

Participants can sign up by themselves or with a team and create an online profile. **For Teams in the challenge:** Captains sign up first and add their team members following the instructions online. Then, every team member signs up and completes the profile page.

**OYOH LA Challenges:**

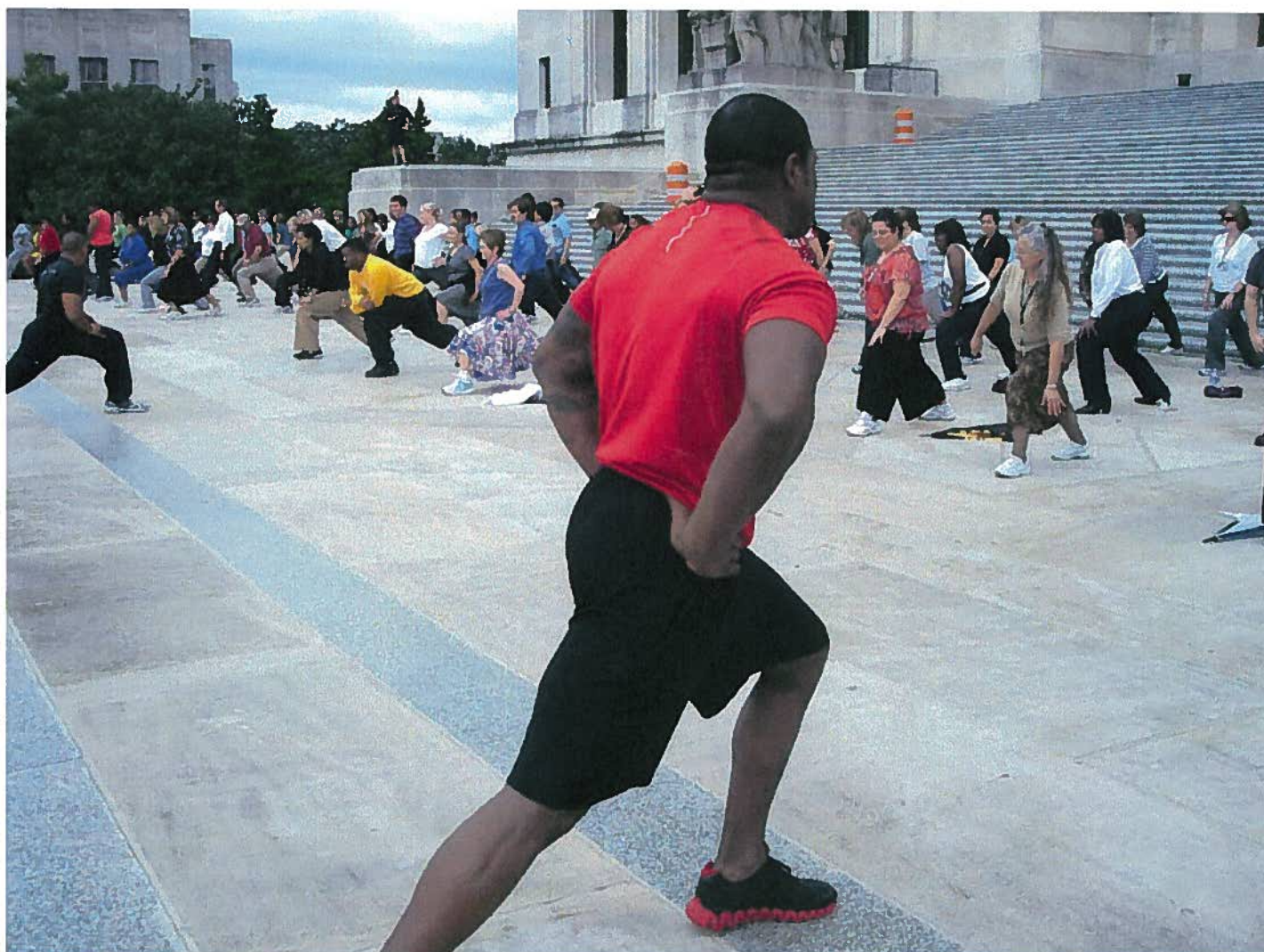
- Tribe vs. Tribe Challenge
- Ville Platte vs. Opelousas
- Bastrop vs. Tallulah
- Church vs. Church Challenge
- Alexandria vs. Monroe Challenge
- Robert “Supermann” Blount Physical Activity School Challenge
- Wooddale Elementary vs. Steps Challenge
- OYOH Individual Participants Steps Challenge
- OYOH Teams Step Challenge
- OYOH Weight Loss Challenge
- Biggest Loser Challenge

