

Bobby Jindal
GOVERNOR



Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

December 30, 2009

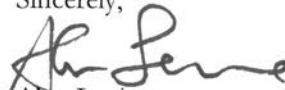
The Honorable Austin Badon, Chair
House Education Committee
State Capitol
P.O. Box 44486
Baton Rouge, LA 70804

Dear Representative Badon:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

DHH is available to discuss the enclosed report and recommendations with you and the members of the House Education Committee. Please contact Dr. Rony Francois, assistant secretary of the Office of Public Health, at (225) 342-8093 with any questions or comments that you may have.

Sincerely,


Alan Levine
Secretary

Enclosures

Bobby Jindal
GOVERNOR



Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

December 30, 2009

The Honorable Willie Mount, Chair
Senate Health and Welfare Committee
State Capitol
P.O. Box 94183
Baton Rouge, LA 70804

Dear Senator Mount:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

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Sincerely,

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Alan Levine
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Enclosures

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State of Louisiana
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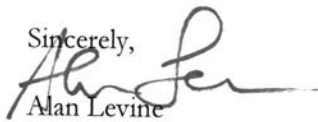
Ms. Jeanette Vosburg
Executive Director
Louisiana State Board of Elementary and Secondary Education
P.O. Box 94064
Baton Rouge, LA 70804-9064

Dear Ms. Vosburg:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

DHH is available to discuss the enclosed report and recommendations with you and the members of the BESE board. Please contact Dr. Rony Francois, assistant secretary of the Office of Public Health, at (225) 342-8093 with any questions or comments that you may have.

Sincerely,


Alan Levine
Secretary

Enclosures

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Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

December 30, 2009

The Honorable Ben Nevers, Chair
Senate Education Committee
State Capitol
P.O. Box 94183
Baton Rouge, LA 70804

Dear Senator Nevers:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

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Enclosures

Bobby Jindal
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Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

December 30, 2009

The Honorable Joel T. Chaisson II, President
Louisiana Senate
State Capitol
P.O. Box 94183
Baton Rouge, LA 70804

Dear Senator Chaisson:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

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Enclosures

Bobby Jindal
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Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

December 30, 2009

The Honorable Kay Katz, Chair
House Health and Welfare Committee
State Capitol
P.O. Box 44486
Baton Rouge, LA 70804

Dear Representative Katz:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

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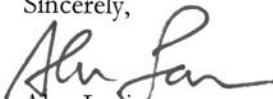
The Honorable Bobby Jindal, Governor
State Capitol
P.O. Box 94004
Baton Rouge, LA 70804

Dear Governor Jindal:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

December 30, 2009

The Honorable Jim Tucker, Speaker
Louisiana House of Representatives
State Capitol
P.O. Box 44486
Baton Rouge, LA 70804

Dear Representative Tucker:

In response to Senate Bill No. 309 (SB 309) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requests that the Louisiana Council on Obesity Prevention and Management within DHH work in consultation with the Department of Education, the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette, and the Governor's Council on Physical Fitness and Sports to review and expand the current health-related physical fitness assessment program, develop interventions, and make recommendations regarding program implementation, best practices, and future directions. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity.

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Secretary

Enclosures

STATE AGENCIES AND UNIVERSITIES WORKING TOGETHER TO IMPACT CHILDHOOD OBESITY IN LOUISIANA

**REPORT PREPARED IN RESPONSE TO ACT 256
OF THE 2009 REGULAR SESSION**

DECEMBER 2009

Contact:

Louisiana Department of Health and Hospitals
Pamela Romero
Louisiana Council on Obesity Prevention & Management
628 N 4th St, 3rd Floor
225-342-7901
Pamela.Romero@la.gov



