Creating A Blueprint For Our Future

LOUISIANA STATE HEALTH ASSESSMENT

AND

IMPROVEMENT PLAN

March 2016- March 2020

Revised December 2018

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Creating A Blueprint For Our Future

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Executive Summary

The communities and people of the state of Louisiana reflect unique environments and geography and exhibit the state's perseverance and resiliency in tough economic times and in the face of natural disasters and other events. Many environmental and social characteristics of Louisiana make a healthy community a challenge in our state. The Louisiana Department of Health (LDH) Office of Public Health (OPH) is committed to improving population health through "Creating A Blueprint for Our Future." This initiative is based on the World Health Organization's broad definition of health, which is "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948).

Achieving the goal of healthy people in healthy communities is a difficult and complex task that cannot be accomplished through a single plan of action or by a single governmental agency or non-governmental entity. The Institute of Medicine (2003) committee recommends six areas of action:

- Adoption of a population health approach that builds on evidence of the multiple determinants of health;
- Strengthening the governmental public health infrastructure;
- Creation of a new generation of partnerships to build consensus on health priorities and support community and individual health actions;
- Development of systems of accountability at all levels;
- Assurance that action is based on evidence; and
- Communication as the key to forging partnerships, assuring accountability and utilizing evidence for decision-making and action.

A focus on strengthening public health infrastructure, a goal of building collaborative partnerships, an emphasis on inclusion of evidence-based practices, and an effort of community engagement were vital cornerstones to both the State Health Assessment (SHA) and development of the State Health Improvement Plan (SHIP). The five-year plan was designed to provide a comprehensive statewide plan and increase coordination and communication across internal and external organizational "silos" while addressing core issues identified for action by the community. Using a systems approach, OPH collaborated with stakeholders that represented various sectors of the public health system to develop a statewide plan to improve the health of Louisiana residents.

The Centers for Disease Control and Prevention (CDC), Community Health Assessment for Population Health Improvement explains that "an accurate portrait of a community's health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems" (U.S. Centers for Disease Control and Prevention, 2013-B). In Louisiana, the SHA revealed some serious challenges and exciting opportunities. While Louisiana lags behind the rest of the country when it comes to important health indicators, there are engaged and active community efforts underway or under development to address the challenges.

What is a health assessment?

A health assessment is a collaborative process of collecting and analyzing data and information for use in education and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve the population's health (PHAB, 2014).

The Centers for Disease Control and Prevention (CDC), Community Health Assessment for Population Health Improvement explains that "an accurate portrait of a community's health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems" (U.S. Centers for Disease Control and Prevention, 2013-B). In Louisiana, the SHA revealed some serious challenges and exciting opportunities.

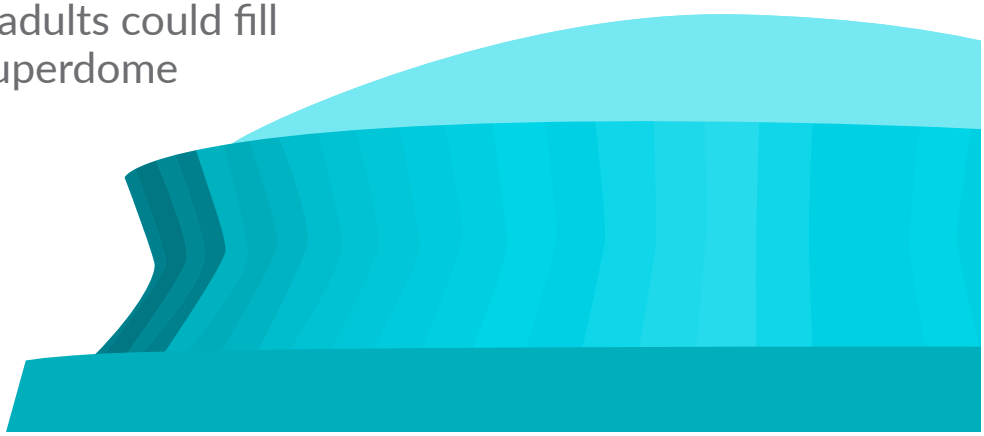
While Louisiana lags behind the rest of the country when it comes to important health indicators, there are engaged and active community efforts underway or under development to address the challenges.

Adult Obesity

The number of obese adults could fill the Mercedes-Benz Superdome more than 15 times.

Superdome Seating Capacity: **72,003**

Louisiana Number of Obese Adults: **1,172,285**



The assessment informed the development of goals, objectives, and strategies for the SHIP. This plan serves as a blueprint to improve the health of Louisiana residents and a catalyst for moving diverse, traditional and non-traditional partners toward a more coordinated, common health agenda in the state.

The Louisiana health assessment process identified five strategic priorities and the desired outcomes to be achieved by collaborative activities of stakeholders who provided valuable input and identified other potential partners.

Support Behavioral Health;

Promote Healthy Lifestyles;

Assure Access to Healthcare;

Promote Employment and Economic Development;

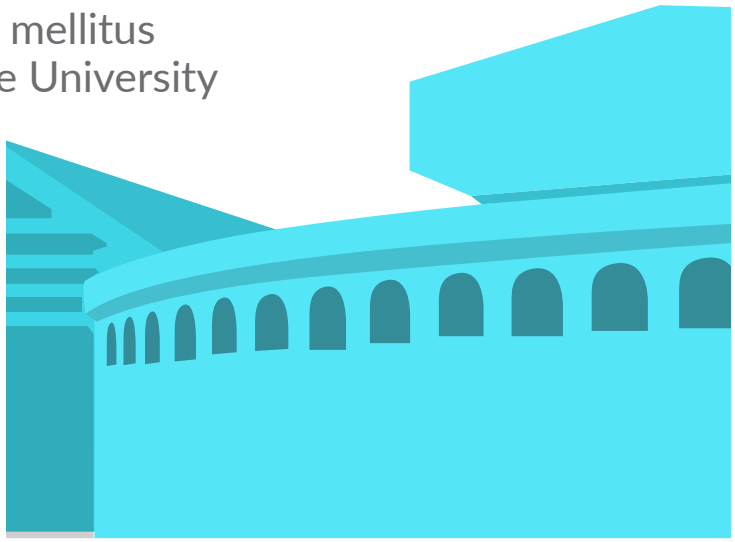
and Build Public Health Infrastructure.

Adult Diabetes

The number of adults with diabetes mellitus in Louisiana could fill Louisiana State University Tiger Stadium almost 4 times.

Tiger Stadium Seating Capacity: **102,321**

Louisiana Number of Adults with Diabetes: **521,294**



High Level Action Plan

Support Behavioral Health

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

Objective 2: Support a coordinated continuum of behavioral health care and prevention services

Objective 3: Improve community awareness of behavioral health services

Promote Healthy Lifestyles

Objective 1: Increase number of people who regularly engage in physical activity

Objective 2: Promote health through the consumption of healthful diets

Objective 3: Build community capacity for chronic disease prevention and management programs

Objective 4: Increase early screening and prevention efforts for chronic diseases

Objective 5: Prevent initiation of tobacco use among young people

Objective 6: Eliminate exposure to secondhand smoke

Objective 7: Promote quitting among adults and young people

Assure Access to Healthcare

Objective 1: Increase individual and family insurance coverage

Objective 2: Increase provider participation in Medicaid

Objective 3: Provide pathways to healthcare access for underserved populations

Objective 4: Improve appropriate use of health facilities and consumer understanding of health system

Promote Employment & Economic Development

Objective 1: Improve cross-sector collaborations to improve understanding of population health and economic health relationships

Objective 2: Increase opportunities for workforce training and development

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

Objective 4: Reduce barriers to employment

Build Public Health System Infrastructure

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

Objective 2: Build systems to analyze and share data

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

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

The SHA and SHIP provide opportunities for organizations and agencies across Louisiana to focus dialogue and align around a common framework. The plan provides a call for action by building on existing assets, leveraging resources, and engaging partners to act collectively to improve the health of Louisiana residents.

Linkages: Starts with Us (OPH Strategic Plan) and Creating A Blueprint For Our Future (SHIP)

The Louisiana OPH strategic plan and "Creating A Blueprint For Our Future" (SHIP) both reflect the state's citizens' concerns and priorities for action. Both plans acknowledge that there is more work to be done, especially around health disparities, health information technology, stakeholder collaboration, and workforce development. The strategic plan and SHIP, as well as the SHA, are complementary and instrumental as a means of fulfilling the agency's mission and aspiring to achieve the vision through planned actions and quality improvement in a performance management context. Specifically, the SHIP was designed to build upon other guiding documents, plans, internal and external initiatives, and coalitions already in place to improve the public health of the residents in Louisiana. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants in the SHIP development process identified potential partners and existing networks and resources wherever possible and should continue to form new linkages. OPH has assumed the role of convening partners and organizing available data to support collective actions. Activities undertaken in these specific areas will be aligned in order to maximize success.

The strategic plan also determined that a state health assessment and improvement plan were needed. Both the OPH Strategic Plan and the SHIP have 5 priorities.

Those priorities are highlighted in the figure below:

SHIP Priorities

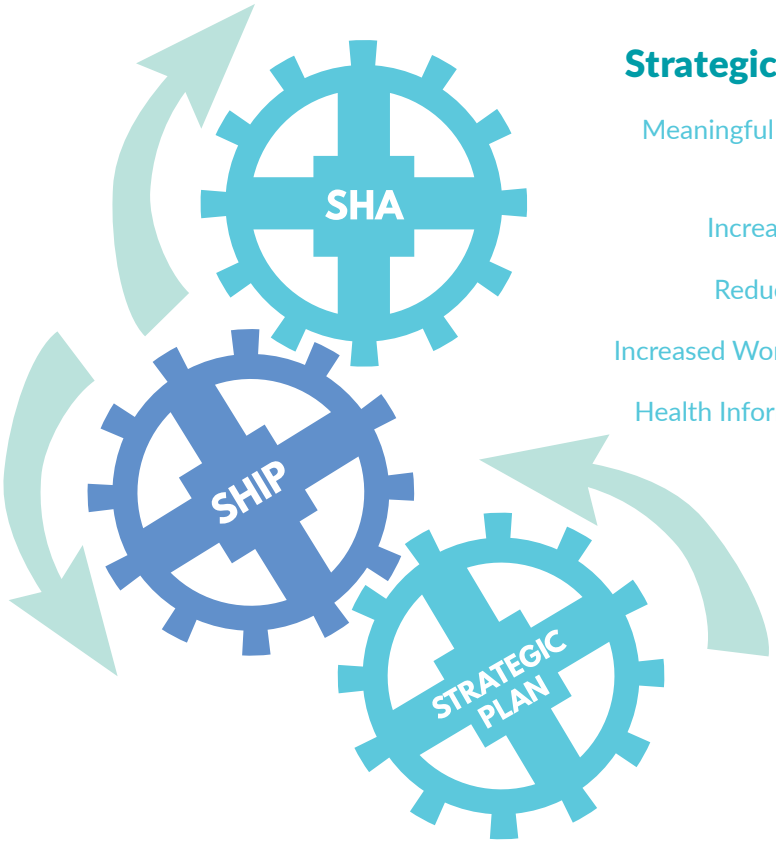
Support Behavioral Health

Promote Healthy Lifestyles

Assure Access to Healthcare

Promote Employment & Economic Development

Build Public Health Infrastructure



Strategic Plan Priorities

Meaningful internal and external collaboration

Increased financial stability

Reduced health disparities

Increased Workforce Development

Health Information & Technology

Specific strategies aligned with OPH's Strategic Plan and Creating A Blueprint For Our Future (SHIP) are:

Health Information Technology — Build Public Health Infrastructure

The strategic plan focuses on improving OPH's infrastructure through health information technology (collaboration initiatives, data collection, assessments, gap analysis). The SHIP focuses on enhancing data and health information technology, building systems to analyze data, and system measurement.

Goal: Leverage health information technology to maximize use and integration of data to drive decision making.

Objective: Create data integrations between 2 major and 3 minor partners.

Improved Internal/External Collaboration – Build Public Health Infrastructure

The strategic plan focuses on OPH's improved internal/external collaboration by addressing partnership development: engage and align the work of the public health system with stakeholders; promote coordination and integration of programs, policies and initiatives supporting partnering and partnerships; convene public health system leadership to implement SHIP and monitor results; and provide adequate resources to assure that the public health system can protect and promote the health of Louisiana residents. SHIP strategies include: Partnerships to strengthen and develop traditional and non-traditional partners and providing increased capacity, scope, resources and perspective through networking and relationship building upon which to further develop the public health of Louisiana.

Objective: OPH is valued as a leader in public health in Louisiana and facilitates partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.

Strategy (1): Develop and implement a community-focused Public Health Marketing campaign to convey the value of public health

Strategy (2): Ensure that OPH is represented on all appropriate state and local population health groups.

Reducing Health Disparities — Access to Healthcare

Health equity is represented in OPH's strategic plan as a core value, priority (Reducing Healthy Inequities) and is also reflected in SHIP as a key priority (Access to Healthcare). These initiatives require community involvement starting with an assessment, identification of gaps, and review of policies that contribute to inequities in the state. OPH anticipates a rich partnership between the two bodies of work as health equity initiatives are defined and implemented.

Objective: Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.

Strategy (1): Assess, identify gaps, and define data sets and policies that contribute to disparities in health.

Strategy (2): Transform OPH's infrastructure and organizational culture to achieve a more integrated response to health disparities in all daily work and services provided over the next five years.

Strategy (3): Enhance the capacity of communities to engage in healthy living and eliminate health disparities

Increased Workforce Development — Economic Development & Healthy Living

The strategic plan has a focus on improving public health workforce development in order to ensure we have the right skills at the table to support our state's improvement activities. These skills, tools and resources are critical components for effective support of Creating A Blueprint For Our Future initiatives. The SHIP focuses on workforce development and economic development.

Objective: OPH attracts and retains a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.

Strategy (1): Create a comprehensive plan for workforce development for public health professionals in the Office of Public Health.

Strategy (2): Implement a comprehensive, statewide worksite wellness program with a participation goal of 75% of all employees.

State Health Assessment

Introduction

Louisiana's assessment and planning approach adapted phases of the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) Framework. MAPP is a strategic planning process for improving community health. It is intended to be a community-driven process facilitated by public health leaders to apply strategic thinking to prioritize public health issues and identify resources to address them. The MAPP Framework has six phases: Organizing, Visioning, Assessments, Strategic Issues, Goals/ Strategies, and Action Cycle (NACCHO, 2015).

The first phases of MAPP involve two critical and interrelated activities: organizing the planning process and developing the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented. Its purpose is also to engage stakeholders in the planning process so that the overarching vision aligns with local-level contexts, strengths and needs (NACCHO, 2015). OPH accomplished the organizing and visioning process through a series of meetings with the project leadership team, Louisiana's nine Regional Medical Directors, OPH program directors, OPH leadership, and Louisiana Public Health Institute. The team relied heavily on Louisiana's Regional Medical Directors and their established community relationships to determine the structure, timeline and overarching vision for the assessment process.

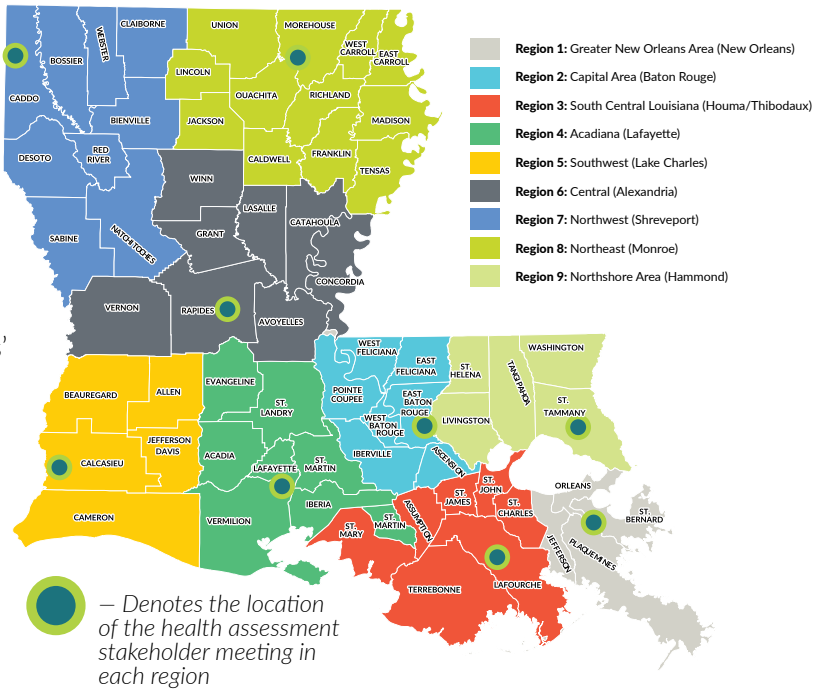
Louisiana Regions and Health Service Districts

An overview of Louisiana's regions helps contextualize the results included in this report, the health status of Louisiana, and the capacity building process. LDH divides Louisiana into nine Administrative Regions, consisting of a total of 64 parishes.

Louisiana is unique in that the health department is centralized, with the exception of two local health departments in Orleans and Plaquemines Parishes. Orleans Parish does not have a state funded health unit, but does have a state operated TB clinic and a reproductive health clinic staffed by OPH employees. Throughout the state, there are health units staffed by OPH employees located in fifty-six of the sixty-four parishes, with seven parishes hosting two health units. Some parishes' local government contribute funding, staff, and/ or facility services to support the health units. Health units are tasked with providing several public health services (e.g., WIC benefits, immunizations, family planning, and nutrition services).

In addition to the services listed above, local Human Service Districts/Authorities provide services for mental health, addictive disorders and developmental disabilities in each parish.

Figure 1: Louisiana's Nine Administrative Regions



Louisiana Cultural Regions

In addition to the LDH Regions, Louisiana is also divided into cultural regions related to activities and lifestyle of the residents.

North Louisiana, "Sportsman's Paradise," includes one parish from Region 6, seven parishes in Region 7 and all 12 parishes in Region 8. The North Louisiana region is culturally known for its outdoor activities and historic sites.

Central Louisiana, "The Crossroads," includes six parishes in Region 6 and two parishes in Region 7. Central Louisiana is known as the place where all Louisiana cultures come together, and is the main travel route between North and South Louisiana.

Acadiana, "Cajun Country," includes all parishes of Regions 3, 4 and 5, as well as four parishes in Region 2 and one parish from Region 6. This region was named for its marshes, bayous and Cajun culture.

Florida Parishes are made up of all parishes in Region 9, plus three parishes in Region 2. These parishes were originally part of West Florida in the 18th and 19th centuries, and continue to use this regional description.

Greater New Orleans includes all of the parishes found in Region 1. It is the most common destination for travelers to Louisiana, and is a melting pot of culture and history. The region is culturally known for its festivals, music, and carnival traditions.

Regional Leadership

Louisiana's Regional Medical Directors were fundamental in shaping the content, structure and timeline of the assessment process. The organizing process included discussions with the Regional Medical Directors around the purpose of the regional assessment meetings, meeting agendas and length, resource and supply needs, carefully planned messaging regarding the meetings (letters and emails), engagement of participants, meeting evaluations, and concerns regarding how participant input would ultimately be integrated into the SHIP. With input from the Regional Medical Directors, it was decided that the assessment would consist of two community meetings held in each of the nine public health regions over the course of six months.

As requested by the Regional Medical Directors, assessment meeting agendas were flexible and varied across regions in order to accommodate local needs and interests. The Regional Medical Directors made key decisions regarding who to invite to the meetings as well as meeting scope and content. Key considerations for the planning of the regional assessment meetings were to access the level of commitment from not only the Regional Medical Directors, who are state employees, but also external partners and meeting participants. Especially important were considerations around the level of human and social capital for public health work currently in existence in each Region, and ways in which this capital could be successfully and sustainably leveraged through the assessment process while ensuring meaningful benefits for participants in this process. The messaging for the assessment meeting was intentional and built off of the DHHS' strategic planning work. The assessment meetings' messaging was: "Creating A Blueprint For Our Future."

Assessment Methodology

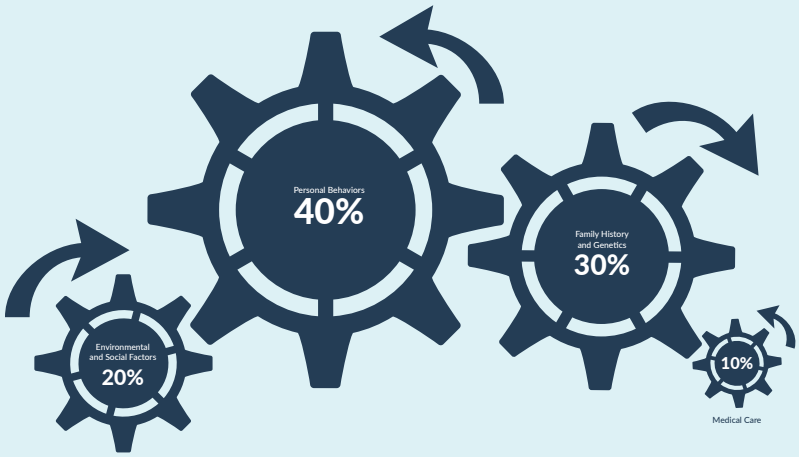
The third phase of MAPP centers on Assessments. There are four MAPP Assessments: Community Themes & Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment, and Forces of Change Assessment (NACCHO, 2015). Louisiana's SHA approach included modifications of three of the four MAPP assessments: community health status assessment, community themes and strengths, and forces of change. The community health status assessment involved a review of existing state, regional, and parish level data indicators to identify population health issues and social determinants of health of importance in Louisiana. Community themes, strengths and forces of change assessments were conducted during the regional assessment meetings with community stakeholders to provide a deeper understanding of issues of importance to residents as well as political, social, and structural assets and barriers to the community's health. Another important component of the assessment approach was conducting an environmental scan of existing assessments statewide. Assessments included in this scan included those conducted by non-profit hospitals, regional coalitions, local foundations, the local health department in Orleans Parish, and parish government agencies (See Appendix A). Findings from the environmental scan informed selection of indicators for the community health status assessment, identification of stakeholders for the regional meetings, and narrowed selection of social and health domains for prioritization.

Process for Selecting Indicators

The World Health Organization's Commission on Social Determinants of Health define the determinants of health to be the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and systems include the social environment, physical environment, health services, and structural and societal factors (CSDH, 2008).

Health is More Than Access to Care

Drivers of Health



Health is driven by multiple factors that are intricately linked — of which medical care is one component

Source: Determinants of Health and Their Contribution to Premature Death, JAMA 1993

The Commission adds that these social structures are shaped by the amount of money, power, and resources that people have. Therefore, addressing these factors is the primary approach to achieving health equity and eliminating health disparities (CSDH, 2008). The social determinants of health conceptual model, because of its importance in eliminating health disparities and achieving health equity, framed the selection of indicators for Louisiana's SHA. Importantly, the indicators included in the profile are not intended to be a comprehensive list of all health measures for Louisiana residents. Rather, the profile is meant to provide a snapshot of the health of Louisiana residents, through the lens of the social determinants of health.

In order to identify the assessment OPH convened an internal committee that included epidemiologists, regional medical directors and administrators, and specialists in health promotions, chronic disease, and maternal and child health from across the OPH program units. External partners, including the Louisiana Public Health Institute (LPHI), a Louisiana-based not-for-profit public health institute, also informed selection of the indicators.

Criteria for indicator selection included:

- Impact on health (proportion of population impacted)
- Benchmarks available (national and/or state benchmarks)
- Meaningfully measured (reliable and valid data available)
- Alignment with emergent community priorities
- Demographic availability (disaggregate data available by race/ethnicity and age)

The most current data available were used to compile indicator summaries, figures, and tables. Analyses by race/ethnicity and age are presented where possible and when relevant.

Table 1: Louisiana Health Profile Framework

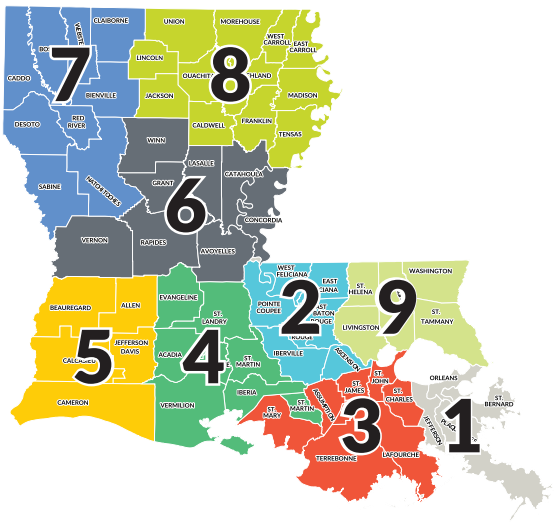
WHO LIVES IN THE STATE OF LOUISIANA?	
Demographics and socioeconomic characteristics	Age
	Sex
	Race
	Ethnicity
	Educational attainment
	Poverty
	Unemployment
WHAT ARE LOUISIANA'S STRENGTHS AND RISK CONTRIBUTORS TO HEALTH OUTCOMES?	
Access to healthcare	Health insurance status (insured and uninsured)
	Health Profession Shortage Areas
	Behavior factors related to access
Behavioral risk factors	Tobacco use
	Alcohol use
	Obesity
Social and built environment	Grocery store access
	Recreational facilities
	Crime
WHAT IS LOUISIANA'S HEALTH STATUS?	
Mental health	Mental illness diagnoses
	Poor mental health days
Maternal and child health	Infant mortality
	Low birth weight
	Teen birth rate
Communicable & Infectious disease	STI incidence
	HIV incidence
Chronic disease	Cancer incidence
	Hospital admissions for diabetes, respiratory disease, chronic disease
Mortality	Leading causes of death
	Fatal injuries

Assessment Findings

Who Lives in Louisiana

OPH serves a population of 4,684,333 residents (US Census, 2017). The populations of each region are:

- Region 1 (4 parishes) – **901,878**
- Region 2 (7 parishes) – **685,568**
- Region 3 (7 parishes) – **401,568**
- Region 4 (7 parishes) – **608,763**
- Region 5 (5 parishes) – **303,383**
- Region 6 (8 parishes) – **307,675**
- Region 7 (9 parishes) – **542,115**
- Region 8 (12 parishes) – **352,335**
- Region 9 (5 parishes) – **584,048**



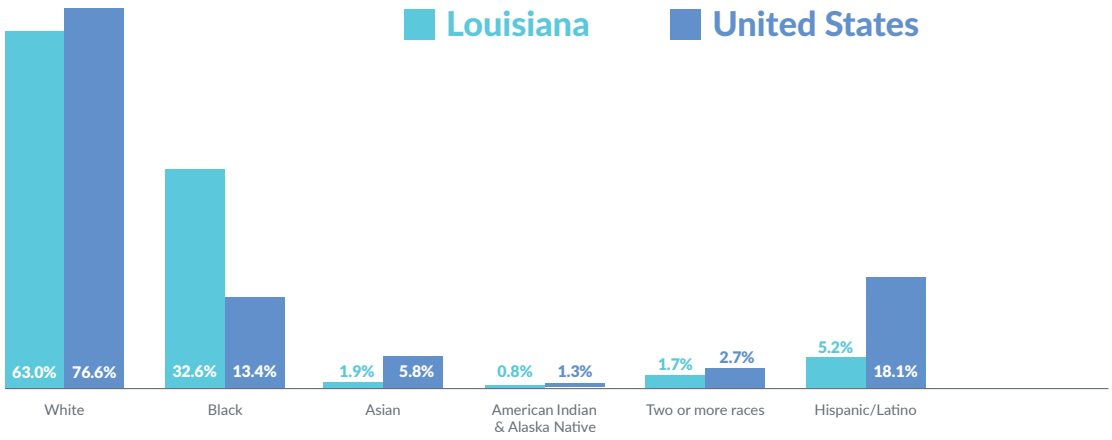
Demographics and Socioeconomic Characteristics

In order to fulfill the state's mission to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana, it is important to know where there are health disparities in access, health behaviors, and health status in order to achieve health equity. Health equity is achieved when all citizens have the opportunity to realize their full health potential and no citizen is at a disadvantage of achieving this due to socially determined circumstances (U.S. Centers for Disease Control and Prevention, 2015-B). An important first step in the pursuit of equity for the state of Louisiana was to identify the demographic and socioeconomic make-up of the state, as these are common social determinants of health.