**OYOHLA Partners**

<b>How to Find the Right Primary Care Doctor for You</b>	It makes sense to establish a relationship with a primary care doctor before you need immediate medical treatment.
<b>Getting the Right Care</b>	Good health care is the right care, at the right time, for the right reason.
<b>Taking Care of Yourself</b>	Taking care of yourself means taking an active role in your health and health care so you can stay as healthy as you can.
<b>Talking to Your Doctor</b>	Communication is a two-way street. It's important to talk openly and honestly with your doctor about your health so they can best help you. Not sure what to say?
<b>Five Ways to Get the Right Amount of Care</b>	When it comes to health care, we all want and deserve quality. But just because something is called health care doesn't mean it's good for your health. Getting the right care when you need it - not too much or too little - is a big part of what makes up quality.
<b>Choosing the Right Hospital</b>	There may be times when you or a loved one needs to choose a hospital, understand what should happen in the hospital, read hospital bills, and know what to do after leaving the hospital.
<b>Making Smart Choices</b>	Informed patients make smarter choices. You can save money, save time and get better sooner if you know how to <i>ask for</i> and <i>where to get the right medical care</i> .
<b>Managing Your Health Information</b>	There are a variety of tracking and recordkeeping tools and websites for managing your and your loved one's health information.
<b>Tips on What to do Before Your Health Care Appointment</b>	Sometimes you know what illness or medical condition you have before an appointment. Other times you might only know your symptoms.
<b>Tips on What to Do During Your Health Care Appointment</b>	Ideas that can help you communicate better with your health care team. Better communication can mean better health.
<b>Your Primary Care Doctor is Your Partner for Life</b>	Find and visit a primary care provider you trust. Your primary care doctor is your partner in health.
<b>Understanding Your Health Care Costs</b>	Communicates two key messages to employees: (1) that employees and employers share the burden of health care costs and face similar challenges when making difficult trade-offs, and (2) that both employers and employees

	can take steps to better manage the costs of care while still ensuring access to high-quality care.
<b>Understanding the Basics of Quality Care</b>	Defines “good quality” care. Explains how studies show that quality care varies and therefore quality cannot be taken for granted. Discusses what health care providers and employers are doing to help safeguard and improve quality of care.
<b>Choose Wisely</b>	This initiative seeks to help physicians and patients have conversations about the overuse of tests and procedures and supports physician efforts to help patients make smart and effective care choices.



Louisiana Department of Health Y3 – Continuation Application Grant # 5 STTMP151105-02-00  
State Partnership Initiative to Address Health Disparities  
Own Your Own Health: LOUISIANA STATE PARTNERSHIP GRANT TO ADDRESS HEALTH DISPARITIES

**Grant# 5 STTMP151105-02-00**

State Partnership Initiative to Address Health Disparities

*Own Your Own Health:*

*LOUISIANA STATE PARTNERSHIP GRANT TO ADDRESS HEALTH DISPARITIES*

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Year 03

August 1, 2017 – July 31, 2018

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## LOUISIANA STATE PARTNERSHIP GRANT TO ADDRESS HEALTH DISPARITIES

### **Project Background and Context**

According to America's Health Ranking, Louisiana was ranked 48th in the nation in health, putting its residents at greater risk for preventable chronic diseases and decreased quality of life. However, in the report released in December 2016, Louisiana is ranked 47th in Obesity, 48th in Physical Inactivity and 50th overall. Louisiana is presented with the following challenges: high prevalence of obesity and decreased funding in public health. (United Health Foundation, 2015)