Louisiana Department of
EDUCATION

Picard Center

FOR CHILD DEVELOPMENT AND LIFELONG LEARNING
UNIVERSITY OF LOUISIANA AT LAFAYETTE

EXECUTIVE SUMMARY

Act No. 256 calls for the review and expansion of a current health-related physical fitness assessment program as well as a plan for developing interventions and making recommendations regarding program implementation, best practices and future directions. With leadership from the Louisiana Council on Obesity Prevention & Management (LA Obesity Council), the Department of Health and Hospitals (DHH), Department of Education, and the Cecil J. Picard Center for Child Development at the University of Louisiana at Lafayette (Picard Center) have reviewed existing legislation and current partnerships related to the childhood obesity problem in Louisiana. This report details the initial steps in developing a strategic and collaborative plan to impact childhood obesity. These first steps are summarized below as well as recommendations for essential actions.

First Steps

Since there is already considerable effort surrounding the issue of childhood obesity in Louisiana, the first steps of the partner state agencies and universities will be to collaborate and combine efforts so they can be maximally effective. With the work that the LA Obesity Council and the Legislature have done to address childhood obesity, the initial focus will be on implementing existing policies and laws. This will be done by using two important acts of the 2009 legislative session, Act 256 and Act 286.

- **Act 256:** Physical fitness assessments become the data driver for the decision making regarding best practice implementation and the evaluation of outcomes subsequent to best practice implementation. This data will be an important tool for the state collaborators as well as local school districts, other community agencies and students and their families.
- **Act 286:** School Health Advisory Councils (SHAC) become the local policy driver for many issues related to children's health including obesity prevention. Public policy made through the Legislature or best practice interventions made by DOE, DHH or other state entity will be implemented on a local level through the SHAC. It is imperative that purposeful, data driven SHACs are created in order to be an effective local voice for children's health.

Recommendations

- There should be continued support for the health-related physical fitness assessment program (Fitnessgram administration). This includes fiscal resources for education about the Fitnessgram, training in Fitnessgram administration, acquisition of Fitnessgram kits and the process for data collection, analysis and reporting.
- There should be continued support for the implementation of existing best practices to impact childhood obesity.
 - **Physical Activity** best practices that can be actively supported include the provision of Act 286 to mandate 30 minutes of quality moderate to vigorous physical activity per day in grades K-8.
 - **Nutrition** best practices that can be actively supported include the enforcement of the 2005 School Vending Act (healthy choices) and the 2009 Act 306 that mandates that vending machines in schools have 100% healthy beverages.
 - **Medical Management** best practices that can be actively supported include the maintenance and expansion of Louisiana's school-based health centers (SBHC). SBHC in Louisiana follow the Principles, Standards and Guidelines for SBHC in Louisiana and provide convenient access to preventive and primary health services for students who might otherwise have limited or no access to health care.

REPORT TO THE LEGISLATURE

Childhood obesity is a problem that affects Louisiana's healthcare system, educational agencies, communities and families. Nationally, school-age children are overweight or obese in alarming numbers. The Centers for Disease Control and Prevention (CDC) reports an estimated 17 percent of children ages 6-19 are obese (Ogden, Carroll & Flegal 2008) and another study asserts that 35.9% of children ages 10-17 are either overweight or obese in Louisiana (Trust for America's Health, 2009). During the 2007-2008 school year, height and weight taken on approximately 12,000 children (2-19 yrs. old) seen in school-based health centers in Louisiana revealed 46.53% are considered overweight or obese. This issue needs to be addressed at the family, community, state, regional and national levels in order to be resolved. To that end, a brief summation of the findings is given below. Following the findings, recommendations for essential actions are discussed. Finally, some potential policy implications are considered.

Act No. 256 calls for the review and expansion of a current health-related physical fitness assessment program as well as a plan for developing interventions and making recommendations regarding program implementation, best practices and future directions. With leadership from the Louisiana Obesity Council, the DOE, DHH and the Picard Center have reviewed existing legislation and current partnerships related to the childhood obesity problem in Louisiana.

