

Louisiana Obesity Prevention and Management Commission

*Report prepared in response to Act 186 of the
2016 Louisiana Legislative Regular Session*

Prepared by: Bureau of Chronic Disease Prevention and Health Promotion

Louisiana Department of Health

Office of Public Health

Melissa Martin

Jamila Freightman

March 22, 2017



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Executive Summary

The Louisiana Obesity Prevention and Management Commission (LOPMC) was reinstated on August 1, 2016. LOPMC was previously established under Act 580 during the 2014 Louisiana Legislative Session and was signed into law by Governor Bobby Jindal. During the 2016 Regular Session, Senator Gerald Boudreaux introduced Senate Bill 21. This bill was and signed into law by Governor John Bell Edwards as Act 186. This legislation sought to bring together a small group of dedicated advocates from public and private organizations to work collaboratively to address the obesity epidemic in Louisiana.

As previously described in the 2015 and 2016 Obesity Prevention and Management Commission reports, the obesity epidemic in Louisiana has continued to be the most critical health concerns for the state, with 36.2% of the adult population being obese (See Appendix 7). According to the Center for Disease Control and Prevention (CDC), obesity-related conditions including heart disease, stroke, type 2 diabetes and certain types of cancer are consistently the leading causes of death in Louisiana. Subsequently, these conditions result in decreased quality of life and costly medical care.

Between 2014-2016, LOPMC has set and met several goals to increase accountability, collaboration, and delivery. In 2015, the Commission conducted an environmental scan of obesity-related programs, research, and initiatives statewide. This scan provided insight into the diversity of organizations across different sectors working to reduce the burden of obesity in Louisiana. Similarly, to increase accountability through policy, the Commission conducted a policy analysis of the current obesity-related legislation. The purpose of this analysis was to find out who or what organization proposed the policy, how the policy was implemented, and if the policies received fiscal support. The analysis revealed a lack of public knowledge about the policies, a lack of fiscal support to implement the policies, and guidelines to enforce the policies.

To reduce the burden of obesity in Louisiana, more collaboration across sectors and effective policy implementation are necessary. Proposing meaningful legislation with fiscal support will have a positive impact on the state's health. Also, developing a forum to educate legislatures about public health policy best practices will ensure effective policies are passed. Lastly, developing or using an improved mechanism for collecting childhood obesity data will advance the quality of information about factors that contribute to this condition in this state, and cultivate appropriate interventions.

The Commission has begun the 2016-2018 term by assessing community engagement, setting priorities to achieve health improvement goals during the 2016-2018 term, and developing a community accessible resources center website. The following report will provide a status update of the Commission's progress from the 1st and 2nd quarters of term year 1.

Report on Commission Progress between August 2016 and January 2017

The enacting statute sunset on March 31, 2016, the LOPMC was reinstated on August 1, 2016. LOPMC held the first Commission meeting on November 17, 2016 and the second meeting on January 26, 2017. The first quarterly meeting was delayed due to the August 2016 flood, which required redirection of resources during the following months. The Commission meetings have brought members and the community together to have open discussions about Louisiana data from the 2015 Behavioral Risk Factor Surveillance system, community-based approaches for obesity prevention, and opportunities to partner with healthcare organizations and providers (See Appendix number 7 for data presentation).

LOPMC 2016-2018 Goals

LOPMC is in the process of setting goals for the following priority areas:

- 1) Supporting the Louisiana State Health Improvement Plan
- 2) Educating on Obesity Prevention Best-Practices and Community Collaboration
- 3) Improving Data Tracking for Obesity in Louisiana

The commission plans to finalize goals and begin discussing tactics to achieve set goals during the April 2017 quarterly meeting.

Community Member Elections

In November, the Commission moved forward on the prior year's recommendation that it was essential that the community takes part in the LOPMC quarterly meetings. LOPMC ensured that the meeting date details were publicly available and promoted amongst Commission member networks. Over thirty members from the community joined the Commission at the first meeting. LOPMC prepared a community member application by which two community members were voted into Commission community member positions. Seven applications were received, and each applicant present was given the opportunity to share with the Commission information about his or her organization. Following the presentations, the legislated Commission members voted by ballot to elect the two new members that included Louisiana State University AgCenter and a Partnership for a Healthier Southwest Louisiana.

Louisiana State Health Improvement Plan

During the November 2016 meeting, the Office of Public Health Bureau of Performance Improvement (OPH) presented the 2016 Louisiana State Health Improvement Plan (SHIP) and shared plans for the regional implementation of strategies from the SHIP. The LOPMC elected to provide consultative and technical assistance to OPH within the Promote Healthy Lifestyles priority area, specifically objectives 1 and 2 (see Tables 1.0-1.3). LOPMC recommends that OPH restructure the indicator measures used to evaluate progress as well as the rewriting community strategies by Objective area. The original SHIP measures and strategies are located for review in Appendix 4.

LPOMC recommendations by objective area are in the tables below. In addition, LPOMC recommends OPH restructure the indicator measurement; rather than comparing two points in time, and recommend trend or time series analysis by which underlying changes and patterns in the data can be examined. Using the 2000-2010 timeframe as the baseline, 2011-2020 data will be mapped for comparison.

Examining data over time makes it possible to predict future frequencies, rates of occurrence and measure program impact.

Table 1.0: Performance Indicator Recommendations for Objective 1: Increase physical activity access and outreach.

Performance Indicator	Baseline (Year)	Most Recent Data Available (Year)	Target
Reduce the proportion of adults who engage in no leisure-time physical activity. <i>Healthy People 2020</i>	30.1% (2011) *Need to Reassess baseline to include 2000-2010 data	32.2 % (2013) (2015)	30.1% by 2020 (maintain baseline) *Need to Reassess target to include 2011-2020 data
Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week. <i>Healthy People 2020</i>	69.9 (2011) *Need to Reassess baseline to include 2000-2010 data	67.8 % (2013) (2015)	69.9% by 2020 (maintain baseline) *Need to Reassess target to include 2011-2020 data
Decrease percentage of students in grades 9–12 in the state who did not engage in at least 60 minutes of physical activity on any day. *Need to evaluate the data source to determine if this indicator correctly represents the source.	62% (2011) *Need to Reassess baseline to include 2000-2010 data	65% (2013) (2015)	62% by 2020 (maintain baseline) *Need to Reassess target to include 2011-2020 data
* Consider a 4th Indicator: LOPMC recommends researching a data source which would allow for measuring physical activity within the middle school population, allowing for improved targeting and evaluation of community-based initiatives to increase physical activity amongst the youth.			

