

Louisiana Obesity Prevention and Management Commission

Annual Report prepared in response to Act 409 of the 2018 Louisiana Legislative Regular Session

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Summary

This report is submitted pursuant to Act 409 of the 2018 Legislative Session, which was authored by Senator Gerald Boudreaux. Act 409 is an annual update to the Legislature on the commission's progress toward increasing prevention and management of the disease of obesity in adults and children. Act 409 requests that the Louisiana Department of Health (LDH) continue to chair the Louisiana Obesity Prevention and Management Commission and address the following issues associated with obesity prevention and management:

1. Assisting the executive departments and agencies in achieving programmatic goals related to obesity prevention and management. To this end, the commission shall provide leadership and support for:
 - a. Organizational efforts found necessary to achieve programmatic objectives.
 - b. Articulating standards through the dissemination of materials, identification of expert opinion, identification of alternate means of developing effective population-based programs, and development of policy in identified health risks.
 - c. Creating awareness among payers, providers and patients of the health risks due to evidence-based practices to prevent and manage overweight and obesity conditions.
 - d. Enhancing reporting mechanisms of dissemination of the latest health outcomes data and health trends in the area of overweight and obesity concerns.
 - e. Conducting evaluations of program effectiveness.
 - f. Encouraging research and the identification of resources that seek ways to promote cost-effective methods of treating overweight and obesity conditions.
2. Assisting in conducting exploratory research as deemed necessary with the intent of achieving programmatic objectives.
3. Conducting public meetings to discuss obesity.
4. Advising and assisting participating agencies on the development and implementation of obesity programs.
5. Analyzing what other entities across the state are doing to combat obesity.
6. Advising the executive departments and agencies as to the implementation of the commission's recommendations.

The commission is composed of the following members and sector representation:

1. The secretary of the Louisiana Department of Health, or his designee.
2. The state superintendent of education, or his designee.
3. The commissioner of insurance, or his designee.
4. The president of the Senate, or his designee.
5. The speaker of the House of Representatives, or his designee.
6. The director of the Pennington Biomedical Research Center, or his designee.
7. The director of the Prevention Research Center at Tulane University, or his designee.
8. The director of the Cecil J. Picard Center for Child Development and Lifelong Learning, or his designee.
9. The commission encourages representation from multisector partners including but not limited to:

- a. City planning and transportation.
- b. Health systems and healthcare providers treating obesity.
- c. Louisiana Medicaid.
- d. Local governments.
- e. Food banks in the state.
- f. Employer organizations, including but not limited to chambers of commerce.
- g. Public nonprofit organizations and community-based organizations.
- h. Other professionals, as the commission finds necessary, who are addressing the issue of obesity in adults and children.

Key highlights from this report include the following:

- As Louisiana chronic disease prevalence rates continue to rise, health disparities continue to widen across certain populations including non-Hispanic blacks, low income and rural residents.
- Multiple disease burdens are associated to obesity including cancer, arthritis, oral disease, diabetes and heart disease.
- The Louisiana Obesity Prevention and Management Commission held quarterly public meetings and provided education on public member-selected priority areas.
 - Priority Area 1: Educate Payers and Healthcare Providers on Obesity Prevention and Treatment Best-Practices
 - Priority Area 2: Provide Community Resources for Obesity Prevention Best-Practices
 - Priority Area 3: Support Data Driven Decision Making for Reducing Obesity in Louisiana
 - Priority Area 4: Inform Louisiana Elected Officials - Local and State

Section 1 – Louisiana Disease Burden

The Centers for Disease Control and Prevention (CDC) defines overweight and obesity as a weight that is higher than what is considered as a healthy weight for a given height. According to the annual Louisiana Behavioral Risk Factor Surveillance System (LA BRFSS), the prevalence of obesity in Louisiana has soared in the past three decades from 12.3% in 1990 to 36.2% in 2017. Currently, Louisiana ranks 6th in the nation for adult obesity. Despite some variation, the high rate of obesity exists across all sociodemographic populations. One significant disparity is in racial/ethnic identity where the prevalence of obesity among non-Hispanic black residents (NHB; 42.2%) is significantly higher than among non-Hispanic white residents (NHW; 33.6%).

Louisiana's obesity rate is a significant and concerning public health problem given that it can lead to early mortality, increased susceptibility to other diseases, and have an immense impact on overall quality of life. More specifically, obesity is a major contributor to other chronic health conditions in children and adults, including Type 2 diabetes, cardiovascular disease, cancer and more. According to America's Health Rankings (2018), Louisiana ranks 50th for overall health where chronic diseases are significant contributors

Reducing the prevalence of obesity and thereby co-morbid conditions requires broad-based efforts by the government, businesses, community organizations, healthcare professionals, schools, families and individuals. A systematic approach is needed to combat the complexity and the increasing prevalence of obesity among Louisiana residents, to reduce both the high human and economic costs.

See Appendices to review national and state level data trend maps and graphics.

1.1 – Obesity, Co-Morbidities and Health Behaviors

Physical Activity, Healthful Diets and Breastfeeding

Physical activity (PA) and healthful diets are significant modifiable risk factors of obesity. The importance of improving these risk factors in Louisiana is evident in the 2017 Louisiana Community Health Assessment and State Improvement Plan (CHASHIP), in which promoting healthy lifestyles is one of five priority areas. Based on data from the 2017 LA BRFSS, Louisiana has seen a 0.4% improvement in PA (31.8%), a 2.4% increase in fruit consumption (55%) and an 8.8% improvement in vegetable consumption (76.1%) since 2013. According to the 2016-17 National Immunization Survey (NIS), 67.0% of children in Louisiana were breastfed compared to 83.2% of children nationally (NIS, 2016-2017).

Moreover, these modifiable risk factors vary across sociodemographic characteristics. For instance, NHB residents in Louisiana have lower rates of healthy eating. Per 2017 LA BRFSS data, 64.7% of NHB residents consume vegetables one or more times per day compared to 81.4% of white residents, and 53.8% of NHB residents consume fruits one or more times per day compared to 54.9% of white residents. Additionally, residents with greater education and greater annual income are more likely to consume fruit and vegetables one or more times per day. In terms of PA, 54.8% of residents with an annual income of less than \$15,000 participated in PA in the last month, compared to 79.1% of residents with an annual income of greater than \$50,000.

Prediabetes and Diabetes

Louisiana ranks 6th in the nation for diabetes (13.6%). Diabetes is one of the top five causes of disability in Louisiana. Prevention and management of diabetes are supported through evidence-based programs, such as Diabetes Self-Management Education and Support (DSMES) and National Diabetes Prevention

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Programs (NDPP) DSMES can help Louisiana residents manage their diabetes, which can lead to kidney failure, lower limb amputations and adult onset blindness and increases risk for heart disease and stroke. It can improve quality of life and reduce healthcare costs. Unfortunately, utilization of DSMES programs is low (5.8%) among Louisiana residents with diabetes. In addition to the burden of diabetes in Louisiana, about 9.5% of adults in Louisiana have prediabetes (2017 LA BRFSS), which increases risk of developing Type 2 diabetes, heart disease and stroke.

Much like DSMES, National Diabetes Prevention Programs (NDPP) are evidence-based and effective programs that can assist residents with prediabetes to make small lifestyle changes that greatly reduce the risk of developing Type 2 diabetes. Even though prediabetes is treatable, few people who have prediabetes are aware of their condition. Increased awareness of NDPP and changes in reimbursement policies to increase DSMES access and utilization will result in quality of life improvement by reducing the onset of diabetes for those at risk and reducing depression, hospitalizations and healthcare costs among people with diabetes.

In Louisiana, there are significant socioeconomic disparities associated with having diabetes and prediabetes. According to BRFSS 2017, the diabetes prevalence rate is 18.9% among Louisiana residents with an annual income of less than \$15,000. This is compared to 8.4% among residents with an annual income of greater than \$50,000. In addition, those without a high school diploma are at greater risk of diabetes than those with a college degree (18.9% vs 9.3%). These disparities are exacerbated by the fact that 84% of Louisiana is considered a primary health care Health Professional Shortage Area (HPSA); and

39.8% of Louisiana is considered a low income HPSA, meaning that residents falling below the 200% poverty level are having difficulty accessing primary care (PCRH, 2016).

Heart Disease

Louisiana ranks 7th in the nation for heart disease (5.3%). Compared to the rest of the United States, Louisiana experiences high rates of cardiovascular deaths, which include heart disease and stroke-related deaths. Heart disease and stroke are the number one and number three causes of death and premature death in Louisiana, respectively. As per 2016 National Data on Vital Statistics, Louisiana ranked fifth in the nation in terms of mortality rate (213.1 per 100,000 population in Louisiana compared to 165.6 national average) due to heart disease. Based on the same source, the mortality rate due to stroke was 46 per 100,000 in Louisiana (ranked 3rd in the nation) compared to 37.3 per 100,000 nationwide. According to the 2017 LA BRFSS, the prevalence of having high blood pressure is 39.0% and high blood cholesterol is 37.6%.

Oral Health

Research shows that people with an increased BMI have slightly worse dental health regardless of their tooth brushing routines, and lower levels of education. Therefore, prevention programs should aim at raising both general health awareness and improving oral health (CA, 2012). Among Louisiana adults in 2016, 48.9% reported that at least one of their permanent teeth was removed because of tooth decay or gum disease (BRFSS, 2016). This is compared to the national average of 43.1%. Among those adults who were insured by Medicaid, 60.9% reported having at least one tooth removed compared to 50.0% among non-Medicaid insured individuals. Similarly, 56.6% of Louisiana adults reported they had visited a dentist within the past year. This is compared to the national average of 66.4%. Among those adults who were insured by Medicaid, 40.0% reported having visited a dentist in the past year compared to 62.3% among those who are not insured by Medicaid. These statistics indicate that 1) Louisiana remains below the national average in oral health indicators among adults and 2) there are significant oral health disparities in Louisiana that need to be addressed.

Among children and adolescents however, the data shows a much more positive outlook. Results from the 2017-18 Bright Smiles for Bright Futures: Basic Screening Survey (BSS) show that oral health among children is improving and is on a positive trajectory toward Healthy People 2020 targets. In fact, Louisiana has met the Healthy 2020 target untreated tooth decay (25.9%). According to the 2017-18 BSS, only 25.5% had untreated tooth decay. This is a dramatic improvement from 41.9% in the 2007-09 BSS sample. Although the 2017-18 data shows an improvement (60.0% compared to 65.7%) from 2007-09, the prevalence of dental carries is still significantly greater than the Healthy People 2020 target of 49.0.

Arthritis

Arthritis is one of the most common chronic conditions in Louisiana (LA) affecting more than 1.3 million adults. The prevalence of arthritis and arthritis burden is stratified based on sociodemographic factors. According to the 2017 LA BRFSS, women (32.0%) have higher rates of arthritis than men (23%) and individuals 45-64 (72.4%) are twice as likely to have arthritis as individuals 18-44 (30%). Female population over 64 (57.7%) have higher rates of arthritis than male population (46.1%).

Arthritis is associated with significant co-morbid conditions such as obesity, diabetes and heart disease. This is particularly problematic given Louisiana's chronic disease. Among Louisiana adults with arthritis, 46% have obesity, 24.5% have diabetes and 12.1% have coronary heart disease (BRFSS 2017). The physical symptoms of arthritis can have a significant impact on individuals' physical function. For instance, according to the BRFSS 2017, only 57% of Louisiana adults with arthritis engage in any physical exercise

compared to 72.5% of Louisiana adults without arthritis. Similarly, adults with arthritis are almost five times as likely to report serious difficulties in walking or climbing stairs (46% and 8%, respectively). This is problematic given that the most significant non-drug related strategy for managing arthritis is exercise. Physical activity for individuals with arthritis have been shown to reduce pain and increase physical function by up to 40%.