CURRENT EFFORTS REGARDING HEALTH RELATED PHYSICAL FITNESS ASSESSMENTS AND BEST PRACTICE IMPLEMENTATION

DEPARTMENT OF HEALTH AND HOSPITALS

The Department of Health and Hospitals (DHH) addresses child health issues in schools through projects of the Louisiana Council on Obesity Prevention & Management (LA Obesity Council), DHH Nutrition Services, and the Louisiana Adolescent School Health Program's school-based health centers. The LA Obesity Council led the "School Wellness Policy Implementation Project" in collaboration with the DHH's Nutrition Services, DOE, Louisiana State University Agricultural Center and the Governor's Office. The project was funded through a grant award from the National Governors Association Center for Best Practices Healthy Kids, Healthy America program to improve obesity rates among the state's youth.

A survey of elementary and middle school principals in Louisiana was completed during the 2007-2008 school year by 412 principals who report having made only limited progress in implementing local wellness policies. Only 8% of principals report having met all five minimum requirements. Fifty-four percent strongly agree that implementing local wellness policy will improve physical fitness among students and 49% of principals strongly agreed that additional funding will be needed to adequately implement a local wellness policy. They are less likely to agree that it will improve behavior in the classroom or academic performance. Time, money, and the limits of capacity and monitoring affect implementation of the school wellness policy. Policy implementation is also hindered by the increased emphasis on academics and testing. Ten focus groups across the state were conducted to gather information to develop tools to advance the implementation level of wellness policies in schools. The Louisiana School Wellness Policy Action Plan Guide was developed and distributed to schools across the state to provide technical assistance and resources.

Advancing the level of implementation of school wellness policies will influence a school environment that supports opportunities for students to make healthy food choices and to be physically active in order to achieve or maintain a healthy weight. The School Wellness Policy Implementation project continues through the workgroup of the LA Obesity Council, Louisiana Action for Healthy Kids Team (LA AFHK) by providing technical assistance and funding opportunities to Louisiana schools. LA AFHK has five regional teams across the state that work with schools to help them adopt strong wellness policies and evidence-based programs that teach kids about eating healthy and being active every day. The current project includes the promotion of a new, free wellness program created by the National Dairy Association and the National Football League (NFL), Fuel Up to Play 60 (FUTP 60) that empowers students to make changes at school that will help them “get active and play” for 60 minutes daily and “fuel up” with healthy foods such as low-fat and fat-free dairy foods, fruits, vegetables and whole grains. LA AFHK also provided mini-grants to help with the implementation of FUTP 60.

The Adolescent School Health Program launched the Best Practices for Prevention in School Based Health Center’s (SBHC) Initiative in 2001-2002. The Best Practices are a set of clinical guidelines for SBHC preventive services based on national recommendations. As the SBHC’s implement the Best Practices, they also measure success by collecting outcome data. Best Practices include screening for Hypertension and Type 2 Diabetes. Obesity is the major risk factor for the development of hypertension and type 2 diabetes in youth, which are diseases of adults. During the 2007-2008 school year, 925 at risk students were screened for type 2 diabetes at SBHCs across the state. Seventeen of the students screened tested positive for type 2 diabetes and were referred to their primary care physicians. Children and youth should not be diagnosed with adult diseases. Weight reductions along with an exercise program are important steps in the management of both hypertension and type 2 diabetes. The school setting provides an excellent opportunity for education on lifestyle changes and implementation of policies and programs that can address obesity.

DEPARTMENT OF EDUCATION

The Physical Fitness Assessment Tool Survey (PFATS) was conducted by the Department of Education in mid-September 2009 as an online survey. The goals of the survey were to understand how physical fitness assessments are being used in Louisiana schools and to assist schools and districts that may be interested in expanding their physical fitness assessment plans.