Table 1.1: Performance Indicator Recommendations for Objective 2: Promote health through the consumption of healthful diets.

Performance Indicator	Baseline (Year)	Most Recent Data Available (Year)	Target
Decrease percentage of adults who report consuming fruits less than one time per day.	46.7% (2011) *Need to Reassess baseline to include 2000-2010 data	47.5% (2013) (2015)	46.7% by 2020 (maintain baseline) *Need to Reassess baseline to include 2000-2010 data
Decrease percentage of adults who report consuming vegetables less than one time per day.	32.5% (2011) *Need to Reassess baseline to include 2000-2010 data	32.7% (2013) (2015)	32.5% by 2020 (maintain baseline) *Need to Reassess baseline to include 2000-2010 data
Decrease percentage of adolescents consuming fruits and/or vegetables less than one time per day in the past 7 days.	65% (2011) *Need to Reassess baseline to include 2000-2010 data	70% (2013) (2015)	65% by 2020 (maintain baseline) *Need to Reassess baseline to include 2000-2010 data

To ensure the community implements best-practice initiatives, the LPOMC recommends rephrasing the strategies associated with the objectives to best model attainable goals and activities for all communities.

Table 1.2: Revised Strategy Recommendations for Objective 1: Increase physical activity access and outreach.

Partner with local school districts to develop joint-use agreements for physical activity.
Encourage the utilization of resources such as SCORP to promote the establishment of local health initiatives that involve parks, community centers, and trails.
Assist minority communities in identifying community-based organizations to partner with to become engaged in the process of changing the health profile of the community.
Encourage community design policies and initiatives that support opportunities for safe and accessible active transportation and physical activity.
Partner with local school districts and early childhood education centers to enhance physical education and physical activity in schools and child care settings.
Provide training to child care professionals on the different ways child care centers can align licensing regulations and early learning standards with national standards for physical activity.

Promote community participation in the Louisiana Governor's Games, a program to promote physical activity and healthy lifestyles for school children and their families through competitive sports.

Table 1.3: Revised Strategy Recommendations for Objective 2: Promote health through the consumption of healthful diets.

Partner with local school districts to support the implementation of USDA Smart Snack guidelines.
Encourage the implementation of food service guidelines and nutrition standards in restaurants and workplaces.
Promote the use of evidence-based programs such as the 5-2-1-0 Let's Geaux program.
Coordinate with local farmer's market to market the use of SNAP benefits at market.

Community Support

LOPMC is charged with assisting communities in achieving health goals. The community turns to LOPMC as an advisor, program resource, and opportunity to share and learn from other successful communities. LOPMC is building a repository for Louisiana community success stories. The Commission has developed a website found at <http://wellaheadla.com/obesitycommission> where the community can access materials, expert opinion, Commission members, program development resources, and read the stories of successful communities across the state (See Appendix 5).

The Commission is also working to create awareness among payers, providers, and patients of the health risks due to overweight and obesity conditions. The website will serve as a resource for provider training and webinar opportunities.

As the Commission continues to collaborate with community, momentum, and progress towards the Commission goals will be achieved. During an informal poll at the January 2017 Commission meeting, community members demonstrated that they value the open forum public meetings and their organizational participation would continue to participate and engage with LOPMC, even without legislation.

Conclusion

In summary, the commission is well poised to continue supporting health promotion and obesity prevention efforts within Louisiana communities. The LOPMC will continue to encourage community member attendance and participation in quarterly meetings.

The LOPMC projects that the following action items will be completed during the remainder of term year one:

- 1) Finalized term goals and defined tactics.
- 2) Collection and distribution of community success stories.
- 3) Website resource development to enhance access to resources.

- 4) Partner engagement to improve community awareness to obesity prevention and management resources.

APPENDIX 1: Legislation

APPENDIX 2: Meeting Roll Call and Attendance

APPENDIX 3: Community Member Application

APPENDIX 4: SHIP Recommendations

APPENDIX 5: Community Success Stories

APPENDIX 6: Website Screenshots

APPENDIX 7: November Meeting Presentation

Louisiana Department of Health

628 North Fourth Street, Baton Rouge, Louisiana 70802

(225) 342-9500

www.ldh.la.gov



www.facebook.com/LaHealthDept



www.twitter.com/LADeptHealth

2016 Regular Session

ACT No. 186

ENROLLED

SENATE BILL NO. 21

BY SENATOR BOUDREAUX

1 AN ACT

2 To amend and reenact R.S. 40:2018.4(H), relative to the Louisiana Obesity Prevention and
3 Management Commission; to provide for a termination date of the commission; to
4 provide for an effective date; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 40:2018.4(H) is hereby amended and reenacted to read as follows:

7 §2018.4. Louisiana Obesity Prevention and Management Commission

8 * * *

9 H. The legislative authority for the existence of the commission shall cease
10 on March 31, ~~2016~~ **2018**.

11 Section 2. This Act shall become effective on August 1, 2016; if vetoed by the
12 governor and subsequently approved by the legislature, this Act shall become effective on
13 August 1, 2016, or on the day following such approval by the legislature, whichever is later.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

Regular Session, 2014

ACT No. 580

ENROLLED

SENATE BILL NO. 513

BY SENATOR HEITMEIER AND REPRESENTATIVES ADAMS, ARNOLD,
BARROW, BILLIOT, CHAMPAGNE, COX, HUNTER, JEFFERSON,
LEBAS, LEGER, POPE, SCHEXNAYDER, SIMON, STOKES,
PATRICK WILLIAMS AND WOODRUFF

AN ACT

To enact R.S. 36:259(OO) and R.S. 40:2018.4, relative to the creation of the Louisiana
Obesity Prevention and Management Commission within the Department of Health
and Hospitals; to provide for membership; to provide for the functions of the
commission; to provide for termination of the legislative authority for the
commission; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 36:259(OO) is hereby enacted to read as follows:

§259. Transfer of agencies and functions to Department of Health and Hospitals

* * *

OO. The Louisiana Obesity Prevention and Management Commission

**(R.S. 40:2018.4) is placed within the Department of Health and Hospitals and
shall exercise and perform its powers, duties, functions, and responsibilities as
provided by or pursuant to law.**

Section 2. R.S. 40:2018.4 is hereby enacted to read as follows:

§2018.4. Louisiana Obesity Prevention and Management Commission

**A. There is hereby established in the Department of Health and
Hospitals a commission designated the Louisiana Obesity Prevention and
Management Commission ("commission"), composed of ten members as
provided for in this Section. The commission may accept and expend grants
and private donations from any source, including federal, state, public, and
private entities, to assist it to carry out its functions.**

**B. The powers, functions, and duties of the commission shall include but
not be limited to the following:**

SB NO. 513

ENROLLED

1 (1) Assisting the executive departments and agencies in achieving
 2 programmatic goals. To this end, the commission shall provide leadership and
 3 support for:

4 (a) Organizational efforts found necessary to achieve programmatic
 5 objectives.

