Obesity Prevention and Management Commission REPORT PREPARED IN RESPONSE TO ACT 580 OF THE 2014 REGULAR SESSION

JANUARY 2016

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Table of Contents

Executive Summary	3
Commission Vision	4
Report on Commission Progress between January 2015 and January 2016	4
Identifying Opportunities for Collaboration	4
Increasing Accountability	5
Delivery	6
Conclusion	6
Recommendations	6
Appendix 1: Commission Charge	8
Appendix 2: Commission Members	9
Appendix 3: Survey Report	.10
Appendix 4: Policy Analysis	.28
Appendix 5: Louisiana Obesity Data	.31

Executive Summary

In response to Act 580, introduced as Senate Bill 513 by Senator David Heitmeier during the 2014 Louisiana Legislative Session, the Louisiana Obesity Prevention and Management Commission was signed into law June 9th, 2014 by the Governor. This legislation sought to bring together a small dedicated group of advocates from public and private organizations to work collaboratively to address the obesity epidemic in Louisiana.

As previously described in the 2015 Obesity Prevention and Management Commission Report, the obesity epidemic in Louisiana has continued to be the most critical health concern for the state, with 34.9% of the adult population being overweight (See Appendix 5). 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. Subsequently, these conditions result in decreased quality of life and costly medical care.

The commission has set and met several goals to increase accountability, collaboration, and delivery. An environmental scan of obesity related programs, research, and initiatives was developed and implemented statewide. This scan provided insight into the diversity of organizations across different sectors working to reduce the burden of obesity in Louisiana. Similarly, in an effort to increase accountability through policy, the commission conducted a policy analysis of the current obesity-related legislation. The purpose of this analysis was to find out who or what organization proposed the policy, how the policy was implemented, and if the policies received fiscal support. Upon analysis, the commission did not recognize the need to propose new policy, and agreed that the existing policies were sufficient to impact the population's health. The analysis revealed a lack of knowledge about the policies, fiscal support attached to the policies, and guidelines to enforce the policies.

To reduce the burden of obesity in Louisiana, more collaboration across sectors and effective policy implementation is necessary. Proposing meaningful legislation with fiscal support will have a positive impact on the state's health. Also, developing a forum to educate legislatures about public health policy best practices will ensure effective policies are passed. Lastly, developing or using a better mechanism for collecting childhood obesity data will improve the quality of information about factors that contribute to this condition in this state, and cultivate appropriate interventions. Continuing the work of the commission and expanding its membership to all organizations that have a vested interest in reducing the burden of obesity in Louisiana is paramount. There is more work to be done to increase accountability, collaboration, and delivery.

Commission Vision

Act 580 defined the powers and functions of duties of designated commission members (see Appendices 1 and 2). The appointed commission members decided that the vision for the work of the commission centers around three themes:

- Identifying and pursuing opportunities for increased collaboration
- Ensuring accountability through efforts to enforce existing policy
- Delivering information, recommendations, guidelines, and suggestions

Collaboration	Accountability	Delivery
 Share funding opportunities and co- author grants Develop a commission communication structure, such as an informal listserv for commission members Share best practices and data Member presentations and committee meetings 	 Regular attendance at meetings Assigning work to commission members Legislative and high level support for commission Policy enforcement 	 Statewide inventory of current obesity prevention efforts across the state Progress report assessing the status of existing policy, guidelines to ensure implementation, and recommendations for additional policy Direct, simple communication of messages and suggestions to the public and policy makers

Report on Commission Progress between January 2015 and January 2016

Since January 2015, the commission has engaged in several activities to meet the goals set to increase opportunities for collaboration, ensure accountability and deliver information.

Identifying Opportunities for Collaboration

At the initial meeting in August 2014, commission members identified a need to establish a clear and comprehensive understanding of obesity prevention and management programs, initiatives, and policies in place across the state, and to identify a clear focus for the commission's work. In order to identify areas of cross-organizational alignment, each commission member shared information about work related to obesity prevention and management being done by their organization, and ideas about how the commission could best meet its charge and deliver tangible outcomes.

Commission members also recognized the need to gather information about obesity-related work implemented by other organizations, not included in the commission membership, in order to ensure a complete assessment of current resources, gaps, and opportunities for collaboration across the state. Organizations and local and state government health agencies across the state of Louisiana seek to improve obesity-related determinants and outcomes through programs and interventions. However, communication and collaboration among these efforts is not fully capitalized, due to a lack of a widely available census of such efforts.

Thus, commission members developed a survey via Survey Monkey in order to capture this information and disseminated this survey to statewide organizations, community based organizations, universities, and healthcare centers. A copy of the survey results can be found in Appendix 3.

The survey was completed by 112 participants representing 87 unique sites in all 64 parishes. Over half of the respondent organizations operate as non-profits and approximately one-quarter were government agencies. Almost all of the organizations (97%) reported that at least part of their funding comes from the government, with 40% receiving only government funding. Three-quarters of the organizations have operated for over 10 years, and the average length of operation was 40 years. The most common type of obesity-related work reported was long-term projects and information provider and the least common was projects lasting less than one-year and policy-related work. Most organizations work on a mix of several types of activities, and most target their work towards all age groups. There is a broad range of settings reported, including communities, clinics, or schools.