Forty-two of 70 school districts participated in the Fitnessgram survey. Results indicated there is a wide range of implementation regarding physical fitness assessment. Thirty-one school districts indicated that a physical fitness assessment tool is used in at least one school in their district. Common physical fitness assessment tools are President’s Challenge (n=14; 40% of respondents), Well-Pro (n=6; 17% of respondents) or Fitnessgram (n=6; 17% of respondents). While a large number of respondents (72%) indicated that they used a physical fitness assessment, a majority of districts (64%, n=25) did not use the results to adjust the physical education curriculum.

Of those districts that use a physical assessment tool, 70% (n=26) indicated that they were satisfied or very satisfied with it. Eleven districts (30%) indicated that they were either unsatisfied or very unsatisfied with their physical fitness assessment tool. Forty-eight percent (n=19) of responding school districts indicated that they would consider implementing the Fitnessgram and 78% (n=31) of responding school districts are interested in learning more about implementing the Fitnessgram. Only five school districts (12%) would not consider using the Fitnessgram and seven school districts (18%) are not interested in learning more about the Fitnessgram.

To summarize, while some schools and school districts use a physical fitness assessment tool, there is a wide range in the type of assessment used and a school district's satisfaction with its chosen instrument. Of high importance to this report, a strong majority of responding districts would like to learn more about the Fitnessgram and would consider implementing it in their school districts. This health-related fitness testing (Fitnessgram) will establish a statewide standard that will provide baseline measures and subsequent measurement to evaluate the effectiveness of interventions and promote fitness for health, rather than just on performance, among all youth.

Fitnessgram is a comprehensive health-related fitness assessment and computerized reporting system. The use of health-related criteria helps to minimize comparisons between children and to emphasize personal fitness for health rather than goals based on performance. A unique feature of Fitnessgram is that it allows for production of individualized student reports that provide feedback on achievement of standards for physical activity or fitness.

Based on the results of this survey, the DOE in collaboration with The Picard Center and the Louisiana Obesity Council will create a variety of opportunities to educate schools and districts about the process of implementing the Fitnessgram as well as the benefits of doing so. DOE will develop a brief written guide explaining the Fitnessgram, Act 256, and where to go for more information. A combination of Webinar type broadcasts and traditional group training sessions will be developed and made available across the state in 2010.

In addition to completing the Fitnessgram survey and creating a marketing plan to educate schools and districts, DOE has developed grade-level expectations for physical education. The grade-level expectations are based upon national standards developed by the National Association for Sport and Physical Education and are designed to guide the development of curriculum, instruction, and assessment in physical education. Grade-level expectations do not represent the entire curriculum; rather, they represent the core content that should be mastered by the end of a given year by all students in grades K-12.

More specifically, grade-level expectations have been written to assist students in developing a physically active lifestyle and achieving a health-enhancing level of physical fitness. To achieve these expectations, the Department of Education is providing technical assistance and professional development opportunities for physical education teachers that will guide curriculum development. It is further expected that health-related fitness assessment data will guide curriculum and instruction that will assist students in achieving and maintaining active lifestyles and physical fitness.

Annually, the Department of Education measures compliance with physical education requirements in local schools and will develop an assessment tool to measure student performance relative to the physical education grade-level expectations. In collaboration with the Picard Center, the Department of Education intends to utilize compliance data and Fitnessgram data to identify a correlation between student health and academic performance.

THE PICARD CENTER

The Picard Center is continuing with its implementation of a coordinated school health initiative through the continuation of funding from the Louisiana Legislature. Additionally, The Special Children's Foundation has donated funds for the expansion of the Fitnessgram administration in light of the passage of Act 256. For 2009-10, ten of the original coordinated school health districts will complete pre-test Fitnessgrams in the fall of 2009 and post-test Fitnessgrams in the spring of 2010. Further, the Picard Center will expand the number of participating coordinated school health districts by at least ten, and all

of these districts will complete the Fitnessgram in one or more high school attendance zones at least annually through the previously mentioned donations. Some districts, such as Morehouse Parish School System, are involved in a physical education program (PEP) grant and will continue to complete Well-Pro in lieu of the Fitnessgram. The list below indicates the existing parishes and the targeted expansion parishes. The targeted expansion school districts are denoted with an asterisk. Long-term plans for Coordinated School Health and Fitnessgram administration include adding a minimum of ten school districts annually until all school districts are participating in Fitnessgram administration and/or the Coordinated School Health Initiative.

