

2012 LOUISIANA

Community Themes and Strengths & Forces of Change

ASSESSMENTS



Louisiana Department of Health and Hospitals
LSU Health Science Center School of Public Health
Chronic Disease Prevention and Control Epidemiology Unit

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Executive Summary

In 2010, under the Affordable Care Act's Prevention and Public Health Fund, the Centers for Disease Control and Prevention (CDC) was awarded funds for the Community Transformation Grant (CTG) program. The CTG program was developed to assist communities in identifying health problems and designing public health programs to address them. CTG program funding was awarded to government and nonprofit state agencies, communities and national networks with the goal of making "healthy living easier and more affordable where people work, live, learn and play."

As part of the CTG program, Louisiana was one of three states to receive the capacity building award to serve the entire state in 2011. The Louisiana Department of Health and Hospitals (DHH), Chronic Disease Prevention and Control Unit (CDPCU) partnered with Louisiana State University School of Public Health (LSUHSC-SPH), and Louisiana Public Health Institute (LPHI) to develop and conduct regional focus groups for the completion of two assessments using the MAPP model: The Community Themes and Strengths Assessment and the Forces of Change Assessment.

Purpose The Community Themes and Strengths and Forces of Change Assessments were performed to identify the strengths within the community (including any tools and resources already available), and forces that may affect the community's ability to achieve optimal health. In addition, it is intended for this process to identify potential threats and opportunities for improving community health, and strategically analyze issues that require action on the part of the community members and partners. DHH expects that by the completion of the capacity building stage, Louisiana regions and communities will have data-driven action plans to implement strategies to improve the health of the public across the state.

Findings The health of Louisiana is affected by multidimensional issues that are beyond the scope of the public health system. The current state of the economy has affected programs, resources, and services available to the community. Additionally, rising unemployment rates, living expenses and fuel costs have affected crime, homelessness, physical and mental health and quality of life. Louisiana is no stranger to natural disasters, with many regions still facing social and economic struggles from Hurricane Katrina, the BP Oil Spill, and other severe weather destruction (e.g., flooding, tornadoes). Events such as these have displaced residents, lost the state millions in revenue (e.g., companies relocating their headquarters elsewhere), and eroded coastal regions. However, this assessment process was conducted in each of Louisiana's public health regions.

Recommendations Included in this report are recommendations and conclusions to provide guidance for communities in strategically identifying issues that can be addressed at the community, regional and state levels through a targeted action plan. Some example recommendations include:

- Public health professionals must continue to promote tobacco prevention and smoking cessations efforts, as well as build support among residents and community-based organizations to change local smoke-free ordinances.
- Within each region, an assessment of roads, interstates, modes of transportation and walkability must be reviewed to ensure all communities have access to affordable, available services and resources.

Introduction

The Louisiana Department of Health and Hospitals (DHH) was awarded the Community Transformation Grant (CTG) for capacity building from the Centers for Disease Control and Prevention (CDC) under the Affordable Care Act's Prevention and Public Health Fund.

The CTG program was developed to allow communities to identify health problems and design programs that work for them. The CTG award is available in two designations: capacity building and implementation. Louisiana intends to use this capacity building period to understand the position and needs of communities, parishes, regions and the State overall to determine the best methods to provide resources, access to care and improved health outcomes. This strategy will position Louisiana to seek additional

funding (e.g., implementation) to target specific health priorities: *obesity, nutrition, physical activity, and tobacco use.*

To better understand results included in this report, an overview of the Louisiana regions, the health status of Louisiana and the capacity building process utilized by Louisiana DHH are provided.

Louisiana Regions and Health Service Districts

Louisiana is divided into nine Department of Health and Hospitals Administrative Regions, consisting of a total of 64 parishes. The Nine Administrative Regions include:



- **Region 1:** Greater New Orleans Area (New Orleans)
- **Region 2:** Capital Area (Baton Rouge)
- **Region 3:** South Central Louisiana (Houma/Thibodaux)
- **Region 4:** Acadiana (Lafayette)
- **Region 5:** Southwest Louisiana (Lake Charles)
- **Region 6:** Central Louisiana (Alexandria)
- **Region 7:** Northwest Louisiana (Shreveport)
- **Region 8:** Northeast Louisiana (Monroe)
- **Region 9:** Northshore Area (Hammond)

★ DENOTES THE LOCATION OF THE FOCUS GROUP MEETING IN EACH REGION.

