

Louisiana Obesity Prevention and Management Commission

Act 409 of the 2018 Regular Legislative Session

Prepared by:

Well-Ahead Louisiana

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Report 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 complications associated with obesity.
 - 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 and its impact on the State of Louisiana.
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 on the implementation of the commission's recommendations.

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

- A. The Secretary of the Louisiana Department of Health, or his/her designee
- B. The State superintendent of education, or his/her designee
- C. The Commissioner of insurance, or his/her designee
- D. The President of the Senate, or his/her designee
- E. The Speaker of the House of Representatives, or his/her designee
- F. The Director of the Pennington Biomedical Research Center, or his/her designee
- G. The Director of the Prevention Research Center at Tulane University, or his/her designee
- H. The Director of the Cecil J. Picard Center for Child Development and Lifelong Learning, or his/her designee

- I. 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 with obesity including cancer, arthritis, oral disease, diabetes and heart disease.
- Best practices for diabetes prevention and management.
- An overview of the Louisiana Obesity Prevention and Management Commission and the Louisiana Diabetes Collaborative.

Key recommendations from this report include the following:

- Recommendations to merge the Louisiana Obesity Prevention and Management Commission and the Louisiana Diabetes Collaborative to form the Louisiana Obesity and Diabetes Collaborative.

Section 1 – Impact of Obesity on Health

1.1 - Connecting Obesity and Diabetes

The correlation between obesity and diabetes can be traced to the early stages of development for type II diabetes. The early stages of type II diabetes, known as prediabetes, is a condition in which the body's glucose levels are elevated but not high enough for a diabetes diagnosis. Accumulating enough excess weight to be categorized as overweight or obese is one of the main risk factors used to identify individuals as prediabetic. Prediabetes is a condition that can be reversed, as studies have shown that the risk of developing type II diabetes can be reduced by losing 5 to 7 percent of body weight through diet and increased physical activity. Similarly, these are two significant prevention factors of obesity.

1.2 – Definitions

The Centers for Disease Control and Prevention defines overweight and obesity as a weight higher than the recommended 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.

Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin— a hormone that regulates the movement of sugar into cells. Insulin is a hormone needed to allow blood sugar (glucose) to enter cells to produce energy. Different factors, including genetics and/or viruses, may contribute to type 1 diabetes. Although type 1 diabetes is usually diagnosed during childhood or adolescence years, it can also develop in adulthood. Despite active research, type 1 diabetes has no cure. Treatment focuses on managing blood sugar levels with insulin, diet, and lifestyle behaviors to prevent complications.

Type 2 diabetes is a chronic condition that affects the way the body metabolizes blood sugar (glucose). This form of diabetes correlates with obesity. With type 2 diabetes, the body either resists the effects of insulin or does not produce enough insulin to maintain normal glucose levels. Type 2 diabetes was previously known as adult-onset diabetes; however, more children are being diagnosed, as a result of the growing prevalence of childhood obesity. Currently, there is no cure for type 2 diabetes, but with weight loss, eating well, and exercising the disease can be managed. If diet and exercise are not effective in managing blood sugar, diabetes medications or insulin therapy are warranted. Diagnostic criteria for type 1 and type 2 diabetes is located in Appendix D.

Prediabetes is the condition where blood sugar levels are higher than normal, but not high enough to be diagnosed as type 2 diabetes. Unlike diabetes, this condition can be reversed through lifestyle changes such as physical activity and healthy eating.

1.3 – Causes and Factors of Obesity

According to the Centers for Disease Control and Prevention (CDC), obesity is a complex health issue to be addressed. 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 CDC Adult Obesity Causes & Consequences:

- 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 poor 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.
- Genetic changes within the human population occurs 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 genetics may play a role in the development of obesity. Genes give the body instructions for responding to changes in its environment. The genes that a person inherits from his or her parents can determine many things, like what a person will look like and whether the person might have certain diseases. 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).
- Health care practitioners routinely screen and collect family health history to help identify patients at risk for obesity-related diseases such as diabetes, cardiovascular diseases, and some forms of cancer. A history of family health issues may reflect shared genetics and environmental or living conditions among close relatives. Genetics cannot be changed, however, lifestyle, behaviors, and environmental factors to encourage healthy eating habits and physical activity can be controlled. These changes can improve the health of family members and improve the health of the next generation.
- Some illnesses may lead to obesity or weight gain. These may include Cushing's disease and polycystic ovary syndrome—both diseases which cause weight gain due to increased hormone levels. 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)

1.4 – Health, Economic and Societal Consequences of Obesity

People who are obese, 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 related to obesity and its complications in the United States continue to increase. In 2008, these costs were estimated to be \$147 billion. The annual nationwide productivity 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. Using data from the National Health and Nutrition Examination Surveys, an assessment was performed on 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 series of National Health and Nutrition Examination Surveys that spans 1959-2008. 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)

1.5 – Expanding Medicare Policy

The United States Treat and Reduce Obesity Act of 2019 is a proposed bill that expands Medicare coverage of intensive behavioral therapy for obesity. Specifically, the bill allows coverage for therapy that is provided by (1) a physician who is not a primary care physician; or (2) other health care providers (e.g., physician assistants and nurse practitioners) and approved counseling programs, if provided upon a referral from, and in coordination with, a physician or primary care practitioner. Currently, such therapy is covered only if provided by a primary care practitioner. The bill also allows coverage under Medicare's prescription drug benefit of drugs used for the treatment of obesity or for weight loss management for individuals who are overweight. (<https://www.congress.gov/bill/116th-congress/senate-bill/5953>)

1.6 – National Diabetes Prevention Program and Obesity Impact

Obesity has been strongly linked to both prediabetes and type 2 diabetes. The best practice for preventing diabetes is based on the landmark of the National Diabetes Prevention Program (National DPP). The National DPP was created in 2010 to address the increasing burden of prediabetes and type 2 diabetes in the United States. This national effort created partnerships between public and private organizations to offer evidence-based, cost-effective interventions that help prevent type 2 diabetes in communities across the United States. The National DPP was a major multicenter clinical research study. A key feature of the National DPP is the CDC-recognized lifestyle change program, a research-based program focusing on healthy eating and physical activity which showed that people with prediabetes who take part in a structured lifestyle change program can reduce their risk of developing type 2 diabetes. The lifestyle change program focused on calorie reduction and increasing physical activity to at least 150 minutes per week. Results from this study showed that the structured lifestyle change program, in which participants achieved weight loss of 5 to 7 percent of their body weight (10 to 14 pounds for a person weighing 200 pounds), reduced the risk of developing type 2 diabetes by 58 percent in adults at high risk for the disease. This decrease in body weight also lowers the participant's BMI, a screening tool used to determine obesity. A 10-year follow-up study to the Diabetes Prevention Outcomes Study, showed that participants were still one-third less likely to develop type 2 diabetes a decade later than individuals who took a placebo. Those who did develop type 2 diabetes delayed the onset of the disease by about 4 years.

As a result of this landmark study, the Centers for Disease Control and Prevention (CDC) credentials and oversees the National Diabetes Prevention Program. Credentialed sites replicate the protocol of the study, with the goal to help program participants achieve the same results and delay, if not prevent, developing type 2 diabetes.

To manage diabetes, the best practices for physicians and other providers are two-fold:

- 1) To ensure optimal outcomes in their patients, follow evidence-based guidelines and recommendations of either the American Diabetes Association or the American Association of Clinical Endocrinologists. Adhering to these clinical algorithms helps avoid therapeutic inertia, particularly in complex patients.
- 2) Refer their patients with diabetes to Diabetes self-management education and support (DSMES) programs, and recommend they receive the 10 hours of benefit coverage most payers allow. The best practice is to refer all patients with diabetes to DSMES at diagnosis and as needed thereafter.

Specifically, a Joint Position Statement of the American Diabetes Association, American Association of Diabetes Educators and the Academy of Nutrition and Dietetics recommended referring patients at these critical times:

- 1) A new diagnosis of diabetes
 - 2) Annually for health maintenance and prevention of complications
 - 3) When new complicating factors influence self-management
 - 4) When transitions in care occur
- (https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/position-statements/dsme_joint_position_statement_2015.pdf?sfvrsn=0)

1.7 - 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.

According to the CDC, "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 2 – Louisiana's Obesity Burden

The Centers for Disease Control and Prevention (CDC) defines overweight and obesity as having a weight that is higher than what is considered healthy 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 36.8% in 2018. Currently, Louisiana ranks 47th in the nation for adult obesity per America's Health Ranking. 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 (46.2%) is significantly higher than among non-Hispanic white residents (33.0%).

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 the 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 (2019), Louisiana ranks 49th for overall health due to factors consisting of health behaviors, community and environment, policy, and clinical care. 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 human and economic costs.

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

2.1 – Health Behaviors and Obesity related Co-Morbidities

Physical Activity, Healthful Diets, and Breastfeeding

Physical activity (PA), healthful diets, and breastfeeding are significant modifiable risk factors of obesity. The importance of improving these risk factors in Louisiana is evident in the 2017 Louisiana State Health Assessment and State Improvement Plan (SHASHIP), in which promoting healthy lifestyles is one of five priority areas. Based on data from the 2018 LA BRFSS, Louisiana has seen a 1.4% improvement in PA (30.8%), and from 2017 BRFSS, a 2.4% increase in fruit consumption (55%), and an 8.8% improvement in vegetable consumption (76.1%) since 2013. According to the 2016 National Immunization Survey (NIS), 70.1% of children in Louisiana were breastfed compared to 83.8% of children nationally (NIS, 2016).

Moreover, these modifiable risk factors vary across sociodemographic characteristics. For instance, non-Hispanic black residents in Louisiana have lower rates of healthy eating. Per 2017 LA BRFSS data, 64.7% of non-Hispanic black residents consume vegetables one or more times per day compared to 81.4% of non-Hispanic white residents, and 53.8% of non-Hispanic black residents consume fruits one or more times per day compared to 54.9% of non-Hispanic 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 from 2018 BRFSS, 45.5% of residents with an annual income of less than \$15,000 participated in PA in the last month, compared to 81.4% of residents with an annual income of greater than \$50,000.