6 (b) Articulating standards through the dissemination of materials,
 7 identification of expert opinion, identification of alternate means of developing
 8 effective population-based programs, and development of policy in identified
 9 health risks.

10 (c) Creating awareness among payers, providers, and patients of the
 11 health risks due to overweight and obesity conditions.

12 (d) Enhancing reporting mechanisms of latest outcomes and health
 13 trends in the area of overweight and obesity concerns.

14 (e) Conducting evaluations of program effectiveness.

15 (f) Encouraging research and the identification of resources that seek
 16 ways to promote cost-effective methods of treating overweight and obesity
 17 conditions.

18 (2) Assisting in conducting exploratory research as deemed necessary
 19 with the intent of achieving programmatic objectives.

20 (3) Conducting public meetings to discuss obesity.

21 (4) Advising and assisting participating agencies with the development
 22 and implementation of obesity programs.

23 (5) Analyzing what other entities across the state are doing to combat
 24 obesity.

25 (6) Advising the executive departments and agencies as to the
 26 implementation of the commission's recommendations.

27 C. The commission shall convene its first meeting no later than August
 28 31, 2014. At the first meeting the chairman and vice chairman of the
 29 commission shall be appointed by the secretary of the Department of Health
 30 and Hospitals with the consultation and approval of the commission. The

SB NO. 513

ENROLLED

1 commission may adopt such rules of procedure as are necessary to facilitate
 2 orderly conduct of its business.

3 D. The commission shall be composed of the following members:

4 (1) The secretary of the Department of Health and Hospitals, or his
 5 designee.

6 (2) The state superintendent of education, or his designee.

7 (3) The commissioner of insurance, or his designee.

8 (4) The president of the Senate, or his designee.

9 (5) The speaker of the House of Representatives, or his designee.

10 (6) The director of the Pennington Biomedical Research Center, or his
 11 designee.

12 (7) The director of the Prevention Research Center at Tulane
 13 University, or his designee.

14 (8) Two members from community-based groups elected by the other
 15 commission members at their first meeting. These two members shall serve a
 16 term of two years and may be elected by the other commission members to
 17 serve additional terms.

18 (9) The director of the Cecil J. Picard Center for Child Development
 19 and Lifelong Learning, or his designee.

20 E. Nonlegislative members of the commission shall not be entitled to per
 21 diem or any other compensation for their service but shall be entitled to
 22 reimbursement of any necessary and reasonable expense incurred in the
 23 performance of their duties on the commission, including travel expenses. Each
 24 legislative member of the commission shall receive the same per diem and travel
 25 reimbursement for attending meetings of the commission as is normally
 26 provided for members of the legislature.

27 F. The commission shall meet at least quarterly. Meetings shall also be
 28 held on call of the chairman or at the request of at least three members of the
 29 commission. Presence of a majority of the members of the commission shall
 30 constitute a quorum.

SB NO. 513

ENROLLED

1 G. The commission shall submit an annual report, including proposed
2 legislation if necessary, to the governor and to the health and welfare
3 committees of the Senate and House of Representatives, sixty days prior to the
4 convening of each regular legislative session. The report shall update the
5 legislature on the commission's progress toward full implementation of services
6 and programs in the state to increase prevention and management of the disease
7 of obesity in adults and children.

8 H. The legislative authority for the existence of the commission shall
9 cease on March 31, 2016.

10 Section 3. This Act shall become effective upon signature by the governor or, if not
11 signed by the governor, upon expiration of the time for bills to become law without signature
12 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
13 vetoed by the governor and subsequently approved by the legislature, this Act shall become
14 effective on the day following such approval.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

APPENDIX 2: Meeting Roll Call and Attendance

November 18, 2016 Meeting Roll Call

- The meeting initiated with a Roll Call by Melissa Martin (LDH). With 5/8 appointed members in attendance, the quorum is met. Also in attendance were other organizations from across the state with a vested interest in obesity prevention and management.

Member	Attendance? (Y/N)
The secretary of the Department of Health and Hospitals, or designee	Y
The state superintendent of education, or designee	Y
The commissioner of insurance, or designee	N
The president of the Senate, or designee	N
The speaker of the House of Representatives, or designee	N
The director of the Pennington Biomedical Research Center, or designee	Y
The director of the Prevention Research Center at Tulane University, or designee	Y
The director of the Cecil J. Picard Center for Child Development and Lifelong Learning, or designee	Y
Community-based group (elected):	Not selected
Community-based group (elected):	Not selected

January Meeting Roll Call

- The meeting initiated with a Roll Call by Melissa Martin (LDH). With 5/8 appointed members in attendance, the quorum is met. Two community member organizations were voted in and were also in attendance.

Member	Attendance? (Y/N)
The secretary of the Department of Health and Hospitals, or designee	Y
The state superintendent of education, or designee	Y
The commissioner of insurance, or designee	N
The president of the Senate, or designee	Y

APPENDIX 2: Meeting Roll Call and Attendance

The speaker of the House of Representatives, or designee	N
The director of the Pennington Biomedical Research Center, or designee	Y
The director of the Prevention Research Center at Tulane University, or designee	N
The director of the Cecil J. Picard Center for Child Development and Lifelong Learning, or designee	Y
Community-based group (elected):	Partnership for a Healthier SW-3 votes
Community-based group (elected):	LSU AgCenter-4votes



Louisiana Obesity Prevention and Management Commission

Sign In Sheet

November 18, 2016
Louisiana Department of Health and Hospitals Bienville Building Room 173

