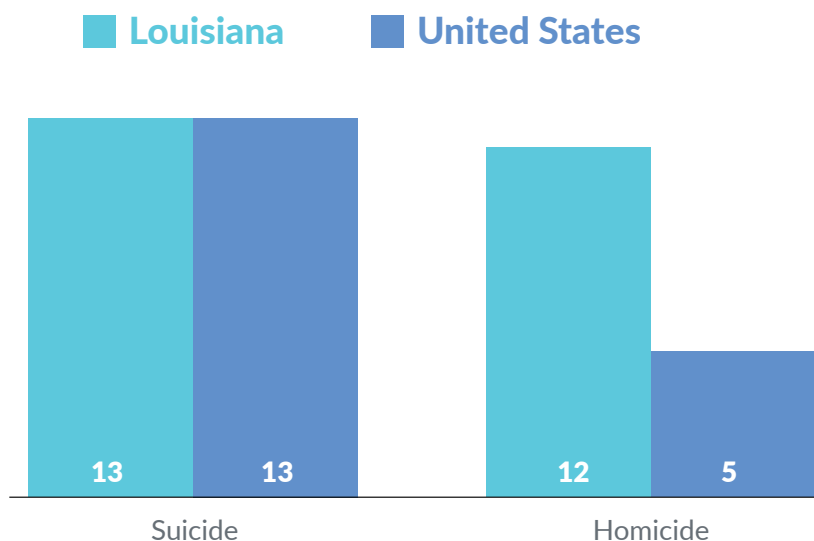
Source: Louisiana State Center for Health Statistics, 2013

⁶ Other racial/ethnic groups are suppressed because of their numbers are too small to maintain confidentiality.

Fatal Injuries

In Louisiana, deaths due to suicide are the same as in the nation (rate of 13 per 100,000 population). However, the homicide rate in Louisiana (12 per 100,000) far exceeds the nation's homicide rate (5 per 100,000).

Figure 37: Suicide and Homicide Deaths (per 100,000)



Source: Louisiana State Center for Health Statistics, 2013



Stakeholder Engagement: Community Themes, Strengths, Forces of Change, and Prioritization

In order to understand community assets and barriers related to the population health data and findings described in the state health profile, Louisiana's assessment approach included adaptations of MAPP's Community Themes and Strengths and Forces of Change Assessments.

Engaging Stakeholders & Identifying Top Regional Priorities

Following a social determinants of health conceptual model to address the state of health in Louisiana, the assessment team utilized a multi-pronged approach to engage more “traditional” public health stakeholders, such as regional OPH staff, as well as stakeholders who may not be “typically” associated with public health but who play a role in the health and wellbeing of their communities, such as schools, transportation officials, police departments, and the business community, among others (see Figure X). By engaging a wide array of stakeholders in the assessment and improvement plan development process, the assessment team sought to encourage and sustain a social determinants of health framing of all health and wellness issues identified and discussed. The assessment team engaged with this diverse group of stakeholders online, during two rounds of 4-hour in-person community assessment meetings across the state, and directly via email and phone. Stakeholders in all nine public health regions were provided multiple opportunities to engage in assessment work and provide feedback to the assessment team and local OPH leadership.

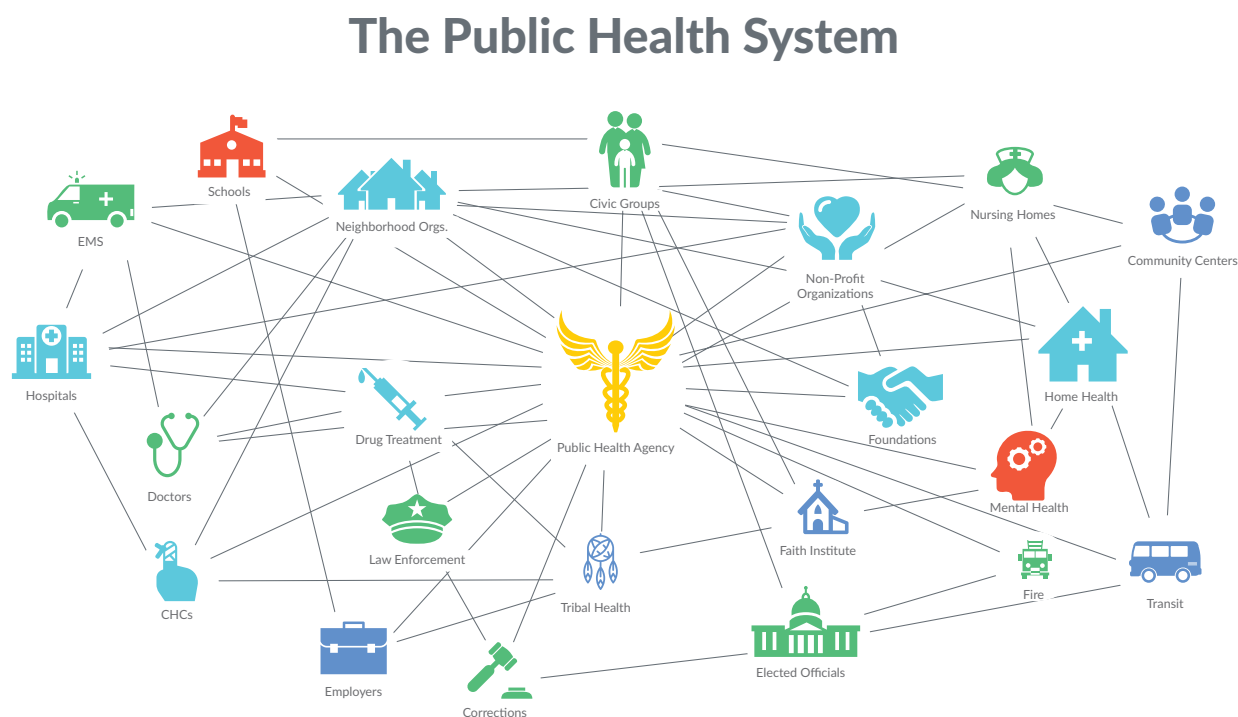
In preparation for the regional community assessment meetings, state-level OPH and LPHI staff met with regional OPH Regional Medical Directors and Regional Administrators in order to make decisions on stakeholder invitation lists that were diverse and multi-sectorial.

During this meeting, OPH, LPHI and RMD/RAs also collaboratively developed an online pre-survey to be emailed to stakeholders in each region in anticipation of the first regional community assessment meeting. The survey, which asked stakeholders to list the top 5 health priorities for their region, was designed to collect primary data from stakeholders to identify the most important health and wellness issues in their communities.

The survey was emailed to stakeholders by the RMD/RAs as part of a “Save the Date” for the first assessment meeting. Survey respondents were asked to identify the top five health and wellness priorities for their region from an existing list of health priorities, and were invited to write in any priorities not listed. The list of priorities included in the survey was developed by OPH, LPHI and the regional RMD/RAs and designed to include diverse issues and needs relevant to Louisiana as identified in previous assessments both by OPH and other entities (i.e. hospital CHNAs, community plans, etc. The survey also included social determinants of health relevant to Louisiana such as unemployment, transportation, the built environment, crime, and education, among others. For a complete list of health priorities. In addition to listing their top five priorities, respondents were also asked to indicate the parish in which they live/work and the type of stakeholder that they are/represent. The average number of respondents to the regional surveys was 132. The highest level of participation for a region was 246 responses, and the lowest 68.

Taking into account stakeholders' feedback from and responses to the online survey, RMD/RAs worked closely with OPH and LPHI staff to develop agendas for two rounds of 4-hour stakeholder meetings to take place in all 9 public health regions in Louisiana. These meetings were designed to allow OPH, RMD/RAs and stakeholders to collaboratively identify and discuss the health and wellness priorities that are most important in their regions, and also to facilitate in-depth conversations between RMD/RAs, state-level OPH, and stakeholders on these priorities and the social determinants of health in their region and state-wide. Mechanisms to collect both qualitative and quantitative data during these meetings were developed in order to ensure that stakeholder input would inform the state-level priorities identified for the SHIP.

Figure 38: Interconnections between “traditional” and “non-traditional” stakeholders in public health and community wellness



The goals of the first round of meetings, which took place March-July 2015, were to identify and explore health priorities. Each meeting began with the RMD/RAs reporting back to stakeholders on the results from their region's online survey, focusing on the top 10 health and wellness priorities identified through the survey. In order to hone in on the highest ranked health priorities, the RMD/RA then presented key population and community data relating to the top five regional health priorities identified from the survey. Following the data presentation, stakeholders were asked to vote on the top five regional priorities using Audience Response System (ARS) technology in order to identify the top three health priorities for their region. Ties were broken by stakeholder voting using ARS technology, which was also used to capture stakeholders' parish of residence/work and the type of stakeholder they represent.

After identifying the top three health priorities (Appendix "B"), stakeholders were broken into three workgroups, each devoted to one of the three priorities identified through voting. Each workgroup engaged in a one-hour café-style SWOT activity in which they were asked to reflect on and discuss the strengths, weaknesses, opportunities and threats for their randomly assigned health priority. Prior to the meeting, local stakeholders and regional OPH staff were invited to lead the activity and were trained beforehand. Meeting facilitators provided the local activity leaders with SWOT definitions and “illuminating questions” designed to elicit conversation among activity participants. Discussion notes and responses were recorded on flip charts and subsequently transcribed and analyzed for emerging high-level themes at the parish and regional levels. Notes and analysis from the SWOT activity were sent to RMD/RAs and meeting participants after the meeting conclusion.

Upon the meeting's conclusion, participants were asked to contribute feedback and questions regarding the meeting via anonymous comment cards. Participants were also asked to write down the names and/or titles of individuals and/or organizations who were not present at the meeting but needed to be. Comment cards were scanned and sent to the RMD/RAs to help them plan for the second round of meetings.

Regional SWOT Results

Figure 39 below provides a snapshot of the SWOT results by region. Detailed SWOT outputs are available in Appendix C.



Figure 39: SWOT Summary Word Cloud

Developing Regional Goals & Strategies

RMD/RAs chose to hold the second round of assessment meetings from July-August 2015. Similar to the first meeting, invitations were sent to stakeholders by their respective RMD/RA, who made an effort to include the missing stakeholders identified on comment cards by round 1 meeting participants. The content and flow of second meeting agenda was heavily influenced by the RMD/RA and their unique regional stakeholders and needs. During the second meeting, the RMD/RA reported back to meeting participants on the demographic breakdown of the first meetings' participants (which parishes and type of stakeholders they represented) and provided preliminary findings from qualitative analysis of the SWOT activity outputs. Many RMD/RAs invited subject matter experts to present on challenges and innovative approaches to addressing the top three health priorities for their region. After the presentations, meeting participants were given time to pose questions to the subject matter experts. In addition, several RMD/RAs chose to have their stakeholders engage in an activity designed to identify realistic and contextually appropriate regional goals, strategies and action steps to address each of the top three priorities previously identified (See Appendix C). Stakeholders were provided with prompts describing a common definition for each priority, key indicators, and nationally aligned evidence based strategies. These documents were used as a guide for developing regional goals, strategies, and objectives. The prompts are available in Appendix D. Second round meetings concluded with the RMD/RA discussing their vision for work moving forward around the top three health and wellness priorities in their region.

Steering Committee

The SHIP Steering Committee was created with membership from across Louisiana's regions and the many sectors that participated in the assessment and planning process. Members were asked to provide guidance on the process, make final decisions on priorities to be addressed in the SHIP, and to help develop accountability. The SHIP Steering Committee meetings were facilitated by OPH. Going forward, OPH will continue to engage with the Committee to guide its efforts and to support implementation of the SHIP strategies. The designation of individuals and organizations that will or have accepted responsibility for implementing strategies are outlined in a separate state health improvement work plan.



State Health Assessment Priority Results

Behavioral Health/Mental Health/Addictive Disorders

Stakeholders in Louisiana understand behavioral health to include both mental health and substance abuse. Both medical and community-based behavioral health services are available in Louisiana, but a lack of coordination among service providers limits the effectiveness of programs to reach the populations that need them the most. Transportation and insurance coverage are two additional barriers to accessing behavioral health care for rural and low-income citizens in Louisiana. An increase in coordination of services as well as more educational opportunities for citizens would help improve access to and retention in behavioral health care services. However, budgets and laws need to be aligned with these efforts in order for them to be effective and sustainable. There are exciting examples of behavioral health integration occurring in Louisiana, such as the integration of behavioral health and primary care.



Chronic Disease Prevention & Management

In Louisiana, there is a trend of increased patient education efforts related to chronic disease prevention & management by medical providers, but a persistent lack of coordinated care and prevention. Also, the lack of partnerships with non-traditional sectors such as the business community, limits the effectiveness of physician interventions and causes patients to fall out of care. Transportation, insurance coverage and low reimbursement rates for preventive care present barriers to accessing chronic disease management services. There is a lack of population and community-level education on how to prevent and manage chronic disease. The built environment and local cultures in Louisiana are not conducive to, and in some cases impede, chronic disease prevention and management. Innovative efforts exist in Louisiana to transform the built environment in order to promote healthy lifestyles, however legislators need to be educated on the interrelationship between the built environment and chronic health issues.

Healthcare & Insurance

Varied and extensive healthcare services are available throughout Louisiana, but major barriers to healthcare access exist including lack of transportation in rural areas, cost of insurance, lack of Medicaid expansion, and low reimbursement rates for providers. There are inconsistencies in provider availability in rural areas; some regions report good coverage, others scarcity. The Affordable Care Act presents opportunities to expand health insurance and provider coverage in traditionally hard-to-reach areas and populations. There is a lack of coordination of care between service providers, and expanding collaborations beyond the traditional healthcare realm to non-traditional sectors such as schools, the workplace and the business community, which could have a positive impact on citizens' awareness of and access to healthcare.



Nutrition & Healthy Eating

There is an expansion of programs across Louisiana designed to educate the public on nutrition and increase accessibility of healthy eating options, however public understanding of nutrition and the importance of healthy eating remains poor and further efforts are needed. Similarly to Chronic Disease Prevention & Management, the built environment and business community represent both barriers and potential solutions to addressing obesity and unhealthy eating through the elimination of food deserts, the promotion of community gardens, and the offering of healthy eating options in local restaurants and grocery stores. Better collaboration and coordination of efforts between public and private sector service providers and stakeholders is needed.

Unemployment & Economic Development

Job and educational opportunities exist, but there is a lack of coordination between the business and educational sector, representing a missed opportunity to prepare citizens, especially youth, for the job market in their communities. Economic opportunity is especially challenging in rural areas. Poor mental and physical health combined with low insurance coverage represent major barriers to a vibrant and engaged workforce, and there is a lack of understanding of the importance of health for economic development at the local, regional and state level.

Public Health Infrastructure

While services and resources are available for all priorities across Louisiana, the lack of collaboration between providers and stakeholders lead to poor citizen awareness of their existence or availability, which results in low rates of access. Coordination of services in order to pool resources, expand accessibility to vulnerable populations and improve long-term sustainability is a common theme emerging across all priority areas in Louisiana.

State Health Improvement Plan

The Institute of Medicine defines public health as, “What we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988). Louisiana embraces this definition, acknowledging that the public health system extends far beyond the boundaries of the health department. Hence, in planning and designing the Louisiana SHIP, a broad array of stakeholders and sectors that have an interest in, and impact on, the health of the public were engaged. The public health stakeholders within this plan include: state and local government, community organizations, health care providers, employers, faith-based community, advocacy and public interest groups, and schools and universities, among others.

Within Louisiana, OPH bears statutory responsibility for protecting the public’s health; its staff has taken a leading role in developing this SHIP, “Creating A Blueprint For Our Future”, which sets priorities to improve the health status of Louisiana’s residents and visitors. It highlights five priority areas and associated health outcome indicators that reflect the most significant health issues currently facing the population.

- **Support Behavioral Health**
- **Promote Healthy Lifestyles**
- **Assure Access to Healthcare**
- **Promote Economic Development**
- **Build Public Health Infrastructure**

Its aims are to assist state and community leaders in focusing their work to improve the public’s health and to promote coordination and collaboration among public health partners. The strategies proposed for each priority area are based on evidence and designed to have a high impact on the health of the population.

How will Louisiana use the SHIP?