Prediabetes and Diabetes

People who are overweight or have obesity are at increased risk of type 2 diabetes. According to 2019 American Health Rankings, Louisiana ranks 47th in the nation for diabetes. Diabetes is one of the top five causes of disability in Louisiana. Evidence-based programs, such as Diabetes Self-Management Education and Support (DSMES) can help improve the management of diabetes among patients, while avoiding severe health outcomes such as kidney failure, lower limb amputations, adult onset blindness, and increased risk for co-morbidities—or the presence of more than one chronic disease in a person— such as heart disease and stroke. Further, these programs can improve quality of life and reduce healthcare costs. Unfortunately, utilization of DSMES programs are low, less than 5% of Medicare beneficiaries and 6.8% of privately insured people diagnosed with diabetes have utilized DSMES services nationally (CDC, 2018).

In addition to the 14.1 % diabetes prevalence (2018 BRFSS), about 9.5% of adults in Louisiana have prediabetes (2017 LA BRFSS), which increases the risk of developing Type 2 diabetes, heart disease, and stroke. Much like DSMES, National Diabetes Prevention Programs (National DPP) are evidence-based and effective programs. National DPPs 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.

Coinciding with this, in Louisiana there are significant socioeconomic disparities associated with having diabetes and prediabetes. According to BRFSS 2018, the diabetes prevalence rate is 21.0% among Louisiana residents with an annual income of less than \$15,000. This is compared to 10.5% 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 (18.6% vs 8.7%). These disparities are exacerbated by the fact that 94% 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[MM1]). Race is also a social determinant of diabetes in Louisiana, with 18.2% of non-Hispanic black in the state self-reported with diabetes, compared to 13% non-Hispanic white (2018 BRFSS).

Changes in reimbursement policies to increase DSMES access and utilization will help to reduce depression, hospitalizations, and healthcare costs among people with diabetes throughout the state. Increasing awareness of National DPP and access may also result in quality of life improvement by reducing the onset of diabetes for those at-risk.

Heart Disease

According to the 2019 American Health Rankings, Louisiana ranks 46th in the nation for cardiovascular death. 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. According to 2017 National Data on Vital Statistics, Louisiana ranked fifth in the nation in terms of mortality (214.4 per 100,000 population in Louisiana compared to 165 national average) due to heart disease. According to the same source, stroke mortality was 47.4 per 100,000 in Louisiana compared to 37.6 per 100,000 nationwide, placing Louisiana as third in the nation for most stroke deaths. According to the 2018 LA BRFSS, 6% of the population reported they had been diagnosed with heart disease, almost double the national rate of 3.9%. The survey also found that rates of stroke and heart attack in Louisiana are far higher than the national average. 5.1% have been diagnosed as having had a stroke compared to 3% nationally, and 5% report having had a heart attack compared to 4.2% nationally. According to the 2017 LA BRFSS, 39.0% of Louisianans have high blood pressure and more than one in three have high blood cholesterol (37.6%). Questions regarding blood pressure and blood cholesterol were not asked in the 2018 BRFSS.

Oral Health

Research shows that people with an increased BMI have slightly worse dental health regardless of their frequency of brushing their teeth. Therefore, prevention programs should aim at raising both general health awareness and improving oral health (CA, 2012). Among Louisiana adults in 2018, 49.0% reported that at least one of their permanent teeth was removed because of tooth decay or gum disease (BRFSS, 2018). This is compared to the national average of 42.2%. Among those adults who were insured by Medicaid, 56.7% reported having at least one tooth removed compared to 49.8% among non-Medicaid insured individuals. Similarly, 58.1% of Louisiana adults reported they had visited a dentist within the past year. This is compared to the national average of 66.5%. Among those adults who were insured by Medicaid, 42.4% reported having visited a dentist in the past year compared to 64.1% among those who are not insured by Medicaid. The most current HPSA assessment identified that 90% of Louisiana is in a Dental HPSA. 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 is much more positive. Results from the 2017-18 Louisiana Bright Smiles for Bright Futures: Basic Screening Survey (BSS) show that oral health among children is improving toward Healthy People 2020 targets. In fact, Louisiana has already met the Healthy 2020 target untreated tooth decay (25.9%). According to the 2017-18 BSS, only 25.5% of third graders had untreated tooth decay. This is a dramatic improvement from the 2007-09 BSS, which found a prevalence of 41.9%. Although the 2017-18 data shows an improvement (60.0% compared to 65.7%) from 2007-09, the prevalence of dental caries 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 affecting more than 1.3 million adults. The prevalence of arthritis and arthritis burden is stratified based on sociodemographic factors. According to the 2018 LA BRFSS, women (34.1%) have higher rates of arthritis than men (23.9%) do and individuals 45-64 (78.2%) are twice as likely to have arthritis as individuals 18-44 (30%) are. Female population over 64 (65%) have higher rates of arthritis than male population (46.1%).

Arthritis is associated with significant comorbid conditions such as obesity, diabetes and heart disease. This is particularly problematic given Louisiana's high prevalence of chronic disease. Among Louisiana adults with arthritis, 41.6% have obesity, 26.2% have diabetes and 12.5% have coronary heart disease (2018 BRFSS). The physical symptoms of arthritis can have a significant impact on individuals' physical function. For instance, only 57.9% of Louisiana adults with arthritis engage in any physical exercise compared to 73.9% of Louisiana adults without arthritis (2018 BRFSS). Similarly, adults with arthritis are almost five times as likely to report serious difficulties in walking or climbing stairs (39% and 8.2%, 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%.

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:

- a. Increase physical activity access and outreach within communities
- b. Encourage the adoption of new local complete streets policies through guidance, trainings and promotional materials
- c. Coordinate with local farmers markets to expand the use of SNAP benefits at markets
- d. Expand participation in Well-Ahead Louisiana

- e. Promote health through the consumption of healthful diets
- f. Make health foods more appealing with junk food relative pricing
- g. Increase the amount of infrastructure to support walking and bicycling
- h. 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)

Section 3 – Louisiana Obesity Prevention and Management Commission Overview

The Louisiana Obesity Prevention and Management Commission (LOPMC) is currently operating 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 were held during each Commission program period (April 2018 –March 2019); 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>.

3.2 – Commission Progress, 2018-2019

Over the past year, the Obesity Commission has worked very closely with the Well-Ahead Louisiana Diabetes Collaborative. Through a shared goal of reducing the prevalence of chronic disease in the state of Louisiana, both groups have met to discuss opportunities for combining efforts. Through these discussions, many successes have already been identified, such as a much larger network of partners and resources and the many similarities in the prevention and management of these two chronic diseases.

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.

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. As a result of working with the Louisiana Diabetes Collaborative, this platform has grown because of the increased communication to new partners in the diabetes field.

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 to include work group collaboration, invite guest speakers to expand on the Commission priorities, 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 LOPMC 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.

Section 4 – Well-Ahead Louisiana Diabetes Collaborative

The Louisiana Diabetes Collaborative was originally created through the Louisiana Business Group on Health. It was assigned to the Louisiana Department of Health’s Bureau of Chronic Disease Prevention and Healthcare Access in the fall of 2016. The mission of the Collaborative is as follows: a group of dedicated individuals working to improve health outcomes related to diabetes through advocacy work including increasing health literacy, connecting patients to programs and services, and increasing awareness of prediabetes and diabetes. The Collaborative will work to make a meaningful impact through a coordinated effort of diabetes prevention, diabetes management and policy change.

The members of the Diabetes Collaborative represented a diverse group of stakeholders working to reduce the burden of diabetes in Louisiana. Members represented the following groups:

- Providers, including diabetes educators, dietitians, nurses and physicians
- Health systems
- American Diabetes Association
- Pharmaceutical companies with community initiatives for diabetes
- Louisiana Office of Medicaid
- Louisiana Office of Group Benefits
- Louisiana Office of Minority Health
- Louisiana Business Group on Health

4.1 – Diabetes Collaborative Pillars

The Diabetes Collaborative established four pillars that aim to:

Pillar 1: Gain and increase coverage and reimbursement of diabetes self-management education and support and the National Diabetes Prevention Program

Pillar 2: Educate providers on DSMES and NDPP, and work to increase referrals to both programs

Pillar 3: Increase awareness among the general population about prediabetes, diabetes, DSMES and NDPP

Pillar 4: Increase the availability of DSMES and NDPP in the state, especially in high-burdened and underserved areas

4.2 – Collaborative Progress, 2018

The Diabetes Collaborative held quarterly meetings in Baton Rouge and New Orleans through the fall of 2018, after forming work groups to address coverage, referrals, awareness and availability of both DSMES and National DPP. On April 11, 2017, diabetes educators and other leaders from large health systems were invited to the Louisiana state engagement meeting (StEM) with the goal of educating on the state diabetes data, NDPP and the evidence that supports the program, as well as hearing personal stories from program participants. Following this meeting, the Diabetes Collaborative drafted a diabetes state plan in early 2018.

Section 5 – Public Meetings

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

<http://wellaheadla.com/ObesityCommission>

5.1 – Public Meeting

Friday, March 15, 2019 10:00 AM-12:00 PM

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

The Commission recruited presenters for the quarter 4 meeting to help educate payers and healthcare providers on obesity prevention and treatment best practices. Representatives from Novo Nordisk and Eisai Inc. discussed employee benefit plans for obesity prevention best practices and obesity prevention for patient care.

Additional speakers included Madhavi Rajulapalli, of Aetna Better Health of Louisiana, who spoke about educating healthcare providers who serve the Medicaid population on obesity prevention best practices. Alice Womble, from Blue Cross Blue Shield of Louisiana educated participants on the wellness benefits and community offerings for obesity prevention best practices.

5.2 – Introduction Meeting

Friday, September 27, 2019 10:00 AM-11:00 AM

Discuss the similarities between the Louisiana Obesity Commission and the Louisiana Diabetes Collaborative

Participants of this meeting discussed the similarities between the state’s legislative commission for obesity, The Louisiana Obesity Prevention and Management Commission, and the grassroots collaborative for diabetes, the Louisiana Diabetes Collaborative. The Well-Ahead Louisiana Diabetes Prevention manager presented on the Louisiana Diabetes Collaborative and the Obesity Prevention coordinator presented a recap of the Commission. Several similarities between the goals of the LOPMC and the Diabetes Collaborative were identified. During this meeting, the benefits of combining the Commission and Collaborative were discussed and a survey was distributed to gather member’s opinions and recommendations for the merger.