Name	Organization	Title	Email Address
Grace Scott	St. Bernard Parish LA	President & Wellness Coordinator	grace.scott@stbernard.la.gov
Anna Stelly	Abbeville General	Risk Manager	anna.stelly@abbevillemo.com
Christine Andrus	Abbeville General	Assistant Emergency Director	christine.andrus@abbevillemo.com
Terrence Mitchell	Car South Med. Dist.	WIC Health Edu.	tmitchell@car.south.net
CHRISTOPHER WILLIAMS	LDH - OPH	Performance IMP. Manager	chris.williams@ldh.gov
WILLIAM FINLEY	Car South Med. Dist.	WIC Nutritionist	tfairley@car.south.net
Laune LeRoux	Car South Med. Dist.	Dietetic Intern	lroux@car.south.net
Michael Comaux	La. Dept. of Education	Safe Healthy Schools Division	michael.comaux@la.gov
Phil Brantley	Pennington Biomedical	Associate Exec Dir	philbrantley@pbio.org
Lisa Griffith	Active	Prevention and Wellness Project Manager	lgriffith@active.com
Lauren Marschall	Center for Planning Excellence	Project Manager	lmarschall@cpex.org

APPENDIX 2: Meeting Roll Call and Attendance

NAME	ORGANIZATION	TITLE	EMAIL ADDRESS
Kitt Clingman	UND LCH	Diabetes Mgr	kitt.clingman@salud.gov
Mechanica Butler	LCH	Oral Health Hygienist	butler@lchsc.org
Nate Holmes	LCH		
Rebecca Gaudreault	LCH		
Whitney Fowler	LCH		
Karen Burstein	Piedmont	Exec Dir / Professor	kburstein@piedmont.org
Crystal Robertson	CPH	Gen. Specialist Improvement	crystal.robertson@la.gov
Arlan C. Bryant	Alliance for a Healthier Generation	HEALTHY schools Program Manager	Arlyan.Bryant@allianceforahealthiergeneration.org
GARY KOCH	Boedel Pansons Koch		ckoch44@boedelpansons.com
Victoria Williams	Market Umbrella	NIC Program Manager	Victoria@marketumbrella.org
Candace V. Smith	Louisiana Public Health Institute	Manager, Healthy Communities	CSmith@lpi.org

Louisiana Obesity Prevention and Management Commission

Sign In Sheet

November 18, 2016
Louisiana Department of Health and Hospitals Bienville Building Room 173

Name	Organization	Title	Email Address
Tammie Harris	ONE GREAT RIVER	EXE DIRECTOR	tammie@onegreatriver.org
Gwen Lavery	LHCC	Director GI	GwenLavery@lhcc.com
Tammy Hall	OPH	Director	tammy.hall@la.gov
Richard Johnson	OPH	Asst State Health Officer	richard.johnson@la.gov
Deborah LeBlanc	LHCC	Manager, HEDIS	deblanc@lhcc.com
Corey Hotard	LHCC	Project Manager, Quality	chotard@lhcc.com
Chris Adams	LHCC	Director, Prevention	chris.adams@lhcc.com
William Cefala	Permitting	Executive Director	william.cefala@pba.la.gov
Deborah Gresham	Tulane Prevention Research Center	Co-Investigator	gresham@tulane.edu
Robin Brooks	CPH-HP	Community Outreach Mgr	robin.brooks@la.gov
John O'Donnell	Healthier Shula	Coalition Coordinator	johnodonnell@shula.com

APPENDIX 2: Meeting Roll Call and Attendance

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Louisiana Obesity Prevention and Management Commission

Sign In Sheet

January 26, 2017

Louisiana Department of Health and Hospitals Bienville Building Room 173

Name	Organization	Title	Email Address
Kirk Burns	EISA1	Director, US Teen Mktg	kirk_burns@eisa1.com
AMY Kocot	PRK		ckocot@PradelParsons.com
Jessica Kemp	CPEX	VB Policy	jkemp@cpe.org
Erica Gilliam	Planning for a Healthier Generation	Healthy School Program Manager	erica.gilliam@healthiergeneration.org
Michael Comaux	LDOE	State Health Schools Section Lead	michael.comaux@la.gov
Crystal Robertson	DPH	Comm. Improvement spec.	crystal.robertson@la.gov
Turner Burstein	Picard Long	Regional Director	turnerb@louisiana.gov
Alice Scott	Helena Belton	Field Coordinator	ascott@louisiana.gov
Lina Griffith	Actina	National Health	lgriffith@actina.com
Denise Holston	LSV Agency	Instructor	dholston@agency.com
Johnny Rice	PRKichthy		johnnyrice@prk.com

Louisiana Obesity Prevention and Management Commission

Sign In Sheet

January 26, 2017

Louisiana Department of Health and Hospitals Bienville Building Room 173

Name	Organization	Title	Email Address
SANDRA V SERNA	LDHI	Manager, Healthy Communities	sserna@ldhi.org
Elizabeth Atkison	LSU AgCenter	Extension Associate	elizabeth@agcenter.lsu.edu
Angela C. Bryant	Alliance for a Healthier Louisiana	Healthy Schools Program Mgr.	angela.bryant@allianceforahealthierla.org
Richard J. Borjesson	ODH	Medical Director	richard.borjesson@state.la.gov
Robin Rhodes	CPH/Well-Being	Community Outreach Mgr.	robin.rhodes@lsu.edu
Victoria Williams	Market Umbrella	WIC Program Mgr.	victoria@marketumbrella.com
Marsha Marshall	Crescent City Farmers Market	Emergency National Hunger Fellow	marshall@chungercenter.org
Bonnie Howell	Remington Bio Medical	Director of External Affairs	Bonnie.Howell@rbmed.com
Laverne Cuthary	Blue Cross Foundation	Foundation Initiatives Manager	laverne.cuthary@bcbf.org

Louisiana Obesity Prevention and Management Commission

Sign In Sheet

January 26, 2017

Louisiana Department of Health and Hospitals Bienville Building Room 173

Name	Organization	Title	Email Address
TAMMIE HARRIS	ONE GREAT RIVER	EXEC DIRECTION ENVIRONMENTAL SECTION CHIEF	tammie@onegreatriver.org
BRUNN DUGAS	CDH OPH	Coalition Coordinator	brunne.dugas@la.gov
JOHN O'CONNELL	SULASHEC	Medical Director	John.O'Connell@sulashcc.com
JACQUELINE BLOUNT	HECIT	Executive Director	JBLOUNT@HECIT.com
Super-MAN BLOUNT	Fir For Life Inc.		blount.firforlife.com
ALP BLOUNT	Pennington	Assoc Exec Director	alp.blount@pennington.com
KAITLYN KING	OPH	HP Coordinator	kaitlyn.king@la.gov

Louisiana Obesity Prevention and Management Commission Community Member Application

Role of the Community Member

Community-based group members shall be elected by other commission members, and shall serve a term of two years, and may be elected by other commission members to serve additional years. (*LA Obesity Commission Act 580 2014*)

Name of Organization: [Click here to enter text.](#)

Organization Representative(s): [Click here to enter text.](#)

Please list your organization's current initiatives, programs and all partnerships related to obesity prevention.