The SHIP can be used by a wide variety of state and local agencies and organizations in numerous ways. For example, public health networks, hospitals, community health centers, social service agencies and businesses in a region can use this information to structure their community health assessments and health improvement plans. Government agencies, foundations, schools, and health and social service organizations can apply SHIP priorities as a framework for health-related strategic planning, grant seeking and grant making, performance management, and quality improvement. The information presented in the SHIP can be a valuable resource to elected officials, employers, emergency responders, and health planners about the most pressing health issues facing their populations. Academic institutions can tailor research toward these priorities and strategies to further the knowledge base on these issues.

What is the relationship between the SHIP and other planning efforts?

Many planning processes exist in Louisiana at the local and state level, but these are often geographically, subject, and/or sector specific. In the process of developing the SHIP, the team reviewed existing state and local plans and assessments (i.e. Future of the Governor’s Game Plan, Bureau of Family Health Title V assessment, OPH Health Promotions Strategic Plan, and State Office of Rural Health Strategic Plan) and other data and identified crosscutting issues, priorities and themes. The SHIP seeks to elevate these common issues to the strategic level – that is,

issues, which if addressed collaboratively by system stakeholders, have the potential to make the most impact on improving health and improving the system's capacity to act effectively on health issues. The SHIP is not intended to supplant other plans, but to provide a mechanism for the array of stakeholders in the system to come together around a set of strategic issues that transcend any one sector, community or health problem. The team encourages public health and health care system stakeholders to use the SHIP to inform their own strategic planning processes and align their planning and action across and among sectors. Others are encouraged to use the SHIP to inform their local, community engaged planning processes. In addition to state-level strategic and coordinated action and local planning, communities should use the SHIP to promote coordination and reduce duplication of services and programs.

Louisiana Health Priorities

The top state-level health and wellness priorities were identified using outputs from stakeholder voting in each region. Based on voting results, a weighted scoring system was developed for each region's top 3 priorities and points were totaled across regions. A clear scoring gap emerged between priorities with high scores (priorities with the majority of votes across all regions) and those with lower scores (priorities that emerged in only 1-2 regions, priorities with very few votes). Priorities with the highest scores were: Behavioral Health/Mental Health/Addictive Disorders, Nutrition & Healthy Eating, Chronic Disease Management, Healthcare & Insurance, and Unemployment & Economic Development. Likewise, prioritization of these five topical areas aligned with findings from the state health profile assessment.

Based on qualitative data collected during the SWOT and goal/strategy setting activities during regional meetings with stakeholders, a clearer picture of the meaning of each of these priority categories from the perspective of regional stakeholders emerged.

Specifically, it became evident that stakeholders understood **Nutrition & Healthy Eating** and **Chronic Disease Management** to be overlapping priorities with a strong focus on healthy lifestyles and prevention, rather than a more traditional focus on nutrition or disease management.

Based on this feedback from stakeholders, it was decided that these priorities would be combined into one singular priority largely focused on prevention: "Promote Healthy Lifestyles." Similarly, based on stakeholder input the Healthcare & Insurance priority was understood to have a broad focus on access to healthcare; therefore, this priority became "Assure Access to Healthcare." "Support Behavioral Health" was the clear interpretation of Behavioral Health/Mental Health/Substance Abuse, as Behavioral Health is an integrated approach to addressing both mental health and substance abuse. Drawn from qualitative data collected from stakeholders, Unemployment & Economic Development was interpreted as "Promote Economic Development."

A consistent finding across all regional assessment meetings held in Louisiana was the fact that stakeholders greatly valued the opportunity to network with their peers working on issues related to community health and wellbeing. This was true of "traditional" public health stakeholders such as regional OPH staff, as well as non-traditional stakeholders such as employees at the local Department of Transportation or city Chambers of Commerce, cultural and non-profit organizations providing health and wellness services directly to their membership and communities. Through these meetings, it became evident that individuals working in community health and wellness at the local level in Louisiana do not have frequent opportunities to network with their peers, leading to lower human capital,

few opportunities to pool resources, and limited collaboration on joint efforts. Therefore, it was decided that an additional state-level priority, “Build Public Health System Infrastructure,” would be included as one of the state-level priorities for health and wellness in Louisiana, in order to encourage a formalization of the extra-governmental public health sector throughout the state.

Support Behavioral Health

Behavioral health, the umbrella term for the combined fields of substance abuse and mental health, is uniformly recognized as a health priority area across diverse regions in Louisiana. Louisiana has a higher than national average burden of poor mental health when compared with national trends. For example, Louisiana experienced, with a noticeable increase in poor mental days among Louisiana residents in the years following Hurricane Katrina. With over 37.5% of Louisiana parishes designated as geographic Mental Health Professional Shortage Areas (HPSAs) and a lack of robust behavioral health information systems, system-wide service delivery gaps within the state contribute to the severity of behavioral health outcomes among residents (HRSA, 2015). Increasingly, communities and public health entities in Louisiana have come to recognize the impact of poor behavioral health on overall population health and as a contributory risk factor for myriad public health issues including chronic diseases and community violence. With recent changes in the delivery of behavioral healthcare via the Affordable Care Act, Louisiana is looking to adopt new best practices in behavioral health seek to such as increasing access to behavioral healthcare, improving early screening and treatment, and supporting efforts to integrate behavioral health and primary care. Effective 2015, the DHH strategy for integration of behavioral health services is to transition from a carve out model into a carve-in model where the five Bayou Health plans pay for both medical and behavioral health services under the same contract.

Objective 1: Promote integration of behavioral health and primary care services

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Proportion of primary care physician office visits where adults 19 years and older are screened for depression	0 (will be established at the beginning of the State Fiscal Year)	NA	Louisiana Medicaid Bayou Health Uniform Data System (UDS)-HRSA	To be determined
Healthy People 2020 (MHMD-11.1)	Healthy People 2020 Baseline: 2.2% (2007)		National Ambulatory Medical Care Survey (NAMCS)	Healthy People 2020 Target: 2.4% (10 percent improvement)
Proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression	0 (will be established at the beginning of the state Fiscal Year)	NA	Louisiana Medicaid Bayou Health Uniform Data System (UDS)-HRSA	To be determined
Healthy People 2020 (MHMD-11.2)	Healthy People 2020 Baseline: 2.1% (2005-2007)		National Ambulatory Medical Care Survey (NAMCS)	Healthy People 2020 Target: 2.3% (10 percent improvement)

Strategies:

- Facilitate system mapping and identification of gaps to improve linkages between behavioral health and primary care networks
- Assure availability of educational materials for providers about the benefits of BH-PC
- Integration & integration “best practices”
- Collaborate across governmental agencies and with healthcare providers to support behavioral health and primary care integration via insurance reimbursements and provider billing practices
- Increase behavioral health screening rates and behavioral health informed care plans in primary care settings

Objective 2: Support a coordinated continuum of behavioral health care and prevention services

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
<p>Suicide rate</p> <p>Healthy People 2020 (MHMD-1)</p> <p>Reduce the suicide rate</p>	<p>11.9 suicides per 100,000 population occurred in 2008</p> <p>11.3 suicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)</p>	<p>13 suicides per 100,000 population occurred in 2013</p>	<p>Louisiana State Center for Health Statistics</p> <p>National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-Race Population Estimates for Census 2000 and 2010, CDC/NCHS and Census</p>	<p>10.7 suicides per 100,000 population (10 percent improvement-decreased desired)</p> <p>10.2 suicides per 100,000 population (10% improvement-decrease desired)</p>
<p>Proportion of adolescents in Louisiana aged 12 to 17 years who experience major depressive episodes (MDEs)</p> <p>Healthy People 2020 (MHMD-4.1)</p> <p>Proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)</p>	<p>6.9 percent of adolescents aged 12 to 17 years experienced a major depressive episode in 2008</p> <p>8.3% (2008)</p>	<p>9.3 percent of adolescents aged 12 to 17 years experienced a major depressive episode in 2013</p>	<p>National Survey on Drug Use and Health (NSDUH), SAMHSA-Louisiana Behavioral Health Barometer</p> <p>National Survey on Drug Use and Health (NSDUH), Substance Abuse Mental Health Services Administration (SAMHSA)</p>	<p>6.2 percent (10 percent improvement)</p> <p>7.5% (10 percent improvement)</p>

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Proportion of adults aged 18 years and older in Louisiana who experience major depressive episodes (MDEs)	Percentage from most recent prior year estimate will be the baseline	NA	National Survey on Drug Use and Health (NSDUH), SAMHSA-Louisiana Behavioral Health Barometer	To be determined based on 10 percent improvement from baseline
Healthy People 2020 (MHMD-4.2)				
Proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)	6.5% (2008)		National Survey on Drug Use and Health (NSDUH), Substance Abuse Mental Health Services Administration SAMHSA	5.8% (10 percent improvement)

Strategies:

- Support collaboration among leaders, professionals and community members around mental health and substance abuse.
- Support efforts to expand access to behavioral health services to rural and hard-to-reach populations
- Promote efforts to integrate supportive healthcare workers (navigators, peers, CHWs)
- into the continuum of care
- Promote early childhood development by supporting mentally healthy & substance abuse-free homes
- Encourage and enhance communication between providers by strengthening electronic health information exchanges (LAHIE and GNOHIE)
- Facilitate electronic data sharing between hospital discharge staff and ambulatory care providers
- Facilitate electronic data reporting between public health and ambulatory providers via MU requirements and data sharing/data use agreements
- Coordinate efforts between the two major HIE entities in the state
- Promote trauma informed care school collaboratives to identify children at high risk of mental illness and connect them with age appropriate behavioral healthcare
- Improve reach of programs that target formerly incarcerated individuals with behavioral health diagnoses by connecting them to medical homes for treatment post-release

Objective 3: Improve community awareness of behavioral health services

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
<p>Increase the proportion of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in mental illness</p> <p>Healthy People 2020 (ECBP-10.3)</p>	<p>0 (will be established at the beginning of the state Fiscal Year)</p> <p>63.2% (2008)</p>	NA	National Profile of Local Health Departments (NACCHO Profile)	69.5 % (10 percent improvement)
<p>Increase the proportion of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in tobacco use</p> <p>Healthy People 2020 (ECBP-10.4)</p>	<p>0 (will be established at the beginning of the state Fiscal Year)</p> <p>88.0% (2008)</p>	NA	National Profile of Local Health Departments (NACCHO Profile)	96.7% (10 percent improvement)
<p>Increase the proportion of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services substance abuse</p> <p>Healthy People 2020 (ECBP-10.5)</p>	<p>0 (will be established at the beginning of the state Fiscal Year)</p> <p>68.9% (2008)</p>	NA	National Profile of Local Health Departments (NACCHO Profile)	75.8% (10 percent improvement)

Strategies:

- Promote engagement among community and healthcare groups
- Engage patients with patient navigators and community health workers
- Promote individual and family insurance coverage during Open Enrollment
- Support efforts to educate community about behavioral health prevention and available services
- Support efforts to increase provider knowledge of resources to address mental health and substance abuse
- Support efforts to de-stigmatize behavioral healthcare and promote early treatment

Regional Highlights:

Region 2

Capital Area Human Services District has been an innovator in its approach to working with local first responders to better manage people in behavioral health (BH) crises through training and establishing a continuum of crisis services through the Behavioral Health Emergency Services Collaborative. One piece of the continuum focuses on training first responders in identification and de-escalation of people in a BH crisis is called Crisis Intervention Team (CIT). CIT training consists of 40 hours of training. A new one day training condenses it into an eight hour primer, to begin to meet the needs of the rural parishes that typically have part-time officers enrolled in the Capital Area Regional Training Association (CARTA), rural law enforcement and new cadet training. Also the Louisiana Probation and Parole Office added the one day “CIT” training as a P.O.S.T. (Peace Officer Standards and Training Council) Certification requirement for all new Probation and Parole Officers, and now fire chiefs are currently considering this introductory course for fire fighters as well.

<http://www.cahsd.org/>



Region 4

Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a national initiative that is being piloted in Louisiana among children living in Lafayette, Acadia, and Vermilion parishes. Project LAUNCH Louisiana aims to ensure that all children ages 0-8 are able to reach social, emotional, behavioral, physical, and cognitive milestones. In addition to providing direct care services, Project LAUNCH also works to improve community knowledge about healthy child development through public education.

For more information: <http://www.swlahec.com/index.php/community-health/public-health-support/launch>



Region 8

The Northeast Delta Human Services Authority (NE Delta HSA) held a Faith-Based Mental Health Summit that is well-attended by members of the clergy, mental health professionals and regional leadership. Participants engaged in dialogue to better understand how faith-based organizations can assist citizens who need mental health, addictive disorders and developmental disabilities services.

For more information: www.nedeltahsa.org



Region 9

St. Tammany parish has one of the highest rates of suicide in Louisiana at approximately 18% above the state average. St. Tammany Outreach for the Prevention of Suicide (STOPS) was formed as a non-profit organization in 2001 to combat the local suicide epidemic. The organization is volunteer run and comprised of diverse representatives from law enforcement, mental health, social service, the legal profession and the community at large. STOPS offers many programs to the citizenry of St. Tammany in an effort to decrease the loss of lives from suicide. Community programs include Survivors of Suicide (SOS) Support Group, counseling through the St. Tammany Community Health Center, a Local Outreach to the Survivors of Suicide (LOSS) Team, Applied Suicide Intervention Skills Training (ASIST) and more.

For more information: <http://www.stops-la.com/home.aspx>



Promote Healthy Lifestyles

Promotion of healthy lifestyles emerged as an important health and wellness priority across all of Louisiana's distinct public health regions. Importantly, this priority encompasses both the prevention and management of chronic disease through healthy eating, exercise, and adherence to medical appointments and treatment plans. Chronic disease is a major contributor to morbidity and mortality in Louisiana. Louisiana residents experience higher-than-average incidence for several common cancers, and the state's African American population suffer from cancer rates, hypertension, diabetes, and asthma rates that exceed those of their white counterparts. In addition, Louisiana residents are hospitalized for complications from diabetes, hypertension and chronic heart failure at higher rates than the national average. Community members and public health actors at the local, regional and state level recognize the role that the social determinants of health play in the prevention and successful management of chronic disease. We recommend the promotion of aggressive strategies to address the disparities created. In addition to ensuring a coordinated system of care, public health entities and communities in Louisiana must work to ensure access to healthy food and built environments that promote exercise.