5.3 – Planning Meeting

Friday, November 8, 2019 10:00 AM-12:30 PM

Establish recommended work groups and goals

The planning meeting brought together 72 people, both in-person and virtually, throughout the state of Louisiana. The purpose of the meeting was to establish work groups and goals for the proposed merger. This group was facilitated by the Well-Ahead Population Health Manager and three work groups were formed:

1. Access Work Group
2. Payer and Policy Work Group
3. Awareness and Education Work Group

5.4 – Work Group Meeting #1

Establish recommended work groups and goals for the Louisiana Obesity and Diabetes Collaborative

The Access, Payer/Provider, and Awareness/Education work groups are all scheduled to meet before January 31, 2020.

Section 6 – Conclusion and Recommendations

With the existing legislation set to expire in March 2020, it is the recommendation of the Louisiana Obesity Prevention and Management Commission to allow the legislation, SB 207, to sunset. By recognizing that obesity and diabetes are interconnected, combining the Louisiana Obesity Prevention and Management Commission with the Louisiana Diabetes Collaborative to form the Louisiana Obesity and Diabetes Collaborative, will create a comprehensive approach to obesity prevention that creates a larger variety of stakeholders, partners, and resources. By including diabetes prevention and management in this approach, the reach will increase.

The Louisiana Obesity Prevention and Management Commission will continue to encourage community members, government, businesses, community organizations, healthcare professionals and schools attendant participation in the quarterly meetings and to meet regularly with their selected work groups, but now under the title Louisiana Obesity and Diabetes Collaborate. The Collaborative will carry on the vision and objectives of the diabetes state plan that was developed by the Diabetes Collaborative.

The Louisiana Obesity and Diabetes Collaborative is prepared to continue supporting health promotion and obesity and diabetes prevention efforts throughout Louisiana communities.

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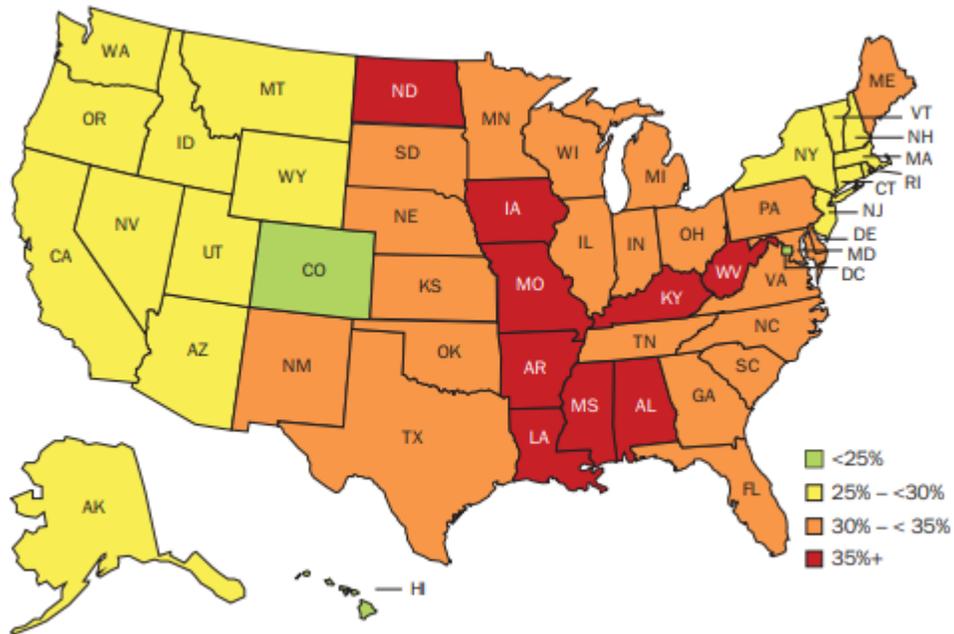
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Appendices

Appendix A

The State of Obesity: Better Policies for a Healthier America 2019. Report data on the National rate and burden of obesity.

Adult Obesity Rates by State, 2018



Source: TFAH analysis of BRFSS data

Appendix B

The State of Obesity in Louisiana (RWJF, 2019)

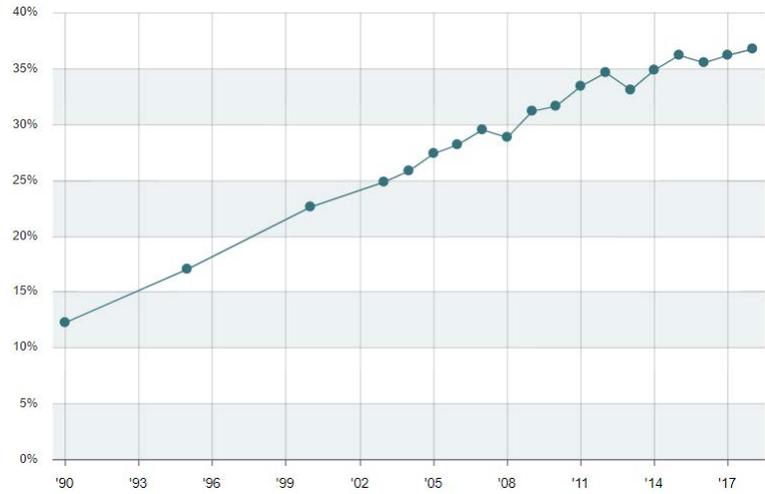
OBESITY RATE (2018)

36.8%

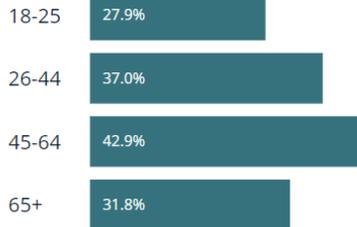
RANK AMONG STATES (2018)

LA RANKS #4 OUT OF 51 STATES AND DC FOR
HIGHEST OBESITY PREVALENCE

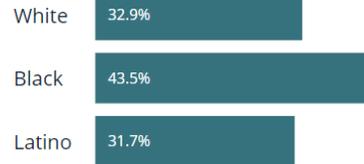
4/51



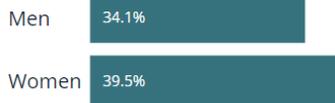
OBESITY RATE BY AGE (2018)



OBESITY RATE BY RACE (2018)



OBESITY RATE BY GENDER (2018)



DIABETES:

CURRENT ADULT DIABETES RATE (2018)

14.1%

RANK AMONG STATES (2018)

HIGHEST PREVALENCE RATE TO LOWEST

4/51

DIABETES CASES IN 2010

398,422

PROJECTED CASES OF DIABETES IN 2030
AT CURRENT PACE

605,617

HYPERTENSION:

CURRENT ADULT DIABETES RATE (2017)

39.0%

RANK AMONG STATES (2017)

HIGHEST PREVALENCE RATE TO LOWEST

6/51

HYPERTENSION CASES IN 2010

882,898

PROJECTED CASES OF HYPERTENSION IN
2030 AT CURRENT PACE

1,137,762

Appendix C

The State of Obesity in Louisiana (RWJF, 2019) 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

Type 1 Diabetes, Type 2 Diabetes, and Prediabetes (CDC, 2019)

Random Blood Sugar Test

This measures your blood sugar at the time you're tested. You can take this test at any time and don't need to fast (not eat) first. A blood sugar level of 200 mg/dL or higher indicates you have diabetes.

Result*	A1C Test	Fasting Blood Sugar Test	Glucose Tolerance Test	Random Blood Sugar Test
Diabetes	6.5% or above	126 mg/dL or above	200 mg/dL or above	200 mg/dL or above
Prediabetes	5.7 – 6.4%	100 – 125 mg/dL	140 – 199 mg/dL	N/A
Normal	Below 5.7%	99 mg/dL or below	140 mg/dL or below	N/A

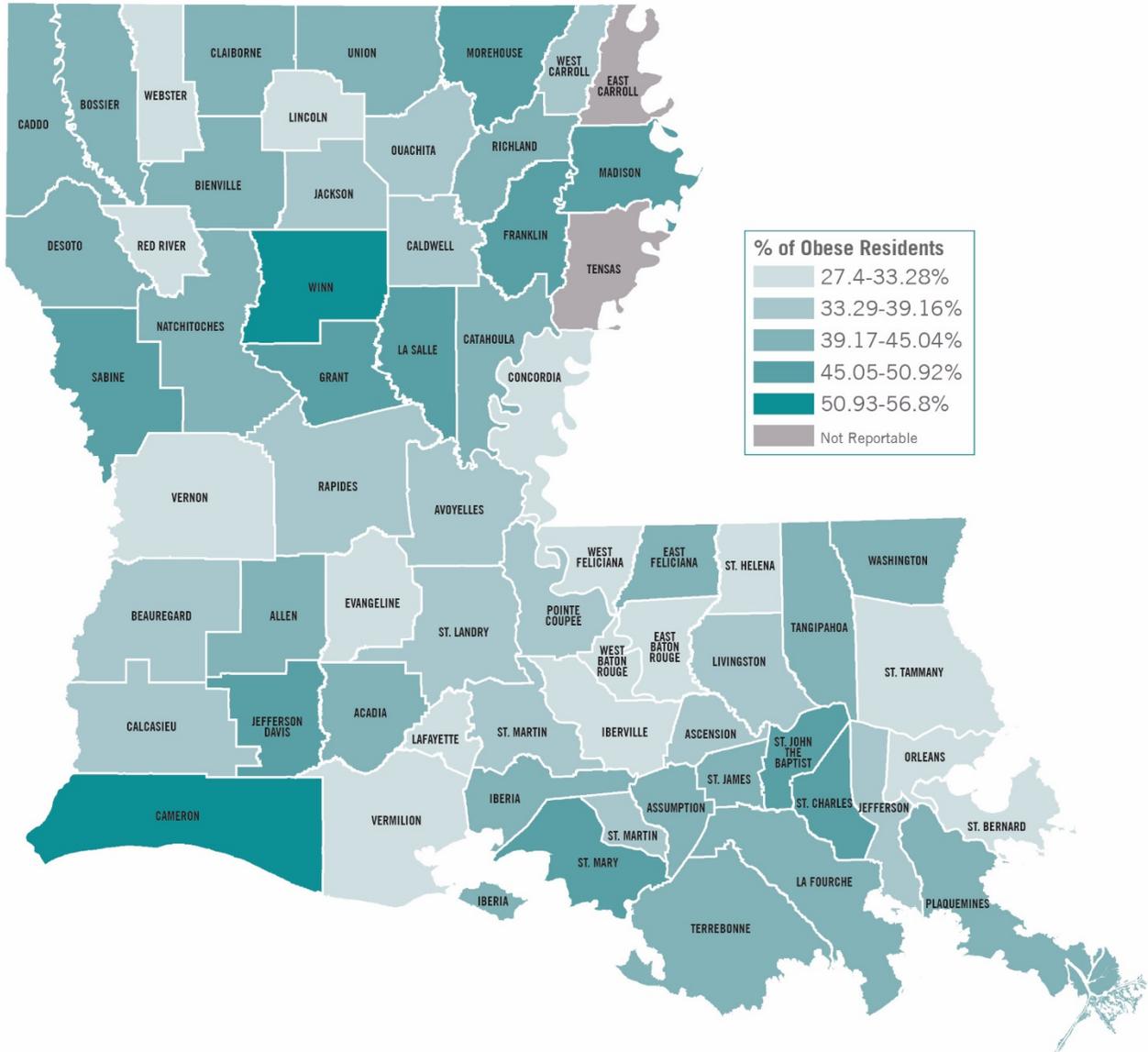
*Results for gestational diabetes can differ. Ask your health care provider what your results mean if you're being tested for gestational diabetes.