What do you hope to accomplish as a community member for the Obesity Commission?

What skills or expertise can your organization contribute to the commission?

APPENDIX 3: Community Member Application

Please provide any additional information about your organization that would be useful in considering your application.

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Please complete the application and return no later than December 31, 2016 to the LDH-OPH Bureau of Chronic Disease Prevention and Health Promotion, ATTN: Jamila Freightman via email, wellahead@la.gov.

Thank you for your interest in being an elected community member for the Obesity Commission.

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
Percent of adults in the state who engaged in no leisure-time physical activity	30.1% (2011)		CDC Louisiana Behavioral Risk Factor Surveillance System	27.1% (10 percent improvement-decrease is desired trend)
Reduce the proportion of adults who engage in no leisure-time physical activity Healthy People 2020 (PA-1)	36.2 percent of adults engaged in no leisure-time physical activity in 2008 (age adjusted to the year 2000 standard population)	32.2 % (2013)	National Health Interview Survey (NHIS), CDC/ NCHS	32.6% (10 percent improvement-decrease is desired trend)
Percent of adults in the state who met the 150 minute aerobic activity guideline	69.9 (2011)			
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)	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)	67.8 % (2013)	CDC Louisiana Behavioral Risk Factor Surveillance System National Health Interview Survey (NHIS), CDC/ NCHS	76.89 % (10 percent improvement) 47.9 percent (10 percent improvement)
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	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

APPENDIX 4: SHIP Recommendations

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>

APPENDIX 4: SHIP Recommendations

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.

GROCEER PARTNERSHIPS ESSENTIAL TO INCREASING HEALTHY NUTRITION IN ST. HELENA PARISH, LA



October 2016

Summary

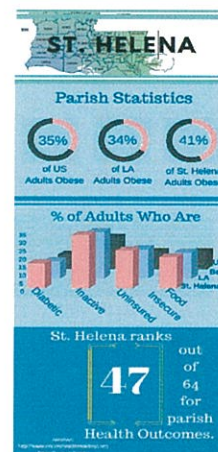
According to County Health Rankings, St. Helena Parish ranks 47th out of 64 Louisiana parishes for health outcomes, making it one of the most unhealthy parishes in the state. To change the behavior and the promotion of healthy eating, the St. Helena Parish Healthy Communities Coalition is on the move to making grocery store improvements in the Greensburg area where over 40% of citizens reside.¹

Challenge

Although 27% of St. Helena's residents have poor or fair health (LA state average is 21%), the parish-wide 41% adult obesity rate makes St. Helena one of the most obese parishes in Louisiana.² With 16% of the parish residents living with diabetes and the numbers are continuing to rise, the change in eating habits is not as simple as encouraging individuals to eat fruits and vegetables.³ To address this issue, the St. Helena Healthy Communities Coalition was convened as a result of the 1416 CDC grant provided to the LSU AgCenter in partnership with the SU AgCenter, Pennington Biomedical Research Center, and The Louisiana Department of Health. The coalition is comprised of representatives from community residents, parish government, education administrators, food retailers, USDA Rural Development, and health care sectors.



One of Greensburg's popular grocery stores in St. Helena Parish



¹ <http://www.census.gov/quickfacts/table/PST045215/22091>

² <http://www.countyhealthrankings.org/app/louisiana/2016/rankings/st-helena/county/outcomes/overall/snapshot>

³ <http://www.countyhealthrankings.org/app/louisiana/2016/rankings/st-helena/county/outcomes/overall/snapshot>

APPENDIX 5: Community Success Stories



The coalition discussed ideas along with the Food Trust

Solution

In September 2016, the St. Helena Healthy Communities Coalition convened a planning session with the non-profit organization, The Food Trust. Their goal is to ensure that everyone has access to affordable, nutritious food and information to make healthy decisions. The Food Trust took a tour of Greensburg Market, Dollar General, Family Dollar, and Hatfield's Country Store. These stores were included in the needs assessment with data collected by the Nutrition Environment Measures Survey (NEMS) tool. At the coalition meeting, Food Trust representatives gave a Healthy Food Access presentation that educated the coalition members on how to promote fresh produce in stores in an inviting way to customers, ideas on store tours, food demonstrations, and the training of store grocers and farmers. Coalition members also began the planning process for both short and long-term interventions to encourage healthy eating and fresh produce in the town. Short-term improvements included store tours, adding point of purchase prompts, and providing food demos in grocery stores. Long-term strategies included training local grocery store owners on the promotion of quality produce, transportation for residents to local farmers, and involving local 4-H members in healthy living activities.

Results

This initiative is a work in progress; interventions will begin in Fall of 2016. So far, the following can be noted:

- 9 strategies for the Greensburg Market grocery store improvements were created at the Food Trust workshop in September 2016
- The Nutrition Environment Measures Survey (NEMS) concluded that there were 4 convenience stores/restaurants and one main grocer located within the downtown area of Greensburg offering little to no healthy food choices for on-the-go customers and residents. Improvements for quality produce and healthy eating are most needed in this area.

To Learn More:

225.222.4136

bpplant@agcenter.lsu.edu

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Sustaining Success

The St. Helena Healthy Communities Coalition will continue partnering with the local grocers, convenience stores, and farmers to continue to implement the identified strategies at the local level. The coalition is currently prioritizing interventions and will begin implementation in Fall 2016. Turner Chapel A.M.E. Church will be implementing programming such as Faithful Families when implementation begins to highlight the improvements. The coalition will be exploring grant opportunities and technical assistance along with the Greensburg Market, Hatfield's Country Store, and The Food Trust. The LSU AgCenter 1416 state staff will continue state level partnerships with regional farmers and the Louisiana Department of Health for implementing the interventions.