Act 256 stipulates the inclusion of parishes identified as those with high state poverty levels. The U.S. Census Bureau (2009) has identified 15 parishes designated with the highest poverty levels. Of those poverty parishes, four have already been trained in the use of the Fitnessgram or other physical fitness assessment, and four more have been identified to be trained in school year 2009-10. These are highlighted in bold in the list below.

List of Current and Targeted Coordinated School Health Districts for Fitnessgram Completion

1. Acadia*
2. Caddo
- 3. DeSoto**
- 4. East Carroll***
5. Iberia*
6. Iberville*
7. Jefferson*
8. Lafayette
- 9. Lincoln**
10. Monroe City
- 11. Morehouse**
- 12. Natchitoches**
13. Ouachita
14. Pointe Coupee*
15. Recovery School District- Orleans
- 16. Red River***
17. Sabine
- 18. St. Landry***
19. St. Martin
20. St. Mary
21. Vermilion*
22. Webster*
23. West Baton Rouge*
24. West Feliciana

For 2009-10, the Picard Center will be responsible for Fitnessgram completion in these participating districts. They will provide or assure the provision of training and technical assistance in regards to Fitnessgram administration. The Picard Center will either provide or assist in obtaining the necessary Fitnessgram kits for participating districts. Upon a district's completion of the Fitnessgram at one or more schools, data will be sent to the Picard Center.

This information will assist in understanding the relationship between a student's health and other factors such as academic performance and behavioral outcomes. The Picard Center along with UL-Lafayette's Kinesiology Department will collect, analyze and summarize the data. This evaluation will include subgroup analyses by age, grade level, gender and socioeconomic status as measured by free/reduced lunch status. The data will be returned to the schools and districts within 60 days. Data will be provided back to districts, schools, students and families on an individual student level as well as aggregated at the grade, school and district level. The community at large will receive information on an aggregated level only. Further, this data will be correlated to other academic and behavioral data elements. These include, but are not limited to, high stakes test scores, suspension and expulsion data and student attendance. Finally, a longitudinal database has been developed to track student progress over time and to analyze long-term trends related to physical fitness and childhood obesity. All of these analyses will provide information to stakeholders to make data driven decisions regarding interventions (e.g., policies, programs, practices) to address the physical health and fitness of children and identify evidence-based programs.

RECENT LOUISIANA LEGISLATIVE EFFORTS REGARDING CHILDHOOD OBESITY

Childhood health issues, particularly childhood obesity, have resulted in several important legislative acts over the past five years. In 2009, Act 256 directed the aforementioned agencies and universities to partner to conduct health-related physical fitness assessment and develop a plan of best practice interventions based upon the results. Act 286 was also passed in 2009. It directs school districts to form School Health Advisory Councils (SHAC) to address issues of child health, nutrition, physical activity and obesity and to strengthen the implementation of previous school-related health legislation.

The Louisiana Obesity Council members have continued efforts in educating legislators and colleagues to influence policy related to nutrition, physical activity and obesity, which is reflected in the enactment of the following legislation:

2009 Regular Session

Act No. 286 Requires *physical activity* for students (K-8, at least 30 minutes per day) and establishment of *School Health Advisory Councils* in each city, parish and other local public school board.

Act No. 306 Amended 2005 Act 331 *School Vending* Bill to provide 100% (previously 50%) high school beverages adhere to healthy guidelines.

Act No. 256 Provides for *health-related fitness assessments* to determine physical fitness levels of students in schools.