Demographics

In 2017, the total population of the state of Louisiana was 4,684,333. The majority of the population was White at 63.0%. Blacks were the largest racial minority group at 32.6%, considerably larger than their representation in the nation (13.4%). Hispanics made up 5.2% of the state's population, which is considerably lower than their representation in the nation (18.1%). Asians represented approximately 2% of the state's population. American Indians represented approximately 1% of Louisiana's population. Residents who identified as "Two or More Races" were around 2% of Louisiana's total population.

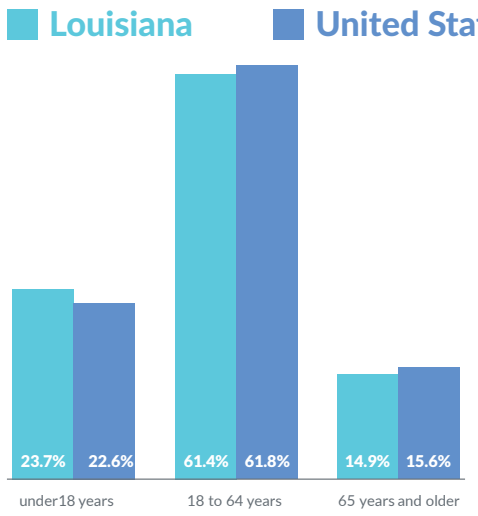
Figure 2: Louisiana's Population by Race/Ethnicity



Source: U.S. Census QuickFacts, 2017

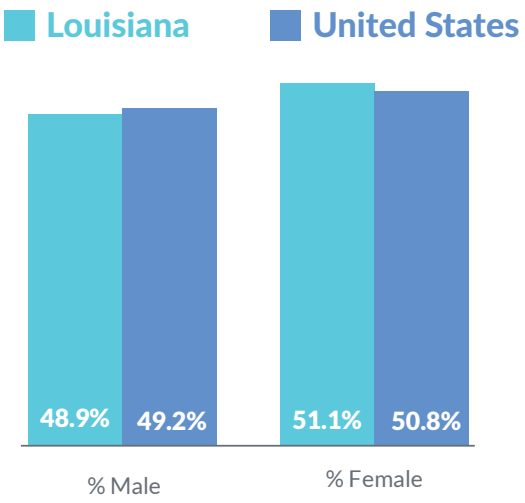
The age and gender distributions for the state of Louisiana resemble that of the nation with the majority of the population being between 18 and 64 years of age (61.4%), 23.7% under 18 years old, and 14.9% 65 years of age and older. About 48.9% of Louisiana's population identifies as male and 51.1% identifies as female.

Figure 3: Population Age Distribution



Source: U.S. Census, American Community Survey, 2017

Figure 4: Population Gender Distribution

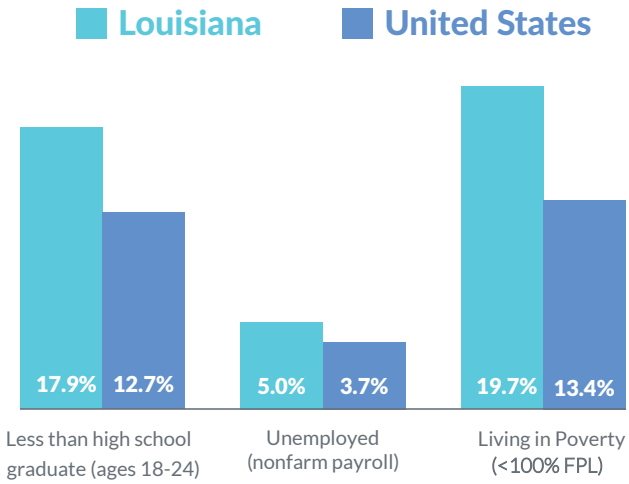


Source: U.S. Census, American Community Survey, 2017

Socioeconomic Characteristics

Socioeconomic factors are well-known and important determinants of health. Educational attainment, employment status, and income level are some of the strongest predictors of health behaviors, access to healthcare, and health status. Socioeconomic characteristics examined that can negatively impact health included high school non-completion, unemployment, and poverty (CSDH, 2008). Louisiana exceeds the nation in each of these three critical socioeconomic characteristics. Eighteen percent of Louisiana's population between the ages of 18 and 24 has less than a high school education compared to 13% for the nation. Louisiana's poverty rate also exceeds the nation with 19.7% of the state's population with incomes below the federal poverty level, compared to 13.4% of the nation's population. Louisiana's unemployment rate higher than the nation's at 5.0% compared with 3.7%.

Figure 5: Socioeconomic Characteristics of Louisiana

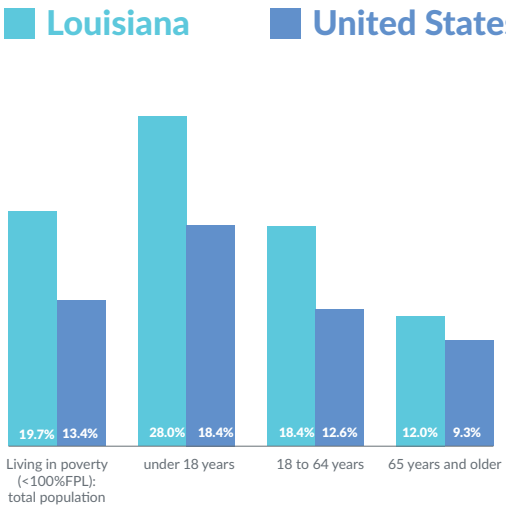


Source: U.S. Census, American Community Survey, 2017 (1 year estimates); Bureau of Labor Statistics, October 2018; U.S. Census, American Community Survey, 2017

A closer look at poverty in Louisiana reveals notable disparities across age groups and racial/ethnic groups. Children and youth have the highest poverty rate in Louisiana, with 28%of individuals under 18 years old living in poverty, compared with 18% within this age group nationwide. Of those 18-64 years old in Louisiana, 18% live in poverty, and 12% of those aged 65 and older live in poverty in Louisiana. Children living in families with incomes below the federal poverty level are at risk for poorer physical and mental health as well as poorer social, behavioral and academic outcomes (National Center for Children in Poverty, 2015).

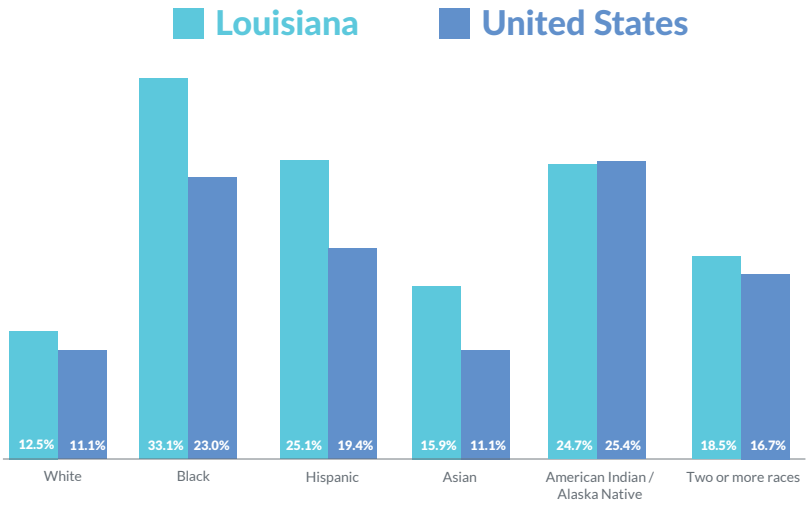
A higher proportion of Blacks live in poverty than those of other racial and ethnic groups, with 33% of Blacks in Louisiana living in poverty, compared with 23% of Blacks nationwide. Twenty-five percent of both Hispanics and American Indians live in poverty in Louisiana compared with 19% of Hispanics and 25% of American Indians/Alaska Natives nationally. Among Whites, 13% live in poverty in Louisiana, compared with 11% nationally. The racial and ethnic disparities among the percent of the population living in poverty illustrates the vulnerability of racial and ethnic minorities to poor health outcomes and their ability to access healthcare when needed.

Figure 6: Percent of Population Living in Poverty by Age Group



Source: US Census, American Community Survey, 2017

Figure 7: Percent of Population Living in Poverty by Race/Ethnicity



Source: US Census, American Community Survey, 2017

Louisiana Health Factors

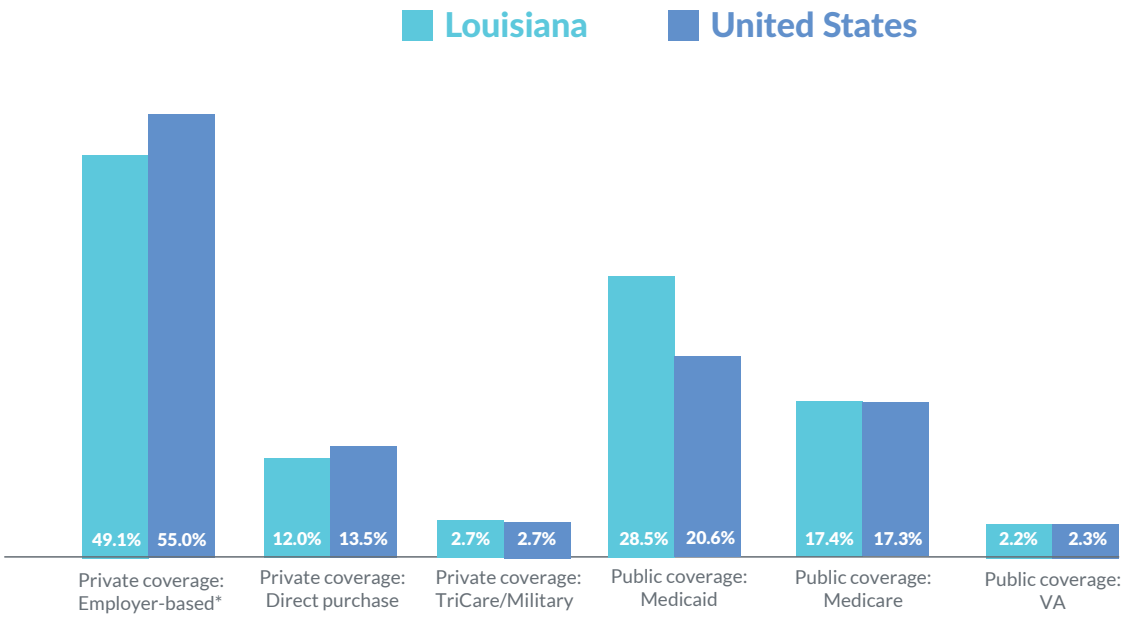
Access to Healthcare

Access to healthcare is a critical determinant of health. The Institute of Medicine defines access as the "timely use of personal health services to achieve the best health outcomes" (Institute of Medicine: U.S. Committee on Monitoring Access to Personal Health Care Services, 1993). Healthy People 2020 adds to this definition to state that "access to comprehensive quality health care services is important to the achievement of health equity." Access encompasses coverage, services, timeliness, and workforce (Healthy People 2020, 2014).

Health Insurance Status

The uninsured rate in Louisiana has been on a downward trend and is currently approximately 8.4%, compared with 8.7% nationwide. Most Louisiana residents (49.1%) have health insurance through employer-based insurance. Beginning on July 1, 2016, Louisiana expanded the Medicaid program for adults by making individuals with incomes up to 138% of the federal poverty level eligible for the program. Approximately 28.5% of Louisiana residents are covered by Medicaid, compared with 20.6% nationwide.

Figure 8: Percent of Population Insured by Type of Insurance

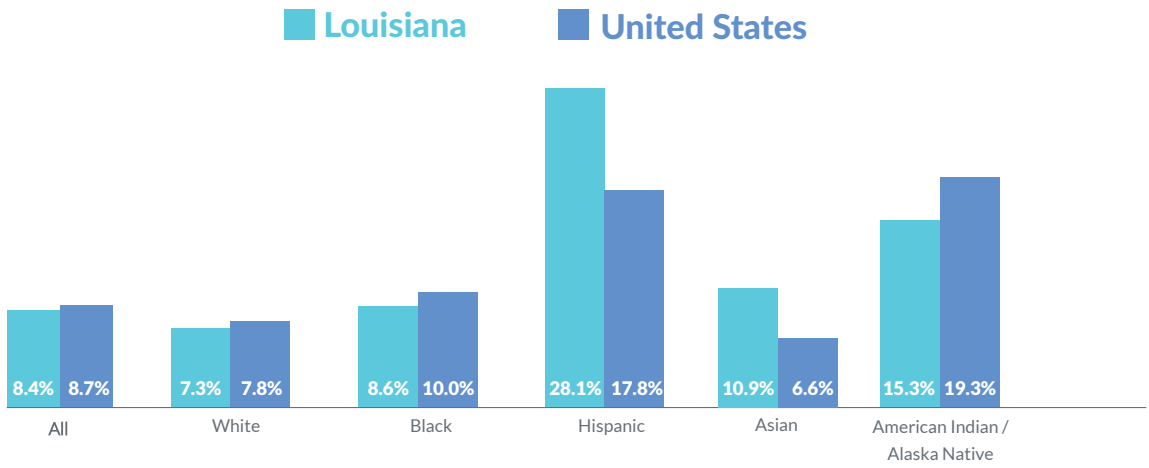


Source: U.S. Census, American Community Survey, 2017

*All coverage levels include individuals who have that type of coverage alone or in combination with another type of coverage.

There are major differences in uninsured rates by race and ethnicity. The group with the highest uninsured rate in Louisiana is people of Hispanic origin at 28.1%, followed by American Indian at 15.3%, Asian at 10.9%, Black at 8.6%, and White at 7.3%. Racial and ethnic disparities in access to health care influence disparate health outcomes among these groups in both Louisiana and the nation. See Appendix F for maps of the distribution of uninsured adults and children across Louisiana.

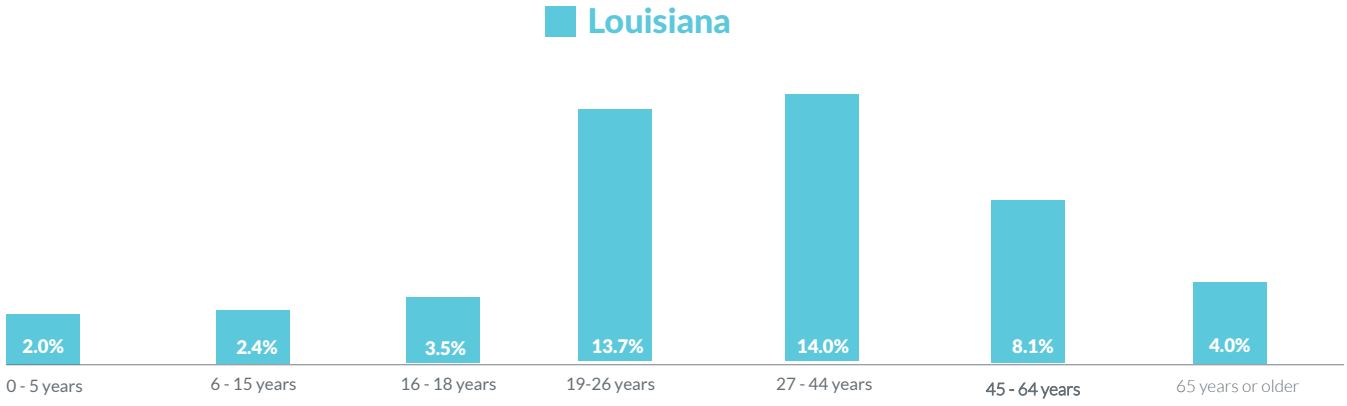
Figure 9: Percent of Population Uninsured by Race/Ethnicity



Source: U.S. Census, American Community Survey, 2017

According to the 2017 Louisiana Health Insurance Survey, the uninsured rate among nonelderly adults was 11.4% in 2017, compared with 22.7% in 2015. Still, the age groups least likely to be covered by health insurance are young adults, with the highest rates among adults aged 19-26 years and 27-44 years. These also tend to be the healthiest age groups and therefore least in need of health services.

Figure 10: Percent of Population Uninsured by Age



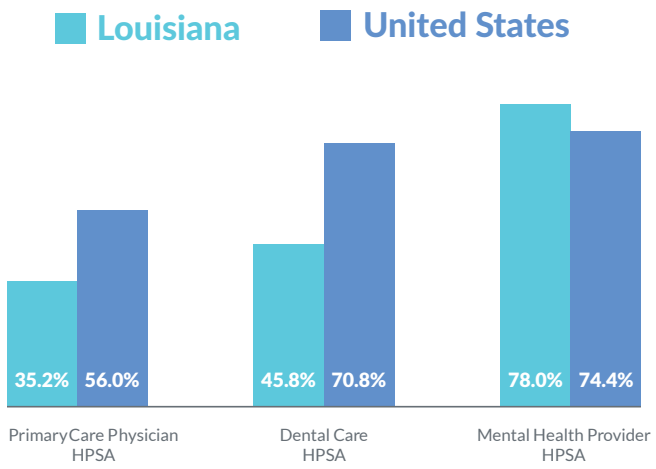
Source: 2017 Louisiana Health Insurance Survey

Health Professional Shortage Areas

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) designates geographic areas, populations, or facilities as having shortages of primary care, dental care, or mental health care providers, referred to as Health Professional Shortage Areas (HPSA). There are three categories of HPSA designations based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold (Kaiser Family Foundation State Health Facts).

Figure 11 depicts the percent of unmet need for each provider category. The higher the percentage, the greater the need for health professionals in that category.

Figure 11: Percent of Louisiana Geographic Areas Designated Health Professional Shortage Areas (HPSA)



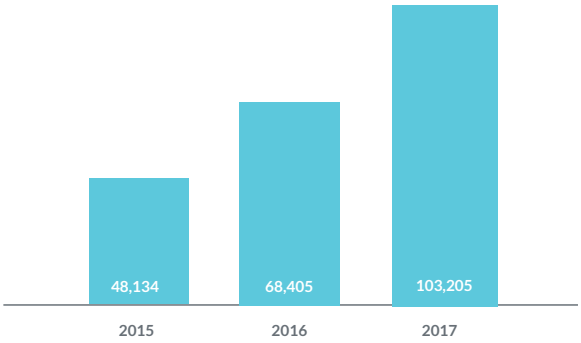
Source: Bureau of Health Workforce, HRSA, as of September 30, 2018

Federally Qualified Health Centers

A critical community asset in the state of Louisiana is the growing number of Federally Qualified Health Centers (FQHCs). FQHCs are health care organizations that receive federal grants and must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, and have an ongoing quality assurance program. FQHCs are a critical health care access point for under- and uninsured populations in particular and aim to serve as health homes providing quality integrated preventive and palliative care to its patients (Department of Health and Human Services & Centers for Medicare and Medicaid Services, 2013).

The number of FQHCs in Louisiana has shown a steady increase since 2010. Louisiana currently has 36 Community Health Center organizations who collectively operate over 260 health care facilities. They provide comprehensive health care - including primary care, dental care, and behavioral health services - to 426,000 patients annually, regardless of ability to pay. See Appendix F for maps of FQHC access across Louisiana, and access points in rural Louisiana.

Figure 12: Increase in the Number of Patients from Special/Vulnerable Populations at Louisiana's Community Health Centers, 2015-2017

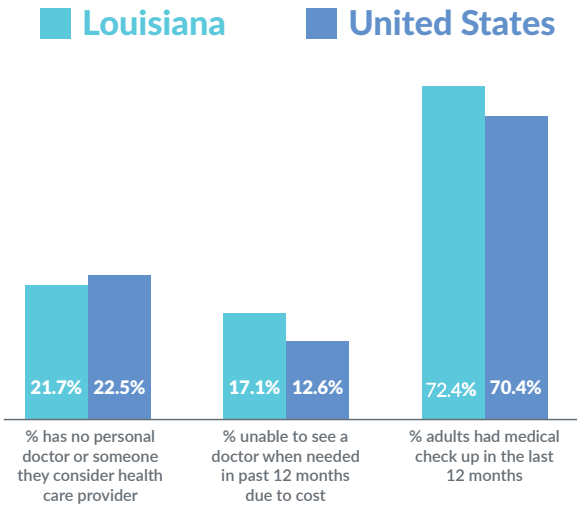


Source: Louisiana Primary Care Association, 2018

Behavioral Factors Related to Access

In 2017, approximately 22% of Louisiana's population reported having no personal doctor or someone they consider their healthcare provider, similar to the nationwide percentage. Seventeen percent of adult Louisiana residents reported not being able to see a doctor when needed in the past 12 months due to costs, compared with 13% nationwide. Some 72% of adults in Louisiana reported having a check-up within the last 12 months, slightly higher than the national percentage of 70%.

Figure 13: Behavioral Factors Related to Access



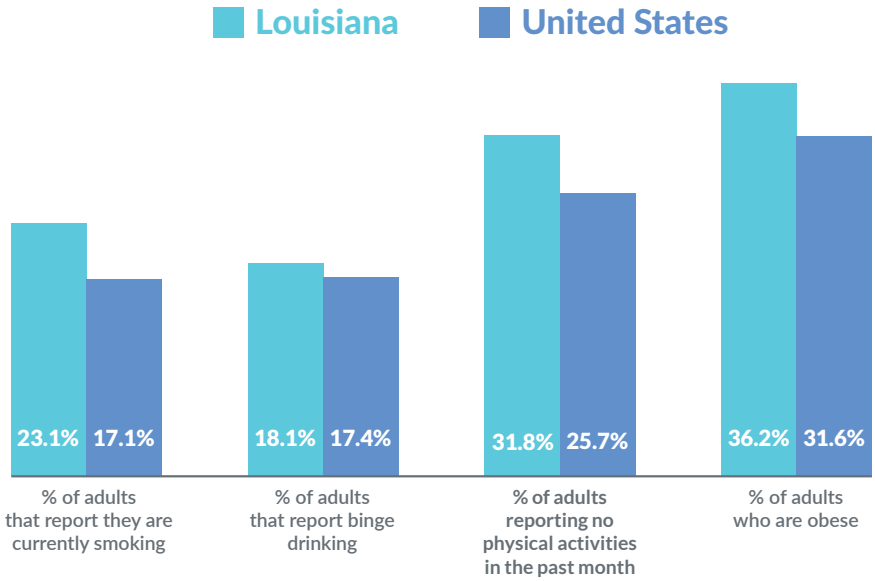
Source: Behavioral Risk Factor Surveillance System, 2017

Behavioral Risk Factors

The World Health Organization defines risk factors as conditions or habits that make a person more likely to develop a disease or increase the chances that an existing disease will get worse (World Health Organization, 2015). Important risk factors examined in Louisiana's assessment were weight, tobacco and alcohol consumption given their link to chronic disease and mortality related to chronic conditions.

Twenty-three percent of adults in Louisiana are currently smokers, compared to only 17% of the nation's population. The proportion of Louisiana residents who reported binge drinking (18%) is similar to that of the nation (17%). Thirty-two percent of Louisiana adults reported no physical activities in the past month, compared with 26% for the US, and 36% percent of Louisiana adults are obese, exceeding the national obesity rate of 32%.

Figure 14: Health Risk Behaviors



Source: Behavioral Risk Factor Surveillance System, 2017

Social and Built Environment

The social and built environment of a community facilitates access to health and human services, healthy food, and recreational facilities, all of which are critical to disease prevention and health promotion. Social factors and the built environment are also where disparities related to race/ethnicity and socioeconomic status are apparent and negatively affect health and its related outcomes among these sub-populations. The built environment includes environmental sustainability, climate change, and environmental inequities as major contributors to health disparities, particularly in behavioral health, chronic disease prevention and management, and unemployment and economic development.

Grocery Store or Supermarket Access

Louisiana's grocery store rate is comparable to that of the nation at approximately 20 establishments per 100,000 population. See Appendix F for a map of grocery store access in Louisiana.

Table 2: Grocery Store Access

	NUMBER OF GROCERY STORES	GROCERY STORES, RATE PER 100,000 POPULATION
Louisiana	945	20.2
United States	65,399	20.1

Source: U.S. Census, County Business Patterns, 2016

Food-insecure households are uncertain of having, or unable to acquire, at some time during the year, enough food to meet the needs of all their members because they had insufficient money or other resources for food. Food-insecure households include those with low food security and very low food security. Low food security households obtained enough food to avoid substantially disrupting their eating patterns or reducing food intake by using a variety of coping strategies, such as eating less varied diets, participating in Federal food assistance programs, or getting emergency food from community food pantries. In very low food security households, normal eating patterns of one or more household members were disrupted and food intake was reduced at times during the year because they had insufficient money or other resources for food. Prevalence of household food insecurity and very low food insecurity in Louisiana is higher than the United States average as shown in Table 3.

Table 3: Prevalence of household food insecurity and very low food security, average 2015-2017

	NUMBER OF HOUSEHOLDS (AVERAGE)	FOOD INSECURITY (LOW OR VERY LOW)	VERY LOW FOOD INSECURITY
Louisiana	1,837,000	17.3%	7.1%
United States	126,279,000	12.3%	4.8%

Source: *Household Food Security in the United States in 2017*, ERR-256, U.S. Department of Agriculture, Economic Research Service, 2018

Recreational Facility Access

In addition to access to healthy food options, access to opportunities for leisure time physical activity is another key social and built environment factor that is critical to prevention of chronic disease and other poor health outcomes.

Table 4: Access to Recreation and Fitness Facilities

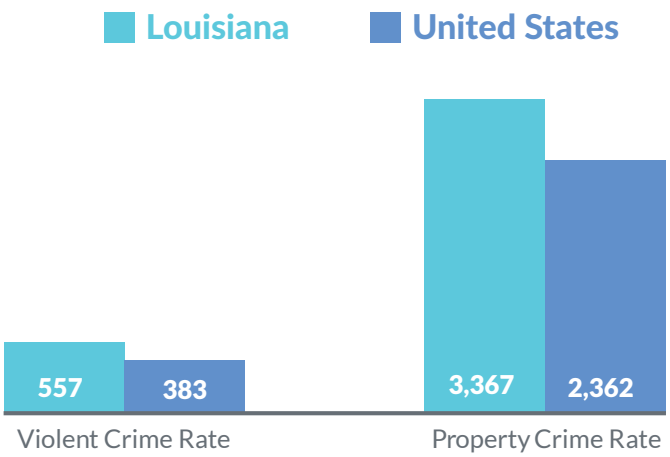
	NUMBER OF RECREATION & FITNESS FACILITIES	RECREATION & FITNESS FACILITIES, RATE PER 100,000 POPULATION
Louisiana	430	9.2
United States	33,980	10.4

Source: U.S. Census, County Business Patterns, 2016

Crime

Crime is a social factor that can impact health and health outcomes in a population. Both the violent and property crime rates in Louisiana exceed the national average. The violent crime rate in Louisiana is 557 per 100,000 population, and the property crime rate is 3,367 per 100,000 population. Communities that are plagued by high crime may have limited or compromised opportunities to engage in behaviors that prevent poor health outcomes such as outdoor physical activity.