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PEDESTRIAN SAFETY KEY TO INCREASING PHYSICAL ACTIVITY IN MADISON PARISH, LA

September 2016

Summary

According to County Health Rankings, Madison parish ranks 64th out of 64 Louisiana parishes for health outcomes, making it the least healthy parish in the state. To make physical activity safer and easier, the Madison Healthy Communities Coalition is working to make pedestrian and cyclist safety improvements in the downtown area of the city of Tallulah, where 60% of Madison's citizens reside.¹

Challenge

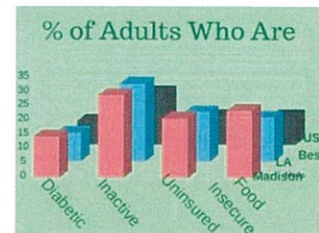
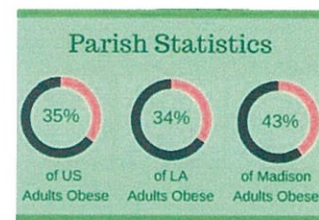
While 69% of Madison's residents have access to exercise opportunities (LA state average is 71%), the parish-wide 43% adult obesity rate makes Madison the most obese parish in Louisiana.² With 41% of parish residents living below the poverty line, increasing physical activity is not as simple as encouraging individuals to join a gym.³ To address this issue, the Madison Healthy Communities Coalition was convened as a result of the 1416 CDC grant provided to the LSU AgCenter in partnership with the SU AgCenter, Pennington Biomedical Research Center, and Dept. of Health and Hospitals. The coalition is comprised of representatives from city and parish government, education, food retailers, USDA Rural Development, and health care sectors.



Mark Fenton leads the Madison Healthy Communities Coalition in a Walkability Audit

"A healthy community makes a strong city, and a strong city makes a strong parish, and that makes the entire state better."

- Yvonne Lewis, Secretary to the Mayor of Tallulah, LA



¹ <http://www.census.gov/quickfacts/table/PST045215/22065>

² <http://www.countyhealthrankings.org/app/louisiana/2016/rankings/madison/county/outcomes/overall/snapshot>

³ <http://www.census.gov/quickfacts/table/PST045215/22065>

APPENDIX 5: Community Success Stories



Solution

In August 2016 the Madison Healthy Communities Coalition conducted a walkability audit and active planning session with national public health, transportation, and planning consultant Mark Fenton. Representatives from the local Department of Transportation and Development and the Northeast Louisiana Safety Partnership (an effort of the regional planning district) attended to provide guidance regarding traffic safety improvements, requirements of state vs. local roads, and grant funding available for these interventions. The coalition toured Tallulah by foot, rating areas on a scale of 1-10 with heavy bike and pedestrian traffic along the way. At the workshop, coalition members began the planning process for both short and long-term interventions to encourage walking and biking in the city. Short-term improvements included striping crosswalks, adding signage, and providing a demo for reverse parking. Long-term strategies included developing an animal shelter for stray dogs and implementing "road-diets" on a four-lane highway.

Results

This initiative is a work in progress, though the following can be noted:

- 12 strategies for pedestrian and bike safety improvements were created at the Mark Fenton workshop in August 2016
- The local Dept. of Transportation and Development approved Madison Healthy Communities Coalition's request to implement 2 crosswalks at intersections of US 65
- The 1416 CDC funds will be available to implement some of the short-term interventions such as striping and adding signage

Learn More

(225) 578-8782

ealtazan@agcenter.lsu.edu

Visit us on the web at
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Sustaining Success

The Madison Healthy Communities Coalition will continue partnering with the local Department of Transportation and Development and the regional planning district to continue to implement the identified strategies at the local level. The schools will be implementing programming such as walking field trips when implementation begins to highlight the improvements. The coalition will be exploring grant opportunities and walkability resources such as Safe Routes to School, Delta Regional Authority grants, Rails to Trails, and grant funds from the Louisiana Department of Transportation. The LSU AgCenter 1416 state staff will continue to partner at a state level with the Louisiana Department of Transportation and Development, the Center for Planning Excellence, the regional planning districts, and the Department of Health and Hospitals for implementing the interventions.




APPENDIX 5: Community Success Stories

The Partnership For A Healthier Southwest Louisiana

The Partnership for a Healthier Southwest Louisiana is a non-profit coalition of over 170 businesses, organizations, and governmental entities whose concerted mission is to encourage community members to move more, eat better, and stop smoking in Calcasieu, Cameron, Beauregard, Allen and Jefferson Davis Parishes. The Partnership's programs primarily focus on broad sweeping societal and generational changes to fight obesity and its effects. Currently, The Partnership is focused on implementing and advocating for programs and policies that influence the built environment of municipalities to help build infrastructure such as bicycle lanes and pedestrian sidewalks and increase public access to parks and green spaces. We are also working to improve the health outcomes of African American women through fitness, nutrition, and educational and economic programming, working with Native American Tribes and communities to mate public health with cultural and linguistic retention, and building food hubs to provide healthy affordable locally grown foods in recognized food deserts. Finally, we are working to advocate and create programs that fight poverty and build educational resources to combat the root cause of poor health outcomes in most communities.

Success Story:

In 2016 The Partnership helped to host a workshop on the importance of a Complete Streets Policy. A Complete Streets Policy mandates that any infrastructure improvement in a municipality has to consider bicycle and pedestrian traffic as well as public transportation, regular traffic and freight. The two day workshop was attended by 70 policy makers and elected officials from SWLA and resulted in policy adoption discussions in several communities.



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LOUISIANA OBESITY PREVENTION AND MANAGEMENT COMMISSION

Overview

In response to ACT 580 during the 2014 Louisiana Legislative Session, the Louisiana Obesity Prevention and Management Commission (LOPMC) was signed into law June 9, 2014 by the Governor. This legislation sought to bring together a small dedicated group of advocates from public and private organizations to work collaboratively to address the obesity epidemic in Louisiana, which continues to be one of the most critical health concerns for the state.

According to 2015 BRFSS data, 36.2% of adults in Louisiana are obese. That is up from 22.6% in 2000 and from 12.3% in 1990. According to the Center for Disease Control and Prevention, obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer - all of which are persistent leading causes of death in Louisiana.