Louisiana is unique in that it does not have local health departments, with the exception of The City of New Orleans. There is one regional health unit in each of the 64 parishes (except Orleans Parish, which has two) that is tasked with providing several public health services (e.g., WIC benefits, immunizations, family planning and nutrition services). In addition to the services listed above, Human Service Districts/Authorities provide mental health, addictive disorders and developmental disabilities services.

Louisiana Cultural Regions

In addition to the Department of Health and Hospitals Administrative 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.

Louisiana’s Health¹

Louisiana is facing an urgent health crisis, with serious implications for the overall well-being of the state. Based on *America’s Health Rankings*, Louisiana dropped from 47th in 2009 to 49th consecutively in 2010 and 2011. (Note: The health rankings listed in this report are reported in a manner that represents a good-to-poor status, first to 50th, respectively, unless otherwise stated). High rates in core measures (e.g., smoking, diabetes, obesity and cardiovascular deaths) contribute to Louisiana’s poor ranking.

- Nearly one in four Louisiana adults are obese (31.7 percent, 1.1 million people) based on 2011 data (42nd ranking)
- Only 16.9 percent of Louisiana’s adult population consumes five or more servings of fruits and vegetables daily (46th ranking)
- Approximately 22 percent (755,000 people) of Louisiana’s adult population are current smokers. (44th ranking)
- Louisianans experience a greater frequency of poor physical and mental health days (44th and 41st ranking, respectively)
- Louisiana’s cardiovascular disease prevalence (5.3 percent) and mortality rates (318.9 per 100,000 population) are higher than many other states (43rd and 45th ranking, respectively) based on 2011 data.
- Cardiovascular disease mortality rates account for nearly 40 percent of all deaths in the state. Furthermore, Louisianans have high rates of hypertension and elevated cholesterol (36 and 37 percent, respectively, in 2011).
- Diabetes prevalence has increased over the past 10 years, from 6.6 percent (2001) to 10.3 percent of the population (2011). Significant racial disparity is observed between blacks with diabetes (13.4 percent) compared to their white and Hispanic counterparts, (9.4 and 9.5 percent, respectively) (2011).

The goal of improving public health in Louisiana will force us to identify and utilize innovative strategies to address these priority areas in an effort to reduce preventable diseases and health disparities across the state.

¹America’s Health Rankings, 2011 (Core and Supplemental Measures)

Overarching goals of CTG

- Reduce and prevent leading causes of morbidity and mortality with the establishment of healthier communities
- Develop evidence-based policies
- Create programmatic/infrastructure changes

In Louisiana's capacity building phase, the state is developing solid groundwork for sustainable community prevention efforts. The phase that follows capacity building is implementation. Implementation is the application of proven interventions to improve health and wellness of the community. The implementation of these interventions in Louisiana will target five strategic areas: *obesity, nutrition, physical activity, tobacco use and emotional well-being/mental health*. To complete the requirements for capacity building, DHH used the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process.

Overview of the MAPP Process

MAPP is a six-phase, strategic planning process to improve public health by analyzing, developing and implementing a community-owned strategic plan². The six phases of the MAPP process include:

PHASE 1. Planning for Success: Organizing the planning process and developing planning partnerships

PHASE 2. Visioning: Creative process in the development of a community vision and common values

PHASE 3. The Assessments: Review of health systems and community health

- The Community Health Status Assessment
- The Community Themes and Strengths Assessment
- The Forces of Change Assessment
- The State Public Health System Assessment (SPHSA)

PHASE 4. Identifying Strategic Issues: Determine issues to bring to action and implementation, based on priority areas and urgency of necessary solutions.

PHASE 5. Formulating Goals and Strategies: Develop goal statements and broad approaches for addressing strategic issues and achieving goals to create interrelated strategy statements.