Source: American Diabetes Association

Appendix E

State and National Level Obesity and Diabetes Prevalence Charts

Obesity Prevalence



Source: BRFSS, 2016, 2017, 2018; Updated: December 23, 2019



Well-Ahead Louisiana



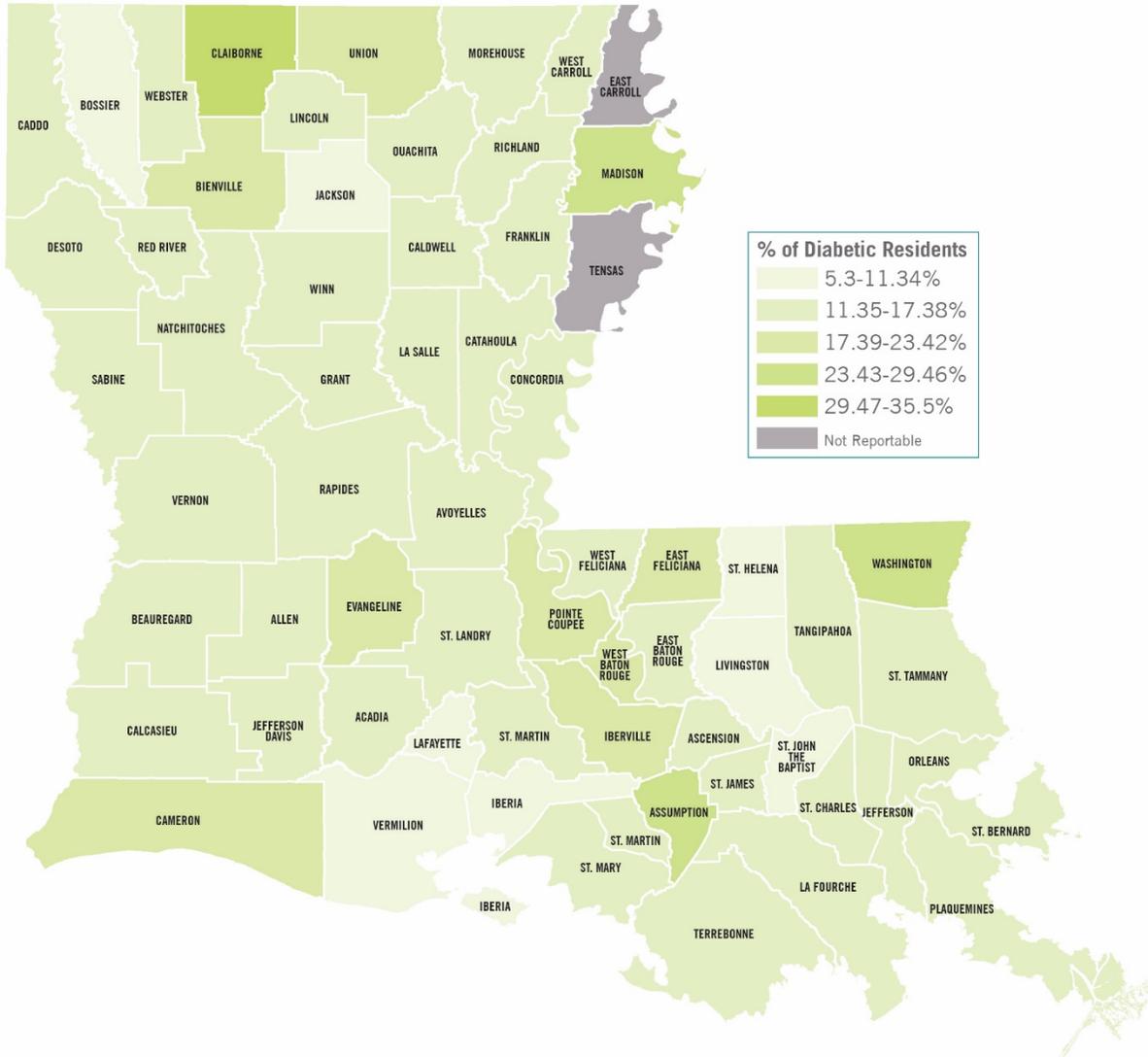
@WellAheadLA



WellAheadLouisiana



Well-Ahead Louisiana



Source: BRFSS, 2016, 2017, 2018; Updated: December 23



Well-Ahead Louisiana



@WellAheadLA

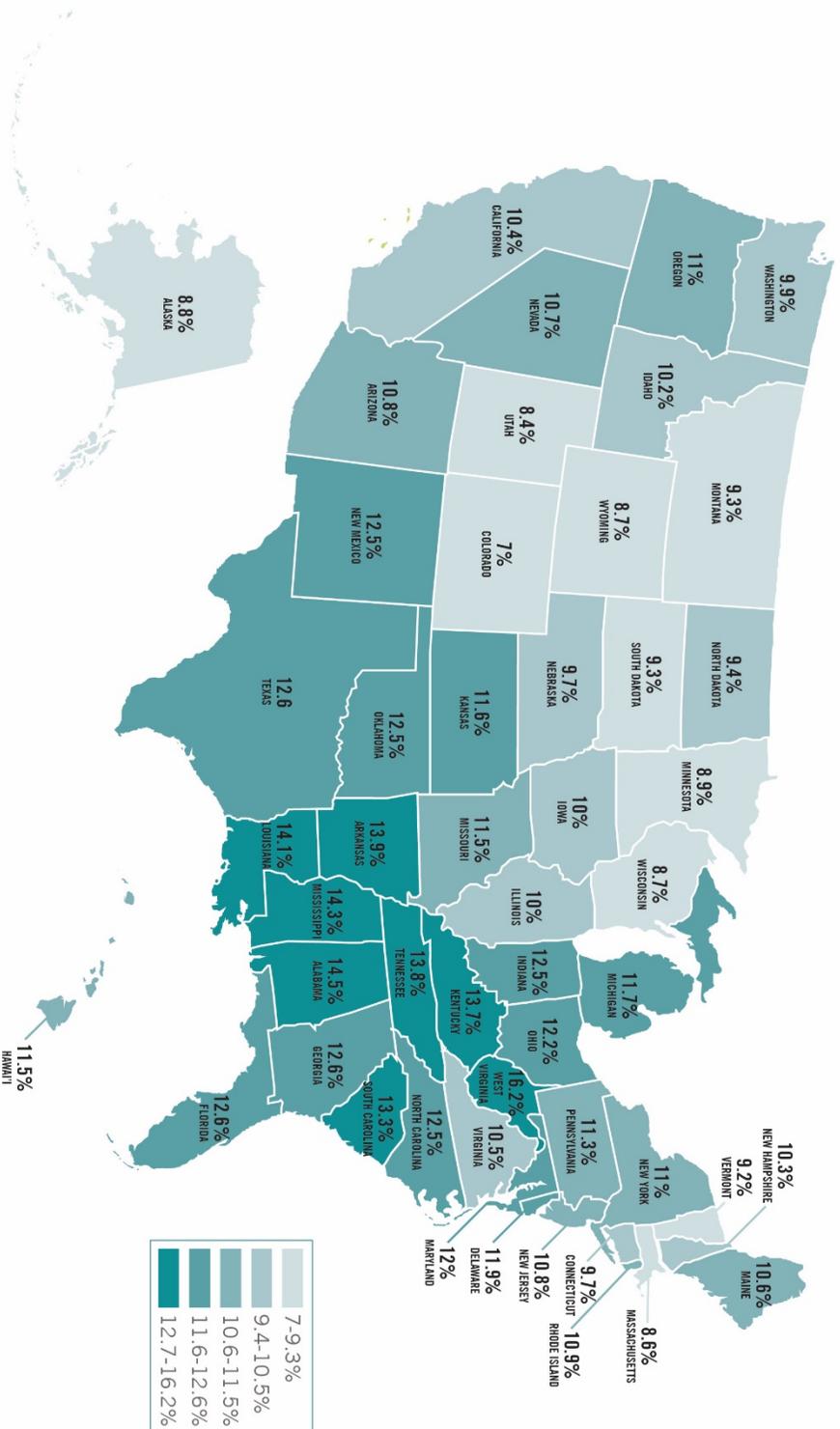


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Well-Ahead Louisiana

National Diabetes Prevalences



Source: BRFSS, 2018; Updated: December 23, 2019



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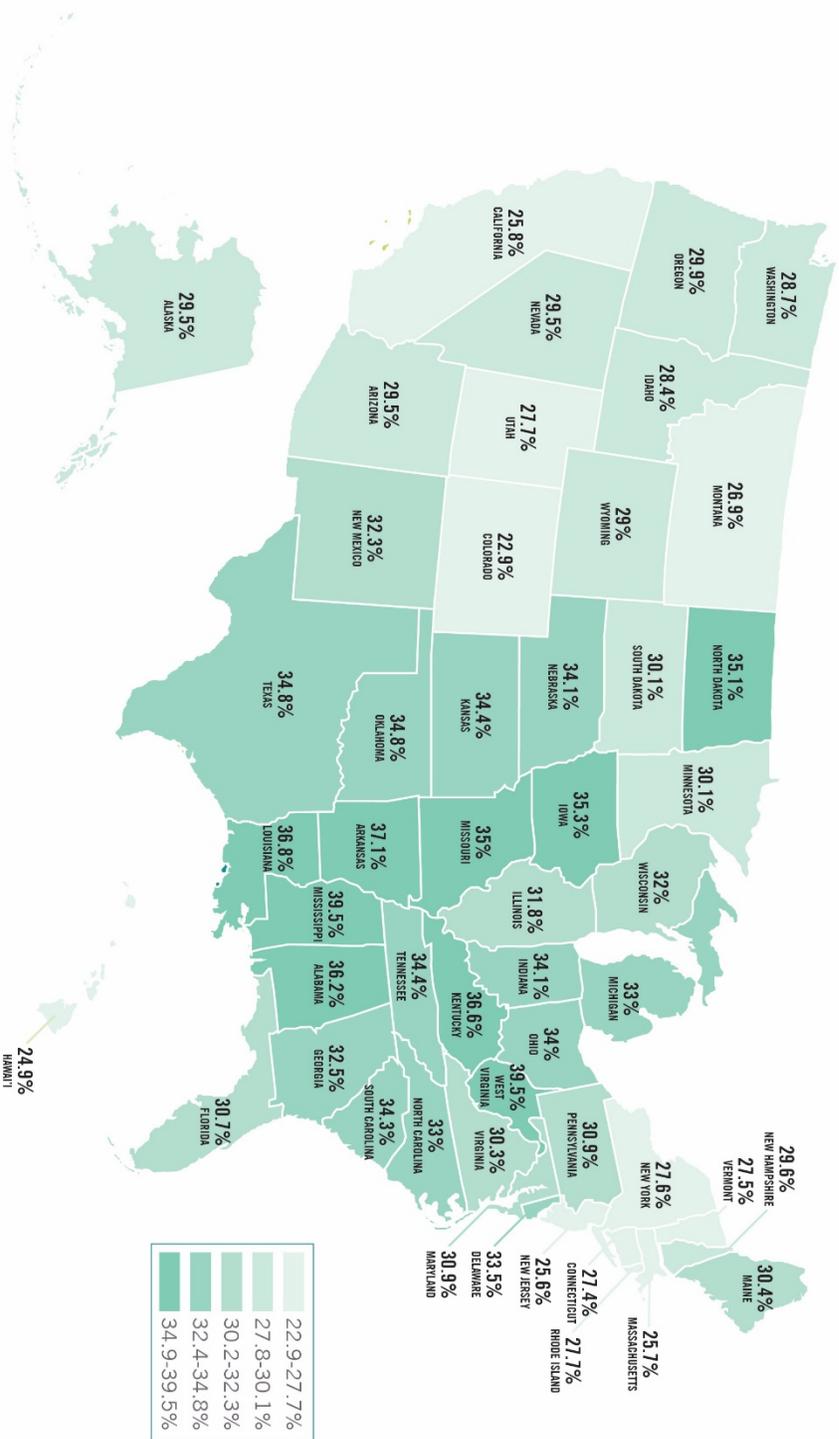


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National Obesity Prevalences



Source: BRFSS, 2018, Updated: December 23, 2019



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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 March 15, 2019: 10:00a.m. -12:00p.m.
Louisiana Department of Health, Room 118
Baton Rouge, LA

9:45a-10:00a	Sign In and Networking
10:00a-10:05a	Welcome Board Member Role Call Nick Rees
10:05a-10:25a	Employee Benefit Plans for Obesity Prevention Best Practices Rachel Thomas, Managed Markets Liaison (Midsouth), Novo Nordisk Jon Snow, Senior Director- South Central, Novo Nordisk
10:25a-10:45a	Obesity Prevention for Patient Care Jeff Frye, Pharm. D, Field Medical, Neuroscience, Eisai Inc. Tim Clark, Senior Director, Government Affairs, Policy and Corporate Advocacy, Eisai Inc.
10:45-11:05a	Educating Healthcare Providers Who Serve the Medicaid Population on Obesity Prevention Best Practices Madhavi Rajulapalli, Aetna Better Health of Louisiana
11:05-11:25a	Wellness Benefits and Community Offerings for Obesity Prevention Best Practices Alice Womble, Blue Cross Blue Shield of Louisiana
11:25a-11:45a	Q & A for Speakers
11:45a – 12:00p	Next Steps and Meeting Adjournment Nick Rees

Appendix E

Public meeting materials and attendance

Louisiana Obesity Prevention and Management Commission

Meeting Minutes

Friday March 15, 2019: 10:00a.m. -12:00p.m.
Louisiana Department of Health, Room 118
Baton Rouge, LA

Legislative Board Members/Designees in Attendance:

Senator Gerald Boudreaux, President of the Senate
Michael Comeaux, Louisiana Department of Education
Dr. John Kirwan, Pennington Biomedical Research Center
Megan Knapp, Tulane Prevention Research Center
Nick Rees, Louisiana Department of Health

Notes:

Welcome & Introduction to Commission: Nick Rees, Well-Ahead Louisiana

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

Employee Benefit Plans for Obesity Prevention Best Practices: *Rachel Thomas & Jon Snow, Novo Nordisk*

Novo Nordisk is a global healthcare company with more than 95 years of innovation and leadership in diabetes care

- One area of focus is working with payer systems (such as employers) to discuss chronic disease impact, (specifically diabetes and obesity) on the workforce
- Novo Nordisk provides insight and education for employers (public and private entities) on obesity coverage in relation to their insurance plan

Novo Nordisk emphasizes viewing obesity as a multifaceted chronic disease. They work with employers to incorporate insurance coverage (based on a tiered design that moves from prevention → medication → surgery)

- Offering different kinds of needs to help tailor obesity interventions for employees (understanding one intervention doesn't work for all)

- Novo Nordisk provides a variety of resources to assist employers, individuals and health professionals in understanding how to educate and prevent obesity: [Novo Nordisk Works Webpage](#)

Provides access to [state specific obesity fact sheets](#)

Offers data to allow for data driven decisions

Utilization of the Center of Excellence Model: One of the biggest concerns is not coverage but access to obesity prevention best-practice care (physicians who specialize in obesity prevention work)

Obesity Prevention for Patient Care: *Jeff Frye & Tim Clark, Eisai Inc.*

Eisai is a research-based human health care company that discovers, develops and markets products throughout the world.

How do we promote a more intensive paradigm for obesity?

- As we think about how we treat all other chronic diseases there is movement from lifestyle change → medication → surgery
- Obesity should be treated the same- Offered the [Obesity Action Coalition Website](#) as a resource
- This coalition gives a voice to the individuals affected by the disease of obesity and helps individuals along their journey

Eisai's Jeff Frye shared the company's research and clinical trial for their weight loss drug, BELVIQ and BELVIQ XR, which works to decrease appetite and increase satiety.