Objective 1: Increase physical activity access and outreach

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
<p>Percent of adults in the state who engaged in no leisure-time physical activity</p> <p>Reduce the proportion of adults who engage in no leisure-time physical activity Healthy People 2020 (PA-1)</p>	<p>30.1% (2011)</p> <p>36.2 percent of adults engaged in no leisure-time physical activity in 2008 (age adjusted to the year 2000 standard population)</p>	32.2 % (2013)	<p>CDC Louisiana Behavioral Risk Factor Surveillance System</p> <p>National Health Interview Survey (NHIS), CDC/ NCHS</p>	<p>27.1% (10 percent improvement-decrease is desired trend)</p> <p>32.6% (10 percent improvement-decrease is desired trend)</p>
<p>Percent of adults in the state who met the 150 minute aerobic activity guideline</p> <p>Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination Healthy People 2020 (PA-2.1)</p>	<p>69.9 (2011)</p> <p>43.5 percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2008 (age adjusted to the year 2000 standard population)</p>	67.8 % (2013)	<p>CDC Louisiana Behavioral Risk Factor Surveillance System</p> <p>National Health Interview Survey (NHIS), CDC/ NCHS</p>	<p>76.89 % (10 percent improvement)</p> <p>47.9 percent (10 percent improvement)</p>
<p>Percent of students in grades 9–12 in the state who did not engage in at least 60 minutes of physical activity on any day</p>	62% (2011)	65% (2013)	CDC Youth Risk Behavior Surveillance System	To be determined

Strategies:

- Create or enhance access to safe places for physical activity
- Address key opportunities identified in State's Statewide Comprehensive Outdoor Recreation Plan (SCORP)
- Incorporate health outcomes for physical activity into the State's SCORP
- Provide guidance to school districts in developing joint-use agreements for physical activity
- Encourage more local health initiatives that involve parks, community centers, and trails through guidance, trainings, and promotional materials
- Ensure the communities that are primarily inhabited by racial/ethnic minority populations become engaged in the process of changing the health profile of the community.
- Identify community-based organizations, voluntary agencies and organizations that work in minority communities and build a networking linkage within the communities
- Identify key leaders in the minority communities. These individuals will represent diverse sectors and stakeholder groups.
- Support street-scale and community-scale design policies and initiatives that support more walking and bicycling
- Incorporate health outcomes for physical activity into the state's complete streets policy performance standards
- Encourage the adoption of new local complete streets policies through guidance, trainings, and promotional materials
- Adopt goals for reducing % of total traffic fatalities that involve pedestrians and bicyclists at state, regional, and local levels
- Increase number of communities participating in walk-friendly and bike-friendly community rankings programs
- Enhance physical education and physical activity in schools and child care settings
- Assess current physical education, physical activity, and recess policies and practices related to time spent in moderate-to vigorous-intensity physical activity in school districts and child care settings to identify potential opportunities to improve practices
- Review state-level policies on walking or biking to or from school to determine what policy guidance is needed for school districts and schools to increase walking and bicycling
- Provide training to child care professionals on the different ways child care centers can align licensing regulations, quality rating improvement systems, and early learning standards with national standards for physical activity
- Sustain Louisiana Governor's Games, a program to promote physical activity and healthy lifestyles for school children and their families through competitive sports
- Stage health fairs in conjunction with Governor's Games sporting events, by cooperating with organizations such as the American Heart Association, American Lung Association, etc.
- Collaborate with DHH's Tobacco Control Program and CHIP to create public address announcements for television and radio that will promote the importance of physical fitness and a healthy lifestyle

Objective 2: Promote health through the consumption of healthful diets

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Percentage of adults who report consuming fruits less than one time per day	46.7% (2011)	47.5% (2013)	CDC Louisiana Behavioral Risk Factor Surveillance System	42.0% (10 percent improvement-decrease desired)
Percentage of adults who report consuming vegetables less than one time per day	32.5% (2011)	32.7% (2013)	CDC Louisiana Behavioral Risk Factor Surveillance System	29.3% (10 percent improvement-decrease desired)
Percentage of adolescents consuming fruits and/or vegetables less than one time per day in the past 7 days	65% (2011)	70% (2013)	CDC Youth Risk Behavior Surveillance System (YRBSS)	60.0% (14 percent improvement-decrease desired)

Strategies:

- Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- Implement food service guidelines/nutrition standards
- Create supportive nutrition environments in schools
- Develop a group or regional trainers to train school staff on increasing access to healthy
- Increase the contribution of total vegetables to the diets of the population aged 2 years and older
- Promote Own Your Own Health- Eat It, Own It!
- Promote use of evidence-based programs (i.e. 5-2-1-0 + 10)
- Ensure the communities that are primarily inhabited by racial/ethnic minority populations become engaged in the process of changing the health profile of the community.
- Coordinate with local farmer's market to market use of SNAP benefits at market

Objective 3: Build community capacity for chronic disease prevention and management programs

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
<p>Increase the proportion of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in chronic disease programs</p> <p>Healthy People 2020 (ECBP-10.7)</p>	<p>0 (will be established at the beginning of the state Fiscal Year)</p> <p>82.6% (2008)</p>	NA	<p>National Profile of Local Health Departments (NACCHO Profile)</p> <p>National Profile of Local Health Departments (NACCHO Profile)</p>	<p>90.8 percent (10 percent improvement)</p> <p>90.8 percent (10 percent improvement)</p>
<p>Increase the proportion of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in nutrition</p> <p>Healthy People 2020 (ECBP-10.8)</p>	<p>0 (will be established at the beginning of the state Fiscal Year)</p> <p>86.1% (2008)</p>	NA	<p>National Profile of Local Health Departments (NACCHO Profile)</p> <p>National Profile of Local Health Departments (NACCHO Profile)</p>	<p>94.7 percent (10 percent improvement)</p> <p>94.7 percent (10 percent improvement)</p>
<p>Increase the proportion of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in physical activity</p> <p>Healthy People 2020 (ECBP-10.9)</p>	<p>0 (will be established at the beginning of the state Fiscal Year)</p> <p>80.5% (2008)</p>	NA	<p>National Profile of Local Health Departments (NACCHO) Profile</p> <p>National Profile of Local Health Departments (NACCHO) Profile</p>	<p>88.5 percent (10 percent improvement)</p> <p>88.5 percent (10 percent improvement)</p>

Strategies:

- Expand participation in Well Ahead Louisiana
- Promote local and regional health initiatives (i.e. Get Healthy Cenla, Fit NOLA, Dare to Be Healthy)
- Build linkages between private sector (fitness centers, employers, etc.) and public sector to promote chronic disease prevention
- Connect marginalized populations with culturally relevant and empowerment-based chronic disease prevention and management programs
- Partner with 2-1-1 to increase bi-directional referrals between community resources and health systems
- Promote community-based chronic disease self-management programs (i.e. “Everybody With Diabetes Counts”)
- Provide train-the-trainer programs to increase the numbers of Certified Diabetes Educators and Community Health Workers
- Identify opportunities to educate providers on Diabetes Self-Management Education
- Introduce the Tomorrow’s HealthCare platform to reduce in disparities in diabetes care
- Enhance capacity of health care providers to management chronic disease conditions in partnership with community supports
- Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity

Objective 4: Increase the capacity for health systems to prevent, identify, and treat chronic disease

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Increase the percentage of adults aged 50 to 75 years who self-report receiving recommended colorectal cancer screening using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy	59.8 % (2011)	61.5% (2014)	CDC Louisiana Behavioral Risk Factor Surveillance System	77.7 percent (30 percent improvement)
Percentage of adults who have been told by a health professional they have high blood pressure.	35.6% (2011)	39.8% (2014)	CDC Louisiana Behavioral Risk Factor Surveillance System	49.8 percent (40 percent improvement)
Percentage of adults who responded yes to the question “Have you ever been told by a doctor that you have diabetes?” (excludes pre-diabetes and gestational diabetes)	10.3% (2011)	11.6% (2014)	CDC Louisiana Behavioral Risk Factor Surveillance System	11.3 percent, (10 percent improvement)

Strategies:

- Promote health screenings as a part of community prevention programs (i.e. worksite wellness, school health)
- Promote chronic disease screening by healthcare providers
- Encourage linkages and sharing of screening information between healthcare providers and community programs
- Support the Louisiana Business Group on Health (LBGH) Diabetes Collaborative
- Promote health screenings as part of regular cultural celebrations, festivals, parades, fairs, etc.
- Promote the integration of health components into cultural events and activities.

Regional Highlights:

Region 1

Fit NOLA is a partnership between the City of New Orleans and local organizations, working together to create a healthier city by promoting physical activity and improved nutrition. As a Robert Wood Johnson Foundation Culture of Health Prize winner and a Let's Move! City, Fit NOLA aims to improve the quality of life for all who live, learn, work and play in New Orleans.



The New Orleans Health Department leads the effort to shape a shared vision for the Fit NOLA partnership. As Fit NOLA addresses obesity, the partnership receives guidance from a community-based coordinating committee, and executes projects through six sector groups.

Over the past three years, Fit NOLA has grown to a partnership of over 200 non-profit organizations, schools, direct-service providers, businesses, and community members working to promote physical activity and healthy eating in their spheres of influence.

<http://nola.gov/health-department/fit-nola/>

Region 2

Healthy BR's mission is to identify and coordinate efforts aimed at healthy living and an active lifestyle into a unifying commitment to better health. Baton Rouge is fortunate to have a myriad of strong health organizations, from nonprofit entities to award winning hospitals, working to increase healthy eating and active lifestyle choices in our community. The Mayor's Healthy City Initiative (MHCI) identifies these organizations and the public services they provide in order to coordinate their efforts and facilitate greater social impact through collaborative work. Unified, we can do more to build our community's commitment to better health. Live Healthy BR focuses on preventing negative health outcomes through encouraging healthier eating and more active lifestyles.



<http://healthybr.com/>

Region 3

The Terrebonne General Medical Center (TGMC) Community Sports Institute was created to impact future generations through the promotion of healthcare education and disease prevention, along with athletic injury prevention and post care. The focus of this initiative is to go into the school system beginning at the elementary level and throughout high school to teach health education through knowledgeable healthcare professionals and physicians and to promote healthy habits and choices.



Since its inception in January of 2014, TGMC Community Sports Institute has had a huge impact on our community and has; partnered with over 60 area schools, reached over 23,000 students, 150 coaches and instructional faculty members with numerous training session as well as concussion tested over 2,000 student athletes in the Terrebonne Parish school system. TGMC is a proud community partner with the school system, recreational department and all athletes across our parish to educate the faculty and students who are the future leaders of our community.

Region 4

Coordinated by the Women's Foundation Inc., Kids on the Geaux is a pediatric weight management program to address childhood obesity in Acadiana for adolescents ages 8-14. This program provides fitness, kids on the go education nutrition and behavior modification information in an engaging and challenging manner. Through the combination of these three topics students learn lasting habits that will keep them healthy for a lifetime.



Behavioral sessions discuss topics such as self-esteem, setting goals and positive attitudes. Nutritional sessions address making better choices, portion sizes and healthy snack ideas for school and home. Both behavioral and nutritional sessions instruct students to be open minded on trying new and healthier options. The fitness session includes fun games and fitness activities introducing fun ways to be active.

Region 5

The Partnership for a Healthier Southwest Louisiana was established in July 2011 to encourage, educate and empower communities to live healthier lives by increased physical activity and better nutrition through programs that promote a healthier Southwest Louisiana. The Partnership includes participation from city and parish governments, community-based organizations, academic institutions, business leaders, hospitals and individuals who are all focused on creating opportunities for people in Southwest Louisiana. Innovative programming includes free online healthy living tools, Eat Health SWLA a registered dietician guide to more healthful menu options, as well as city-specific walking/running groups.



For more information: <http://healthierswla.com/eat-healthy-southwest-louisiana/>

Region 7

The Louisiana State University Agricultural Center, Master Gardeners and the Shreveport Parks and Recreation Department are collaborating in constructing and operating community gardens in public parks located in low income neighborhoods. In addition to gardening, local residents are taught how to prepare fresh vegetables for consumption. Shreveport Green operates a Mobile Food Market that serves low income neighborhoods that have little access to fresh vegetables and fruit. Food is supplied through local farmers markets and the Food Bank.



Healthy Green & Into the Outdoors (HGIO)

This is a coalition of over 20 nonprofits, governmental entities and businesses focused on promoting healthy lifestyles. In addition to promoting community gardens, cooking healthy vegetables, wellness checkups, exercise and creation of bike and pedestrian paths throughout the area, the coalition attracts local, regional and national grants to extend their work. Martin Luther King Health Clinic has created a community garden and exercise facility in which its patients can learn healthy eating/cooking tips and participate in exercise while waiting for their appointments.

The Answer is YES!

Curtis Elementary (Bossier), Lakeshore Middle (Caddo) and Alfred Bonnabel High School (Jefferson) earned the title of a National Healthy School by improving nutrition and physical activity programs to meet or exceed stringent standards set by the Alliance for a Healthier Generation's Healthy Schools Program. They were recognized at the annual Leaders' Summit in Washington DC on October 2-4, 2015, along with 376 other schools nationwide.

Region 9

Originally a corridor for the Illinois Central Railroad, the Tammany Trace is now a 31-mile asphalted hike and bike trail. Purchased by St. Tammany Parish government in 1992, Tammany Trace provides safe ADA accessible infrastructure for local families and citizens to engage in healthy outdoor exercise. It is Louisiana's first and only rails-to-trails conversion. Tammany Trace also has an accessible playground called Kids Konnection.

For more information: <http://www.tammanytrace.org/>



Assure Access to Healthcare

Stakeholders in Louisiana identified access to healthcare as one of the primary issues of concern in regards to the health of Louisiana citizens. Participants in the SHA/SHIP process acknowledged the diverse contributory factors that affect access to healthcare, including consumer-based issues of access as well as systemic gaps in healthcare services. Approximately 17% of Louisiana's citizens are uninsured and even for those who are insured, access to healthcare remains problematic. Lack of access to reliable transportation, inadequate funds for co-pays and prescriptions as well as lack of consumer knowledge around appropriate use of healthcare facilities affect access to healthcare.

Community based primary care is considered to be the ideal setting for preventative healthcare and management of chronic disease. Individuals without insurance tend to rely upon emergency rooms for basic healthcare services and approximately 25% of Louisiana's residents do not have an identified primary care doctor. Even for those who are able to seek out healthcare, over 50% of Louisiana parishes have been identified as Health Professional Shortage Areas (HPSAs) meaning that there are insufficient healthcare providers to serve local communities. Efforts to improve access to healthcare in Louisiana include encouraging patients to seek out medical homes and incentivizing providers to work in areas of high needs.

Objective 1: Increase individual and family insurance coverage

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Proportion of persons with medical insurance	82.2% (2008)	85% (2014)	U.S. Census, American Community Survey	100%
Increase the proportion of persons with medical insurance	83.2 % (2008)		National Health Interview Survey (NHIS), CDC/ NCHS	100%
Healthy People 2020 (AHS-1.1)				

Strategies:

- Optimize Open Enrollment Periods to Connect Individuals and Families with Insurance Coverage
- Support patient navigators (i.e. develop communication toolkits)
- Coordinate outreach and enrollment activities across governmental and community organizations

Objective 2: Increase provider participation in Medicaid

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Number of providers who accept Medicaid	7,624 (2015)	7,624 (2015)	Louisiana Medicaid Program	To be determined based on medical residency training graduation numbers, physician extender graduation numbers, inactive licensure due to retirements, and possible Medicaid expansion

Strategies:

- Streamline processes for provider participation across the five Bayou Health plans
- Educate providers about how to participate in and leverage Medicaid payment incentives

Objective 3: Provide pathways to healthcare access for underserved populations

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Do you have one person you think of as your personal doctor or health care provider?	68.1% (2012)	65.1% (2014)	CDC Louisiana Behavioral Risk Factor Surveillance System	74.9% (10 percent improvement)

Strategies

- Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine)
- Engage a communications network with racial/ethnic communities, the medically underserved along with health organizations, local and state government, patient advocates and providers, to support minority health programs and issues.
- Promote the a clearinghouse or resource center of health information within the Bureau of Health Access regarding health care issues that affect minority communities and the medically underserved.
- Network with national, state and local organizations that provide information and resources about workplace diversity and culturally competent practices in health care delivery.
- Support state (LAHIE) and regional (GNOHIE) health information exchanges
- Foster multi-sector collaboration to identify underserved groups and implement programs to improve access to quality primary care that is whole-person-centered, safe, effective, and equitable and based on evidence-based practice
- Facilitate coordination among Bayou Plans and community organizations
- Host regional health system coordination meetings (state of the health meetings in regions)
- Support integration of behavioral health and primary care services
- Support integration of reproductive health services in primary care settings
- Increase enrollment and utilization of Take Charge Plus services
- Promote medical home models in community and rural health clinics and other medical practices

Objective 4: Improve appropriate use of health facilities and consumer understanding of health system

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Discharge rate among the Medicare Population for diagnoses that are amenable to non-hospital based care	92.1 per 1,000 Medicare beneficiaries (2012)	80.3 per 1,000 Medicare beneficiaries (2014)	The Dartmouth Atlas of Health Care -- Louisiana	73.7 per 1,000 Medicare beneficiaries (20 percent improvement)

Strategies

- Promote the creation of community collaborative that advocate for increased consumer education and access to care (i.e. Better Access to Care Coalition in Baton Rouge)
- Target high risk “frequent flyers” of emergency care systems for medical home participation (i.e. Catholic Charities Health Guardians)

Objective 5: Improve coordination of state agencies who receive federal and state Human Services Transportation funding for elderly, low-income and disabled persons

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Legislation introduced to create cross agency registry	2016	NA	Legislative log	Legislation enacted by 2018
One call/one click services in place	NA		Call log	

Strategies:

- To introduce legislation to require all state and local agencies that receive federal or state Human Services Coordinated Transportation funding to participate in a centralized registry.
- To allow local and state agencies to access the registry for the purpose of coordinating transportation services
- To establish a one call/one click services for clients of Human Services Transportation Services in Louisiana

Leads: LaDOTD, New Orleans Regional Planning Commission, AARP

Timeline: 2016 - 2018

Regional Highlights:

Region 1

504HealthNet is an association comprised of 21 non-profit and governmental organizations in the Greater New Orleans area. Providers and agencies that provide primary care or behavioral health services to low income, uninsured individuals in a community setting are able to apply for membership. 504HealthNet works to integrated and provide support to of healthcare providers in the Greater New Orleans region. Through improved systems coordination and dissemination of best practices, 504HealthNet aims to increase access to comprehensive primary care and behavioral health services, to improve the, develop linkages between health services and advocate for a medical model system of care.