Figure 15: Crime Rates (per 100,000)



Source: FBI Uniform Crime Reports, 2017

Louisiana Health Status

Behavioral Health

Behavioral health reflects both mental health and substance abuse problems. The World Health Organization (2014) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". There is emerging evidence that positive behavioral health is associated with improved health outcomes (U.S. Centers for Disease Control and Prevention, 2013-A).

Mental Health

Mental illness is diagnosed mental disorders that are characterized by changes in thinking, mood, behavior, or some combination of these associated with distress and/or impaired functioning (SAMHSA, 2015).The top diagnosed mental health diagnoses in Louisiana are listed in Table 5. Substance-related and addictive disorders is the top class of diagnosed behavioral health disorders in the state at 27.93%. In descending order, depressive disorders, psychotic disorders, bipolar and related disorders together represent another 50% of the diagnoses. These are followed by Attention Deficit Disorder, Anxiety Disorders, Trauma and Stressor Related Disorders, Disruptive, Impulse and Conduct Disorders, and Other Disorders.

Table 5: Louisiana's Top Ten Mental Health Diagnoses, FY 2018

DIAGNOSIS	
Substance Related & Addictive Disorder[1]	27.93%
Depressive Disorders	24.53%
Psychotic Disorders	14.13%
Bipolar & Related Disorder	11.66%
Attention Deficit Disorder	5.82%
Anxiety Disorders	3.66%
Trauma & Stressor Related Disorders	3.57%
Other Disorders	2.33%
Z Codes[2]	2.16%
Disruptive, Impulse, & Conduct Disorders	1.66%
Illness, Unspecified	1.08%

Percent of diagnosis reported for unduplicated by client persons served; LADDS: Louisiana Addictive Disorders Data System; EHR: Electronic Health Record. Used by ten Local Government Entities (LGEs).

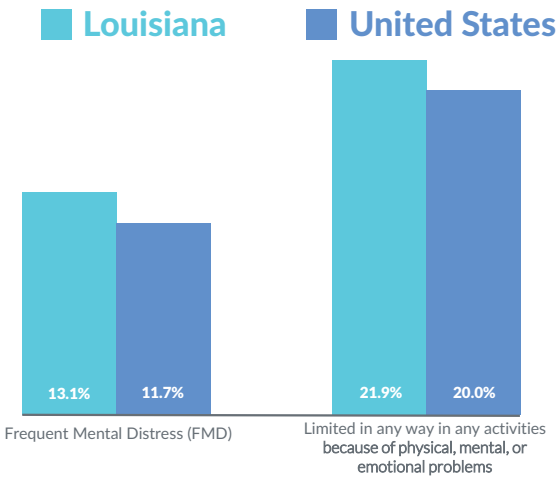
[1] Substance dependence and substance abuse are now classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition as substance use disorders, which occurs when theirs is recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment (SAMHSA, 2015, http://www.samhsa.gov/disorders/substance-use). Some of the most common substance use disorders are alcohol use disorder, tobacco use disorder, cannabis use disorder, stimulant use disorder, hallucinogen use disorder, and opioid use disorder.

[2] Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services.

Mental Well-Being

In addition to diagnosed mental health disorders, the general mental well-being of Louisiana residents was examined. Thirteen percent of Louisiana residents reported feeling frequent mental distress and 22% reported limited activities due to physical, mental or emotional problems. The prevalence of poor mental health among Louisiana residents was higher than that of the nation.

Figure 16: Prevalence of Poor Mental Health



Source: Behavioral Risk Factor Surveillance System, 2017

Substance Abuse

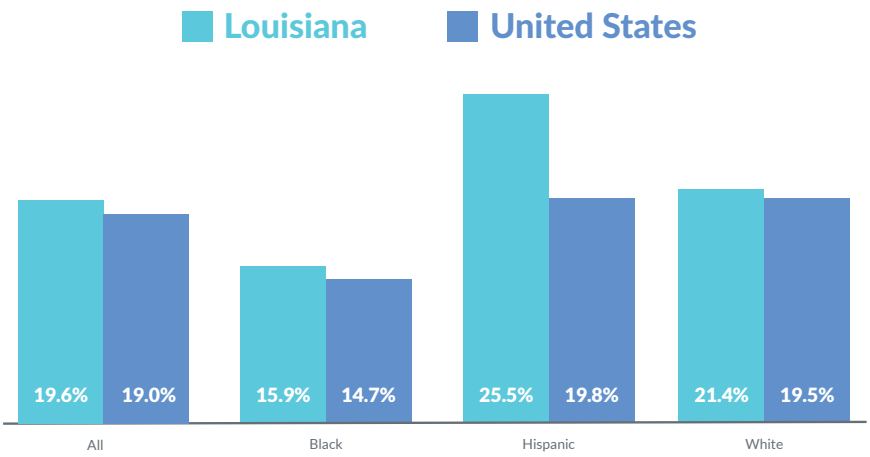
Opioid addiction is of particular concern in Louisiana and in states across the nation. In 2016, there were 346 opioid-related overdose deaths in Louisiana - a rate of 7.7 deaths per 100,000 persons - compared to the national rate of 13.3 deaths per 100,000. The main driver of opioid-related overdose deaths through 2012 was prescription opioids. Since then, heroin and synthetic opioids have increased dramatically. From 2012 to 2016, heroin and synthetic opioid-related overdose deaths increased from 51 to 149 deaths and from 19 to 89 deaths, respectively. (*Louisiana Opioid Summary*, National Institute on Drug Abuse, February 2018)

In October of 2018, the Governor and the Louisiana Department of Health launched an online surveillance tool to track opioids in Louisiana. The Louisiana Opioid Data and Surveillance System can be viewed at https://lodss.ldh.la.gov.

Rates of excessive drinking among Whites and Blacks in Louisiana are similar to national rates. Excessive drinking reflects the percentage of adults who reported either binge drinking[3] or chronic drinking. However, the excessive drinking rate among Hispanic population in Louisiana (26%) is much higher than the national rate for Hispanics (20%) and that of both Blacks (16%) and Whites (21%) in Louisiana (BRFSS, 2017).

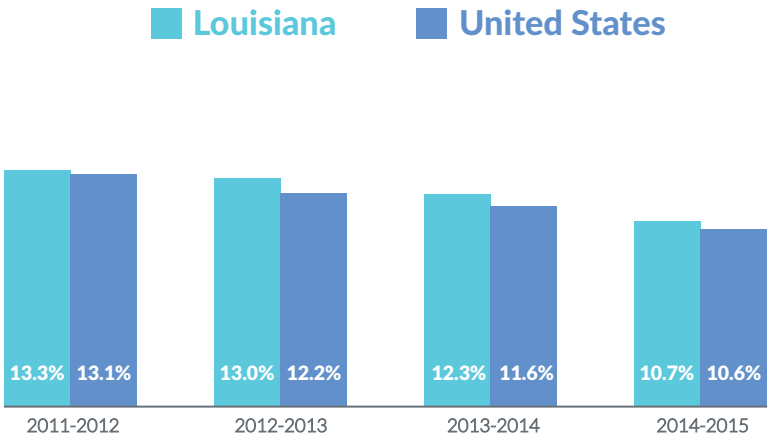
[3] Defined as four or more drinks for women and five or more drinks for men on an occasion during the past 30 days (CDC, 2015)

Figure 17. Percentage of Adults Who Reported Excessive Drinking By Race/Ethnicity



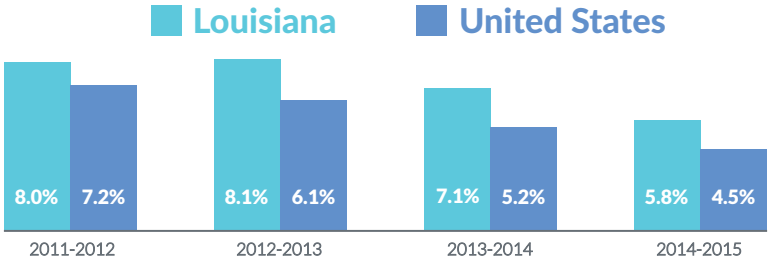
Source: BRFSS, 2017

Figure 18. Past-Month Alcohol **Use** Among Adolescents Aged 12-17, Annual Averages



Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Louisiana, Volume 4, 2017

Figure 19. Past-Month Cigarette Use Among Adolescents Aged 12-17, Annual Averages



Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Louisiana, Volume 4, 2017

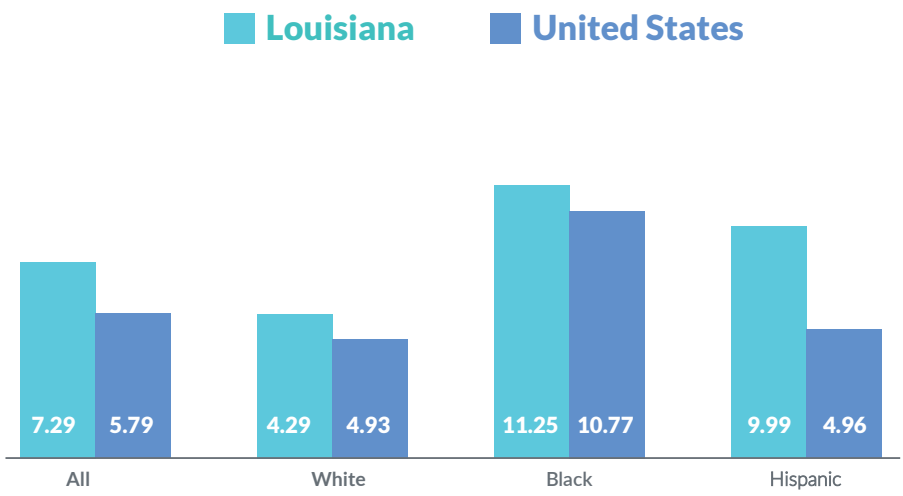
Maternal and Child Health

The well-being of women, infants, children, and families determines the health of the next generation and can help predict future public health challenges (Healthy People, 2020). Maternal health before, during, and after pregnancy can provide opportunity to identify health risks in women and prevent future health problems for women and their children (Healthy People, 2020). Both social and physical determinants affect maternal and child health and can result in poor birth outcomes such as infant mortality, low-birth weight infants, and births to teenage parents, all of which disproportionately occur in racial and ethnic minority women, particularly African American and Hispanic women.

Infant Mortality Rate

The infant mortality rate is an estimate of the number of infant (less than one year old) deaths per 1,000 live births. According to the CDC, the five leading causes of infant mortality are birth defects, preterm birth or low-birth weight, pregnancy complications, sudden infant death syndrome (SIDS), and unintentional injuries. Louisiana's infant mortality rate exceeds that of the nation at 7.29 per 1,000 live births. Also, there is a clear racial disparity in infant mortality in Louisiana with rates among Blacks (11.25 per 1,000) and Hispanics (9.99 per 1,000) far exceeding that of Whites (4.29 per 1,000).

Figure 20: Infant Mortality Rate by Race of Mother (per 1,000 live births)



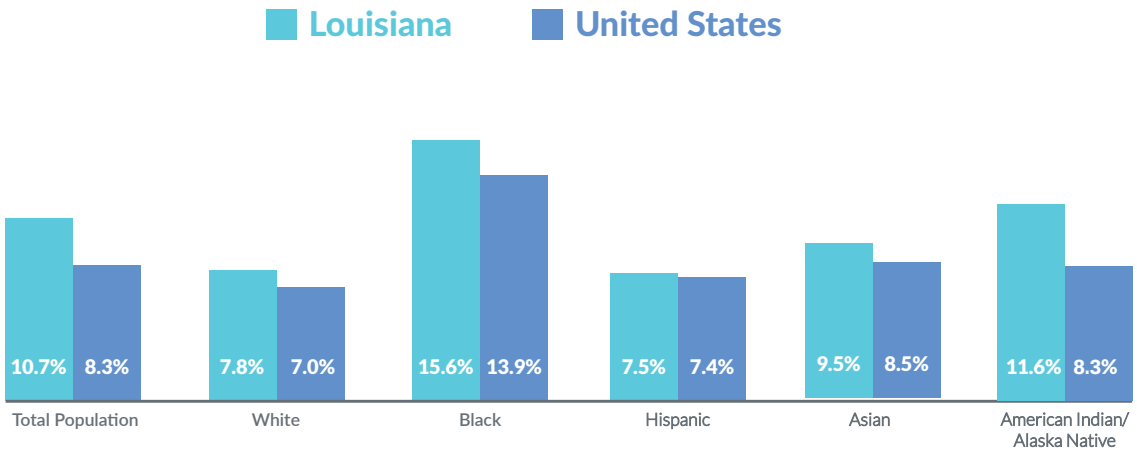
Sources: Louisiana Vital Records and Statistics, 2017[4]
CDC National Center for Health Statistics, CDC Wonder On-line Database, 2016[5]

Low Birth Weight

Low birth weight infants are infants born weighing less than 2500 grams (or 5 pounds, 8 ounces). Low birth weight is associated with both short-term complications and long-term health problems (Institute of Medicine: Committee to Study the Prevention of Low Birthweight, 1985). Louisiana's percentage of low birth weight infants exceeds the nation's at nearly 11%. Blacks in Louisiana are more likely than Whites and those of other races to deliver low birth weight infants.

[4]Data points for Asian and American Indian/Alaska Native in Lousiana are suppressed for confidentiality due to low counts.
[5]2017 U.S. data by race/ethnicity are not yet available via CDC Wonder, so 2016 U.S. data are used in this figure.

Figure 21: Percent of Low-Weight Births by Race of Mother

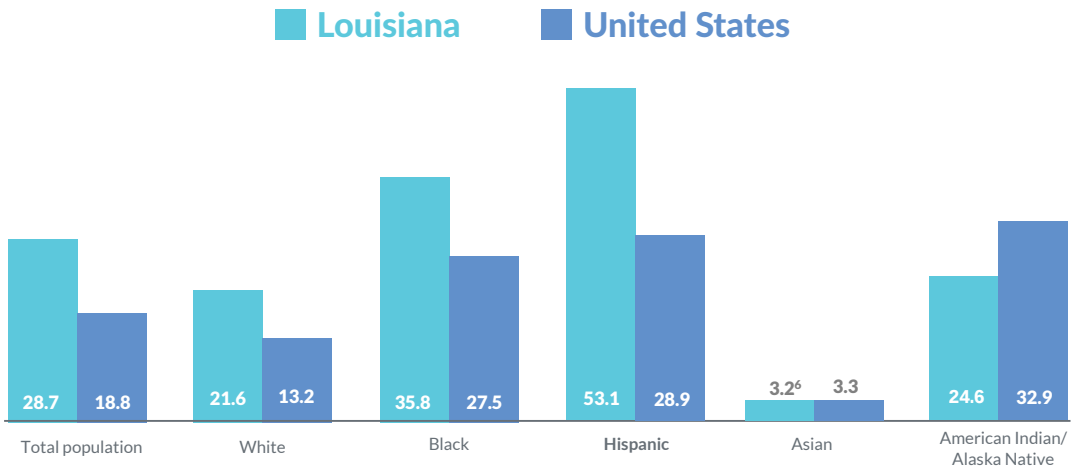


Sources: Louisiana Vital Records and Statistics, 2017
CDC, National Vital Statistics Reports, Vol. 67, No. 8, 2018 (Data from 2017)

Teen Births

The teen birth rate (births to mothers between the ages of 15-19 for every 1,000 females aged 15-19) continues to decline both at the national level and in Louisiana. However, Louisiana's teen birth rate remains higher than the nation's at 28.7 per 1,000. In Louisiana, disparities exist by race/ethnicity as noted in Figure 22.

Figure 22: Birth Rate by Race for Females Aged 15-19 (per 1,000 females aged 15-19)



Sources: Louisiana Vital Records and Statistics, 2017
CDC, National Vital Statistics Reports, Vol. 67, No. 8, 2018 (Data from 2017)

[6]May be unstable due to low counts.

Communicable and Infectious Diseases

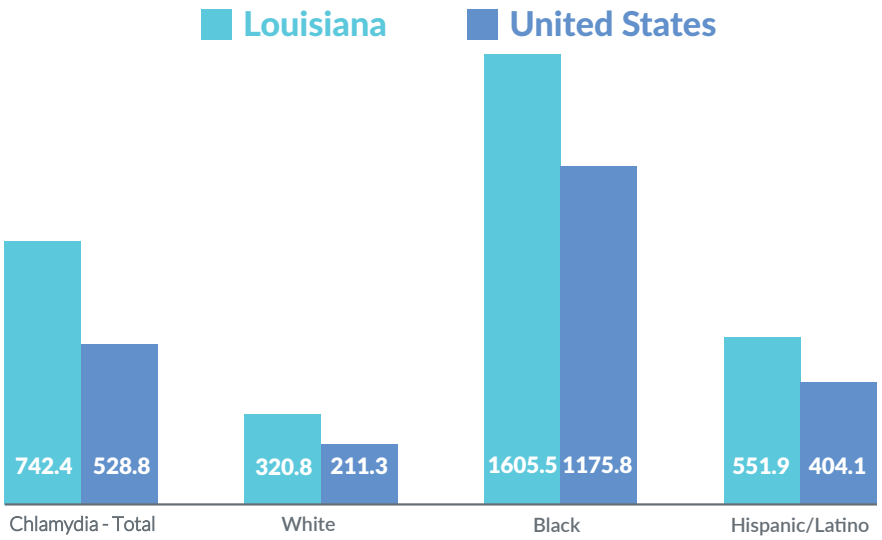
Communicable and infectious diseases remain a health problem in the USA and are among the leading causes of death globally (Healthy People, 2020, http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases). The infectious disease burden (specifically STI and HIV/AIDS prevalence) among racial and ethnic minority populations is of particular concern due to increasing rates among these populations.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) have a significant impact on health, and rank among the top five disease categories for which adults seek health care (World Health Organization, 2013). STIs increase the risk of contracting HIV and contribute to adverse birth outcomes, pregnancy complications, cervical cancer, and other diseases. Louisiana's incidence rates of three of the most commonly occurring sexually transmitted diseases exceed those of the nation. For every 100,000 people in Louisiana in 2017, 742.4 individuals were newly diagnosed with chlamydia, 256.7 with gonorrhea, and 14.5 with syphilis, compared to the national incidence rates of 528.8, 171.9, and 9.5 respectively.

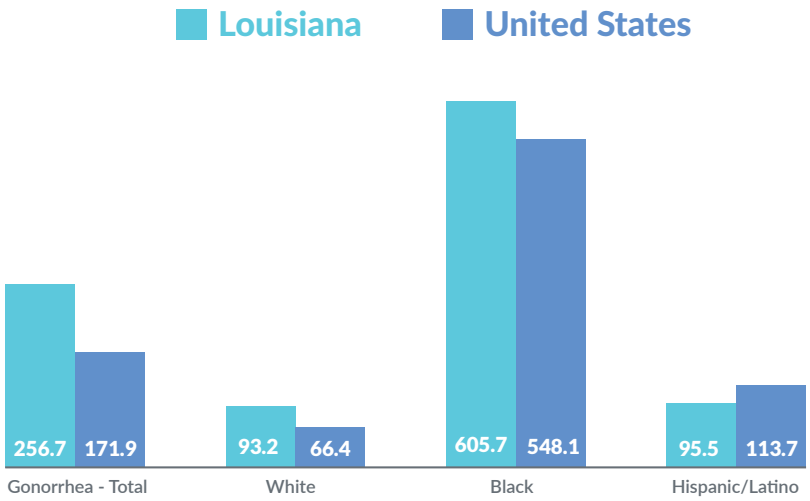
Blacks have the highest rates of STIs both in Louisiana and in the nation. In 2017, the chlamydia incidence rate among Louisiana's Black population was 1605.5 cases per 100,000 people compared to 551.9 among Hispanics and 320.8 for Whites. The disparity is also evident in gonorrhea incidence rates in Louisiana of 605.7 cases per 100,000 people for Blacks, 95.5 for Hispanics and 93.2 for Whites. Primary and secondary syphilis incidence rates in 2017 were 30.7 for Blacks, 4.9 for Hispanics, and 7.1 for Whites.

Figure 23: Chlamydia Incidence (New Diagnoses) by Race/Ethnicity (per 100,000), 2017



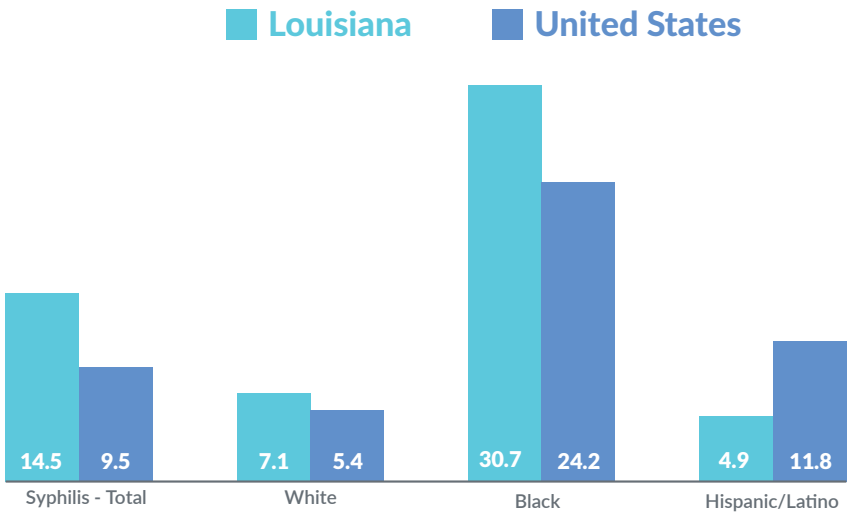
Source: CDC STD Surveillance Report, 2017 and Louisiana STD/HIV Program, Surveillance Data

Figure 24: Gonorrhea Incidence (New Diagnoses) by Race/Ethnicity (per 100,000), 2017



Source: CDC STD Surveillance Report, 2017 and Louisiana STD/HIV Program, Surveillance Data

Figure 25: Syphilis Incidence (New Diagnoses) by Race/Ethnicity (per 100,000), 2017



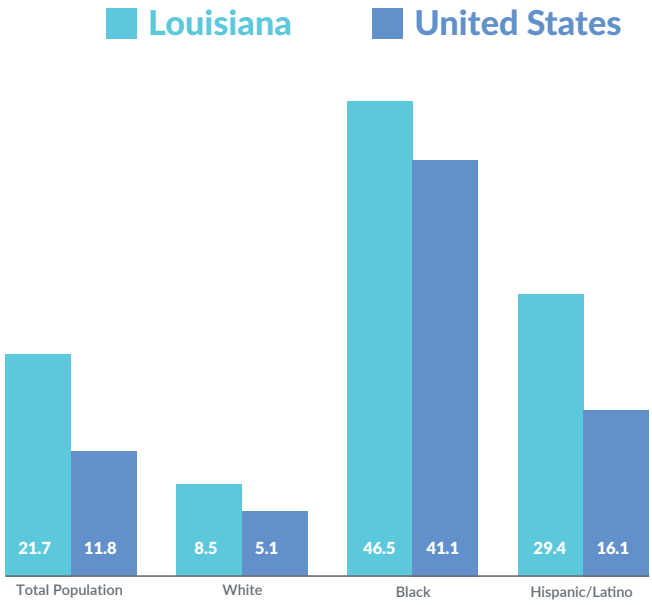
Source: CDC STD Surveillance Report, 2017 and Louisiana STD/HIV Program, Surveillance Data

Congenital syphilis also presents a serious health concern in Louisiana. In 2017, Louisiana had 59 congenital syphilis cases, an increase from 48 cases in 2016. This put Louisiana first in the United States for congenital syphilis case rates in 2017, with a rate of 93.4 cases per 100,000 live births. This was four times the national rate of 23.3 cases per 100,000 live births.

HIV/AIDS

As of the end of 2017, the prevalence of Louisiana adults and adolescents living with HIV was 444.5 per 100,000 residents, which was greater than the nation's rate of 306.6. HIV prevalence was highest for Blacks both in the state (950.5) and the nation (1,026.6), followed by Hispanics (390.0 in Louisiana and 372.1 in the US) and Whites (193.1 in Louisiana and 152.8 in the US).The rate of new HIV diagnoses is also higher in Louisiana than in the United States, as shown in the figure below.

Figure 26: HIV Incidence (New Diagnoses) by Race/Ethnicity (per 100,000), 2017



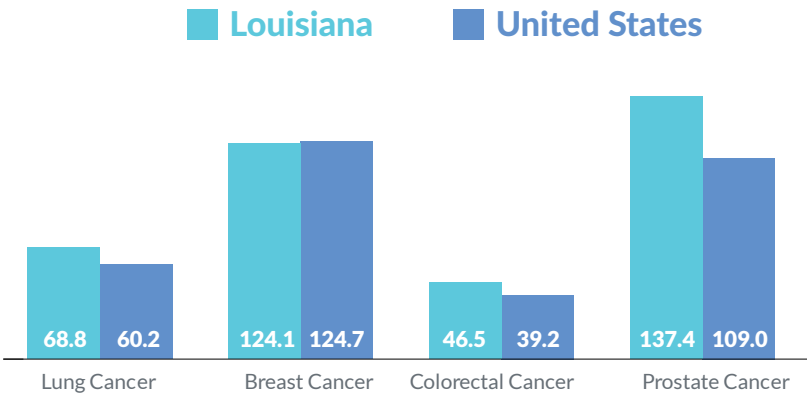
Source: CDC HIV Surveillance Report, 2017 and Louisiana STD/HIV Program, Surveillance Data

Chronic Disease

Chronic disease is the primary contributor to death and illness in the U.S. and the financial burden of chronic disease is significant, accounting for 86% of the nation's health care costs (U.S. Centers for Disease Control and Prevention, 2015-C). Chronic diseases examined for Louisiana's State Health Assessment include cancer, diabetes, hypertension, heart disease, and respiratory disease. Breast cancer incidence in Louisiana is similar to that of the nation, 124.1 and 124.7 per 100,000 population respectively. However, Louisiana's incidence of lung (68.8 per 100,000), colorectal (46.5 per 100,000), and prostate (137.4 per 100,000) cancers exceeds that of the nation (60.2, 39.2, and 109.0, respectively).