Furthermore, the physical limitations caused by arthritis place a major burden on the Louisiana economy. For instance, according to the CDC Disease Cost Calculator, the yearly cost for days lost from work due to arthritis in Louisiana is \$218 million. Furthermore, Louisiana ranks 2nd in Medicare expenditures on arthritis per capita at \$17,765.

Cancer

According to the 2017-2021 State Cancer Plan published by the Louisiana Cancer Prevention and Control, obesity increases risks for many cancers, and it complicates and sometimes delays cancer treatment.

As an overall goal, the state 2017-2021 cancer plan aims to reduce cancer death in Louisiana. Partners statewide have identified key strategies they feel can help reduce cancer death which includes implementing policy, systems and environmental changes to reduce obesity. Specific obesity reducing strategies include:

1. Increase physical activity access and outreach within communities
2. Encourage the adoption of new local complete streets policies through guidance, trainings and promotional materials
3. Coordinate with local farmers markets to expand the use of SNAP benefits at markets
4. Expand participation in Well-Ahead Louisiana
5. Promote health through the consumption of healthful diets
6. Make health foods more appealing with junk food relative pricing
7. Increase the amount of infrastructure to support walking and bicycling
8. Increase consumption of fruits and vegetables

Not only is obesity a risk factor for heart disease, the leading cause of death in Louisiana, it is also a risk factor for cancer, the second leading cause of death. Just as reducing exposure to tobacco can prevent heart disease, diabetes and cancer, maintaining a healthy weight can do the same.

Obesity Increases Risk for Some Types of Cancer (NCI, 2012)

<i>Type of Cancer</i>	<i>Estimated Percentage Cancer Cases Caused by Obesity</i>
Endometrial (lining of the uterus)	39%
Esophageal	37%
Kidney	25%
Colorectal	11%
Postmenopausal Breast	9%

Overweight and obesity contribute to the chronic disease burden at a similar magnitude as smoking and the CDC considers it one of the greatest threats in the U.S. In addition to increasing

one's risk for cancer incidence, obesity decreases cancer survival rates. Cancer patients with one or more co-morbid conditions caused by obesity such as Type 2 diabetes, stroke, hypertension, liver disease, kidney disease, Alzheimer's disease, dementia, respiratory condition and osteoarthritis can experience treatment disruptions or discontinuation in order to stabilize another condition. (LCPC, 2019)

In Louisiana, there are significant socioeconomic disparities associated with having diabetes and prediabetes. According to BRFSS 2017, Louisiana residents with low income (18.9%) or without a high school diploma (19%) experience much higher prevalence rates of diabetes than those with higher socioeconomic status. Moreover, 84% of Louisiana is considered a primary care Health Professional Shortage Area (HPSA) and 39.8% of Louisiana is designated a low income HPSA, meaning that residents falling below the 200% poverty level are having difficulty accessing primary health care (PCRH, 2016).

Section 2 – Impact of Obesity

2.1 – Definition of Obesity, Adult and Childhood

The Centers for Disease Control and Prevention defines overweight and obesity as a weight that is higher than what is considered as a healthy weight for a given height. Body Mass Index (BMI) is used as a screening tool for overweight or obesity. See Appendices for a BMI reference chart. For adults 18 years or older, obesity is frequently subdivided into categories:

- Class 1: BMI of 30 to < 35
- Class 2: BMI of 35 to < 40
- Class 3: BMI of 40 or higher. Class 3 obesity is sometimes categorized as “extreme” or “severe” obesity.

When measuring BMI in children under 18 years of age, growth chart percentiles are used. Defining overweight as over the 85th percentile and obesity as over the 95th percentile for children and teens of the same age and sex. See Appendices for a growth chart reference.

2.3 – Causes and Factors

According to the CDC, obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. The following summary of causes and factors has been abstracted from the Overweight and Obesity educational site:

Behaviors can include dietary patterns, physical activity, inactivity, medication use and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke and some types of cancer.

Genetics

Genetic changes in human populations occur too slowly to be responsible for the obesity epidemic. Nevertheless, the variation in how people respond to the environment that promotes physical inactivity and intake of high-calorie foods suggests that genes do play a role in the development of obesity.

Genes give the body instructions for responding to changes in its environment. Studies have identified variants in several genes that may contribute to obesity by increasing hunger and food intake.

Rarely, a clear pattern of inherited obesity within a family is caused by a specific variant of a single gene (monogenic obesity). Most obesity, however, probably results from complex interactions among multiple genes and environmental factors that remain poorly understood (multifactorial obesity).

Family History

Health care practitioners routinely collect family health history to help identify people at high risk of obesity-related diseases such as diabetes, cardiovascular diseases and some forms of cancer. Family health history reflects the effects of shared genetics and environment among close relatives. Families can't change their genes but they can change the family environment to encourage healthy eating habits and physical activity. Those changes can improve the health of family members—and improve the family health history of the next generation.

Other Factors: Diseases and Drugs

Some illnesses may lead to obesity or weight gain. These may include Cushing's disease and polycystic ovary syndrome. Drugs such as steroids and some antidepressants may also cause weight gain. The science continues to emerge on the role of other factors in energy balance and weight gain such as chemical exposures and the role of the microbiome.

A healthcare provider can help you learn more about your health habits and history in order to tell you whether behaviors, illnesses, medications and/or psychological factors are contributing to weight gain or making weight loss hard. (CDCb, 2019)

2.3 – Health, Economic and Societal Consequences

People who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including the following:

- All-causes of death (mortality)
- High blood pressure (Hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (Dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Sleep apnea and breathing problems
- Some cancers (endometrial, breast, colon, kidney, gallbladder and liver)
- Low quality of life
- Mental illness such as clinical depression, anxiety and other mental disorders
- Body pain and difficulty with physical functioning

Obesity and its associated health problems have a significant economic impact on the U.S. healthcare system. Medical costs associated with overweight and obesity may involve direct and indirect costs. Direct medical costs may include preventive, diagnostic and treatment services related to obesity. Indirect costs relate to morbidity and mortality costs including productivity.

Productivity measures include absenteeism (costs due to employees being absent from work for obesity-related health reasons) and presenteeism (decreased productivity of employees while at work) as well as premature mortality and disability.

The medical care costs of obesity in the United States are high. In 2008 dollars, these costs were estimated to be \$147 billion. The annual nationwide productive costs of obesity-related absenteeism range between \$3.38 billion (\$79 per obese individual) and \$6.38 billion (\$132 per obese individual).

In addition to these costs, data shows implications of obesity on recruitment by the armed forces. An assessment was performed of the percentage of the U.S. military-age population that exceeds the U.S. Army's current active duty enlistment standards for weight-for-height and percent body fat, using data from the National Health and Nutrition Examination Surveys. In 2007-2008, 5.7 million men and 16.5 million women who were eligible for military service exceeded the Army's enlistment standards for weight and body fat. (CDCb, 2019)

2.4 - Summary

There is no single or simple solution to the obesity epidemic. It's a complex problem and there has to be a multilayered solution. Policy makers, state and local organizations, business and community leaders, school, childcare and healthcare professionals, and individuals must work together to create an environment that supports a healthy lifestyle. There are several ways state and local organizations can create a supportive environment to promote healthy living behaviors that prevent obesity.

CDC states: "It can be difficult for children and parents to make healthy food choices and get enough physical activity when they are exposed to environments that do not support healthy habits. Places such as child care centers, schools, or communities can affect diet and activity through the foods and drinks they offer and the opportunities for physical activity they provide. Other community factors that affect diet and physical activity include the affordability of healthy food options, peer and social supports, marketing and promotion, and policies that determine how a community is designed"(CDCa, 2019).

The CDC's recommended interventions to reduce obesity can be broken down into the following major domains via environmental and policy approaches:

1. Improve access and availability to healthy foods (fresh fruits and vegetables)
2. Limit availability of less healthy foods and beverages
3. Increase opportunities for safe, physical activity
4. Increase support for breastfeeding

According to John Hopkins Global Obesity Prevention Center,

a systems approach builds on the strengths and connections to derive optimal scenarios, policies and interventions that are locally relevant and also factor in long term implications and feedback. Building these growing and adaptable systems-level frameworks will allow for not only a clearer understanding on the obesity issues at hand, but also more efficient translation of research into sustainable interventions. (JHGOPC, 2019).

Section 3 – About the Commission

The Louisiana Obesity Prevention and Management Commission (LOPMC) is currently under Act 409 of the 2018 Regular Session. This legislation has brought 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. Four quarterly meetings are held during each Commission program period (April-March); each meeting focuses on one of the Commission Priority Areas. The priority areas work to educate and inform partners on obesity prevention best practices and treatment strategies. The Commission's priority areas were voted on, and are re-evaluated each year by the Commission's appointed board members.

3.1 – Priority Areas

Priority Area 1: Educate Payers and Healthcare Providers on Obesity Prevention and Treatment Best Practices

Priority Area 2: Provide Community Resources for Obesity Prevention Best-Practices

Priority Area 3: Support Data Driven Decision Making for Reducing Obesity in Louisiana

Priority Area 4: Inform Louisiana Elected Officials - Local and State

LOPMC meetings are designed to bring decision makers and community members together to facilitate an environment where the group can:

- Openly discuss the obesity epidemic in Louisiana
- Evaluate and review available obesity surveillance data including the annual BRFSS data
- Share community-based approaches and best practices for obesity prevention
- Create collaboration opportunities for healthcare organizations and providers to combat obesity

Each year the Commission, as directed by legislation, produces an Obesity Commission Annual Report. Past LOPMC Annual Reports are available for review on the Louisiana Obesity Prevention and Management Commission's website, <http://wellaheadla.com/ObesityCommission>.

Information relative to each of the Commission meetings such as the agenda, meeting minutes and presentations are also available on the website.

3.2 – Commission Progress, 2018-2019

The Obesity Commission holds quarterly meetings during each active Commission year. Each quarterly meeting has a focus on one of the Commission's four priority areas. All public meetings offer guest speakers, community-member engagement and input from board members.

Notifications for future meetings are forwarded to the Commission's LISTSERV in addition to being promoted on Commission's webpage to encourage community member participation. The Well-Ahead Louisiana staff is available to answer questions or provide technical assistance as needed.

The Commission has a responsibility to provide education, insight and recommendations to lighten the burden of obesity and improve health outcomes throughout our state. Moving forward requires decision makers, stakeholders and community members to recognize the impact of obesity on their constituents, consumers and fellow community members. Eight parishes have been selected to highlight community-level obesity data. The obesity snapshots below demonstrate the specific factors that can be linked to obesity in each parish.

Parish level data has been collected for all 64 Louisiana parishes and an obesity snapshot can be produced for each requested parish. To request an obesity snapshot for a specific parish, provide an email request to LAObesityCommission@LA.GOV. See Appendices for sample snapshots.

The Commission has provided a platform to leverage existing obesity programs, resources and initiatives that work to prevent and manage obesity. Communicating available programs, resources and initiatives are key to increasing participation obesity prevention and management strategies and key to increasing awareness of the Commission's work.

The Commission has improved access to resources through the development of the Commission webpage and Community Resource Guide. The Commission will also continue to structure quarterly meetings by priority area, invite guest speakers to expand on the Commission priority areas, and engage and encourage community members and decision makers to get involved in the Commission's work.