For more information: <http://504healthnet.org/>



Region 2

The Better Access to Care Coalition of Baton Rouge is a community collaborative comprised of healthcare providers, local leaders, healthcare agencies and community based organizations. Together, these stakeholders work together to address local issues around access to healthcare and to promote the overall health of citizens. The coalition engages in community advocacy, consumer education and technical assistance to connect citizens with healthcare.

For more information: www.mycarebr.com



Region 7

The Martin Luther King Health Clinic provides access to low income and under and uninsured patients. Northwest Louisiana Interfaith Pharmacy provides prescription assistance to low income and under and uninsured patients. St. Luke's Mobile Medical Mission provides screenings throughout the community. The Community Foundation and United Way jointly provide eyeglasses and hearing aids for low income students. David Raines Medical Center provides affordable primary care services.

For more information: www.mlkhealth.org



Promote Economic Development

Socioeconomic indicators such as meaningful employment and livable income have been recognized as highly influential social determinants of health. Stakeholders participating in the SHA/SHIP process recognized economic development as one of the key priority health areas in the state of Louisiana. The World Bank broadly defines local economic development as the process by which communities and stakeholders engage in sustained efforts to create better conditions for economic growth and employment generation in order to improve quality of life (World Bank, 2004). High rates of employment within a community and increased household income have been associated with improved long-term health outcomes.

Overall, indicators of economic development in Louisiana tend to mirror national averages. However, when statistics are controlled for race and age, significant disparities come to light. Of those living in poverty in Louisiana, 28% are under the age of 18 and 34% are African American. These types of economic disparities affect access to healthcare and generally, the resources needed to live a healthful life. Current economic development initiatives within the state of Louisiana are focused on workforce development congruent with existing industries, improving transportation options and strengthening educational programs to meet the needs of future employers.

Objective 1: Improve cross-sector collaborations to improve understanding of population health and economic health relationships

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
No. of new collaborations	Will be established at the end of the prior State Fiscal Year	For current year, increase in number over the prior State Fiscal year
No. of educational resources developed	Will be established at the end of the prior State Fiscal Year	For current year, increase in number over the prior State Fiscal Year

Strategies:

- Seek opportunities to collaborate with economic and community development partners
- Engage economic and community development partners throughout the state on health disparities and determinants
- Diversify business incentives to address skills training, affordable housing, affordable transportation, and education attainment
- Develop resource inventory and educational materials on economic health topics for use by OPH and health organizations

Objective 2: Increase opportunities for workforce training and development

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
No. of new companies enrolled in LED FastStart program	Will be established at the end of the prior enrollment year (year-end)	For current year, increase in number over the prior enrollment year
No. of new apprenticeship opportunities in emerging labor fields	Will be established at the end of prior program year	For current year, increase in number over the prior program year

Strategies:

- Market existing workforce training programs and opportunities to the appropriate audience
- Promote the LED FastStart program for local companies
- Organize job and workforce development training expos
- Leverage/optimize apprenticeship opportunities with a focus on youth and adult vocational training programs
- Create opportunities for emerging labor market fields (apprenticeships, etc.)



Objective 3: Increase educational attainment and literacy levels to meet market demands

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Completed inventory of organizations providing basic education, ESL and adult literacy, including statewide and local initiatives	Will be established at the beginning of the Louisiana Workforce Commission (LWC) State Fiscal Year	NA	NA	Completed inventory report at the end of current State Fiscal Year
Percentage of incoming ninth graders who graduate in 4 years from a high school with a regular degree.	63.9% (2008)	72% (2014)	National Center for Education Statistics -- Louisiana	To be determined
Completed assessment of educational and training needs of key industries and employers	Will be established at the beginning of the Louisiana Workforce Commission (LWC) State Fiscal Year	NA	NA	Completed assessment report at the end of current State Fiscal Year
Proportion of high school completers who were enrolled in college the October immediately after completing high school	Will be established immediately the October immediately after completing high school	NA	Louisiana Board of Regents	To be determined

Strategies:

- Assess educational needs of various industries and sectors
- Survey existing and potential employers
- Convene key industries and companies around their employee gaps
- Create an inventory of organizations providing basic education, ESL and adult literacy

Objective 4: Reduce barriers to employment

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
# of formerly incarcerated individuals with full or part- time employment/enrollment in job training programs	Will be established at the beginning of the Louisiana Workforce Commission (LWC) State Fiscal Year	Completed employment report at the end of current State Fiscal Year
# of healthcare employers represented at annual Louisiana Public Transportation Conference		For current year, increase in the number of employers represented at the prior Louisiana Public Transportation Conference

Strategies:

- Identify major job clusters in every region
- Assess commute to work patterns (Length of commute, mode of commute, number of household vehicles, access to transit, and cost of commute/transportation)
- Expand access to transit vouchers
- Increase participation of major employers and healthcare industry in federal programs to improve public transit systems in urban and rural areas i.e. JARC, Rural Public Transportation, Elderly and Persons with Disabilities, New Freedom program, etc.
- Increase participation of healthcare industry and major employers at annual Louisiana Public Transportation Conference held in November of each year
- Invest in re-entry training programs for formerly incarcerated people
- Expand access to childcare vouchers
- Increase the percentage of workers with benefits (i.e. sick leave)

Regional Highlights:

Region 1

The City of New Orleans fueled by the Mayor's Innovation and Delivery Team and managed by the Network for Economic Opportunity is enacting multiple strategies to provide opportunities for our most disadvantaged citizens and small businesses—preparing them with the skills, training, education, and support needed to fully participate in our economy, prosper, and reach their full potential. By developing career pathways customized training and worker cooperatives, in coordination with the anchor collaborative, we are weaving our city's history and traditions into new economic strategies that benefit all New Orleanians. Creating better access to jobs and opportunities, preserving our culture, ensuring affordable housing, enhancing access to transportation, creating a sustainable, healthy, and safe place to live — all with a particular focus on the Claiborne Corridor — were the study's community-derived goals and now The Network's mission.



Region 6

The Central Louisiana Economic and Business Development Alliance (CLEDA) supports the Business Acceleration System (BAS), a coaching and mentoring program for local entrepreneurs. CLEDA has developed of network of new, emerging and advanced entrepreneurs in the community who meet periodically with their prospective groups as well as one-on-one with business coaches. Coaching can be on anything from how to develop a profit and loss (P&L) statement to taking on a new business line. This is a long standing program and there are currently 52 participants receiving coaching. There have been approximately 250 BAS clients that have created close to 1200 new jobs in the region since 2009.



The Rapides Foundation has partnered with the Orchard Foundation to bring economic development programs to the region through the CENLA (Central Louisiana) Work Ready Network, A system designed to link education with workforce development efforts and align them with regional economic needs.



Career Ready 101 is a career training course that prepares students for certification with WorkKeys assessments. WorkKeys is a job skills assessment system leading to the National Career Readiness Certificate. National Career Readiness Certificate (NCRC) is a portable, evidence-based credential that measures essential workplace skills and is a reliable predictor of workplace success.



Online access to Career Ready 101 and WorkKeys assessments are available for all high school students in the Foundation service area at their schools, access to the courseware and assessment is also available at all CLTCC locations in the service area and at the business and career solutions centers in Avoyelles, Natchitoches and Rapides parishes for unemployed and under-employed residents of Central Louisiana. To date close to over 14,000 residents of Central Louisiana have earned an NCRC through this program and Rapides and Avoyelles parishes have been recognized by ACT as Work Ready Communities. There are also several local employers who now state "workkeys preferred" when they post an ad for jobs in the newspaper. CLEDA also plays a role in this initiative as the business liaison. CLEDA is also working with the additional seven parishes served by the Foundation to be recognized as Work Ready Communities.

<http://www.cenlaworkready.org/>

Central Louisiana Community Technical College (CLCTC) is building a NEW campus in downtown Alexandria in collaboration with the Alexandria City Council and other entities. CLTCC is a two year public technical community college offering associate degrees, certificates, and diplomas that prepare individuals for high demand occupations. The college continuously monitors emerging trends by maintaining proactive business advisory committees and delivering on-time industry based certifications and high quality customized training for employers. CLTCC pursues responsive, innovative educational and business partnership strategies, in an environment that promotes life-long learning, and produces a knowledgeable and skilled workforce as well as confident citizens who grow viable businesses for the future. Using innovative educational strategies the college creates a skilled workforce and prepares individuals for advanced educational opportunities.

<http://www.cltcc.edu/>



Region 7

Step Forward is a cradle to career initiative for Bossier, Caddo, DeSoto and Webster Parishes, which has as its goal to prepare the children of this community for a sustainable living wage job by the time the child is 25 years old. Funded by the Community Foundation of North Louisiana, over 500 individuals and organizations are working in specific areas to keep children on the pathway to achieving that goal, including Kindergarten Readiness, Third Grade Reading, Middle School Math, My Brother's Keeper (keeping kids out of juvenile court) and training 18-24 year olds for jobs needed in the local economy.

<http://www.stepforwardnla.org/>

Region 8

Ouachita Business Alliance (OBA)

In September 2015 Ouachita Business Alliance (OBA) announced the formation of a business coalition for progress in Ouachita Parish. The OBA plan outlines a framework for helping address unprecedented business expansion ongoing in Ouachita Parish.

<https://www.facebook.com/ouachitabusinessalliance/>



Cross-Regional

North Louisiana Economic Partnership

This is an accredited Economic Development Organization that provides professional economic development services to the 14 parish region of North Louisiana, including lead generation and prospect management. The organization also represents the interests of North Louisiana with a unified voice and as a single point of contact. It acts as a catalyst, a convener, and a connector in the region to ensure that North Louisiana's economic development potential is realized. Its vision is for North Louisiana to be a thriving region-a destination for high quality talent, innovative companies, and global investment.

<http://www.nlep.org/home.aspx>



Northeast Louisiana Economic Alliance (NELEA)

This organization is an economic development organization in Northeast Louisiana working regionally to link communities to opportunities, to jobs, and to maximize resources within the communities, state and federal government for the benefit, use and development of a strong regional rural economy. NELEA works in the following parishes: Caldwell, East Carroll, Franklin, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll.

<http://www.nelea.us/>



Louisiana Alliance Cultivating Economic Success (L.A.C.E.S.) and **SET FOREVER** were selected as Stronger Economies Together (SET) regions. The purpose of SET is to strengthen the capacity of communities/counties in rural America to work together in developing and implementing an economic development blueprint that strategically builds on the current and emerging economic strengths of their region. SET FOREVER includes Morehouse, West Carroll, East Carroll, Madison, and Richland Parishes and Louisiana Alliance Cultivating Economic Success (L.A.C.E.S.) includes East Feliciana, St. Helena, Tangipahoa, and Washington Parishes. Faculty with Southern University and LSU Extension, along with USDA Rural Development and other consultants will play an important role in guiding the Louisiana SET recipients and will serve on the State Resource Team (SRT) to provide expertise, leadership and facilitation.



Build Public Health System Infrastructure

Public health entities and community stakeholders in Louisiana recognize the importance of networking and collective action in order to impact community health and wellbeing. However, health and wellness stakeholders in Louisiana are not provided consistent opportunities to network with their peers, leading to lower human capital, few opportunities to pool resources, and limited collaboration on joint efforts at the local, regional and state levels. The priority “Build Public Health System Infrastructure” exists to encourage an integration of the extra-governmental public health sector with state public health entities. Regional Medical Directors and Administrators across Louisiana are excited at the opportunity to participate in the development and formalization of networks of public health and community wellness advocates. These partnerships will help both public and extra-governmental public health stakeholders leverage existing efforts and realize meaningful impacts on community health at the local, regional and state level.

Objective 1: Facilitate public health system strengthening through networking and relationship building

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
% of regions with a health system summit	11%	33 % (1/3 of our regions) of regions have a health system summit by June 30, 2016.
% regions implementing a local community health improvement plan	0	33 % of regions implement a local community health improvement plan by June 30, 2016.

Strategies:

- Host regional health system summits in partnership with both state and local organizations (i.e. Office of Behavioral Health, Medicaid Bayou Plans, local health coalitions.)
- Engage multi-sector community leaders at the regional level to develop and implement community health improvement plans and regional health system summits.

Objective 2: Build systems to analyze and share data

Strategies:

- Optimize the newly created OPH Center for Population Health Informatics to build capacity for analytics and data-sharing
- Increase participation in state (LAHIE) and regional (GNOHIE) health information exchanges
- Regularly provide snapshots (including parish profiles) of health status for community review and use
- Develop a dashboard to track agency and system performance
- Promote use of evidence-based practices and innovation

Objective 3: Address long-standing health inequities through collaboration with diverse partners and community members

Strategies:

- Support the Office of Minority Health led statewide initiative engaging inter-agency coordination around minority and medically underserved health issues.
- Engage a system of community improvement zones, whereby the private sector targets a particular section of the community with various innovative actions.
- Support a plan to decrease morbidity in racial/ethnic minority and medically underserved populations.
- Support the Louisiana Health and Wellness Innovation Plan to push for whole-person-centered care that is team-based and coordinated with a consideration of social, cultural, emotional, and economic contexts for well-being.

Objective 4: Implement an ongoing cycle of health assessments and planning

Strategies:

- Strengthen system performance and quality improvement capabilities
- Regularly assess public health system against national standards
- Align with other statewide assessment and planning efforts (i.e. block grants, hospital CHNAs, public health programs, FQHCs, foundations, rural hospitals)

Regional Highlights:

Region 1



The Greater New Orleans Health Information Exchange (GNOHIE) is a collaborative, community-linked infrastructure that facilitates care coordination and chronic disease management by improving communication across health systems. The GNOHIE is linked to electronic medical records and health information systems of community health clinics and hospitals in order to allow for HIPAA compliant exchange of health information. Specific uses include emergency department/inpatient notification for primary care providers as well as population-level tracking and management of chronic diseases.

www.gnohie.org

Region 3

Working with the State Director of Nursing, the Office of Public Health (OPH) has agreed to pilot a new classification for population health nursing through a RN Public Health Community Liaison based on the public health competencies for nurses and leaders. Beginning by re-exploring the ways that local health units can assist all public health programs and initiatives, OPH will evaluate the organization, training and activities of public health at the local level. Finally, funding mechanisms for local public health infrastructure with an emphasis on sustainable formulas for braided, federal, state, and local funding will be explored. A pilot with the Teche Action Board Inc. Clinic will serve as a starting point for a partnership between governmental public health and primary care that will also demonstrate the opportunity for health improvement through better defined roles and coordination strategies.

Plan Implementation and Monitoring

The Office of Public Health utilized the results of the SHA to develop action plans. Over the next five years, state level and regional level working groups will develop implementation and evaluation plans for specific initiatives and projects. For each SHIP priority, state and national evidence-based guidance was noted when possible. The ongoing process of implementing the SHIP will bring together partners on a periodic basis to review progress in meeting the SHIP objectives. The designation of individuals and organizations that will or have accepted responsibility for implementing strategies are outlined in a separate state health improvement work plan.

Get involved!

The Office of Public Health, with input from the SHIP Steering Committee, will be responsible for ongoing monitoring of the strategies being implemented. However, many other partners contribute to the health of the population and are essential to the public health system and the success of this plan.

The SHIP is intended to be a living document to guide health improvement work throughout the state. The plan can serve as a catalyst for new partners to work together toward this common health goal. Implementation of SHIP strategies over the next few years will bring together public health system partners to coordinate and collaborate in meeting the state's health goals. The commitment of partners to systematically address shared priorities will yield greater improvements in the population's health than individual or disjointed efforts.