Disseminating a contact list with basic characteristics of obesity-related entities across Louisiana could foster collaboration, such as grant writing, cross-promotion, and efficient and effective program delivery. Further, identifying regional or thematic gaps in obesity prevention could help prioritize policy and program agenda setting.

Increasing Accountability

Public health policy is the foundation for practice of public health in the United States. The phrase "public policy" is used broadly to include laws, rules, and regulations intended to accomplish certain goals.¹ Policies are an effective public health intervention to make individuals' default decisions healthy, increase the quality and number of years of life, and reduce health disparities. Some examples of how policy impacts the public's health are through food safety laws, safer workplace policies, and traffic regulations. Characteristics of an effective law are 1) the law must be known, 2) the law must be easy to understand, 3) the law must be acceptable to the community, 4) the law must be stable, and 5) the law must be enforced.

In an effort to increase accountability through policy, the commission conducted a policy analysis of the current obesity-related legislation. The Louisiana State Legislature website and the Centers for Disease Control and Prevention State Policy Tracking System were used to research and develop the list of current policies. The commission developed five analysis questions to assess the effectiveness of these policies.

- 1. What is the policy?
- 2. Who or what organization is responsible for presenting/implementing this policy?

¹ Laws, Policies and Regulations: Key Terms and Concepts. Tobacco Control Legal Consortium. http://publichealthlawcenter.org/sites/default/files/resources/tclc-fs-laws-policies-regs-commonterms-2015.pdf

- 3. Was the policy funded?
- 4. Was a report required?
- 5. How was the policy implemented?

The commission concluded that there is not a need to present new legislation, and the current policies are sufficient to impact the public's health. However, the majority of policies are not funded and implementation strategies are not clearly identified. Please refer to Appendix 4 for a full list and analysis of the obesity-related policies. The commission will continue to use this document to track current and new policies.

Delivery

The data and information the commission has gathered from the survey and policy analysis will be used to assist in achieving programmatic goals, identifying experts in related subject matter, articulate standards through disseminating materials, and encouraging research and the identification of resources that seek ways to promote cost-effective methods of treating overweight or obesity conditions. This information has been compiled into a policy and program alignment document that will be used to keep an inventory of statewide organizations, obesity-related activities, and policies that support their work. The document can be used for collaboration with other organizations, strategic planning, and policy advocacy.

Conclusion

The vision of the commission is to be a leader in communicating information about obesity related programs, initiatives, and policies in Louisiana. Communication, or lack of communication between stakeholders, was a recurring theme identified by commission members. An enhanced communication structure across the state could increase collaboration for grants and data sharing, avoid duplication of efforts, and serve as a resource for established and new organizations. Effective public health policy has a large impact on the public's health over education, clinical interventions, and preventive interventions. The CDC has developed a list of legal strategies related to nutrition, physical activity, and obesity that can help support environmental changes to improve health. Policies that target artificial trans-fat, breastfeeding, menu labeling, nutrition advertising to children, school activity, school nutrition, sodium reduction, zoning and obesity, and zoning and physical activity are all evidence based policy practices that improve health.

Recommendations

The commission would like to make the following recommendations to the legislature:

1. Establish a forum to educate legislatures about policy best practices. This forum will be responsible for researching public health policies and effective implementation strategies to help legislatures make informed decisions.

- 2. Attach fiscal support to passed legislation to enhance impact. Exploring the potential to expand the reach of current obesity-related programs, activities, and initiatives that have proven to be effective in reducing obesity risk factors in our population.
- 3. Develop or use a better mechanism for collecting childhood obesity data. Louisiana is not currently using the Youth Risk Behavior Survey (YRBS) to monitor health risk behaviors that contribute to the leading cause of death, disability, and social problems among middle and high school students in Louisiana. Having quality information and data about factors that contribute to this condition in this state is necessary to cultivate appropriate interventions.
- 4. Extend the legislative authority for the existence of the commission by expanding its membership to all organizations that have a vested interest in reducing the burden of obesity in Louisiana. This statewide network of organizations will increase collaboration and expand the pool of resources to implement effective policies and programs.

Appendix 1: Commission Charge

As outlined in Act 580, the powers, functions, and duties of the commission include the following:

- Accept and expend grants and private donations
- Assist in achieving programmatic goals and provide leadership or support for the following:
 - Organizational efforts
 - Articulating standards through disseminating materials
 - Identification of experts in related subject matter
 - Identification of alternate means of developing effective population-based programs
 - Development of policy in identified health risks
 - Creating awareness among payers, provides, and patients of the health risks due to overweight and obesity conditions
 - Enhancing reporting mechanisms of latest outcomes and health trends in the area of overweight and obesity concerns
 - Conduct evaluations of program effectiveness
 - Encouraging research and the identification of resources that seek ways to promote cost-effective methods of treating overweight or obesity conditions
- Conduct exploratory research
- Conduct public meetings to discuss obesity
- Analyze state obesity prevention programs across the state
- Advise departments and agencies on the implementation of commission recommendations