Over 75% of Louisiana adults are overweight and over 30% are obese (BRFSS, 2016). The state of Louisiana spends an estimated \$2.4 billion annually for obesity-related expenditures (NCSL, 2014). Louisiana's most prevalent chronic disease rankings: 4th highest state in the nation for hypertension, 5th highest state in the nation for cardiovascular disease, and 6th highest state in the nation for obesity and diabetes. If awarded this opportunity, the BMHA will use well-defined strategies to implement the "Own Your Own Health" interactive program to enroll participants, and assess and track patterns and behaviors that contribute to improving health for overweight and obese individuals. BMHA has begun addressing mental wellness through a partnership with the LDH-Office of Behavioral Health (OBH), Louisiana Spirit, and local municipalities' first responders. This initiative targets first responders in areas with geographically high disparity among racial/ethnic minorities.

The Louisiana Department of Health's (LDH) Bureau of Minority Health Access and Promotions (BMHA) is applying for continuation of the Office of Minority Health's State Partnership Grant Program to Address Health Disparities on behalf of the State of Louisiana, and targeted, minority populations that need assistance. BMHA is the established state office of minority health/health equity for Louisiana and will serve as the authorized representative for the *Louisiana State Partnership Grant to Address Health Disparities* (LPAHD).

## LOUISIANA STATE PARTNERSHIP GRANT TO ADDRESS HEALTH DISPARITIES

BMHA's Louisiana State Partnership Grant to Address Health Disparities overall goals are to:

- Reduce the prevalence of obesity among racial and ethnic minority populations through healthier eating and physical activity. Utilizing the online tool Own Your Own Health (oyohla.com).
- Improve mental health among racial, ethnic and high-risk populations through education and organization
- Ensure 1<sup>st</sup> Responders are equipped to recognize signs of suicide
- Increasing access to peer support and care among persons at risk for developing mental health illnesses;
- Strengthening partnerships throughout Louisiana working to address health disparities among racial and ethnic minority groups; and
- Identifying and communicating successful approaches to reaching and improving health among racial and ethnic minority populations.

BMHA will implement the two interventions, "Own Your Own Health-Comprehensive Wellness" and the Mental Health and Wellness and Community Awareness Program, in an effort to achieve both goals.

### **Project Objectives**

LPAHD Healthy People (HP) 2020 Objectives by Leading Health Indicator

Nutrition, Physical Activity and Obesity

*Nutrition and Weight Status*

- Increase the consumption of fruits to the diets of the population aged 2 years and older (NWS-

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14)

- Increase the contribution of total vegetables to the diets of the population aged 2 years and older (NWS-15.1)

### *Physical Activity*

- Reduce the proportion of adults who engage in no leisure-time physical activity (PA-1)

### *Obesity*

- Reduce the proportion of adults who are obese (NWS-9)

### Mental Health

#### *Mental Health and Mental Disorders*

- Reduce the suicide rate (MHMD-1)

By the end of the five-year project period, BMHA will have used grant funding, evidence-based information and promising practices to:

1. Develop a total of three Health Disparities Profiles, one for each geographic hotspot area, LDH Administrative Regions 1, 8, and 9;
2. Reach a total of 5,000 participants, 1,000 per year, who are primarily African American, Hispanic/Latino, Asian/Pacific Islander, and Native American to complete the “Own Your Own Health-Comprehensive Wellness” obesity and mental health wellness challenge;
3. Establish Memoranda of Agreements through the partnership with IAM Wellness Solutions 1st Responders Mental Wellness Project with four emergency preparedness worksites,