The Commission now calls on local and state decision makers to demonstrate support for obesity prevention and management to improve obesity snapshots of communities throughout the state. To take steps towards improvement decision makers can:

- Promote and utilize the Well-Ahead Community Resource Guide
- Attend an upcoming Obesity Commission Meeting
- Encourage organizations within your parish/district to become a Well-Ahead Louisiana WellSpot

Child care centers, schools, colleges/universities, hospitals, worksites, healthcare facilities, restaurants and faith-based organizations can all take steps to become healthier by applying WellSpot benchmarks in their organizations.

Contact WellAhead@LA.GOV for more information regarding the programs that are available and how they can assist in combating obesity in Louisiana communities.

The Commission anticipates these action items will be completed during the remainder of the 2018-2019 term:

1. Educate payers and healthcare providers on obesity prevention and treatment best practices.
2. Re-evaluation and identification of focus priority areas for the upcoming term.
3. Collection and distribution of community success stories.
4. Website resource development to enhance access to resources.

Section 4 – Public Meetings

Public meeting materials, registration and attendance can be found within the report Appendices.

<http://wellaheadla.com/ObesityCommission>

4.1 – Quarter 1 Public Meeting

Priority Area 2: Provide Community Resources for Obesity Prevention Best-Practices

A presentation by the Louisiana Cancer Prevention policy director, Partnership for a Healthier Southwest network manager and Center for Planning Excellence vice president provided information about Complete Streets initiatives happening in Louisiana. The Complete Streets model, which accommodates pedestrians, bicyclists, motorists and transit riders of all ages and physical abilities, was shared by the

presenters who had either worked to develop this model in their own communities or promoted this model throughout the state. One of the many benefits of Complete Streets initiatives is to provide the opportunity for community members to be physically active in a safe environment. Exercising along with a healthy diet contests obesity. Even a five percent decrease (10 pounds for a 200-pound person) in body weight can have a large impact in decreasing chronic disease risk which often parallels body weight.

4.2 – Quarter 2 Public Meeting:

Priority Area 3: Support Data Driven Decision Making for Reducing Obesity in Louisiana

Well-Ahead Louisiana's Surveillance and Evaluation Manager discussed the importance of supporting data-driven decision making for reducing obesity. The Well-Ahead Louisiana Surveillance and Evaluation team is responsible for representing the data perspective when implementing Louisiana's public health programs and guiding decisions that are related to each program's work plan. Data gathered from each public health program is then used to frame the impact of social determinants on health status and the systematic drivers of obesity. These social determinants/systematic drivers include, but are not limited to, socioeconomic status, violence, abuse, depression, poverty, adverse childhood experiences and trauma.

The Well-Ahead Louisiana Diabetes Prevention manager presented on the Louisiana Diabetes Collaborative within the state and encouraged attendees to join the collaborative. Several similarities between the goals of the LOPMC and the Diabetes Collaborative were identified.

4.3 – Quarter 3 Public Meeting

Priority Area 4: Inform Louisiana Elected Officials - Local and State

The Commission identified and recruited presenters for the Quarter 3 meeting to assist in laying a foundation for the preparation of the Commission's Annual Report. Senator Gerald Boudreaux provided the Commission's board and community members with a call to action, to engage and empower local and state decision makers in the work of the Commission. He also called upon the Commission to provide and utilize the 2018-2019 Annual Report as a tool to facilitate change and assist in gaining decision-maker support for obesity prevention initiatives within their communities and districts.

Additional speakers included the Louisiana Public Health Institute chief operating officer who presented on the financial burden of obesity in Louisiana, District 75 Representative Malinda White, who presented on how a legislative leader can make a difference, and Cary and Johnny Koch of Roedel Parsons, who spoke about how to engage elected officials in health initiatives.

4.4 – Quarter 4 Public Meeting

Priority Area 1: Educate Payers and Healthcare Providers on Obesity Prevention and Treatment Best Practices

The Quarter 4 meeting, scheduled for March 15, 2019.

Section 5 – Conclusion

To successfully reduce prevalence rates of obesity in our state, it is essential to develop a sustainable infrastructure to support and implement a statewide comprehensive approach to obesity prevention and management. A comprehensive approach calls for a variety of stakeholders and partners across the state to address the obesity epidemic through a variety of approaches in all significant environments

including home and family, schools, work sites and healthcare systems, as well as on a community level. Success will call for a collaboration of these interventions, financial supports, use of available resources and development of surveillance/evaluation systems.

The LOPMC will continue to encourage community members, government, businesses, community organizations, healthcare professionals and schools attendant participation in the quarterly meetings.

The Commission is prepared to continue supporting health promotion and obesity prevention efforts throughout Louisiana communities.

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- The State of Obesity: Better Policies for a Healthier America 2018. September 2018. Washington, District of Columbia: Trust for America's Health. Princeton, New Jersey: Robert Wood Johnson Foundation.

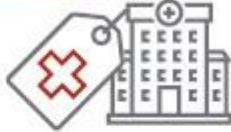
Appendices

Appendix A

State of Obesity: Better Policies for a Healthier America 2018 report data on the National rate and burden of obesity

Societal Costs of Obesity

\$149 billion
in medical expenses
per year

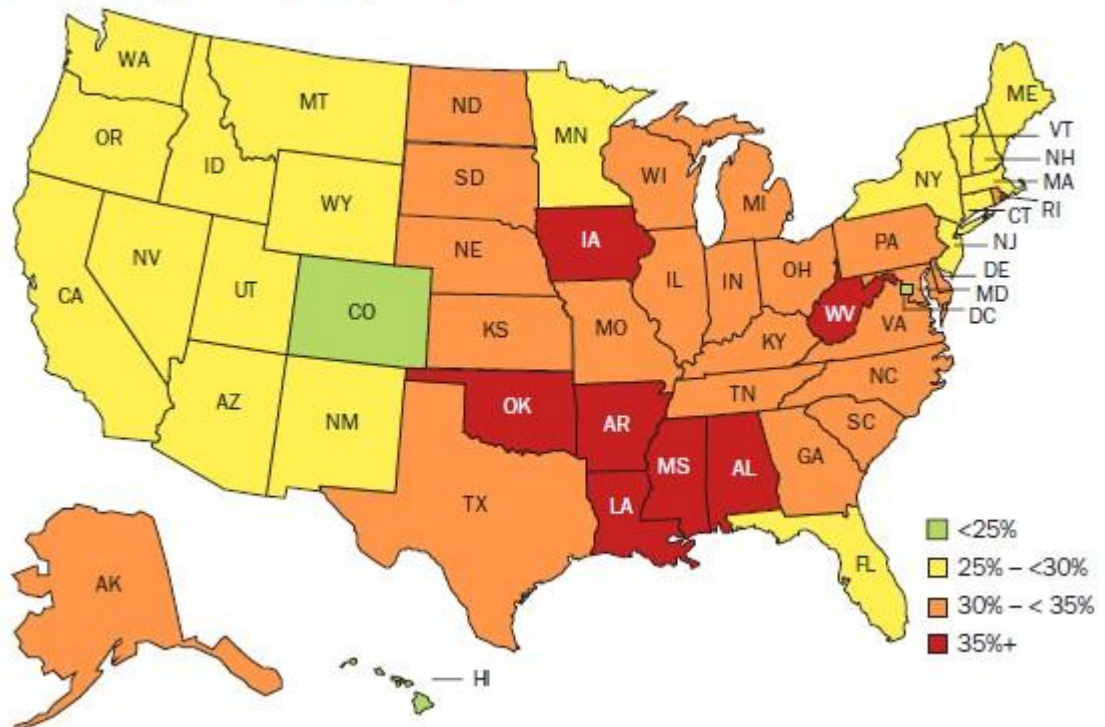


\$66 billion
in lower productivity

1 in 3 young
adults ineligible to
serve in the military

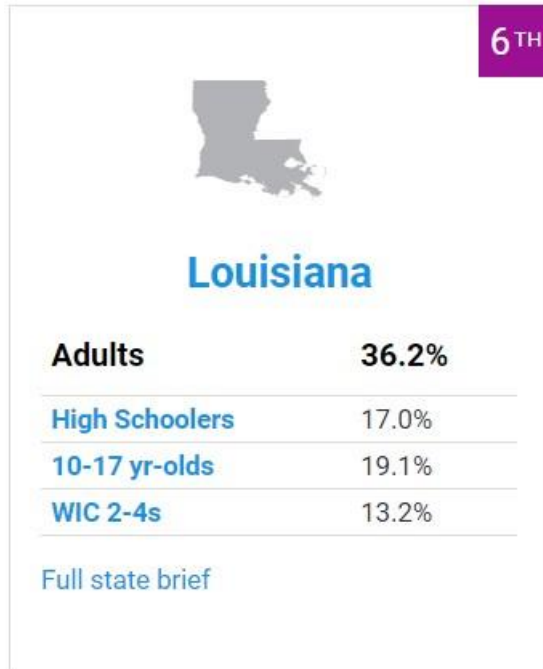


Adult Obesity Rates by State, 2017

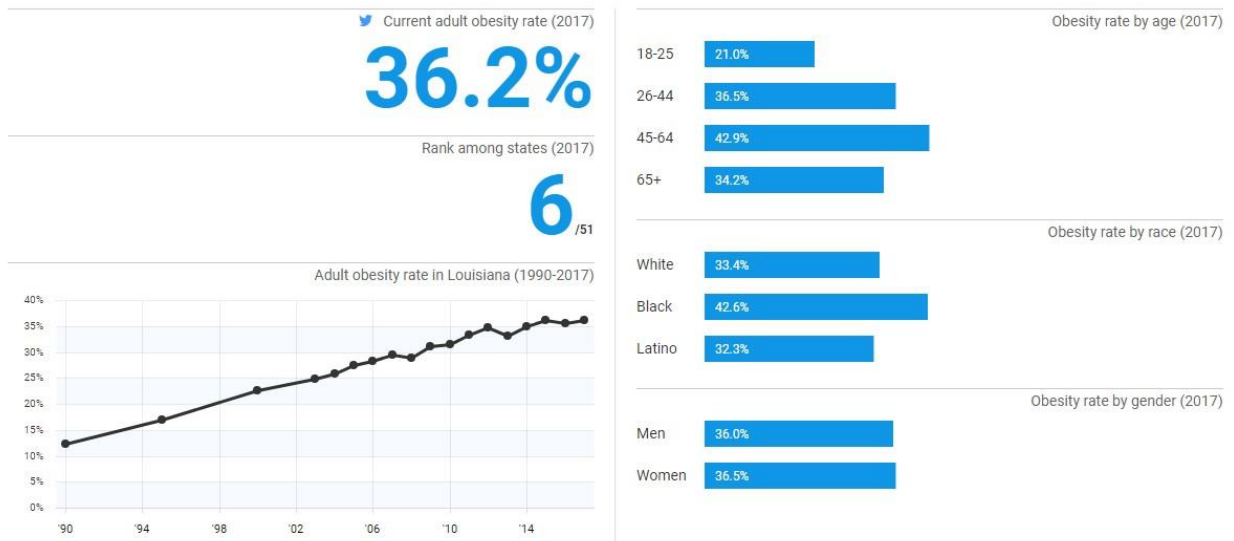


Appendix B

The State of Obesity in Louisiana (RWJF, 2018)



Adult Obesity **New Data**



Note: A change in methodology makes direct comparisons to data collected prior to 2011 difficult. Read the full rates and ranks methodology for more information. Source: Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity 2018. Washington, D.C.: 2018.

