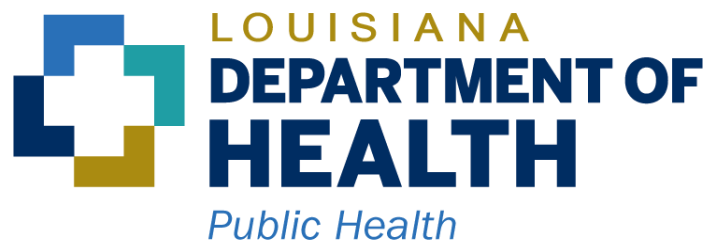




**Creating A Blueprint for Our Future:  
A Roadmap For Action**  
Implementation Plan of the Louisiana State  
Health Improvement Plan

*December 2016*



# Creating A Blueprint for Our Future: A Roadmap for Action

Louisiana Department of Health, Office of Public Health

Bureau of Performance Improvement

628 N. Fourth Street

Baton Rouge, LA 70802

225-342-9500 | oph.bpi@la.gov

<http://new.dhh.louisiana.gov/>

## Contents

Creating A Blueprint for Our Future: A Roadmap for Action .....	2
Contents .....	2
Introduction .....	3
Creating a Blueprint for Our Future: Implementation Framework .....	4
.....	4
Creating a Blueprint for Our Future: A Roadmap for Action .....	5
Process and Methodology .....	7
Progress: From Data to Action .....	9
Community Health Roadmap.....	9
The LaSHIP Framework Implementation Plan .....	9
LaSHIP Process .....	9
State Advisory Board.....	12
Regional Representative Core Groups .....	13
Community Health Coalitions .....	14
<b>Objective Strategies .....</b>	<b>16</b>
Appendix A: Coalition Building Tools .....	42
Appendix B: Policy Changes Needed .....	50
Appendix C: Community Health Assessment and Group Evaluation.....	52
Appendix D: Progress and Evaluation Tools .....	66

## Introduction

The Louisiana Department of Health Office of Public Health produced a five year State Health Improvement Plan that outlined priorities and strategies for health status and public health system improvement. The SHIP also addressed supporting behavioral health, promoting healthy lifestyles, assuring access to healthcare and promoting economic development. The plan was produced by a team of public, private and multi-sector stakeholders.

The SHIP period is from 2016-2020, this implementation plan outlines a strategic approach to achieving the goals outlined in the SHIP through policy alignment, outreach, monitoring, and coordination of effort.

The 2016 State Health Improvement Plan Priority Health Area Indicators document was published in April, 2016. The indicators presented in the document are used to inform decision-makers and stakeholders about progress and obstacles related to the priority health concerns outlined in the State Health Improvement Plan.

The plan consists of 20 objectives and 28 data measures organized in five priority/goal areas. The measures and the state's performance will inform the planning process that will result in a new 2021 process. Since launching in 2016, new measures have been added which better reflect the ever-changing health drivers in the state.

The inclusion of stakeholder feedback into the development of the SHIP is critical to continuously providing a useful, accurate planning tool to our communities. The SHIP is used to inform grant application, organizational priority setting and decision-making, policy development and as a guide for leaders in understanding the state of Louisianan's health. To view the full report, please visit: [www.dhh.louisiana.gov/sha-ship](http://www.dhh.louisiana.gov/sha-ship)

## SHIP Implementation

Creating a Blueprint for Our Future is an example of the type of multi-sectorial, multi-pronged approach to improving health in Louisiana, as envisioned in the SHIP. This work serves as an important tool for broader state health improvement initiatives. At the same time, the goals outlined in the SHIP guide many of the priorities brought to the forefront in communities across our great state.

Like the SHIP priorities, the implementation of Creating a Blueprint for Our Future was designed to address racial, ethnic, geographic, and socio-economic disparities through evidence-based, coalition-driven policies and programs.

## Get Involved

The regional SHIP coalitions will hold meetings that are open to the public and convened by the regional Office of Public Health Medical Director/Administrator. If you represent an organization interested in learning more about the SHIP and how you can align your work to help improve health in Louisiana, please contact the Bureau of Performance Improvement at [oph.bpi@la.gov](mailto:oph.bpi@la.gov) for assistance.

Tammy Hall, Ed.D.  
Performance Improvement Director

## Creating a Blueprint for Our Future: Implementation Framework

*Creating a Blueprint for our Future*, published in March 2016, includes five key priorities that were identified by partners and community stakeholders during the 2015 state health assessment meeting:

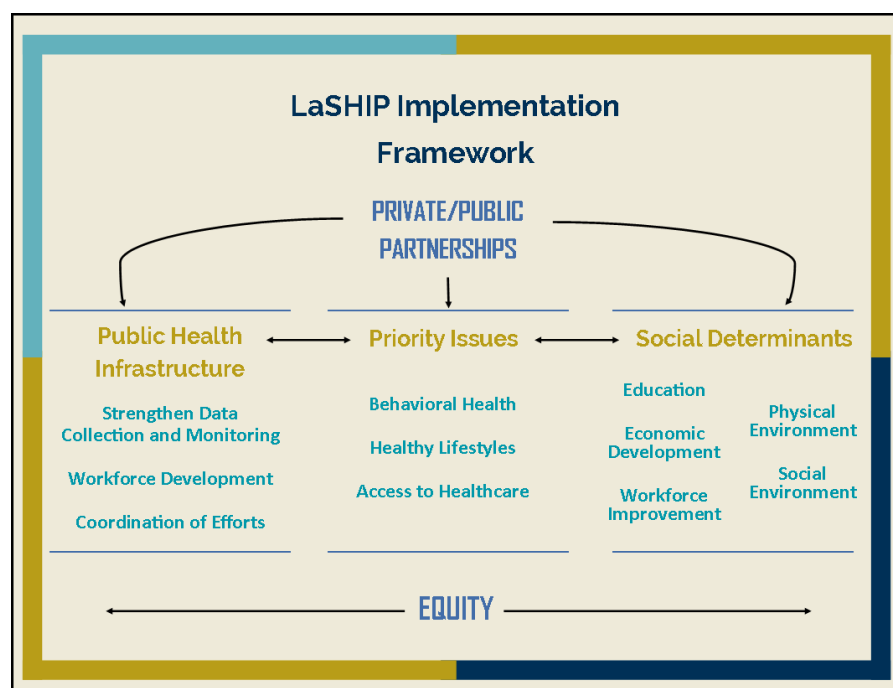
- **Support Behavioral Health**
- **Promote Healthy Lifestyles**
- **Assure Access to Healthcare**
- **Promote Economic Development**
- **Build Public Health Infrastructure**

The emphasis that these priorities reveal is that health is determined by more than the healthcare delivery system. Indeed, it is an incorporation of health considerations into decision-making across a broad array of sectors: a collaborative approach to improving the health of all people.

Although OPH is a central figure in *Creating a Blueprint for Our Future*, no one individual agency or organization can accomplish the goal to promote and preserve the health of Louisiana. This document is meant to be a guide from the statewide perspective down to the local community level and to encourage cross-sector discussions, collaborations, and systems integration that will create lifelong opportunities for the individual and collective health for all those that live, work, and play in Louisiana.

Each priority in *Creating a Blueprint for Our Future* makes up a system of health in our state, parishes, and neighborhoods, and a wide range of efforts can fit within and among these priorities. The goal of this implementation plan is to provide guidance on changing the health of Louisiana, as laid out in the state's improvement plan; to guide and integrate work from many sectors; and to share intervention methods. This interdisciplinary approach will operate both across and between boundaries to create opportunities through a wide variety of stakeholders, from the advisory board to policies and programs.

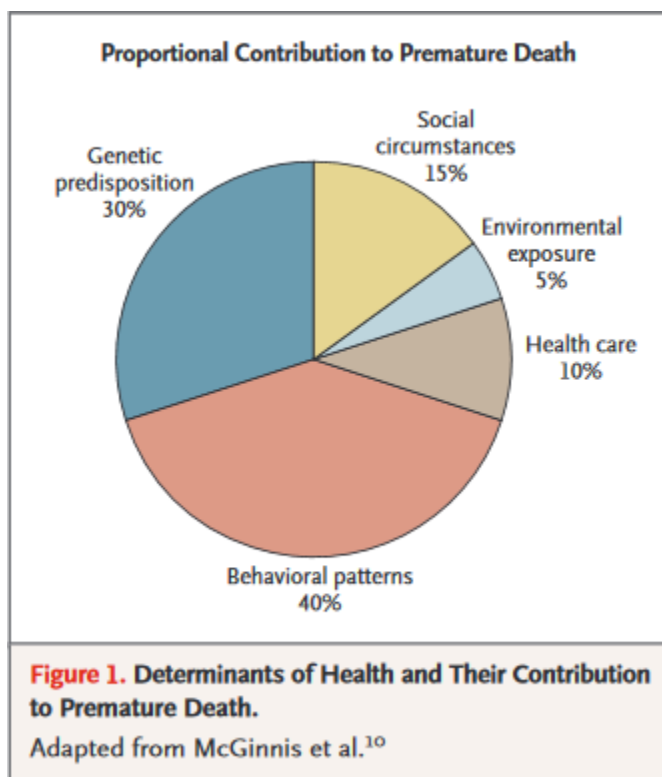
**FIGURE 1: LASHIP IMPLEMENTATION FRAMEWORK: A VISUAL ILLUSTRATION OF THE IMPORTANCE OF STRATEGIC PARTNERSHIPS IN BUILDING PUBLIC HEALTH CAPACITY, ADDRESSING PRIORITIES, WITH A FOCUS ON SOCIAL DETERMINANTS OF**



## Creating a Blueprint for Our Future: A Roadmap for Action

### STRATEGIC APPROACH: IMPROVING HEALTH THROUGH CROSS-SECTORAL COLLABORATION

What creates health? As awareness of health disparities and inequities has grown, so also has the concern that progress is not being made fast enough. According to America's Health Rankings 2016 Annual Report, Louisiana ranks 49 out of 50 states, due to high prevalence of health risk behaviors and their resulting consequences, low birth weight babies, and high infant mortality. Residents face numerous environmental, social, and institutional inequities. To improve health, eliminate disparities, and better address social determinants of health, collaboration is crucial. Inter-professional, multi-sectorial partnerships enrich health assessments, and highlight strengths and needs of the people they serve, including their economic, racial, ethnic, gender, and cultural characteristics. The strategic approach of improving the health of Louisiana is focused on improving the conditions that are required for people to have the opportunity for health, which means examining the policies and programs that shape those conditions. This approach requires expanding the nature of the public, policy conversation about health to consider the factors that create health.



The factors that contribute to health outcomes are complex and go beyond the scope of any one sector. A number of theoretical models have been developed to explain the impact of different factors on health (see Figure 1).

One of the key findings that surfaced during the SHA/SHIP process is that clinical care, which includes doctors' visits, hospital care, medication, and other medical treatment (and what many people think of when they talk about "health") contributes much less to health outcomes than do social and economic factors. That is because clinical care is often a response to existing health problems. Other factors, such as income, education, access to health care, and social connectedness are what actually create the conditions in which health can thrive (or not). This understanding is consistent with the historical and national definition of public health, which is: public

health is "what we, as a society, do collectively to assure the conditions in which (all) people can be healthy."

When it comes to reducing early deaths, the greatest opportunity to improve health and reduce premature death lies in behaviors. In fact, behavioral causes account for 40% of all deaths in the United States. Smoking, along with the combination of obesity and physical inactivity, are the top two behavioral causes of premature death. The diagram on page 6 (Figure 2) shows how the Louisiana Health

Improvement Plan (LaSHIP) priorities connect with social and economic factors toward a healthier Louisiana. The Collaborative LaSHIP enables people to get what they need from their community. Similarly, in nature, honeycombs are resilient structures that enable many stakeholders to access, share, and grow resources among a common group. This graphic shows five distinct groupings of health priorities, represented by the inner track of hexes. This map aims to show the complex web of how every community sector, stakeholder, and industry can benefit from Collaborative Health by partnering, and the various outcomes that these conditions assure.

**Figure 2: Collaborative LaSHIP Honeycomb**

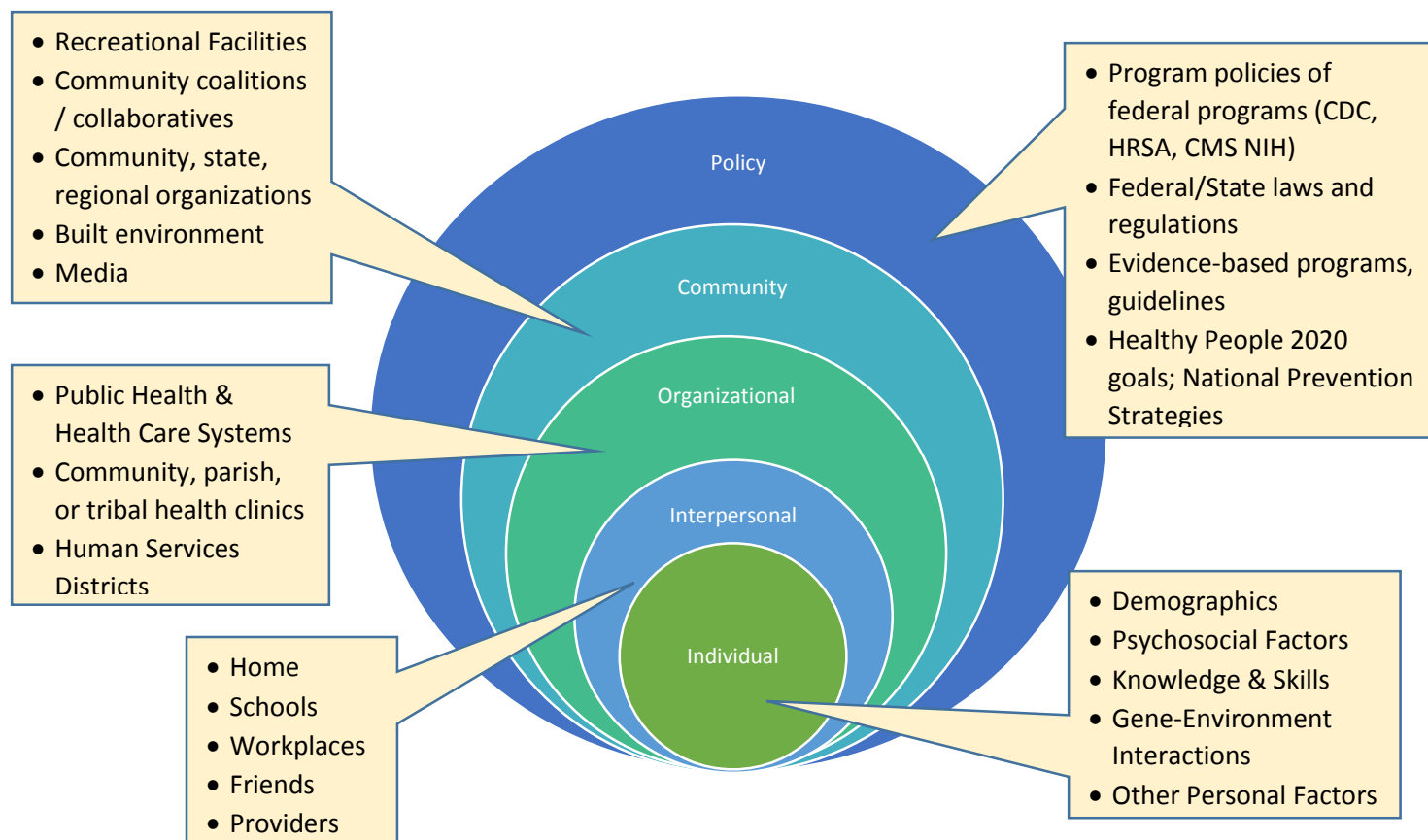


These factors, including the issues identified in the framework, range beyond the scope of any single entity or sector to change. Changes in the population health landscape encourage many agencies to become more engaged and open to widespread collection and use of social determinants of health data. However, there are still challenges to collaboration, and data sharing is an investment that must deliver returns, with value added, by filling a gap in otherwise disparate data bound by silos. The Louisiana Health Improvement Plan Framework is a potential solution to the drive for more alliance and shared resources to meet each communities' unique needs to improve health outcomes.