Act No. 252 *Healthy Food Retail* Act to stimulate investment in healthy food retail outlets in underserved areas. Program created in the Department of Agriculture and Forestry and currently not funded.

SCR 110 Created the *Complete Streets Workgroup* in the Department of Transportation & Development.

Act No. 147 Provides for *bicyclists and vehicle safety*.

Act No. 226 Create the Walking the Walk for Our Kids Fund for diagnosis, prevention and treatment of childhood obesity.

SCR 77 DHH & DOE to examine the adequacy of current practices for ensuring *preventative health* and well-being of adolescents in Louisiana

2007 Regular Session

Act 180 Requires the Department of Education 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.

SCR 104 Requests the Department of Education to study the feasibility of developing and implementing a *statewide health education curriculum and physical fitness assessment* for grades K-12.

2005 Regular Session

Act 331 Requires public and secondary schools to provide *healthy choices in school vending machines*.

2004 Regular Session

Act 734 *Physical fitness and nutrition* of students. Establishment and implementation of a pilot program and an award program (School Health Awards) for outstanding program of physical activity. Public schools, grades K-6, provide 30 minutes each school day of quality, moderate to vigorous physical activity for students.

FIRST STEPS: COLLABORATIVE EFFORTS TO IMPLEMENT OR ENFORCE EXISTING POLICIES AND REGULATIONS

Since there is already considerable effort surrounding the issue of childhood obesity in Louisiana, the first steps of the partner stage agencies and universities will be to collaborate and combine efforts so they can be maximally effective. With the work that the LA Obesity Council and the Legislature has done to address childhood obesity, the initial focus will be on implementing existing policies and laws. This will be done by using two important acts of the 2009 legislative session.

As stated earlier, Act 256 encourages schools and school districts to complete a health-related physical fitness assessment, and it provides that the data collection, analysis and reporting of the assessment will be conducted by the Picard Center. This legislative act creates a data driven decision-making paradigm for the implementation of interventions that are most useful in impacting obesity and other weight issues in Louisiana children. The data driven decision-making paradigm includes the following steps:

- Collect data to assess needs
- Analyze data to determine patterns and trends regarding needs
- Plan interventions at state, regional and local levels based upon analyzed data
- Implement interventions and monitor progress with implementation and outcomes
- Evaluate implementation and outcome data to continually impact childhood obesity

In this regard, the physical fitness assessment data become the data driver for decisions regarding evidence based practices as well as the tool for documenting an intervention's effectiveness. These data will be an important tool for the state collaborators as well as local school districts, other community agencies and students and their families.

Act 286, which established a School Health Advisory Council (SHAC) for every school district, provides another avenue for collaboration. The SHACs, if created and used effectively, can be a policy driver at the

local level for many issues related to children's health, including weight problems. Through the SHAC, public policy made through the Legislature or best practice interventions made by DOE, DHH or other state entity may be implemented on a local level. It is imperative that purposeful, data-driven SHACs are created to be an effective local voice for children's health.

State agencies including DHH and DOE as well as universities such as UL-Lafayette will focus their collaborative efforts on maximizing the power of their data driver (physical fitness assessments) and their local policy driver (local SHACs) in order to develop and implement effective evidence-based interventions. One example of this type of collaboration is the recent application for State Supplemental Funding by DHH Chronic Disease Program, DOE, LA Obesity Council, and the Louisiana School Board Association to develop the SHACs across the state and advance the implementation level of School Wellness Policies.

To assist the primary collaborators, the LA Obesity Council members and statewide partners work together with a variety of national partners to address the issue of childhood obesity and identify evidence based practices. A list of current state partners as well as a list of major regional and national partners may be found in the list below.