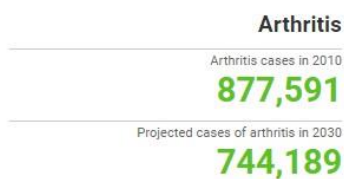
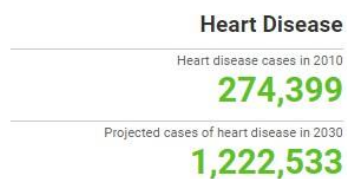
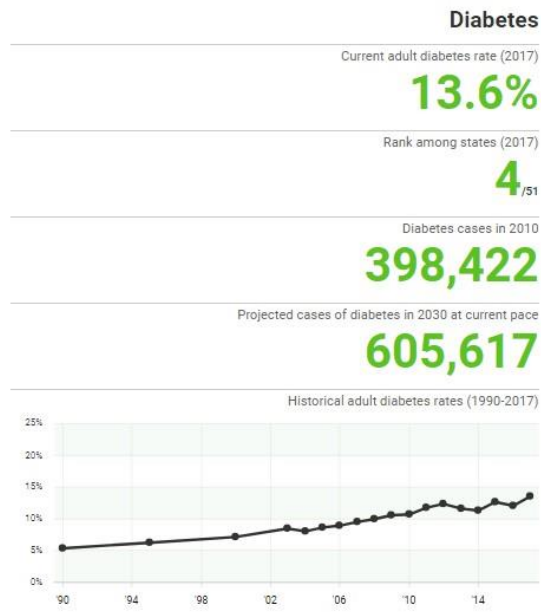
Childhood Overweight and Obesity New Data

Childhood Obesity Stories: Louisiana

Declining Obesity Among 2- to 4-year-olds: In Louisiana, obesity rates declined among 2- to 4-year-olds enrolled in WIC from 2010 to 2014. The rate of obesity dropped from 13.8% to 13.2%. [Read More](#)



Obesity-Related Health Issues New Data



Sources: Current diabetes (2017) and hypertension (2017) rates are from The State of Obesity 2018; 2010 diabetes, hypertension, heart disease, arthritis and obesity-related cancer numbers and projected cases of obesity-related health problems related are from F as in Fat 2012.

Appendix C

The State of Obesity in Louisiana (RWJF, 2018) BMI Reference Charts

$$\text{BMI} = \left(\frac{\text{Weight in pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

For adults, BMI is associated with the following weight classifications:

BMI LEVELS FOR ADULTS AGES 20+	
BMI Level	Weight Classification
Below 18.5	Underweight
18.5 to < 25	Healthy weight
25 to < 30	Overweight
30 and above	Obesity
40 and above	Obesity Class 3 or Severe Obesity

BMI LEVELS FOR CHILDREN AGES 2-19	
BMI Level	Weight Classification
Below 5th percentile	Underweight
5th to < 85th percentile	Healthy weight
85th to < 95th percentile	Overweight
95th percentile and above	Obesity
120 percent of 95th percentile and above	Severe Obesity

Appendix D

Parish level obesity data snapshots were created for seven Parishes in Louisiana to demonstrate the impact that obesity plays both directly and indirectly on a Community's overall well-being



Ascension Parish

At a Glance

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of Ascension Parish is 117,009

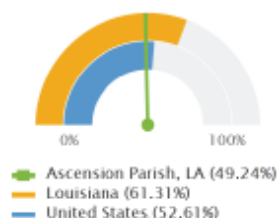
Currently ranked 3 out of 64 parishes according to County Health Rankings

Social & Economic Factors

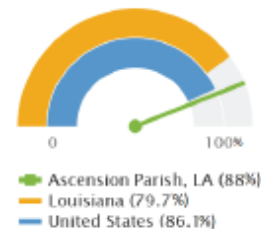
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



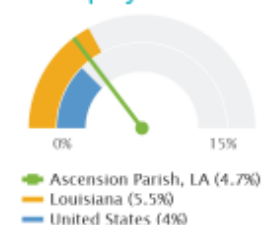
Children Eligible for Free/Reduced Price Lunch



Education - High School Graduation Rate



Unemployment Rate

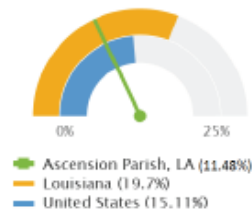


Income - Median Household Income





Poverty - Population Below 100% FPL



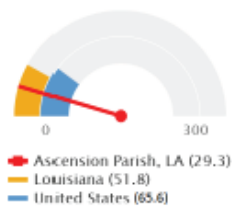
Poverty is considered a **key driver** of health status. Within Ascension Parish 11.48% or 13,320 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

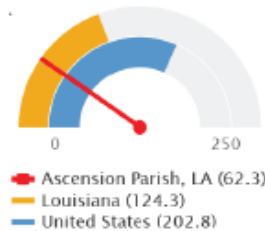
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured or underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



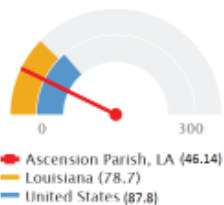
Access to Dentists (Per 100,000 Population)



Access to Mental Health Providers (Per 100,000 Population)



Access to Primary Care (Per 100,000 Population)

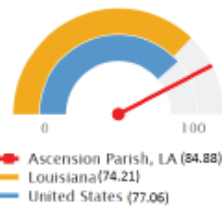


Physical Environment

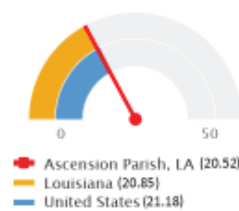
A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.



Food Environment - Fast Food Restaurants
(Per 100,000 Population)



Food Environment - Grocery Stores
(Per 100,000 Population)



Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

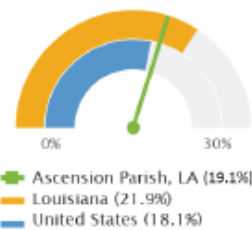


Breastfeeding

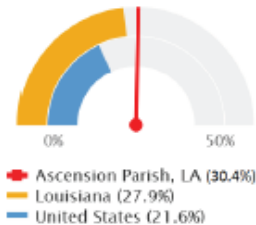
Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
Louisiana	226,361	68%	99,730	64%
United States	18,402,779	79%	6,364,329	69%



Tobacco Usage - Current Smokers

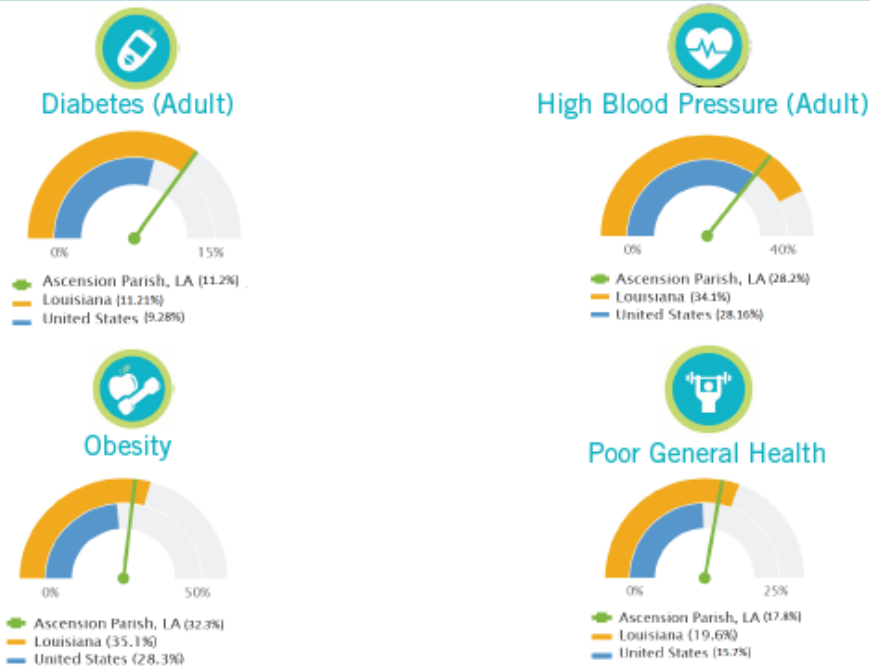


Physical Inactivity



Health Outcomes

Measuring morbidity and mortality rates allows accessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.



WellSpot Designations

The Bureau of Chronic Disease Prevention and Healthcare Access has developed a set of evidence-based wellness benchmarks for eight different types of organizations – child care centers, schools, colleges/universities, worksites, restaurants, faith-based organizations, healthcare facilities, and hospitals. The benchmarks, combined with Well-Ahead community outreach, encourage policy, systems and environmental change surrounding health behaviors. These benchmarks include things like: adopting an organization tobacco-free policy, advocating breast feeding friendly worksites, implementing a worksite wellness program and adopting healthy vending machine practices. Once an organization has reached a certain number of these benchmarks, LDH designates them as an official Level One, Level Two or Level Three WellSpot.

Child Care Centers: 3
College/ Universities: 1
Schools: 0

Restaurants: 2
Faith-Based Organizations: 0
Worksites: 29

Healthcare Facilities: 0
Hospitals: 2



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Well-Ahead Louisiana

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of East Baton Rouge Parish is 445,337

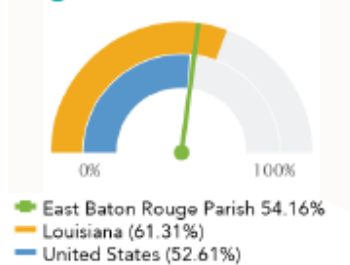
Currently ranked 26 out of 64 parishes according to County Health Rankings

Social & Economic Factors

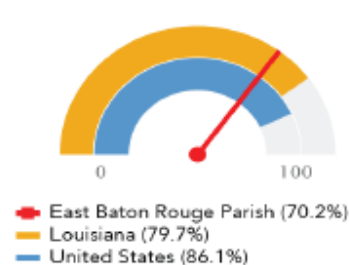
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



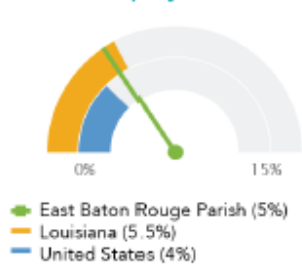
Children Eligible for Free/Reduced Price Lunch



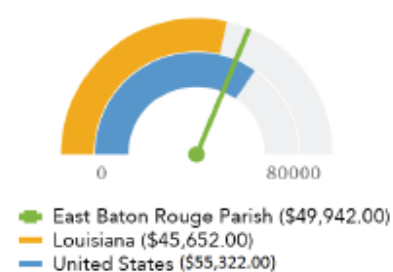
Education - High School Graduation Rate



Unemployment Rate

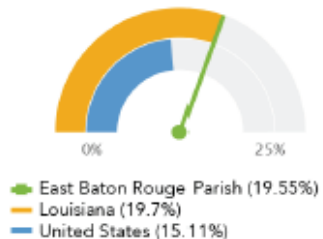


Income - Median Household Income





Poverty - Population Below 100% FPL



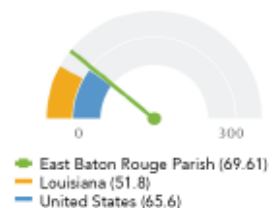
Poverty is considered a **key driver** of health status. Within the East Baton Rouge Parish 19.55% or 85,171 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

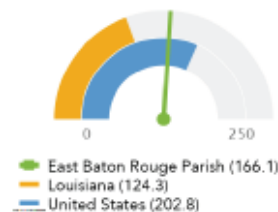
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured and underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



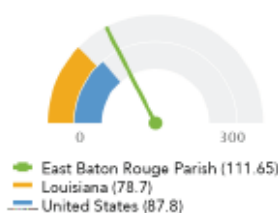
Access to Dentists (Per 100,000 Population)



Access to Mental Health Providers (Per 100,000 Population)



Access to Primary Care (Per 100,000 Population)

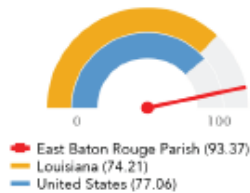


Physical Environment

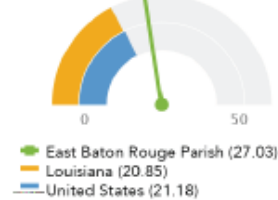
A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.