## Process and Methodology

An initial document including the priorities, key stakeholders, and some strategies for moving toward the LaSHIP vision was drafted and presented for consideration by the OPH executive staff in early 2017. A second draft was subsequently developed and shared with partner organization stakeholders for review and revision. Our approach is based on the social ecological model and will target the interaction of multiple levels of behavioral influences within the community.

**Figure 3: Social Ecological Model**



The social ecological model (SEM) of health promotion represents the multi-level approach towards prevention. The SEM is a systems model with multiple bands of influence. A rainbow-like figure of five bands represents the SEM. At the core of the model is the individual, surrounded by four bands of influence representing the interpersonal, organizational, community, and policy levels. Community health coalitions implement public health activities at these five levels to maximize synergies of intervention for the greatest impact. Each of these bands of influence in the model is described below.

### Individual Level

The innermost band of the SEM rainbow represents the individual within a community. The LaSHIP aims to increase the individual's knowledge and influence his or her attitudes toward, and beliefs regarding health and healthy behaviors. This level also takes into account demographic factors, psychosocial factors, gene-environment interactions, and other personal factors.

**Interpersonal Level**

The second band of the SEM rainbow surrounds the individual band and represents prevention activities implemented at the interpersonal level. These activities are intended to facilitate individual behavior change by affecting social and cultural norms and overcoming individual-level barriers. Friends, family, health care providers, community health workers, and patient navigators represent potential sources of interpersonal messages and support.

**Organizational Level**

The third band of the SEM rainbow surrounds the interpersonal band and represents prevention activities implemented at the organization level. These activities are intended to facilitate individual behavior change by influencing organizational systems and policies. Health care systems, employers or worksites, health care plans, local health departments, tribal health clinics, and professional organizations represent potential sources of organizational messages and support.

**Community Level**

The fourth band of the SEM rainbow surrounds the organizational band and represents prevention activities implemented at the community level. These activities are intended to facilitate individual behavior change by leveraging resources and participation of community-level institutions such as health coalitions, tribal health departments, media, and community advocacy groups, which represent potential sources of community communication and support.

**Policy Level**

The fifth and outermost band of the SEM rainbow surrounds the community band and represents colorectal cancer prevention activities at the policy level. These activities involve interpreting and implementing existing policy. Federal, state, local, and tribal government agencies may support policies that promote healthy behaviors. Examples include collaborating with coalitions to communicate policy decisions to the public and translating local policies for community members (for example, proclamation by a mayor for HIV awareness month).

In 2017, the Office of Public Health will begin to implement the LaSHIP framework with activities that include the following:

- A State Advisory Board will be identified and secured to begin the process of establishing regional representation
- One region will be selected to serve as the pilot of the regional representative core group and be responsible for starting and/or become an active partner in community health coalitions
- Promote and advocate that the opportunity to be healthy is incorporated and promoted in public and private policies. This effort will explore research and develop strategies for promoting and advocating for health in all policies, paying particular attention to the policies that affect the people and communities who experience the greatest health disparities
- Partnership discussions with a variety of sectors to bring attention to public health issues, monitor progress on statewide efforts, and promote efforts toward the LaSHIP priorities. This effort will engage experts from various sectors in conversations about the ways in which their work does or could contribute to the accomplishment of the LaSHIP vision
- An annual review of the core indicators. In addition to the subgroups and cross-sectional discussions, the State Advisory Board will annually review and report progress on the core indicators of LaSHIP and related health status outcomes



### Progress: From Data to Action

The goal of the LaSHIP Framework is to guide and integrate work from many sectors and allow to stakeholders to share data and resources while building a culture of health.

This will be accomplished by:

- Creating a state level advisory board to support and drive the work, comprised of leaders from education, transportation, health care, public health, and economic development
- Creating a Community Health Roadmap that addresses each LaSHIP priority area, and demonstrates best practices and identifies resources
- Eliminating silos and encouraging coordination of effort for greater impact
- Identifying regional partners that reflect the state advisory board and also assist communities with program planning, evaluation, and coalition building
- Communicating and interpreting data in a way that communities can identify their greatest needs and celebrate strengths and positive change
- Using a systematic process of refreshing and reassessing data for timeliness and value.

### Community Health Roadmap

The Community Health Roadmap is a comprehensive guide to the LaSHIP Framework for community- or parish-level coalitions. These coalitions are then able to make community-led decisions utilizing shared data to target health inequities that are geared towards meeting the most important needs of a specific community. The community health roadmap will consist of a library of guides based on the County Health Rankings' and Roadmaps to Health Coaching (<http://www.countyhealthrankings.org/roadmaps/roadmaps-to-health-coaching>), the CDC Healthy Communities Program, and the social ecological model of behavior change. The roadmap provides tools and other evidence-based resources needed for successful program development and implementation. While ensuring some degree of structure and consistency is maintained with a focus on the priorities, the roadmap and guides lend adaptability based on targeted community needs.

## The LaSHIP Framework Implementation Plan

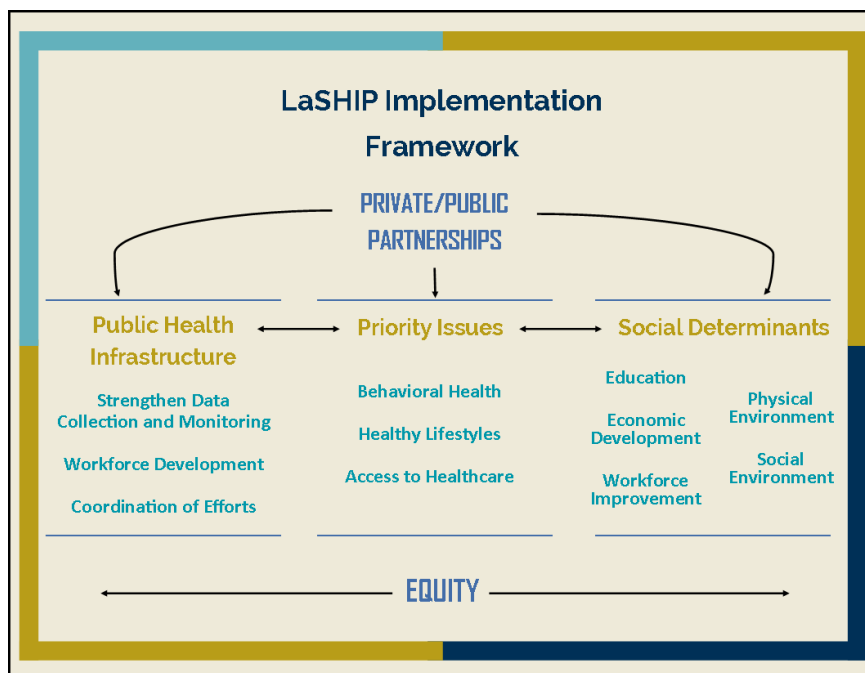
Louisiana Department of Health's Office of Public Health (OPH) and the Louisiana Public Health Institute (LPHI) aligned strategies to scale health initiatives down to the parish level. The interdisciplinary, mixed-methods approach harnesses data from multiple sectors using an assemblage of stakeholders, operating both across and between boundaries. The triangulated system supports both top-down and bottom-up guidance, from the state to regions to parishes, and based on principles from Public Health 3.0.

### LaSHIP Process

The Framework (Figure 3) is based on an assemblage of public and private partnerships from multiple sectors to contribute to the intertwining factors that affect the infrastructure of public health, LaSHIP priority issues, as well as the social determinants of health. Each of these pieces of the LaSHIP framework will be addressed using principles from Public Health 3.0, and aims to address community health needs based on the upstream sources of inequities and inadequate living conditions. In order to solve the

fundamental challenges of population health, the LaSHIP framework addresses the range of factors that influence a person’s overall health and well-being.

**Figure 3: LaSHIP Implementation Framework**



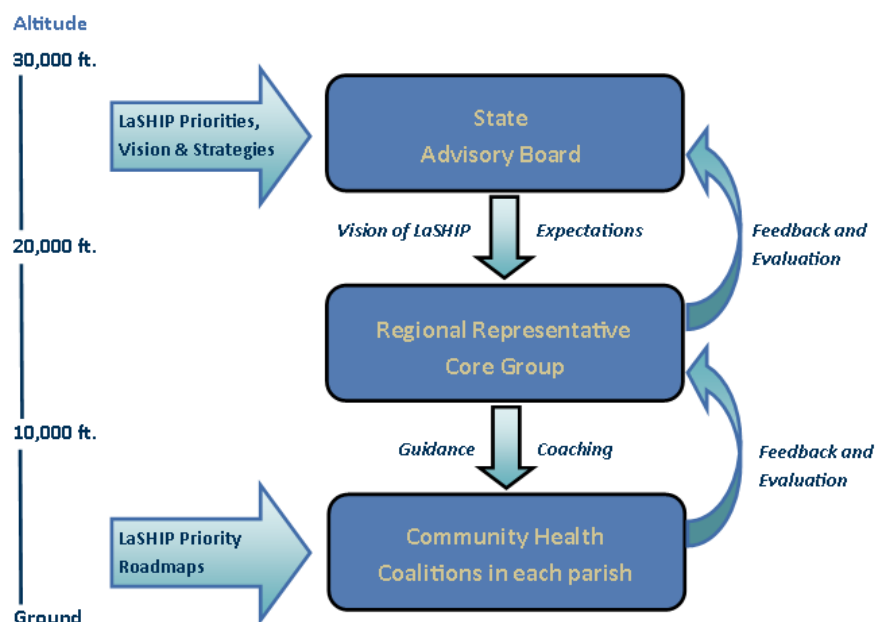
The framework is implemented by a triangulated system that supports both top-down and bottom-up guidance. From the top, the State Advisory Board communicates and drives the LaSHIP vision and expectations from the state level, then passed down to the regional core groups to disseminate and offer support to the communities and parishes through community health coalitions. While the Community Health Coalitions are directed at the population as the “boots on the ground,”

the Regional Representative Core Groups focus on providing support and guidance to the coalitions, such as data sharing for decision-making, and the State Advisory Board focuses on the high-level health profile of the state to build a complete infrastructure of healthy communities. Thus, the LaSHIP vision of implementation and expectations provide a “line of sight” from the view on high to ground level intervention (See Figure 4).

The LaSHIP process utilizes a community-based participatory approach, guided by a State Advisory Board (SAB). The SAB is made up of state level leadership from each priority group in a conscious effort to involve multi-sectorial stakeholders for informed decision-making regarding how to improve health and eliminate health disparities that are integrated into the larger picture of community characteristics that promote or endanger health. These collaborations strive to improve conceptualization and availability of data on how the social environment impacts the health of populations.

Each State Advisory Board member appoints a representative from each of the nine regions to be a part of the regional core groups. These regional core groups work as a centralized figure of communication between the coalitions and the State Advisory Board, as well as provide support for coalition building and evidence-based strategies. Coalition members will not be appointed, rather membership will be open to any group or individual that is interested in improving the health and well-being of the community where they work or live is welcome to participate. The coalitions will work within defined parishes or communities to deliver resources and services using the Community Health Roadmap and toolkits as a guide.

**Figure 4: Model of LaSHIP Framework Implementation:** *Vision of LaSHIP implementation and expectations provide a “line of sight” from the view on high to ground level intervention.*



The following is an abbreviated timeline of activities to begin the implementation process.

<b>Date</b>	<b>Event</b>
December 2016	Meet with Bureau of Chronic Disease Prevention & Health Promotion; form partnership
January 2017	Formalize and propose the implementation plan to Executive staff of Office of Public Health
January 2017	Meet with LPHI and form partnership for implementation
May 2017	Invite and receive verbal commitment from State Advisory Board (SAB)
May 2017	Environmental scan of current community coalitions in each region
June 2017	Identify region to pilot the framework
August 2017	Identify an organization or individual to serve as coalition facilitator for the region
August-October 2017	Initiate initial SAB meeting to introduce project and membership expectations; introduce action planning SAB makes regional representative recommendations
September 2017	Work with region to create a list of potential regional members and facilitate an initial meeting
September 2017	Develop toolkits for each LaSHIP priority

October 2017	Invite key community leaders, stakeholders, etc. to join community coalition in each parish of the region
Ongoing	Facilitate coalition meetings to establish structure and leadership, identify community assets and opportunities, begin action planning

### State Advisory Board

The principal group of the Louisiana Health Improvement Plan is the State Advisory Board, made up of agencies and organizations with statewide reach, and whose work is an essential piece to health impact. The board will comprise of leaders from education, transportation, health care, public health, and economic development, etc., along with assignments for LaSHIP priority area leads.

As a statewide leadership group, the State Advisory Board has the opportunity to bring attention to public health issues, monitor progress on statewide efforts, and promote efforts toward the LaSHIP priorities, an equal opportunity for health, and communities creating health. Beginning in 2017, OPH will invite experts from various sectors (especially those reflected in the core priority areas) to discuss ways in which their work contributes to the accomplishment of the LaSHIP vision. In addition, the State Advisory Board will annually review data on the performance indicators and related health status outcomes. The State Advisory Board will also name sector specialists to serve on the Regional Core Group as a representative of their sector and/or organization.

Besides the many statewide efforts that are linked to the priorities of LaSHIP, the framework is linked to national efforts to improve the public's health, such as Healthy People 2020, a long-standing national agenda for health improvement. LaSHIP also is both informed by and influences Louisiana's regional and tribal public health planning processes, as Louisiana's communities develop community health improvement plans with their own community partners.

The role of the State Advisory Board is:

- To develop the vision of LaSHIP implementation,
- Make key strategic decisions,
- Push vision and strategy down to the regional and local levels, and
- Reach out to broader coalition members when appropriate to implement strategies

Table 2, below, is a general outline of desired representatives to serve on the State Advisory Board, along with their direct LaSHIP priority areas.