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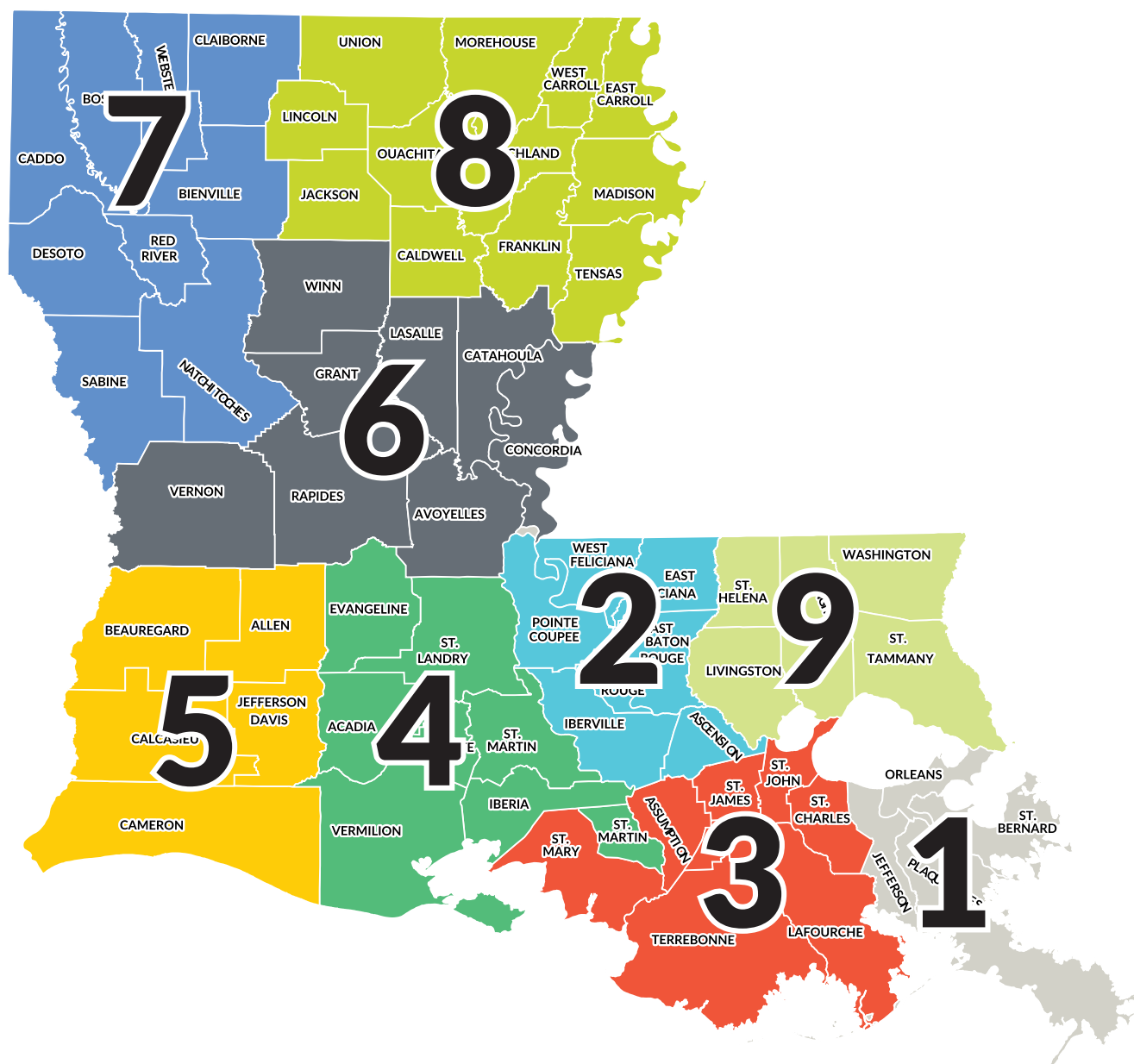
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Appendix A:

Louisiana Health Planning Scan Results

An important component of the assessment approach was conducting an environmental scan of existing assessments state-wide. Assessments included in this scan included those conducted by non-profit hospitals, regional coalitions, local foundations, the local health department in New Orleans, and parish government agencies. Findings from the environmental scan informed selection of indicators for the community health status assessment, identification of stakeholders for the regional meetings, and narrowed selection of social and health domains for prioritization.



Region 1: Jefferson, Orleans, Plaquemines, and St. Bernard

Strengths

- MAPP process was used in 2 Community Health Needs Assessments
- Broad spectrum of stakeholder groups were involved in the process
- Primary and secondary data were collected

Weaknesses

- None noted

Themes and Key Issues

- Healthy food access
- Education
- Access to healthcare and medical services, i.e. primary, preventive, mental health
- Access to community's support services to sustain a healthy and safe environment
- Promotion of healthy lifestyles and behaviors

Region 1 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Plaquemines Parish	2014	http://lphi.org/CMSuploads/Plaquemines-Parish_Region-1-Parish-Community-Health-Assessment-Profile-66246.pdf
St. Bernard Parish	2014	http://lphi.org/CMSuploads/St-Bernard-Parish_Region-1-Parish-Community-Health-Assessment-Profile-60439.pdf
Metropolitan Hospital Council of New Orleans (MHCNO)	2015	http://www.stph.org/upload/docs/AboutUs/MHCNO%202015%20Community%20Health%20Needs%20Assessment.pdf
Ochsner Medical Center	2015	https://www.ochsner.org/img/uploads/static/2015_CHNA_Ochsner_Medical_Center_final.pdf
Ochsner Medical Center Kenner	2015	https://www.ochsner.org/img/uploads/static/2015_CHNA_OMC_Kenner_final.pdf
Ochsner Extended Care Hospital of Kenner	2015	https://www.ochsner.org/img/uploads/static/2015_CHNA_Ochsner_Extended_Care_Hospital_of_Kenner_final.pdf
Ochsner Baptist Hospital	2013	http://f63c9937f10f35a3af09-0f0651bd7789d8858c85ce-887c1ac5c4.r4.cf5.rackcdn.com/5447/ochsner_baptist_final_chna_2013.pdf
Ochsner Medical Center Westbank	2013	http://f63c9937f10f35a3af09-0f0651bd7789d8858c85ce-887c1ac5c4.r4.cf5.rackcdn.com/5447/ochsner_westbank_final_chna_2013.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 2: East Baton Rouge, Ascension

Strengths

- Diverse stakeholder groups were involved in the process.
- Comprehensive Greater Baton Rouge CHA was conducted.

Weaknesses

- Limited use of primary data sources for some hospitals

Themes and Key Issues

- HIV/STDs
- Cancer/lifestyle issues
- Heart disease and stroke
- Obesity
- Diabetes

Region 2 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Ochsner Baton Rouge	2013	
St. Elizabeth Hospital	2012	https://fmoilhs.org/steh/Pages/About-Us/Community-Health-Needs-Assessment.aspx
Our Lady of the Lake Hospital	2012	https://fmoilhs.org/ololrhc/Documents/CommunityHealthAssessment6_13WEB.pdf
Baton Rouge General Medical Center	2012	http://www.brgeneral.org/in-the-community/community-health-needs-assessment
Surgical Specialty Center of Baton Rouge	2011	http://www.sscbr.com/userfiles/file/2011_Community_Health_Needs_Assessment.pdf
The Greater Baton Rouge Community Health Needs Assessment	2011	http://www.healthycommunitieshealthyfuture.org/images/municipalities/578/1026.pdf
2010 Title V Needs Assessment of the Maternal and Child Health Population (Statewide)	2010	http://www.dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/maternal/LA_2010NeedsAssessmentReportandAppendix.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 3: Lafourche, Terrebone, Assumption

Strengths

- MAPP process was used by Terrebone and Lafourche parishes
- Broad stakeholder involvement existed among parish assessments

Weaknesses

- None noted

Themes and Key Issues

- Childhood obesity
- Timely access to care for all populations
- Chronic diseases (Diabetes, Heart disease, cancer)
- Public transportation
- Health education
- Obesity
- Behavioral health

Region 3 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Lafourche Parish	2014	http://lphi.org/CMSuploads/Lafourche-Parish_Region-3-Parish-Community-Health-Assessment-Profile-60366.pdf
Terrebone Parish	2014	http://lphi.org/CMSuploads/Terrebonne-Parish_Region-3-Parish-Community-Health-Profile-60470.pdf
Terrebone General Medical Center	2013	https://www.tgmc.com/userfiles/2013%20Community%20Health%20Needs%20Assessment%20Report-all%20together%20FINAL%203.pdf
Ochsner St. Anne General Medical Center	2015	https://www.ochsner.org/img/uploads/static/2015_CHNA_Ochsner_St_Anne_General_Hospital.pdf
Assumption Community Hospital	2012	https://fmolhs.org/ololrmc/Documents/ACHHealthAssessment2012.pdf
Lady of the Sea Hospital	2014	https://www.losgh.org/2014communityassessment.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 4: Acadia, Lafayette, St. Martin, Vermilion

Strengths

- Fairly consistent themes throughout CHAs

Weaknesses

- No implementation or action plans

Themes and Key Issues

- Cancer
- Access to care
- Emergency Room overuse
- Behavioral Health
- Heart Disease
- Obesity
- Diabetes

Region 4 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Park Place Surgical Hospital	2012	http://www.parkplacesurgery.com/docs/Community_Health_Needs_Assessment_Park_Place_Surgical_HL.pdf
St. Martin Hospital	2013	http://www.lafayettegeneral.com/sites/www/Uploads/files/Community%20Reports/St-Martin-Community-Needs-Assessment.pdf
Abbeville General Hospital	2014	http://www.abbgen.net/Images/Interior/community%20health/chna_2014_2018_public.pdf
Abrom Kaplan Memorial Hospital	2013	http://www.lafayettegeneral.com/sites/www/Uploads/files/Community%20Reports/COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENT%20Final%20Report.pdf
Lafayette General Medical Center	2013	http://www.lafayettegeneral.com/sites/www/Uploads/files/Community%20Reports/LGMC-Community-Needs-Assessment-FY2013.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 5: Calcasieu, Jefferson Davis

Strengths

- Two hospitals' CHNAs used primary and secondary data sources

Weaknesses

- One hospital's CHNA only used primary data collection method (Key Informant interviews).

Themes and Key Issues

- Access to care
- Heart disease and stroke
- Diabetes
- Behavioral health
- Cancer
- Physical inactivity/Obesity

Region 5 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Lake Charles Memorial Health System (Memorial Specialty Hospital)	2013	https://www.lcmh.com/upload/docs/Lake%20Charles%20Extended%20Care%20CHNA.pdf
Christus St. Patrick Hospital	2012	http://christusstpatrick.org/workfiles/StPatrickComunityHealthKey-InformantReport_31Jan13_FINAL.PDF
Jennings American Legion Hospital	2013	http://www.jalh.com/cnha.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 6: Avoyelles, Catahoula, Grant, LaSalle, Rapides, Vernon, Winn

Strengths

- Comprehensive CHNAs were conducted by the Rapides Foundation's consultant, PRC.
- CHNAs paints a consolidated picture of the critical health issues in Region 6

Weaknesses

- None noted

Themes and Key Issues

- Health education
- Access to care
- Obesity/
- Nutrition
- Behavioral health
- Chronic diseases (Diabetes, Heart Disease, Chronic kidney disease)
- Injury & violence prevention
- HIV

Region 6 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Rapides Foundation Service Area Community Health Needs Assessment	2013	http://www.rapidesfoundation.org/portals/0/docs/2013%20CHNA%20Report%20-%20Rapides%20Foundation%20Service%20Area.pdf
Christus Dubuis Hospital of Alexandria	2013	http://www.christusdubuis.org/workfiles//Alexandria.pdf
Rapides Parish Community Health Needs Assessment	2013	http://www.rapidesfoundation.org/portals/0/docs/CHA2013/2013%20PRC%20CHNA%20Report%20-%20Rapides%20Parish%20-%20LA.pdf
Winn Parish Community Health Needs Assessment	2013	http://www.rapidesfoundation.org/portals/0/docs/CHA2013/2013%20PRC%20CHNA%20Report%20-%20Winn%20Parish%20-%20LA.pdf
Catahoula Parish Community Health Needs Assessment	2013	http://www.rapidesfoundation.org/portals/0/docs/CHA2013/2013%20PRC%20CHNA%20Report%20-%20Catahoula%20Parish%20-%20LA.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 7: Allen, Natchitoches, Webster, Desoto, Caddo, Bossier, Red River

Strengths

- All CHAs/CHNAs contained primary and secondary data sources.
- One hospital's CHNA also contains an implementation plan

Weaknesses

- None noted

Themes and Key Issues

- Oral health
- Community education and preventive care
- Chronic diseases (Diabetes, Obesity, Heart disease)
- Access to care
- Behavioral health
- Health risk behaviors
- Social/cultural factors

Region 7 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Springhill Medical Center	2013	http://www.smccare.com/Springhill%20Medical%20Center%20CHNA%202013.pdf
Desoto Regional Health System	2013	http://www.desotoregional.com/PageDisplay.asp?p1=7274
Willis-Knighton Medical Center	2013	http://www.wkhs.com/Documents/Community-Health-Needs-Assessment/WKMC.pdf
Willis-Knighton South and Center for Women's Health	2013	http://www.wkhs.com/Documents/Community-Health-Needs-Assessment/WKSouth.pdf
Willis-Knighton Bossier	2013	http://www.wkhs.com/Documents/Community-Health-Needs-Assessment/WKBossier.pdf
Christus Health- Shreveport	2012	http://christushealthsb.org/workfiles/LPHI_CHRISTUS_Shreveport-Bossier%20CHNA_01Apr13_FINAL.pdf
Christus Health- Coushatta	2012	http://www.christuscoushatta.org/workfiles//CHRISTUSCoushattaCHNARReport.pdf

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 8: Caldwell, Franklin, Jackson, Lincoln, Morehouse, Ouachita, Richland, Union

Strengths

- Comprehensive regional overview is provided by the Living Well Foundation

Weaknesses

- One organization's CHA date is 2008. Data are benchmarked against HP 2010 indicators, and other secondary data sources are dated.

Themes and Key Issues

- HIV
- Respiratory problems
- Tobacco use
- Elder care
- Immunizations, Adolescent health, premature birth
- Obesity
- Chronic diseases (Diabetes, Heart Disease)

Region 8 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Living Well Foundation	2013	http://www.livingwellfoundation.net/wp-content/uploads/2008CHA_LR1.pdf
St. Francis Medical Center-Downtown	2013	https://stfran.com/documents/sfmc%202012%20chna.pdf
St. Francis Medical Center-North	2013	https://stfran.com/documents/st.%20francis%20north%20chna.pdf
P & S Surgical Hospital	2013	https://fmoths.org/stfran/Documents/PS2012Community%20Health%20Needs%20Assessment.pdf
Union General Hospital	2013	http://www.uniongen.org/2015%20CHNA%20Report_Union%20General.pdf

Region 9: St. Tammany

Strengths

- Broad spectrum of stakeholder groups were involved in a regional process
- Primary and secondary data were collected

Weaknesses

- None noted

Themes and Key Issues

- Access to community support services
- Access to healthcare and medical services
- Promotion of healthy lifestyles and behaviors
- Behavioral health
- Sexually Transmitted Diseases
- Eldercare

Region 9 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Metropolitan Hospital Council of New Orleans (MHCNO)	2013	http://www.stph.org/upload/docs/AboutUs/MHCNO%202015%20Community%20Health%20Needs%20Assessment.pdf
Slidell Memorial Hospital	2013	http://www.slidellmemorial.org/Images/Interior/about%20us/smh_chna_and_boc_resolution.pdf
St. Tammany Hospital	2013	http://www.stph.org/content/CommunityHealthNeeds

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Appendix B

REGION 1

Behavioral Health Mental Health Addictive Disorders

Unemployment & Economic Development

Violence, Homicide, Intentional Injury

REGION 2

Behavioral Health Mental Health Addictive Disorders

Chronic Disease Management

Healthcare and Insurance

REGION 3

Behavioral Health Mental Health Addictive Disorders

Chronic Disease Management

Nutrition & Healthy Eating

REGION 4

Behavioral Health Mental Health Addictive Disorders

Healthcare and Insurance

Nutrition & Healthy Eating

REGION 5

Behavioral Health Mental Health Addictive Disorders

Chronic Disease Management

Nutrition & Healthy Eating

REGION 6

Behavioral Health Mental Health Addictive Disorders

Healthcare and Insurance

Unemployment and Economic Development

REGION 7

Chronic Disease Management

Healthcare and Insurance

Unemployment and Economic Development

REGION 8

Behavioral Health Mental Health Addictive Disorders

Unemployment and Economic Development

Healthcare and Insurance

REGION 9

Behavioral Health Mental Health Addictive Disorders

Chronic Disease Management

Healthcare and Insurance

Appendix C: Detailed SWOT Results

Behavioral Health/Mental Health/Addictive Disorders

Region 1

STRENGTHS

- Services are available, but more are needed
- Increased focus on trauma-informed care across multi-sector organizations/agencies
- Awareness, training, and services in non-traditional areas (e.g., ER, first responders, Coroner's office, primary care)

WEAKNESSES

- Stigma, lack of cultural competency (including language barriers)
- Lack of human capital (providers with training)
- Lack of wrap-around services, care coordination/continuity of care
- Limited funding/funding cuts

OPPORTUNITIES

- Best practices used in care (life span trauma informed care, emergency first aid, SAMHSA)
- Increased opportunity for providers to operate through increases in funding (private and Medicaid) and increased recognition of frontline providers (crisis counselors, case managers)

THREATS

- Lack of funding/decreasing funding contributes to lack of human resources and facilities
- Limited ability to meet the needs of vulnerable populations like the homeless, immigrants (particularly non-English speaking)
- Lack of referral information and follow-up for effective care coordination

Region 2

STRENGTHS

- Availability of services (e.g., in schools, response teams, community health centers, crisis lines, one-stop shop homeless shelter)
- Access (i.e., concentration of providers in area with highest population, mobile outreach, transportation available in certain areas)

WEAKNESSES

- Limited education and outreach (e.g., linking to BH providers)
- Meeting needs across the lifespan (e.g., lack of early childhood BH services, lack of family support, family planning advice)

OPPORTUNITIES

- Services provided by clinics, health centers, or other health care agencies
- Better, increased access through coordinated care and integrated care

THREATS

- Narrow definition of BH limits ability to access care
- Lack of coordinated/integrated care
- Stigma of seeking BH/MH care

Region 3

STRENGTHS

- Range of services available via healthcare, government, and education agencies
- Work across stakeholder agencies (e.g., law enforcement and healthcare)

WEAKNESSES

- Lack of services (e.g., acute care, care for adolescents, available beds, family supports, etc.)
- Lack of or diminished funding for MH/BH
- Access (lack of transportation, insurance, ability to afford care)

OPPORTUNITIES

- Partnering with school systems and universities
- Increasing awareness of community stakeholders about where and what services and resources are available

THREATS

- Lack of coordinated care (linking to services and follow-up)
- Stigma and not knowing/acknowledging a need for care
- Budget cuts

Region 4

STRENGTHS

- Established systems of care in place that utilizes evidence-based approaches & models
- Good awareness of issue – collaborations, advocacy groups, etc.