When coupled with lifestyle change demonstrated positive impacts in a significant % of weight reduction that is linked to decreased risk for health complications (10%)

Educating Healthcare Providers Who Serve the Medicaid Population on Obesity

Prevention Best Practices: *Madhavi Rajulapalli, Aetna Better Health of Louisiana*

Aetna Better Health of Louisiana is one of Louisiana's five Managed Care Organizations who works to serve Louisiana's Medicaid population.

- Over 1.4 million people in Louisiana are covered by Medicaid (20% of total population) [KFF Henry J Kaiser Family Foundation](#)

Aetna focuses on primary, secondary, and tertiary prevention methods ○ Discussed the importance of transforming messages based on healthy habits and lifestyles

- Messaging needs to model healthy choices that are easy and in "style" so they are received well
- Obesity prevention methods need to be tailored on an individual basis as each person has different challenges/barriers/triggers/behaviors
 - Addressing each patients specific needs is critical to their success

Address health literacy to ensure the patient understands and feels comfortable with the education provided to assist them in obesity reduction.

- Lack of health literacy can prevent patients from making changes (i.e. reading nutrition labels)
- Provide physical activity recommendations that are suitable and enjoyable in order to increase and encourage daily activity.
- Behavior change programs are utilized to help address indirect reasons that obesity interventions are not successful such as stress management, accountability, stimulus control
- Bottom line is that each patient requires: motivation, support, and additional encouragement since change is not easy
- MCOs are required to report HEDIS measures specific to obesity diagnosis which assists physicians in creating a plan for patients diagnosed with obesity to receive follow up
- Physicians are incentivized to follow through on obesity treatment

Wellness Benefits and Community Offerings for Obesity Prevention Best Practices: *Alice Womble, Blue Cross Blue Shield of Louisiana*

BCBS is currently the largest insurance payer in the state with a 1.6 million members in Louisiana.

- When creating coverage plans for their members BCBS leverages the U.S. Preventive Services Task Force (USPSTF) website to provide coverage that addresses recommendations provided by this nationally recognized task force (recognized for providing best practice when it comes to insurance payer coverage plans)
- Current coverage includes obesity benefits for adults with BMI ≥ 30 and children ages >6 (these benefits include a selected number of 1:1 coaching sessions at no cost to patient)
- Blue365: Wellness benefits for members
- Blue Cross Blue Shield coordinates care efforts in the community as value adds not only for their members but also for all community members
 - Geaux Get Healthy- food access in North BR
 - Acadiana Food Hub – a pilot to leverage WAITR to delivery healthy food in food deserts
 - Second Harvest Food Bank – therapeutic food pantry ○ Partnerships and pilots:
 - Pennington 5 year patient centered outcomes research institute
 - Coaching for obesity prevention study
 - Hospital pilot : cooking instruction and meal kits and health coaching : farmers market vouchers

Closing Remarks: *Nick Rees, Well-Ahead Louisiana*

Meeting Wrap Up and Next Steps

- The Commission is finish up the 2018-2019 Annual Report which will be posted on the Obesity Commission Webpage once finalized
- An email will be sent to the Commission listserv once the Report is available
- Any questions from Commission attendees/Board Members can be directed to LAObesityCommission@la.gov

- Details regarding 2019-2020 quarterly meetings will be sent to the Commission listserv once dates have been confirmed



TEL: 1-844-522-4323 · EMAIL: WELLAHEAD@LA.GOV

Louisiana Obesity and Diabetes Collaborative Introduction Meeting
Friday, September 27, 2019
10:00 AM – 11:00 AM

Welcome/ Introduction

Melissa Martin- Director, Well-Ahead Louisiana

Nick Rees- Obesity Prevention Coordinator

Pam Butler- Diabetes Education Manager

The purpose is to convene a multi-sectoral group to share resources, information, and experiences across Louisiana that supports the prevention and management of obesity and diabetes

Provide an Annual Report to the Louisiana Legislature every 3 years in order to keep the legislature informed and empowered to support a Healthier Louisiana

- This Collaborative has the opportunity to have a very strong voice in obesity and diabetes prevention and management and we hope that you join our efforts

Moving forward, we want to hear your opinion on what topics we need to cover in our Collaborative Meetings. We will do our best to bring in a guest speaker related to the topic for each meeting.