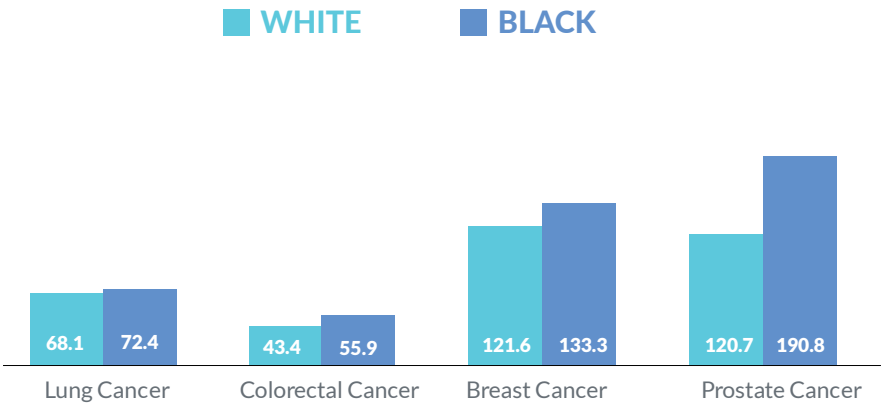
When examining cancer incidence by race, lung, breast, and colorectal cancer incidence among Blacks is higher than among Whites.

Figure 27: Age-Adjusted Cancer Incidence Rates by Type (per 100,000)



Source: National Cancer Institute and CDC, State Cancer Profiles, 2011-2015

Figure 28: Cancer Incidence Rates in Louisiana by Race (per 100,000)



Source: National Cancer Institute and CDC, State Cancer Profiles, 2011-2015

According to the CDC, the percentage of adults in Louisiana diagnosed with diabetes is 13.6% (2017), the age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke is 320 per 100,000 population (2014-2016), and the percentage of adults in Louisiana who are obese is 36.3% (2017). For these health indicators, Louisiana ranks among the worst in the nation.

The tables below highlight Louisiana's ranking in three major disease categories: 1) diabetes, 2) cardiovascular diseases, and 3) obesity.

Table 6: Percentage of adults who reported being told by a health professional that they have diabetes*in Louisiana, neighboring states, and United States, 2017

State	Percent	Rank
United States	**10.5%**	
Alabama	**14.1%**	48
Arkansas	**12.2%**	42
Louisiana	**13.6%**	47
Mississippi	**14.2%**	49
Texas	**11.9%**	41

*Excludes pre-diabetes and gestational diabetes

Source: America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2018.

In 2017, age-adjusted mortality due to heart disease and stroke was much higher in Louisiana than in the US as a whole, but was slightly lower than neighboring states in the South with the exception of Texas.

Table 7: Age-adjusted number of deaths due to all cardiovascular diseases (including heart disease and stroke) deaths per 100,000 population in Louisiana, neighboring states, and United States, 2014-2016 (3-year average)

State	Percent	Rank
United States	**256.8**	
Alabama	**342.6**	49
Arkansas	**330.2**	47
Louisiana	**320.0**	46
Mississippi	**356.0**	50
Texas	**264.2**	34

Source: America's Health Rankings analysis of CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files, United Health Foundation, AmericasHealthRankings.org, Accessed 2018.

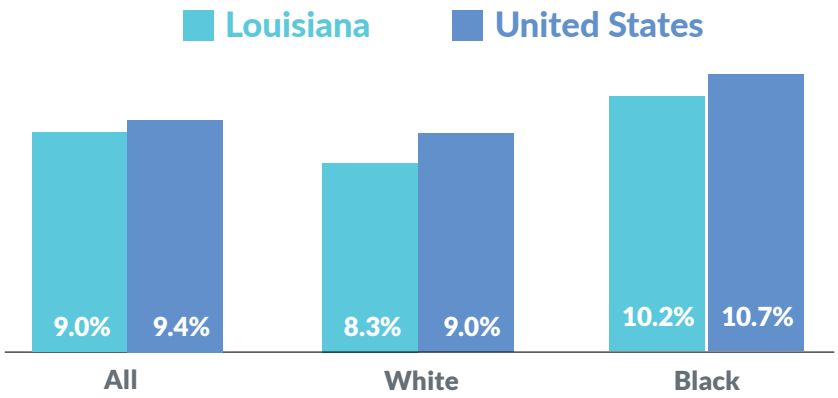
Table 8: Percentage of adults who are obese (BMI of 30.0 or higher) in Louisiana, neighboring states, and United States, 2017

State	Percent	Rank
United States	**31.3%**	
Alabama	**36.3%**	46
Arkansas	**35.0%**	44
Louisiana	**36.2%**	45
Mississippi	**37.3%**	49
Texas	**33.0%**	37

Source: America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2018.

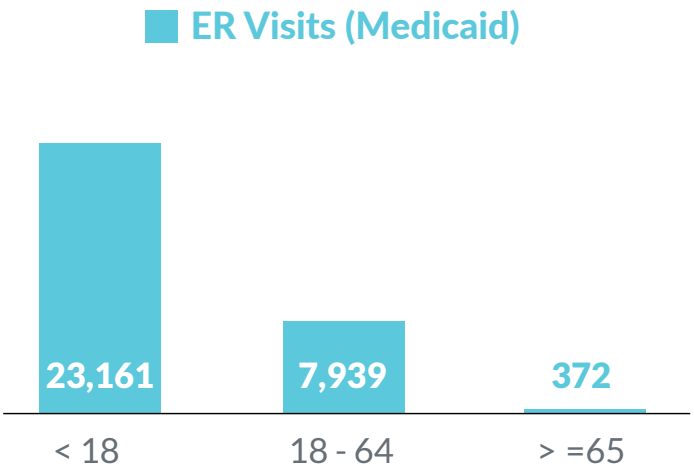
Asthma is a chronic disease that affects the airways in the lungs. During an asthma attack, airways become inflamed, making it hard to breathe. Asthma attacks can be mild, moderate, or serious — and even life threatening. It is estimated that 1 in 11 children has asthma and 1 in 12 adults has asthma. Adult self-reported asthma prevalence in Louisiana in 2017 was 9.0% as compared to the U.S. prevalence of 9.4%.

Figure 29: Adult Self-Reported Current Asthma Prevalence Rate by Race/Ethnicity



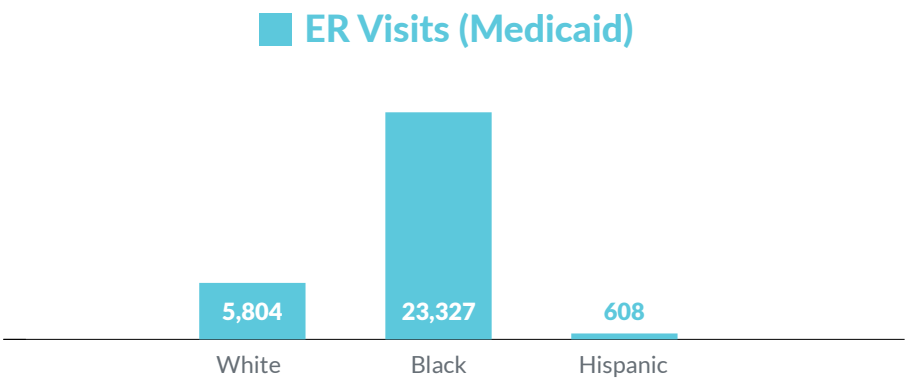
Source: CDC Behavioral Risk Factor Surveillance System, 2017

Figure 30: Number of Emergency Room Visits with Asthma as Primary Diagnosis by Age in Louisiana



Source: Louisiana Hospital Inpatient Discharge Data, 2014

Figure 31: Number of Emergency Room Visits with Asthma as Primary Diagnosis by Race/Ethnicity in Louisiana



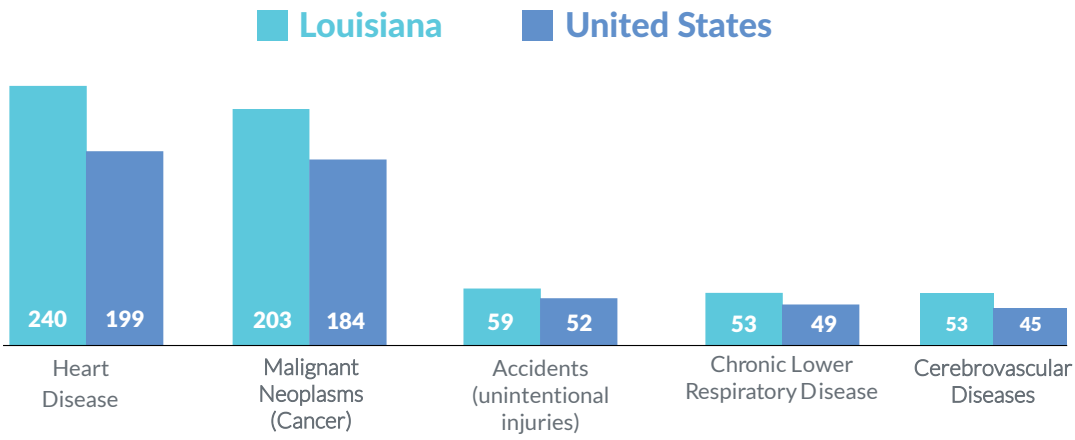
Source: Louisiana Hospital Inpatient Discharge Data, 2014

Mortality

Leading Causes of Death

The leading causes of death in Louisiana are heart disease (crude rate of 240 per 100,000 population), malignant neoplasms (cancer) (203 per 100,000), accidents (unintentional injuries) (59 per 100,000), chronic lower respiratory disease (53 per 100,000), and cerebrovascular diseases (53 per 100,000). Louisiana's death rate for all these causes exceeds the nation.

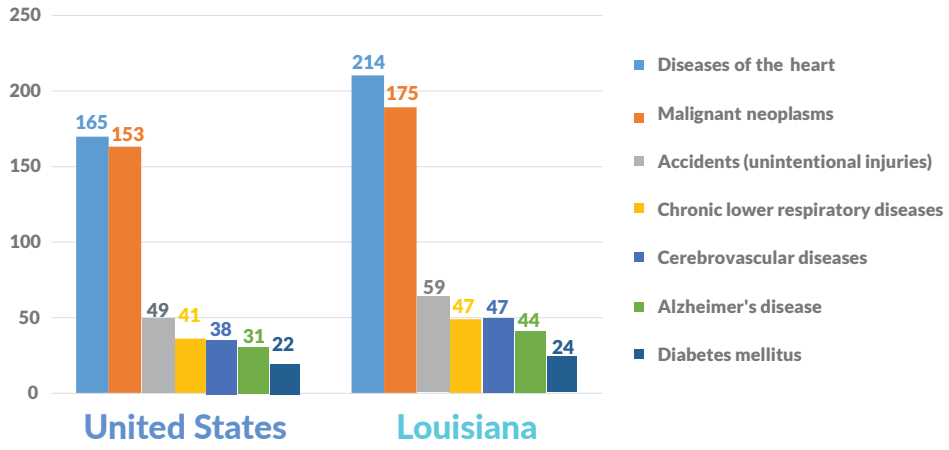
Figure 32: Top 5 Leading Causes of Death, Crude Rate per 100,000, 2017



Source: CDC National Center for Health Statistics, Underlying Cause of Death 1999-2017, CDC WONDER Online Database, released December, 2018.

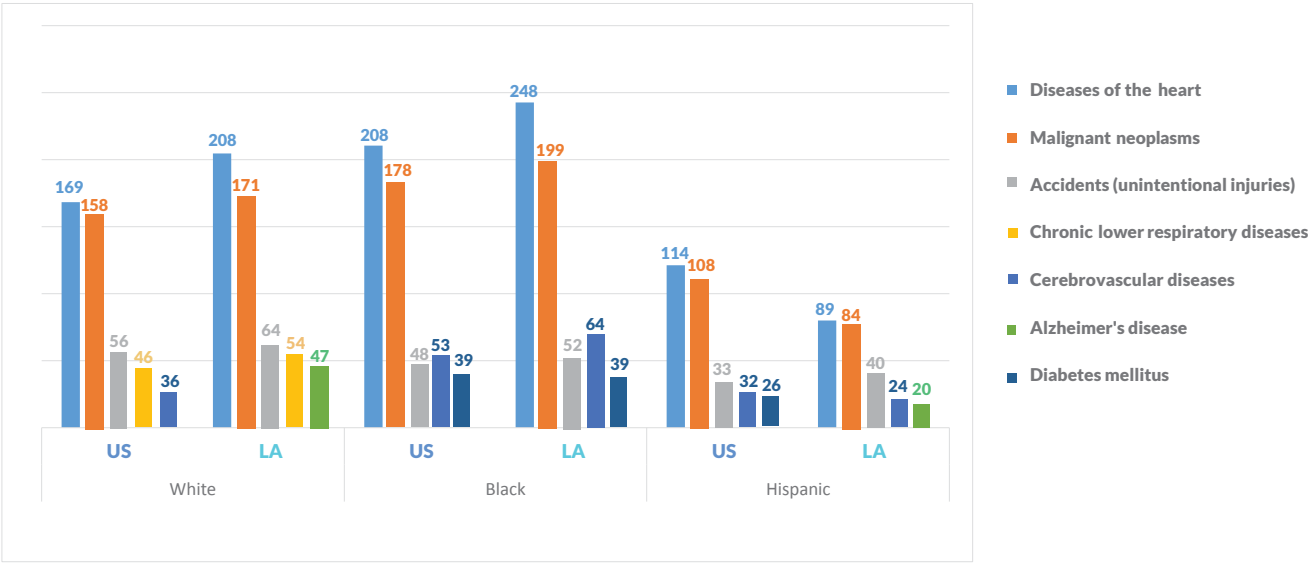
As shown in the Figure 33 below, the age-adjusted death rates of the top seven causes of death are higher in Louisiana than in the United States as a whole. As shown in Figure 36, there are racial/ethnic disparities in mortality rates among Louisiana residents. The age-adjusted mortality rate for the top two causes of death, heart disease and cancer, are highest for Black Louisianans and lowest for Louisianans of Hispanic origin. Also, the top five leading causes of death differ among Black, White, and Hispanic Louisianans. For example, whereas chronic lower respiratory diseases and Alzheimer's disease are among the top five causes of death for White residents, these are replaced by cerebrovascular diseases and diabetes mellitus for Black residents.

Figure 33: Top 7 Leading Causes of Death, Age-Adjusted Rate Per 100,000, 2017



Source: CDC National Center for Health Statistics, Underlying Cause of Death 1999-2017, CDC WONDER Online Database, released December, 2018.

Figure 34: Top 5 Leading Causes of Death by Race/Ethnicity, Age-Adjusted Rates per 100,000, 2017

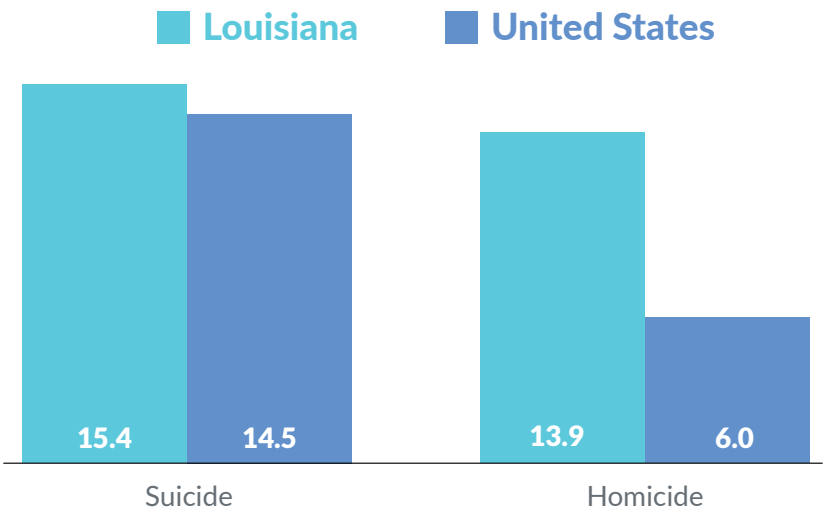


Source: CDC National Center for Health Statistics, Underlying Cause of Death 1999-2017, CDC WONDER Online Database, released December, 2018.

Fatal Injuries

In Louisiana, deaths due to suicide are the slightly higher than the nation (crude rate of 15.4 per 100,000 population in Louisiana compared with 14.5 in the US). However, the homicide rate in Louisiana (crude rate of 13.9 per 100,000) far exceeds the nation's homicide rate (6.0 per 100,000).

Figure 35: Suicide and Homicide Deaths, Crude Rate per 100,000, 2017



Source: CDC National Center for Health Statistics, Underlying Cause of Death 1999-2017, CDC WONDER Online Database, released December, 2018.

Stakeholder Engagement: Community Themes, Strengths, Forces of Change, and Prioritization

In order to understand community assets and barriers related to the population health data and findings described in the state health profile, Louisiana's assessment approach included adaptations of MAPP's Community Themes and Strengths and Forces of Change Assessments.

Engaging Stakeholders & Identifying Top Regional Priorities

Following a social determinants of health conceptual model to address the state of health in Louisiana, the assessment team utilized a multi-pronged approach to engage more "traditional" public health stakeholders, such as regional OPH staff, as well as stakeholders who may not be typically associated with public health but who play a role in the health and wellbeing of their communities, such as schools, transportation officials, police departments, and the business community, among others (see Figure 36). By engaging a wide array of stakeholders in the assessment and improvement plan development process, the assessment team sought to encourage and sustain a social determinants of health framing of all health and wellness issues identified and discussed. The assessment team engaged with this diverse group of stakeholders online, during two rounds of 4-hour in-person community assessment meetings across the state, and directly via email and phone. Stakeholders in all nine public health regions were provided multiple opportunities to engage in assessment work and provide feedback to the assessment team and local OPH leadership.

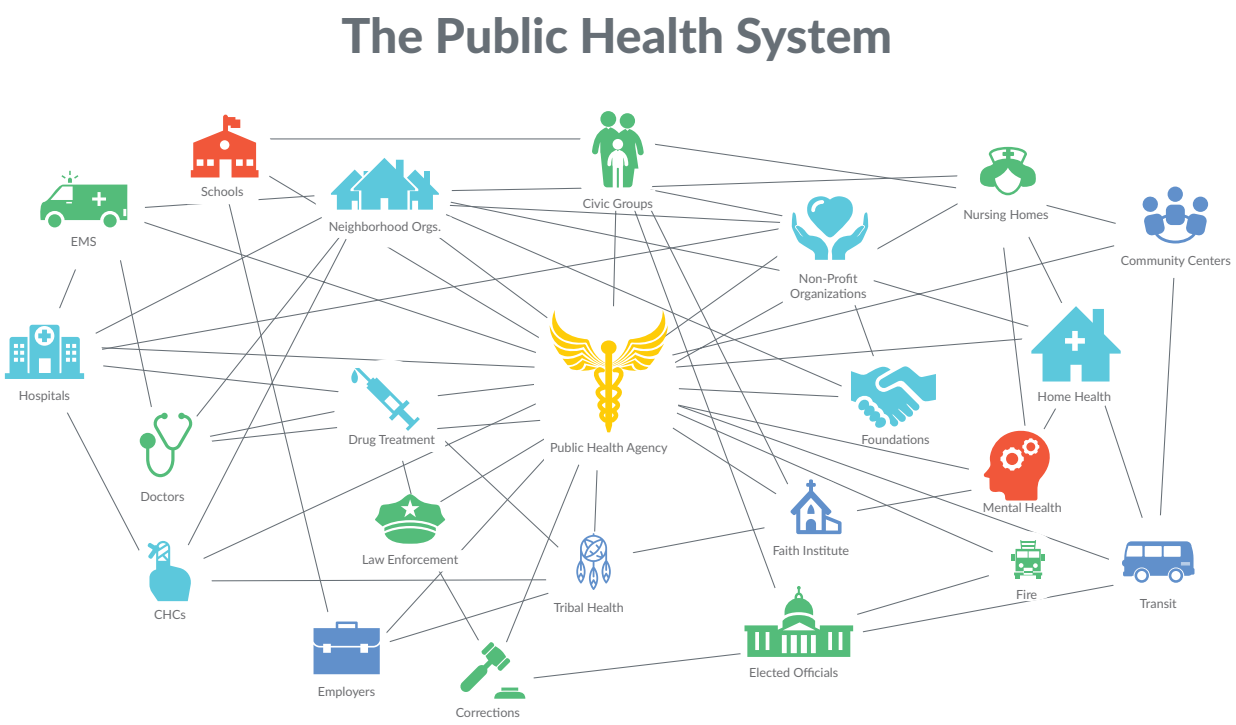
In preparation for the regional community assessment meetings, state-level OPH and LPHI staff met with regional OPH Regional Medical Directors and Regional Administrators in order to make decisions on stakeholder invitation lists that were diverse and multi-sectorial.

During this meeting, OPH, LPHI and RMD/RAs also collaboratively developed an online pre-survey to be emailed to stakeholders in each region in anticipation of the first regional community assessment meeting. The survey, which asked stakeholders to list the top 5 health priorities for their region, was designed to collect primary data from stakeholders to identify the most important health and wellness issues in their communities.

The survey was emailed to stakeholders by the RMD/RAs as part of a "Save the Date" for the first assessment meeting. Survey respondents were asked to identify the top five health and wellness priorities for their region from an existing list of health priorities, and were invited to write in any priorities not listed. The list of priorities included in the survey was developed by OPH, LPHI and the regional RMD/RAs and designed to include diverse issues and needs relevant to Louisiana as identified in previous assessments both by OPH and other entities (i.e. hospital CHNAs, community plans, etc. The survey also included social determinants of health relevant to Louisiana such as unemployment, transportation, the built environment, crime, and education, among others. For a complete list of health priorities. In addition to listing their top five priorities, respondents were also asked to indicate the parish in which they live/work and the type of stakeholder that they are/represent. The average number of respondents to the regional surveys was 132. The highest level of participation for a region was 246 responses, and the lowest 68.

Taking into account stakeholders' feedback from and responses to the online survey, RMD/RAs worked closely with OPH and LPHI staff to develop agendas for two rounds of 4-hour stakeholder meetings to take place in all 9 public health regions in Louisiana. These meetings were designed to allow OPH, RMD/RAs and stakeholders to collaboratively identify and discuss the health and wellness priorities that are most important in their regions, and also to facilitate in-depth conversations between RMD/RAs, state-level OPH, and stakeholders on these priorities and the social determinants of health in their region and state-wide. Mechanisms to collect both qualitative and quantitative data during these meetings were developed in order to ensure that stakeholder input would inform the state-level priorities identified for the SHIP.

Figure 36: Interconnections between “traditional” and “non-traditional” stakeholders in public health and community wellness



The goals of the first round of meetings, which took place March-July 2015, were to identify and explore health priorities. Each meeting began with the RMD/RAs reporting back to stakeholders on the results from their region’s online survey, focusing on the top 10 health and wellness priorities identified through the survey. In order to hone in on the highest ranked health priorities, the RMD/RA then presented key population and community data relating to the top five regional health priorities identified from the survey. Following the data presentation, stakeholders were asked to vote on the top five regional priorities using Audience Response System (ARS) technology in order to identify the top three health priorities for their region. Ties were broken by stakeholder voting using ARS technology, which was also used to capture stakeholders’ parish of residence/work and the type of stakeholder they represent.

After identifying the top three health priorities (Appendix "B"), stakeholders were broken into three workgroups, each devoted to one of the three priorities identified through voting. Each workgroup engaged in a one-hour café-style SWOT activity in which they were asked to reflect on and discuss the strengths, weaknesses, opportunities and threats for their randomly assigned health priority. Prior to the meeting, local stakeholders and regional OPH staff were invited to lead the activity and were trained beforehand. Meeting facilitators provided the local activity leaders with SWOT definitions and “illuminating questions” designed to elicit conversation among activity participants. Discussion notes and responses were recorded on flip charts and subsequently transcribed and analyzed for emerging high-level themes at the parish and regional levels. Notes and analysis from the SWOT activity were sent to RMD/RAs and meeting participants after the meeting conclusion.

Upon the meeting’s conclusion, participants were asked to contribute feedback and questions regarding the meeting via anonymous comment cards. Participants were also asked to write down the names and/or titles of individuals and/or organizations who were not present at the meeting but needed to be. Comment cards were scanned and sent to the RMD/RAs to help them plan for the second round of meetings.

Regional SWOT Results

Figure 37 below provides a snapshot of the SWOT results by region. Detailed SWOT outputs are available in Appendix C.

Figure 37: S WOT Summary Word Cloud

Developing Regional Goals & Strategies

RMD/RAs chose to hold the second round of assessment meetings from July-August 2015. Similar to the first meeting, invitations were sent to stakeholders by their respective RMD/RA, who made an effort to include the missing stakeholders identified on comment cards by round 1 meeting participants. The content and flow of second meeting agenda was heavily influenced by the RMD/RA and their unique regional stakeholders and needs. During the second meeting, the RMD/RA reported back to meeting participants on the demographic breakdown of the first meetings' participants (which parishes and type of stakeholders they represented) and provided preliminary findings from qualitative analysis of the SWOT activity outputs. Many RMD/RAs invited subject matter experts to present on challenges and innovative approaches to addressing the top three health priorities for their region. After the presentations, meeting participants were given time to pose questions to the subject matter experts. In addition, several RMD/RAs chose to have their stakeholders engage in an activity designed to identify realistic and contextually appropriate regional goals, strategies and action steps to address each of the top three priorities previously identified (See Appendix C). Stakeholders were provided with prompts describing a common definition for each priority, key indicators, and nationally aligned evidence based strategies. These documents were used as a guide for developing regional goals, strategies, and objectives. The prompts are available in Appendix D. Second round meetings concluded with the RMD/RA discussing their vision for work moving forward around the top three health and wellness priorities in their region.

Steering Committee

The SHIP Steering Committee was created with membership from across Louisiana's regions and the many sectors that participated in the assessment and planning process. Members were asked to provide guidance on the process, make final decisions on priorities to be addressed in the SHIP, and to help develop accountability. The SHIP Steering Committee meetings were facilitated by OPH. Going forward, OPH will continue to engage with the Committee to guide its efforts and to support implementation of the SHIP strategies. The designation of individuals and organizations that will or have accepted responsibility for implementing strategies are outlined in a separate state health improvement work plan.

State Health Assessment Priority Results

Behavioral Health/Mental Health/Addictive Disorders

Stakeholders in Louisiana understand behavioral health to include both mental health and substance abuse. Both medical and community-based behavioral health services are available in Louisiana, but a lack of coordination among service providers limits the effectiveness of programs to reach the populations that need them the most. Transportation and insurance coverage are two additional barriers to accessing behavioral health care for rural and low-income citizens in Louisiana. An increase in coordination of services as well as more educational opportunities for citizens would help improve access to and retention in behavioral health care services. However, budgets and laws need to be aligned with these efforts in order for them to be effective and sustainable. There are exciting examples of behavioral health integration occurring in Louisiana, such as the integration of behavioral health and primary care.

Chronic Disease Prevention & Management

In Louisiana, there is a trend of increased patient education efforts related to chronic disease prevention & management by medical providers, but a persistent lack of coordinated care and prevention. Also, the lack of partnerships with non-traditional sectors such as the business community, limits the effectiveness of physician interventions and causes patients to fall out of care. Transportation, insurance coverage and low reimbursement rates for preventive care present barriers to accessing chronic disease management services. There is a lack of population and community-level education on how to prevent and manage chronic disease. The built environment and local cultures in Louisiana are not conducive to, and in some cases impede, chronic disease prevention and management. Innovative efforts exist in Louisiana to transform the built environment in order to promote healthy lifestyles, however legislators need to be educated on the interrelationship between the built environment and chronic health issues.