Table 2: State Advisory Board Membership					
Sector	Priority Area				
	Behavioral Health	Healthy Lifestyles	Access to Healthcare	Economic Development	Infrastructure
Public Health / Private	X	X	X	X	X
Secondary Education				X	

<b>Post-secondary Education</b>			X	X	
<b>Workforce</b>			X	X	X
<b>Business</b>				X	
<b>Economic</b>					
<b>Extension</b>	X	X	X	X	X
<b>Hospital System</b>	X	X	X		X
<b>Transportation</b>		X	X	X	
<b>Policy</b>	X	X	X	X	X
<b>Tribal</b>	X	X	X	X	X
<b>Public Health Coalitions</b>	Community Coaching (all)				
<b>Public Health</b>					
OPH Assistant Secretary (or designee)	X	X	X	X	X
Assistant State Health Officer (or designee)	X	X	X	X	X
Medicaid Medical Director (or designee)	X	X	X		X
Office of Behavioral Health Assistant Secretary/Medical Director; MH Commissioner (or designee)	X	X	X		X
OPH Deputy Secretary of Operations Chief Financial Officer (or designee)				X	X

### Regional Representative Core Groups

A core group that mirrors the State Advisory Board in members, along with the OPH regional medical director, and other key regional representation and co-leads to the Healthy Communities Coalition will be designated to each of Louisiana's nine regions. The nine regional core groups will guide implementation of this LaSHIP framework to reduce duplication of effort, and will seek collaboration and synergy among various health initiatives.

The roles of the Regional Representative Core Groups are:

- Communicate parish profiles and data sets to the communities,
- Maintain awareness of work taking place at the local/community level,

- Report successes and opportunities for improvement back to the State Advisory Board,
- Push vision and strategy down to the local/community level, and
- Assist communities in implementing the Community Health Roadmap through
  - Parish level coalition building
  - Community health coaching

### Community Health Coalitions

A coalition is a union of people and organizations working to influence outcomes on a specific problem. Coalitions are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization.

Benefits of becoming an active LaSHIP partner organization and participating in community health coalitions include:

- Access to LDH-OPH technical assistance including: data support, information on evidence-based strategies, strategic planning, marketing and communications, evaluation, and meeting coordination;
- Access to individual LaSHIP priority toolkits for effective community intervention;
- Share best practices for health programs;
- Realize greater cost efficiencies through pooled resources and collaborative opportunities;
- Professional development and educational events; and
- Communicate and network with peers serving the same communities and build connections with other LDH-OPH and community partners.

The Louisiana Community Health Coalitions seek to reflect the diversity of Louisiana in the work performed. This means that each of the coalitions may be working on different goal areas. However, several health-related goals are common and should be addressed statewide. These include:

- Improve Louisiana's Health Ranking, specifically through decreasing smoking prevalence and obesity
- Increase the community's awareness and knowledge on improving health
  - Develop and support diverse partnerships to facilitate healthy living among disparate populations
  - Build communities' capacity for identifying and utilizing new and current health resources to better inform the public of their existence



## Objective Strategies

Priority areas, indicators, and priority details by objective

### Priority 1: Support Behavioral Health

#### Objective 1: Promote integration of behavioral health and primary care services

##### Long Term Strategies, by December 2018:

1. Facilitate system mapping and identification of gaps to improve linkages between behavioral health and primary care networks.
2. Assure availability of educational materials for providers about the benefits of behavioral health and primary care integration.
3. Integration and implementation of best practices.

##### January 2017-June 2018:

4. Collaborate across multi-sectoral agencies and with healthcare providers to support behavioral health and primary care integration via insurance reimbursements and provider billing practices.
5. Increase behavioral health screening rates and behavioral health informed care plans in primary care settings.

##### Evidence:

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)

##### Target Populations:

1. General public
2. Physician, clinicians, family nurse practitioner (FNP)

##### Implementation Partners:

1. Louisiana Department of Health, Office of Public Health, Office of Behavioral Health
2. Primary care networks
3. Human Services Districts and Authorities
4. Louisiana Public Health Institute

##### Integration across sectors:

1. Health care payers (commercial health plans, Medicaid, etc.)
2. Healthcare providers
3. Human Services Districts and Authorities (Local Governing Entities, LGEs)
4. LA Department of Health (LDH)



<b>Infrastructure:</b> <ol style="list-style-type: none"> <li>1. LA Office of Behavioral Health</li> <li>2. LGEs</li> </ol>
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>1. Increase in primary care screenings for depression in adults (19+).</li> <li>2. Increase in primary care screenings for depression in youth aged 12-18.</li> </ol>
<h2>Priority 1: Support Behavioral Health</h2>
<h3>Objective 2: Support a coordinated continuum of behavioral health care and prevention services</h3>
<b>By December 2018:</b> <ol style="list-style-type: none"> <li>1. Support efforts to expand access to behavioral health services to rural and hard-to-reach populations.</li> <li>2. Promote efforts to integrate supportive healthcare workers (navigators, peers, CHWs) into continuum of care.</li> <li>3. Promote early childhood development by supporting mentally health and substance abuse-free homes.</li> <li>4. Facilitate electronic data reporting between public health and ambulatory providers via MU requirements and data sharing/data use agreements.</li> </ol>
<b>January 2017-June 2018:</b> <ol style="list-style-type: none"> <li>1. Promote trauma-informed care school collaboratives to identify children at high risk of mental illness and connect them with age-appropriate behavioral healthcare.</li> <li>2. Support collaboration among leaders, professionals, and community members around mental health and substance abuse.</li> </ol>
<b>Evidence:</b> <ol style="list-style-type: none"> <li>1. Question, Persuade, Refer (QPR)</li> <li>2. Applied Suicide Intervention Skills Training (ASIST)</li> <li>3. Louisiana Youth Suicide Prevention STAR Plan</li> </ol>
<b>Target Populations:</b> <ol style="list-style-type: none"> <li>1. School age children</li> <li>2. Parents</li> <li>3. Providers</li> <li>4. Human Services Districts and Authorities patients</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Louisiana Department of Health</li> <li>2. School systems</li> <li>3. Louisiana Youth Suicide Prevention Task Force</li> <li>4. LA Office of Behavioral Health</li> <li>5. Human Services Districts and Authorities</li> </ol>

<b>Integration across sectors:</b> <ul style="list-style-type: none"><li>1. Involve health care payers</li><li>2. Involve healthcare providers</li><li>3. School systems</li></ul>
<b>Infrastructure:</b> <ul style="list-style-type: none"><li>1. Louisiana Office of Behavioral Health</li><li>2. LGEs</li></ul>
<b>Determination of health outcomes:</b> <ul style="list-style-type: none"><li>1. Decrease rate of suicide</li><li>2. Decrease proportion of adolescents in Louisiana aged 12-17 years who experience major depressive episodes (MDEs)</li><li>3. Decrease proportion of adults in Louisiana aged 18 years and older who experience major depressive episodes (MDEs)</li></ul>
<b>Barriers and Challenges:</b> <ul style="list-style-type: none"><li>1. Data sharing is not trusted</li></ul>
<b>Priority 1: Support Behavioral Health</b>
<b>Objective 3: Improve community awareness of behavioral health services</b>
<b>By December 2018:</b> <ul style="list-style-type: none"><li>1. Promote engagement among community and healthcare groups.</li><li>2. Engage patients with patient navigators and community health workers.</li><li>3. Promote individual and family insurance coverage during Open Enrollment.</li></ul>
<b>January 2017-June 2018:</b> <ul style="list-style-type: none"><li>1. Support efforts to educate community about behavioral health prevention and available services.</li><li>2. Support efforts to increase provider knowledge of resources to address mental health and substance abuse.</li><li>3. Support efforts to de-stigmatize behavioral healthcare and promote early treatment.</li></ul>
<b>Evidence:</b> <ul style="list-style-type: none"><li>1. Media advocacy</li><li>2. Public education</li><li>3. Policy changes</li></ul>
<b>Target Populations:</b> <ul style="list-style-type: none"><li>1. Medicaid eligible populations</li><li>2. Patients</li><li>3. General public</li></ul>
<b>Implementation Partners:</b> <ul style="list-style-type: none"><li>1. Louisiana Department of Health</li></ul>

<ul style="list-style-type: none"> <li>2. Community health workers</li> <li>3. Human Services Districts and Authorities</li> </ul>
<b>Integration across sectors:</b> <ul style="list-style-type: none"> <li>1. Health care payers (commercial health plans, Medicaid, etc.)</li> <li>2. Healthcare providers</li> <li>3. Behavioral health providers</li> </ul>
<b>Infrastructure:</b> <ul style="list-style-type: none"> <li>1. Louisiana Office of Behavioral Health</li> <li>2. LGEs</li> </ul>
<b>Determination of health outcomes:</b> <ul style="list-style-type: none"> <li>1. Increase number of clients Served in Community Settings</li> <li>2. Increase total clients served by statewide mental health agency</li> <li>3. Increase past year treatment for illicit drug use among individuals aged 12 or older with illicit drug dependence or abuse</li> </ul>
<b>Barriers and Challenges:</b> <ul style="list-style-type: none"> <li>1. Time</li> </ul>
<b>Priority 2: Promote Healthy Lifestyles</b>
<b>Objective 1: Increase physical activity access and outreach</b>
<b>By December 2018:</b> <ul style="list-style-type: none"> <li>1. Partner with local school districts to develop joint-use agreements for physical activity.</li> <li>2. Assist minority communities in identifying community-based organizations to partner with to become engaged in the process of changing the health profile of the community.</li> <li>3. Encourage community design policies and initiatives that support opportunities for safe and accessible active transportation and physical activity.</li> <li>4. Promote community participation in the Louisiana Governor's Games, a program to promote physical activity and healthy lifestyles for school children and their families through competitive sports.</li> </ul>
<b>January 2017-June 2018:</b> <ul style="list-style-type: none"> <li>1. Encourage the utilization of resources such as SCORP to promote the establishment of local health initiatives that involve parks, community centers, and trails.</li> <li>2. Partner with local school districts and early childhood education centers to enhance physical education centers and physical activity in schools and child care settings.</li> <li>3. Provide training to child care professionals on the different ways child care centers can align licensing regulations and early learning standards with national standards for physical activity.</li> </ul>
<b>Target Populations:</b> <ul style="list-style-type: none"> <li>1. Minority/ethnic populations</li> </ul>

<ul style="list-style-type: none"> <li>2. Parents</li> <li>3. General public</li> <li>4. School systems and schools</li> <li>5. Child care facilities</li> </ul>
<b>Implementation Partners:</b> <ul style="list-style-type: none"> <li>1. Well-Ahead Louisiana</li> <li>2. Louisiana Obesity Commission</li> <li>3. City of Baton Rouge</li> <li>4. City of New Orleans Health Department</li> <li>5. Louisiana State Board of Nursing</li> <li>6. Tobacco Free Living</li> <li>7. LDH OPH Bureau for Chronic Disease and Health Promotion</li> </ul>
<b>Integration across sectors:</b> <ul style="list-style-type: none"> <li>1. Louisiana Governor's Games</li> <li>2. School systems</li> <li>3. Parks and Recreation</li> <li>4. Public health</li> <li>5. Community coalitions</li> </ul>
<b>Infrastructure:</b> Louisiana Obesity Commission
<b>Determination of health outcomes:</b> <ul style="list-style-type: none"> <li>1. Percent of adults in Louisiana who did not participate in any physical activities during the past month</li> <li>2. Percent of adults in Louisiana who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes or more per week.</li> <li>3. Percent of students in grades 9-12 in Louisiana who did not engage in at least 60 minutes of physical activity on any day.</li> </ul>
<b>Funding:</b> Well-Ahead LA; Tobacco Free Living
<b>Barriers and Challenges:</b> Time
<h2 style="text-align: center;">Priority 2: Promote Healthy Lifestyles</h2>
<h3 style="text-align: center;">Objective 2: Promote health through the consumption of healthful diets</h3>

<p><b>By December 2018:</b></p> <ol style="list-style-type: none"> <li>1. Partner with local school districts to support the implementation of USDA Smart Snacks guidelines.</li> <li>2. Encourage the implementation of food service guidelines and nutrition standards in restaurants and workplaces.</li> <li>3. Coordinate with local farmer’s markets to market the use of SNAP benefits at the market.</li> </ol> <p><b>January 2017-June 2018:</b></p> <ol style="list-style-type: none"> <li>1. Develop an action plan for the LA Obesity Prevention and Management Commission.</li> <li>2. Promote the use of evidence-based programs such as the 5-2-1-0 Let’s Geaux! Program.</li> </ol>
<p><b>Evidence:</b></p> <ol style="list-style-type: none"> <li>1. 5-2-1-0 Program</li> <li>2. Own Your Own Health – Eat It, Own It!</li> <li>3. SNAP benefits at farmer’s markets</li> </ol>
<p><b>Target Populations:</b></p> <ol style="list-style-type: none"> <li>1. At-risk populations</li> <li>2. Parents</li> <li>3. General public</li> <li>4. School systems and schools</li> <li>5. Child care facilities</li> </ol>
<p><b>Implementation Partners:</b></p> <ol style="list-style-type: none"> <li>1. Well-Ahead Louisiana</li> <li>2. Louisiana Obesity Commission</li> <li>3. City of Baton Rouge</li> <li>4. City of New Orleans Health Department</li> <li>5. Louisiana State Board of Nursing</li> <li>6. School nutrition directors</li> <li>7. Child care facilities</li> <li>8. Community health workers</li> <li>9. Farmer’s market managers</li> </ol>
<p><b>Integration across sectors:</b></p> <ol style="list-style-type: none"> <li>1. Public health</li> <li>2. School systems</li> <li>3. Community organizations</li> <li>4. Obesity Commission (Policy)</li> </ol>
<p><b>Infrastructure:</b> Well Ahead LA</p>
<p><b>Determination of health outcomes:</b></p> <ol style="list-style-type: none"> <li>1. Decrease percentage of adults who report consuming fruits less than one time per day.</li> </ol>

<ol style="list-style-type: none"> <li>2. Decrease percentage of adults who report consuming vegetables less than one time per day.</li> <li>3. Decrease percentage of adolescents consuming fruits and/or vegetables less than one time per day in the past 7 days.</li> </ol>
<b>Funding:</b> <ol style="list-style-type: none"> <li>1. SNAP</li> <li>2. USDA</li> </ol>
<b>Barriers and Challenges:</b> <ol style="list-style-type: none"> <li>1. Time</li> </ol>
<h2>Priority 2: Promote Healthy Lifestyles</h2>
<h3>Objective 3: Build community capacity for chronic disease prevention and management programs</h3>
<p><b>By December 2018:</b></p> <ol style="list-style-type: none"> <li>1. Build linkages between private sector (fitness centers, employers, etc.) and public sector to promote chronic disease prevention</li> <li>2. Connect marginalized populations with culturally relevant and empowerment-based chronic disease prevention and management programs.</li> <li>3. Partner with 2-1-1 to increase bi-directional referrals between community resources and health systems</li> <li>4. Promote community-based chronic disease self-management programs (i.e. “Everybody With Diabetes Counts”)</li> <li>5. Provide train-the-trainer programs to increase the numbers of Certified Diabetes Educators and Community Health Workers</li> <li>6. Enhance capacity of health care providers to management chronic disease conditions in partnership with community supports</li> <li>7. Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity.</li> <li>8. Increase the number of employers who implement worksite wellness initiatives, which address all health behaviors simultaneously.</li> </ol> <p><b>January 2017-June 2018:</b></p> <ol style="list-style-type: none"> <li>1. Expand participation in Well Ahead Louisiana.</li> <li>2. Promote local and regional health initiatives (i.e. Get Healthy Cenla, Fit NOLA, Dare to Be Healthy)</li> <li>3. Identify opportunities to educate providers on diabetes self-management education</li> <li>4. Introduce the Tomorrow’s HealthCare platform to reduce in disparities in diabetes care</li> <li>5. Work with municipalities to make neighborhoods safer</li> </ol>
<p><b>Evidence:</b></p> <ol style="list-style-type: none"> <li>1. Get Healthy Cenla</li> <li>2. Fit NOLA</li> <li>3. Dare to Be Healthy</li> <li>4. Everybody with Diabetes Counts</li> <li>5. Stanford’s Chronic Disease Self-Management and Diabetes Self-Management</li> </ol>
<p><b>Target Populations:</b></p> <ol style="list-style-type: none"> <li>1. Persons with chronic diseases</li> </ol>