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reaching a total of 200 first responders, to use recommended worksite wellness protocol and tools in the BMHA's Mental Worksite Wellness and Community Awareness project;

4. Partner with community organizations and government agencies to address health disparities among racial and ethnic minority populations, and offer technical assistance to address obesity and mental health;
5. Use recommendations from the LPAHD program modeled after *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* to develop and implement appropriate plans, policies, and outreach materials to directly impact the negative effects of obesity and mental health among minorities in communities;
6. Publish a report on project results, and present information to inform public health professionals and advocates of current trends and changes among health disparities in Louisiana.

Project progress will describe efforts made during the reporting period; how effectiveness of interventions conducted was measured, monitored and documented; progress made in implementing evaluation plan; actions taken to address issues raised about the planned approach and consultations with funder evaluation technical provider.

BMHA will continue to implement the two interventions, "Own Your Own Health-Comprehensive Wellness" and the Mental Health and Wellness and Community Awareness Program, to achieve both goals.

### **Changes or Modifications**

LDH Bureau of Minority Health Access has discontinued relationship with IAM Wellness Solutions and will work directly with the LDH Office of Behavioral Health to support delivery of the safeTALK training to first responders.

## LOUISIANA STATE PARTNERSHIP GRANT TO ADDRESS HEALTH DISPARITIES

### Year 2 Progress Report

(S = strategy)

LPAHD S1a: Produce “user-friendly” Health Disparities Profiles that focus on two HP 2020 Leading Health Indicator topics, for geographical hotspots in each of three LDH administrative regions.

Output: Health Disparities Profiles focusing on Nutrition, Physical Activity and Obesity and Mental Health for LDH Administrative Regions 1, 8, and 9.

Outcomes: LPAHD developed a series of Health Disparities Profiles describing demographic information, rates of physical activity and mental health wellness in the LDH administrative region.

Process measures: Gather relevant data, work to develop draft, finalize draft and disseminate profile to project partners and stakeholders and partners.

Outcome measures: LPAHD has developed three offline Health Disparities Profiles; increased awareness of racial and ethnic health disparities in the identified LPAHD Hotspot areas.

LPAHD S1b: Develop a Health Disparities Profile distribution plan.

Output: Health Disparities Profile distribution plan

Outcome: Development of distribution plan averted as project team determines if electronic dissemination provides opportunity for mass dissemination to appropriate target audiences.

Increased access to smartphones and devices

Process measures: Determine at least three methods to publicly distributing LPAHD Health Disparities Profile.

Outcome measures: In progress; once disseminated, LPAHD Health Disparities Profiles will increase awareness of racial and ethnic health disparities in Hotspot areas.

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LPAHD S2a: Implement the statewide Own Your Own Health program with a concerted focus on improving healthy eating and physical activity among residents in LPAHD's hotspot areas demonstrating racial/ethnic health disparities.

Output: More than 2,000 Louisiana residents statewide participated in the 2017 OYOH individual and group challenges

Process Measure: Health screening and assessments, online health promotion/community engagement activities, in-person community wellness events with presentations.

Outcome Measures: Increased access to health screening and education

The LDH BMHA targeted at least four minority organizations to increase participation in the "Own Your Own Health-Comprehensive Wellness" program. In September 2015, participants will begin enrolling in "Own Your Own Health" via the online registration portal. BMHA LPAHD Program aimed to enroll at least 1,000 individuals to participate in the 2017 Own Your Own Health challenges.

Users were encouraged to form groups of 2-10 people, or participate as individual participants.

Group and individual participants chose from one of the two challenges:

- Steps Challenge
- Weight Loss Challenge

OYOH data was entered into the CoreHealth Technologies' *MiLo* web-based platform. LDH maintains an existing license-holder agreement between the LDH Governor's Council on Physical Fitness and Sports and CoreHealth Technologies. Individual OYOH participants received email messages promoting regular exercise, nutrition and wellness.