Healthcare & Insurance

Varied and extensive healthcare services are available throughout Louisiana, and Medicaid expansion has helped thousands of Louisianans access the healthcare they need. Still, major barriers to healthcare access exist including lack of transportation in rural areas and low reimbursement rates for providers. There are inconsistencies in provider availability in rural areas; some regions report good coverage, others scarcity. There is a lack of coordination of care between service providers, and expanding collaborations beyond the traditional healthcare realm to non-traditional sectors such as schools, the workplace and the business community, which could have a positive impact on citizens' awareness of and access to healthcare.

Nutrition & Healthy Eating

There is an expansion of programs across Louisiana designed to educate the public on nutrition and increase accessibility of healthy eating options, including Well-Ahead LA, which has designated thousands of WellSpots throughout the state. However, public understanding of nutrition and the importance of healthy eating remains poor and further efforts are needed. Similarly to Chronic Disease Prevention & Management, the built environment and business community represent both barriers and potential solutions to addressing obesity and unhealthy eating through the elimination of food deserts, the promotion of community gardens, and the offering of healthy eating options in local restaurants and grocery stores. Better collaboration and coordination of efforts between public and private sector service providers and stakeholders is needed.

Unemployment & Economic Development

Job and educational opportunities exist, but there is a lack of coordination between the business and educational sector, representing a missed opportunity to prepare citizens, especially youth, for the job market in their communities. Economic opportunity is especially challenging in rural areas. Poor mental and physical health combined with low insurance coverage represent major barriers to a vibrant and engaged workforce, and there is a lack of understanding of the importance of health for economic development at the local, regional and state level.

Public Health Infrastructure

While services and resources are available for all priorities across Louisiana, the lack of collaboration between providers and stakeholders lead to poor citizen awareness of their existence or availability, which results in low rates of access. Coordination of services in order to pool resources, expand accessibility to vulnerable populations and improve long-term sustainability is a common theme emerging across all priority areas in Louisiana.

State Health Improvement Plan

The Institute of Medicine defines public health as, "What we as a society do collectively to assure the conditions in which people can be healthy" (Institute of Medicine, 1988). Louisiana embraces this definition, acknowledging that the public health system extends far beyond the boundaries of the health department. Hence, in planning and designing the Louisiana SHIP, a broad array of stakeholders and sectors that have an interest in, and impact on, the health of the public were engaged. The public health stakeholders within this plan include: state and local government, community organizations, health care providers, employers, faith-based community, advocacy and public interest groups, and schools and universities, among others.

Within Louisiana, OPH bears statutory responsibility for protecting the public's health; its staff has taken a leading role in developing this SHIP, "Creating A Blueprint For Our Future", which sets priorities to improve the health status of Louisiana's residents and visitors. It highlights five priority areas and associated health outcome indicators that reflect the most significant health issues currently facing the population.

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

Its aims are to assist state and community leaders in focusing their work to improve the public's health and to promote coordination and collaboration among public health partners. The strategies proposed for each priority area are based on evidence and designed to have a high impact on the health of the population.

How will Louisiana use the SHIP?

The SHIP can be used by a wide variety of state and local agencies and organizations in numerous ways. For example, public health networks, hospitals, community health centers, social service agencies and businesses in a region can use this information to structure their community health assessments and health improvement plans. Government agencies, foundations, schools, and health and social service organizations can apply SHIP priorities as a framework for health-related strategic planning, grant seeking and grant making, performance management, and quality improvement. The information presented in the SHIP can be a valuable resource to elected officials, employers, emergency responders, and health planners about the most pressing health issues facing their populations. Academic institutions can tailor research toward these priorities and strategies to further the knowledge base on these issues.

What is the relationship between the SHIP and other planning efforts?

Many planning processes exist in Louisiana at the local and state level, but these are often geographically, subject, and/or sector specific. In the process of developing the SHIP, the team reviewed existing state and local plans and assessments (i.e. Future of the Governor's Game Plan, Bureau of Family Health Title V assessment, OPH Health Promotions Strategic Plan, and State Office of Rural Health Strategic Plan) and other data and identified crosscutting issues, priorities and themes. The SHIP seeks to elevate these common issues to the strategic level – that is,

issues, which if addressed collaboratively by system stakeholders, have the potential to make the most impact on improving health and improving the system's capacity to act effectively on health issues. The SHIP is not intended to supplant other plans, but to provide a mechanism for the array of stakeholders in the system to come together around a set of strategic issues that transcend any one sector, community or health problem. The team encourages public health and health care system stakeholders to use the SHIP to inform their own strategic planning processes and align their planning and action across and among sectors. Others are encouraged to use the SHIP to inform their local, community engaged planning processes. In addition to state-level strategic and coordinated action and local planning, communities should use the SHIP to promote coordination and reduce duplication of services and programs.

Louisiana Health Priorities

The top state-level health and wellness priorities were identified using outputs from stakeholder voting in each region. Based on voting results, a weighted scoring system was developed for each region's top 3 priorities and points were totaled across regions. A clear scoring gap emerged between priorities with high scores (priorities with the majority of votes across all regions) and those with lower scores (priorities that emerged in only 1-2 regions, priorities with very few votes). Priorities with the highest scores were: Behavioral Health/Mental Health/Addictive Disorders, Nutrition & Healthy Eating, Chronic Disease Management, Healthcare & Insurance, and Unemployment & Economic Development. Likewise, prioritization of these five topical areas aligned with findings from the state health profile assessment.

Based on qualitative data collected during the SWOT and goal/strategy setting activities during regional meetings with stakeholders, a clearer picture of the meaning of each of these priority categories from the perspective of regional stakeholders emerged.

Specifically, it became evident that stakeholders understood **Nutrition & Healthy Eating** and **Chronic Disease Management** to be overlapping priorities with a strong focus on healthy lifestyles and prevention, rather than a more traditional focus on nutrition or disease management.

Based on this feedback from stakeholders, it was decided that these priorities would be combined into one singular priority largely focused on prevention: "Promote Healthy Lifestyles." Similarly, based on stakeholder input the Healthcare & Insurance priority was understood to have a broad focus on access to healthcare; therefore, this priority became "Assure Access to Healthcare." "Support Behavioral Health" was the clear interpretation of Behavioral Health/Mental Health/Substance Abuse, as Behavioral Health is an integrated approach to addressing both mental health and substance abuse. Drawn from qualitative data collected from stakeholders, Unemployment & Economic Development was interpreted as "Promote Employment & Economic Development."

A consistent finding across all regional assessment meetings held in Louisiana was the fact that stakeholders greatly valued the opportunity to network with their peers working on issues related to community health and wellbeing. This was true of "traditional" public health stakeholders such as regional OPH staff, as well as non-traditional stakeholders such as employees at the local Department of Transportation or city Chambers of Commerce, cultural and non-profit organizations providing health and wellness services directly to their membership and communities. Through these meetings, it became evident that individuals working in community health and wellness at the local level in Louisiana do not have frequent opportunities to network with their peers, leading to lower human capital,

few opportunities to pool resources, and limited collaboration on joint efforts. Therefore, it was decided that an additional state-level priority, "Build Public Health System Infrastructure," would be included as one of the state-level priorities for health and wellness in Louisiana, in order to encourage a formalization of the extra-governmental public health sector throughout the state.

Support Behavioral Health

Behavioral health, the umbrella term for the combined fields of substance abuse and mental health, is uniformly recognized as a health priority area across diverse regions in Louisiana. Louisiana has a higher than national average burden of poor mental health when compared with national trends. For example, Louisiana experienced, with a noticeable increase in poor mental days among Louisiana residents in the years following Hurricane Katrina. With 78% of Louisiana geographical areas designated as Mental Health Professional Shortage Areas (HRSA, 2018) and a lack of robust behavioral health information systems, system-wide service delivery gaps within the state contribute to the severity of behavioral health outcomes among residents. Increasingly, communities and public health entities in Louisiana have come to recognize the impact of poor behavioral health on overall population health and as a contributory risk factor for myriad public health issues including chronic diseases and community violence. With recent changes in the delivery of behavioral healthcare via the Affordable Care Act, Louisiana is looking to adopt new best practices in behavioral health seek to such as increasing access to behavioral healthcare, improving early screening and treatment, and supporting efforts to integrate behavioral health and primary care.

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

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Percent of patients 12 years and older screened for depression and follow-up plan documented as appropriate	LA: 49% (2015)	LA: 70.69% (2017)	HRSA Louisiana Health Center Data	Increase
Proportion of primary care physician office visits where adults 19 years and older are screened for depression Healthy People 2020 (MHMD-11.1)	US: 2.2% (2007)	US: 2.2% (2012)	National Ambulatory Medical Care Survey (NAMCS) via Healthy People 2020	Healthy People 2020 Target: 2.4% (10 percent improvement)
Proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression **HealthyPeople 2020 (MHMD-11.2)**	**US: 2.1% (2005-2007)**	US: 1.4% (2009-2011)	National Ambulatory Medical Care Survey (NAMCS) via Healthy People 2020	Healthy People 2020 Target: 2.3% (10 percent improvement)

Strategies:

- Facilitate system mapping and identification of gaps to improve linkages between behavioral health and primary care networks
- Assure availability of educational materials for providers about the benefits of BH-PC
- Integration & integration "best practices"
- Collaborate across governmental agencies and with healthcare providers to support behavioral health and primary care integration via insurance reimbursements and provider billing practices
- Increase behavioral health screening rates and behavioral health informed care plans in primary care settings

Objective 2: Support a coordinated continuum of behavioral health care and prevention services

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Suicide rate Healthy People 2020 (MHMD-1) Reduce the suicide rate	LA: 11.9 suicides per 100,000 population occurred in 2008 US: 11.3 suicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)	LA: 15.2 suicides per 100,000 population, age-adjusted (2017) US: 14.0 (2017)	Louisiana State Center for Health Statistics National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-Race Population Estimates for Census 2000 and 2010, CDC/ NCHS and Census	10.7 10.2
Proportion of adolescents in Louisiana aged 12 to 17 years who experience major depressive episodes (MDEs) Healthy People 2020 (MHMD-4.1) Proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	LA: 6.9% (2008) US: 8.3% (2008)	LA: 11.0% (2014-2015) US: 11.9% (2014-2015)	National Survey on Drug Use and Health (NSDUH), SAMHSA-Louisiana Behavioral Health Barometer National Survey on Drug Use and Health (NSDUH), Substance Abuse Mental Health Services Administration (SAMHSA)	7.5% 7.5%

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Proportion of adults aged 18 years and older in Louisiana who experience major depressive episodes (MDEs)	LA: 6.2% (2013-2014)	LA: 6.6% (2012-2015)	National Survey on Drug Use and Health (NSDUH), SAMHSA-Louisiana Behavioral Health Barometer	5.5%
Healthy People 2020 (MHMD-4.2) Proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)	US: 6.5% (2008)	US: 6.7% (2012-2015)	National Survey on Drug Use and Health (NSDUH), Substance Abuse Mental Health Services Administration SAMHSA	5.8%

Strategies:

- Support collaboration among leaders, professionals and community members around mental health and substance abuse.
- Support efforts to expand access to behavioral health services to rural and hard-to-reach populations
- Promote efforts to integrate supportive healthcare workers (navigators, peers, CHWs) into the continuum of care
- Promote early childhood development by supporting mentally healthy & substance abuse-free homes
- Encourage and enhance communication between providers by strengthening electronic health information exchanges (LAHIE and GNOHIE)
- Facilitate electronic data sharing between hospital discharge staff and ambulatory care providers
- Facilitate electronic data reporting between public health and ambulatory providers via MU requirements and data sharing/data use agreements
- Coordinate efforts between the two major HIE entities in the state
- Promote trauma informed care school collaboratives to identify children at high risk of mental illness and connect them with age appropriate behavioral healthcare
- Improve reach of programs that target formerly incarcerated individuals with behavioral health diagnoses by connecting them to medical homes for treatment post-release

Objective 3: Improve community awareness of behavioral health services

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Persons Served by Community Mental Health Programs	LA: 5.5 per 1,000 (2015) US: 22.57 per 1,000 (2015)	LA: 7.6 per 1,000 (2017) US: 22.4 per 1,000 (2017)	Louisiana Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System	N/A
Total Persons Served by State Mental Health Authorities	LA: 5.8 per 1,000 (2015) US: 23.07 per 1,000 (2015)	LA: 7.8 per 1,000 (2017) US: 23.0 per 1,000 (2017)	Louisiana Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System	N/A
Past Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in the United States, by Age Group	LA: 16.6% US: 13.9% (2014)	N/A	SAMHSA Behavioral Health Barometer	18.3%

Strategies:

- Promote engagement among community and healthcare groups
- Engage patients with patient navigators and community health workers
- Promote individual and family insurance coverage during Open Enrollment
- Support efforts to educate community about behavioral health prevention and available services
- Support efforts to increase provider knowledge of resources to address mental health and substance abuse
- Support efforts to de-stigmatize behavioral healthcare and promote early treatment

Promote Healthy Lifestyles

Promotion of healthy lifestyles emerged as an important health and wellness priority across all of Louisiana's distinct public health regions. Importantly, this priority encompasses both the prevention and management of chronic disease through healthy eating, exercise, and adherence to medical appointments and treatment plans. Chronic disease is a major contributor to morbidity and mortality in Louisiana. Louisiana residents experience higher-than-average incidence for several common cancers, and the state's African American population suffers from cancer rates, hypertension, diabetes, and asthma rates that exceed those of their white counterparts. In addition, Louisiana residents are hospitalized for complications from diabetes, hypertension and chronic heart failure at higher rates than the national average. Community members and public health actors at the local, regional and state level recognize the role that the social determinants of health play in the prevention and successful management of chronic disease. We recommend the promotion of aggressive strategies to address the disparities created. In addition to ensuring a coordinated system of care, public health entities and communities in Louisiana must work to ensure access to healthy food and built environments that promote exercise.

Objective 1: Increase physical activity access and outreach

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Percent of adults in Louisiana who did not participate in any physical activities during the past month Reduce the proportion of adults who engage in no leisure-time physical activity Healthy People 2020 (PA-1)	LA: 33.8% (2011) US: 26.2 (2011)	LA: 31.8% (2017) US: 25.6 (2017)	CDC Louisiana Behavioral Risk Factor Surveillance System	28%
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. Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination Healthy People 2020 (PA-2.1)	LA: 45.2% (2013) US: 50.5 (2013)	LA: 45.0% (2017) US: 50.2 (2017)	CDC Louisiana Behavioral Risk Factor Surveillance System	50%
Percent of students in grades 9-12 in Louisiana who did not engage in at least 60 minutes of physical activity on any day in past 7 days	LA: 19.1% (2011) US: 13.8 (2011)	LA: 24.5% (2017) US: 15.4 (2017)	CDC Youth Risk Behavior Surveillance System	19.1% (maintain baseline)

Strategies:

- Partner with local school districts to develop joint-use agreements for physical activity.
- 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.
- Encourage community design policies and initiatives that support opportunities for safe and accessible active transportation and physical activity.
- 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 1. Encourage the utilization of resources such as SCORP to promote the establishment of local health initiatives that involve parks, community centers, and trails.
- Partner with local school districts and early childhood education centers to enhance physical education centers and physical activity in schools and child care settings.
- 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.

Objective 2: Promote health through the consumption of healthful diets

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Percentage of adults who report consuming fruits less than one time per day Contribution of fruits to the diets of the population aged 2 years and older. Healthy People 2020 (NWS-14)	LA: 46.7% (2011) US: 0.53 cups per 1,000 calories (2005-2008)	LA: 45% (2017) US: 0.51 cups per 1,000 calories (2013-2016)	CDC Louisiana Behavioral Risk Factor Surveillance System NHANES via Healthy People 2020	Decrease Increase - 0.93 cups per 1,000 calories
Percentage of adults who report consuming vegetables less than one time per day. Increase the contribution of total vegetables to the diets of the population aged 2 years and older. Healthy People 2020 (NWS-15.1)	LA: 32.5% (2011) US: 0.76 cup per 1,000 calories (2005-2008)	LA: 23.9% (2017) US: 0.76 cup per 1,000 calories (2013-2016)	CDC Louisiana Behavioral Risk Factor Surveillance System NHANES via Healthy People 2020	Decrease Increase -1.16 cups per 1,000 calories
Percentage of adolescents consuming fruits and/or vegetables less than one time per day in the past 7 days	LA: 20.7% (2011)	LA: 13% fruit (2017) 16.5% vegetables (2017)	CDC Youth Risk Behavior Surveillance System (YRBSS)	Decrease

Strategies:

- Partner with local school districts to support the implementation of USDA Smart Snack guidelines.
- Encourage the implementation of food service guidelines and nutrition standards in restaurants and workplaces.
- Promote the use of evidence-based programs such as the 5-2-1-0 Let's Geaux program.
- Coordinate with local farmer's market to market the use of SNAP benefits at market.

Objective 3: Build community capacity for chronic disease prevention and management programs

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Reduce rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.	LA: 532.9 per 100,000 (2010-2012) US: 395.5 per 100,000 (2010-2012)	LA: 557 per 100,000 (2017) US: 383 per 100,000 (2017)	Federal Bureau of Investigation, FBI Uniform Crime Reports	479.7 per 100,000
Reduce the prevalence of food insecurity (% of households)	LA: 17.6% (2012-2014)	LA: 17.3% (2015-2017)	USDA/ Economic Research Service "Household Food Security in the US in 2017" and Healthy People 2020	10%
Reduce household food insecurity and in doing so reduce hunger Healthy People 2020 (NWS-13)	US: 14.5% (2012)	US: 12.3% (2015-2017)		6%

Strategies:

- Build linkages between private sector (fitness centers, employers, etc.) and public sector to promote chronic disease prevention
- Connect marginalized populations with culturally relevant and empowerment-based chronic disease prevention and management programs.
- Partner with 2-1-1 to increase bi-directional referrals between community resources and health systems
- Promote community-based chronic disease self-management programs (i.e. "Everybody With Diabetes Counts")
- Provide train-the-trainer programs to increase the numbers of Certified Diabetes Educators and Community Health Workers
- Enhance capacity of health care providers to management chronic disease conditions in partnership with community supports
- 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.
- Increase the number of employers who implement worksite wellness initiatives, which address all health behaviors simultaneously.
- Expand participation in Well Ahead Louisiana.
- Promote local and regional health initiatives (i.e. Get Healthy Cenla, Fit NOLA, Dare to Be Healthy)
- Identify opportunities to educate providers on diabetes self-management education
- Introduce the Tomorrow's HealthCare platform to reduce in disparities in diabetes care
- Work with municipalities to make neighborhoods safer

Objective 4: Increase the capacity for health systems to prevent, identify, and treat chronic disease

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Aged 50-75 had a colonoscopy in the past 10 years Increase the proportion of adults aged 50-75 years who receive a colorectal cancer screening based on the most recent guidelines Healthy People 2020 C-16	LA: 59.8% (2011) US: 58.2% (2013)	LA: 60.6% (2016) US: 62.4% (2015)	CDC Louisiana Behavioral Risk Factor Surveillance System National Health Interview Survey (NHIS), CDC/ NCHS via Healthy People 2020	65% 70.5%
Decrease the percentage of adults who have ever been told by a doctor they have diabetes (excludes pre-diabetes and gestational diabetes). Reduce the annual number of new cases per 1,000 population aged 18 to 84 years occurred in the past 12 months of diagnosed diabetes in the population Healthy People 2020 D-1	LA: 12.3% (2012) US: 7.3 per 1,000 (2010-2012)	LA: 13.6% (2017) US: 6.4 per 1,000 (2015-2017)	CDC Louisiana Behavioral Risk Factor Surveillance System National Health Interview Survey (NHIS), CDC/ NCHS via Healthy People 2020	11.3% Decrease

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Percentage of adults who have been told by a health professional they have high blood pressure	LA: 39.9% (2013)	LA: 39.0% (2017)	CDC Louisiana Behavioral Risk Factor Surveillance System	35%
Proportion of adults with hypertension whose blood pressure is under control Healthy People HDS-12	US: 43.7% (2005-2008)	US: 47.8% (2013-2016)	National Health and Nutrition Examination Survey (NHANES), CDC/ NCHS via Healthy People 2020	61.2%

Strategies:

- Promote chronic disease screenings by healthcare providers
- Encourage linkages and sharing of screening information between healthcare providers and community programs
- Support the Louisiana Business Group on Health (LGBH) Diabetes Collaborative
- Promote health screenings as a part of community prevention programs, i.e. worksite wellness and school health
- Promote health screenings as part of regular cultural celebrations, festivals, parades, fairs, etc.
- Promote the integration of health components into cultural events and activities

Objective 5: Prevent initiation of tobacco use among young people

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Create a statewide Strategic Plan for youth tobacco control efforts Add youth tobacco survey items for ever use of cigarettes, ENDs, and ATPs; past 30-day use; and lifetime use of 100 cigarettes Reduce the initiation of tobacco use among children, adolescents, and young adults Healthy People 2020 TU-3 Enact an expanded statewide, comprehensive Clean Indoor Air Act to include all workplaces Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites Healthy People 2020 TU-13		See Louisiana Tobacco Control Strategic Plan, 2016-2021 (published by OPH/ Well-Ahead LA)	Well-Ahead LA, Rapides Foundation, TFL, BCDHP	

Strategies:

- Conduct gap analysis and SWOT analysis.
- 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.
- 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.
- Establish a Youth Prevention work group that meets quarterly.
- Create a database of statewide organizations engaging in youth tobacco efforts by surveying those organizations.
- Determine current landscape of ongoing youth tobacco control efforts.
- Determine plan for coordination of future efforts.

Objective 6: Eliminate exposure to secondhand smoke

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Number of WellSpots with 100% tobacco- or smoke-free policies.	N/A	LA: 2,617 WellSpots (Dec 2018)	OPH/Well-Ahead LA	**Increase**
Reduce the proportion of children aged 3-11 exposed to secondhand smoke Healthy People 2020 TU-11	US: 52.2% (2005-2008)	US: 39.3% (2011-2014)	National Health Interview Survey (NHIS), CDC/ NCHS via Healthy People 2020	Decrease
Number of municipalities in Louisiana with tobacco-free ordinances	N/A	18 municipalities covering 21.5% of Louisiana's population (Jan 2019)	OPH/Well-Ahead LA	Increase
Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites Healthy People 2020 TU-13		See Healthy People 2020 for related data	State Tobacco Activities Tracking and Evaluation System, CDC/ NCCDPHP via Healthy People 2020	Increase

Strategies:

- Educate legislators and community on the dangers of secondhand smoke, vaping, and inhaling.
- Hold weekly meetings of Smoke-Free Coalition.
- Design and implement informational and educational strategies for local elected officials and community members.
- Partner with the Louisiana Municipal Association.
- Identify Champions to support the Clean Indoor Air Act in the legislature.
- Host education, advocacy/lobby day at the capitol to educate on behalf of tobacco.
- Identify local municipalities ready to move forward with smoke-free ordinances.
- Recruit grassroots supporters.
- Develop educational material for local elected officials and community members on the dangers of secondhand smoke, vaping, and inhaling.
- Disseminate information regarding WellSpots to coalitions and organizations statewide, and drive sites back to Well-Ahead for WellSpot designation.

Objective 7: Promote quitting among adults and young people

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Proportion of adults who are current smokers Reduce cigarette smoking by adults Healthy People 2020 TU-1.1	LA: 24.8% (2012) US: 19.6% (2012)	LA: 23.1% (2017) US: 17.1% (2017)	CDC Louisiana Behavioral Risk Factor Surveillance System National Health Interview Survey (NHIS), CDC/ NCHS via Healthy People 2020	21.1% 12%
Proportion of high school students who currently use tobacco Reduce use of tobacco products by adolescents (past month) Healthy People 2020	LA: 35.3% (2015) US: 22.4% (2013)	LA: 28.9% (2017) US: 17.0% (2015)	LA Youth Tobacco Survey Youth Risk Behavior Surveillance Survey	Decrease

Strategies:

- Promote increased referrals from non-traditional organizations.
- Identify, disseminate, and promote coordinated cessation services messaging and materials.
- Determine the feasibility of creating a central data source for number of referrals to cessation services and number of people served by cessation services.
- Lobby to ensure necessary questions for measuring success are included in upcoming surveys.
- Promote increased referrals from healthcare providers and cessation service providers as part of health systems change efforts.

Assure Access to Healthcare

Stakeholders in Louisiana identified access to healthcare as one of the primary issues of concern in regards to the health of Louisiana citizens. Participants in the SHA/SHIP process acknowledged the diverse contributory factors that affect access to healthcare, including consumer-based issues of access as well as systemic gaps in healthcare services. Approximately 8.4% of Louisiana's citizens are uninsured, and even for those who are insured, access to healthcare remains problematic. Lack of access to reliable transportation, inadequate funds for co-pays and prescriptions as well as lack of consumer knowledge around appropriate use of healthcare facilities affect access to healthcare.

Community-based primary care is considered to be the ideal setting for preventative healthcare and management of chronic disease. Individuals without insurance tend to rely upon emergency rooms for basic healthcare services and approximately 22% of Louisiana's residents do not have an identified primary care doctor. Even for those who are able to seek out healthcare, 35% of Louisiana geographical areas have been identified as Health Professional Shortage Areas (HPSAs) meaning that there are insufficient healthcare providers to serve local communities. Efforts to improve access to healthcare in Louisiana include encouraging patients to seek out medical homes and incentivizing providers to work in areas of high needs.