2. General public
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Well-Ahead Louisiana</li> <li>2. Louisiana Obesity Commission</li> <li>3. City of Baton Rouge</li> <li>4. City of New Orleans Health Department</li> <li>5. Louisiana State Board of Nursing</li> <li>6. Certified Diabetes Educators</li> <li>7. Community Health Workers</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>1. Public health</li> <li>2. Local government</li> <li>3. Healthcare</li> <li>4. Police</li> <li>5. SNAP</li> </ol>
<b>Infrastructure:</b> Well-Ahead LA
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>1. Decrease rate of violent crime offenses reported by law enforcement per 100,000 residents</li> <li>2. Decrease percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance.</li> </ol>
<b>Funding:</b> Well-Ahead LA

Priority 2: Promote Healthy Lifestyles
Objective 4: Increase the capacity for health systems to prevent, identify, and treat chronic disease
<b>By December 2018:</b> <ol style="list-style-type: none"> <li>1. Promote chronic disease screenings by healthcare providers</li> </ol>

<ul style="list-style-type: none"> <li>2. Encourage linkages and sharing of screening information between healthcare providers and community programs</li> <li>3. Support the Louisiana Business Group on Health (LGBH) Diabetes Collaborative</li> </ul> <p><b>January 2017-June 2018:</b></p> <ul style="list-style-type: none"> <li>1. Promote health screenings as a part of community prevention programs, i.e. worksite wellness and school health</li> <li>2. Promote health screenings as part of regular cultural celebrations, festivals, parades, fairs, etc.</li> <li>3. Promote the integration of health components into cultural events and activities</li> </ul>
<p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>1. Get Healthy Cenla</li> <li>2. Fit NOLA</li> <li>3. Dare to Be Healthy</li> <li>4. Well-Ahead LA</li> </ul>
<p><b>Target Populations:</b></p> <ul style="list-style-type: none"> <li>1. Persons with chronic diseases</li> <li>2. General public</li> </ul>
<p><b>Implementation Partners:</b></p> <ul style="list-style-type: none"> <li>1. Well-Ahead Louisiana</li> <li>2. Louisiana Obesity Commission</li> <li>3. City of Baton Rouge</li> <li>4. City of New Orleans Health Department</li> <li>5. Louisiana State Board of Nursing</li> <li>6. Communities</li> <li>7. Certified Diabetes Educators</li> <li>8. Community health workers</li> <li>9. Healthcare providers</li> </ul>
<p><b>Integration across sectors:</b></p> <ul style="list-style-type: none"> <li>1. Public health</li> <li>2. Local government</li> <li>3. Healthcare</li> </ul>
<p><b>Infrastructure:</b> Well-Ahead LA</p>
<p><b>Determination of health outcomes:</b></p> <ul style="list-style-type: none"> <li>1. Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy.</li> <li>2. Decrease percentage of adults who have been told by a health professional they have high blood pressure.</li> <li>3. Decrease the percentage of adults who have ever been told by a doctor they have diabetes (excludes pre-diabetes and gestational diabetes).</li> </ul>
<p><b>Funding:</b> Well-Ahead LA</p>



## Priority 2: Promote Healthy Lifestyles

### Objective 5: Prevent initiation of tobacco use among young people

**Long term Strategies:**

1. By December 2017, conduct gap analysis and SWOT analysis.
2. By June 2018, develop coordinated statewide strategic plan for Youth Prevention efforts, including baseline measures and interim targets for reducing youth initiation and prevalence of tobacco use, including e-cigarettes.
3. By 2018, Establish baseline measures and interim targets for the proportion of youth who report having ever tried a cigarette, and having ever tried other forms of tobacco.

**Short term Strategies:**

1. Establish a Youth Prevention work group that meets quarterly by October 2016.
2. By January 2017, create a database of statewide organizations engaging in youth tobacco efforts by surveying those organizations.
3. By March 2017, determine current landscape of ongoing youth tobacco control efforts.
4. By June 2017, determine plan for coordination of future efforts.

**Evidence:**

1. Surgeon General's report

**Target Populations:**

1. Youth

**Implementation Partners:**

1. Well-Ahead Louisiana
2. Louisiana Obesity Commission
3. City of Baton Rouge
4. City of New Orleans Health Department
5. Louisiana State Board of Nursing
6. Tobacco Free Living
7. The Rapides Foundation
8. Office of Public Health

**Integration across sectors:**

1. Public health
2. School systems

**Infrastructure:**

Tobacco Free Living and Well-Ahead LA

**Determination of health outcomes:**

1. Create a statewide Strategic Plan for youth tobacco control efforts

2. Add youth tobacco survey items for ever use of cigarettes, ENDS, and ATPs; past 30-day use; and lifetime use of 100 cigarettes
<b>Funding:</b> Well-Ahead LA
<b>Priority 2: Promote Healthy Lifestyles</b>
<b>Objective 6: Eliminate exposure to secondhand smoke</b>
<b>By December 2018:</b> <ol style="list-style-type: none"> <li>1. Ongoing until law is passed: educate legislators and community on the dangers of secondhand smoke, vaping, and inhaling.</li> <li>2. Ongoing: Hold weekly meetings of Smoke-Free Coalition.</li> <li>3. Design and implement informational and educational strategies for local elected officials and community members.</li> <li>4. Ongoing: Partner with the Louisiana Municipal Association.</li> </ol> <b>January 2017-June 2018:</b> <ol style="list-style-type: none"> <li>1. Identify Champions to support the Clean Indoor Air Act in the legislature.</li> <li>2. Host education, advocacy/lobby day at the capitol to educate on behalf of tobacco.</li> <li>3. Quarterly: Identify local municipalities ready to move forward with smoke-free ordinances.</li> <li>4. Monthly: Recruit grassroots supporters.</li> <li>5. Develop educational material for local elected officials and community members on the dangers of secondhand smoke, vaping, and inhaling.</li> <li>6. Ongoing: Disseminate information regarding WellSpots to coalitions and organizations statewide, and drive sites back to Well-Ahead for WellSpot designation.</li> </ol>
<b>Evidence:</b> <ol style="list-style-type: none"> <li>1. CDC</li> </ol>
<b>Target Populations:</b> <ol style="list-style-type: none"> <li>1. General public</li> <li>2. Legislators</li> <li>3. Elected officials</li> <li>4. Healthcare providers</li> <li>5. School systems</li> <li>6. Businesses</li> <li>7. Child care centers</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Well-Ahead Louisiana</li> <li>2. Louisiana Obesity Commission</li> <li>3. City of Baton Rouge</li> </ol>

<ol style="list-style-type: none"> <li>City of New Orleans Health Department</li> <li>Louisiana State Board of Nursing</li> <li>Tobacco Free Living</li> <li>Smoke-free Coalition</li> <li>Louisiana Healthy Communities Coalition</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>Public health</li> <li>Local and state government</li> <li>Healthcare</li> <li>Economic Development</li> <li>Education</li> </ol>
<b>Infrastructure:</b> Well-Ahead LA; Tobacco Free Living; Smoke-free Coalition; OPH; Louisiana Healthy Communities Coalition
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>Enact an expanded statewide, comprehensive Clean Indoor Air Act to include all workplaces</li> <li>Number and reach of WellSpots with 100% tobacco- or smoke-free policies.</li> </ol>
<b>Funding:</b> Well-Ahead LA; Tobacco Free Living
<h2>Priority 2: Promote Healthy Lifestyles</h2>
<h3>Objective 7: Promote quitting among adults and young people</h3>
<b>Long term Strategies:</b> <ol style="list-style-type: none"> <li>By June 2018, promote increased referrals from non-traditional organizations.</li> </ol>
<b>Short term Strategies:</b> <ol style="list-style-type: none"> <li>By June 2017, identify, disseminate, and promote coordinated cessation services messaging and materials.</li> <li>By June 2017, determine the feasibility of creating a central data source for number of referrals to cessation services and number of people served by cessation services.</li> <li>By June 2017, lobby to ensure necessary questions for measuring success are included in the 2018 surveys.</li> <li>By June 2017, promote increased referrals from healthcare providers and cessation service providers as part of health systems change efforts.</li> </ol>
<b>Evidence:</b> Surgeon General's report
<b>Target Populations:</b> <ol style="list-style-type: none"> <li>People who smoke</li> </ol>

<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Well-Ahead Louisiana</li> <li>2. Louisiana Obesity Commission</li> <li>3. City of Baton Rouge</li> <li>4. City of New Orleans Health Department</li> <li>5. Louisiana State Board of Nursing</li> <li>6. Tobacco Free Living</li> <li>7. SCT</li> <li>8. Office of Public Health</li> <li>9. TCI</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>1. Public health</li> <li>2. Insurers</li> <li>3. Health system</li> <li>4. Trade organizations</li> </ol>
<b>Infrastructure:</b> Tobacco Free Living; Office of Public Health
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>1. Decrease the proportion of adults who are current smokers</li> <li>2. Increase the proportion of former smokers</li> </ol>
<b>Funding:</b> Well-Ahead LA
<h2>Priority 3: Assure Access to Healthcare</h2>
<h3>Objective 1: Increase individual and family insurance coverage</h3>
<b>By December 2018:</b> <ol style="list-style-type: none"> <li>1. Optimize Open Enrollment periods to connect individuals and families with insurance coverage.</li> <li>2. Support patient navigators.</li> <li>3. Coordinate outreach and enrollment activities across governmental and community organizations.</li> </ol>
<b>Target Populations:</b> <ol style="list-style-type: none"> <li>1. Persons eligible for Medicaid</li> <li>2. General public</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Louisiana center for Health Equity</li> </ol>

<ul style="list-style-type: none"> <li>2. Bureau of Health Care Financing (Medicaid, Louisiana Primary Care Association, Bureau of Primary Care and Rural Health, Louisiana Rural Health Association Community organizations)</li> <li>3. Patient navigators</li> </ul>
<b>Integration across sectors:</b> <ul style="list-style-type: none"> <li>1. Health care</li> <li>2. Public Health</li> <li>3. Community</li> </ul>
<b>Infrastructure:</b> State of Louisiana, Affordable Care Act
<b>Determination of health outcomes:</b> <ul style="list-style-type: none"> <li>1. Increase proportion of persons with medical insurance</li> </ul>
<b>Barriers and Challenges:</b> State and national administration changes

Priority 3: Assure Access to Healthcare
Objective 2: Increase provider participation in Medicaid
<b>January 2017-June 2018:</b> <ul style="list-style-type: none"> <li>1. Streamline processes for provider participation across the five Bayou Health plans.</li> <li>2. Educate providers about how to participate in and leverage Medicaid payment incentives.</li> </ul>
<b>Target Populations:</b> <ul style="list-style-type: none"> <li>1. Providers</li> <li>2. Hospital associations</li> </ul>
<b>Implementation Partners:</b> <ul style="list-style-type: none"> <li>1. Health care providers</li> <li>2. Louisiana center for Health Equity</li> <li>3. Bureau of Health Care Financing (Medicaid, Louisiana Primary Care Association, Bureau of Primary Care and Rural Health, Louisiana Rural Health Association Community organizations)</li> </ul>
<b>Integration across sectors:</b> <ul style="list-style-type: none"> <li>1. Health care</li> <li>2. Public Health</li> </ul>

**Infrastructure:**

1. LA Office of Public Health, Bureau of Primary Care and Rural Health
2. Medicaid

**Determination of health outcomes:**

1. Increase number of providers that accept Medicaid (Count of distinct Medicaid providers who prescribed during SFY 2016 (July 2015 –June 2016), as evidenced by paid pharmacy claims
2. Increase the number of eligible providers (professionals and hospitals) who receive an incentive payment from the CMS Medicare and Medicaid EHR Incentive Programs for the successful adoption or meaningful use of certified EHR technology.

## Priority 3: Assure Access to Healthcare

### Objective 3: Provide pathways to healthcare access for underserved populations

**By December 2018:**

1. Engage a communications network of racial/ethnic communities and the medically underserved with health organizations, local and state government, and patient advocates and providers, to support minority health programs and issues.
2. Promote the clearinghouse or resource center of health information within the Bureau of Health Access regarding health care issues that affect minority communities and the medically underserved.
3. Network with national, state, and local organizations that provide information and resources about workplace diversity and culturally competent practices in health care delivery.
4. Support state (LAHIE) and regional (GNOHIE) health information exchanges.
5. Facilitate coordination among Bayou Health Plans and community organizations.
6. Host regional health system coordination meetings (state of the health meetings in regions).
7. Increase enrollment and utilization of Take Charge Plus services.
8. Promote medical home models in community and rural health clinics and other medical practices.

<ul style="list-style-type: none"> <li>9. Support efforts to ensure access to health care services by participating in coordinated transportation planning, particularly in rural areas, with a special emphasis placed on coordinated transportation funding efforts at all levels</li> <li>10. Promote and test integrated care models that integrate primary care, acute care, behavioral health care, and long-term services and supports to provide comprehensive, coordinated, and quality care for older adults and people with disabilities.</li> </ul> <p><b>January 2017-June 2018:</b></p> <ul style="list-style-type: none"> <li>1. Facilitate multi-sector collaboration to identify underserved groups and implement programs to improve access to quality primary care</li> <li>2. Foster multi-sector collaboration to identify underserved groups and implement programs to improve access to quality primary care that is a whole-person-centered, safe, effective, and equitable and based on evidence-based practice.</li> <li>3. Support integration of behavioral health and primary care services.</li> </ul>
<p><b>Target Populations:</b></p> <ul style="list-style-type: none"> <li>1. Providers</li> <li>2. General public</li> <li>3. Minority populations</li> </ul>
<p><b>Implementation Partners:</b></p> <ul style="list-style-type: none"> <li>1. Louisiana center for Health Equity</li> <li>2. Bureau of Health Care Financing (Medicaid, Louisiana Primary Care Association, Bureau of Primary Care and Rural Health, Louisiana Rural Health Association Community organizations)</li> <li>3. Medical practices</li> <li>4. Louisiana Department of Health</li> </ul>
<p><b>Integration across sectors:</b></p> <ul style="list-style-type: none"> <li>1. Behavioral health and primary care services</li> <li>2. Public health</li> <li>3. Underserved communities</li> </ul>
<p><b>Infrastructure:</b></p> <ul style="list-style-type: none"> <li>1. LA Department of Health</li> </ul>
<p><b>Determination of health outcomes:</b></p> <ul style="list-style-type: none"> <li>1. Increase proportion of people that have one person they think of as a personal doctor or health care provider</li> <li>2. Percent of people living with HIV who have at least one HIV-related medical care visit in a 12 month period</li> <li>3. Number of National Health Services Corp providers practicing in LA</li> <li>4. Number of students who have a signed parental consent form to access School-Based Health Center services</li> </ul>
<b>Priority 3: Assure Access to Healthcare</b>
<b>Objective 4: Improve appropriate use of health facilities and consumer understanding of health systems</b>