LIST OF CURRENT PARTNERSHIPS

The following organizations are listed in the original legislation creating the Louisiana Obesity Council in 1999:

The council shall be composed of the following members:

- (1) The secretary of the Department of Health and Hospitals, or his designee.
- (2) The secretary of the Department of Social Services, or his designee.
- (3) The state superintendent of education, or his designee.
- (4) The executive director of the Louisiana Workforce Commission, or his designee.

NOTE: Paragraph (B)(5) eff. until July 1, 2010; remains in effect after July 1, 2010, if the House and Senate Committees on Health and Welfare do not approve the implementation plan for the office of behavioral health by that date. See Acts 2009, No. 384, §5, eff. July 1, 2010.

- (5) The assistant secretary of the office of mental health in the Department of Health and Hospitals, or his designee.

NOTE: Paragraph (B)(5) eff. July 1, 2010, if the implementation plan for the office of behavioral health is approved by the House and Senate Committees on Health and Welfare. See Acts 2009, No. 384, §5.

- (5) The assistant secretary of the office of behavioral health in the Department of Health and Hospitals, or his designee.
- (6) The assistant secretary of the office of public health in the Department of Health and Hospitals, or his designee.
- (7) A representative of the office of the governor, to be appointed by the governor.
- (8) A member of the House of Representatives appointed by the speaker of the House of Representatives.
- (9) A member of the Senate appointed by the president of the Senate.
- (10) Two representatives of the public-at-large to be selected from a list submitted by the council members to the secretary of the Department of Health and Hospitals.
- (11) The president of the Louisiana State Medical Society, or his designee.
- (12) The president of the Louisiana Medical Association, or his designee.
- (13) The president of the Louisiana State Nurses Association, or his designee.
- (14) The president of the Louisiana Pharmacists Association, or his designee.

- (15) The president of the Louisiana Chapter of the American Academy of Pediatrics, or his designee.
- (16) The chancellor of the Louisiana State University Health Sciences Center, or his designee.
- (17) The chancellor of Tulane Medical School, or his designee.
- (18) The president of Southern University Agricultural and Mechanical College, or his designee.
- (19) The president of Northeast Louisiana University, or his designee.
- (20) The director of the Pennington Biomedical Research Center, or his designee.
- (21) The director of the Ochsner Medical Foundation, or his designee.
- (22) The president of the Louisiana Managed Healthcare Association, or his designee.
- (23) The president of the Louisiana Public Health Association, or his designee.
- (24) The president of the Louisiana Health Insurance Association, or his designee.
- (25) A representative appointed from the Louisiana state office of the American Association of Retired Persons.
- (26) A representative of the Louisiana Dietetic Association.
- (27) A representative of the Louisiana Restaurant Association.
- (28) The chancellor of the Louisiana State University Agricultural Center, or his designee.
- (29) The president of the Physical Therapy Association, or his designee.
- (30) A member appointed by the commissioner of insurance.

The legislation allows for other organizations with an interest in addressing the obesity issue to work with the Council on an ad hoc basis, and many of the organizations listed below are instrumental in reaching the goals of the Council.

Action for Healthy Kids
 Alliance for a Healthier Generation
 American Heart Association
 Baton Rouge Area Foundation
 Baton Rouge General Pediatric Rehab Center
 Blue Cross Blue Shield of Louisiana-LA 2 Step, 2 Step 4Kids
 Centers for Disease Control and Prevention Division of Nutrition, Physical Activity and Obesity
 Center for Planning Excellence
 Christus Health
 Environment & Health Council of Louisiana
 Healthy BR-Baton Rouge Mayor's Healthy Community Initiative
 Healthy Lifestyle Choices
 Jump Start Pierre Part
 Junior League of Baton Rouge, New Orleans
 Louisiana Association for Health, Physical Education, Recreation and Dance
 Louisiana Department of Agriculture and Forestry-Farmers Markets
 Louisiana Department of Transportation & Development-Safe Routes to Schools, Complete Streets
 Louisiana Public Broadcasting
 Louisiana Public Health Institute
 Louisiana Healthcare Alliance Wellness Workgroup
 Our Lady of the Lake Regional Medical Center
 Rapides Foundation
 Rocket Kidz Foundation
 Rocket Chix Foundation
 Southeast United Dairy Industry Association, Inc
 Southeast Louisiana Area Health Education Center
 The Health Enrichment Network
 The Links, Incorporated