Food Environment - Fast Food Restaurants
(Per 100,000 Population)



Food Environment - Grocery Stores
(Per 100,000 Population)



Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

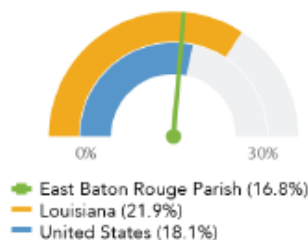


Breastfeeding

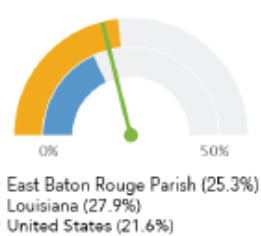
Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
Louisiana	226,361	68%	99,730	64%
United States	18,402,779	79%	6,364,329	69%



Tobacco Usage - Current Smokers

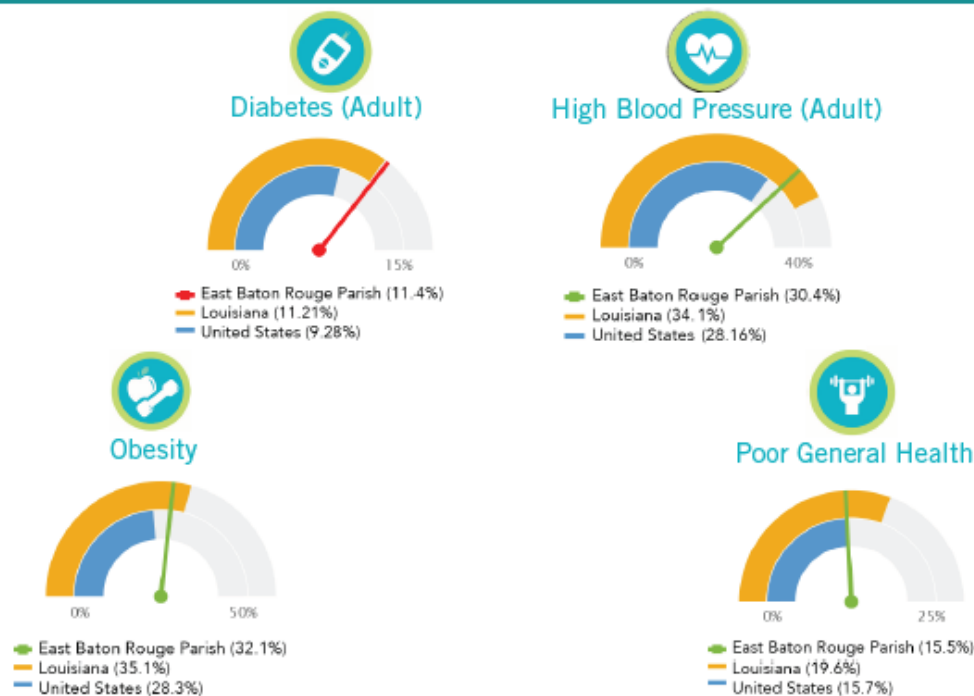


Physical Inactivity



Health Outcomes

Measuring morbidity and mortality rates allows for the assessment of linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.



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Child Care Centers: 32
College/ Universities: 11
Schools: 11

Restaurants: 71
Faith-Based Organizations: 1
Worksites: 224

Healthcare Facilities: 0
Hospitals: 10



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Well-Ahead Louisiana

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of Lafayette Parish is 234,963

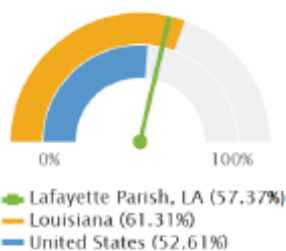
Currently ranked 4 out of 64 parishes according to County Health Rankings

Social & Economic Factors

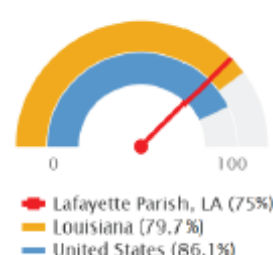
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



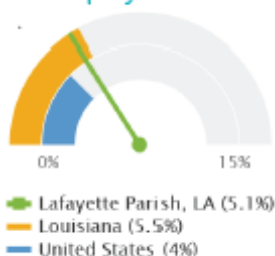
Children Eligible for Free/Reduced Price Lunch



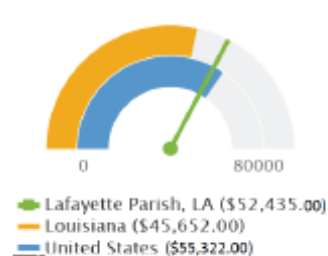
Education - High School Graduation Rate



Unemployment Rate



Income - Median Household Income





Poverty - Population Below 100% FPL



■ Lafayette Parish, LA (16.52%)
■ Louisiana (19.7%)
■ United States (15.11%)

Poverty is considered a **key driver** of health status. Within Lafayette Parish 16.52% or 37,976 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured or underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



Access to Dentists (Per 100,000 Population)



■ Lafayette Parish, LA (64.56)
■ Louisiana (51.8)
■ United States (65.6)



Access to Mental Health Providers (Per 100,000 Population)



■ Lafayette Parish, LA (163.3)
■ Louisiana (124.3)
■ United States (202.8)



Access to Primary Care (Per 100,000 Population)



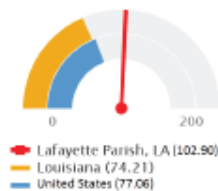
■ Lafayette Parish, LA (119.67)
■ Louisiana (78.7)
■ United States (87.8)

Physical Environment

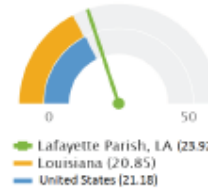
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.



Food Environment - Fast Food Restaurants
(Per 100,000 Population)



Food Environment - Grocery Stores
(Per 100,000 Population)



Health Behaviors

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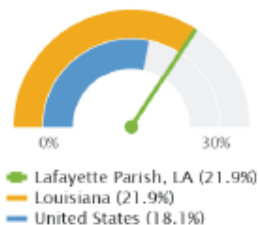


Breastfeeding

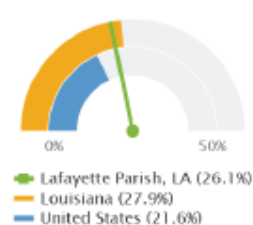
Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
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United States	18,402,779	79%	6,364,329	69%



Tobacco Usage - Current Smokers

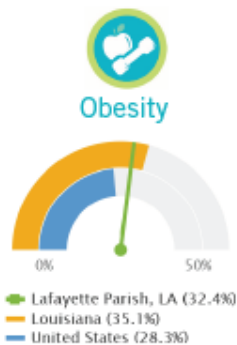
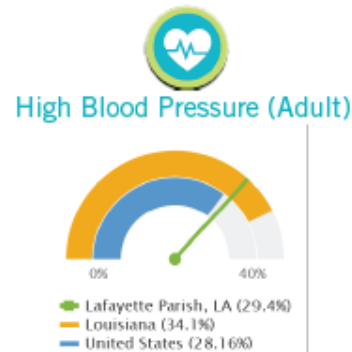
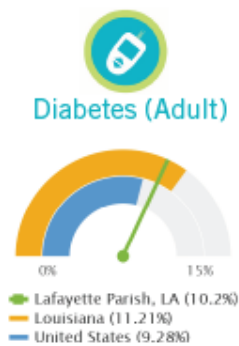


Physical Inactivity



Health Outcomes

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Child Care Centers: 1
College/ Universities: 1
Schools: 41

Restaurants: 22
Faith-Based Organizations: 0
Worksites: 52

Healthcare Facilities: 2
Hospitals: 5



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@WellAheadLA



Well-Ahead Louisiana

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of Livingston Parish is 135,925

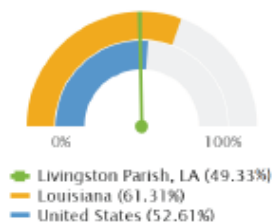
Currently ranked 14 out of 64 parishes according to County Health Rankings

Social & Economic Factors

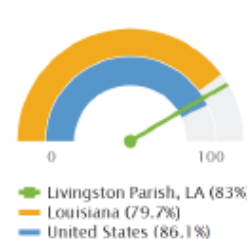
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



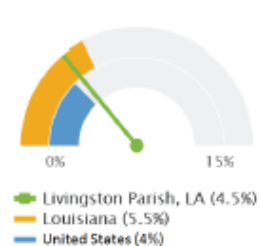
Children Eligible for Free/Reduced Price Lunch



Education - High School Graduation Rate



Unemployment Rate



Income - Median Household Income





Poverty - Population Below 100% FPL



Livingston Parish, LA (14.48%)
Louisiana (19.7%)
United States (15.11%)

Poverty is considered a **key driver** of health status. Within Livingston Parish 14.48% or 19,472 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured and underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



Access to Dentists (Per 100,000 Population)



Livingston Parish, LA (26.13)
Louisiana (51.8)
United States (65.6)



Access to Mental Health Providers (Per 100,000 Population)



Livingston Parish, LA (24.3)
Louisiana (124.3)
United States (202.8)



Access to Primary Care (Per 100,000 Population)



Livingston Parish, LA (23.57)
Louisiana (78.7)
United States (87.8)

Physical Environment

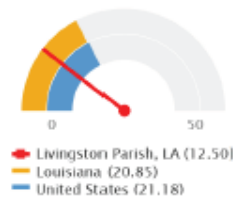
A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.



Food Environment - Fast Food Restaurants
(Per 100,000 Population)



Food Environment - Grocery Stores
(Per 100,000 Population)



Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

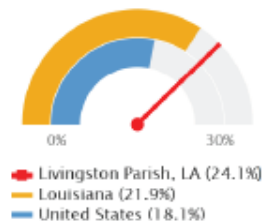


Breastfeeding

Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
Louisiana	226,361	68%	99,730	64%
United States	18,402,779	79%	6,364,329	69%



Tobacco Usage - Current Smokers

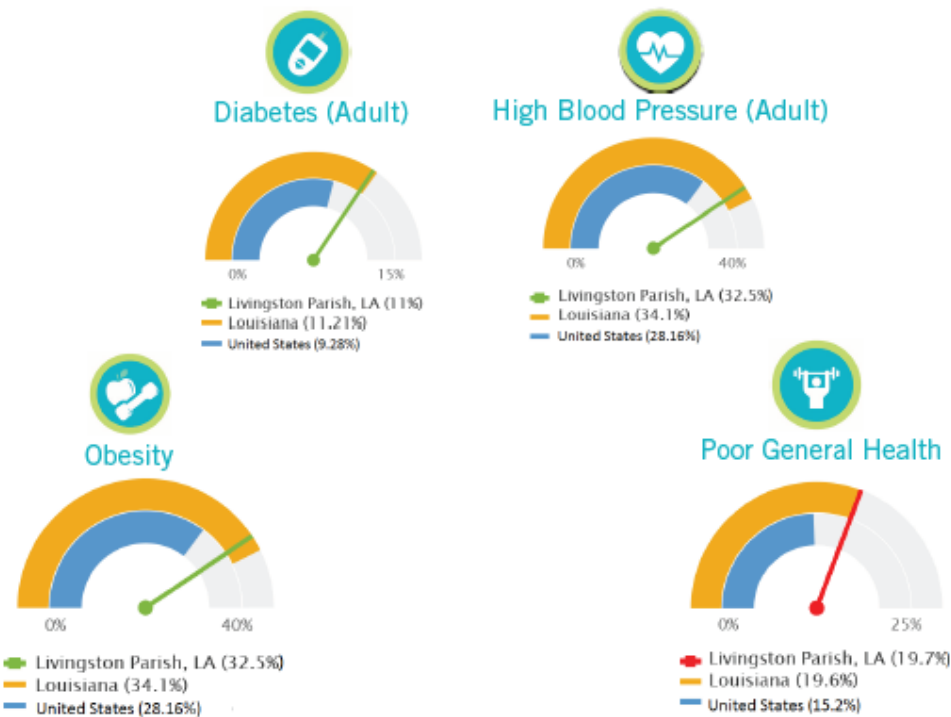


Physical Inactivity



Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.