<b>By December 2018:</b> <ul style="list-style-type: none"><li>1. Promote the creation of community collaboratives that advocate for increased consumer education and access to care (i.e. Better Access to Care Coalition).</li><li>2. Target high risk “frequent flyers” of emergency care systems for medical home participation (i.e. Catholic Charities Health Guardians).</li></ul>
<b>Target Populations:</b> <ul style="list-style-type: none"><li>1. General public</li><li>2. Medicare/Medicaid population</li><li>3. High risk populations</li></ul>
<b>Implementation Partners:</b> <ul style="list-style-type: none"><li>1. Nongovernmental organizations</li><li>2. Louisiana center for Health Equity</li><li>3. Bureau of Health Care Financing (Medicaid, Louisiana Primary Care Association, Bureau of Primary Care and Rural Health, Louisiana Rural Health Association Community organizations)</li></ul>
<b>Integration across sectors:</b> <ul style="list-style-type: none"><li>1. Primary care services</li><li>2. Community organizations</li><li>3. Public Health</li><li>4. Health care providers</li><li>5. Health care payers</li></ul>
<b>Infrastructure:</b>
<b>Determination of health outcomes:</b> <ul style="list-style-type: none"><li>1. Decrease the discharge rate among Medicare population for diagnoses that are amenable to non-hospital based care</li></ul>
<b>Priority 4: Promote Economic Development</b>
<b>Objective 1: Improve cross-sector collaborations to improve understanding of population health and economic health relationships</b>
<b>By December 2018:</b> <ul style="list-style-type: none"><li>1. Partner with Louisiana’s community and technical colleges across the state and continuously customize academic and training offerings to match the high value jobs available in each region.</li><li>2. Increase number of healthcare employers represented at annual Louisiana Public Transit Association.</li><li>3. Engage economic and community development partners throughout the state on health disparities and determinants.</li><li>4. Diversify business incentives to address skills training, affordable housing, affordable transportation, and education attainment.</li><li>5. Develop resource inventory and educational materials on economic health topics for use by OPH and health organizations.</li></ul>



<b>Target Populations:</b> <ol style="list-style-type: none"> <li>1. Community partners</li> <li>2. Business partners</li> <li>3. Workers</li> <li>4. Students</li> <li>5. Department of Transportation</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Louisiana Community and Technical Colleges System (LCTCS)</li> <li>2. Louisiana Budget Project</li> <li>3. Louisiana Economic Development</li> <li>4. Louisiana Workforce Commission</li> <li>5. Louisiana Department of Transportation</li> <li>6. Louisiana Department of Education</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>1. Economic and community development</li> <li>2. Public Health</li> <li>3. School systems/Education</li> <li>4. Health Care</li> <li>5. Department of Transportation</li> </ol>
<b>Infrastructure:</b> <ol style="list-style-type: none"> <li>1. Education</li> <li>2. Transportation</li> <li>3. Built environment</li> </ol>
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>1. Number of new collaborations with economic and community development partners</li> </ol>

## Priority 4: Promote Economic Development

### Objective 2: Increase opportunities for workforce training and development

#### By December 2018:

1. Market existing workforce training programs and opportunities to the appropriate audience.
2. Organize job and workforce development training expos.
3. Leverage/optimize opportunities with a focus on youth and adult vocational training programs.

4. Create opportunities for emerging labor market fields (apprenticeships, etc.)
<b>Target Populations:</b> <ol style="list-style-type: none"> <li>1. Unemployed</li> <li>2. Local businesses</li> <li>3. Young adults</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Local businesses</li> <li>2. Louisiana Workforce Commission</li> <li>3. Education</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>1. Louisiana Community and Technical Colleges System (LCTCS)</li> <li>2. Louisiana Budget Project</li> <li>3. Louisiana Economic Development</li> <li>4. Louisiana Workforce Commission</li> <li>5. Louisiana Department of Transportation</li> <li>6. Louisiana Department of Education</li> </ol>
<b>Infrastructure:</b> <ol style="list-style-type: none"> <li>1. Louisiana Workforce Commission</li> <li>2. LCTCS</li> </ol>
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>1. Total unemployment in Louisiana of the civilian, non-institutionalized population age 16 and older</li> <li>2. Median earnings for full-time, year-round workers (dollars) by gender</li> <li>3. Percentage of families and people whose income in the past 12 months is below the poverty level</li> </ol>

## Priority 4: Promote Economic Development

### Objective 3: Increase educational attainment and literacy levels to meet market demands

#### January 2017-June 2018:

1. Assess educational needs of various industries and sectors.
2. Survey existing and potential employers.
3. Convene key industries and companies around their employee gaps.
4. Create an inventory of organizations providing basic education, ESL, and adult literacy.

<b>Target Populations:</b> <ol style="list-style-type: none"> <li>1. Industries</li> <li>2. Businesses</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>1. Louisiana Community and Technical Colleges System (LCTCS)</li> <li>2. Louisiana Budget Project</li> <li>3. Louisiana Economic Development</li> <li>4. Louisiana Workforce Commission</li> <li>5. Louisiana Department of Transportation</li> <li>6. Louisiana Department of Education</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>1. Workforce</li> <li>2. Education</li> <li>3. Public Health</li> </ol>
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>1. Completed inventory of organizations providing basic education, ESL, and adult literacy, including statewide and local initiatives</li> <li>2. Educational attainment of adults, 25 years and older: No high school diploma (includes Less than 9th grade and 9th-12th grade, no diploma); High school graduate; Associate's degree; Bachelor's degree</li> <li>3. Increase percentage of incoming ninth graders who graduate in 4 years from a high school with a diploma.</li> <li>4. Increase proportion of high school completers that enroll in college the October immediately after completing high school.</li> </ol>

## Priority 4: Promote Economic Development

### Objective 4: Reduce barriers to employment

#### By December 2018:

1. Identify major job clusters in every region
2. Assess commute to work patterns (length of commute, mode, number of household vehicles, access to transit, and cost of commute/transportation).

<ol style="list-style-type: none"> <li>Expand access to transit vouchers.</li> <li>Increase participation in federal programs to improve public transit systems in urban and rural areas.</li> <li>Increase participation at annual Louisiana Public Transit Association held annually.</li> <li>Invest in re-entry training programs for formerly incarcerated people.</li> <li>Expand access to childcare vouchers.</li> <li>Increase the percentage of workers with benefits (i.e. sick leave).</li> <li>Improve modal options associated with supporting the economy and quality of life regardless of age, disability, or income.</li> <li>Enhance access to jobs for both urban and rural populations.</li> <li>Cooperate with and support MPOs, state planning and development districts, and local governments with the establishment and refinement of land use, transportation, and community development plans.</li> <li>Expand bicycle and pedestrian infrastructure</li> </ol>
<b>Target Populations:</b> <ol style="list-style-type: none"> <li>Businesses</li> <li>General public</li> <li>Formerly incarcerated</li> </ol>
<b>Implementation Partners:</b> <ol style="list-style-type: none"> <li>Louisiana Community and Technical Colleges System (LCTCS)</li> <li>Louisiana Budget Project</li> <li>Louisiana Economic Development</li> <li>Louisiana Workforce Commission</li> <li>Louisiana Department of Transportation</li> <li>Louisiana Department of Education</li> <li>Businesses</li> <li>State and local government / municipalities</li> </ol>
<b>Integration across sectors:</b> <ol style="list-style-type: none"> <li>Economic and community development</li> <li>Communities</li> <li>Public Health</li> </ol>
<b>Infrastructure:</b> <ol style="list-style-type: none"> <li>State of Louisiana</li> <li>Complete Streets Program</li> <li>AARP</li> </ol>
<b>Determination of health outcomes:</b> <ol style="list-style-type: none"> <li>Number of parishes with elderly and handicapped transit service</li> <li>Number of parishes with general transit service</li> <li>Use of Federal Funds for Bicycle and Pedestrian Efforts</li> </ol>

## Priority 5: Build Public Health System Infrastructure

### Objective 1: Facilitate public health system strengthening through networking and relationship building

#### January 2017-June 2018:

1. Host regional health system summits in partnership with both state and local organizations (i.e. Office of Behavioral Health, Medicaid Bayou Plans, local health coalitions).
2. Create new partners and leverage resources to identify gap populations (like out of school youth)/professions/settings, and develop plans on best ways to expand our scope/focus on these professions/settings.
3. Conduct an inventory of what is currently in place and what needs are not being met by health recruitment efforts.

#### Target Populations:

1. Community organizations
2. General public
3. Region leaders: OPH and health systems

#### Implementation Partners:

1. Louisiana Department of Health, Office of Public Health
2. City of Baton Rouge
3. City of New Orleans Health Department
4. Louisiana Public Health Institute
5. Louisiana Center for Health Equity

#### Integration across sectors:

1. Health care
2. Public health
3. Government / Policy
4. Education

#### Infrastructure:

1. Louisiana Department of Health
2. Board of Nursing Action Coalition

#### Determination of health outcomes:

1. Increase number of communities or parishes to join or create a Community Advisory Board or Health Council.
2. Increase number of regions with a health system summit.

## Priority 5: Build Public Health System Infrastructure

### Objective 2: Build systems to analyze and share data

**By December 2018:**

1. Link programs and activities to promote overall efficiency and effectiveness and achieve gains in population health.
2. Define purpose for the desired level of integration, partners, and collaborative activities for making strategic decisions.
3. Identify priorities and strategies with community partners.
4. Increase data-sharing agreements across agencies and entities.
5. Increase participation in state (LAHIE) and regional (GNOHIE) health information exchanges.
6. Develop a dashboard to track agency and system performance.

**January 2017-June 2018:**

1. Promote use of evidence-based practices and innovation.
2. Regularly provide snapshots (including parish profiles) of health status for community review and decision-making.

**Target Populations:**

1. Parish health units
2. Stakeholders and partners
3. Regional public health leaders

**Implementation Partners:**

1. Louisiana Department of Health, Office of Public Health
2. City of Baton Rouge
3. City of New Orleans Health Department
4. Louisiana Public Health Institute
5. Louisiana Center for Health Equity

**Integration across sectors:**

1. Public health
2. Quality improvement, informatics, OPH
3. Community stakeholders

**Infrastructure:**

1. Bureau of Informatics
2. Bureau of Performance Improvement

**Determination of health outcomes:**

1. Increase data-sharing agreements across agencies and entities

## Priority 5: Build Public Health System Infrastructure

### Objective 3: Address long-standing health inequities through collaboration with diverse partners and community members

#### By December 2018:

1. Support the Office of Minority Health led statewide initiative engaging inter-agency coordination around minority and medically underserved health issues.
2. Increase the parish health units that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs
3. Develop meaningful partnerships with academic institutions to support service learning and internships for students from all disciplines in state and local health departments.

#### January 2017-June 2018:

1. Conduct Undoing Racism trainings with staff and partners.
2. Conduct parish health unit secret shopper / mystery caller evaluations.

#### Target Populations:

1. General public
2. Underserved populations
3. Non-traditional community organizations and stakeholders

#### Implementation Partners:

1. Louisiana Department of Health, Office of Public Health
2. City of Baton Rouge
3. City of New Orleans Health Department
4. Louisiana Public Health Institute
5. Louisiana Center for Health Equity

#### Integration across sectors:

1. Public health
2. Community organizations and stakeholders

#### Infrastructure:

Bureau of Clinical Systems  
Bureau of Infectious Diseases

#### Determination of health outcomes:

1. Secret shopper / mystery caller evaluation reports and progress over time.

2. Customer satisfaction surveys from parish health units completed.

## Priority 5: Build Public Health System Infrastructure

### Objective 4: Implement an ongoing cycle of health assessments and planning

#### By December 2018:

1. Strengthen system performance and quality improvement capabilities.
2. Regularly assess public health system against national standards.
3. Align with other statewide assessment and planning efforts (i.e. block grants, hospital CHNAs, public health programs, FQHCs, foundations, rural hospitals, tribal).
4. Engage multi-sector community leaders at the regional level to develop and implement community health improvement plans.
5. Increase the proportion of local public health systems that conduct a public health system assessment using national performance standards
6. Align with other health assessment and planning efforts, such as tribal and hospital systems.

#### Target Populations:

1. Regional and parish health units
2. Statewide and community stakeholders

#### Implementation Partners:

1. Louisiana Department of Health, Office of Public Health
2. City of Baton Rouge
3. City of New Orleans Health Department
4. Louisiana Public Health Institute
5. Louisiana Center for Health Equity

#### Integration across sectors:

1. Public Health
2. Community organizations and stakeholders

#### Infrastructure:

Bureau of Performance Improvement; Quality Council; National Performance Standards

#### Determination of health outcomes:

1. Conduct a Louisiana public health system assessment using national performance standards



2. Increase number of regions implementing a local community health improvement plan linked to the Louisiana SHIP plan.

## Appendix A: Coalition Building Tools

### Letter of Invitation to State Advisory Board

Dear Community Stakeholder,

The Louisiana Office of Public Health (OPH) will reconvene the work of the State Health Improvement Plan (SHIP) to develop practical work plans, invite new members, and continue to engage with current members. In order to create change in our population's health, collaboration is necessary to strengthen resources, promote health in all policies, and sustain a healthy Louisiana. As a living document, the plan will be reviewed annually and updated as needed to remain relevant and actionable. As part of the State Advisory Board, we invite you to help guide the state health improvement plan and meet regularly to represent one of five priority areas: behavioral health, healthy lifestyles, access to healthcare, economic development, and public health system infrastructure. Achieving the goals of healthy people is a difficult and complex task that cannot be accomplished through a single plan, or by a single governmental agency or non-governmental entity. The five year plan we developed represents the voice of the state's citizens. The plan was designed as a comprehensive statewide plan aimed at increasing coordination and communication across internal and external organizational silos while addressing core issues identified for action by our communities. Your involvement in this process provides an opportunity to discuss and respond to a series of questions about the health status and social determinants of our state's citizens and your efforts in these goals are greatly appreciated.

This advisory board will oversee the SHIP planning and implementation going forward and will assure alignment of Louisiana's health improvement efforts for the benefit of all citizens. Your input and expertise are essential to implementing and evaluating strategies to create an action cycle plan. If you have not received a copy of the State Health Assessment (SHA) and SHIP, you may review a copy at [dhh.louisiana.gov/sha-ship](http://dhh.louisiana.gov/sha-ship).

What You Can Do to Improve the Health of Louisiana's Citizens and Visitors:

- **Join** OPH and its partners as we enter the action phase of SHIP implementation. Please email [Tammy.Hall@la.gov](mailto:Tammy.Hall@la.gov) for more information.
- **Attend** regular meetings of the SHIP steering committee, which will meet quarterly. We seek to harness the collective energy and resources of Louisiana's advocacy groups, health providers, municipalities, and community organizations, etc. to improve the health status of Louisiana residents as guided by community-identified health priorities.
- **Commit** yourself or your agency to improving the population's health in collaboration with an identified priority group: behavioral health, healthy lifestyles, access to healthcare, economic development, or public health infrastructure. OPH and its partners acknowledge that the number of possible objectives and strategies for each health priority exceed what could reasonably be included in the current SHIP; however all are welcome to use SHIP to guide their own work and related efforts to improve health.

Please be aware we will send a meeting invitation soon to reconvene and begin addressing the issues listed below. If you are unable to continue your commitment, I would encourage you to appoint another representative from your organization or please let me know if you are no longer interested.

#### Detailed Purpose:

This meeting is being scheduled to address the SHIP initiatives and future action to be taken to meet the objectives. It will also be a time to reconvene with the steering committee.