WEAKNESSES

- Poor integration of BH into primary care & education of primary care providers on BH
- Barriers to access – insurance, cost, rural location

OPPORTUNITIES

- Expansion of services through new & innovative means – FQHCs, schools, telemedicine, etc.
- Coordinate education efforts between agencies to increase awareness of resources available

THREATS

- Lack of funding for BH & lack of education about BH for decision makers and community
- Cost of providing care – low Medicaid reimbursement rates create barriers to access

Region 5

STRENGTHS

- Many different collaborations and local level efforts (both in public & private sectors) to address BH/SA, both currently & that can be capitalized on in the future

WEAKNESSES

- Education, Communication & Prevention efforts need to be enhanced
- Need for better care coordination for patients and improved funding and services coordination between providers

OPPORTUNITIES

- There are many different public and private efforts to work within and promote BH in the region, their impact could be amplified if efforts were better coordinated.

THREATS

- Funding is the major barrier to BH in Region 5 (state budgets, lack of insurance coverage, etc.)
- Stigma and awareness are also critical to improving BH in Region 5.

Region 6

STRENGTHS

- Growth in partnerships & collaborations to address BH at different levels
- Good rural BH access

WEAKNESSES

- Care coordination is a challenge
- Need for prevention, education & awareness efforts

OPPORTUNITIES

- ACA is an opportunity, but is limited by unemployment and
- Expansion of services to rural populations (telehealth, ACA, coverage expansion) could improve rural access

THREATS

- Cost of care and services as well as unemployment are major impediments for providers & patients
- Access to care is a major issue (major barriers: insurance, transportation, provider training & availability)

Region 8

STRENGTHS

- Many different services available targeting vulnerable populations
- Integration of BH into school-based wellness and primary care

WEAKNESSES

- Lack of transportation & providers, poor continuity and coordination of care
- Cost – both for patients and providers (medication cost, insurance reimbursement)
- Lack of education & prevention @ all levels of community & society

OPPORTUNITIES

- Improved coordination of services between organizations working with vulnerable populations
- Medicaid expansion
- Creation of educational & prevention resources, perhaps through social media

THREATS

- Lack of funds – both for providers and for patients
- Lack of education - Denial of BH issues & stigma
- Geography & size of region create transportation barriers

Region 9

STRENGTHS

- Awareness of BH/SA issues in Region 9 by the population
- Services for BH/SA are available in Region 9

WEAKNESSES

- Lack of transportation is a major barrier
- Lack of coordination of services between providers & advocacy organizations

OPPORTUNITIES

- Bring together organizations & agencies currently working in BH/SA to collaborate & coordinate efforts
- Increased education among youth & adult population (schools, faith-based organizations, etc.)

THREATS

- Lack of providers & access to care (insurance coverage, transportation, lack of psychiatrists)
- State budget & laws not set up to integrate & address BH/SA.

Chronic Disease Management & Prevention

Region 2

STRENGTHS

- Outreach to and increasing literacy and awareness of community
- Healthcare and community agencies to provide services, programs, and awareness

WEAKNESSES

- Cultural, social norms around eating, lifestyle
- Access barriers related to lack of insurance (or limited insurance) and affordability of chronic care
- Patient education and awareness

OPPORTUNITIES

- Improved access to care via factors like FQHCs, Bayou Health Plans, telemedicine
- Focus on the social determinants of health through budget allocations, SNAP, etc.

THREATS

- Access to care via limited providers, lack of insurance, transportation, no MH care, closing facilities, etc.
- Social via limited access to healthy foods, affordability of healthy foods, limited personal finances, etc.

Region 3

STRENGTHS

- Hospitals and other healthcare agencies providing services and resources

WEAKNESSES

- Lack of population and patient education and awareness (about diseases and management and prevention)
- Cost of chronic care management is high

OPPORTUNITIES

- Provision of management and prevention services and resources through multiple agencies and organizations
- Collaborative work across sectors (e.g., CBOs, universities, FQHCs, etc.)

THREATS

- Access (e.g., lack of access to facilities in all parishes, transportation, not enough providers accepting Medicaid/Medicare, costs of treatment, etc.)
- Individual behaviors, responsibilities (e.g., perception of foods, medication, diet, exercise; lack of interest in self-care; insufficient primary prevention)

Region 5

STRENGTHS

- Improvements in the built environment to support exercise & healthy living
- Increased focus by healthcare providers on prevention
- Many diverse public and private efforts focused on healthy living & chronic disease management

WEAKNESSES

- Poor efforts by providers to effectively educate patients and their families about chronic disease management
- Poor efforts by providers to provide care coordination & navigation for patients and their families

OPPORTUNITIES

- Coordination and collaboration between hospitals, fitness centers, private businesses and public sector to promote chronic disease prevention & management
- Increased public awareness about chronic disease prevention & management through collaboration between existing efforts (schools, media, etc.)

THREATS

- Culture is an impediment to healthy living & addressing chronic disease
- Lack of specialty care for chronic disease management – especially harmful in rural areas

Region 7

STRENGTHS

- Strong community-based programs to promote healthy & affordable nutrition
- Strong nursing & medical medication programs
- Growth of efforts to change built environment to support healthy lifestyles (new parks, new grocery stores)

WEAKNESSES

- Lack of preventative services & education
- Over-use of emergency departments (and under-use of primary care). Barriers to access to care include transportation, insurance, wait times

OPPORTUNITIES

- Work with political leaders to improve built environment and acknowledge connectivity of built environment to chronic health issues
- Increase health education on all levels, especially with youth (school-based health centers)

THREATS

- Lack of funding for preventive programs, services and medical care due to budget cuts
- Built environment & culture impede access to physical activity & healthy eating

Region 9

STRENGTHS

- Numerous and diverse resources exist for chronic disease prevention & management (community, employer, school, and home-based services)

WEAKNESSES

- Lack of coordinated education & preventive services & efforts
- Poor coordination of care across the life span for patients and their families, especially for vulnerable populations (homeless, indigent, etc.)
- Structural barriers to care (insurance, transportation, language)

OPPORTUNITIES

- Partnerships between existing efforts/agencies/organizations (and new partners, such as LSU Ag, schools, etc.) to coordinate efforts
- Expansion of built environment efforts to promote healthy living (there's a lot of land in Region 9)

THREATS

- Louisiana culture is an impediment to chronic disease wellness
- Lack of education in the community about the impacts of chronic disease and its prevention
- Structure of healthcare system (insurance reimbursement & provider constraints) prevents effective patient education & treatment

Healthcare & Insurance

Region 2

STRENGTHS

- Focus on quality and technology (e.g., EHRs, telehealth, care management, medical homes, efficiency and prioritization)

WEAKNESSES

- Lack of specialty care and coordination between specialty and primary care
- Lack of health literacy (e.g., understanding of healthcare and its importance, seeking care too late, inappropriate use of EDs, etc.)
- Environmental and social issues

OPPORTUNITIES

- EHRs for linking providers, care coordination, and continuity of care
- Educating community on health and healthcare (e.g., personal care, PSAs on Health Living, understanding how to tap into (care) resources, Medicaid options, disease management, etc.)

THREATS

- Financial and economic (e.g., cuts to children's services, cuts to MH facilities, providers not seeing Medicaid/Medicare because of low reimbursement rates, affordability of healthcare, etc.)
- Social (e.g., housing issues, lack of transportation, lack of education, unemployment rate, etc.)

Region 4

STRENGTHS

- Expansion of service providers & health insurance has increased access to care & education about health & wellness
- Shift towards health outcomes & population health pushing for quality over quantity

WEAKNESSES

- Poor reimbursement rates for preventative care from insurance companies
- Poor public transportation in all parishes
- Lack of educational efforts regarding health & wellness

OPPORTUNITIES

- Further expansion of outreach & healthcare services to faith-based community
- Collaborate with other non-traditional sectors on health education (schools, etc.)

THREATS

- State budget deficits threaten public health efforts
- Limitations of ACA & insurance complications (Medicaid non-expansion, high cost of insurance, providers not accepting certain insurance, etc.) create barriers to accessing care

Region 6

STRENGTHS

- Good rural HC access (telehealth could improve further)
- Existence of wellness & prevention programs (work, insurance based)

WEAKNESSES

- Lack of coordination & connectivity between providers
- Patient care coordination is a challenge

OPPORTUNITIES

- ACA is an opportunity, but barriers to care exist (coverage, system complexity)

THREATS

- Cost of care and services are major impediment for providers & patients

Region 7

STRENGTHS

- Strong hospital presence as well as community & school health programs
- Good public transportation in urban areas
- Strong medical education opportunities (nursing)

WEAKNESSES

- Cost of care for providers & patients, especially for those with Medicaid
- Barriers to access for vulnerable populations – elderly, rural populations, Medicaid

OPPORTUNITIES

- Greater coordination between hospital & community prevention & care programs
- Medical & nursing schools & students

THREATS

- Lack of patient/community knowledge about available resources
- Language & cultural barriers to access
- Lack of insurance coverage & providers across the region, high demand for services

Region 8

STRENGTHS

- Good infrastructure for healthcare & insurance promotion, data monitoring and access

WEAKNESSES

- Lack of political engagement & will
- Poor access & lack of focus on prevention

OPPORTUNITIES

- Raising awareness of service & promoting access through existing entities – social media, school-based wellness programs

THREATS

- Multiple barriers to access – culture, geographically disperse region

Region 9

STRENGTHS

- St. Tammany Parish has good access to care & health insurance coverage – other parishes may be able to learn from their successes & develop strategies that work for them
- Many new (and expansion of existing) providers throughout the region (FQHCs, BH, PMC, Dental, Urgent Care, etc.).

WEAKNESSES

- Lack of work and school-based wellness programs that promote prevention & support individuals with illness
- Access to care and medications limited for both youth and adult populations due to limited insurance coverage & provider shortages.
- Lack collaboration and coordination of services between providers & agencies

OPPORTUNITIES

- Expansion of health education opportunities and incentives for providers and patients
- Work with insurance and healthcare providers to improve patient access
- Use of telemedicine & social media to educate & treat hard-to-reach populations

THREATS

- Shortage of providers & limited insurance coverage among population
- Budget cuts at the state and local levels impede healthcare provision

Nutrition & Healthy Eating

Region 3

STRENGTHS

- Programs to increase awareness and access to healthy foods and nutrition across multi-sector agencies/orgs
- Weaknesses
- Challenges with cultural and behavior change
- Limited access to healthy foods (e.g., food deserts)

OPPORTUNITIES

- Programming and partnerships to increase knowledge and promote behavior change for healthier eating and living and access to healthy foods and physical activity

THREATS

- Poor food quality; lack of confidence in safety of food to eat
- Cultural or behavioral preferences for unhealthy foods

Region 4

STRENGTHS

- Expansion of programs promoting nutrition & healthy lifestyles (WIC, farmer's markets, business incentives, school lunches, etc.)

WEAKNESSES

- Lack of community education & knowledge on healthy eating & lifestyles

OPPORTUNITIES

- Create educational opportunities to teach community about nutrition & existing resources for healthy lifestyles

THREATS

- Poor transportation & lack of grocery stores, community gardens, farmers markets in rural areas lead to lack of access to fresh food options
- Culture that promotes poor nutrition (portion size, perceived accessibility & cost of healthy foods, etc.)

Region 5

STRENGTHS

- There is strong leadership and existing efforts to educate the population and improve nutrition & healthy eating

WEAKNESSES

- Education efforts need to be stepped up both in public schools and within general population
- Behavior and culture change is necessary but difficult to achieve.
- Many programs are available, but they may not be well accessed by the populations that need them.

OPPORTUNITIES

- Collaboration and coordination of efforts between educational (LSU Ag Center, McNeese, public schools, etc.) as well as public (government) and private (hospitals, restaurants, NGOs, etc.) institutions.

THREATS

- Built environment is an impediment to good nutrition & healthy eating (lack of safe places to exercise, lack of access to healthy foods)

Unemployment & Economic Development

Region 1

STRENGTHS

- Vibrant/unique culture that feeds strong hospitality and tourism industries

WEAKNESSES

- Low educational attainment and poor quality public schools
- Insufficient or inadequate (poor quality) resources (e.g., child care, social services, schools, re-entry for previously incarcerated citizens, mental health, mentoring programs, etc.)

OPPORTUNITIES

- Youth (and adult) vocational training programs and employment opportunities (NOLA Youth Works, Job Corp, Urban League) Law

- Industry growth that will provide employment opportunities (oil & gas, fishing, health care, hospitality & tourism)
- Higher education institutions that provide vocational training and career track programs

THREATS

- Lack of educational/training opportunities
- Limited resources/opportunities/supports (and many barriers) for new business development
- Socio-political, economic, and environmental barriers to economic development like poverty, crime, lack of social services, prevalence of natural disasters, lack of federal and state funding, etc.

Region 6

STRENGTHS

- Opportunities (new industries) and resources exist, both for education & employment

WEAKNESSES

- Not enough coordination between education system & potential employers/businesses
- Education system needs to better prepare students for the job market in their community

OPPORTUNITIES

- Many different efforts (public and private) at the community and state level to promote employment and business growth
- Technical and 4 year colleges as collaborators in promoting employment & skills building

THREATS

- Poor physical and mental health as well as barriers to insurance coverage are threats to employment & economic stability & prosperity

Region 7

STRENGTHS

- Community awareness of unemployment & economic development as important issues
- Availability of job preparedness resources from universities, community colleges, etc.

WEAKNESSES

- Lack of career training for available jobs in the region
- Opportunities
- Coordinated programming within business & education communities as well as SSA to better connect and prepare individuals for employment opportunities.

THREATS

- Disparities in economic opportunities between urban and rural areas
- Lack of job opportunities & funding for sustainable economic development in region.

Region 8

STRENGTHS

- New job opportunities within tech sector
- Educational programs in region (high school, technical school, Universities)
- Collaborative efforts among sectors

WEAKNESSES

- Lack of technical & other skill sets (especially computer skills) in the workforce

OPPORTUNITIES

- Educational opportunities both in and outside of secondary schools
- Programs to reach vulnerable populations – low income, elderly

THREATS

- Industries are leaving the region
- Structural barriers to employment - lack of childcare, difficulties with transportation

Violence, Crime, & Intentional Injury

Region 1

STRENGTHS

Law enforcement policies and practices (e.g., body cameras, community policing, increased police presence, etc.)