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<b>OYOH Challenge Stats including Non-website Users</b>					
<b>Challenge</b>	<b>Registered Users</b>	<b>Non-web Users</b>	<b>Total Users</b>	<b>Total Steps</b>	<b>Weight Loss</b>
Alexandria versus Monroe	249	475	724	150,648,084	
Bastrop versus Tallulah	116	125	241	147,187,197	
Ville Platte versus Opelousas	141	72	213	69,294,265	
Monroe Staff	104		50	78,323,841	
Individual Steps	151	210	361	89,297,160	
Teams Steps	586	185	771	253,250,292	
Work Week Hustle	10			247,796	
Weight Loss Open Teams	984				1,386.7 lbs.
Individual Weight Loss	4,484				809.6 lbs.
Merrydale v Woodlawn (Elementary school challenge)	1,209			5,911,248	

Due to historical flooding across the State of Louisiana, several participants were not able to join in the OYOH Challenge this year. Louisiana has a total of 64 parishes of which over 20 were impacted traumatically by the flooding. Many of the schools in the state remain displaced as a result of the flooding. Several of the schools in the area are doing a co-sharing agreement where one school has use of the school for half of a day and another for the second half. There are also numerous schools utilizing portable and temporary buildings. Businesses as well as inhabited areas were a total loss leading to citizens having to rebuild. Much like schools several families have been forced to be domiciled in “FEMA Trailers” while the rebuilding and repair processes take place. In addition to single unit/standalone homes numerous apartment complexes were total losses as well. However, in spite of these losses and tragedies, BMHA was able to sign up and engage an active challenge as indicated in both the table below and the stats posted in GrantSolutions.

Yan, H. and Flores, R. (2016, August 19). Louisiana Flood: Worst U.S. Disaster since Hurricane Sandy, Red Cross says. *CNN*. Retrieved from <http://www.cnn.com/2016/08/18/us/louisiana-flooding/>

LPAHD S2b: Develop and implement Mental Health Worksite Wellness and Community Awareness programs and events in LPAHD’s hotspot areas demonstrating racial/ethnic health disparities.

Output: Wellness training for first responders addressing mental health, nutrition, and physical

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activity.

Outcome: LDH's Bureau of Minority Health Access' LPAHD program and the LDH Office of Behavioral Health partnered to facilitate one safeTALK training.

Process measures: Identify at least one available mental health training for first responders

Outcome measures: Increased awareness of mental health support resources for first responders

LPAHD S3: Document, analyze, and communicate findings on the methods, successes, and lessons learned throughout the program period, for a variety of audiences.

Output: Communication/publication strategy and one national presentation

Outcome: LPAHD continues to document methods and lessons learned.

Process measures: Ensure data collection practices are in place

Outcome measures: Improved administrative practices to ensure documentation is collected and reported on completed project activities.

### Project Progress on Interventions & Evaluation of Effectiveness

At the end of year two of the five-year project period, BMHA has used grant funding, evidence-based information and promising practices to:

1. Develop a Health Disparities Profiles, one for each geographic hotspot area, LDH Administrative Regions 1, 8, and 9;
2. Reached over 5,000 Louisiana citizens through social media, traditional media, community partners, and internal partnerships.
3. Partnered with numerous community organizations and government agencies to address health disparities among racial and ethnic minority populations, and offer technical assistance to address obesity and mental health;

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4. Used recommendations from the LPAHD program modeled after *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* to develop and implement appropriate plans, policies, and outreach materials to directly impact the negative effects of obesity and mental health among minorities in communities;
5. Submitted an abstract to the American Evaluation Association for Conference Presentation
6. Held a seat on the Advisory Committee for the Southern Obesity Summit

The Louisiana State Partnership Grant to Address Health Disparities has helped to educate minorities and Louisiana citizens on:

- a) Making better food choices and adopting physically active lifestyles;
- b) Being properly screened for diseases associated with being overweight and obese, and
- c) Recognizing signs of thoughts of suicide as it relates to mental wellness.