Appendix 2: Commission Members

The Louisiana Obesity Prevention and Management Commission is composed of the following ten members, designated by Act 580:

Member	Representative
The secretary of the Department of Health and	Takeisha Davis, M.D., Chair (designee)
Hospitals, or designee	
The state superintendent of education, or	Erin Bendalay
designee	
The commissioner of insurance, or designee	James Donelon
The president of the Senate, or designee	Senator David Heitmeier, Chris Adams designee)
The speaker of the House of Representatives, or	Representative Ebony Woodruff- Co-Chair
designee	
The director of the Pennington Biomedical	William Cefalu; Peter Katzmarzyk (designee)
Research Center, or designee	
The director of the Prevention Research Center	Carolyn Johnson
at Tulane University, or designee	
Community-based group (elected):	Avery Corenswet
Ochsner Health System	
Community-based group (elected):	Christy Ross cross@bcm.org, Liz Sheer
Baptist Community Ministries	
The director of the Cecil J. Picard Center for	John LaCour (designee)
Child Development and Lifelong Learning, or	
designee	

Other participating members:

Organization	Participant
Department of Health and Hospitals, Health	Caroline Brazeel
Promotion	
Tulane University Prevention Research Center	Adrienne Mundorf
Southeastern Louisiana University, Department	Daniel Hollander, Ed.D., CSCS*D
of Kinesiology and Health Studies	
Department of Health and Hospitals, Bureau of	Leslie Lewis
Family Health	
American Cancer Society	Kaitlin Sylvester
Dillard University	Vanessa Greenslade, Ph.D.
Louisiana Public Health Institute	Earl Benjamin
Department of Health and Hospitals, Health	Colleen Arceneaux
Promotion	



Appendix 3: Survey Report

OBESITY PREVENTION AND MANAGEMENT COMMISSION

Survey Results

Adrienne Mundorf, MPH, Tulane Prevention Research Center Jamila Freightman, Office of Public Health-Health Promotion

Table of Contents

EXECUTIVE SUMMARY	12
BACKGROUND	13
TYPE OF ORGANIZATION	13
ORGANIZATIONAL LIFESPAN	14
WHERE IS OBESITY PREVENTION HAPPENING IN LOUISIANA?	14
ORGANIZATIONAL FUNDING	15
CURRENT OBESITY-RELATED WORK	16
TARGET POPULATION	18
OBESITY WORK SETTING	19
OBESITY-RELATED WORK RELATED TO OVERALL ORGANIZATIONAL MISSION	20
LIMITATIONS	24
CONCLUSIONS	25
APPENDIX 1: SURVEY	26

EXECUTIVE SUMMARY

Organizations and local and state government health agencies across Louisiana seek to improve obesity-related determinants and outcomes through programs and interventions. Communication and collaboration among these efforts, however, is not fully capitalized, due largely to a lack of a widely available census of such efforts.

The Louisiana Obesity Prevention and Management Commission (Commission) collected and recorded information about obesity-related efforts across the state, and seeks to identify opportunities for collaboration and potential gaps in our efforts. A snowball method starting with the Commission members' contacts was used to distribute an online survey containing 11 questions during spring 2015.

The survey was completed by 112 participants representing 87 unique sites in all 64 parishes. Over half of the respondent organizations reported operating as non-profits and approximately one-quarter were government agencies. Almost all of the organizations (97%) reported that at least part of their funding comes from the government, with 40% receiving government funding only. Three-quarters of the organizations have operated for over 10 years and the average length of operation was 40 years. The most common type of obesity-related work reported was long-term projects and functioning in the role of information provider, while the least common was projects lasting less than one-year and policy-related work. Most organizations reported working on a mix of several types of activities and most target their work towards all age groups. A broad range of settings was reported, including communities, clinics, and schools.

Disseminating a contact list with basic characteristics of obesity-related entities across Louisiana could foster collaboration, such as grant writing, cross-promotion, and efficient and effective program delivery. Further, Identifying regional or thematic gaps in obesity prevention could help prioritize policy and program agenda setting.

BACKGROUND

In order to better understand obesity prevention efforts better across Louisiana, the Louisiana Obesity Prevention and Management Commission (Commission) designed a survey containing 11 basic organizational questions. The full survey can be found in Appendix X.

The Commission disseminated the survey in the spring of 2015 via Survey Monkey to ask agencies throughout the state to report what they are doing to prevent obesity. A snowball sampling (or chain referral) method starting with the Commission members' contacts was used to distribute the survey and questions soliciting other obesity organizations were asked at the end of the survey. After multiple rounds of communication regarding the survey were distributed by the Commission administrator, individual Commission members targeted organizations one on one.

The commission collected responses from state organizations, community based organizations, universities, and healthcare centers. Ultimately the survey was completed by 112 participants representing 66 organizations in 87 sites across Louisiana. Except for geographic representation, the results reflected in this report are based on the 66 organizations, and will provide an analysis of the response results to each question.

TYPE OF ORGANIZATION

The respondents were asked to identify their organization as a non-profit, for-profit, government agency, or other type of organization. More than two-thirds of the organizations that completed the survey were non-profit organizations (70%). For-profit organizations had the next greatest representation at 12%.