Objective 1: Increase individual and family insurance coverage

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Proportion of persons with medical insurance	LA: 82.2% (2008)	LA: 91.6% (2017)	U.S. Census, American Community Survey	100%
Increase the proportion of persons with medical insurance Healthy People 2020 (AHS-1.1)	US: 83.2 % (2008)	US: 91.3% (2017)	National Health Interview Survey (NHIS), CDC/ NCHS	100%

Strategies:

- Optimize Open Enrollment Periods to Connect Individuals and Families with Insurance Coverage
- Support patient navigators (i.e. develop communication toolkits)
- Coordinate outreach and enrollment activities across governmental and community organizations

Objective 2: Increase provider participation in Medicaid

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Increase number of providers that accept Medicaid	LA: 7,624 (2015)	LA: 22,570 (SFY 2016)	Louisiana Medicaid Program	To be determined based on medical residency training graduation numbers, physician extender graduation numbers, inactive licensure due to retirements, and possible Medicaid expansion

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
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.	LA: Hospitals: 126 (2016) LA: Eligible Providers: 6,720 (2016)		Centers for Medicare and Medicaid	To be determined

Strategies:

- Streamline processes for provider participation across the five Bayou Health plans
- Educate providers about how to participate in and leverage Medicaid payment incentives

Objective 3: Provide pathways to healthcare access for underserved populations

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Do you have one person you think of as your personal doctor or health care provider? Increase the proportion of persons with a usual primary care provider Healthy People 2020 AHS-3	LA: 73.0% (2013) US: 77.1% (2013)	LA: 78.0% (2017) US: 77.2% (2017)	CDC Louisiana Behavioral Risk Factor Surveillance System	Increase 83.9%
Percent of newly diagnosed HIV patients linked to HIV-related medical care within 3 months of diagnosis		LA: 87% (2018)	STD/HIV Program, OPH	Increase
Number of National Health Services Corp providers practicing in Louisiana	108 (2016)	115 (2018)	LaPAS	Number is based on HRSA allotment
Number of students who have a signed parental consent form to access School-Based Health Center services in Louisiana		42,493 (1st quarter, State Fiscal Year 2018-2019)	LaPAS	46,900

Strategies

- Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine)
- Engage a communications network with racial/ethnic communities, the medically underserved along with health organizations, local and state government, patient advocates and providers, to support minority health programs and issues.
- Promote the a 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.
- Network with national, state and local organizations that provide information and resources about workplace diversity and culturally competent practices in health care delivery.
- Support state (LAHIE) and regional (GNOHIE) health information exchanges
- Foster multi-sector collaboration to identify underserved groups and implement programs to improve access to quality primary care that is whole-person-centered, safe, effective, and equitable and based on evidence-based practice
- Facilitate coordination among Healthy Louisiana plans and community organizations
- Host regional health system coordination meetings (state of the health meetings in regions)
- Support integration of behavioral health and primary care services
- Support integration of reproductive health services in primary care settings
- Increase enrollment and utilization of Take Charge Plus services
- Promote medical home models in community and rural health clinics and other medical practices
- 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

Objective 4: Improve appropriate use of health facilities and consumer understanding of health system

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Decrease discharge rate among the Medicare Population for diagnoses that are amenable to non-hospital based care (Developmental) Increase transportation and travel policies for the built environment that enhance access to and availability of physical activity opportunities Healthy People 2020, PA 15.3	LA: 92.1 per 1,000 Medicare beneficiaries (2012) Data not currently available	LA: 67.5 per 1,000 Medicare beneficiaries (2014)	The Dartmouth Atlas of Health Care -- Louisiana	60 per 1,000 Medicare beneficiaries

Strategies

- Promote the creation of community collaborative that advocate for increased consumer education and access to care (i.e. Better Access to Care Coalition in Baton Rouge)
- Identify high risk "frequent flyers" of emergency care systems for medical home participation (i.e., Catholic Charities Health Guardians)

Promote Employment & Economic Development

Socioeconomic indicators such as meaningful employment and livable income have been recognized as highly influential social determinants of health. Stakeholders participating in the SHA/SHIP process recognized economic development as one of the key priority health areas in the state of Louisiana. The World Bank broadly defines local economic development as the process by which communities and stakeholders engage in sustained efforts to create better conditions for economic growth and employment generation in order to improve quality of life (World Bank, 2004). High rates of employment within a community and increased household income have been associated with improved long-term health outcomes.

Overall, indicators of economic development in Louisiana tend to mirror national averages. However, when statistics are controlled for race and age, significant disparities come to light, with higher poverty levels among children and African Americans. These types of economic disparities affect access to healthcare and generally, the resources needed to live a healthful life. Current economic development initiatives within the state of Louisiana are focused on workforce development congruent with existing industries, improving transportation options and strengthening educational programs to meet the needs of future employers.

Objective 1: Improve cross-sector collaborations to improve understanding of population health and economic health relationships

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
Increase number of new collaborations	Will be established at the end of the prior State Fiscal Year	For current year, increase in number over the prior State Fiscal year

Strategies:

- 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.
- Increase number of healthcare employers represented at annual Louisiana Public Transit Association.
- Engage economic and community development partners throughout the state on health disparities and determinants.
- Diversify business incentives to address skills training, affordable housing, affordable transportation, and education attainment.
- Develop resource inventory and educational materials on economic health topics for use by OPH and health organizations.

Objective 2: Increase opportunities for workforce training and development

Decrease total unemployment in Louisiana of the civilian, non-institutionalized population age 16 and older.	5.3% (2010-2014)	5.0% (2018)	Bureau of Labor Statistics	4 %
Median earnings for full-time, year-round workers by gender (in dollars)	Males: $48,742 Females: $32,478 2010-2014	Males: $52,146 Females: $41,977 (2017)	American Community Survey	Equivalent
Percentage of families and people whose income in the past 12 months is below the poverty level	LA: 18.7% (2010)	LA: 19.7% (2017)	American Community Survey	Decrease
Proportion of persons living in poverty Healthy People 2020, SDOH-3	US: 14.3% (2010)	US: 13.4% (2017)		

Strategies:

- Market existing workforce training programs and opportunities to the appropriate audience
- Organize job and workforce development training expos
- Leverage/optimize apprenticeship opportunities with a focus on youth and adult vocational training programs
- Create opportunities for emerging labor market fields (apprenticeships, etc.)

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

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Completed inventory of organizations providing basic education, ESL and adult literacy, including statewide and local initiatives	Incomplete	2016	LAPCAE	Completed inventory report
Increase percentage of incoming ninth graders who graduate in 4 years from a high school with a regular degree.	LA: 63.9% (2008)	LA: 78% (2016-17)	Louisiana Department of Education	90%
Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade Healthy People 2020, AH-5.1	US: 79% (2010-2011)	US: 84% (2015-16)	National Center for Education Statistics	
Increase estimated rate of high school graduates attending degree-granting postsecondary institutions	64.7% (2012)	58% (2017)	Louisiana Department of Education	Increase
Proportion of high school completers that enroll in college the October immediately after completing high school. Healthy People 2020, SDOH-2	68.1% (2012)	66.7% (2017)	National Center for Education Statistics	Increase
Educational attainment (25 years and over)	2011-2015	2017	American Community Survey	
Decrease % of no high school diploma (includes less than 9th grade and 9th-12th grade, no diploma)	16.6%	14.9 %		10%
Increase % of high school graduates	33.9%	34.0%		37%
Increase % of Associate's degrees	5.5%	5.9%		
Increase % of Bachelor's degree	14.8%	15.5%		26%

Strategies:

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

Objective 4: Reduce barriers to employment

PERFORMANCE INDICATOR		MOST RECENT DATA AVAILABLE (YEAR)	DATA SOURCE	TARGET
Increase the number of parishes with elderly and handicapped transit service	49 (2016)	49 (2018)	Louisiana Department of Transportation & Development (DOTD)	64 (All parishes)
Increase the number of parishes with general transit service	41 (2016)	40 (2018)	DOTD	48
Increase use of Federal Funds for Bicycle and Pedestrian Efforts (on a scale of 0-100)	31 (2016)	N/A	DOTD and US Department of Transportation	50

Strategies:

- Identify major job clusters in every region
- Assess commute to work patterns (length of commute, mode, number of household vehicles, access to transit, and cost of commute/transportation).
- Expand access to transit vouchers.
- Increase participation in federal programs to improve public transit systems in urban and rural areas.
- Increase participation at annual Louisiana Public Transit Association held annually.
- Invest in re-entry training programs for formerly incarcerated people.
- Expand access to childcare vouchers.
- Increase the percentage of workers with benefits (i.e. sick leave).
- Improve modal options associated with supporting the economy and quality of life regardless of age, disability, or income.
- Enhance access to jobs for both urban and rural populations.
- 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.
- Expand bicycle and pedestrian infrastructure

Build Public Health System Infrastructure

Public health entities and community stakeholders in Louisiana recognize the importance of networking and collective action in order to impact community health and wellbeing. However, health and wellness stakeholders in Louisiana are not provided consistent opportunities to network with their peers, leading to lower human capital, few opportunities to pool resources, and limited collaboration on joint efforts at the local, regional and state levels. The priority "Build Public Health System Infrastructure" exists to encourage an integration of the extra-governmental public health sector with state public health entities. Regional Medical Directors and Administrators across Louisiana are excited at the opportunity to participate in the development and formalization of networks of public health and community wellness advocates. These partnerships will help both public and extra-governmental public health stakeholders leverage existing efforts and realize meaningful impacts on community health at the local, regional and state level.

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

PERFORMANCE INDICATOR	BASELINE (YEAR)	MOST RECENT DATA AVAILABLE (YEAR)	TARGET
% of regions with a health system summit	11% (2016)	>33% (2018)	All Parishes
Increase number of communities or parishes to join or create a Community Advisory Board or Health Council	4 (2016)	>10 (2018)	All Parishes

Strategies:

- 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.)
- Engage multi-sector community leaders at the regional level to develop and implement community health improvement plans and regional health system summits.

Objective 2: Build systems to analyze and share data

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
Increase data sharing agreements across agencies and entities	To be determined	

Strategies:

- Optimize the newly created OPH Center for Population Health Informatics to build capacity for analytics and data-sharing
- Increase participation in state (LAHIE) and regional (GNOHIE) health information exchanges
- Regularly provide snapshots (including parish profiles) of health status for community review and use
- Develop a dashboard to track agency and system performance
- Promote use of evidence-based practices and innovation

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

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
Enact a statewide health equity law	Not currently in place	

Strategies:

- Support the Office of Minority Health led statewide initiative engaging inter-agency coordination around minority and medically underserved health issues.
- Engage a system of community improvement zones, whereby the private sector targets a particular section of the community with various innovative actions.
- Support a plan to decrease morbidity in racial/ethnic minority and medically underserved populations.
- Support the Louisiana Health and Wellness Innovation Plan to push for whole-person-centered care that is team-based and coordinated with a consideration of social, cultural, emotional, and economic contexts for well-being.

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

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
Conduct a Louisiana public health system assessment using national performance standards	Not currently in place	Completed by 2020
Increase the proportion of State public health systems that conduct a public health system assessment using national performance standards Healthy People 2020, PHI-14.1	49% (2009)	78%

PERFORMANCE INDICATOR	BASELINE (YEAR)	TARGET
Increase number of regions implementing a local community health improvement plan linked to the SHIP plan.	0	All Regions (9)
Increase the proportion of local public health agencies that have health improvement plans linked to their State plan Healthy People 2020, PHI-15.4	65% (2013)	72%

Strategies:

- Strengthen system performance and quality improvement capabilities
- Regularly assess public health system against national standards
- Align with other statewide assessment and planning efforts (i.e. block grants, hospital CHNAs, public health programs, FQHCs, foundations, rural hospitals)

Plan Implementation and Monitoring

The Office of Public Health utilized the results of the SHA to develop action plans. Over these five years, state level and regional level working groups will develop implementation and evaluation plans for specific initiatives and projects. For each SHIP priority, state and national evidence-based guidance was noted when possible. The ongoing process of implementing the SHIP will bring together partners on a periodic basis to review progress in meeting the SHIP objectives. The designation of individuals and organizations that will or have accepted responsibility for implementing strategies are outlined in a separate state health improvement work plan.

Get involved!

The Office of Public Health, with input from the SHIP Steering Committee, is responsible for ongoing monitoring of the strategies being implemented. However, many other partners contribute to the health of the population and are essential to the public health system and the success of this plan.

The SHIP is intended to be a living document to guide health improvement work throughout the state. The plan can serve as a catalyst for new partners to work together toward this common health goal. Implementation of SHIP strategies over the next few years will bring together public health system partners to coordinate and collaborate in meeting the state's health goals. The commitment of partners to systematically address shared priorities will yield greater improvements in the population's health than individual or disjointed efforts.

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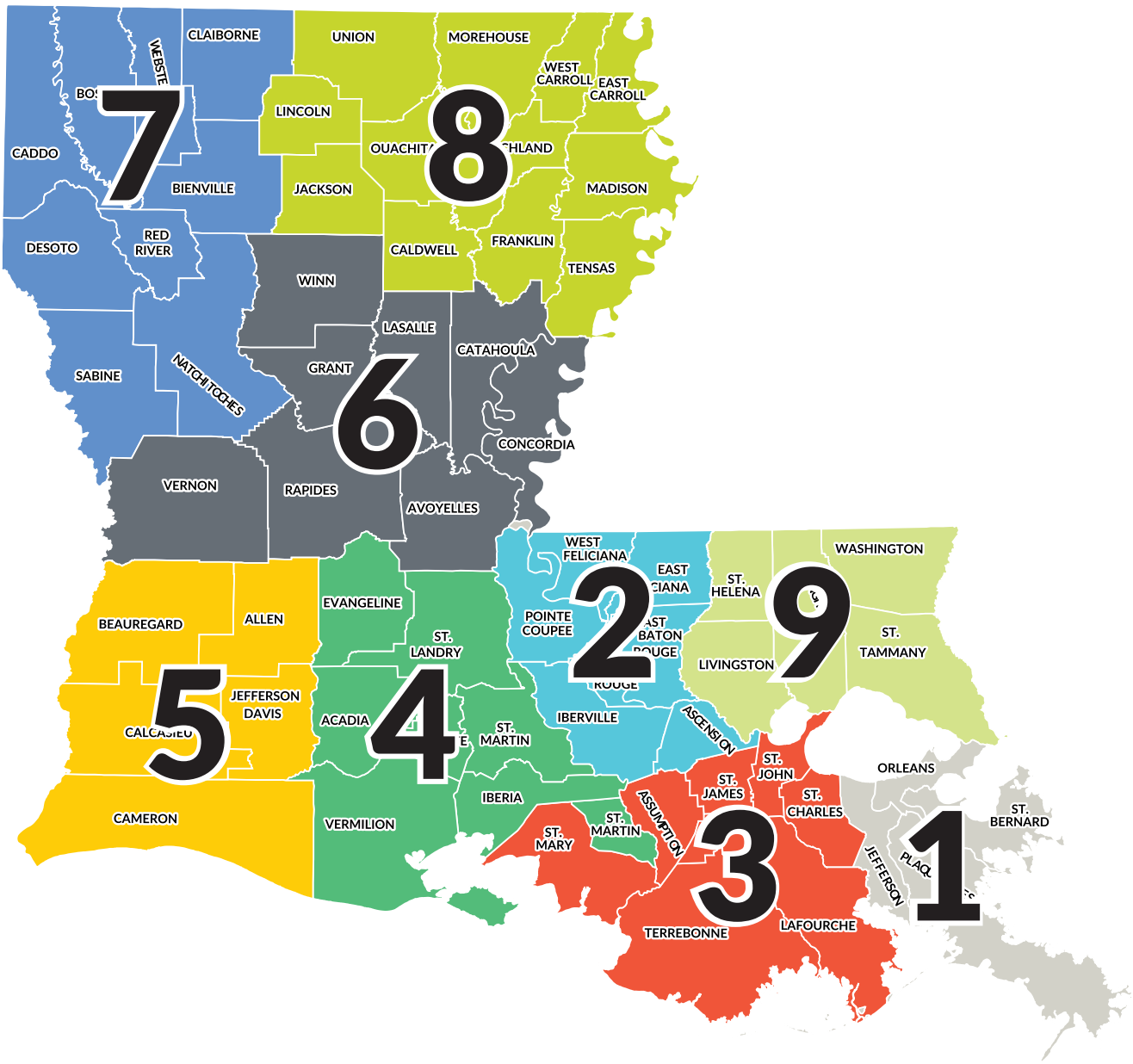
Appendix A:
Louisiana Health Planning Scan Results

An important component of the assessment approach was conducting an environmental scan of existing assessments state-wide. Assessments included in this scan included those conducted by non-profit hospitals, regional coalitions, local foundations, the local health department in New Orleans, and parish government agencies. Findings from the environmental scan informed selection of indicators for the community health status assessment, identification of stakeholders for the regional meetings, and narrowed selection of social and health domains for prioritization.

Note: The lists of existing assessments has been updated since the plan's initial development.



Region 1: Jefferson, Orleans, Plaquemines, and St. Bernard

Strengths

- MAPP process was used in 2 Community Health Needs Assessments
- Broad spectrum of stakeholder groups were involved in the process
- Primary and secondary data were collected

Weaknesses

- None noted

Themes and Key Issues

- Healthy food access
- Education
- Access to healthcare and medical services, i.e. primary, preventive, mental health
- Access to community's support services to sustain a healthy and safe environment
- Promotion of healthy lifestyles and behaviors

Region 1 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Children's Hospital	2018	https://www.lcmchealth.org/about-lcmc-health/community-health-needs/
New Orleans East Hospital	2018	https://www.lcmchealth.org/about-lcmc-health/community-health-needs/
New Orleans Health Department	2013	https://nola.gov/health/community-health-improvement/
Ochsner Medical Center, Ochsner Baptist and Ochsner Medical Center - West Bank	2018	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
Ochsner Medical Center - Kenner	2018	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
Ochsner Rehabilitation Hospital	2018	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
Touro	2018	https://www.lcmchealth.org/about-lcmc-health/community-health-needs/
Plaquemines Parish	2014	http://lphi.org/wp-content/uploads/2017/01/Plaquemines-Parish-Community-Health-Assessment-Profile_Eval_Report.pdf
University Medical Center New Orleans	2018	https://www.lcmchealth.org/about-lcmc-health/community-health-needs/
West Jefferson Medical Center	2018	https://www.lcmchealth.org/about-lcmc-health/community-health-needs/

*CHNA- Community Health Needs Assessment

*CHA- Community Health Assessment

Region 2: East Baton Rouge, Ascension

Strengths

- Diverse stakeholder groups were involved in the process.
- Comprehensive Greater Baton Rouge CHA was conducted.

Weaknesses

- Limited use of primary data sources for some hospitals

Themes and Key Issues

- HIV/STDs
- Cancer/lifestyle issues
- Heart disease and stroke
- Obesity
- Diabetes

Region 2 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Ochsner Medical Center - Baton Rouge	2018	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
St. Elizabeth Hospital	2016	https://steh.com/about-us/community-health-needs-assessment
Our Lady of the Lake Hospital	2018	https://ololrmc.com/about-us/community-health-needs-assessment
Baton Rouge General Medical Center	2015	https://www.brgeneral.org/in-the-community/community-health-needs-assessment/
Surgical Specialty Center of Baton Rouge	2015	http://www.sscbr.com
Lane Regional Medical Center	2018	https://www.lanermc.org/community/community-health-needs-assessment
Woman's Hospital	2015	http://www.womans.org/about-womans/community
The Greater Baton Rouge Community Health Needs Assessment	2011	http://www.healthycommunitieshealthyfuture.org/images/municipalities/578/1026.pdf

Region 3: Lafourche, Terrebonne, Assumption

Strengths

- MAPP process was used by Terrebonne and Lafourche parishes
- Broad stakeholder involvement existed among parish assessments

Weaknesses

- None noted

Themes and Key Issues

- Childhood obesity
- Timely access to care for all populations
- Chronic diseases (Diabetes, Heart disease, cancer)
- Public transportation
- Health education
- Obesity
- Behavioral health

Region 3 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Lafourche Parish	2014	https://lphi.org/services/evaluation-and-research/community-health-assessment-reports/
Terrebonne Parish	2014	https://lphi.org/services/evaluation-and-research/community-health-assessment-reports/
Terrebonne General Medical Center	2017	https://www.tgmc.com/health-wellness/community-health-needs-assessments/
Ochsner St. Anne General Medical Center	2018	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
Assumption Community Hospital	2015	https://ololrmc.com/about-us/community-health-needs-assessment
Lady of the Sea Hospital	2017	http://www.losgh.org/assets/pdf/2017communityassessment.pdf
St. Charles Parish Hospital	2015	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
Franklin Foundation Hospital	2016	http://franklinfound.wpengine.com/wp-content/uploads/2018/07/3.14.2017_CHNA_PPT_Slides_Franklin_Foundation_FINAL.pdf
Leonard J. Chabert Medical Center	2015	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment

Region 4: Acadia, Lafayette, St. Martin, Vermilion

Strengths

- Fairly consistent themes throughout CHAs

Weaknesses

- No implementation or action plans

Themes and Key Issues

- Cancer
- Access to care
- Emergency Room overuse
- Behavioral Health
- Heart Disease
- Obesity
- Diabetes

Region 4 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Park Place Surgical Hospital	2016	http://www.hearthospitaloflafayette.com/community/outreach.html
St. Martin Hospital	2016	http://www.lafayettegeneral.com/about_lgh/community_reports.aspx
Abbeville General Hospital	2014-2018	http://www.abbevillegeneral.com/about/reports-documents/
Abrom Kaplan Memorial Hospital	2017	http://www.lafayettegeneral.com/about_lgh/community_reports.aspx
Acadia General Hospital	2016	http://www.lafayettegeneral.com/about_lgh/community_reports.aspx
Heart Hospital of Lafayette	2016	http://www.hearthospitaloflafayette.com/community/outreach.html
Lafayette General Medical Center	2016	http://www.lafayettegeneral.com/about_lgh/community_reports.aspx
Lafayette General Surgical Hospital	2015	http://www.lafayettegeneral.com/about_lgh/community_reports.aspx

Our Lady of Lourdes Regional Medical Center, Inc.	2016	http://www.hearthospitaloflafayette.com/community/outreach.html
University Hospital & Clinics	2015	http://www.lafayettegeneral.com/about_lgh/community_reports.aspx

Region 5: Calcasieu, Jefferson Davis

Strengths

- Two hospitals' CHNAs used primary and secondary data sources

Weaknesses

- One hospital's CHNA only used primary data collection method (Key Informant interviews).

Themes and Key Issues

- Access to care
- Heart disease and stroke
- Diabetes
- Behavioral health
- Cancer
- Physical inactivity/Obesity

Region 5 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Lake Charles Memorial Health System (Memorial Specialty Hospital)	2016	https://www.lcmh.com/Our-Health-System/Community-Health-Needs-Assessment.aspx
Beauregard Health System	2018	https://www.beauregard.org/about-us/community-health-needs-assessment/
CHRISTUS St. Patrick Hospital	2018	https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan
Lake Area Medical Center	2018	https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan
Memorial Specialty Hospital	2016	https://www.lcmh.com/Our-Health-System/Community-Health-Needs-Assessment.aspx
West Calcasieu Cameron Hospital	2016	https://wcch.com/about_us/community_health_needs_assessment.aspx
Jennings American Legion Hospital	2016	https://jenningsamericanlegionhospital.com/files/2017/05/Jennings-American-Legion-Hospital-2016-CHNA.pdf
Rapides Foundation - Allen Parish Assessment	2018	https://www.rapidesfoundation.org/Newsroom/CommunityHealthAssessments.aspx

Region 6: Avoyelles, Catahoula, Grant, LaSalle, Rapides, Vernon, Winn

Strengths

- Comprehensive CHNAs were conducted by the Rapides Foundation's consultant, PRC.
- CHNAs paints a consolidated picture of the critical health issues in Region 6

Weaknesses

- None noted

Themes and Key Issues

- Health education
- Access to care
- Obesity
- Nutrition
- Behavioral health
- Chronic diseases (Diabetes, Heart Disease, Chronic kidney disease)
- Injury & violence prevention
- HIV

Region 6 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Rapides Foundation Service Area Community Health Needs Assessment*	2018	https://www.rapidesfoundation.org/Newsroom/CommunityHealthAssessments.aspx
CHRISTUS Dubuis Hospital of Alexandria	2017	https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan
CHRISTUS St. Frances Cabrini Hospital	2018	https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan
Rapides Regional Medical Center	2016	https://rapidesregional.com/util/pdf/2016-Community-Assessment.pdf

*Link also includes individual assessments for each parish in the region.

Region 7: Allen, Natchitoches, Webster, Desoto, Caddo, Bossier, Red River

Strengths

- All CHAs/CHNAs contained primary and secondary data sources.
- One hospital's CHNA also contains an implementation plan.

Weaknesses

- None noted

Themes and Key Issues

- Oral health
- Community
- education and preventive care
- Chronic diseases (Diabetes, Obesity, Heart disease)
- Access to care
- Behavioral health
- Health risk behaviors
- Social/cultural factors

Region 7 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Springhill Medical Center	2016	http://www.smccare.com
Desoto Regional Health System	2016	http://www.desotoregional.com/PageDisplay.asp?P1=7274
Willis-Knighton Health System	2016	https://www.wkhs.com/about/community-health-needs-assessment
CHRISTUS Shreveport Bossier	2018	https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan
CHRISTUS Health- Coushatta	2018	https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan
Shriners Hospitals for Children - Shreveport	2015	https://www.shrinershospitalsforchildren.org/shc/chna
Natchitoches Regional Medical Center	2017	https://www.nrmchospital.org/foundation/community-health/
Rapides Foundation - Natchitoches Parish Assessment	2017	https://www.rapidesfoundation.org/Newsroom/CommunityHealthAssessments.aspx

Region 8: Caldwell, Franklin, Jackson, Lincoln,Morehouse, Ouachita, Richland, Union

Strengths

- Comprehensive regional overview is provided by the Living Well Foundation

Weaknesses

- One organization's CHA date is 2008. Data are benchmarked against HP 2010 indicators, and other secondary data sources are dated.

Themes and Key Issues

- HIV
- Respiratory problems
- Tobacco use
- Elder care
- Immunizations, Adolescent health, premature birth
- Obesity
- Chronic diseases (Diabetes, Heart Disease)

Region 8 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
St. Francis Medical Center	2016	https://stfran.com/about-us/community-health-needs-assessment
Union General Hospital	2018	http://www.uniongeneralhospital.com/fullpanel/uploads/files/final-2018-chna-union-general-hospital.pdf
Morehouse General Hospital	2016	http://mghospital.com/about/chna/

Region 9: St. Tammany

Strengths

- Broad spectrum of stakeholder groups were involved in a regional process
- Primary and secondary data were collected

Weaknesses

- None noted

Themes and Key Issues

- Access to community support services
- Access to healthcare and medical services
- Promotion of healthy lifestyles and behaviors
- Behavioral health
- Sexually Transmitted Diseases
- Eldercare

Region 9 Environmental Scan

ORGANIZATION	ASSESSMENT YEAR	CHNA/CHA URL
Ochsner Medical Center - North Shore	2018	https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment
St. Tammany Parish Hospital	2018	http://www.stph.org/CommunityHealthNeeds
Slidell Memorial Hospital	2018	https://www.slidellmemorial.org/community-health-needs
Our Lady of the Angels Hospital	2018	https://oloah.org/about-us/community-health-needs-assessment
Riverside Medical Center	2017	http://rmchospital.com/Portals/0/Document/Community%20Needs%20Assessment.pdf

Appendix B

REGION 1

Behavioral Health Mental Health Addictive Disorders
Unemployment & Economic Development
Violence, Homicide, Intentional Injury

REGION 2

Behavioral Health Mental Health Addictive Disorders
Chronic Disease Management
Healthcare and Insurance

REGION 3

Behavioral Health Mental Health Addictive Disorders
Chronic Disease Management
Nutrition & Healthy Eating

REGION 4

Behavioral Health Mental Health Addictive Disorders
Healthcare and Insurance
Nutrition & Healthy Eating

REGION 5

Behavioral Health Mental Health Addictive Disorders
Chronic Disease Management
Nutrition & Health Eating

REGION 6

Behavioral Health Mental Health Addictive Disorders
Healthcare and Insurance
Unemployment and Economic Development

REGION 7

Chronic Disease Management
Healthcare and Insurance
Unemployment and Economic Development

REGION 8

Behavioral Health Mental Health Addictive Disorders
Unemployment and Economic Development
Healthcare and Insurance

REGION 9

Behavioral Health Mental Health Addictive Disorders
Chronic Disease Management
Healthcare and Insurance

Appendix C: Detailed SWOT Results

Behavioral Health/Mental Health/Addictive Disorders

Region 1

STRENGTHS

- Services are available, but more are needed
- Increased focus on trauma-informed care across multi-sector organizations/agencies
- Awareness, training, and services in non-traditional areas (e.g., ER, first responders, Coroner's office, primary care)

WEAKNESSES

- Stigma, lack of cultural competency (including language barriers)
- Lack of human capital (providers with training)
- Lack of wrap-around services, care coordination/continuity of care
- Limited funding/funding cuts

OPPORTUNITIES

- Best practices used in care (life span trauma informed care, emergency first aid, SAMHSA)
- Increased opportunity for providers to operate through increases in funding (private and Medicaid) and increased recognition of frontline providers (crisis counselors, case managers)

THREATS

- Lack of funding/decreasing funding contributes to lack of human resources and facilities
- Limited ability to meet the needs of vulnerable populations like the homeless, immigrants (particularly non-English speaking)
- Lack of referral information and follow-up for effective care coordination

Region 2

STRENGTHS

- Availability of services (e.g., in schools, response teams, community health centers, crisis lines, one-stop shop homeless shelter)
- Access (i.e., concentration of providers in area with highest population, mobile outreach, transportation available in certain areas)

WEAKNESSES

- Limited education and outreach (e.g., linking to BH providers)
- Meeting needs across the lifespan (e.g., lack of early childhood BH services, lack of family support, family planning advice)

OPPORTUNITIES

- Services provided by clinics, health centers, or other health care agencies
- Better, increased access through coordinated care and integrated care

THREATS

- Narrow definition of BH limits ability to access care
- Lack of coordinated/integrated care
- Stigma of seeking BH/MH care

Region 3

STRENGTHS

- Range of services available via healthcare, government, and education agencies
- Work across stakeholder agencies (e.g., law enforcement and healthcare)

WEAKNESSES

- Lack of services (e.g., acute care, care for adolescents, available beds, family supports, etc.)
- Lack of or diminished funding for MH/BH
- Access (lack of transportation, insurance, ability to afford care)

OPPORTUNITIES

- Partnering with school systems and universities
- Increasing awareness of community stakeholders about where and what services and resources are available

THREATS

- Lack of coordinated care (linking to services and follow-up)
- Stigma and not knowing/acknowledging a need for care
- Budget cuts

Region 4

STRENGTHS

- Established systems of care in place that utilizes evidence-based approaches & models
- Good awareness of issue – collaborations, advocacy groups, etc.