PHASE 6. Action Cycle: Produce results, actions, and policies, as well as, reflect on successes.

The **Community Themes and Strengths Assessment** allowed key stakeholders and important members of the community to discuss community issues and concerns, perceptions of health and quality of life, and assets currently available in communities in Louisiana. In addition to looking deeper into the community and providing explanations of broad statewide health issues, this assessment created an opportunity to dialogue and foster partnerships among the participants, invoke ownership of strategies, improve community health outcomes, and address major concerns for multiple communities and parishes in Louisiana. Compiling the assets and strengths of the community allows weaknesses and gaps to be identified, thereby allowing multiple groups, communities, government and nonprofit agencies to develop possible solutions to address problems.

The **Forces of Change Assessment** measured broad categories (e.g. social, economic, political/legal, environmental and technological) that have the ability to affect the health and well-being of the community and the effectiveness of the public health system. Within each category there were trends, factors and events that provide potential opportunities for Louisiana to build upon potential threats that require attention. This assessment required a dynamic conversation regarding comprehensive strategies to collaboratively promote change and address the impact of these forces on key community issues.

At the time of this report, Louisiana was in the assessment phase of the MAPP process. The Community Health Status Assessment was completed prior to this report. This current report will provide a detailed description of the methods and findings of the Community Themes and Strengths and Forces of Change Assessments.

²National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships: Web-based Tool.

Methods

The Community Themes and Strengths Assessment and Forces of Change Assessment are two of the four assessments in NACCHO's MAPP process. For the sake of scheduling and available times for greatest participation, the two assessments were combined and performed as a day-long process in each of the nine Administrative Health Regions. In order to gather diverse participants, DHH collaborated with each OPH Regional Medical Director to invite community stakeholders. The section below describes the framework for the regional focus group process.

The following issues were considered when identifying and recruiting participants for the MAPP process:

- **Who plays a role in the state public health system?** It was important to include individuals who are instrumental in providing the 10 essential public health services in Louisiana.
- **What broad, cross-sectional participation is needed?** A broad cross-section of individuals and organizations (e.g., community representatives, governmental agencies, medical care providers, education, criminal justice, environmental organizations, faith community, business community, philanthropy) was needed for participants to thoroughly represent the perceptions, interests and needs of communities, regions and the state.

- **What other criteria do they meet?** Other criteria, such as expertise and access to key assets and resources, needed for diversity, inclusiveness and long-term availability were considered for the participants from each region who were selected to participate.

DHH collaborated with the Louisiana Public Health Institute (LPHI) and CDPCU Epidemiology Unit at Louisiana State University Health Sciences Center (LSUHSC), School of Public Health for development

of data collection tools, methods for each regional focus group discussion and data analysis. The scope of work between DHH and LPHI involved development of focus group activities that included: guidance on invitation design; developing meeting room setup; and developing data collection tools. Sample activity descriptions, data collection tools, meeting agendas and invitations recommended by LPHI were reviewed by the CDPCU epidemiologists, DHH and all regional directors for clarity and comments prior to the focus group process. Three individuals of DHH staff served as focus group facilitators across the nine regions. In order to establish consistency among the focus group facilitators, debriefing sessions were conducted to advise any necessary changes to the protocol based on field observations.

For each focus group, participants were evenly distributed across a maximum of six tables, with no more than eight people to a table. A poster identifying each health priority area

The 10 Essential Public Health Services

- I. Monitor health status to identify community health problems
- II. Diagnose and investigate health problems and health hazards in the community
- III. Inform, educate and empower people about health issues
- IV. Mobilize community partnerships to identify and solve health problems
- V. Develop policies and plans that support individual and community health efforts.
- VI. Enforce laws and regulations that protect health and ensure safety
- VII. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable
- VIII. Assure a competent public health and personal health care workforce
- IX. Evaluate effectiveness, accessibility and quality of personal and population-based health services
- X. Research for new insights and innovative solutions to health problems.

was posted on the wall for participants' asset mapping discussions (e.g. tobacco, healthy eating, active living and high-impact clinical services). Each table was provided with individual and group worksheets for the Community Themes and Strengths activity, worksheets for individual asset mapping, index cards for group asset mapping, a forces of change flip chart, and forces of change summary sheets. CDPCU was responsible for data collection and analysis for all activities performed in the focus groups. The data collection process for each component of the focus group process is detailed below. A CDPCU epidemiologist participated in each of the regional focus groups to serve as a note taker and ensure clarity and continuity of the data collected for analysis.