ORGANIZATIONAL LIFESPAN

Question 3 on the survey asked the respondents to indicate how long their organization has been in existence. The majority of participating organizations reported that their organization has existed for over 10 years (68%). The average length of time reported was 32 years.

Years in operation	Frequency
Three years or fewer	10
Between 3 – 9 years	11
Over 10 years	45

WHERE IS OBESITY PREVENTION HAPPENING IN LOUISIANA?

The survey respondents were asked to identify the geographic area of their organizations work. The work of the organizations spanned from local to statewide initiatives. The organizations that participated in the survey have representation in all 64 parishes in Louisiana.

- Five organizations conduct work at the national level.
- Twenty-three organizations conduct work across the state.
- Most parishes in Central Louisiana as well as Jefferson, Orleans, Caddo, and Lafayette Parishes had the largest representation with at least 10 organizations in each parish.

The map below shows the number of organizational sites that responded to the survey, by parish.



ORGANIZATIONAL FUNDING

Almost three-quarters (74%) of the organizations reported receiving government funding (local, state, or federal), either government funding only or in combination with other funding. Over one-third (38%) receive government funding only and one-fifth receives funding from a mix of government and private funding. Almost one-fifth receive funding from private funders only. Less than 10% of the organizations reported relying on operational or profits only.



CURRENT OBESITY-RELATED WORK

The survey respondents were asked to list and describe any obesity-related work that organization is currently conducting or intends to conduct within the next year. Organizations had the opportunity to select more than one activity type.

- Number of organizations that reported activity among each activity type:
 - o Research: 19
 - Short-term projects: less than one-year: 13
 - o Long-term projects: 39
 - o Policy: 14
 - o Information provider: 27
 - o Service provider: 20
- The chart below shows the topic of activity by type for research projects, short-term projects, and long-term projects. The topics include:
 - o Individual level behavior change
 - o Community level food access, nutrition, or physical activity
 - o School level
 - Multiple levels of activity



Fourteen organizations responded with policy-related activities in the areas of the built environment, food access, school based policies, or multiple areas. Twenty seven organizations responded that they provide information related to overall obesity, or specifically related to nutrition or physical activity. Twenty organizations provide direct services; three-quarters of the direct services are provided to individuals and the remaining services are provided in group format. The pie charts below depict the types of activities within policy/advocacy, information provider, and service provider.





TARGET POPULATION

The survey respondents were asked to identify the population with which their organization works. Of the organizations that responded, most of the obesity-related work targets all age groups (85%).



OBESITY WORK SETTING

Almost all of the organizations reported working on obesity-related projects in communities (88%) and over one-quarter (26%) reported they only work in community settings. Less than one-tenth (9%) reported working only in the clinical setting and very few (2% each) reported working in school or in work sites exclusively.



OBESITY-RELATED WORK RELATED TO OVERALL ORGANIZATIONAL MISSION

Organizations were asked to identify how their obesity-related work fits into their overall organization mission. The responses were categorized by organization type and are recorded below.

How does the organization's obesity-related work fit into the overall organizational mission?

Community development and transportation planning

We are a transportation planning firm specializing in active transportation and sustainable transportation systems. We contract with state and local agencies on transportation projects or policy efforts primarily related to bicycling and walking.

...one of our goals is to encourage the general public to use alternate modes of transportation other than cars. It is mainly for best/efficient use of our transportation system, but ... also as a tool for promoting a healthy daily lifestyle. We equip communities with the knowledge and tools to better provide opportunities for increased physical activity by building safe, accessible places to walk and bike to work, to shops, and to bus and rail stops. Our mission is to help create highly functional, equitable communities throughout Louisiana that capitalize on their unique qualities through communitydriven planning and implementation. We provide best-practice planning models, innovative policy ideas, and technical assistance to individual communities that wish to create and enact master plans dealing with transportation and infrastructure needs, equitable housing opportunities, environmental issues, and quality design for the built environment. We bring diverse community members and leaders together and provides guidance as they work toward a shared vision for future growth and development.

We aim to promote the develop of communities with livable, sustainable transportation options, including walking, bicycling and transit use, enabling more active lifestyles and reduced auto-dependence.

Obesity-related work fits in as a part of our community development mission.

Create a thriving community for all.

We leverage community assets to create collective impact on intractable community problems, including obesity. We also publish data concerning health outcomes in our annual community quality of life report card.

Community organizations with focus on physical activity access

Healthy Living is one of our three areas of focus.

Integral part of our mission of Spirit, Mind, Body improvement

We are committed to supporting healthy communities by providing a safe and convenient place to recreate, bike, walk, and be outside.

The focus of our work is to get more people riding bicycles for transportation, recreation and fitness. We believe that more people on bicycles - for any of these reasons - is beneficial for the health of our population.

The health aspects of biking and walking is one of the main arguments that we put forth to encourage partners and members to support our mission.

We advocate for all types of active transportation, which is conducive to a healthy lifestyle.