At the end of this meeting we will provide a link to a brief survey where you can give us your input for future discussions.

The Problem

Obesity is the second leading cause of preventable death in the U.S., with prevalence rates nearly tripling from 12.3% in 1990 to 36.2% in 2018. Obesity is a major contributor to serious health conditions in children and adults, including type 2 diabetes, cardiovascular disease, cancer, and other diseases. Rates of obesity have soared in the past three decades, making it clear that it is critical. Reducing the prevalence of obesity requires broad-based efforts by the government, businesses, community organizations, healthcare professionals, schools, families, and individuals. Currently, Louisiana is ranked 6th in the U.S. for adult obesity and 8th for youth obesity. The Louisiana Obesity Prevention and Management Commission was created with the intention to combat this epidemic.

Louisiana has the 5th highest diabetes rate in the nation. Diabetes is a complicated disease that requires daily attention - from making smart, healthy food choices and staying active, to checking blood sugar levels and regularly visiting a diabetes care team. Well-Ahead Louisiana aims to make healthy living easy and accessible to people with diabetes. Our team works to increase awareness of and access to Diabetes Prevention Programs and Diabetes Self-Management Education and Support Programs across the state.

About the Obesity Commission

The Louisiana Obesity Prevention and Management Commission (LOPMC) is currently under ACT 409 of the 2018 Regular Session. This legislation sought to bring together a small dedicated group of advocates from public and private organizations to work collaboratively to address the obesity epidemic in Louisiana, which continues to be one of the most critical health concerns for the state. The LOPMC has 8 legislated board members, listed below, and encourages participation from a wide variety of multisector partners and community members. Four quarterly meetings are held throughout the year, each meeting focusing on a specific priority area to educate and inform partners on obesity prevention

and treatment strategies. The priority areas have been identified and voted on by the appointed board members and are re-evaluated each year.

The four priority areas included:

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

About the Diabetes Collaborative

The Diabetes Collaborative is a group of stakeholders working on diabetes efforts across the state. The Diabetes Collaborative aims to: 1) gain and increase coverage and reimbursement of DSMES and NDPP, 2) educate providers on DSMES and NDPP and work to increase referrals to both programs, 3) increase awareness among the general population about prediabetes, diabetes, DSMES & NDPP and 4) increase the availability of DSMES and NDPP in the state, especially in high-burdened and underserved areas.

Well-Ahead Louisiana

National Diabetes Prevention Programs (National DPP) are evidence-based and effective. National DPP last for a year and consist of a core phase (16 weekly classes) followed by six monthly maintenance sessions. Participants need to obtain 150 minutes of physical activity per week and lose approximately 5-7% of their body weight to obtain maximum benefit from the program. The CDC estimates that successfully completing a National DPP can cut one's risk of developing diabetes in half.

Diabetes Self-Management Education and Support (DSMES) programs are also evidence-based and effective. These programs provide approximately 10-12 hours of diabetes self-management principles. This includes: stress management, eating with diabetes, benefits of physical activity and the importance of medication adherence. Successful completion of DSMES programs can reduce the burden of living with diabetes, greatly improve one's quality of life, and can reduce overall healthcare costs.

The Community Resource Guide allows users to find resources for topics like diabetes prevention and self-management, breastfeeding, health screenings, healthy eating, physical activity, stress management, and tobacco cessation.

Louisiana Obesity and Diabetes Collaborative Survey Monkey Questions 9/27 Meetings

Please enter your name.

Please enter your organization.

Please enter your organization's mailing address.

Please enter your email address.

Please enter your preferred contact number, beginning with area code.

Please enter your field of work/ area of expertise.

State a goal that you would like to see this Collaborative accomplish.



MOVING LOUISIANA'S HEALTH FORWARD

What person(s) and/or group(s) needs to be involved to see this goal accomplished?

How likely are you to participate in future Collaborative meetings?

How interested is your organization in providing resources to the Collaborative (such as data, resource materials, door prizes, etc.)?

Are you or someone from your organization interested in speaking at future a Collaborative meeting?

Lastly, do you have any other questions, comments, or concerns regarding the Collaborative or upcoming meetings?

LA Obesity and Diabetes Collaborative Meeting

November 8, 2019

10:00 am – 12:00 pm

LDH Bienville Building, Conference Room 118, Baton Rouge, LA

Zoom: <https://zoom.us/j/680905395>

- I. Welcome:** *Melissa Martin, Director, Well-Ahead Louisiana*
- II. Introductions:** *Nick Rees, Obesity Prevention Coordinator, 10 minutes*
- III. Review & Updates:** *Nick Rees, 10 minutes*
 - a. Volunteer timekeeper/note-taker
 - b. September meeting minutes
 - c. Mission statement
- IV. Identify Key Activities & Create Workgroups:** *Nick Rees, 10 minutes*

- a. Form workgroups based on diabetes pillars and obesity priority areas

- V. **Obesity & Diabetes Workgroup Breakout: Colleen Arceneaux, 60 minutes**
 - a. Create long term goals for each workgroup (1 year time frame)
 - b. Establish action items to support each goal (3 month and 6 month time frames)
 - c. Determine Chairperson and Co-Chair for each workgroup

- VI. **Present Workgroup Goals: 30 minutes**

- VII. **Action Items**

- VIII. **Closing remarks**

Pam Butler, MS CDE, Diabetes Education Manager, Pamela.Butler@la.gov

Nick Rees, Obesity Prevention Coordinator, Nick.Rees@la.gov

**Louisiana Obesity and Diabetes Collaborative Meeting
November 8, 2019
LDH Bienville Building, Baton Rouge, LA**

Work Group: Access

First Name	Last Name	Email	Organization
Melissa	Martin	melissa.r.martin@la.gov	Well-Ahead
Kimberly	Brent	Kimberly.Jones@la.gov	Well-Ahead
Cathy	Prine-Eagle (chair)	cathy_prine@merck.com	Merck
Rodney	Scott	rdns@novonordisk.com	Novo Nordisk
Scott	Kirkpatrick (co-chair)	skirkpatrick@roedelparsons.com	Roedel Parsons
Rebecca	Guidroz	rebecca.guidroz@la.gov	Well-Ahead
Brian	Burton	ceo@swlahec.org	SWLAHEC

Long Term Goal (1 year)
Community Connectedness

To ensure the community clinical linkages are in place to improve overall access.

Intermediate Goal (6 months)

Communicate

Educate and inform providers through [WALPEN](#) on high quality care that includes screen, test, referral best practices for OBE/DM prevention and management as well as culturally appropriate education and recommendations.

Short Term Goal (3 months)

Identify and collect available resources, programs, etc. for providers and patients. Once collected, populate Collaborative webpage and the Well-Ahead [Community Resources Guide](#).

Work Group: Payer/ Policy

First Name	Last Name	Email	Organization
Brian	Shank (co-chair)	bsx@novonordisk.com	Novo Nordisk
Courtney	Walker	cuw@novonordisk.com	Novo Nordisk
Bonnie	Hymel (chair)	bonnie.hymel@pbrc.edu	Pennington Biomedical
Keli	Williams	keli@oursoconsulting.com	Ourso Consulting
Al	Reine	avri@novonordisk.com	Novo Nordisk
Lynnel	Ruckert	lynnel@boldstrategiesllc.com	Bold Strategies
Jim	Delatte (co-chair)	jim@jimdelatte.com	Pelican State Strategic Solutions

Long Term Goal (1 year)

Coverage, Legislation, Clinical Guidelines, Value Proposition

Intermediate Goal (6 months)

What needs to change for next session?

- Hold a chronic disease joint hearing for new legislators to help raise disease awareness in the state, especially obesity

- Awareness: bring in Dr. Donna Ryan and Dr. John Kirkwan from Pennington Biomedical to speak, along with Senator Bill Cassidy to discuss the importance of the Treat and Reduce Obesity Act ([TROA](#)) and the effects of obesity

Short Term Goal (3 months)

- Verify that MCO contracts allow value added (relevant to diabetes and obesity).
- Study resolution to increase awareness of clinical practice guidelines in obesity among MCOs
 - o Medicaid claims data on obesity and prediabetes
 - o As contracts come up for renewal, include language incorporating clinical guidelines or have emergency rule
- Invite BCBS, Aetna, and People’s Health to present their obesity initiatives to the Collaborative.
- Follow up from OGB on SB35, invite them to present to collaborative on the findings of SB35

Work Group: Awareness/ Education

First Name	Last Name	Email	Organization
Marcy	Hubbs	marcy.hubbs@la.gov	Well-Ahead
Steven	Dick	Dick@ModernMetricsBarn.com	Modern Metrics
Wayne	Gravois	wayne.gravois@brgeneral.org	Baton Rouge General
Clay	Foreman	clyf@novonordisk.com	Novo Nordisk
Monique	Marino	monique.marino@fmlhs.org	Our Lady of the Lake
Patty	Williams	patricia.williams@brgeneral.org	Baton Rouge General
Chelsea	Moreau	chelsea.moreau@heart.org	American Heart Association
Kasey	Davis	kdavis@diabetes.org	American Diabetes Association
Alexandra	Schofield	aschofield@diabetes.org	American Diabetes Association
Michael	Peoples (co-chair)	peoples_michael_l@lilly.com	Lilly
Bryan	Wilson (chair)	bryan.wilson@merck.com	Merck
Michael	Comeaux	michael.comeaux@la.gov	Louisiana Department of Education

Long Term Goal (1 year)

Increase the actual number of engagements.

- Increase diabetes education

- Quantify success

Intermediate Goal (6 months)

- Patient and disease specific webinars
- Create some sort of programming around the top pillars

Short Term Goal (3 months)

- Provide Marcy Hubbs, Provider Education Network Manager for Well-Ahead Louisiana, with quarterly updates across state resources.