SHIP priority objectives need to be revisited and discuss progress on each objective by steering committee.

Other key issues that need to be addressed:

- *Strategies to move forward: moving towards a more granular, parish-level agenda/plan*
- *Which objectives have been met and re-establishing new 2020 goals if the objective has been met*

Sincerely,

Name/Title  
Organization

## Partner Memorandum of Acknowledgment



### **State Health Improvement Plan Partner Organization Acknowledgment Bureau of Performance Improvement**

Our organization is committed to be an active member of the State Health Improvement Plan of Louisiana. We support the overarching vision, values, and strategies that have been identified in the *Creating a Blueprint For Our Future* State Health Improvement Plan (SHIP). We understand, being a partner organization, that planning and collaboration activities require time and commitment for the foreseeable future. We recognize that a great deal of coordination and effort is needed to produce lasting health impacts in our state our organization welcomes the contributions and expectations of other partner members.

#### **We agree to the following SHIP Partner Organization Expectations:**

- 1) Appoint a representative(s) to attend and fully participate in monthly meetings with representation on at least one of the following Priority Areas: Behavioral Health, Healthy Lifestyles, Access to Healthcare, Economic Development, and Public Health Infrastructure.
- 2) Participate in Priority initiative work groups, when applicable, including attending scheduled work group meetings and completing assigned tasks; calling on support staff and team members as needed.
- 3) Keep the Louisiana Department of Health Office of Public Health (LDH-OPH) informed of our organization's SHIP-related activities, if applicable. This may include sharing data and other evaluation information with LDH-OPH for the purposes of tracking evaluation outcomes for the SHIP.
- 4) Read minutes, reports, and newsletters to stay abreast of SHIP decisions and activities.
- 5) Respond to LDH-OPH requests outside of meetings such as completing surveys, disseminating relevant information to organizational members or employees, connecting partners, and supporting SHIP activities.

#### **Benefits of becoming an active SHIP Partner Organization include:**

- Access to LDH-OPH technical assistance including: data support, information on evidence-based strategies, strategic planning, marketing and communications, evaluation, and meeting coordination.
- Professional development and educational events.
- Networking opportunities and connection to other LDH-OPH partners.

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative to SHIP Committee \_\_\_\_\_

Representative's Printed Name \_\_\_\_\_

Representative Email \_\_\_\_\_ Phone \_\_\_\_\_

Alternative Organization Representative(s): Name and email address: \_\_\_\_\_

Identified Priority Initiative(s): Behavioral Health, Healthy Lifestyles, Access to Healthcare, Economic Development, and Public Health Infrastructure \_\_\_\_\_

Please send completed form and any questions to [Tammy.Hall@la.gov](mailto:Tammy.Hall@la.gov)

## List of Sector Participant Suggestions

This list provides suggestions for organizations, institutions, and participants that may help you get started with the data-gathering and coalition building process. The list is organized by sector. This list is not exhaustive; feel free to identify other sites and individuals who may provide feedback to assist in your work.

### Community At Large

Site	Participants
City Government	<ul style="list-style-type: none"> <li>▪ Director</li> <li>▪ Risk manager</li> <li>▪ Administrative assistant to city planner</li> <li>▪ Health planner</li> <li>▪ Residents</li> <li>▪ City planner</li> <li>▪ City engineer</li> <li>▪ Director of city leisure services</li> <li>▪ Mayor</li> <li>▪ Financial analyst within city finance dept.</li> </ul>
County Government	<ul style="list-style-type: none"> <li>▪ County executive</li> <li>▪ Assistant county manager</li> <li>▪ Planning director</li> <li>▪ Health director</li> <li>▪ Alliance for health board member</li> <li>▪ Director of county conservation board</li> <li>▪ Education director</li> <li>▪ Director of parks and recreation</li> <li>▪ Director of community and economic development</li> <li>▪ Health department division manager</li> <li>▪ Health department commissioner/director</li> <li>▪ Health promotion coordinator</li> </ul>
News Media	<ul style="list-style-type: none"> <li>▪ News anchor</li> <li>▪ Reporter</li> </ul>
Cooperative Extension	<ul style="list-style-type: none"> <li>▪ Family and consumer science agent</li> </ul>
Board of Health	<ul style="list-style-type: none"> <li>▪ Board member</li> </ul>
County Commissioners	<ul style="list-style-type: none"> <li>▪ Chairperson of county commissioners</li> </ul>
City Bus Transportation	<ul style="list-style-type: none"> <li>▪ Director of operations</li> <li>▪ Director of traffic</li> </ul>
Minority Health Council	<ul style="list-style-type: none"> <li>▪ Project coordinator of health disparities initiative</li> <li>▪ Chairman of minority health council</li> </ul>
Community Assembly Groups	<ul style="list-style-type: none"> <li>▪ Farmer representative groups</li> <li>▪ Neighborhood representation groups</li> <li>▪ City district representation groups</li> <li>▪ Disability advocacy groups</li> <li>▪ Community food groups</li> </ul>
Bike and Pedestrian Committee	<ul style="list-style-type: none"> <li>▪ Committee chair</li> <li>▪ Committee members</li> </ul>
County Office for the Aging	<ul style="list-style-type: none"> <li>▪ Director</li> <li>▪ Staff</li> <li>▪ Seniors</li> </ul>
Tobacco Use Prevention and Control Program	<ul style="list-style-type: none"> <li>▪ Media use strategist</li> </ul>

## Community Institution/Organization Sector

Site	Participants
YMCA	<ul style="list-style-type: none"> <li>▪ CEO</li> <li>▪ Senior program director</li> <li>▪ Executive director</li> <li>▪ Director of operations</li> <li>▪ Wellness director</li> <li>▪ Program staff</li> <li>▪ Site director</li> </ul>
Food Bank	<ul style="list-style-type: none"> <li>▪ Director of programs</li> <li>▪ Community programs manager</li> </ul>
Church Child Development Center	<ul style="list-style-type: none"> <li>▪ Director</li> </ul>
Head Start Agency	<ul style="list-style-type: none"> <li>▪ Executive director</li> <li>▪ Site director</li> <li>▪ Teachers</li> <li>▪ Parents</li> </ul>
Church	<ul style="list-style-type: none"> <li>▪ Pastor</li> <li>▪ Associate pastor</li> <li>▪ Parish nurse</li> </ul>
Childcare Center/ Childhood Development Center	<ul style="list-style-type: none"> <li>▪ Director</li> </ul>
Family Center	<ul style="list-style-type: none"> <li>▪ Executive director</li> </ul>
Youth Center	<ul style="list-style-type: none"> <li>▪ Director</li> </ul>
Community Action Organization	<ul style="list-style-type: none"> <li>▪ Executive director</li> </ul>
Community College	<ul style="list-style-type: none"> <li>▪ Executive vice president of instruction &amp; student development</li> </ul>
University	<ul style="list-style-type: none"> <li>▪ Administrative staff</li> <li>▪ Professor</li> </ul>
Community Center	<ul style="list-style-type: none"> <li>▪ Daycare director</li> <li>▪ Program staff</li> <li>▪ Site director</li> </ul>

## Healthcare Sector

Site	Participants
Hospice	<ul style="list-style-type: none"> <li>▪ Executive director</li> <li>▪ Vice president of access</li> </ul>
Private Practitioner	<ul style="list-style-type: none"> <li>▪ Office manager</li> </ul>
Medical Clinic	<ul style="list-style-type: none"> <li>▪ Executive director</li> <li>▪ Clinical director</li> <li>▪ Practice manager</li> <li>▪ Director of ambulatory services</li> <li>▪ Pediatric and adolescent services</li> <li>▪ Nurse supervisor</li> <li>▪ Diabetes educator</li> <li>▪ Clinical director</li> <li>▪ Practice manager</li> </ul>
Medical Center/ Group	<ul style="list-style-type: none"> <li>▪ Vice president</li> <li>▪ Director of community outreach</li> <li>▪ Nurse practitioner</li> </ul>
Pediatric and Adolescent Services Clinic	<ul style="list-style-type: none"> <li>▪ Chief of pediatrics</li> <li>▪ Nurse practitioner</li> </ul>
Hospital	<ul style="list-style-type: none"> <li>▪ President or CEO</li> <li>▪ Director of community health</li> <li>▪ Vice president of regional operations</li> <li>▪ Vice president</li> <li>▪ Chief nursing executive</li> <li>▪ Chief operating medical officer</li> <li>▪ Staff</li> </ul>
Local Health Department/Department of Health	<ul style="list-style-type: none"> <li>▪ Director of community health services</li> <li>▪ Health promotion, planning and development manager</li> <li>▪ School outreach and clinic division manager</li> <li>▪ Elderly, cancer and chronic disease program manager</li> <li>▪ Environmental health officer</li> <li>▪ Public health nurse</li> <li>▪ Community program coordinator</li> </ul>
Senior Nursing Care Facility	<ul style="list-style-type: none"> <li>▪ Director</li> <li>▪ Staff</li> </ul>
Federally Qualified Health Center	<ul style="list-style-type: none"> <li>▪ Executive director</li> <li>▪ Health planner</li> <li>▪ Director of medical services</li> </ul>
Health Department	<ul style="list-style-type: none"> <li>▪ Health promotion director</li> </ul>
Childcare Center/Childhood Development Center	<ul style="list-style-type: none"> <li>▪ Director</li> <li>▪ Nurse</li> <li>▪ Staff</li> </ul>

## School Sector

Site	Participants
School	<ul style="list-style-type: none"> <li>▪ Principal</li> <li>▪ Director of elementary schools</li> <li>▪ Director of child nutrition</li> <li>▪ Director of secondary schools</li> <li>▪ Director of community education</li> <li>▪ School nurse</li> <li>▪ School staff</li> </ul>
Public School System	<ul style="list-style-type: none"> <li>▪ Chairperson of health services</li> <li>▪ Director of child and nutrition services</li> </ul>
Charter School	<ul style="list-style-type: none"> <li>▪ PE instructor</li> <li>▪ Food services director</li> </ul>
School District	<ul style="list-style-type: none"> <li>▪ Curriculum coordinator</li> <li>▪ Director</li> <li>▪ After-school coordinator</li> <li>▪ Tobacco-free coordinator</li> <li>▪ Safe and drug- free coordinator</li> <li>▪ Director of athletics</li> <li>▪ Board of cooperative educational services (BOCES)</li> <li>▪ Assistant principal</li> <li>▪ After-school coordinator</li> <li>▪ Food service staff</li> <li>▪ School board member</li> <li>▪ Superintendent/assistant superintendent</li> </ul>

## Work Site Sector

Site	Participants
County Government	<ul style="list-style-type: none"> <li>▪ Assistant county manager</li> </ul>
City Government	<ul style="list-style-type: none"> <li>▪ Risk manager</li> <li>▪ Mayor's executive assistant</li> <li>▪ Collections department employee</li> <li>▪ Human resources director</li> <li>▪ Downtown development director</li> </ul>
Hospice	<ul style="list-style-type: none"> <li>▪ Vice president of access</li> </ul>
Textile Company	<ul style="list-style-type: none"> <li>▪ Human resources director</li> <li>▪ Administrative assistant</li> <li>▪ Risk manager</li> <li>▪ CEO</li> </ul>
Planning Department	<ul style="list-style-type: none"> <li>▪ Director</li> </ul>
Public Works	<ul style="list-style-type: none"> <li>▪ Director</li> </ul>
Police Department	<ul style="list-style-type: none"> <li>▪ HR manager/employee</li> </ul>
Pet Product Store	<ul style="list-style-type: none"> <li>▪ CEO (franchise)</li> <li>▪ Store manager</li> </ul>
Medical Foundation	<ul style="list-style-type: none"> <li>▪ Director of human resources</li> </ul>
Public Health Office	<ul style="list-style-type: none"> <li>▪ Nurse manager</li> <li>▪ Nutritionist</li> <li>▪ WIC clerk</li> </ul>
Manufacturing Company	<ul style="list-style-type: none"> <li>▪ Chief financial officer</li> <li>▪ Human resources director</li> <li>▪ Executive director</li> <li>▪ Safety supervisor</li> <li>▪ Staff development coordinator</li> <li>▪ Benefits coordinator</li> <li>▪ Communication director</li> <li>▪ Staff</li> </ul>
Long-Term Care Facility	<ul style="list-style-type: none"> <li>▪ Occupational health and safety coordinator</li> <li>▪ Nurse</li> </ul>
Restaurant	<ul style="list-style-type: none"> <li>▪ General manager</li> </ul>
Supermarket	<ul style="list-style-type: none"> <li>▪ Store director</li> <li>▪ Registered dietician</li> </ul>
Credit Union	<ul style="list-style-type: none"> <li>▪ Chief executive director</li> <li>▪ Human resources director</li> </ul>
Casinos	<ul style="list-style-type: none"> <li>▪ Casino employees</li> </ul>
Food Bank	<ul style="list-style-type: none"> <li>▪ Executive director</li> <li>▪ Director of programs</li> </ul>
Bus Companies	<ul style="list-style-type: none"> <li>▪ Executive director</li> <li>▪ Safety supervisor</li> <li>▪ Staff development coordinator</li> <li>▪ Benefits coordinator</li> <li>▪ Communications director</li> <li>▪ Staff</li> </ul>
Childcare Centers	<ul style="list-style-type: none"> <li>▪ Owner</li> <li>▪ Staff</li> </ul>



Local Health Department	<ul style="list-style-type: none"> <li>▪ Administrative assistant to the director</li> <li>▪ Community program coordinator</li> <li>▪ Commissioner/director</li> <li>▪ Staff development coordinator</li> <li>▪ Human resources staff</li> <li>▪ Public relations staff</li> <li>▪ Staff</li> </ul>
State Department of Transportation	<ul style="list-style-type: none"> <li>▪ Regional director</li> <li>▪ Regional staff</li> </ul>
Fire Department	<ul style="list-style-type: none"> <li>▪ Employee</li> </ul>
County Government	<ul style="list-style-type: none"> <li>▪ County executive</li> <li>▪ Assistant county manager</li> <li>▪ Planning director</li> <li>▪ Health director</li> <li>▪ Alliance for health board member</li> <li>▪ Director of county conservation board</li> <li>▪ Education director</li> <li>▪ Director of parks and recreation</li> <li>▪ Director of community and economic development</li> <li>▪ Health department division manager</li> <li>▪ Health department commissioner/director</li> <li>▪ Health promotion coordinator</li> </ul>
News Media	<ul style="list-style-type: none"> <li>▪ News anchor</li> <li>▪ Reporter</li> </ul>
Cooperative Extension	<ul style="list-style-type: none"> <li>▪ Family and consumer science agent</li> </ul>
Board of Health	<ul style="list-style-type: none"> <li>▪ Board member</li> </ul>
County Commissioners	<ul style="list-style-type: none"> <li>▪ Chairperson of county commissioners</li> </ul>
City Bus Transportation	<ul style="list-style-type: none"> <li>▪ Director of operations</li> <li>▪ Director of traffic</li> </ul>
Minority Health Council	<ul style="list-style-type: none"> <li>▪ Project coordinator of health disparities initiative</li> <li>▪ Chairman of minority health council</li> </ul>
Community Assembly Groups	<ul style="list-style-type: none"> <li>▪ Farmer representative groups</li> <li>▪ Neighborhood representation groups</li> <li>▪ City district representation groups</li> <li>▪ Disability advocacy groups</li> <li>▪ Community food groups</li> </ul>