University of Louisiana-Lafayette, Cecil J Picard Center for Child Development
Wellness Works Cenla
Woman's Foundation Healthy Lifestyle Coalition
YMCA of Greater New Orleans/Louisiana State Alliance of YMCA's

REGIONAL AND NATIONAL PARTNERSHIPS

Arkansas Center for Health Improvement
American Dietetic Association
Centers for Disease Control and Prevention
Institute of Medicine- Childhood Obesity Prevention
National Governor's Association Center for Best Practices
National League of Cities
National Conference of State Legislators
The Healthy Eating Active Living Convergence Partnership
The National Alliance for Nutrition and Activity
The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity
Trust for America's Health
United States Department of Agriculture

CONCLUSION

Act 256 solidified the collaboration on improving physical health between Louisiana's Department of Education and Department of Health and Hospitals and universities including the Picard Center at UL Lafayette. As the physical fitness assessment initiative progresses and additional data related to the health and physical fitness of Louisiana's youth are harvested, the Picard Center, the Louisiana Department of Education, the Louisiana Department of Health and Hospitals and the Louisiana Obesity Council will work in tandem and will be better situated to make informed policy recommendations impacting the most cost-effective strategies for changing the trajectory of children's health and physical fitness.

RECOMMENDATIONS

The following recommendations are given for legislative consideration.

- There should be continued support at the state and local levels for health-related physical fitness assessments (Fitnessgram administration). This includes fiscal resources for education about the Fitnessgram, training in Fitnessgram administration, acquisition of Fitnessgram kits and the process for data collection, analysis and reporting.
- There should be continued support for the implementation of existing best practices to impact childhood obesity.
 - **Physical Activity** best practices that can be actively supported include the provision of Act 286 to mandate 30 minutes of quality moderate to vigorous physical activity per day in grades K-8.
 - **Nutrition** best practices that can be actively supported include the enforcement of the 2005 School Vending Act (healthy choices) and the 2009 Act 306 that mandates vending machines in schools have 100% healthy beverages.

- **Medical Management** best practices that can be actively supported include the maintenance and expansion of Louisiana's school-based health centers (SBHC). SBHC in Louisiana follow the Principles, Standards and Guidelines for SBHC in Louisiana and provide convenient access to preventive and primary health services for students who might otherwise have limited or no access to health care.

Other general recommendations include the following.

- **Increase involvement** of local offices of state agencies (e.g., regional office of Public Health and Education Regional Service Centers) and community non-profits organizations (e.g., local United Way chapters) in health related endeavors. For example, the Louisiana Rural Ambulance Alliance has partnered with the Picard Center in applying for grant money to fund local emergency medical staff (EMS) in the administration of the Fitnessgram in rural parishes.
- **Continue collaboration** between state agencies regarding children's health. One current initiative regarding Act 256 will create a joint plan that addresses the availability of physical fitness assessments to provide a better understanding of the obesity problem in Louisiana and to identify solutions through effective interventions.
- **Align Louisiana's efforts** to fight childhood obesity with other similar regional partners, such as the Arkansas Center for Health Improvement and Texas Department of Education, to better address obesity problems at the state level and determine best practices for intervention.
- **Consult** with nationally recognized experts on addressing the childhood obesity interventions. We need to build on current collaborative work with the Pennington Biomedical Research Center in Baton Rouge, Louisiana. Further efforts would include continued interaction with the Centers for Disease Control and Prevention, as well as fostering a long-term relationship with the Cooper Institute in Dallas, Texas.

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APPENDICES

Act 256