CBO programs and resources to address violence

Local government initiatives (e.g., NOLA FOR LIFE)

Social service and health care agency services, programs, resources, and supports

WEAKNESSES

Lack of quality education, jobs

Lack of a comprehensive, sustainable plan

Lack of training, education of providers and community in appropriate and effective response

OPPORTUNITIES

Enhanced or expanded law enforcement practices (e.g., technologies, community policing, evidence collection)

Coordinated/collaborative work among stakeholders (neighborhood associations, FQHCs, schools, policymakers)

THREATS

Law enforcement (community distrust, profiling, low numbers of police, funding to OPP)

High amount of risks (racism, lack of health insurance, lack of parental involvement, lack of community involvement (due to fear), lack of self-esteem)

Appendix D: Regional Goal Statements and Strategies

Behavioral Health/Mental Health/Addictive Disorders

Region 2

Goal Statement: Increase focus on policy to promote behavioral health services, access, & funding

Strategies:

- Increase awareness and attendance of Behavioral Health Collaborative
- Develop communication strategy with specific talking points
- Attend public meetings tied to recent legislation

Region 5

Goal Statement: Promote regional (community/district) inter-entity coordination, access and engagement of services at the appropriate level of care.

Strategies:

- Identification and education on resources by developing and maintaining working list of providers
- Advocacy to community, state and federal leaders
- Identification and collaboration with other community based initiatives

Region 8

Goal Statement: Improve continuity of care pertaining to all mental health services

Strategies:

- Increase number of employees to follow up and monitor clients' care
- Increase use of technology in following discharged clients
- Have updated client info available to all necessary points of contact
- Community workgroup to tackle mental health issues

Region 9

Goal Statement: To improve access to and outcomes for behavioral health

Strategies:

- Improve awareness of need and availability of services/resources
- Promote access to available services/resources
- Improve regional coordination among available agencies

Chronic Disease Prevention & Management

Region 2

Goal Statement: Decrease the prevalence of obesity and chronic diseases in all age groups by 5% in 5 years.

Strategies:

- Identify resources and opportunities specific to chronic disease prevention and management
- Promote environmental health policies and programs
- Facilitate access to healthcare providers and health screenings
- Facilitate access to safe, accessible, and affordable places for physical activity and healthy food options

Region 5

Goal Statement: Educate all on Chronic Disease Prevention and Management across lifespan.

Strategies:

- Create resources for providers to use with patients (OPH and other?)
- Increase utilization of school-based programs
- Approach city and larger institutes to partner with i.e. industry

Region 9

Goal Statement: Increase education and awareness for prevention and management of chronic disease

Strategies:

- Identify existing educational resources and gaps
- Promote existing educational resources and environmental resources
- Identify health coaches in the region to empower and motivate patients to be their own advocates
-

Nutrition & Healthy Eating

Region 5

Goal Statement: Lower obesity rates among residents of SWLA

Strategies:

- Increase access to health foods
- Increase education to families, schools and churches in order to encourage residents to make health food choices

Healthcare & Insurance

Region 2

Goal Statement: Increase coordination and collaboration between Bayou Health and community partners in order to establish a better network of health information sharing, outreach and patient engagement

Strategies:

- Develop a centralized system of available resource referrals
- Encourage feedback between insurance providers and service providers regarding patient status
- Create a workgroup between Bayou Health and community stakeholders

Region 8

Goal Statement: Educating the public and providers to improve knowledge and increase literacy on health services and coverage while remaining culturally competent

Strategies:

- Develop a regional social services network to create and implement educational tools
- Promote coordination between health plans and providers to increase access to after hour services
- Develop the community health worker model in Region 8

Region 9

Goal Statement: Develop a centralized location (process) for healthcare resources, application and information

Strategies:

- Identify who was missing today
- Schedule another meeting
- Promote networking and sharing resources

Unemployment & Economic Development

Region 8

Goal Statement: Increase skilled workforce within the region

Strategies:

- Increase collaboration with training institute and employer
- Develop total person
- Increase employer participation
- Increase public awareness of options for employment

Appendix E: SHIP Priority Planning Prompts

Support Behavioral Health

Definition of Behavioral Health

Behavioral health is a state of mental/emotional being and/or choices and actions that affect wellness. Substance abuse and misuse are one set of behavioral health problems. Others include (but are not limited to) serious psychological distress, suicide, and mental illness (SAMHSA, 2011)

Sample Leading Indicators

Healthy People 2020

Suicide (age adjusted, per 100,000 population)
(MHMD-1)

Adolescents with major depressive episodes
(percent, 12–17 years) (MHMD-4.1)

Adolescents using alcohol or any illicit drugs
during the past 30 days (SA-13.1)

Adults engaging in binge drinking during the
past 30 days (SA-14.3)

Nationally Aligned, Evidence Based Strategies

Promote positive early childhood development, including positive parenting and violence-free homes.

Example: Support child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.

Facilitate social connectedness and community engagement across the lifespan.

Example: Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities.

Provide individuals and families with the support necessary to maintain positive mental well-being.

Example: Expand access to mental health services (e.g., patient navigation and support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

Promote early identification of mental health needs and access to quality services.

Example: Train key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.

(National Prevention Strategy, 2011)

Promote Healthy Lifestyles

Definition of Chronic Disease

Conditions that are of long duration and generally slow progression. The four main types of chronic diseases (non-communicable diseases) are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes. (WHO, 2015)

Sample Leading Indicators

Healthy People 2020

High Cholesterol (percent, age adjusted) (HDS-7)

Colorectal Cancer Screening (total including race and income) (C-16)

Asthma Emergency Department Visits (rate per 10,000) (RD-3.1, RD-3.2, and RD-3.3)

Prevention Behaviors, Adults at High Risk for Diabetes (D-16.1, D-16.2, and D-16.3)

Nationally Aligned, Evidence Based Strategies

Encourage community design and development that supports physical activity.

Example: Design or redesign communities to promote opportunities for active transportation (e.g., include places for physical activity in building and development plans).

Promote and strengthen school and early learning policies and programs that increase physical activity.

Example: Provide daily physical education and recess that focuses on maximizing time physically active.

Facilitate access to safe, accessible, and affordable places for physical activity.

Example: Offer low or no-cost physical activity programs (e.g., intramural sports, physical activity clubs).

Support workplace policies and programs that increase physical activity.

Example: Adopt policies and programs that promote walking, bicycling, and use of public transportation (e.g., provide access to fitness equipment and facilities, bicycle racks, walking paths, and changing facilities with showers).

Assess physical activity levels and provide education, counseling, and referrals.

Example: Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.

(National Prevention Strategy, 2011)

Assure Access to Healthcare

Health Care and Insurance

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. This topic area focuses on: coverage, services, timeliness, and workforce. (Healthy People 2020)

Sample Leading Indicators

Healthy People 2020

Health Insurance (percent by race) (AHS-1)
Usual Primary Care Provider (percent by race) (AHS-3)

Specific Source of Ongoing Care (percent by gender) (AHS-5.1)

Delay or Inability to Obtain Necessary Medical Care (percent by race and income) (AHS-6.2)

Nationally Aligned, Evidence Based Strategies

Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services.

Example: Provide incentives for employees and their families to access clinical preventive services, consistent with existing law.

Expand use of interoperable health information technology.

Example: Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services.

Support implementation of community-based preventive services and enhance linkages with clinical care.

Example: Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).

Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.

Example: Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.

Enhance coordination and integration of clinical, behavioral, and complementary health strategies.

Example: Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine).

(National Prevention Strategy, 2011)

Promote Economic Development

Unemployment and Economic Development

In addition to eating well and staying active, health is also determined in part by access to social and economic opportunities and the quality of our schooling. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. (Healthy People 2020)

Sample Leading Indicators Healthy People 2020

Children living with at least one parent employed year round, full time (percent) (SDOH-1)

High school completers enrolled in college the October following high school completion (percent) (SDOH-2)

Persons living in poverty (percent) (SDOH-3.1)

Renter households that spend more than 50% of income on housing (percent) (SDOH-4.2.2)

Nationally Aligned, Evidence Based Strategies

Improve education and employment opportunities.

Example: Support and expand continuing and adult education programs (e.g., English language instruction, computer skills, health literacy training).

Provide people with tools and information to make healthy choices.

Example: Empower individuals and their families to develop and participate in health protection and health promotion programs through neighborhood associations, labor unions, volunteer/service projects, or community coalitions.

Promote positive social interactions and support healthy decision making.

Example: Identify and help connect people to key resources (e.g., for health care, education, and safe playgrounds).

(National Prevention Strategy, 2011)

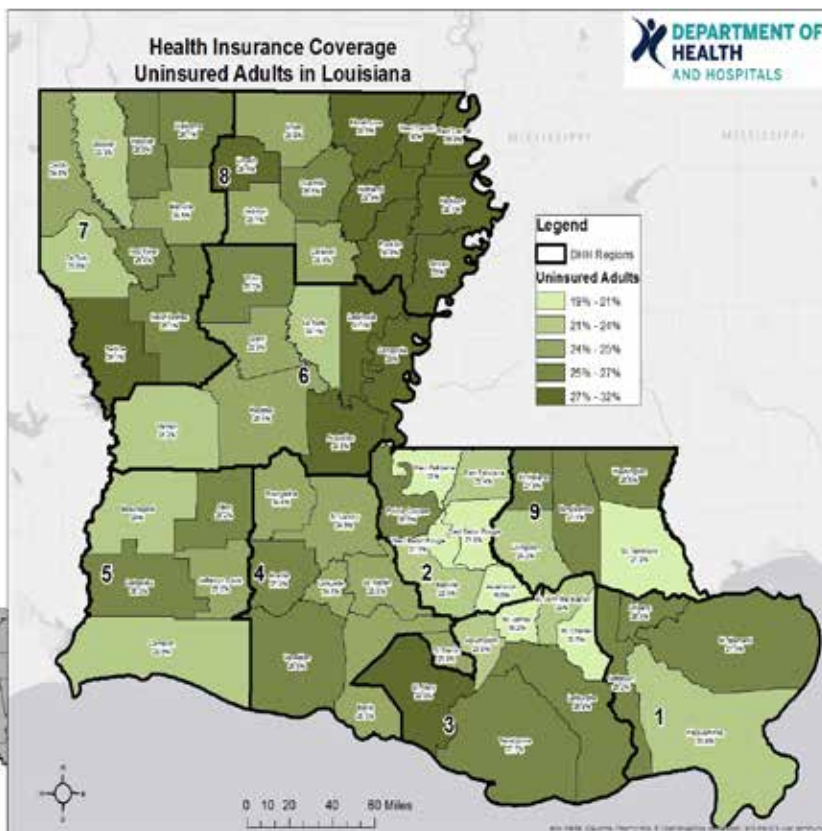
Appendix F: Maps

Uninsured Adults in Louisiana

Louisiana Dept. of
Health and Hospitals,
Office of Public Health
Center for Population
Health Informatics.

Data Source:
2015 Health Rankings
Data

Basemap:
ESRI, DeLorme, Navteq

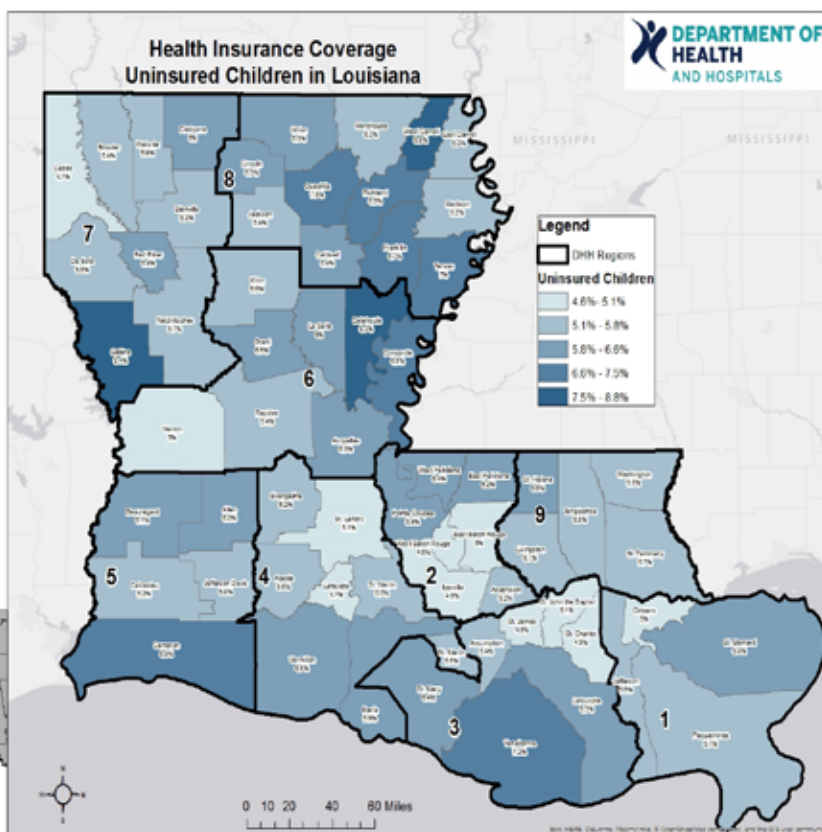


Uninsured Children in Louisiana

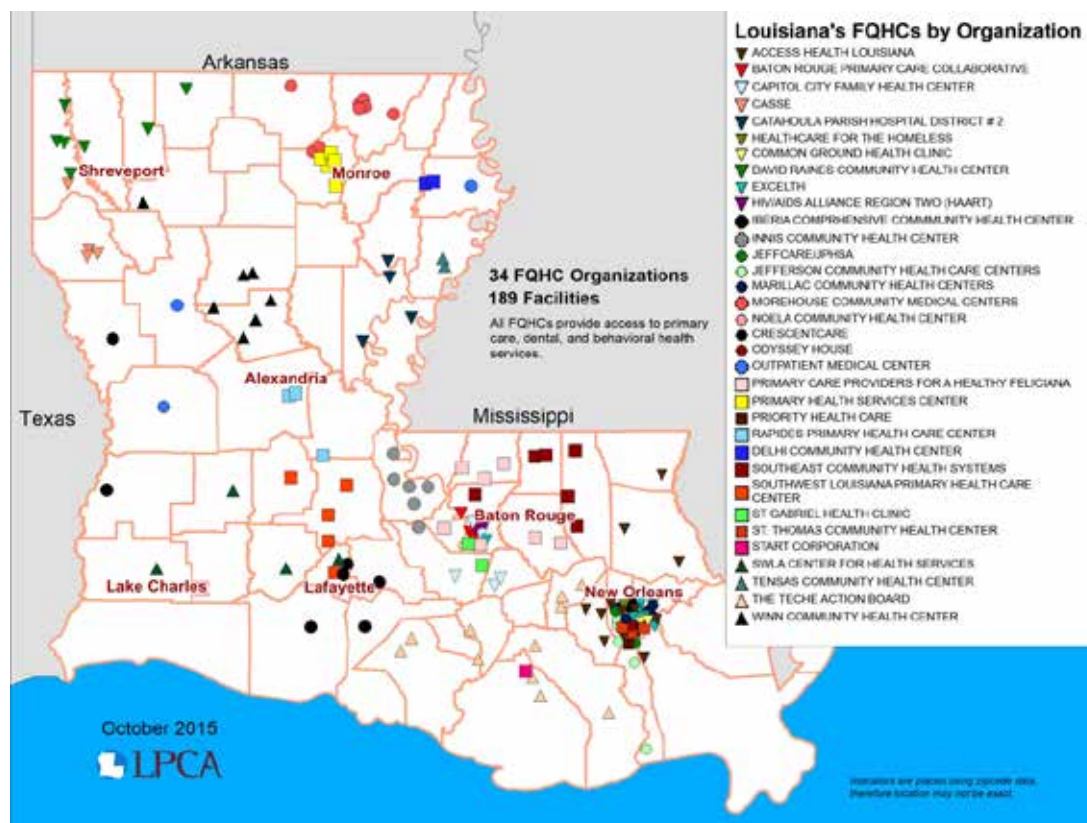
Louisiana Dept. of
Health and Hospitals,
Office of Public Health
Center for Population
Health Informatics.