Focus Groups and Data Collection

Community Themes and Strengths:

Individuals at each table were allotted time to reflect on the five community themes and strengths questions, and discuss them as a group. Each table collectively chose the top two to three responses for the five questions listed below, and completed a Community Themes and Strengths Summary sheet for collection at the end of the activity. Each table then presented their choices to the entire focus group for discussion. During the overall focus group discussion, a note taker compiled additional notes to ensure clarity during the group discussion. The questions asked during this component of the focus group process are listed below:

Community Themes and Strengths Questions

What do you believe are the 2-3 most important characteristics of a healthy community?

What are some specific examples of people or groups working together to improve the health and quality of life in our community?

What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

What actions, policy or funding priorities would you support to build a healthier community?

Asset Mapping

Asset mapping activities allowed individuals and groups to determine the assets already available within their community and region related to the priority areas: tobacco, nutrition, physical activity, high-impact clinical services (high blood pressure, cholesterol and chronic disease) and other (for important assets not particularly associated with the four main topic areas). Individuals completed an asset mapping sheet, which identified any assets deemed important. Each table then decided on five assets for each priority area, a total of 25, which were individually written on an index card. After completing the index cards, tables posted their cards on a poster labeled with the respective priority areas. Finally, each table discussed their assets by priority area with the entire focus group, and note takers collected any additional information required for data analysis.

Forces of Change

The Forces of Change activity was performed using six flip charts, allowing space for every group to list key trends, factors and events related to six key categories (social, economic, political/legal, environmental, technological and other).



Tables were initially assigned a flip chart designated for one of the key categories. Each table took turns rotating through all six charts and addressing trends, factors and events related to each category until they returned to their original flip chart. Each table was responsible for reviewing all responses related to their original category; determining the top 3-5 trends, factors, and events; and identifying potential threats and opportunities for each. Each table completed a written form to document the top three to five trends, factors and events, as well as the potential threats and opportunities identified for their designated category.

All of the data collected was entered into an Access database by CDPCU epidemiologists. Data was analyzed for themes and intensity across each component (e.g. themes and strengths, assets and forces of change) at the regional and state level to determine weaknesses and key action items.

Data Analysis

Data analysis was performed for each of the three activities separately. Community Themes and Strengths were summarized for the state and within each region. Unique answers were listed and tallied (by repeat or related responses) to determine regional and statewide themes. Asset mapping activities (individual and group) were related to the CTG priority area. All unique responses were again listed and tallied. Individual and group top asset choices were compared within each region to determine agreement between individuals and groups. Regional group assets were assessed to determine statewide assets for all priority areas. Data on Forces of Change were assessed to determine any cause-effect relationship among trends, factors and events within a category (e.g. trend to factor, trend to event), as well as across categories (e.g., technological to economic). Statewide, Forces of Change were assessed for overarching themes across regions.



Results

Overall Louisiana Highlights

The Community Themes and Strengths Assessment and Forces of Change Assessment results were analyzed by region and state for group responses to Community Themes and Strengths, Group Asset Mapping, and Group Summary Forces of Change. The table below describes the varying degree of participation across regions. Six of the nine regions had more than 20 participants who engaged in this process.

In addition, the characteristics of the participants, expertise and perspectives that contributed to the data

in this report also varied widely by region. The findings of this assessment focus on views and beliefs of community members who participated in the process.

The findings depicted are relatively similar across regions for strengths, assets and forces. The overall three most frequently selected responses are listed on the following five pages; however, the complete results will be described by region.