Community organizations with focus on overall health

We are dedicated to health education, access to care issues, and the integration of preventive services in 21 rural Louisiana parishes. Our project provides culturally relevant resources to address childhood obesity and oral health in disadvantaged socioeconomic populations.

Our mission is to improve the health and quality of life of all Louisianans regardless of where they live, work, learn or play. Overall Mission is a Healthy Louisiana.

Providing information and education.

Our mission is to improve heart health and to reduce risk factors for cardiovascular disease. Obesity is associated with heart disease risk.

Our overall mission is to reduce the prevalence of childhood obesity and instill lifelong healthy habits in youth.

Environmental organizations

We are concerned with the welfare of our community citizens. That includes air quality, water quality and diet.

To put public focus on health and environmental issues of concern; we take a broad view of health and its mandate to provide objective educationally focused information to its fellow Louisianans so obesity work, while not a focus, is within the organization's broad purview.

Faith-based health organizations

As we became more familiar with the community residents, the purpose was expanded "to address substance abuse and other social ills within this community that adversely affect children and the community.

Farmers' markets

The mission is to encourage a strong local food system; increase sustainability of independent local farmers, ranchers, and food producers; and foster stewardship of land and community through public markets.

Our markets provide access to local healthy food. Our incentives provide a means for vulnerable populations to try potentially unfamiliar crops.

Access to nutritional foods.

Government agencies

Using a comprehensive approach to implement programs to reduce obesity in underserved populations where obesity programs do not exist.

It fits into the mission to provide productive citizens.

Fits with mission to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. We offer nutritional counseling regarding a healthy diet and exercise to lead a healthy lifestyle. We also screen for obesity and refer to primary care for obesity-related conditions.

Addressing health and wellness plays a very important part in our work as the mission is the wellbeing of its members.

Healthy coalitions

We exist to encourage, educate and empower our communities through programs that promote a healthier Southwest Louisiana.

It is our only mission, as all projects must be related to moving more and eating healthier.

It's one of the 4 priorities of our initiative.

One of three focus areas; other two are tobacco control and physical movement and exercise Our main focus is to decrease the skyrocketing obesity rate in our parish through multi-faceted programs with infrastructure, schools, restaurants, physical fitness programs, etc.

We are a community based non-profit connecting local consumers to local food producers and educating the public on healthy, local food choices. We educate citizens about local food availability, healthy food choices, and home food production. We work to facilitate the connection of producers and consumers in our region.

Hospitals and health care clinics

We offer exceptional care exceptionally close to where you and your family live and work.

It is a major focus within our organization.

We provide a comprehensive range of community based medical, dental and behavioral health services. Our mission is to provide comprehensive, high quality health care with compassion and respect for all.

Improve the wellbeing for people in our community.

A significant number of our patient population (uninsured, under insured, working poor, homeless) are diabetic. A large majority have obesity or are significantly over weight.

Keeping the community healthy as well as aware of health issues.

Each provider includes incorporates obesity information by checking BMI in their annual and follow-up visit, and give education and dietary education and referrals, as needed.

We are a primary care clinic & pharmacy. Part of our program includes wellness activities and clinical goal setting to improve health outcomes for chronically ill patients.

We see obesity as a huge challenge to keeping kids healthy so that they can stay in school and learn.

Patient centered care from our family to yours

We are dedicated to improving the health of underserved communities by bringing high-quality, affordable primary care to everyone who needs it regardless of their ability to pay for services.

Obesity causes many health related situations. Patients are counseled and monitored during weight loss treatment plans.

The mission is to provide quality, accessible, cost effective primary care services.

Starting with employees and educating other businesses in area about obesity.

We strive to heal our community with compassion and innovation.

We serve, heal, lead, educate and innovate and our obesity prevention work focuses on chronic disease prevention and management.

It is part of our wellness plan for all full-time employees.

Hospital in line with building value in healthcare through providing and promoting health living and wellness education to our consumers.

Insurance companies

We focus on health and wellness, and includes education by Registered Nurses, Social Workers, or Dietitians.

This was built into our operational budget to support obesity-related activities. It is a key component of our educational process with our providers as well as our members.

Our mission is to promote health and have healthy communities. We have targeted outreach to members identified as having Obesity. We screen members using HRAs to identify high risk members.

Our belief is that all care management must address the member's medical, behavioral and social needs in an integrated fashion and must address the continuum of acute, chronic and long term care needs. The overarching goal of our ICM process is to engage members to address their critical physical, behavioral, environmental and social needs in order to promote recovery, enhance resiliency, and enable optimal self-management and independence. Our approach to care management is member-focused rather than disease-focused and incorporates members' values, needs and priorities using a culturally-sensitive approach.

Improve outcomes for individuals with obesity to prevent future complications/medical issues. **Media**

It's important that we educate and bring about awareness of the prevalence of obesity, and the health consequences of being overweight.

Universities

We are attempting to understand and reduce the incidence of obesity in childhood through multilayered, interventions with primary school children.

Obesity research is a major part of our mission. We are one of the largest obesity research centers in the world.

Our mission is to provide research based information on topics related to families (which includes nutrition through two federally funded programs). The project is designed to expose and excite elementary students about fruits and vegetables grown in Louisiana. While allowing for Louisiana producers to sell their products to schools for economic gains.