## Appendix B: Policy Changes Needed

LaSHIP Priority Area	Policy Change(s)
<b>Support Behavioral Health</b>	<ul style="list-style-type: none"> <li>• HB 192: Provides for limitations on the prescribing of opioids</li> <li>• HB 225: Adds certain substances to the Uniform Controlled Dangerous Substances Law</li> <li>• HB 490: Creates the Advisory Council on Heroin and Opioid Prevention and Education</li> <li>• SCR 21: Requests Louisiana medical schools, prescriber licensing boards, and prescriber trade associations to take all necessary steps to eliminate pain as the fifth vital sign and to increase prescriber education and awareness on assessing, identifying, and treating the symptom of pain.</li> <li>• HB 1164: SUB: Creates a task force to study the delivery of integrated physical and behavioral health services for Medicaid enrollees with serious mental illness</li> <li>• HB 497: Requires the Department of Health to implement the Medicaid health home option for persons with serious mental illness <i>Failed to pass</i></li> <li>• HB 762: Provides to require referrals of Medicaid enrollees for mental health counseling or treatment by managed care providers in certain cases <i>Died in committee</i></li> <li>• Act 580: A commission designated the Louisiana Obesity Prevention and Management Commission to assist the executive departments and agencies in achieving programmatic goals.</li> <li>• SB 116: Provides for the Work Out Now: WON Louisiana Legislative Commission</li> </ul>
<b>Promote Healthy Lifestyles</b>	<ul style="list-style-type: none"> <li>• Smoke-Free Air Act: RS 40:1291.1</li> <li>• School Tobacco Prohibition RS 17:240</li> <li>• HB 531: Prohibits the use of tobacco products on school property</li> <li>• HB 208: Provides relative to foods and beverages sold to students in public schools <i>Involuntarily deferred in committee</i></li> </ul>
<b>Assure Access to Healthcare</b>	<ul style="list-style-type: none"> <li>• On January 12, 2016, Governor John Bel Edwards signed an executive order (JBE 16-01) to begin the process for expanding Medicaid in Louisiana no later than July 1, 2016. Expansion has made Medicaid available to more than 300,000 people living in Louisiana who did not previously</li> </ul>

	<p>qualify for full Medicaid coverage and could not afford to buy private health insurance.</p> <ul style="list-style-type: none"> <li>• HB 427: Provides relative to the tax credit for certain medical providers</li> <li>• HB 586: Requires certain publicly funded healthcare facilities and providers to institute policies relative to continuity of patient care</li> <li>• SB 88: Provides for a rural health clinic look-alike. (8/1/17)</li> <li>• HCR 170: Creates a study committee to evaluate and make recommendations concerning Louisiana's system of healthcare delivery <i>Sent to the Secretary of State</i></li> </ul>
<b>Promote Economic Development</b>	<ul style="list-style-type: none"> <li>• Workforce Innovation and Opportunity Act of 2014: To help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy</li> <li>• HB 112: Requires that any contractor who enters into a contract with a public entity comply with the Louisiana Equal Pay for Women Act</li> <li>• HB 282: Provides for equal pay for women</li> <li>• HB 384: Provides for pay equality</li> <li>• SB 2: Provides that the Louisiana Equal Pay Act be applicable to men and private employers and requires government contractors to verify equal pay practices. (8/1/17)</li> <li>• SB 153: Provides for an increase in the state minimum wage.</li> </ul>
<b>Build Public Health Infrastructure</b>	<ul style="list-style-type: none"> <li>• HB 595: Provides relative to the delivery of nutrition services through telehealth <i>Signed by the Governor – Act 417</i></li> <li>• SB 328: Provides for telehealth access <i>Subject to call – House final passage</i></li> <li>• HB 480: Provides relative to the practice of telemedicine in licensed healthcare facilities <i>Signed by the Governor – Act 252</i></li> <li>• HB 570: Provides relative to the practice of telemedicine <i>Signed by the Governor - Act 630</i></li> </ul>

## Appendix C: Community Health Assessment and Group Evaluation

The following pages list the questions for five sectors (Community-At-Large Sector, Community Institution/Organization Sector, Health Care Sector, School Sector, and Work Site Sector). Each sector includes several modules (e.g., demographic, physical activity, nutrition, tobacco, chronic disease management, and leadership, and also district and after school for the School Sector). All questions are adapted from the CDC CHANGE Action Guide.

### 1. Community-At-Large Sector

---

#### Demographic

1. Approximate number of people who reside in the community (population).
2. Approximate size of the area (square miles).
3. Best description of the community setting: rural, suburban, urban
4. The median household income of the community:  
< \$25,000, \$25,000 – \$34,999, \$35,000 – \$49,999, \$50,000 – \$74,999, ≥ \$75,000
5. Approximate percentage of people in the community with no high school diploma:  
<5%, 5 – 9%, 10 – 14%, 15 – 19%, ≥ 20%
6. Approximate percentage of people in the community who are living in poverty:  
< 5%, 5 – 9%, 10 – 14%, 15 – 19%, ≥ 20%
7. Approximate percentage of people in the community who are currently unemployed:  
< 5%, 5 – 9%, 10 – 14%, 15 – 19%, ≥ 20%

#### Physical Activity

To what extent does the community:

1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?
2. Adopt a land use plan?
3. Require bike facilities (e.g., bike boulevards, bike lanes, bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?
4. Adopt a complete streets plan to support walking and biking infrastructure?
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?
8. Provide access to parks, shared-use paths and trails, or open spaces within reasonable walking distance of most homes?
9. Institute mixed land use?
10. Require sidewalks to comply with the Americans with Disabilities Act (ADA) (i.e., all routes accessible for people with disabilities)?
11. Provide access to public recreation facilities (e.g., parks, play areas, community and wellness centers) for people of all abilities?

12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within reasonable walking distance?
13. Provide street traffic calming measures (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?
14. Adopt strategies (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, bike lanes, walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?

## Nutrition

To what extent does the community:

1. Adopt strategies to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide healthy food and beverage options (e.g., fresh produce) in underserved areas?
2. Encourage community garden initiatives?
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to supermarkets and large grocery stores?
4. Provide access to farmers' markets?
5. Accept Women, Infants and Children (WIC) Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?
6. Connect locally grown foods to local restaurants and food venues?
7. Promote (e.g., signage, product placement, pricing strategies) the purchase of fruits and vegetables at local restaurants and food venues?
8. Institute healthy food and beverage options at local restaurants and food venues?
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?
10. Provide smaller portion sizes at local restaurants and food venues?
11. Ban local restaurants and retail food establishments from cooking with trans fats?
12. Adopt strategies to recruit supermarkets and large grocery stores in underserved areas (e.g., provide financial incentives, lower operating costs, provide job training services)?
13. Provide comfortable, private spaces for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?
14. Protect a woman's right to breastfeed in public places?

## Tobacco

To what extent does the community:

1. Institute a smoke-free policy 24/7 for indoor public places?
2. Institute a tobacco-free policy 24/7 for indoor public places?
3. Institute a smoke-free policy 24/7 for outdoor public places?
4. Institute a tobacco-free policy 24/7 for outdoor public places?
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?
6. Ban tobacco promotions, promotional offers, and prizes?
7. Regulate the number, location, and density of tobacco retail outlets?
8. Restrict the placement of tobacco vending machines (including self-service displays)?

9. Enforce the ban of selling single cigarettes?
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?
11. Provide access to a referral system for tobacco cessation resources and services, such as quitlines (e.g., 1-800-QUIT-NOW)?

## Chronic Disease Management

To what extent does the community:

1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?
2. Adopt strategies to educate its residents on the importance of obesity prevention?
3. Adopt strategies to educate its residents on the importance of controlling high blood pressure?
4. Adopt strategies to educate its residents on the importance of controlling cholesterol?
5. Adopt strategies to educate its residents on the importance of controlling blood sugar or insulin levels?
6. Adopt strategies to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?
7. Adopt strategies to educate its residents on the importance of preventive care?
8. Provide emergency medical services (e.g., 9-1-1, transport system)?
9. Adopt strategies to address chronic disease health disparities?

## Leadership

To what extent does the community:

1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and associated risk factors?
2. Participate in the public policy process to highlight the need for community changes to prevent and reduce chronic disease risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
3. Finance public shared-use paths or trails (by passing bonds, passing millages, levying taxes or getting grants)?
4. Finance public recreation facilities (by passing bonds, passing millages, levying taxes or getting grants)?
5. Finance public parks or greenways (by passing bonds, passing millages, levying taxes or getting grants)?
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, road diets)?
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?
10. Promote mixed land use through regulation or other incentives?
11. Institute a management program to improve safety within the transportation system?

## Community Institution/Organization Sector Demographic

---

1. Best description of the community setting:  
Rural, suburban, urban
2. Median household income in the community:  
< \$25,000, \$25,000 – \$34,999, \$35,000 – \$49,999, \$50,000 – \$74,999 ≥ \$75,000
3. Sector type:  
Private, public
4. Profit type:  
For-profit, not-for-profit
5. Target population:  
Children/youth\* (ages: <18), adults (ages: 18-64), seniors/older adults (ages: 65+), other.  
\*If serving children/youth, what grades are being served: preschool, elementary school, middle school, high school
6. Type of institution/organization:  
Senior center, faith-based organization, daycare center, boys and girls club, health and wellness center, university/college, other

### Physical Activity

To what extent does the community institution/organization:

1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)?
2. Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active?
3. Designate a walking path on or near building property?
4. Encourage non-motorized commutes (e.g., active transportation such as walk or bike) to the facility?
5. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within reasonable walking distance?
6. Provide access to onsite fitness center, gymnasium, or physical activity classes?
7. Provide a changing room or locker room with showers?
8. Provide bicycle parking (e.g., bike rack, shelter) for patrons?
9. Provide access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities?
10. Provide opportunity for unstructured play or leisure-time physical activity?
11. Prohibit using physical activity as a punishment?
12. Restrict screen time to less than 2 hours per day for children over 2 years of age?
13. Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorship, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs)?

### Nutrition

To what extent does the community institution/organization:

1. Institute healthy food and beverage options in vending machines?

2. Institute healthy food and beverage options at institution-sponsored meetings and events?
3. Institute healthy food and beverage options in onsite cafeteria and food venues?
4. Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?
5. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?
6. Institute pricing strategies that encourage the purchase of healthy food and beverage options?
7. Ban marketing (e.g. counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?
8. Provide smaller portion sizes in onsite cafeteria and food venues?
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at onsite cafeteria and food venues?
10. Provide safe, unflavored, cool drinking water at no cost to patrons?
11. Prohibit using food as a reward or punishment?
12. Provide direct support (e.g., money, land, pavilion, sponsorship, and advertising) for supporting community-wide nutrition opportunities (e.g., farmers' markets, community gardens)?
13. Provide a comfortable, private space for women to nurse or pump to support and encourage patrons' ability to breastfeed?

## Tobacco

To what extent does the community institution/organization:

1. Institute a smoke-free policy 24/7 for indoor public places?
2. Institute a tobacco-free policy 24/7 for indoor public places?
3. Institute a smoke-free policy 24/7 for outdoor public places?
4. Institute a tobacco-free policy 24/7 for outdoor public places?
5. Ban tobacco vending machine sales (including self-service displays)?
6. Ban tobacco promotions, promotional offers, and prizes?
7. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?
8. Implement a referral system to help patrons to access tobacco cessation resources and services, such as a quitline (e.g., 1-800-QUIT-NOW)?

## Chronic Disease Management

To what extent does the community institution/organization:

1. Provide access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?
2. Provide access to an onsite nurse?
3. Provide an onsite medical clinic to monitor and address chronic diseases and related risk factors (e.g., high blood pressure, high cholesterol, elevated blood sugar levels)?
4. Provide routine screening, follow-up counseling and education to patrons to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?
5. Adopt curricula or training to raise awareness of the signs and symptoms of heart attacks and strokes?
6. Adopt curricula or training to raise awareness of the importance of calling 9-1-1 immediately when someone is having a heart attack or stroke?
7. Promote chronic disease prevention to patrons (e.g., post signs reminding patrons to get blood pressure checked, quit smoking, or avoid secondhand smoke)?



8. Have an emergency response plan (e.g., appropriate equipment such as Automatic External Defibrillator, instructions for action) in place?

## Leadership

To what extent does the community institution/organization:

1. Provide incentives to patrons participating in chronic disease prevention measures (e.g., quit smoking, log miles walked, blood pressure or cholesterol screening)?
2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
3. Have a wellness coordinator?
4. Have a wellness committee?
5. Have a health promotion budget?
6. Have a mission statement (or a written policy statement) that includes the support of or commitment to patron health and well-being?
7. Implement a needs assessment when planning a health promotion program?
8. Evaluate health promotion programs?
9. Provide opportunities for patron feedback (e.g., interest, satisfaction, adherence) about health promotion programs?
10. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

## Health Care Sector Demographic

---

1. Number of staff:  
Fewer than 20, 20 – 99, 100 – 249, 250 – 499, 500 – 999, 1,000 – 1,499, 1,500+
2. Type of health care organization:  
Medical/physician office, clinic, hospital, ambulatory care, home health agency, Health Maintenance Organization (HMO), local health department, Federally Qualified Health Center (FQHC), other
3. Number of patients: Average number of patients on monthly basis
4. Sector type: Private, public
5. Profit type:  
For-profit, not-for-profit

## Physical Activity

To what extent does the health care facility:

1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity) to patients, visitors, and staff?
2. Assess patients' physical activity as part of a written checklist or screening used in all routine office visits?
3. Provide regular counseling about the health value of physical activity during all routine office visits?
4. Implement a referral system to help patients' access community-based resources or services for physical activity?

## Nutrition

To what extent does the health care facility:

1. Implement breastfeeding initiative for future or current moms?
2. Assess patients' nutrition as part of a written checklist or screening used in all routine office visits?
3. Provide regular counseling about the health value of good nutrition during all routine office visits?
4. Provide free or low cost weight management or nutrition programs?
5. Implement a referral system to help patients to access community-based resources or services for nutrition?
6. Institute healthy food and beverage options in vending machines?
7. Institute healthy food and beverage options served to their patients?
8. Institute healthy food and beverage options in the onsite cafeteria and food venues?
9. Institute pricing strategies that encourage the purchase of healthy food and beverage options?
10. Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?
11. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?
12. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at the onsite cafeteria and food venues?
13. Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?
14. Provide smaller portion sizes in onsite cafeteria and food venues?

## Tobacco

To what extent does the health care facility:

1. Institute a smoke-free policy 24/7 for indoor public places?
2. Institute a tobacco-free policy 24/7 for indoor public places?
3. Institute a smoke-free policy 24/7 for outdoor public places?
4. Institute a tobacco-free policy 24/7 for outdoor public places?
5. Assess patients' tobacco use as part of written checklist or screening used in all routine office visits?
6. Assess patients' exposure to tobacco smoke as part of written checklist or screening used in all routine office visits?
7. Provide advice and counseling about the harm of tobacco use and exposure during all office visits?
8. Implement a referral system to help patients to access tobacco cessation resources and services, such as a quitline (e.g., 1-800-QUIT-NOW)?
9. Provide access to free or low cost pharmacological quitting aids for their patients?
10. Implement a provider-reminder system to assess, advise, track, and monitor tobacco use?