Data Source:
2015 Health Rankings
Data

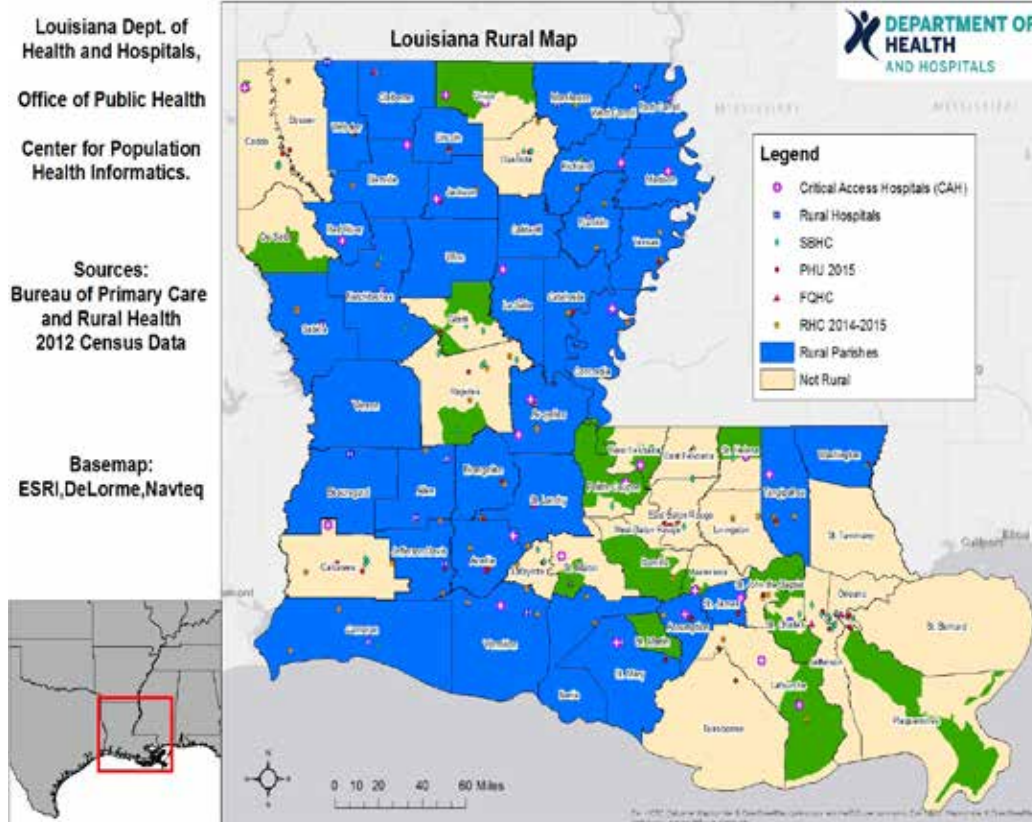
Basemap:
ESRI, DeLorme, Navteq



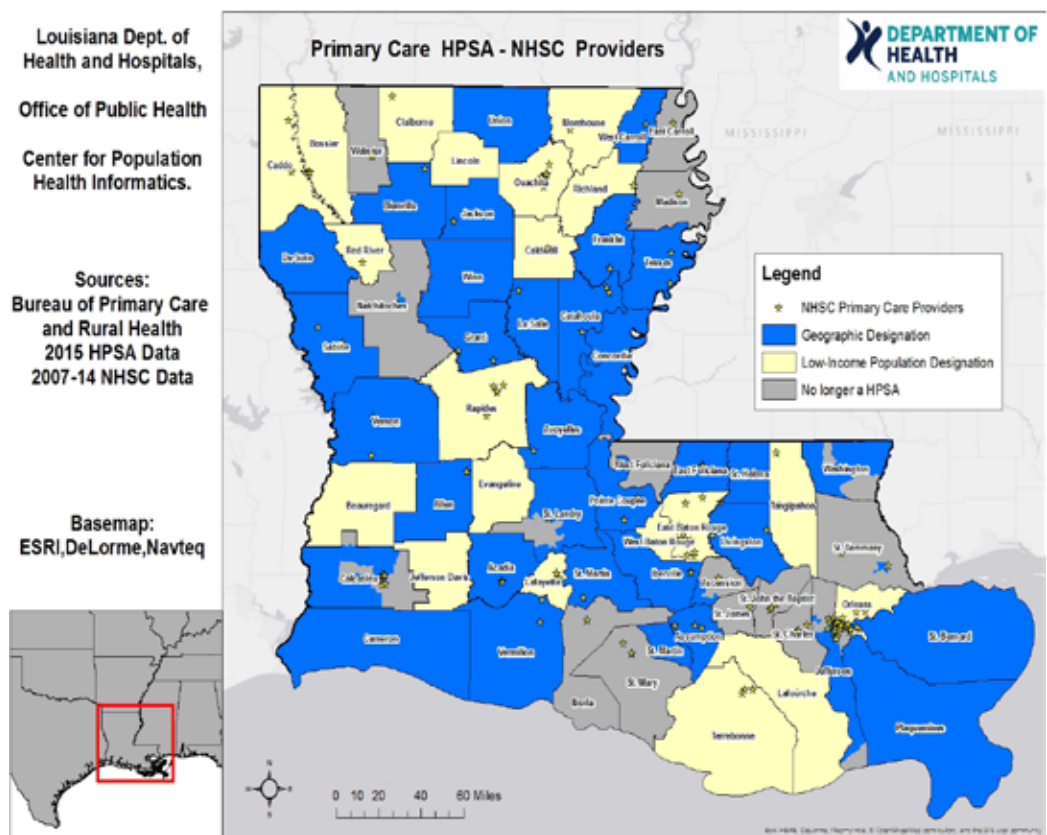
FQHC Access Map



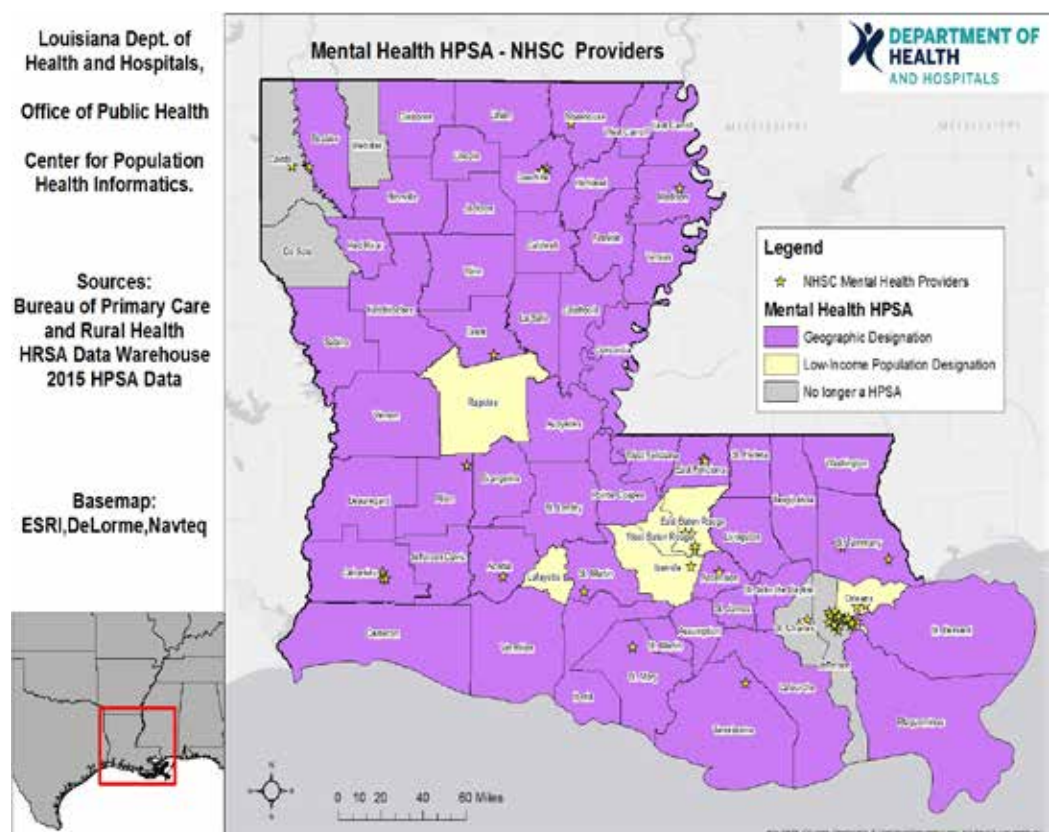
Rural Louisiana Access to Health Care



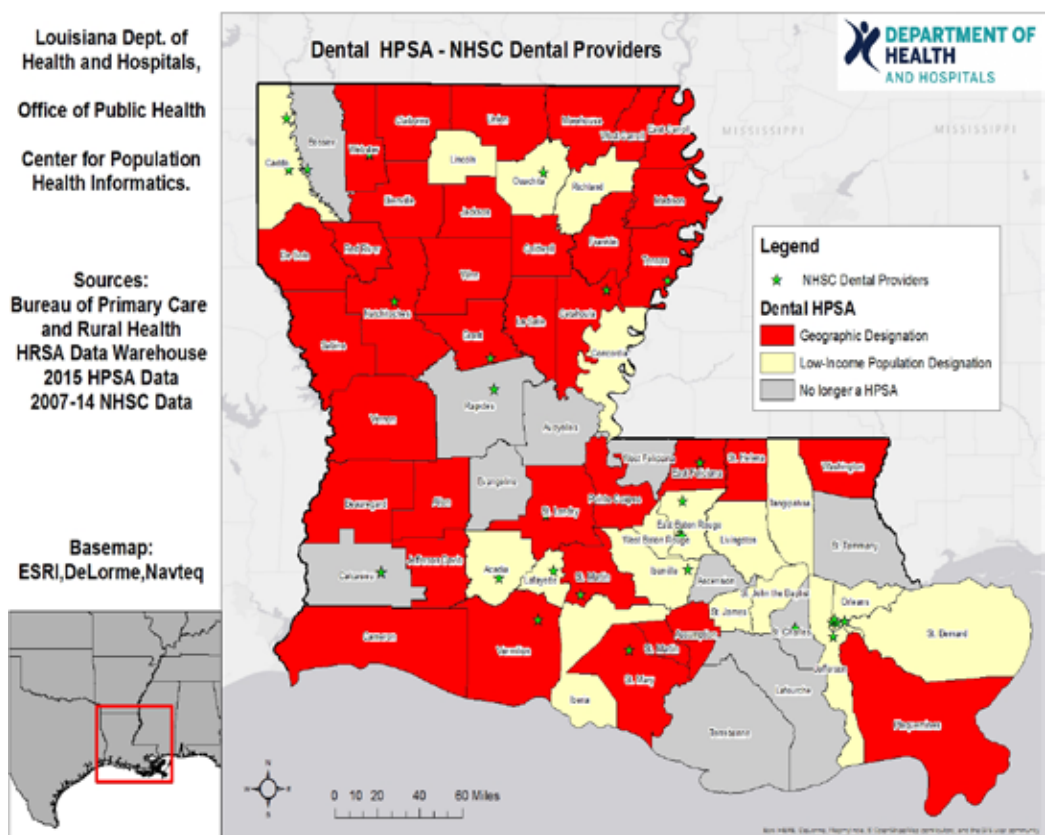
Primary Care
HPSA Map



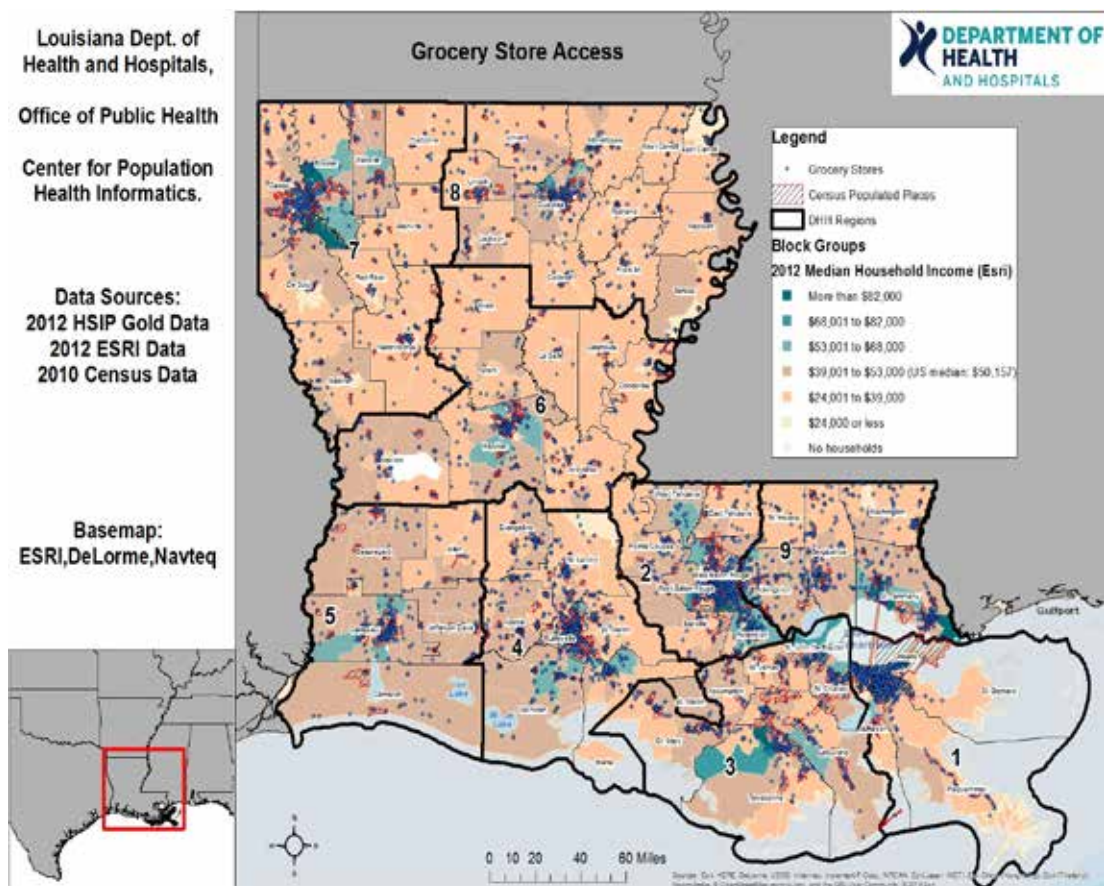
Mental Health
HPSA Map



Dental HPSA Map



Grocery Store Access Map



Appendix G: Glossary of Acronyms

A

ACT: American College Testing
AIDS: Acquired Immunodeficiency Syndrome
ARS: Audience Response System

B

BAS: Business Acceleration Systems
BH: Behavioral Health
BRFSS: Behavioral Risk Factor Surveillance System

C

CDC: Centers for Disease Control and Prevention
CENLA: Central Louisiana
CHIP: Louisiana Children's Health Insurance Program
CHW: Community Health Worker
CLEDA: Central Louisiana Economic Development Alliance
CLTCC: Central Louisiana Technical Community College
COPD: Congestive Obstructive Pulmonary Disease

D

DTaP: Diphtheria, Tetanus and Pertussis vaccine

E

ESL: English as a Second Language
ER: Emergency Room

F

FMD: Frequent Mental Distress
FQHC: Federally Qualified Health Center

G

GNOHIE: Greater New Orleans Health Information Exchange

H

HIV: Human Immunodeficiency Virus
HP 2020: Healthy People 2020
HIE: Health Information Exchange
HPSA: Health Professional Shortage Area
HRSA: Health Resources and Services Administration
HRQoL: Health-Related Quality of Life

I

IBC: Industry Based Certifications

J

JARC: Job Access and Reverse Commute Programs

L

LA: Louisiana
LA DHHS: Louisiana Department of Health and Human Services
LA DHH: Louisiana Department of Health and Hospitals
LA HIDD: Louisiana Hospital Inpatient and Discharge Data System
LaHIE: Louisiana Health Information Exchange
LBGH: Louisiana Business Group on Health
LED: Louisiana Economic Development
LOPH/OPH: Louisiana Office of Public Health
LPHI: Louisiana Public Health Institute
LWC: Louisiana Workforce Commission

M

MAPP: Mobilizing for Action and Through Planning and Partnerships
MDE: Major Depressive Episode
MMR: Mumps, Measles and Rubella vaccine
MU: Meaningful Use

N

NACCHO: National Association of County and City Health Officials
NCRC: National Career Readiness Certificate
NIS: Nationwide Inpatient Sample

P

PC: Primary Care

PHAB: Public Health Accreditation Board

R

RA: Regional Administrator

RMD: Regional Medical Director

S

SAMSHA: Substance Abuse and Mental Health Services
Administration

SCORP: Statewide Comprehensive Outdoor Recreation
Plan

SDH: Social Determinants of Health

SHA: State Health Assessment

SHIP: State Health Improvement Plan

SIDS: Sudden Infant Death Syndrome

STIs: Sexually Transmitted Infections

SWOT: Strengths, Weaknesses, Opportunities and
Threats Analysis

T

TB: Tuberculosis

TOF: The Orchard Foundation

W

WIC: Special Supplemental Nutrition Program for
Women, Infants and Children

WHO: World Health Organization



Creating A Blueprint For Our Future