Application for Open Seats

The LOPMC is now accepting applications for two open seats. Application is open to community-based organizations who include obesity prevention as a key part of their mission. Community-based group members shall be elected by other commission members, and shall serve a term of two years, and may be elected by other commission members to serve additional years. (*LA Obesity Commission Act 580 2014*)

Search


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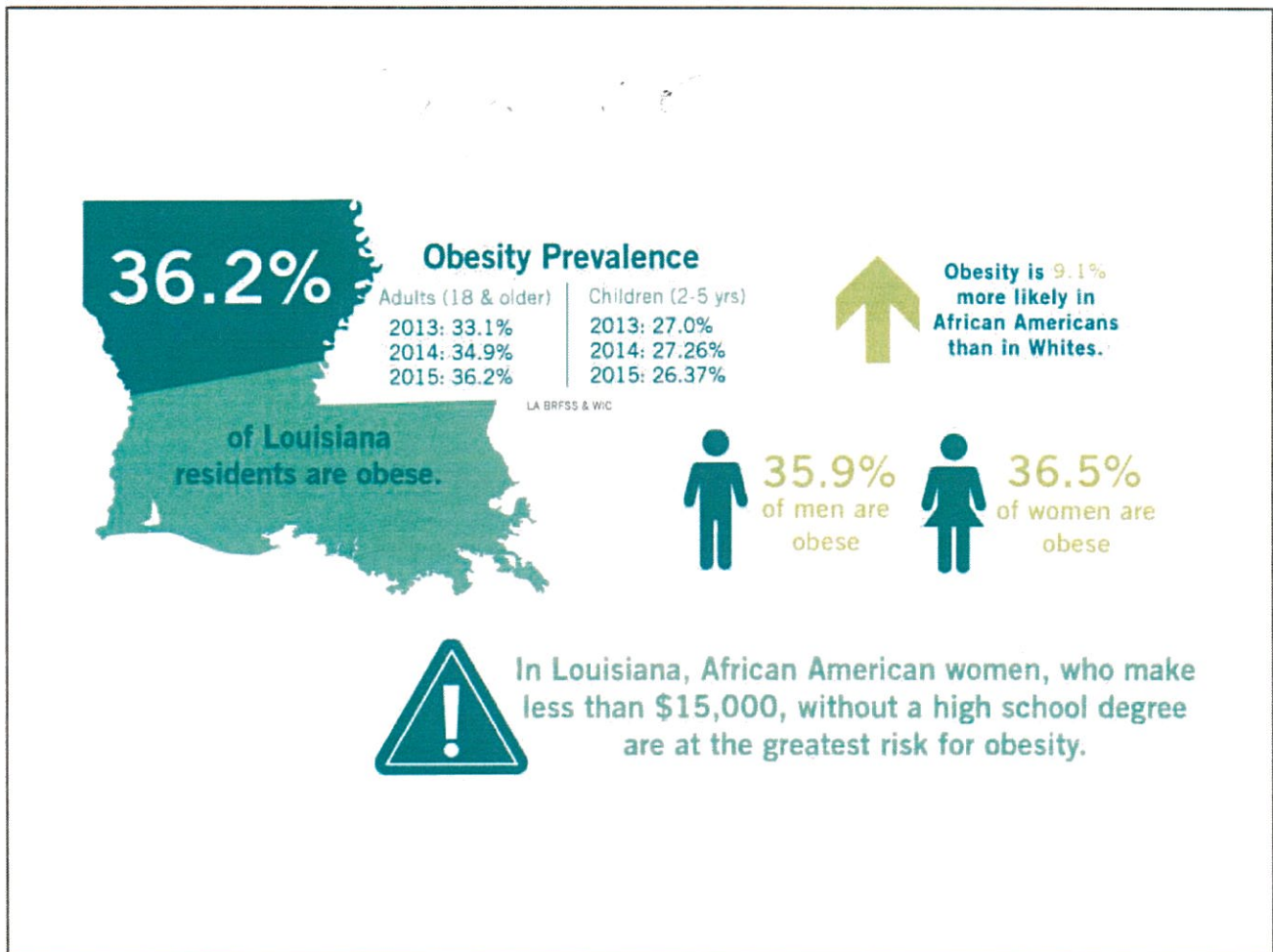
JANUARY 2016 OBESITY COMMISSION REPORT

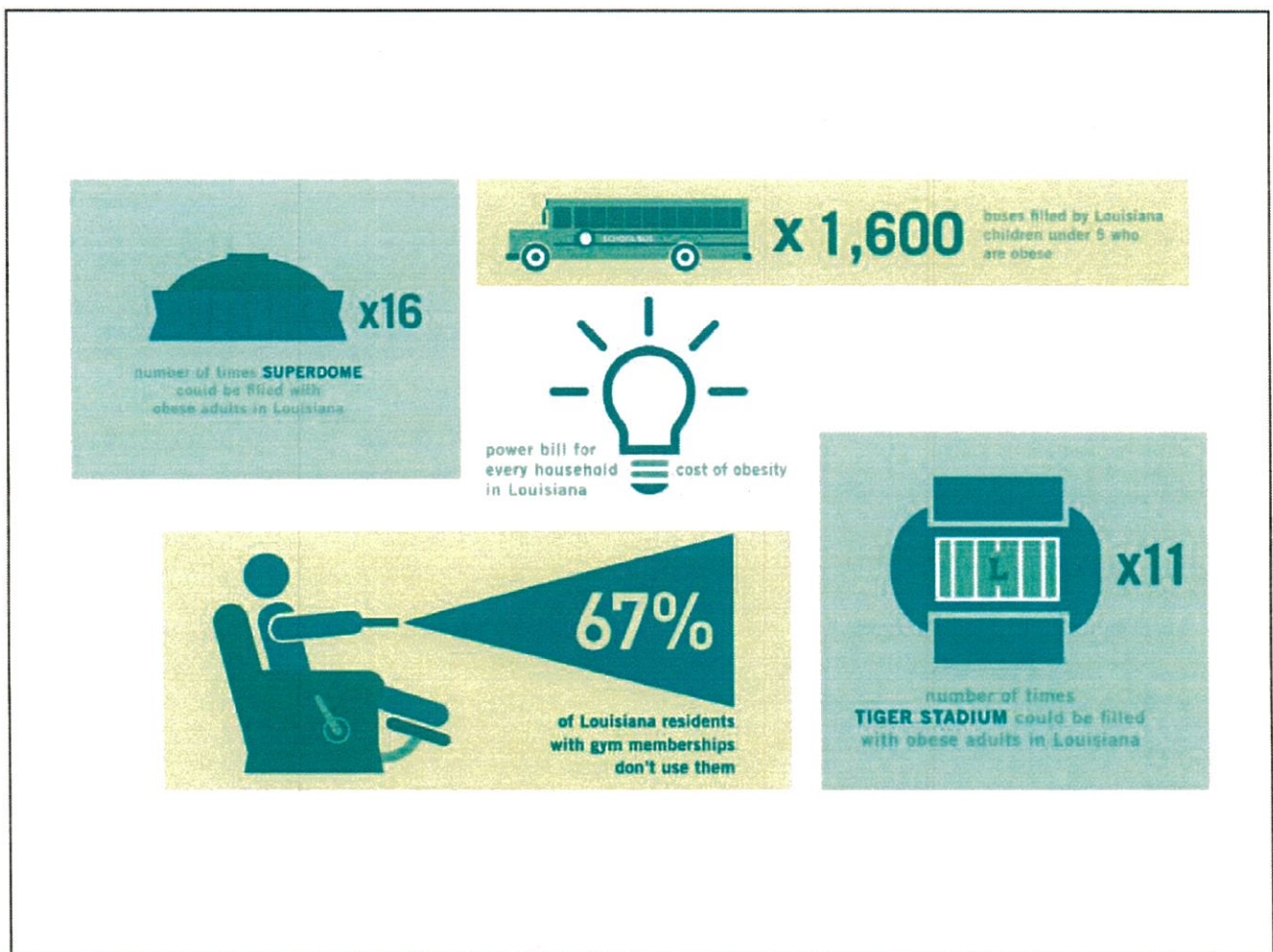
LOUISIANA ACT NO. 580 OF THE 2014 REGULAR SESSION