Our mission is the prevention and/or reduction of obesity in our community. So our obesity-related work is our mission.

Obesity related information is part of the educational mission of the school.

Youth programs

Obesity prevention among youth is one of three goals. Other two goals are to prevent illicit substance use and school dropout.

By educating the teens in our programs, they in turn teach our younger kids and model for their parents the value of exercise and eating properly. Thus reducing obesity related illnesses and its cause on productivity and lifestyle.

We inspire girls to be joyful, healthy and confident using a fun, experience-based curriculum which creatively integrates running.

LIMITATIONS

There are several limitations to report related to the survey. Mainly, limitations lie in the representation of obesity-related organizations in Louisiana. At present, there is no complete census of obesity-related organizations, so it was not possible to administer the survey to a random sample. To address this limitation, snowball sampling was used to reach organizations with which the Commission has no contact. Since it was impossible to discern the true distribution of the population and of the sample, the sample may not be representative. Additionally, because the survey was first distributed to Commission members' contact lists, there is a possibility of sampling bias. These contacts may only represent a small subgroup (that share characteristics) and might not represent the true distribution.

Another limitation that should be noted is the potential for incorrectly categorizing organizations. Due to the variety of obesity-related activities, several of the survey questions were open-ended to solicit responses in the participants' language. However, this led to Commission members post-coding open-ended responses and may have led to errors.

Finally, while efforts were made to reach all worksites of obesity-related organizations (for example, some organizations have representation in multiple parishes), not all of the worksites responded. This was addressed in analysis by collapsing multiple worksites into one organization and reported results as such.

CONCLUSIONS

The survey was completed by participants across the state. Over half of the respondent organizations reported operating as non-profits and approximately one-quarter were government agencies. Almost all of the organizations (97%) reported that at least part of their funding comes from the government, with 40% receiving government funding only. Three-quarters of the organizations have operated for over 10 years and the average length of operation was 40 years. The most common type of obesity-related work reported was long-term projects and functioning in the role of information provider, while the least common was projects lasting less than one-year and policy-related work. Most organizations reported working on a mix of several types of activities and most target their work towards all age groups. A broad range of settings was reported, including communities, clinics, and schools.

There are a variety of organizations state-wide that participate in obesity-related activities. The diversity of organization types is encouraging, especially considering the high rate of obesity and obesogenic diseases within Louisiana. Disseminating a contact list with basic characteristics of obesity-related entities across Louisiana could foster collaboration, such as grant writing, cross-promotion, and efficient and effective program delivery. Further, identifying regional or thematic gaps in obesity prevention could help prioritize policy and program agenda setting.

APPENDIX 1: SURVEY

Survey Introduction

Act 580, which was passed by the 2014 Louisiana State Legislature, mandated the organization of the Louisiana Obesity Prevention and Management Commission for the purpose of conducting any and all activities dedicated toward the prevention/reduction of obesity in the state of Louisiana. This newly-formed Obesity Commission is currently in the process of collecting information and data from across the state for the purpose of developing an inventory or asset map of all organizations that are currently involved in implementing obesity-related programs, projects, research and/or interventions.

We anticipate that your organization will want to be a part of this worthwhile endeavor and have your voice heard. With this in mind, we would like to ask you to take about 10 minutes of your time to respond to a few questions about your organization and about any obesity-related activities by your organization. If you are not currently involved in any obesityrelated work and do not intend to do so in the near future, then we would ask that you complete the questions about your organization and let us know this. It will prevent us from contacting you again in the near future.

Thank you for participating in our survey. Your feedback is important.

1. Please provide the following information about your organization.

Name of organization	
E-mail address	
Phone number	

2. The organization operates as a:

- Non-Profit Organization
- For-Profit Organization
- Government Agency
- Other (please specify)

3. How long has the organization been in existence?

National	Franklin	Sabine
Statewide	Grant	St. Bernard
C Acadia	Iberia	St. Charles
Allen	Ibervile	St. Helena
Ascension	Jackson	St. James
Assumption	Jefferson	St. John The Baptist
Avoyelles	Jefferson Davis	St. Landry
Eeauregard	La Salle	St. Martin
Elenville	Lafayette	St. Mary
E Bossler	Lafourche	St. Tammany
Caddo	Lincoln	Tangipahoa
Calcasleu	Livingston	Tensas
Caldwell	Madison	Terrebonne
Cameron	Morehouse	Union
Catahoula	Natchitoches	Vermilion
Claiborne	Orleans	Vernon
Concordia	Ouachita	Washington
De Soto	Plaquemines	Webster
East Baton Rouge	Pointe Coupee	West Baton Rouge
East Carroll	Rapides	West Carroll
East Feliciana	Red River	West Feliciana
Evangeline	Richland	Winn
Other (please specify)		

4. What is the geographic area of the organization's work?

5. The funding source of the organization is:

	State government Federal government	
C	Private funding	
	Profits from services/sales	
or	ter (please specify)	

Appendix 4: Policy Analysis The following is a list of obesity-related state policy currently in place in Louisiana (as of January, 2015).