The BMHA has taken advantage of low hanging fruit in an effort to address health disparities, and bridge gaps in access to health care and service delivery among minorities in Louisiana. BMHA has established partnerships with numerous internal and external partners of LDH that have resulted in the development and distribution of culturally and linguistically appropriate printed media and programming enabling minority residents to improve their health outcomes and overall quality of life.

**Preliminary Approach for Mental Health and Wellness Initiative**

**Target Population: First Responders**

<b>LPAHD</b>	<b>Services to be provided/ coordinated by LDH</b>	<b>Services to be provided/ coordinated by external partners</b>
Mental health and wellness initiative	safeTALK	Coordinate training workshops in safeTALK and ASIST in

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		collaboration with LDH Office of Behavioral Health
Nutrition education	Nutrition Education	Coordinated in partnership with OBH and Octagon Media
Policy development	Policy development to provide additional resources for first responders coordinated through LDH Office of Behavioral Health and LPAHD	Coordinate in partnership with LDH Office of Behavioral Health Louisiana Spirit program

**EVALUATION PLAN**

Specific to program evaluation, the period August 1, 2016 to April 30, 2017 continued to focus on minority health month partnerships, building strength and building capacity; on capturing impact of the OYOH program; and on shifting the mental health component to align with activities of the LDH Office of Behavioral Health’s safeTALK program.

The LA Partnership to Address Health Disparities has again experienced weather related setbacks, with main and partner offices closed for over a week in August 2016 due to flooding, and communities still in the rebuilding/recovering phase. However, the primary grant activities are being accomplished and the program continues to develop.

**Tangible activities**

- The Logic Model has been revised (uploaded to GrantSolutions) to reflect the new direction of the mental health component.
- Round 2 of the Critical Partners Survey was implemented in September 2016; a summary report has been uploaded to GrantSolutions. The report describes the:
  - The goals, objectives, or aims that the partnering agency shares with the Bureau of Minority

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Health Access?

- Whether or not the partnering agency collaborates with the Bureau of Minority Health Access beyond Minority Health Month Activities?
  - The level of collaboration with the Bureau of Minority Health Access as perceived by the partnering agency.
- 
- Tracking Minority Health Month Activities is being accomplished in the same way it was the previous year. This time, however, partners were given the tracking document ahead of time and were trained on how to use this document to provide the critical information. A copy of the training document has been uploaded to GrantSolutions. It is only minimally revised from last year. Data collection/activity tracking for Minority Health Month 2017 will begin within the next week or two.
    - The tracking form was designed to collect descriptive data (number, type, dates, and reach of activity; target population and partner's role) as well as the level and description of success. It also included items to inform activity improvement for 2018.
- 
- Round 2 of the initial OYOH Survey was implemented during the 2017 OYOH challenge registration period, December 2016 – January 2017. (Round 2 of the follow-up is scheduled for June, 2017). During this reporting period, a summary report has been written for the following: round 1, initial survey; round one, follow-up survey; round two initial survey. These three documents are referenced in order as attachment 4a, 4b, and 4c. NOTE: round 1 was considered the “test” of this survey. The implementation process and the survey itself functioned as intended. No revisions were made for round 2.
- 
- The Mental Health component finally began to emerge during these past few months. It has taken form as the implementation of safeTALK (suicide prevention) trainings. At this time, the



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evaluation is focused on process measures: when and where trainings have occurred; who and how many people attended. However, this data is not being managed by the evaluator and is reported elsewhere. Over time, we expect to be able to collect data on how this program is being utilized; how attendees have been using the skills and strategies they have acquired; who and how they are reaching the public with these skills. However, given the sensitive nature of the subject matter, the methodology has not yet been established.