WellSpot Designations

The Bureau of Chronic Disease Prevention and Healthcare Access has developed a set of evidence-based wellness benchmarks for eight different types of organizations – child care centers, schools, colleges/universities, worksites, restaurants, faith-based organizations, healthcare facilities, and hospitals. The benchmarks, combined with Well-Ahead community outreach, encourage policy, systems and environmental change surrounding health behaviors. These benchmarks include things like: adopting an organization tobacco-free policy, advocating breast feeding friendly worksites, implementing a worksite wellness program and adopting healthy vending machine practices. Once an organization has reached a certain number of these benchmarks, LDH designates them as an official Level One, Level Two or Level Three WellSpot.

Child Care Centers: 3
College/ Universities: 0
Schools: 47

Restaurants: 4
Faith-Based Organizations: 0
Worksites: 39

Healthcare Facilities: 0
Hospitals: 1



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Well-Ahead Louisiana

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of Rapides Parish is 132,373

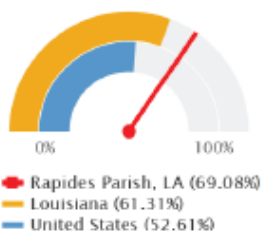
Currently ranked 36 out of 64 parishes according to County Health Rankings

Social & Economic Factors

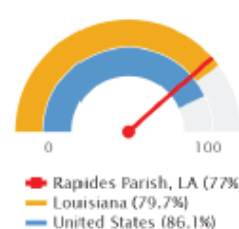
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



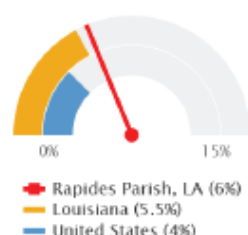
Children Eligible for Free/Reduced Price Lunch



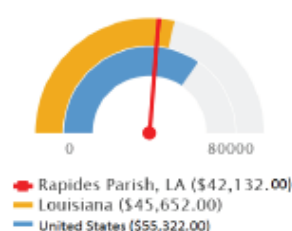
Education - High School Graduation Rate



Unemployment Rate

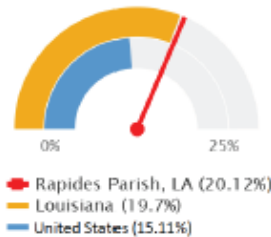


Income - Median Household Income





Poverty - Population Below 100% FPL



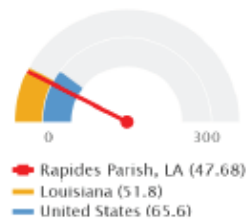
Poverty is considered a **key driver** of health status. Within Rapides Parish 20.12% or 25,882 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

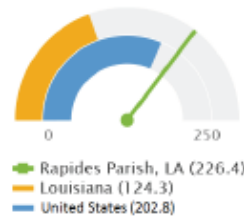
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured or underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



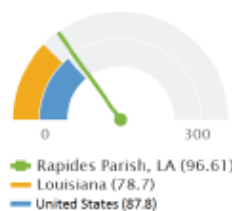
Access to Dentists (Per 100,000 Population)



Access to Mental Health Providers (Per 100,000 Population)



Access to Primary Care (Per 100,000 Population)

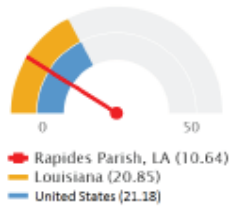


Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.



Food Environment - Fast Food Restaurants (Per 100,000 Population)



Food Environment - Grocery Stores (Per 100,000 Population)



Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

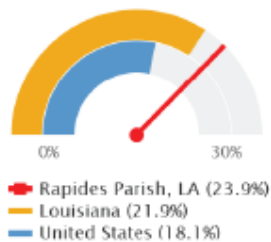


Breastfeeding

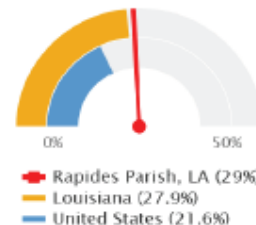
Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
Louisiana	226,361	68%	99,730	64%
United States	18,402,779	79%	6,364,329	69%



Tobacco Usage - Current Smokers

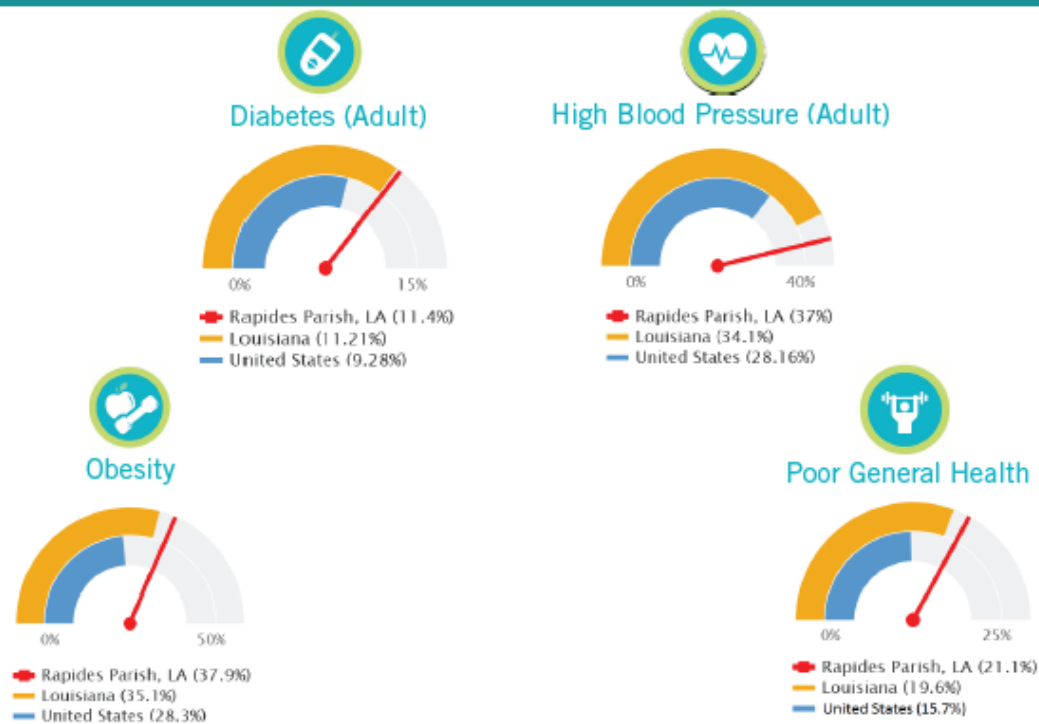


Physical Inactivity



Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.



WellSpot Designations

The Bureau of Chronic Disease Prevention and Healthcare Access has developed a set of evidence-based wellness benchmarks for eight different types of organizations – child care centers, schools, colleges/universities, worksites, restaurants, faith-based organizations, healthcare facilities, and hospitals. The benchmarks, combined with Well-Ahead community outreach, encourage policy, systems and environmental change surrounding health behaviors. These benchmarks include things like: adopting an organization tobacco-free policy, advocating breast feeding friendly worksites, implementing a worksite wellness program and adopting healthy vending machine practices. Once an organization has reached a certain number of these benchmarks, LDH designates them as an official Level One, Level Two or Level Three WellSpot.

Child Care Centers: 7
College/ Universities: 4
Schools: 49

Restaurants: 6
Faith-Based Organizations: 0
Worksites: 91

Healthcare Facilities: 0
Hospitals: 3



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Well-Ahead Louisiana

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of St. Martin Parish is 53,385

Currently ranked 25 out of 64 parishes according to County Health Rankings

Social & Economic Factors

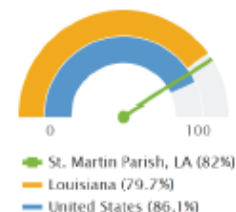
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



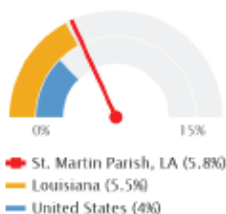
Children Eligible for Free/Reduced Price Lunch



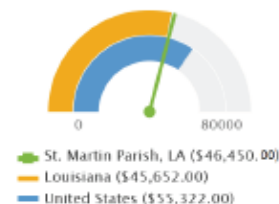
Education - High School Graduation Rate



Unemployment Rate

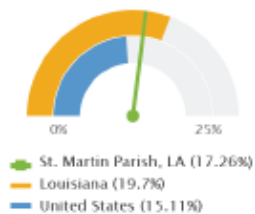


Income - Median Household Income





Poverty - Population Below 100% FPL



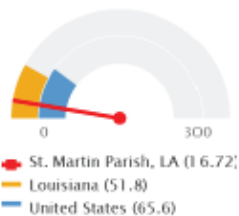
Poverty is considered a **key driver** of health status. Within the report area 17.26% or 9,103 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured or underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



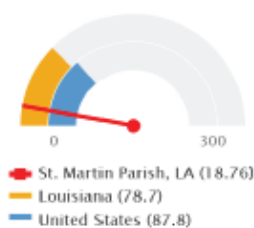
Access to Dentists (Per 100,000 Population)



Access to Mental Health Providers (Per 100,000 Population)



Access to Primary Care (Per 100,000 Population)



Physical Environment

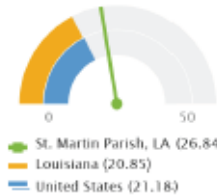
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Food Environment - Fast Food Restaurants
(Per 100,000 Population)



Food Environment - Grocery Stores
(Per 100,000 Population)



Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.