Louisiana Department of Health

628 North Fourth Street, Baton Rouge, Louisiana 70802

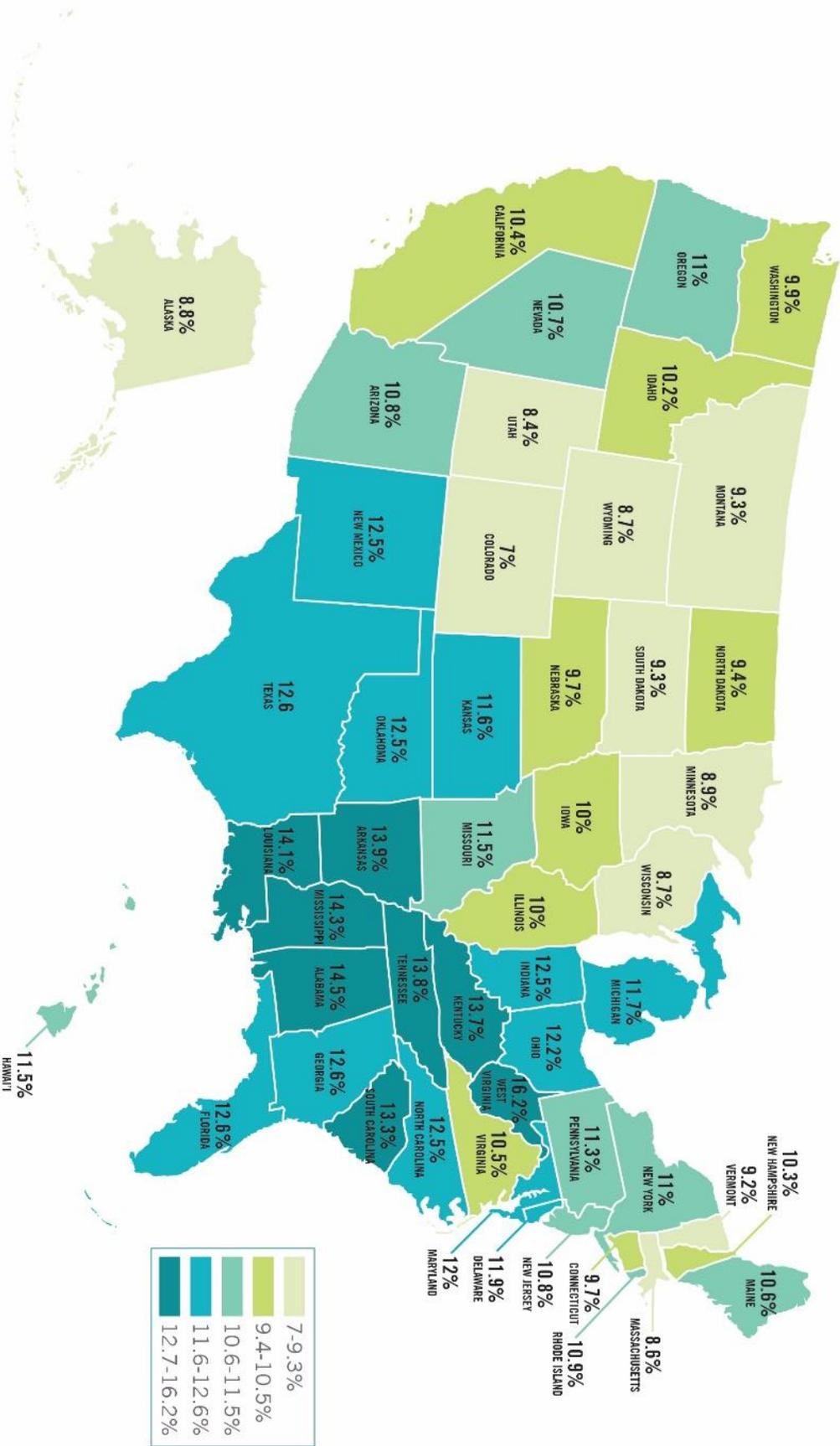
(225) 342-9500

www.ldh.la.gov

 www.facebook.com/LaHealthDept

 www.twitter.com/LADeptHealth

National Diabetes Prevalences



Source: BRFSS, 2018; Updated: December 17, 2019



Well-Ahead Louisiana



@WellAheadLA

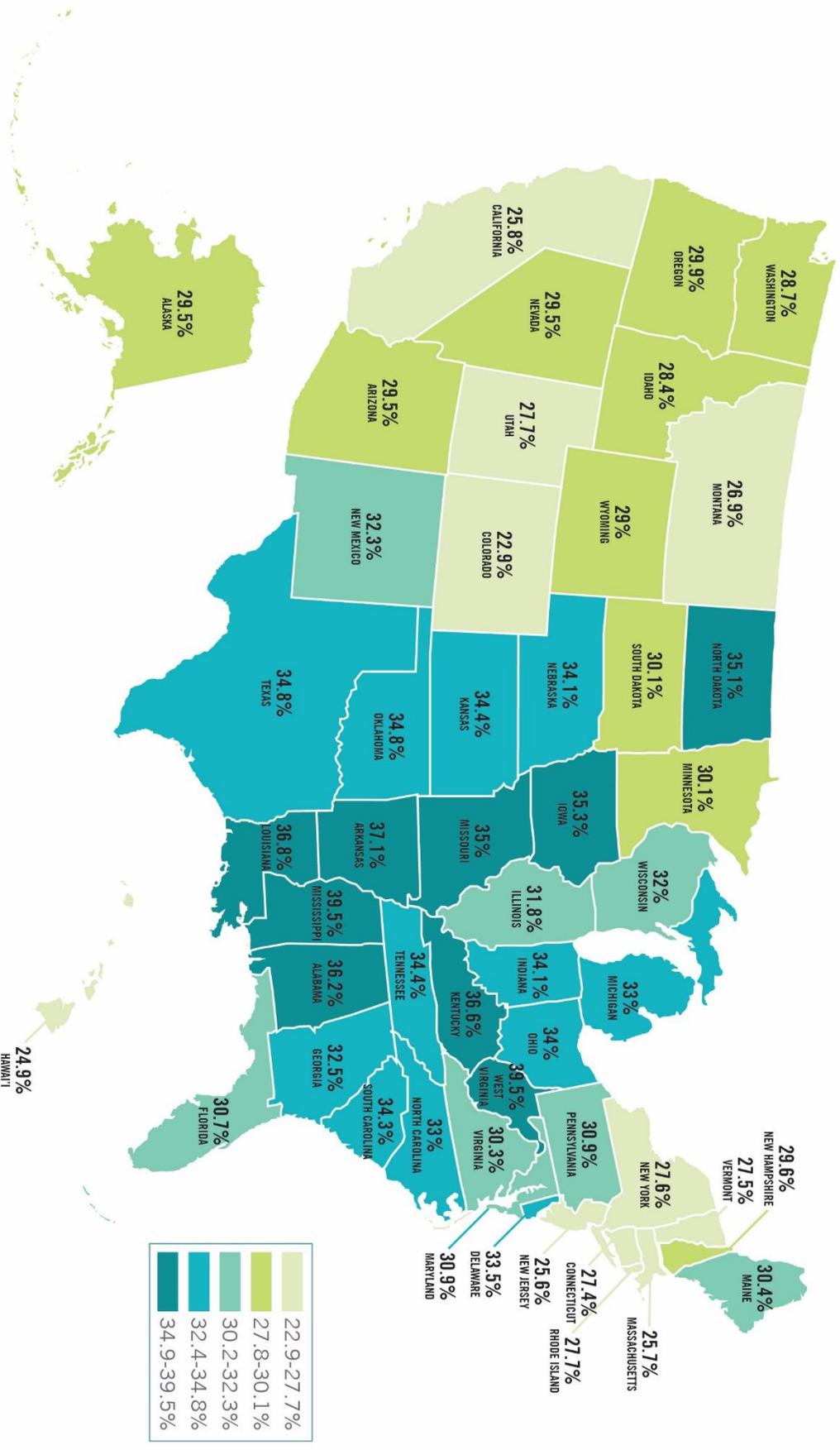


WellAheadLouisiana



Well-Ahead Louisiana

National Obesity Prevalences



Source: BRFSS, 2018; Updated: December 17, 2019



Well-Ahead Louisiana



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Appendix E

Public meeting materials and attendance



TEL: 1-844-522-4323 · EMAIL: WELLAHEAD@LA.GOV

Louisiana Obesity and Diabetes Collaborative Introduction Meeting
Friday, September 27, 2019
10:00 AM – 11:00 AM

Welcome/ Introduction

Melissa Martin- Director, Well-Ahead Louisiana

Nick Rees- Obesity Prevention Coordinator

Pam Butler- Diabetes Education Manager

The purpose is to convene a multi-sectoral group to share resources, information, and experiences across Louisiana that supports the prevention and management of obesity and diabetes

Provide an Annual Report to the Louisiana Legislature every 3 years in order to keep the legislature informed and empowered to support a Healthier Louisiana

- This Collaborative has the opportunity to have a very strong voice in obesity and diabetes prevention and management and we hope that you join our efforts

Moving forward, we want to hear your opinion on what topics we need to cover in our Collaborative Meetings. We will do our best to bring in a guest speaker related to the topic for each meeting.

At the end of this meeting we will provide a link to a brief survey where you can give us your input for future discussions.

The Problem

Obesity is the second leading cause of preventable death in the U.S., with prevalence rates nearly tripling from 12.3% in 1990 to 36.2% in 2018. Obesity is a major contributor to serious health conditions in children and adults, including type 2 diabetes, cardiovascular disease, cancer, and other diseases. Rates of obesity have soared in the past three decades, making it clear that it is critical. Reducing the prevalence of obesity requires broad-based efforts by the government, businesses, community organizations, healthcare professionals, schools, families, and individuals. Currently, Louisiana is ranked 6th in the U.S. for adult obesity and 8th for youth obesity. The Louisiana Obesity Prevention and Management Commission was created with the intention to combat this epidemic.

Louisiana has the 5th highest diabetes rate in the nation. Diabetes is a complicated disease that requires daily attention - from making smart, healthy food choices and staying active, to checking blood sugar levels and regularly visiting a diabetes care team. Well-Ahead Louisiana aims to make healthy living easy and accessible to people with diabetes. Our team works to increase awareness of and access to Diabetes Prevention Programs and Diabetes Self-Management Education and Support Programs across the state.