## Chronic Disease Management

To what extent does the health care facility:

1. Implement a referral system to help patients to access community-based resources or services for chronic disease management?
2. Provide routine follow-up counseling and education to patients to help address chronic diseases

and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?

3. Provide screening for chronic diseases in adults with risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?
4. Measure weight and height, and calculate appropriate body mass index (BMI) for every patient at each visit?
5. Adopt a plan or process to increase patient adherence to chronic disease (e.g., cardiovascular disease, diabetes) treatment?
6. Institute a systematic approach to the processes of diabetes care?
7. Institute the latest emergency heart disease and stroke treatment guidelines (e.g., Joint National Committee 7, American Heart Association)?
8. Provide access to resources and training for using a stroke rating scale?
9. Provide specialized stroke care units?
10. Provide specialized heart disease units?

## Leadership

To what extent does the health care facility:

1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
3. Enhance access to childhood overweight prevention and treatment services to reduce health disparities?
4. Promote high standards of modifiable risk factor (e.g., poor nutrition, physical inactivity, tobacco use and exposure) practice to healthcare and provider associations?
5. Institute standardized treatment and prevention protocols that are consistent with national evidence-based guidelines to prevent heart disease, stroke, and related risk factors?
6. Institute an electronic medical records system and patient data registries to provide immediate feedback on a patient's condition and compliance with the treatment regimen?
7. Adopt the Chronic Care Model in hospitals?
8. Provide patient services using provider care teams that cross specialties (e.g., physician/pharmacist teams)?
9. Provide access to medical services outside of regular working hours (e.g., late evenings, weekends)?
10. Promote collaboration between health care professionals (e.g., physicians and specialists) for managing chronic diseases (e.g., cardiovascular disease, diabetes)?
11. Partner with community agencies to provide free or low cost chronic disease health screenings, follow-up counseling, and education for those at risk?
12. Institute annual cultural competence training for all health workers for optimal care of all patients (regardless of their race/ethnicity, culture, or background)?

## School Sector Demographic

---

1. Total # of students served:
2. School level:  
Elementary, middle, high (specify grades)
3. Type of school:  
Private, public, parochial
4. Best description of the setting of the school: Rural, suburban, urban
5. Percentage (%) of students receiving free or reduced price lunch:
6. Median household income of the students in this school:  
< \$25,000, \$25,000 – \$34,999, \$35,000 – \$49,999, \$50,000 – \$74,999, ≥ \$75,000

### District

To what extent does the district:

1. Require 225 minutes per week of physical education for all middle school and high school students?
2. Require 150 minutes per week of physical education for all elementary school students?
3. Provide 20 minutes of recess daily for students in elementary school?
4. Ensure that students are not provided waivers or exemptions from participation in physical education for other school and community activities, such as band, chorus, Reserve Officers' Training Corps (ROTC), sports participation, or community volunteering?
5. Require that either fruits or vegetables or both are available wherever foods and beverages are offered?
6. Eliminate the sale and distribution of less than healthy foods and beverages during the school day?
7. Prohibit the sale of sugar-sweetened beverages (can exclude flavored, fat-free milk) during the school day?
8. Institute a tobacco-free policy 24/7?
9. Ban tobacco advertising on school property, at school events, and in written educational materials and publications?
10. Ban tobacco promotions, promotional offers, and prizes on school property, at school events, and in written educational materials and publications?
11. Ensure access to a full-time, qualified healthcare provider (e.g., registered school nurse) in every school?
12. Establish a case management plan for students with identified chronic diseases or conditions (e.g., asthma, diabetes, epilepsy) in consultation with their families, medical providers, and school staff?
13. Ensure immediate and reliable access to prescribed medications (e.g., inhaler, insulin, epinephrine pen) for chronic disease management throughout school day?
14. Have a district health group (e.g., school health council) comprised of school personnel, parents, students, and community partners that help plan and implement district health activities?
15. Have a designated school health coordinator who is responsible for overseeing school health activities across the district?
16. Monitor schools' compliance with the implementation of the district school wellness policy enacted as a result of the Child Nutrition and WIC Reauthorization Act of 2004 (i.e., requires that all school districts that participate in the National School Lunch Program have local wellness policies)?
17. Allow the use of school buildings and facilities by the public during non-school hours (e.g., joint

use agreement)?

18. Adopt a physical education curriculum for all students in grades pre-K to grade 12, as part of a sequential physical education course of study, consistent with state or National Physical Education Standards?
19. Adopt a nutrition education curriculum, designed to help students adopt healthy eating behaviors, for all students in grades pre-K to grade 12, as part of a sequential health education course of study, consistent with state or National Health Education Standards?
20. Adopt a tobacco-use prevention curriculum for all students in grades pre-K to grade 12, as part of a sequential health education course of study, consistent with state or National Health Education Standards?

## Physical Activity

To what extent does the school:

1. Ban using or withholding physical activity as a punishment?
2. Require that students are physically active during the majority of time in physical education class?
3. Provide access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities?
4. Implement a walk or bike to school initiative?
5. Ensure the availability of proper equipment and facilities (including playground equipment, physical activity equipment, and athletic or fitness facilities) that meet safety standards?

## Nutrition

To what extent does the school:

1. Ensure that students are provided only healthy food and beverage options beyond the school food services (e.g., all vending machines, school stores, and food brought for celebrations)?
2. Institute school breakfast and lunch programs that meet the U.S. Department of Agriculture School Meal Nutrition Standards?
3. Ensure that healthy food preparation practices (e.g., steaming, low fat, low salt, limited frying) are always used in the school cafeteria or onsite food services?
4. Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?
5. Promote and market (e.g., through counter advertisements, posters, or other print materials) only healthy food and beverage options?
6. Provide adequate time to eat school meals (10 minutes for breakfast/20 minutes for lunch, from the time students are seated)?
7. Ban using food as a reward or punishment for academic performance or behavior?
8. Provide safe, unflavored, cool drinking water throughout the school day at no cost to students?
9. Provide school garden (e.g., access to land, container gardens, or raised beds) and related resources (e.g., staff volunteer time, financial incentives)?
10. Ensure that multiple channels, including classroom, cafeteria, and communications with parents, are used to promote healthy eating behaviors?

## Tobacco

To what extent does the school:

1. Implement a referral system to help students to access tobacco cessation resources or services?

## Chronic Disease Management

1. To what extent does the school:
  1. Provide access to chronic disease self-management education programs to individuals identified with chronic diseases or conditions (e.g., diabetes, asthma)?
  2. Meet the nutritional needs of students with special health care or dietary requirements (e.g., allergies, diabetes, physical disabilities)?
  3. Provide opportunities to raise awareness among students of the signs and symptoms of heart attack and stroke?
  4. Ensure students are aware of the importance of calling 9-1-1 for emergencies?
  5. Ensure cardiopulmonary resuscitation (CPR) training is made available to students?
  6. Engage families in the development of school plans (e.g., school diabetes management plans) to effectively manage students with chronic diseases or conditions?

## Leadership

To what extent does the school:

1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
3. Have a school building health group (e.g., school health committee) comprised of school personnel, parents, students, and community partners that help plan and implement the health activities at the school building?
4. Have an individual who is responsible for leading school health activities within the school building?
5. Have a health promotion budget?
6. Have a written mission or position statement that includes the commitment to student health and well-being?
7. Recruit teachers (e.g., physical education, health) with appropriate training, education, and background?
8. Provide training and support to food service and other relevant staff to meet nutrition standards for preparing healthy meals?
9. Provide access to opportunities for professional development or continued education to staff (e.g., physical education, health, school nurse, food service manager)?
10. Provide training for all teachers and staff on school physical activity, nutrition, and tobacco prevention policies?
11. Permit only health-promoting fund raising efforts such as non-food options or only healthy food and beverage options, physical activity-related options (e.g., fun-run), or community service options (e.g., car wash, directing parking at school events)?

## After School

To what extent does the after school program:

1. Ban using or withholding physical activity as a punishment?
2. Ban using food as a reward or punishment for academic performance or behavior?
3. Provide access to physical activity programs (e.g., intramural, extracurricular, interscholastic)?
4. Ensure appropriate active time during after school programs or events?
5. Institute healthy food and beverage options during after school programs or events?
6. Prohibit the sale of sugar-sweetened beverages outside of school hours?

## Work Site Sector Demographic

---

1. Number of employees:  
Fewer than 20, 20 – 99, 100 – 249, 250 – 499, 500 – 999, 1,000 – 1,499, 1,500+
2. Type of work site:  
Retail sales, bank or credit union, restaurant/food service, hotel/motel, auto/repair shop, gas station or convenience store, pharmacy or drug store, grocery store/food market, manufacturing, factory, warehouse, construction, school/educational institution, faith-based institution, health care (e.g., clinic, hospital, medical practice), government, other
3. Sector type: Private, public
4. Profit type: For-profit, not-for-profit

## Physical Activity

To what extent does the work site:

1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)?
2. Provide flexible work arrangements or break times for employees to engage in physical activity?
3. Encourage non-motorized commutes (e.g., active transportation such as walk or bike) to work?
4. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within reasonable walking distance?
5. Support clubs or groups (e.g., walking, biking, hiking) to encourage physical activity among employees?
6. Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active?
7. Designate a walking path on or near building property?
8. Provide access to onsite fitness center, gymnasium, or physical activity classes?
9. Provide a changing room or locker room with showers?
10. Provide access to offsite workout facility or subsidized membership to local fitness facility?
11. Provide bicycle parking (e.g., bike rack, shelter) for employees?
12. Implement activity breaks for meetings that are longer than one hour?
13. Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorship, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs)?

## Nutrition

To what extent does the work site:

1. Institute healthy food and beverage options at company-sponsored meetings and events?
2. Institute healthy food and beverage options in vending machines?
3. Institute healthy food and beverage options in onsite cafeteria and food venues?
4. Institute healthy food purchasing practices (e.g., to reduce the caloric, sodium, and fat content of foods offered) for onsite cafeteria and food venues?
5. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?
6. Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?
7. Provide smaller portion sizes in onsite cafeteria and food venues?
8. Provide safe, unflavored, cool drinking water at no cost to employees?
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at the worksite's cafeteria and onsite food service?
10. Institute pricing strategies that encourage the purchase of healthy food and beverage options?
11. Provide refrigerator access for employees?
12. Provide microwave access for employees?
13. Provide a sink with water faucet access for employees?
14. Provide direct support (e.g., money, land, a pavilion, sponsorship, donated advertising) for community-wide nutrition opportunities (e.g., farmers' markets, community gardens)?
15. Support breastfeeding by having maternity care practices, including providing a comfortable, private space for employees to nurse or pump?

## Tobacco

To what extent does the work site:

1. Institute a smoke-free policy 24/7 for indoor public places?
2. Institute a tobacco-free policy 24/7 for indoor public places?
3. Institute a smoke-free policy 24/7 for outdoor public places?
4. Institute a tobacco-free policy 24/7 for outdoor public places?
5. Ban tobacco vending machine sales (including self-service displays)?
6. Provide insurance coverage for tobacco cessation services?
7. Provide insurance coverage for tobacco cessation products (e.g., pharmacological quitting aids, medicines)?
8. Ban tobacco promotions, promotional offers, and prizes?
9. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?
10. Implement a referral system to help employees to access tobacco cessation resources or services, such as a quitline (e.g., 1-800-QUIT-NOW)?

## Chronic Disease Management

To what extent does the worksite:

1. Provide routine screening, follow-up counseling and education to employees to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?
2. Provide access to an onsite occupational health nurse?
3. Provide an onsite medical clinic to monitor and address chronic diseases and related risk factors



- (e.g., high blood pressure, high cholesterol, elevated blood sugar levels)?
- 4. Provide paid time off to attend health promotion programs or classes?
- 5. Provide employee insurance coverage for preventive services and quality medical care?
- 6. Provide access to a free or low cost employee health risk appraisal or health screenings?
- 7. Provide access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?
- 8. Adopt curricula or training to raise awareness of the signs and symptoms of heart attacks and strokes?
- 9. Adopt curricula or training to raise awareness of the importance of calling 9-1-1 immediately when someone is having a heart attack or stroke?
- 10. Promote chronic disease prevention (e.g., post signs reminding employees to get blood pressure checked, quit smoking, or avoid secondhand smoke) to employees?
- 11. Adopt an emergency response plan (e.g., appropriate equipment such as Automatic External Defibrillator, instructions for employee action)?

## Leadership

To what extent does the worksite:

- 1. Reimburse employees for preventive health or wellness activities?
- 2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
- 3. Have a wellness coordinator?
- 4. Have a wellness committee?
- 5. Have a health promotion budget?
- 6. Have a mission statement (or a written policy statement) that includes the support of or commitment to employee health and well-being?
- 7. Adopt organizational or performance objectives pertaining to employee health and well-being?
- 8. Provide employees with a health insurance plan?
- 9. Provide office-based incentives (e.g., discounted insurance premium, gift certificates) to employees participating in health risk assessments, initiatives, or support groups that promote chronic disease prevention measures (e.g., quit smoking, log miles walked, blood pressure or cholesterol screening)?
- 10. Implement a needs assessment when planning a health promotion program?
- 11. Evaluate company-sponsored health promotion programs?
- 12. Provide opportunities for employee feedback (e.g., employee interest, satisfaction, and adherence) about health promotion programs?
- 13. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

## Appendix D: Progress and Evaluation Tools

### Action Plan

<b>Priority:</b>				
<b>LaSHIP Objective:</b>				
<b>Outcome Objective:</b>				
Activities/Tactics	Person/Group Responsible	Timeline	Process Indicators*	Outcome Indicators**

**Please attach any relevant documentation and email to [oph.bpi@la.gov](mailto:oph.bpi@la.gov).**

\*Process Indicator: A process indicator is the measure or documentation of the program or service provided. While there are many potential process indicators, it is important to make decisions regarding which information is most important to monitor in order to understand whether or not the program or intervention is on track to achieve the outcome.

\*\*Outcome Indicator: The measures of change at certain milestones to lead to the overall target.

*Adapted from NACCHO's Developing a Local Health Department Strategic Plan: A How-To Guide*

## Progress Monitoring System

<b>Priority:</b>	
<b>LaSHIP Objective:</b>	
<b>Process Measures</b>	
Number of Participants	
Frequency of Attendance	
Turnover rate of participants	
Media Coverage	
Radio	
Television	
Print	
Billboards	
Financial Resources	
Services Provided	
Community Actions ( <i>i.e.</i> <i>Merchants were asked to display signs describing the penalty for selling alcohol to minors and the need for proper identification</i> )	
<b>Outcome Measures</b>	
Changes in or addition of programs	
Changes in or addition of policies	
Changes in or addition of practices	

**Please attach any relevant documentation and email to [oph.bpi@la.gov](mailto:oph.bpi@la.gov).**

## Event Log

Priority:		Please attach any relevant documentation and email to oph.bpi@la.gov.		
Objective:				
Region/Parish:				
Date of Event	Action, Event, or Comment	Person/Organization Responsible	Start Date/End Date	Results

***Louisiana Department of Health***

628 North Fourth Street, Baton Rouge, Louisiana 70802

(225) 342-9500

*[www.ldh.la.gov](http://www.ldh.la.gov)*



[www.facebook.com/LaHealthDept](https://www.facebook.com/LaHealthDept)



[www.twitter.com/LADeptHealth](https://www.twitter.com/LADeptHealth)