Table I. Job Sector of Focus Group Participants

	TOTAL	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
All Participants	178	29	15	6	21	20	20	14	23	30
DHH Employees	49	7	2	1	6	5	5	7	3	13
Other State Employees	5	0	2	0	1	0	0	1	1	0
City Employees	9	5	1	0	1	0	0	0	2	0
Health Care	26	0	4	2	4	4	3	0	2	7
Schools	15	5	0	0	2	4	0	0	4	0
Regional Organizations	70	12	6	3	7	7	12	6	10	7
Tribal Groups	3	0	0	0	0	0	0	0	0	3
Faith Based Organizations	1	0	0	0	0	0	0	0	1	0

*Health care refers to hospital, community clinic and health center employees

Statewide Community Themes and Strengths

Most important characteristics of a healthy community:

- Access to Health Care
- Quality of Education
- Active/Healthy Lifestyle

Specific examples of people or groups working together to improve the health and quality of life in the community:

- Communities
- Regional Organizations
- Health Care Providers and Institutions

Most important issues that must be addressed to improve the health and quality of life in our community:

- Quality of Education
- Behavioral Health (mental, addictive disorders)
- Access to Health Care

Barriers to doing what needs to be done to improve health and quality of life in the community:

- Money and Resources
- Lack of Interest/Resistance to Change
- Lack of Quality Educational Opportunities

Actions, policies or funding priorities supported to build a healthier community:

- Quality Health Care
- Healthy Eating/Living
- Community Collaboration/Involvement

Table II lists the top three themes identified for all community themes and strengths questions. The total number of regions that identified each theme is given; in addition, a check mark (✓) indicates which regions selected each theme.