Breastfeeding

Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
Louisiana	226,361	68%	99,730	64%
United States	18,402,779	79%	6,364,329	69%

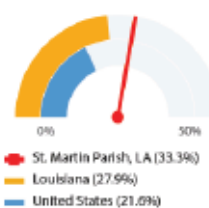
Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2016. Source geography: State



Tobacco Usage - Current Smokers

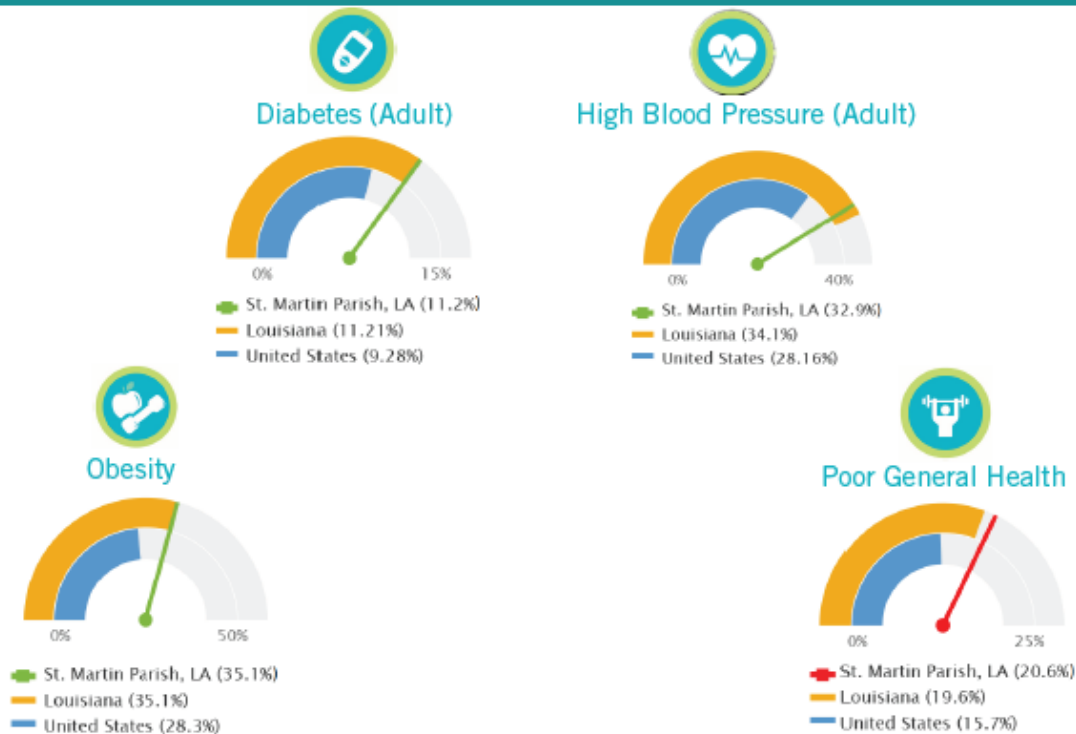


Physical Inactivity



Health Outcomes

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Child Care Centers: 0
College/ Universities: 1
Schools: 15

Restaurants: 1
Faith-Based Organizations: 0
Worksites: 9

Healthcare Facilities: 1
Hospitals: 1



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Well-Ahead Louisiana

The Louisiana Obesity Prevention and Management Commission was created in 2014. 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. The obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 35% of the adult population being obese. According to the Center for Disease Control and Prevention (CDC), obesity-related conditions such as heart disease, stroke, type 2 diabetes and certain types of cancer are persistent leading causes of death in Louisiana.

The population of Terrebonne Parish is 113,099

Currently ranked 23 out of 64 parishes according to County Health Rankings

Social & Economic Factors

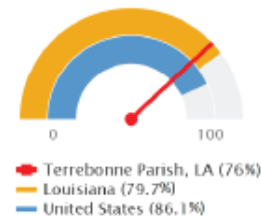
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



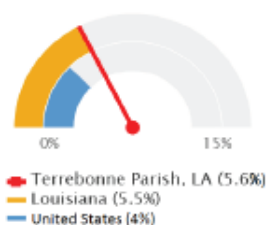
Children Eligible for Free/Reduced Price Lunch



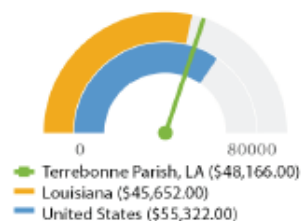
Education - High School Graduation Rate



Unemployment Rate



Income - Median Household Income





Poverty - Population Below 100% FPL



Terrebonne Parish, LA (20.29%)
Louisiana (19.7%)
United States (15.11%)

Poverty is considered a **key driver** of health status. Within Terrebonne Parish 20.29% or 22,457 individuals are living in households with income below the **Federal Poverty Level (FPL)**. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured and underinsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.



Access to Dentists (Per 100,000 Population)



Terrebonne Parish, LA (43.8)
Louisiana (51.8)
United States (65.6)



Access to Mental Health Providers (Per 100,000 Population)



Terrebonne Parish, LA (124.4)
Louisiana (124.3)
United States (202.8)



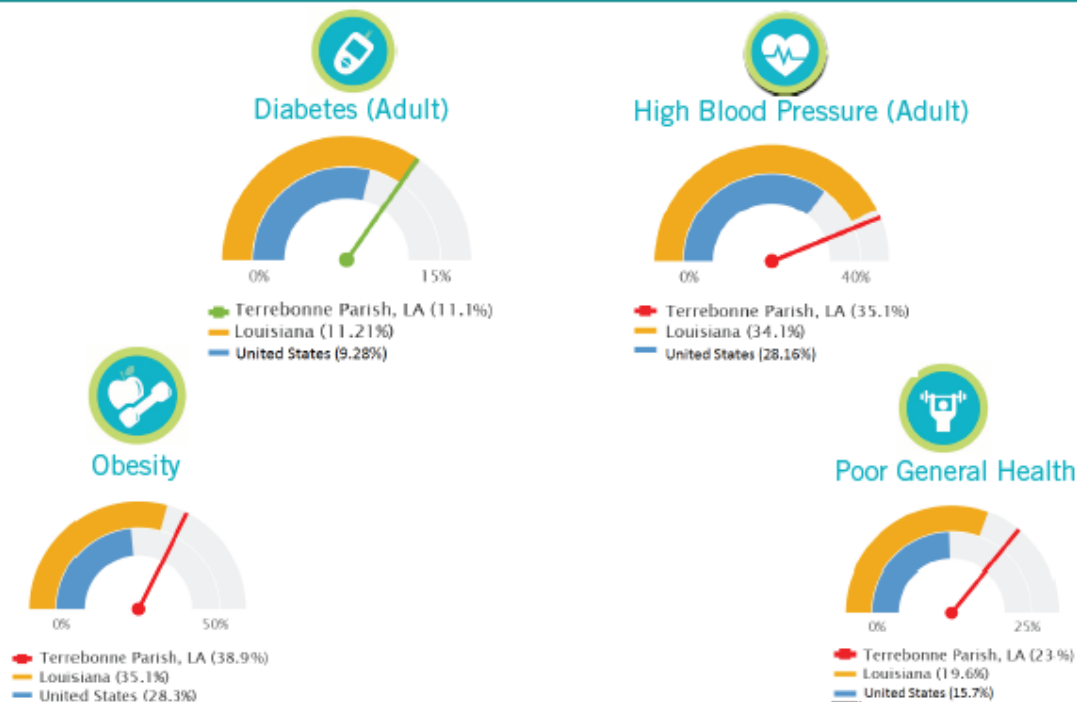
Access to Primary Care (Per 100,000 Population)



Terrebonne Parish, LA (52.94)
Louisiana (78.7)
United States (87.8)

Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.



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Child Care Centers: 3
College/ Universities: 0
Schools: 0

Restaurants: 7
Faith-Based Organizations: 0
Worksites: 33

Healthcare Facilities: 0
Hospitals: 2



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Well-Ahead Louisiana

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health
Louisiana Obesity Prevention and Management Commission

Agenda

Friday August 10, 2018; 10:30a-12:30p
Pennington Biomedical Research Conference Center
Baton Rouge, La

10:00- 10:30	Sign In and Networking
10:30- 10:40	Welcome Board Member Introductions/Roll Call Melissa Martin
10:40- 11:00	Commission Overview/Purpose and Objectives Melissa Martin
11:00- 11:50	Community Resources for Obesity Prevention Best-Practices: Complete Streets Guest Speakers: Aubrey Thelen, John O'Donnell & Jessica Kemp
11:50- 12:15	Updates/Other Business Legislated Members
12:15- 12:25	Next Steps/Next Meeting Melissa Martin
12:25- 12:30	Raffle Kaitlyn King & Rebecca Guidroz
12:30	Adjourn

Bienville Building ▪ 628 N. Fourth St. ▪ P.O. Box 3214 ▪ Baton Rouge, Louisiana 70821-3214
Phone: (225) 342-8093 ▪ Fax: (225) 342-4848 ▪ www.dhh.la.gov

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State of Louisiana
Louisiana Department of Health
Office of Public Health

**Louisiana Obesity Prevention and Management Commission
Meeting Minutes**

August 10, 2018

10:30 a.m. – 12:30 p.m.

C.B. Pennington, Jr. Building Conference Center
2328 Irene Drive, Baton Rouge, LA 70808

Legislative Board Members/Designee in Attendance:

Crystal Stutes, LDI
Michael Comeaux, LDOE
John Kirwan, PBRC
Melissa Martin, LDH
Carolyn Johnson, Tulane
Steve Dick, Picard Center

Notes:

- Welcome & Introduction to Commission: Melissa Martin
 - Roll Call of Commission's Board Member Representatives:
 - Louisiana Department of Health, **Present**
 - Louisiana Department of Education, **Present**
 - Louisiana Department of Insurance, **Present**
 - Pennington Biomedical Research Center, **Present**
 - Prevention Research Center at Tulane, **Present**
 - Cecil J. Picard Center for Child Development and Lifelong Learning, **Present**
 - President of the Senate, **Absent**
 - Speaker of the House, **Absent**
 - Review of Commission's Purpose, Objectives & 2018 Legislative Updates to SB 207:
 - Commission Mission and Background:
 - ❖ Convene a multi-sectoral Commission to share resources, information and experiences across Louisiana to support the prevention and management of obesity.
 - ❖ Provide an annual report to the Louisiana legislature in order to keep the legislature informed and empowered to support a Healthier Louisiana.

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- ❖ Commission meets quarterly.
 - During each quarterly meeting one of the four Commission priority areas is selected as a focus and the Commission hosts a guest speaker on this priority area.
- Review of the Commission's Priority Areas:
 - ❖ Priority Area 1: Educate payers and healthcare providers on obesity prevention and treatment best practices.
 - ❖ Priority Area 2: Provide community resources for obesity prevention best practices.
 - ❖ Priority Area 3: Support data driven decision making for reducing obesity in Louisiana.
 - ❖ Priority Area 4: Inform Louisiana elected officials on both the local and state level.
- 2018 SB 207 Revisions
 - ❖ [SB 207](#) created the legislatively mandated Obesity Commission.
 - ❖ The Bill identified 8 organizational seats to be present at the table (see Board Member Positions above).
 - ❖ During the 2018, Regular Session SB 207 legislation revised to encourage representation from multisector partners, which would involve many community organizations in the voice of the Commission.
- Priority Area 2 Guest Speakers: Aubree Thelen, John O'Donnell, & Jessica Kemp
 - Priority Area 2 guest speakers spoke about the importance of Complete Streets and techniques to engage communities to adopt and implement Complete Street Policies as an avenue to preventing obesity.
 - Complete streets PowerPoint Presentation will be available on the Well-Ahead website.
 - A handful of cities in Louisiana who have established a Complete Street Policy.
 - ❖ Complete Streets Policy doesn't always immediately translate to Complete Street environments.
 - ❖ It is important to have a plan for implementation and to identify organizations and resources that can provide guidance during implementation.
 - [CPEX Complete Streets Toolkit](#)
 - [American Heart Association Toolkit](#)
 - [AARP Livability Index](#)
 - [Walk Score](#)
 - [East Baton Rouge GIS Program](#)
 - [Nation Complete Streets Coalition](#)
 - Priority Area 2 Q&A
- Closing Remarks: Melissa Martin
 - Commission Meeting Wrap Up & Next Steps
 - Quarter 2 Meeting: September 28, 2018.
 - ❖ Additional information regarding meeting details.
 - ❖ The quarter 2 meeting will focus on Priority Area 3: Support data driven decision making for reducing obesity in Louisiana.
 - The Commission will send a member profile/interest survey to all present members to assist in forming priority area teams.
 - Any questions from attendees/Board Members can be directed to LAObesityCommission@la.gov.