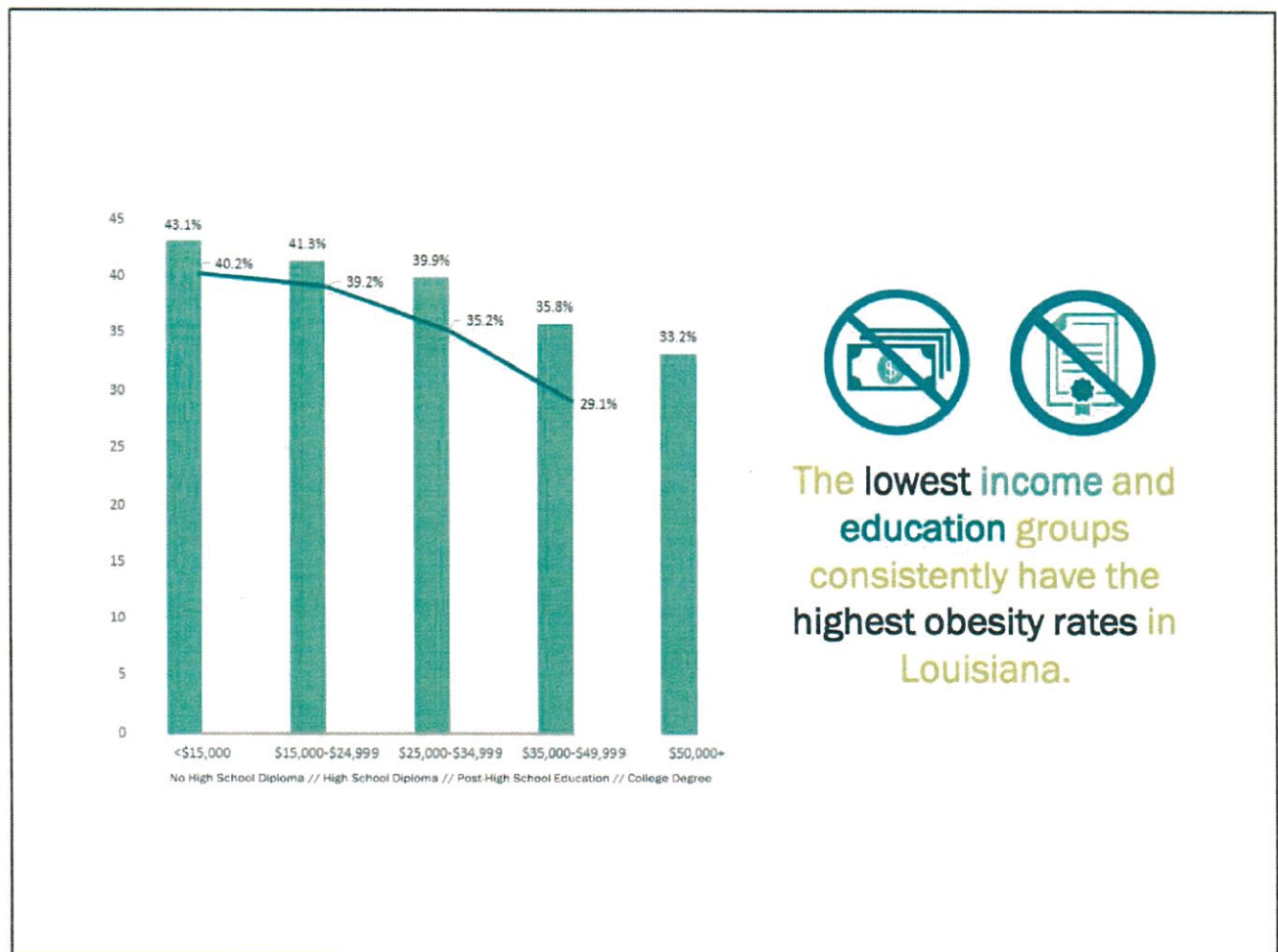
LOUISIANA ACT NO. 186 OF THE 2016 REGULAR SESSION

LOUISIANA STATE HEALTH IMPROVEMENT PLAN









12.7% of Louisiana residents have **diabetes**.



About **60%** of these diabetics are **obese**.

5.3% of Louisiana residents have **heart disease**.



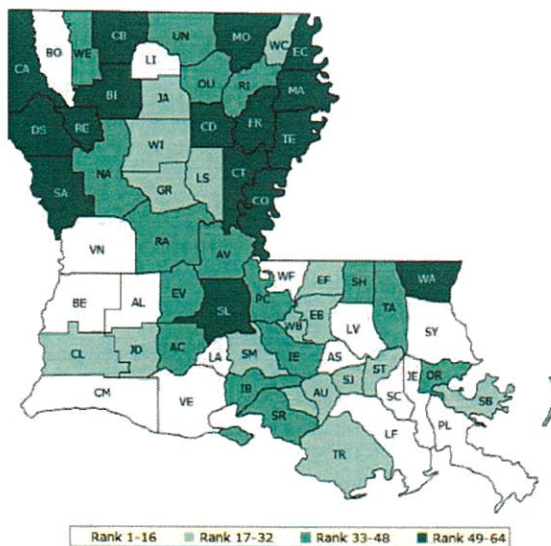
About **50%** of those with heart disease are **obese**.

21.9% of Louisiana residents **smoke**.



Almost **33%** of these smokers are **obese**.

Health Outcome Rankings by Parish



County health rankings, 2016