WEAKNESSES

- Poor integration of BH into primary care & education of primary care providers on BH
- Barriers to access – insurance, cost, rural location

OPPORTUNITIES

- Expansion of services through new & innovative means – FQHCs, schools, telemedicine, etc.
- Coordinate education efforts between agencies to increase awareness of resources available

THREATS

- Lack of funding for BH & lack of education about BH for decision makers and community
- Cost of providing care – low Medicaid reimbursement rates create barriers to access

Region 5

STRENGTHS

- Many different collaborations and local level efforts (both in public & private sectors) to address BH/SA, both currently & that can be capitalized on in the future

WEAKNESSES

- Education, Communication & Prevention efforts need to be enhanced
- Need for better care coordination for patients and improved funding and services coordination between providers

OPPORTUNITIES

- There are many different public and private efforts to work within and promote BH in the region, their impact could be amplified if efforts were better coordinated.

THREATS

- Funding is the major barrier to BH in Region 5 (state budgets, lack of insurance coverage, etc.)
- Stigma and awareness are also critical to improving BH in Region 5.

Region 6

STRENGTHS

- Growth in partnerships & collaborations to address BH at different levels
- Good rural BH access

WEAKNESSES

- Care coordination is a challenge
- Need for prevention, education & awareness efforts

OPPORTUNITIES

- ACA is an opportunity, but is limited by unemployment and
- Expansion of services to rural populations (telehealth, ACA, coverage expansion) could improve rural access

THREATS

- Cost of care and services as well as unemployment are major impediments for providers & patients
- Access to care is a major issue (major barriers: insurance, transportation, provider training & availability)

Region 8

STRENGTHS

- Many different services available targeting vulnerable populations
- Integration of BH into school-based wellness and primary care

WEAKNESSES

- Lack of transportation & providers, poor continuity and coordination of care
- Cost – both for patients and providers (medication cost, insurance reimbursement)
- Lack of education & prevention at all levels of community & society

OPPORTUNITIES

- Improved coordination of services between organizations working with vulnerable populations
- Medicaid expansion
- Creation of educational & prevention resources, perhaps through social media

THREATS

- Lack of funds – both for providers and for patients
- Lack of education - Denial of BH issues & stigma
- Geography & size of region create transportation barriers

Region 9

STRENGTHS

- Awareness of BH/SA issues in Region 9 by the population
- Services for BH/SA are available in Region 9

WEAKNESSES

- Lack of transportation is a major barrier
- Lack of coordination of services between providers & advocacy organizations

OPPORTUNITIES

- Bring together organizations & agencies currently working in BH/SA to collaborate & coordinate efforts
- Increased education among youth & adult population (schools, faith-based organizations, etc.)

THREATS

- Lack of providers & access to care (insurance coverage, transportation, lack of psychiatrists)
- State budget & laws not set up to integrate & address BH/SA.

Chronic Disease Management & Prevention

Region 2

STRENGTHS

- Outreach to and increasing literacy and awareness of community
- Healthcare and community agencies to provide services, programs, and awareness

WEAKNESSES

- Cultural, social norms around eating, lifestyle
- Access barriers related to lack of insurance (or limited insurance) and affordability of chronic care
- Patient education and awareness

OPPORTUNITIES

- Improved access to care via factors like FQHCs, Bayou Health Plans, telemedicine
- Focus on the social determinants of health through budget allocations, SNAP, etc.

THREATS

- Access to care via limited providers, lack of insurance, transportation, no MH care, closing facilities, etc.
- Social via limited access to healthy foods, affordability of healthy foods, limited personal finances, etc.

Region 3

STRENGTHS

- Hospitals and other healthcare agencies providing services and resources

WEAKNESSES

- Lack of population and patient education and awareness (about diseases and management and prevention)
- Cost of chronic care management is high

OPPORTUNITIES

- Provision of management and prevention services and resources through multiple agencies and organizations
- Collaborative work across sectors (e.g., CBOs, universities, FQHCs, etc.)

THREATS

- Access (e.g., lack of access to facilities in all parishes, transportation, not enough providers accepting Medicaid/Medicare, costs of treatment, etc.)
- Individual behaviors, responsibilities (e.g., perception of foods, medication, diet, exercise; lack of interest in self-care; insufficient primary prevention)

Region 5

STRENGTHS

- Improvements in the built environment to support exercise & healthy living
- Increased focus by healthcare providers on prevention
- Many diverse public and private efforts focused on healthy living & chronic disease management

WEAKNESSES

- Poor efforts by providers to effectively educate patients and their families about chronic disease management
- Poor efforts by providers to provide care coordination & navigation for patients and their families

OPPORTUNITIES

- Coordination and collaboration between hospitals, fitness centers, private businesses and public sector to promote chronic disease prevention & management
- Increased public awareness about chronic disease prevention & management through collaboration between existing efforts (schools, media, etc.)

THREATS

- Culture is an impediment to healthy living & addressing chronic disease
- Lack of specialty care for chronic disease management – especially harmful in rural areas

Region 7

STRENGTHS

- Strong community-based programs to promote healthy & affordable nutrition
- Strong nursing & medical medication programs
- Growth of efforts to change built environment to support healthy lifestyles (new parks, new grocery stores)

WEAKNESSES

- Lack of preventative services & education
- Over-use of emergency departments (and under-use of primary care). Barriers to access to care include transportation, insurance, wait times

OPPORTUNITIES

- Work with political leaders to improve built environment and acknowledge connectivity of built environment to chronic health issues
- Increase health education on all levels, especially with youth (school-based health centers)

THREATS

- Lack of funding for preventive programs, services and medical care due to budget cuts
- Built environment & culture impede access to physical activity & healthy eating

Region 9

STRENGTHS

- Numerous and diverse resources exist for chronic disease prevention & management (community, employer, school, and home-based services)

WEAKNESSES

- Lack of coordinated education & preventive services & efforts
- Poor coordination of care across the life span for patients and their families, especially for vulnerable populations (homeless, indigent, etc.)
- Structural barriers to care (insurance, transportation, language)

OPPORTUNITIES

- Partnerships between existing efforts/agencies/organizations (and new partners, such as LSU Ag, schools, etc.) to coordinate efforts
- Expansion of built environment efforts to promote healthy living (there's a lot of land in Region 9)

THREATS

- Louisiana culture is an impediment to chronic disease wellness
- Lack of education in the community about the impacts of chronic disease and its prevention
- Structure of healthcare system (insurance reimbursement & provider constraints) prevents effective patient education & treatment

Healthcare & Insurance

Region 2

STRENGTHS

- Focus on quality and technology (e.g., EHRs, telehealth, care management, medical homes, efficiency and prioritization)

WEAKNESSES

- Lack of specialty care and coordination between specialty and primary care
- Lack of health literacy (e.g., understanding of healthcare and its importance, seeking care too late, inappropriate use of EDs, etc.)
- Environmental and social issues

OPPORTUNITIES

- EHRs for linking providers, care coordination, and continuity of care
- Educating community on health and healthcare (e.g., personal care, PSAs on Health Living, understanding how to tap into (care) resources, Medicaid options, disease management, etc.)

THREATS

- Financial and economic (e.g., cuts to children's services, cuts to MH facilities, providers not seeing Medicaid/Medicare because of low reimbursement rates, affordability of healthcare, etc.)
- Social (e.g., housing issues, lack of transportation, lack of education, unemployment rate, etc.)

Region 4

STRENGTHS

- Expansion of service providers & health insurance has increased access to care & education about health & wellness
- Shift towards health outcomes & population health pushing for quality over quantity

WEAKNESSES

- Poor reimbursement rates for preventative care from insurance companies
- Poor public transportation in all parishes
- Lack of educational efforts regarding health & wellness

OPPORTUNITIES

- Further expansion of outreach & healthcare services to faith-based community
- Collaborate with other non-traditional sectors on health education (schools, etc.)

THREATS

- State budget deficits threaten public health efforts
- Limitations of ACA & insurance complications (Medicaid non-expansion, high cost of insurance, providers not accepting certain insurance, etc.) create barriers to accessing care

Region 6

STRENGTHS

- Good rural HC access (telehealth could improve further)
- Existence of wellness & prevention programs (work, insurance based)

WEAKNESSES

- Lack of coordination & connectivity between providers
- Patient care coordination is a challenge

OPPORTUNITIES

- ACA is an opportunity, but barriers to care exist (coverage, system complexity)

THREATS

- Cost of care and services are major impediment for providers & patients

Region 7

STRENGTHS

- Strong hospital presence as well as community & school health programs
- Good public transportation in urban areas
- Strong medical education opportunities (nursing)

WEAKNESSES

- Cost of care for providers & patients, especially for those with Medicaid
- Barriers to access for vulnerable populations – elderly, rural populations, Medicaid

OPPORTUNITIES

- Greater coordination between hospital & community prevention & care programs
- Medical & nursing schools & students

THREATS

- Lack of patient/community knowledge about available resources
- Language & cultural barriers to access
- Lack of insurance coverage & providers across the region, high demand for services

Region 8

STRENGTHS

- Good infrastructure for healthcare & insurance promotion, data monitoring and access

WEAKNESSES

- Lack of political engagement & will
- Poor access & lack of focus on prevention

OPPORTUNITIES

- Raising awareness of service & promoting access through existing entities – social media, school-based wellness programs

THREATS

- Multiple barriers to access – culture, geographically disperse region

Region 9

STRENGTHS

- St. Tammany Parish has good access to care & health insurance coverage – other parishes may be able to learn from their successes & develop strategies that work for them
- Many new (and expansion of existing) providers throughout the region (FQHCs, BH, PMC, Dental, Urgent Care, etc.).

WEAKNESSES

- Lack of work and school-based wellness programs that promote prevention & support individuals with illness
- Access to care and medications limited for both youth and adult populations due to limited insurance coverage & provider shortages.
- Lack collaboration and coordination of services between providers & agencies

OPPORTUNITIES

- Expansion of health education opportunities and incentives for providers and patients
- Work with insurance and healthcare providers to improve patient access
- Use of telemedicine & social media to educate & treat hard-to-reach populations

THREATS

- Shortage of providers & limited insurance coverage among population
- Budget cuts at the state and local levels impede healthcare provision

Nutrition & Healthy Eating

Region 3

STRENGTHS

- Programs to increase awareness and access to healthy foods and nutrition across multi-sector agencies/orgs
- Weaknesses
- Challenges with cultural and behavior change
- Limited access to healthy foods (e.g., food deserts)

OPPORTUNITIES

- Programming and partnerships to increase knowledge and promote behavior change for healthier eating and living and access to healthy foods and physical activity

THREATS

- Poor food quality; lack of confidence in safety of food to eat
- Cultural or behavioral preferences for unhealthy foods

Region 4

STRENGTHS

- Expansion of programs promoting nutrition & healthy lifestyles (WIC, farmer's markets, business incentives, school lunches, etc.)

WEAKNESSES

- Lack of community education & knowledge on healthy eating & lifestyles

OPPORTUNITIES

- Create educational opportunities to teach community about nutrition & existing resources for healthy lifestyles

THREATS

- Poor transportation & lack of grocery stores, community gardens, farmers markets in rural areas lead to lack of access to fresh food options
- Culture that promotes poor nutrition (portion size, perceived accessibility & cost of healthy foods, etc.)

Region 5

STRENGTHS

- There is strong leadership and existing efforts to educate the population and improve nutrition & healthy eating

WEAKNESSES

- Education efforts need to be stepped up both in public schools and within general population
- Behavior and culture change is necessary but difficult to achieve.
- Many programs are available, but they may not be well accessed by the populations that need them.

OPPORTUNITIES

- Collaboration and coordination of efforts between educational (LSU Ag Center, McNeese, public schools, etc.) as well as public (government) and private (hospitals, restaurants, NGOs, etc.) institutions.

THREATS

- Built environment is an impediment to good nutrition & healthy eating (lack of safe places to exercise, lack of access to healthy foods)

Unemployment & Economic Development

Region 1

STRENGTHS

- Vibrant/unique culture that feeds strong hospitality and tourism industries

WEAKNESSES

- Low educational attainment and poor quality public schools
- Insufficient or inadequate (poor quality) resources (e.g., child care, social services, schools, re-entry for previously incarcerated citizens, mental health, mentoring programs, etc.)

OPPORTUNITIES

- Youth (and adult) vocational training programs and employment opportunities (NOLA Youth Works, Job Corp, Urban League)Law

- Industry growth that will provide employment opportunities (oil & gas, fishing, health care, hospitality & tourism)
- Higher education institutions that provide vocational training and career track programs

THREATS

- Lack of educational/training opportunities
- Limited resources/opportunities/supports (and many barriers) for new business development
- Socio-political, economic, and environmental barriers to economic development like poverty, crime, lack of social services, prevalence of natural disasters, lack of federal and state funding, etc.

Region 6

STRENGTHS

- Opportunities (new industries) and resources exist, both for education & employment

WEAKNESSES

- Not enough coordination between education system & potential employers/businesses
- Education system needs to better prepare students for the job market in their community

OPPORTUNITIES

- Many different efforts (public and private) at the community and state level to promote employment and business growth
- Technical and 4 year colleges as collaborators in promoting employment & skills building

THREATS

- Poor physical and mental health as well as barriers to insurance coverage are threats to employment & economic stability & prosperity

Region 7

STRENGTHS

- Community awareness of unemployment & economic development as important issues
- Availability of job preparedness resources from universities, community colleges, etc.

WEAKNESSES

- Lack of career training for available jobs in the region
- Opportunities
- Coordinated programming within business & education communities as well as SSA to better connect and prepare individuals for employment opportunities.

THREATS

- Disparities in economic opportunities between urban and rural areas
- Lack of job opportunities & funding for sustainable economic development in region.

Region 8

STRENGTHS

- New job opportunities within tech sector
- Educational programs in region (high school, technical school, Universities)
- Collaborative efforts among sectors

WEAKNESSES

- Lack of technical & other skill sets (especially computer skills) in the workforce

OPPORTUNITIES

- Educational opportunities both in and outside of secondary schools
- Programs to reach vulnerable populations – low income, elderly

THREATS

- Industries are leaving the region
- Structural barriers to employment - lack of childcare, difficulties with transportation

Violence, Crime, & Intentional Injury

Region 1

STRENGTHS

Law enforcement policies and practices (e.g., body cameras, community policing, increased police presence, etc.)

CBO programs and resources to address violence

Local government initiatives

Social service and health care agency services, programs, resources, and supports

WEAKNESSES

Lack of quality education, jobs

Lack of a comprehensive, sustainable plan

Lack of training, education of providers and community in appropriate and effective response

OPPORTUNITIES

Enhanced or expanded law enforcement practices (e.g., technologies, community policing, evidence collection)

Coordinated/collaborative work among stakeholders (neighborhood associations, FQHCs, schools, policymakers)

THREATS

Law enforcement (community distrust, profiling, low numbers of police, funding to OPP)

High amount of risks (racism, lack of health insurance, lack of parental involvement, lack of community involvement (due to fear), lack of self-esteem)

Appendix D:
Regional Goal Statements and Strategies

Behavioral Health/Mental Health/Addictive Disorders

Region 2

Goal Statement: Increase focus on policy to promote behavioral health services, access, & funding

Strategies:

- Increase awareness and attendance of Behavioral Health Collaborative
- Develop communication strategy with specific talking points
- Attend public meetings tied to recent legislation

Region 5

Goal Statement: Promote regional (community/district) inter-entity coordination, access and engagement of services at the appropriate level of care.

Strategies:

- Identification and education on resources by developing and maintaining working list of providers
- Advocacy to community, state and federal leaders
- Identification and collaboration with other community based initiatives

Region 8

Goal Statement: Improve continuity of care pertaining to all mental health services

Strategies:

- Increase number of employees to follow up and monitor clients' care
- Increase use of technology in following discharged clients
- Have updated client info available to all necessary points of contact
- Community workgroup to tackle mental health issues

Region 9

Goal Statement: To improve access to and outcomes for behavioral health

Strategies:

- Improve awareness of need and availability of services/resources
- Promote access to available services/resources
- Improve regional coordination among available agencies

Chronic Disease Prevention & Management

Region 2

Goal Statement: Decrease the prevalence of obesity and chronic diseases in all age groups by 5% in 5 years.

Strategies:

- Identify resources and opportunities specific to chronic disease prevention and management
- Promote environmental health policies and programs
- Facilitate access to healthcare providers and health screenings
- Facilitate access to safe, accessible, and affordable places for physical activity and healthy food options

Region 5

Goal Statement: Educate all on Chronic Disease Prevention and Management across lifespan.

Strategies:

- Create resources for providers to use with patients (OPH and other?)
- Increase utilization of school-based programs
- Approach city and larger institutes to partner with i.e. industry

Region 9

Goal Statement: Increase education and awareness for prevention and management of chronic disease

Strategies:

- Identify existing educational resources and gaps
- Promote existing educational resources and environmental resources
- Identify health coaches in the region to empower and motivate patients to be their own advocates
-

Nutrition & Healthy Eating

Region 5

Goal Statement: Lower obesity rates along residents of SWLA

Strategies:

- Increase access to health foods
- Increase education to families, schools and churches in order to encourage residents to make health food choices

Healthcare & Insurance

Region 2

Goal Statement: Increase coordination and collaboration between Bayou Health and community partners in order to establish a better network of health information sharing, outreach and patient engagement

Strategies:

- Develop a centralized system of available resource referrals
- Encourage feedback between insurance providers and service providers regarding patient status
- Create a workgroup between Bayou Health and community stakeholders

Region 8

Goal Statement: Educating the public and providers to improve knowledge and increase literacy on health services and coverage while remaining culturally competent

Strategies:

- Develop a regional social services network to create and implement educational tools
- Promote coordination between health plans and providers to increase access to after hour services
- Develop the community health worker model in Region 8

Region 9

Goal Statement: Develop a centralized location (process) for healthcare resources, application and information

Strategies:

- Identify who was missing today
- Schedule another meeting
- Promote networking and sharing resources

Unemployment & Economic Development

Region 8

Goal Statement: Increase skilled workforce within the region

Strategies:

- Increase collaboration with training institute and employer
- Develop total person
- Increase employer participation
- Increase public awareness of options for employment

Appendix E: SHIP Priority Planning Prompts

Support Behavioral Health

Definition of Behavioral Health

Behavioral health is a state of mental/ emotional being and/or choices and actions that affect wellness. Substance abuse and misuse are one set of behavioral health problems. Others include (but are not limited to) serious psychological distress, suicide, and mental illness (SAMHSA, 2011)

Sample Leading Indicators

Healthy People 2020

Suicide (age adjusted, per 100,000 population) (MHMD-1)

Adolescents with major depressive episodes (percent, 12–17 years) (MHMD-4.1)

Adolescents using alcohol or any illicit drugs during the past 30 days (SA-13.1)

Adults engaging in binge drinking during the past 30 days (SA-14.3)

Nationally Aligned, Evidence Based Strategies

Promote positive early childhood development, including positive parenting and violence-free homes.
Example: Support child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.

Facilitate social connectedness and community engagement across the lifespan.
Example: Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities.

Provide individuals and families with the support necessary to maintain positive mental well-being.
Example: Expand access to mental health services (e.g., patient navigation and support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

Promote early identification of mental health needs and access to quality services.
Example: Train key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.

(National Prevention Strategy, 2011)

Promote Healthy Lifestyles

Definition of Chronic Disease

Conditions that are of long duration and generally slow progression. The four main types of chronic diseases (non-communicable diseases) are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes. (WHO, 2015)

Sample Leading Indicators
Healthy People 2020

High Cholesterol (percent, age adjusted) (HDS-7)

Colorectal Cancer Screening (total including race and income) (C-16)

Asthma Emergency Department Visits (rate per 10,000) (RD-3.1, RD-3.2, and RD-3.3)

Prevention Behaviors, Adults at High Risk for Diabetes (D-16.1, D-16.2, and D-16.3)

Nationally Aligned, Evidence Based Strategies

Encourage community design and development that supports physical activity.
Example: Design or redesign communities to promote opportunities for active transportation (e.g., include places for physical activity in building and development plans).
Promote and strengthen school and early learning policies and programs that increase physical activity.
Example: Provide daily physical education and recess that focuses on maximizing time physically active.
Facilitate access to safe, accessible, and affordable places for physical activity.
Example: Offer low or no-cost physical activity programs (e.g., intramural sports, physical activity clubs).
Support workplace policies and programs that increase physical activity.
Example: Adopt policies and programs that promote walking, bicycling, and use of public transportation (e.g., provide access to fitness equipment and facilities, bicycle racks, walking paths, and changing facilities with showers).
Assess physical activity levels and provide education, counseling, and referrals.
Example: Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.

(National Prevention Strategy, 2011)

Assure Access to Healthcare

Health Care and Insurance

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. This topic area focuses on: coverage, services, timeliness, and workforce. (Healthy People 2020)

Sample Leading Indicators
Healthy People 2020

Health Insurance (percent by race) (AHS-1)
Usual Primary Care Provider (percent by race) (AHS-3)

Specific Source of Ongoing Care (percent by gender) (AHS-5.1)

Delay or Inability to Obtain Necessary Medical Care (percent by race and income) (AHS-6.2)

Nationally Aligned, Evidence Based Strategies

Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services.
Example: Provide incentives for employees and their families to access clinical preventive services, consistent with existing law.

Expand use of interoperable health information technology.
Example: Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services.

Support implementation of community-based preventive services and enhance linkages with clinical care.
Example: Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).

Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.
Example: Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.

Enhance coordination and integration of clinical, behavioral, and complementary health strategies.
Example: Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine).

(National Prevention Strategy, 2011)

Promote Employment and Economic Development

Unemployment and Economic Development

In addition to eating well and staying active, health is also determined in part by access to social and economic opportunities and the quality of our schooling. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. (Healthy People 2020)

Sample Leading Indicators
Healthy People 2020

Children living with at least one parent employed year round, full time (percent) (SDOH-1)

High school completers enrolled in college the October following high school completion (percent) (SDOH-2)

Persons living in poverty (percent) (SDOH-3.1)

Renter households that spend more than 50% of income on housing (percent) (SDOH-4.2.2)

Nationally Aligned, Evidence Based Strategies

Improve education and employment opportunities.
Example: Support and expand continuing and adult education programs (e.g., English language instruction, computer skills, health literacy training).

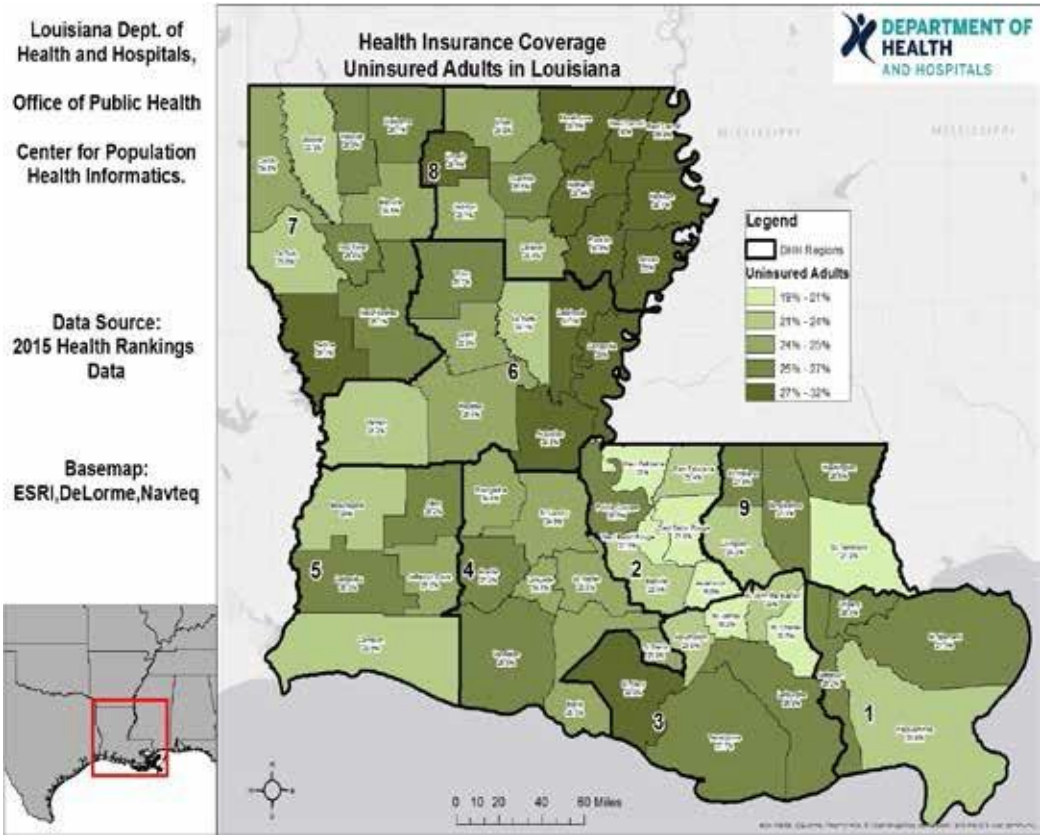
Provide people with tools and information to make healthy choices.
Example: Empower individuals and their families to develop and participate in health protection and health promotion programs through neighborhood associations, labor unions, volunteer/ service projects, or community coalitions.