About the Obesity Commission

The Louisiana Obesity Prevention and Management Commission (LOPMC) is currently under ACT 409 of the 2018 Regular Session. This legislation sought to bring together a small dedicated group of advocates from public and private organizations to work collaboratively to address the obesity epidemic in Louisiana, which continues to be one of the most critical health concerns for the state. The LOPMC has 8 legislated board members, listed below, and encourages participation from a wide variety of multisector partners and community members. Four quarterly meetings are held throughout the year, each meeting focusing on a specific priority area to educate and inform partners on obesity prevention and treatment strategies. The priority areas have been identified and voted on by the appointed board members and are re-evaluated each year.

The four priority areas included:

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

About the Diabetes Collaborative

The Diabetes Collaborative is a group of stakeholders working on diabetes efforts across the state. The Diabetes Collaborative aims to: 1) gain and increase coverage and reimbursement of DSMES and NDPP, 2) educate providers on DSMES and NDPP and work to increase referrals to both programs, 3) increase awareness among the general population about prediabetes, diabetes, DSMES & NDPP and 4) increase the availability of DSMES and NDPP in the state, especially in high-burdened and underserved areas.

Well-Ahead Louisiana

National Diabetes Prevention Programs (National DPP) are evidence-based and effective. National DPP last for a year and consist of a core phase (16 weekly classes) followed by six monthly maintenance sessions. Participants need to obtain 150 minutes of physical activity per week and lose approximately 5-7% of their body weight to obtain maximum benefit from the program. The CDC estimates that successfully completing a National DPP can cut one's risk of developing diabetes in half.

Diabetes Self-Management Education and Support (DSMES) programs are also evidence-based and effective. These programs provide approximately 10-12 hours of diabetes self-management principles. This includes: stress management, eating with diabetes, benefits of physical activity and the importance

of medication adherence. Successful completion of DSMES programs can reduce the burden of living with diabetes, greatly improve one's quality of life, and can reduce overall healthcare costs.

The Community Resource Guide allows users to find resources for topics like diabetes prevention and self-management, breastfeeding, health screenings, healthy eating, physical activity, stress management, and tobacco cessation.

Louisiana Obesity and Diabetes Collaborative Survey Monkey Questions 9/27 Meetings

Please enter your name.

Please enter your organization.

Please enter your organization's mailing address.

Please enter your email address.

Please enter your preferred contact number, beginning with area code.

Please enter your field of work/ area of expertise.

State a goal that you would like to see this Collaborative accomplish.

What person(s) and/or group(s) needs to be involved to see this goal accomplished?

How likely are you to participate in future Collaborative meetings?

How interested is your organization in providing resources to the Collaborative (such as data, resource materials, door prizes, act.)?

Are you or someone from your organization interested in speaking at future a Collaborative meeting?

Lastly, do you have any other questions, comments, or concerns regarding the Collaborative or upcoming meetings?



MOVING LOUISIANA'S HEALTH FORWARD

LA Obesity and Diabetes Collaborative Meeting

November 8, 2019

10:00 am – 12:00 pm

LDH Bienville Building, Conference Room 118, Baton Rouge, LA

Zoom: <https://zoom.us/j/680905395>

- I. **Welcome:** *Melissa Martin, Director, Well-Ahead Louisiana*
- II. **Introductions:** *Nick Rees, Obesity Prevention Coordinator, 10 minutes*
- III. **Review & Updates:** *Nick Rees, 10 minutes*
 - a. Volunteer timekeeper/note-taker
 - b. September meeting minutes
 - c. Mission statement
- IV. **Identify Key Activities & Create Workgroups:** *Nick Rees, 10 minutes*
 - a. Form workgroups based on diabetes pillars and obesity priority areas
- V. **Obesity & Diabetes Workgroup Breakout:** *Colleen Arceneaux, 60 minutes*
 - a. Create long term goals for each workgroup (1 year time frame)
 - b. Establish action items to support each goal (3 month and 6 month time frames)
 - c. Determine Chairperson and Co-Chair for each workgroup
- VI. **Present Workgroup Goals: 30 minutes**
- VII. **Action Items**
- VIII. **Closing remarks**

Pam Butler, MS CDE, Diabetes Education Manager, Pamela.Butler@la.gov

Nick Rees, Obesity Prevention Coordinator, Nick.Rees@la.gov



MOVING LOUISIANA'S HEALTH FORWARD

Louisiana Obesity and Diabetes Collaborative Meeting
November 8, 2019
LDH Bienville Building, Baton Rouge, LA

Work Group: Access

First Name	Last Name	Email	Organization
Melissa	Martin	melissa.r.martin@la.gov	Well-Ahead
Kimberly	Brent	Kimberly.Jones@la.gov	Well-Ahead
Cathy	Prine-Eagle (chair)	cathy_prine@merck.com	Merck
Rodney	Scott	rdns@novonordisk.com	Novo Nordisk
Scott	Kirkpatrick (co-chair)	skirkpatrick@roedelparsons.com	Roedel Parsons
Rebecca	Guidroz	rebecca.guidroz@la.gov	Well-Ahead
Brian	Burton	ceo@swlahec.org	SWLAHEC

Long Term Goal (1 year)

Community Connectiveness

To ensure the community clinical linkages are in place to improve overall access.

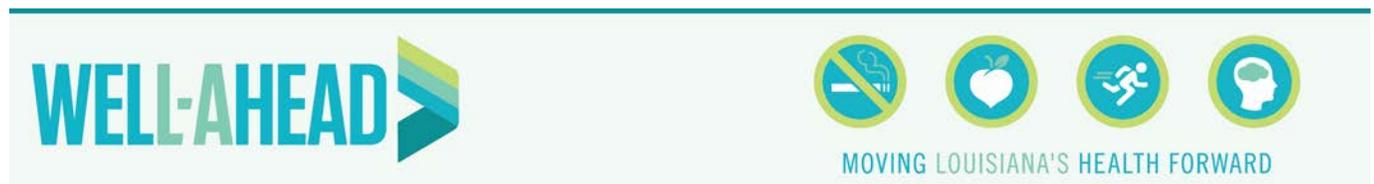
Intermediate Goal (6 months)

Communicate

Educate and inform providers through [WALPEN](#) on high quality care that includes screen, test, referral but practices for OBE/DM prevention and management as well as culturally appropriate education and recommendations.

Short Term Goal (3 months)

Identify and collect available resources, programs, etc. for providers and patients. Once collected, populate commission webpage and the Well-Ahead [Community Resources Guide](#).



Work Group: Payer/ Policy

First Name	Last Name	Email	Organization

Brian	Shank (co-chair)	bsx@novonordisk.com	Novo Nordisk
Courtney	Walker	cuw@novonordisk.com	Novo Nordisk
Bonnie	Hymel (chair)	bonnie.hymel@pbrc.edu	Pennington Biomedical
Keli	Williams	keli@oursoconsulting.com	Ourso Consulting
Al	Reine	avri@novonordisk.com	Novo Nordisk
Lynnel	Ruckert	lynnel@boldstraegiesllc.com	Bold Strategies
Jim	Delatte (co-chair)	jim@jimdelatte.com	Pelican State Strategic Solutions

Long Term Goal (1 year)

Coverage, Legislation, Clinical Guidelines, Value Proposition

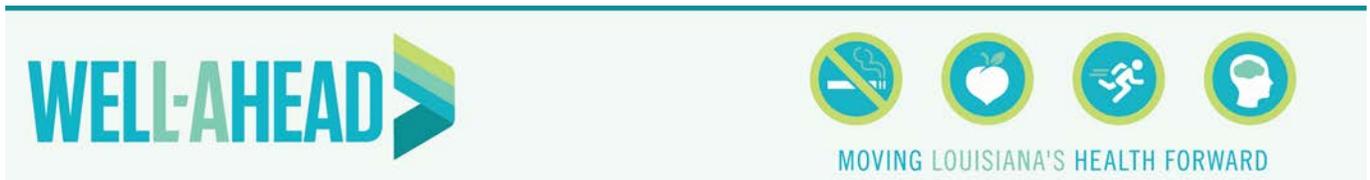
Intermediate Goal (6 months)

What needs to change for next session?

- Hold a chronic disease joint hearing for new legislators to help raise disease awareness in the state, especially obesity
- Awareness: bring in Dr. Donna Ryan and Dr. John Kirkwan from Pennington Biomedical to speak, along with Senator Bill Cassidy to discuss the importance of the Treat and Reduce Obesity Act ([TROA](#)) and the effects of obesity

Short Term Goal (3 months)

- Verify that MCO contracts allow value added (relevant to diabetes and obesity).
- Study resolution to increase awareness of clinical practice guidelines in obesity among MCOs
 - o Medicaid claims data on obesity and prediabetes
 - o As contracts come up for renewal, include language incorporating clinical guidelines or have emergency rule
- Invite BCBS, Aetna, and People's Health to present their obesity initiatives to the Collaborative.
- Follow up from OGB on SB35, invite them to present to collaborative on the findings of SB35



Work Group: Awareness/ Education

First Name	Last Name	Email	Organization
Marcy	Hubbs	marcy.hubbs@la.gov	Well-Ahead

Steven	Dick	Dick@ModernMetricsBarn.com	Modern Metrics
Wayne	Gravois	wayne.gravois@brgeneral.org	Baton Rouge General
Clay	Foreman	clyf@novonordisk.com	Novo Nordisk
Monique	Marino	monique.marino@fmolhs.org	Our Lady of the Lake
Patty	Williams	patricia.williams@brgeneral.org	Baton Rouge General
Chelsea	Moreau	chelsea.moreau@heart.org	American Heart Association
Kasey	Davis	kdavis@diabetes.org	American Diabetes Association
Alexandra	Schofield	aschofield@diabetes.org	American Diabetes Association
Michael	Peoples (co-chair)	peoples_michael_l@lilly.com	Lilly
Bryan	Wilson (chair)	bryan.wilson@merck.com	Merck
Michael	Comeaux	michael.comeaux@la.gov	Louisiana Department of Education

Long Term Goal (1 year)

Increase the actual number of engagements.

- Increase diabetes education
- Quantify success

Intermediate Goal (6 months)

- Patient and disease specific webinars
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- Provide Marcy Hubbs, Provider Education Network Manager for Well-Ahead Louisiana, with quarterly updates across state resources.
- Add diabetes and obesity resources to the Well-Ahead [Community Resource Guide](#).

Louisiana Department of Health

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