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

Louisiana Obesity Prevention and Management Commission Agenda

Friday September 28, 2018: 10:00a-12:00p
Pennington Biomedical Research Conference Center
Baton Rouge, LA

9:45-10:00	Sign In and Networking
10:00-10:30	Welcome Board Member Introductions Melissa Martin
10:30-11:30	Supporting Data Driven Decision Making for Reducing Obesity in Louisiana Guest Speaker: Win Guan (Well-Ahead)
11:30-11:40	Introduction to the Louisiana Diabetes Collaborative Kate Andrus
11:40-11:50	Updates/Other Business Legislated Members
11:50-12:00	Next Steps/Next Meeting Melissa Martin
12:00	Meeting Adjourn
12:00 – 12:30	Grab-N-Go light lunch by Good Eats Kitchen

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State of Louisiana
Louisiana Department of Health
Office of Public Health

**Louisiana Obesity Prevention and Management Commission
Meeting Minutes**

September 28, 2018

10:00 a.m. – 12:00 p.m.

C.B. Pennington, Jr. Building Conference Center
2328 Irene Drive, Baton Rouge, LA 70808

Legislative Board Members/Designee in Attendance:

Senator Boudreaux, President of the Senate
Crystal Stutes, LDI
Michael Comeaux, LDOE
John Kirwan, PBRC
Melissa Martin, LDH
Carolyn Johnson, Tulane
Steve Dick, Picard Center

Notes:

- Welcome & Introduction to Commission: Melissa Martin
- Roll Call of Commission's Board Member Representatives:
 - Louisiana Department of Health, **Present**
 - Louisiana Department of Education, **Present via Conference Line**
 - Louisiana Department of Insurance, **Present**
 - Pennington Biomedical Research Center, **Present**
 - Prevention Research Center at Tulane, **Present**
 - Cecil J. Picard Center for Child Development and Lifelong Learning, **Present**
 - President of the Senate, **Present**
 - Speaker of the House, **Absent**

Bienville Building ▪ 628 N. Fourth St. ▪ P.O. Box 3214 ▪ Baton Rouge, Louisiana 70821-3214
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- Commission Purpose:
 - Convene a multi-sectoral Commission to share resources, information and experiences across Louisiana to support the prevention and management of obesity.
 - Provide an annual report to the Louisiana legislature in order to keep the legislature informed and empowered to support a Healthier Louisiana.
- Priority Area Updates:
 - The Quarter One Commission Meeting highlighted Priority Area 2 regarding identifying community resources for obesity prevention best practices during which complete streets education was provided.
 - The Quarter Two Commission Meeting highlighted Priority Area 3: Supporting data driven decision making for reducing obesity. The Quarter Two Meeting also welcomed Mrs. Kate Andrus, Well-Ahead Louisiana.
 - The Quarter One Commission Meeting highlighted Priority Area 2 regarding identifying community resources for obesity prevention best practices during which complete streets education was provided.
 - The Quarter Two Commission Meeting highlighted Priority Area 3: Supporting data driven decision making for reducing obesity. The Quarter Two Meeting also welcomed Mrs. Kate Andrus, Well-Ahead Louisiana Diabetes Prevention Manager and lead of the Diabetes Collaborative, to discuss the work that this state collaborative is leading and how the Collaborative and Commission can work together to promote healthy lifestyles. She also invited commission members, interested in joining the collaborative to join the next meeting.
- Priority Area 3 Guest Speakers: Dr. Win Guan, Well-Ahead Louisiana Surveillance and Evaluation Manager and Kate Andrus, Well-Ahead Louisiana Diabetes Prevention Manager
 - Dr. Win Guan spoke about the importance of supporting data driven decision making for reducing obesity. Dr. Guan spoke to the great need and importance of collected data to frame the impact of social determinants of health and the systematic drivers of obesity. The presentation provided an illustration of how the Well-Ahead Surveillance and Evaluation team used data to drive the Louisiana Healthy School Communities program to demonstrate how important it is to use data to guide decisions.
 - To view his presentation in its entirety please visit the [Well-Ahead Louisiana Obesity Commission webpage](#).
 - Priority Area 3 Q&A
 - Mrs. Kate Andrus provided an overview of the work the Louisiana Diabetes Collaborative drives throughout the state. The Collaborative meets on a quarterly basis and works to improve their 4 Goal Areas of 1. Coverage and Reimbursement, 2. Referrals (& provider education), 3. Awareness Among General Population and 4. Increase Availability to DSMES and NDPP programs. Visit the [Well-Ahead Louisiana Diabetes Prevention Webpage](#) to become part of the collaborative or to learn more about the work they are implementing throughout the state.
- Closing Remarks: Melissa Martin
 - Commission Meeting Wrap Up & Next Steps:

- Quarter Three Meeting: December 7, 2018.
 - ❖ Additional information regarding meeting details are forthcoming.
 - ❖ The Quarter Three Meeting will focus on Priority Area 4: Inform Louisiana Elected Officials- local and state.
- Obesity Commission Interest Survey Follow Up
 - ❖ The information collected through this survey will be used to enhance the work around the Commission's 4 Priority Areas. Survey outcome data will be presented to the Commission once the results have been analyzed.
 - ❖ The Commission will send a short meeting follow up survey.
- Any questions from attendees/Board Members can be directed to LAObesityCommission@la.gov.

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

Louisiana Obesity Prevention and Management Commission

Agenda

Thursday December 6, 2018: 10:00a.m. -12:00p.m.
Louisiana Department of Insurance, Poydras Room
Baton Rouge, LA

9:45a-10:00a	Sign In and Networking
10:00a-10:05a	Welcome Board Member Role Call & Senator Boudreaux Introduction Melissa Martin
10:05a-10:15a	State of Obesity in Louisiana Vision for the Future & Call to Action Senator Gerald Boudreaux, State Senator, District - 24
10:15a-10:30a	Louisiana's Financial Burden of Obesity Sarah Gillen, Louisiana Public Health Institute
10:30a-11:00a	How a Legislative Leader Can Make a Difference Taffy Morrison, Well-Ahead Louisiana, Bogalusa Strong Campaign Representative Malinda B. White, State Representative, District - 75
11:00a-11:15a	How to Engage Elected Officials in Health Initiatives Cary Koch, Roedel Parsons Johnny Koch, Roedel Parsons
11:15a-11:50a	Q & A: Ask a Leader and/or Share a Success Story Obesity Commission Attendee Open Microphone
11:50a – 12:00p	Next Steps Melissa Martin

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State of Louisiana
Louisiana Department of Health
Office of Public Health

**Louisiana Obesity Prevention and Management Commission
Meeting Minutes**

December 6, 2018
10:00 a.m. – 12:00 p.m.
Louisiana Department of Insurance, Poydras Room
Baton Rouge, LA

Legislative Board Members/Designee in Attendance:

Senator Gerald Boudreaux, President of the Senate
Representative Malinda White, Speaker of the House
Crystal Stutes, Louisiana Department of Insurance
Michael Comeaux, Louisiana Department of Education
Dr. Robert Newton, Pennington Biomedical Research Center
Melissa Martin, Louisiana Department of Health
Megan Knapp, Tulane Prevention Research Center
Paula Zeanah, Picard Center for Child Development and Lifelong Learning

Notes:

- Welcome & Introduction to Commission: Melissa Martin
 - Roll Call of Commission's Board Member Representatives:
 - Louisiana Department of Health, **Present**
 - Louisiana Department of Education, **Present**
 - Louisiana Department of Insurance, **Present**
 - Pennington Biomedical Research Center, **Present**
 - Prevention Research Center at Tulane, **Present**
 - Cecil J. Picard Center for Child Development and Lifelong Learning, **Present**
 - President of the Senate, **Present**
 - Speaker of the House, **Present**

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- The Commission's Purpose:
 - Convene a multi-sectoral Commission to share resources, information and experiences across Louisiana to support the prevention and management of obesity.
 - Provide an annual report to the Louisiana legislature in order to keep the legislature informed and empowered to support a Healthier Louisiana.
- Priority Area Updates:
 - The Quarter One Commission Meeting highlighted Priority Area 2: Identifying community resources for obesity prevention best practices.
 - The Quarter Two Commission Meeting highlighted Priority Area 3: Supporting data driven decision making for reducing obesity.
 - The Quarter Three Commission Meeting highlighted Priority Area 4: Educating state and local decision makers.
- The Commission's Call to Action: Senator Gerald Boudreaux, District 24 Senator Boudreaux thanked all present for serving as part of the Louisiana Obesity Prevention and Management Commission. He spoke to the alarming reality of obesity statistics in Louisiana.
 - He called the Commission to act by empowering and engaging stakeholders, community members, and elected officials to focus their efforts on moving the needle toward increased obesity prevention opportunities in Louisiana.
 - The development and distribution of the Commission's Annual Report is a tool to educate stakeholders, community members, and elected officials about the work of the Commission and assist in gaining support for this work.
 - ❖ It tells us where we are and provides vision for where we are going.
 - A call to engage new stakeholders within communities who can make a difference: local school districts, community level decision makers (including local elected officials), hospital systems, and faith based organizations was also delivered. Packaging the big movers within a community ensures that everyone is on the same page.
 - His final call to action was to elevate the presence and importance of the Commission's work by sending the Annual Report (once completed) to the local officials of each community in the State.
 - The Senator called upon Commission Members to provide support in the writing of the 2018 Annual Report.
 - With 2019 being an election year the timing is right to bring the Commission's work to those running for office.
- Louisiana's Financial Burden of Obesity: Sarah Gillen, LPHI
 - Ms. Sarah Gillen spoke on the heavy burden that obesity has on our state. Alarming statistics were shared on the current financial weight that accompanies obesity both on an individual and aggregate level.
 - "Louisiana's Financial Burden of Obesity" slides and Adobe Connect recording are available on the [Obesity Commission Webpage](#)
- How a Legislative Member Can Make a Difference: Representative Malinda White, District 75
 - Representative White spoke on the success that Bogalusa area within District 75 has had in improving health initiatives throughout communities.

- She highlighted the importance of putting synergies (stakeholders) within a community together. Often these stakeholders are working toward common goals but under silos, which can only stretch so far.
 - In District 75, bringing all of these key stakeholders together at one table was significant to accomplishing outcomes.
 - “How a Legislative Member Can Make a Difference” slides and Adobe Connect recording are available on the [Obesity Commission Webpage](#)
- How to Engage Elected Officials in Health Initiatives: Cary Koch & Johnny Koch, Roedel Parsons
 - Mr. Cary Koch and Mr. Johnny Koch spoke on 4 keys to working with legislatures:
 - Knowledge: Who are you competing against for funding?
 - Political Environment: Make it a point to get to know your local and state officials. Engage and present your issue to officials.
 - Political Contribution: For lobbying parties.
 - Show Up: Show up so that your voice is heard. If you cannot show up, get someone to show up for you!
 - “How to Engage Elected Officials in Health Initiatives” slides and Adobe Connect recording are available on the [Obesity Commission Webpage](#)
- Share a Success Story and/or Success Story
 - Commission Members had the opportunity to share local successes and ask questions of other members in attendance.
 - Specific questions and success stories are documented in the [meeting recording](#) found on the [Obesity Commission Webpage](#).
- Closing Remarks: Melissa Martin
 - Commission Meeting Wrap Up & Next Steps:
 - Quarter 4 Meeting: March 15, 2019
 - ❖ Additional information regarding meeting details are forthcoming.
 - ❖ The Quarter 4 Meeting will focus on Priority Area 1: Educate payers and healthcare providers on obesity prevention and treatment best practices.
 - Any questions from attendees/Board Members can be directed to LAObesityCommission@la.gov.

Louisiana Department of Health

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