Promote positive social interactions and support healthy decision making.
Example: Identify and help connect people to key resources (e.g., for health care, education, and safe playgrounds).

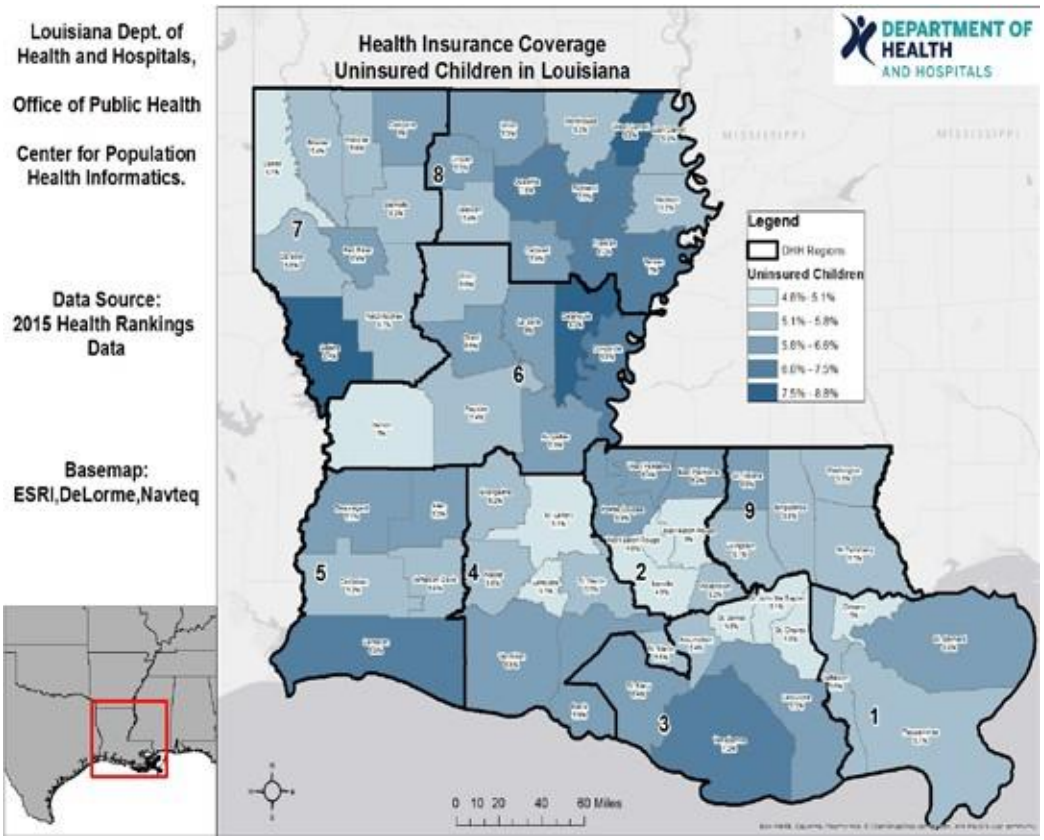
(National Prevention Strategy, 2011)

Appendix F: Maps

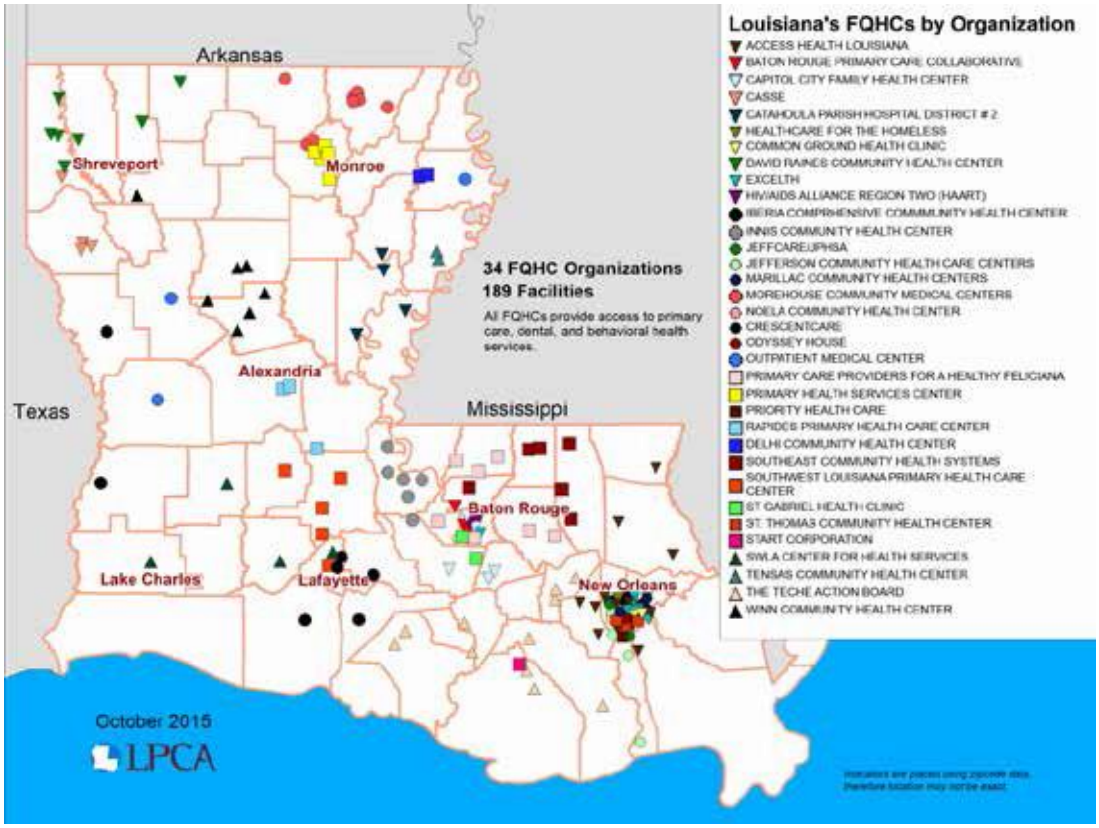
Uninsured Adults in Louisiana



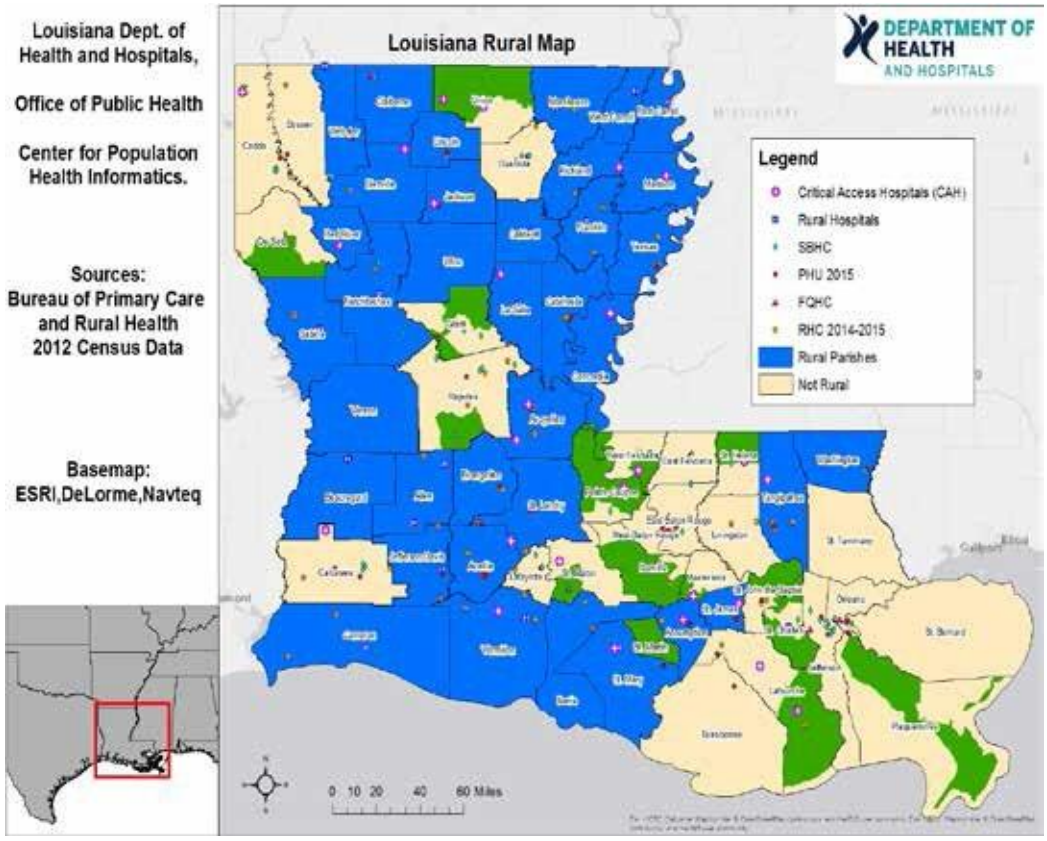
Uninsured Children in Louisiana



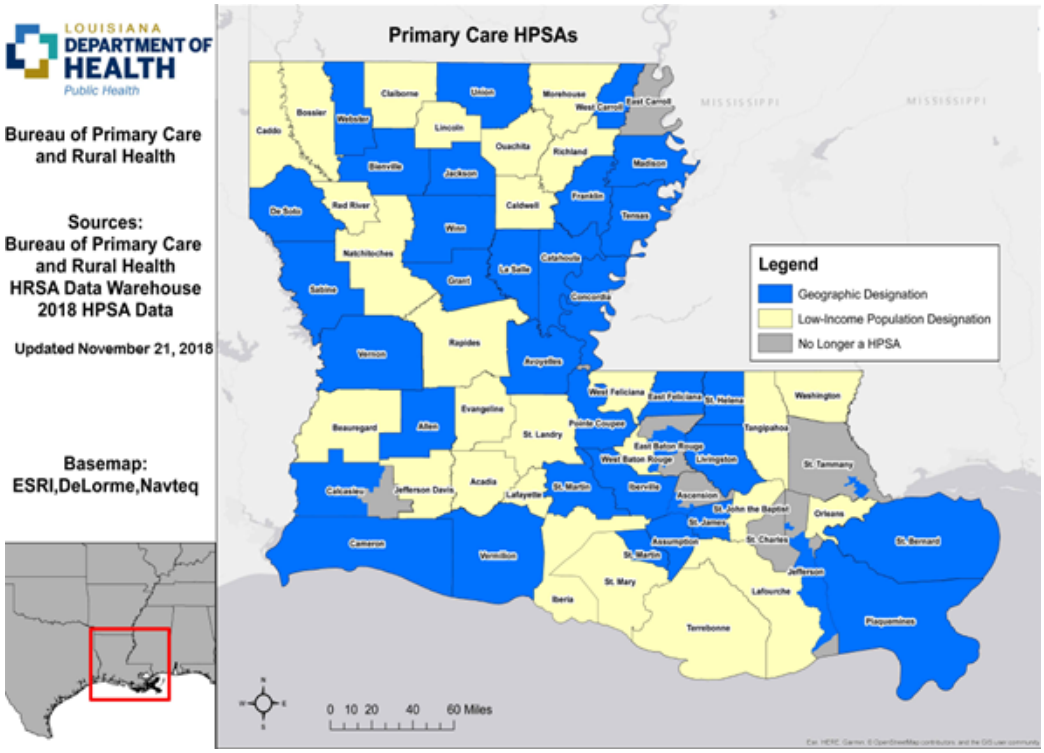
FQHC Access Map



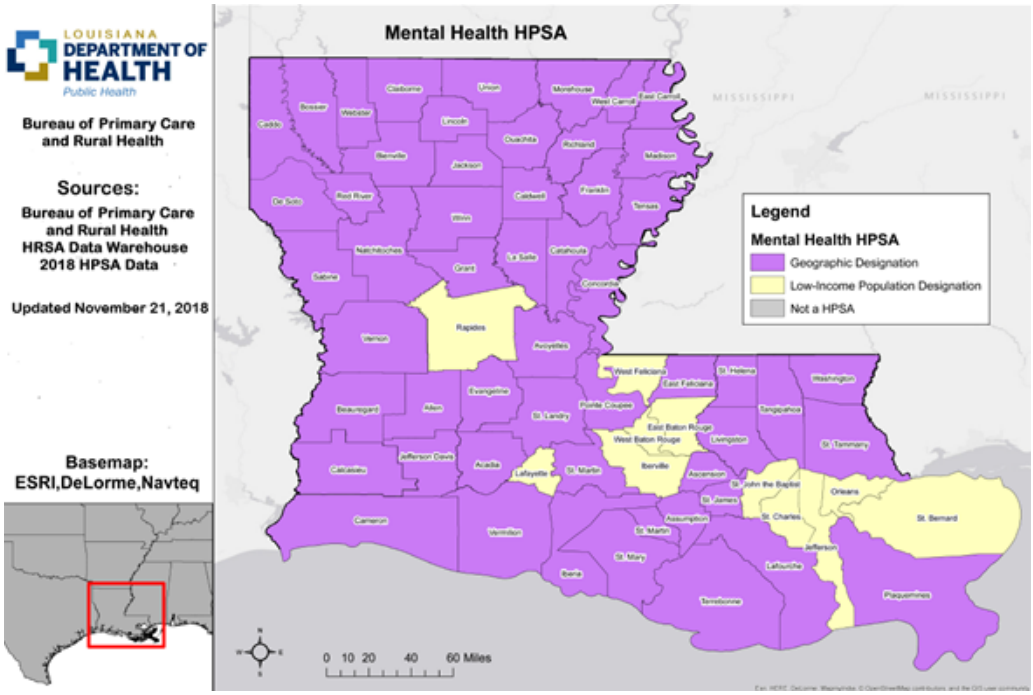
Rural Louisiana
Access to Health Care



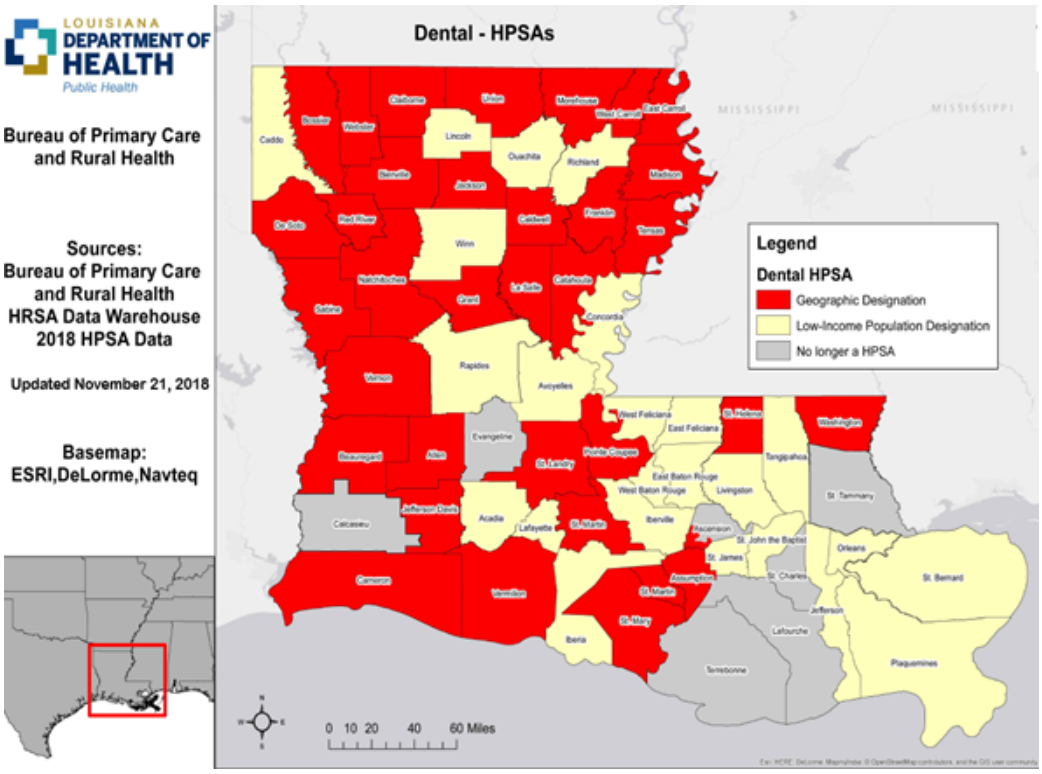
Primary Care HPSA Map



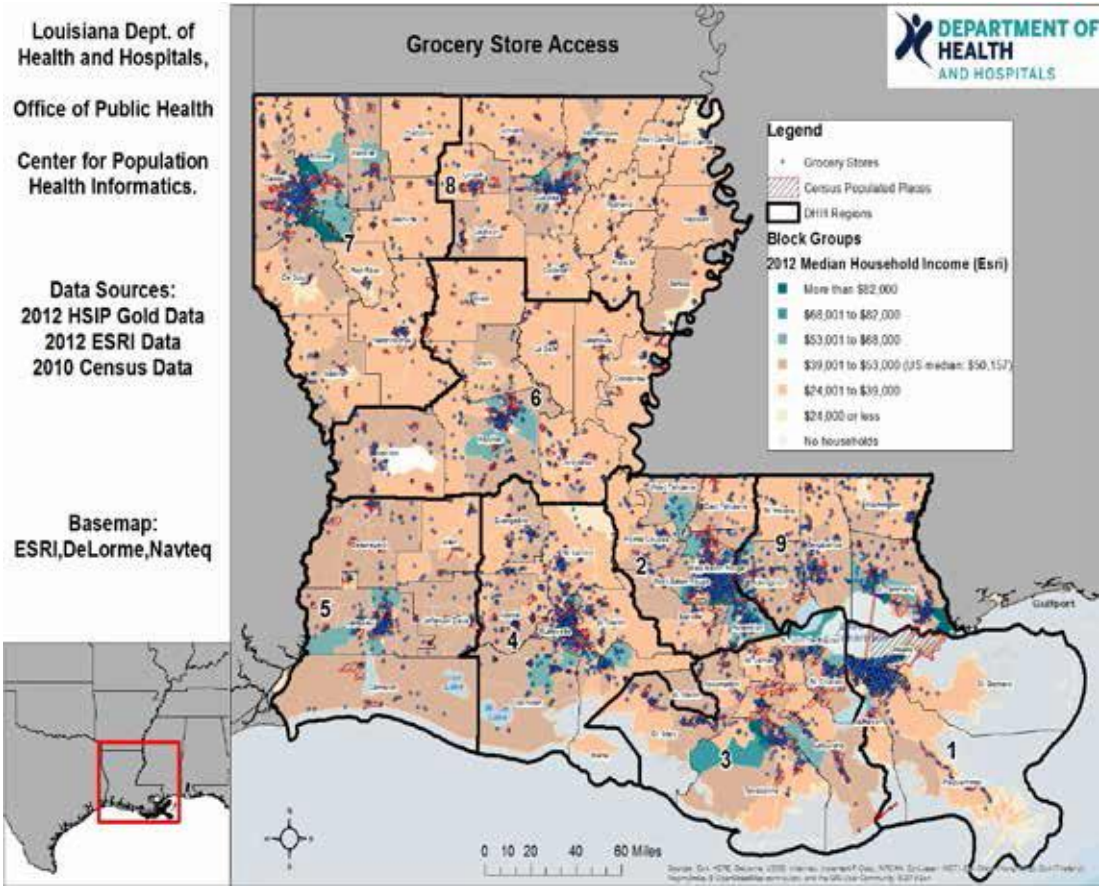
Mental Health HPSA Map



Dental HPSA Map



Grocery Store Access Map



Appendix G: Glossary of Acronyms

A

ACT: American College Testing
AIDS: Acquired Immunodeficiency Syndrome
ARS: Audience Response System

B

BAS: Business Acceleration Systems
BH: Behavioral Health
BRFSS: Behavioral Risk Factor Surveillance System

C

CDC: Centers for Disease Control and Prevention
CENLA: Central Louisiana
CHA: Community Health Assessment
CHNA: Community Health Needs Assessment
CHIP: Louisiana Children's Health Insurance Program
CHW: Community Health Worker
CLEDA: Central Louisiana Economic Development Alliance
CLTCC: Central Louisiana Technical Community College COPD: Congestive Obstructive Pulmonary Disease

D

DTaP: Diptheria, Tetanus and Pertussis vaccine

E

ESL: English as a Second Language
ER: Emergency Room

F

FMD: Frequent Mental Distress
FQHC: Federally Qualified Health Center

G

GNOHIE: Greater New Orleans Health Information Exchange

H

HIV: Human Immunodeficiency Virus
HP 2020: Healthy People 2020
HIE: Health Information Exchange
HPSA: Health Professional Shortage Area
HRSA: Health Resources and Services Administration
HRQoL: Health-Related Quality of Life

I

IBC: Industry Based Certifications

J

JARC: Job Access and Reverse Commute Programs

L

LA: Louisiana
LA DHHS: Louisiana Department of Health and Human Services
LA DHH: Louisiana Department of Health and Hospitals
LA HIDD: Louisiana Hospital Inpatient and Discharge Data System
LaHIE: Louisiana Health Information Exchange
LBGH: Louisiana Business Group on Health
LED: Louisiana Economic Development
LOPH/OPH: Louisiana Office of Public Health
LPHI: Louisiana Public Health Institute
LWC: Louisiana Workforce Commission

M

MAPP: Mobilizing for Action and Through Planning and Partnerships
MDE: Major Depressive Episode
MMR: Mumps, Measles and Rubella vaccine
MU: Meaningful Use

N

NACCHO: National Association of County and City Health Officials
NCRC: National Career Readiness Certificate
NIS: Nationwide Inpatient Sample

P

PC: Primary Care
PHAB: Public Health Accreditation Board

R

RA: Regional Administrator
RMD: Regional Medical Director

S

SAMSHA: Substance Abuse and Mental Health Services Administration
SCORP: Statewide Comprehensive Outdoor Recreation Plan
SDH: Social Determinants of Health
SHA: State Health Assessment
SHIP: State Health Improvement Plan
SIDS: Sudden Infant Death Syndrome
STIs: Sexually Transmitted Infections
SWOT: Strengths, Weaknesses, Opportunities and Threats Analysis

T

TB: Tuberculosis
TOF: The Orchard Foundation

W

WIC: Special Supplemental Nutrition Program for Women, Infants and Children
WHO: World Health Organization

Appendix H: Policy Changes for Accomplishing Health Objectives

POLICY CHANGES RELATED TO HEALTH OBJECTIVES

Partial list of health-related policies passed in 2018 legislative session

LaSHIP Priority Area	Policy Change(s)
SUPPORT BEHAVIORAL HEALTH	**HB 148:** Provides for implementation of the zero suicide initiative and a state suicide prevention plan **HB 153:** Adds certain substances to Schedule I and Schedule II of the Uniform Controlled Dangerous Substances Law **HB 755:** Authorizes public and nonpublic school governing authorities to adopt a policy relative to the supply and administration of naloxone and other opioid antagonists **SB 90:** Provides relative to a voluntary non-opioid directive form. **SB 564:** Provides relative to behavioral health services providers. **HB 658:** Provides for a pilot project to improve outcomes associated with neonatal abstinence syndrome
PROMOTE HEALTHY LIFESTYLES	**HB 56:** Provides relative to the signs displayed at the point of purchase of any tobacco, alternative nicotine, or vapor product **HB 239:** Provides relative to definition of vapor products **HR 109:** Requests the La. Department of Health to continue a study on tax-related and health-related issues associated with vapor products and electronic cigarettes. **HR 240:** Requests the Louisiana Department of Health to raise awareness about the risks posed by atrial fibrillation and stroke **HCR 76:** Creates a study committee to evaluate Louisiana's prevalence of tobacco-related illnesses resulting from secondhand smoke exposure **SB 207:** Extends and provides for the Louisiana Obesity Prevention and Management Commission.
ASSURE ACCESS TO HEALTHCARE	**HB 690:** Provides for coverage for subsequent preventive tests for certain individuals diagnosed with breast cancer
BUILD PUBLIC HEALTH INFRASTRUCTURE	**HB 818:** Creates the Healthy Moms, Healthy Babies Advisory Council **HB 846:** Provides relative to water system testing at certain businesses which apply for or hold retail food permits **HR 221:** Creates a pilot program for drinking water testing in schools **HCR 64:** Creates the Emergency Medical Services Professional Working Group to study and make recommendations to the legislature concerning matters relating to licensure and regulation of emergency medical personnel
PROMOTE EMPLOYMENT & ECONOMIC DEVELOPMENT	**HB 735:** Establishes a workforce training pilot initiative to serve public assistance recipients in certain regions **SB 561:** Creates the Empowering Families to Live Well Louisiana Act.

Policy Changes to Accomplish Health Objectives - 2017 Update	
LaSHIP Priority Area	**Policy Change(s)**
Support Behavioral Health	• HB 192: Provides for limitations on the prescribing of opioids • HB 225: Adds certain substances to the Uniform Controlled Dangerous Substances Law • HB 490: Creates the Advisory Council on Heroin and Opioid Prevention and Education • 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. 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 HB 497: Requires the Department of Health to implement the Medicaid health home option for persons with serious mental illness *Failed to pass* • HB 762: Provides to require referrals of Medicaid enrollees for mental health counseling or treatment by managed care providers in certain cases *Died in committee*
Promote Healthy Lifestyles	• Act 580: A commission designated the Louisiana Obesity Prevention and Management Commission to assist the executive departments and agencies in achieving programmatic goals. • SB 116: Provides for the Work Out Now: WON Louisiana Legislative Commission
	• Smoke-Free Air Act: RS 40:1291.1 • School Tobacco Prohibition RS 17:240 • HB 531: Prohibits the use of tobacco products on school property • HB 208: Provides relative to foods and beverages sold to students in public schools *Involuntarily deferred in committee*

Assure Access to Healthcare	• 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 qualify for full Medicaid coverage and could not afford to buy private health insurance. • HB 427: Provides relative to the tax credit for certain medical providers • HB 586: Requires certain publicly funded healthcare facilities and providers to institute policies relative to continuity of patient care • SB 88: Provides for a rural health clinic look-alike. (8/1/17) HCR 170: Creates a study committee to evaluate and make recommendations concerning Louisiana's system of healthcare delivery *Sent to the Secretary of State*
Promote Economic Development	• 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 • HB 112: Requires that any contractor who enters into a contract with a public entity comply with the Louisiana Equal Pay for Women Act • HB 282: Provides for equal pay for women • HB 384: Provides for pay equality • 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) • SB 153: Provides for an increase in the state minimum wage.
Build Public Health Infrastructure	• HB 595: Provides relative to the delivery of nutrition services through telehealth *Signed by the Governor – Act 417* • SB 328: Provides for telehealth access *Subject to call – House final passage* • HB 480: Provides relative to the practice of telemedicine in licensed healthcare facilities *Signed by the Governor – Act 252*
	• HB 570: Provides relative to the practice of telemedicine *Signed by the Governor - Act 630*

Appendix I: State Health Improvement Plan Partner Organization Acknowledgment

LOUISIANA DEPARTMENT OF HEALTH
Public Health

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, by being a partner organization, that planning and collaboration activities require time and commitment for the foreseeable future. We recognize that much coordination and effort is needed to produce lasting health impacts in our state and welcome 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 keep 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

Creating A Blueprint For Our Future

LOUISIANA
DEPARTMENT OF
HEALTH
Public Health