Effective Date	Bill	Policy	Implementing Organization	Funded?	Report?	How was the legislation implemented?
		•	School-Relat	ed Policies		
6/27/2007	ACT 180	Requires the Department of Education (DOE) to hire a health and physical education coordinator who will be responsible for the development, implementation, and monitoring of health and physical education curricula in all public elementary and secondary schools in the state.	DOE is responsible for this legislation. Michael Comeaux was hired in this position; he still holds this position.	Yes. DOE funds this position	YES	Health curriculum (Bulletin 103) and PE curriculum (Bulletin 102) were created as part of this legislation. The PE standards were revised in December 2009 and the Health standards were revised in July 2011 as part of this act. Download Bulletins 102 and 103 Here
6/8/2009	<u>SCR 77</u>	Requests the Department of Health and Hospitals (DHH) and DOE to examine the adequacy of current practices for earning preventive health and well-being of adolescents in Louisiana.	The Department of Health and Hospitals Adolescent School Health Program and LA Department of education are charged with implementation	NO	YES	The implementing agencies developed a report outlining the current adolescent health issues and gaps in prevention.
7/1/2009	<u>ACT 306</u>	Amended 2005 Act 331, School Vending Bill, to provide that 100 (pretiously 50%) of beverages sold on high school campuses adhere to healthy guidelines.	Public schools across the state are required to adhere to the guidelines of the Act	NO	NO; none required	Schools impacted by the legislation were informed of the requirements and guidance was posted on a web resources site.
7/1/2009	ACT 286	Requires physical activity for students (K-8, at least 30 min per day) and establishment of School Health Advisory Councils in each city, parish and other local public school board.	LDOE but local school districts are charged with implementation	NO	YES	Schools impacted by the legislation were informed of the requirements, but there is no formal enforcement from LDOE. There is no report
8/15/2009	<u>ACT 256</u>	Provides for health related fitness assessments to determine physical fitness levels of students in schools. Review of current pilot program using Finnessgram with intent to expand statewide.	The policy has ownership with the Picard Center in concert with the Office of Public Health.	NO, funding was not allocated from the state. The Picard Center was supporting this work. "See notes	YES	The legislation does not require Fitnersgram to be implemented in school districts. Willing schoold districts that implemented Fitnersgram lost endmains when intervention were not provided. NOTE: Since new funding is unlikely, is possible that the Commission could secure BMI data from Medicaid Management Information System (MMIS). Each child in Medicaid is supposed to have this information developed. We could have a significant sample of this population and develop an analysis of those findings as well as be able to limit that information to related issues such as their health status and cost of care. "NOTE: In the last 5 years, the Picard Center has spent approximately \$400,000 annually to conduct the Act 256 work. This sumoun includes salaries, locaning feet, and the technical assistance provided to the district by University partners across the state, etc. The Picard Center received state appropriation funds to support the minimo and thion of the Center's work. As funds were available the Picard Center allocated money for Coordinated School Health efforts which included Act 256 for those years. The Picard Center no longer receiver funding to support the work.
6/29/2011	ACT 351	Provides that elementary, secondary, or charter schools that enter into a joint-use agreement do not incur any liability for injuries to persons or property. Joint use agreements expand access to playgrounds, gymnasiums, and tracks that are already located within communities.	LDOE but local school districts are charged with implementation	NO	NO none required	Schools impacted by the legislation were informed of the requirements and guidance was posted on a web resources site.
\$/1/2012	ACT 288	Provides for the establishment and administration of a targeted coordinated school health program for the puppers of reducing childhood obesity and a grant program to assist public school governing authorizes with implementation.	This legislation has ownership with the Louisiana Department of Education.	YES	NO; report required but cannot be found	Unable to determine implementation of this policy.