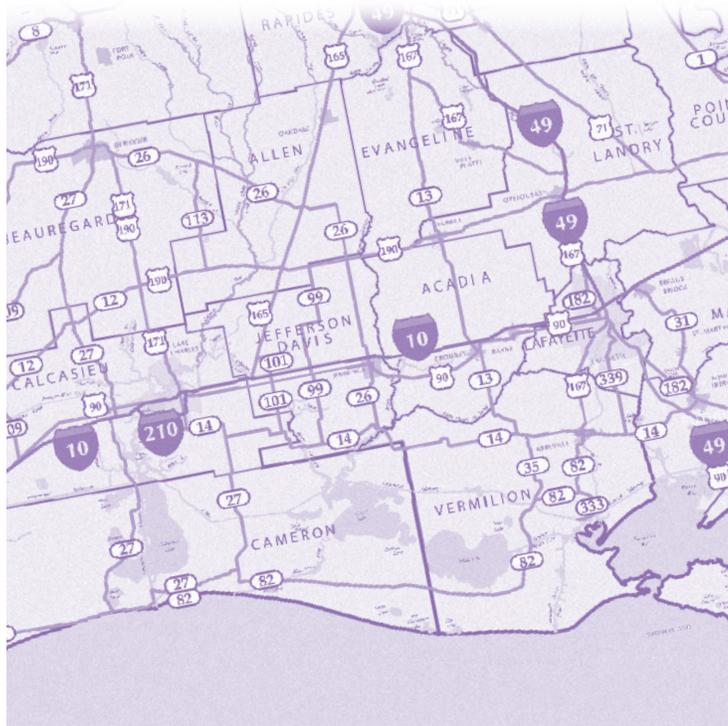


Table II. Statewide Community Themes and Strengths Regional Snapshot

	Total Regions	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Characteristics of a Healthy Community										
Access to Health Care	7	✓	✓	✓			✓	✓	✓	✓
Education	7		✓	✓	✓		✓	✓	✓	✓
Healthy Eating/ Active Living	8	✓	✓	✓	✓	✓	✓	✓	✓	
Groups Working to Improve Community Health										
Communities	7	✓	✓	✓		✓		✓	✓	✓
Health Care Providers and Institutions	6		✓	✓			✓	✓	✓	✓
Regional Organizations (programs and services)	9	✓	✓	✓	✓	✓	✓	✓	✓	✓
Issues to Address to Improve Community Health										
Access to Health Care	4	✓		✓	✓			✓		
Behavioral Health (mental health, addictive disorders)	7	✓	✓			✓	✓	✓	✓	✓
Education	8	✓	✓	✓	✓		✓	✓	✓	✓
Barriers on Actions to Improve Community Health										
Education	5	✓				✓	✓	✓	✓	
Lack of Interest/ Resistance to Change	7		✓	✓		✓	✓	✓	✓	✓
Money and Resources	7	✓	✓			✓	✓	✓	✓	✓
Supported Actions to Improve Community Health										
Community Collaboration/ Involvement	5			✓	✓		✓	✓	✓	
Healthy Eating/ Active Living	7	✓	✓	✓	✓	✓			✓	✓
Quality Health Care	6	✓			✓		✓	✓	✓	

STATEWIDE GROUP ASSET MAPPING

Tobacco

All nine regions strongly supported smoke-free and tobacco-free policies, and believed the state should be 100% smoke-free (including bars and casinos).

- Tobacco-Free Living campaign, cessation programs and devices have been beneficial in reducing the prevalence of smoking in communities.

Nutrition

- WIC, LSU AgCenter and Farmer’s Markets are important assets for community nutrition.

Physical Activity

- Parks and green space (utilized for walking, biking, hiking, running trails) were essential to the physical activity in every region, as well as organized fitness (e.g., sports, clubs, classes).

High-Impact Clinical Services

- Hospitals and other health care facilities (e.g., community clinics and health centers) are excellent resources for providing screening and treatment for various conditions.

Other

- Schools play an important role in educating the community on health knowledge, as well as nutrition and physical activity. Behaviors learned in youth are likely to remain with individuals across their lifespan.
- Community-based organizations (e.g., faith-based, nonprofit) are important partners for the community because they often have common goals, opinions and outlooks.

Table III lists the top three assets identified for all group asset mapping categories. The total number of regions that identified each asset is given; in addition, a check mark (✓) indicates which regions selected each asset.



Table III. Statewide Group Asset Mapping Regional Snapshot

	Total Regions	Region 1	Region 2*	Region 3*	Region 4*	Region 5	Region 6	Region 7	Region 8	Region 9
Tobacco Assets										
Tobacco-Free Living (TFL)	8	✓		✓	✓	✓	✓	✓	✓	✓
Policies (Smoke-free/Tobacco-free)	6	✓			✓		✓	✓	✓	
Cessation Programs/Services	6			✓		✓	✓	✓	✓	✓
Nutrition Assets										
WIC	7	✓	✓		✓		✓	✓	✓	✓
LSU AgCenter	6		✓	✓		✓		✓	✓	✓
Farmers' Markets/Community Gardens	6	✓	✓		✓	✓		✓	✓	
Physical Activity Assets										
Parks and Recreation	9	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fitness Centers	7		✓	✓		✓	✓	✓	✓	✓
Children's Programs (school and community)	6			✓	✓		✓	✓	✓	✓
High-Impact Clinical Services Assets										
Hospitals	9	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community Clinics	6	✓				✓	✓	✓	✓	✓
Heath Centers (SBHCs, FQHCs)	8	✓	✓		✓	✓	✓	✓	✓	✓
Other										
Schools	3	✓							✓	✓
Community Based Organizations	5	✓				✓	✓		✓	✓
Churches/Nonprofits	3	✓						✓	✓	
*Regions 2, 3, and 4 did not have any group responses for the category 'other'.										

Statewide Forces of Change

The statewide Forces of Change summary lists the overall key items mentioned for each of the six categories. 'Other' categories described were largely related to political and economic topics. Education and health care policies and services were related to political decisions, which led to reducing funding and jobs. Economic forces typically affected environmental and technological forces. For example, new technologies and environmental programs (i.e., Going Green and infrastructure repair) are hindered

by high cost and are not available to all communities. The relationship between the forces helps to enforce the principle that issues faced by the community are interconnected and are related to multilevel decisions and outcomes.