5/19/2014	<u>SCR 94</u>	Requests the Department of Agriculture and Forestry and the Department of Education to implement a Farm to School Program and to assist schools with local procrumment options for firsh fruit, vegetables, meats, and seafood.	This legislation was sponsored by Senaotr Heitmeier, and required implementation by the Louisiana Department of Education and Louisiana Department of Agriculture and Forestry.	мо	YES	The Louisiana Department of Education and the Louisiana Department of Agriculture and Forestry (the agencies) to parpare a report and make recommendations for the statewide implementation of a farm to school program.
5/30/2014	<u>SCR 95</u>	Requests the Department of Education to issue a report as to the number of joint-use agreements in place throughout the state and include a plan to promote the use of such agreements.	This concurrent resolution was presented by Senator Heitmeier to be implemented by the Louisiana Department of Education.	мо	YES	The LDOE conducted a survey on the number of joint-use agreements in place in the state and any barriers that prevent schools and governing entities from entering into joint-use agreements. According to the 2014 report, there are no known barriers to implementing joint-use agreements, but only 13 charter schools and districts reported having joint-use agreements.
6/2/2014	<u>SCR 96</u>	Requests the Department of Health and Hospitals and the State Board of Elementary and Secondary Education to submit jointly a report to the legislature regarding the availability of water for student consumption at elementary and secondary schools.	This concurrent resolution was presented by Senator Heitmeier to be implemented by the Department of Health and Hospitals and the State Board of Elementary and Secondary Education.	NO	YES	The Lonzitiana Board of Education developed a report of the laws and regulations for providing drinking water to students. The report also outlined how often school water fountains should be inspected and the number of violations.
Nutrition-Related Policie	5					
8/15/2009	ACT 252	Provides for the Health Food Retail Act to stimulate investment in health food retail outlets in underserved areas. Program created in the Department of Agriculture and Forestry (LDAF) and currently not funded.	Department of Health and Hospitals	мо	NO; report required but cannot be found	Unable to determine implementation of this policy.
6/15/2010	<u>HCR 150</u>	Dizects the Department of Social Services (DSS) to assess efforts in Louiziana to promote healthy food choices among recipients of Supplemental Nutrition Assistance Program (SNAP).	The policy has ownership with the Southem University Ag Center-De Shoin Yock-Friendship and the Louisiana State University Ag Center- Diane Sasser.	NO	YES; the AgCenters provide a report	The AgCenter Nutrition Educators provide mutition education at WIC Clinics using WIC lessons plans, thus providing a consistent message between programs.
5/30/2014	<u>SCR 20</u>	Directs Department of Health and Hospitals to submit a state plan amendment to the federal government that will permit WIC cash value vouchers to be used at farmers' markets.	The Office of Public Health WIC program would take ownerthip of this policy.	No, the WIC Program is 100% federally funded. No state funds are allocated for the operation of this program.	NO	Legislation was not necessary to enact the policy referenced above since using WIC vouchers at farmer's markets is already permissible by the USDA.
Breastfeeding-Related Po	licies		-			
8/1/2013	ACT 87	Requires local public school boards to adopt policies relative to accommodations for employees to express breast milk.	This legislation has ownership with the Louisiana Department of Education.	NO	NO	Schools impacted by the legislation were informed of the requirements and guidance was posted on a web resources site.
6/15/2014	ACT 681	Amended 2011 Act 269: Requires that 20 state buildings, coastruct at least one mitable room by July 1, 2016 for the exclusive use of women to breastfeed a child or express breast milk. Provides relative to the implementation of the requirement that certain state- owned buildings be equipped with suitable accommodations for breastfeeding and lactation.	State government buildings	NO State general fund cannot be used to construct this specified room.	NO	Muny state buildings have established suitable rooms for women to breastfeed or express breast milk, but the total number of buildings that have met this requirement is not known.
Obesity-Related Policies						
6/2/2014	SCR 21	Creates joint legislative committee on obesity.	Senator Heitmeier Department of Health and Hospitals	NO	YES	The Obesity Council held regular meetings.
6/9/2014	ACT 580	Provides for the Louisiana Obesity Prevention and Management Commission.	Senator Heitmeier Department of Health and Hospitals	NO	YES	The Obesity Commission holds regular meetings every month.
Physical Activity-Related						

6/25/2009	SCR 110	Created the Complete Street: Workgroup in the Department of Transportation and Development (DOTD).	The Louisiana Department of Transportation and Development (LDOTD)	NO	YES	The wockgroup developed a report about the study conducted to create a Complete Streets policy for Louisiana.
8/15/2009	<u>ACT 147</u>	Provides for bicyclists and vehicle safety.	This is a state law and is not owned by any organization. The legislation was presented as a bill in the 2000 Regular Session.	NO	NO	 The legislation outlined 3 organizations with responsibilities as follow: The Louisian Office of Motor Vehicles was directed to include a summary of the Act in any instructional publication for drivers. Implementation: The Louisian Office of Motor Vehicle: "3 feet" law was included in the Class D & E Driver's Guide as specified in the Act. The Louisiana Department of Transportation and Development (DOTD) was directed to place signs related to this Act in areas frequently used by bicyclist. Information shout the Act posted to the Department of Transportation and Development website DOTD has funded public media campaigns to bring awareness to this legislation. DOTD has a process to apply for permitting to install "Starte the Read "signs where bicyclists are present on the start spream. Louisiana Highway Safety Committion (LHSC) was directed to engage in a public awareness campaign to notify motosits and bicyclists of TV, radio, and point adt have run and are posted to the LHSC here: http://www.lahigkwayuafety.org/media.html
6/4/2014		Provides for a Complete Streets Policy and creates the Complete Streets Advisory Council.	The policy has ownership within the Louisiana Department of Transportation and Development.	NO	NO; report is being developed	The Complete Street: Advisory Council has been created and meets regularly. NOTE: The Louisiana Department of Transportation and Development was already working on implementing its Complete Street: Policy, which was adopted by the Secretary of Transportation in 2009, and was already meeting with a Work Geoup, so to a certain extent the ACT 470 legislation changed the name, discribed, focus of the pre-existing Complete Street: Policy and also created a new reporting "requirement" of that effort, but it didn't actually create something new.

Appendix 5: Louisiana Obesity Data



Source: 2014 Behavioral Risk Factor Surveillance System Prevalence and Trends Data for Louisiana



Source: 2013 Behavioral Risk Factor Surveillance System Prevalence and Trends Data