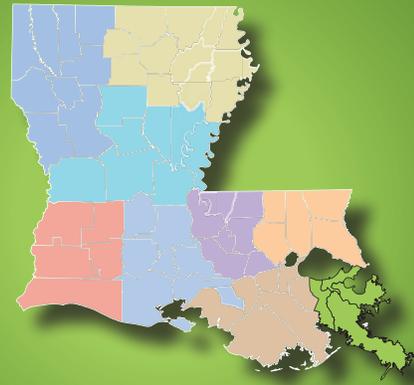
Table IV lists the top 3 forces of change identified. The total number of regions that identified each force is given; in addition, a check mark (✓) indicates which regions selected each force.

Table IV. Statewide Forces of Change Regional snapshot

Forces of Change	Total Regions	Region 1	Region 2**	Region 3*	Region 4**	Region 5	Region 6	Region 7	Region 8	Region 9
Social										
Louisiana Culture	6		✓		✓	✓		✓	✓	✓
Social Media	6	✓	✓		✓	✓	✓	✓		
Family Composition	5				✓	✓	✓		✓	✓
Economic										
Education	7	✓	✓	✓	✓			✓	✓	✓
Unstable Economy	7	✓	✓			✓	✓	✓	✓	✓
Unemployment	9	✓	✓	✓	✓	✓	✓	✓	✓	✓
Political/Legal										
Apathy	8	✓	✓		✓	✓	✓	✓	✓	✓
Health Care Reform	8	✓	✓		✓	✓	✓	✓	✓	✓
Budget Cuts	8	✓	✓		✓	✓	✓	✓	✓	✓
Environmental										
Going Green/ Eco-friendly	7	✓			✓	✓	✓	✓	✓	✓
Natural/ Industrial Disasters	8	✓	✓		✓	✓	✓		✓	✓
Smoke-free/ Tobacco-Free Legislation	7	✓	✓		✓	✓		✓	✓	✓
Technological										
Social Media	8	✓	✓		✓	✓	✓	✓	✓	✓
Devices	7	✓	✓			✓	✓	✓	✓	✓
Dependence	6	✓	✓		✓	✓	✓		✓	
Other										
Education	6	✓				✓	✓	✓	✓	✓
Health Care	6	✓				✓	✓	✓	✓	✓
Legislation/ Politicians	6	✓				✓	✓	✓	✓	✓
*Region 3 completed Economic Forces of Change only										
**Regions 2 and 4 did not have any 'Other' Forces of Change										

Regional Highlights

Region 1 Greater New Orleans Area (Metro Region)



- **Parishes:** Jefferson, Orleans, Plaquemines and St. Bernard.

- **Major City:** New Orleans

- **Unique Fact:** Region 1 is divided into the Eastbank and Westbank by the Mississippi River.

- **Regional Population (2010 Census):** 835,320 residents

- **Main Industries:** Maritime industries (on and offshore petroleum and natural gas, petrochemical production and oil refining), health care, education and tourism

- **Major Ports:** The Port of New Orleans is the fifth-largest port for tonnage shipped in the U.S. The Port of South Louisiana is the busiest port for bulk tonnage in the Western hemisphere and the fifth-largest in the world.

Regional Focus Group Demographics

Total	29
Men	6
Women	23
City Employees	7
Regional Organizations	5
School Employees	5
State Employees	12

- **City Employees:** New Orleans Health Department, Jefferson Parish government, Metropolitan Human Service District and Jefferson Parish Human Services Authority

- **Regional Organizations:** Broad Community Connections (BCC), Daughters of Charity Services, Louisiana Public Health Institute (LPHI),

Vietnamese Initiative in Economic Transition (VIET), Edible Schoolyard NOLA (ESYNOLA), Kingsley House, United Healthcare (UHC), Baptist Community Ministries, and the McFarland Institute

- **Schools:** Dillard University, Southern University of New Orleans (SUNO), and Tulane University

The Eastbank and Westbank of New Orleans



Community Themes And Strengths



Figure 1-1: Region 1 Community Themes and Strengths

Focus group participants associated characteristics of a healthy community with access to health care, recreational services and fresh, healthy food availability. Although various aspects of health care overall were discussed, mental health was a key concern in this region. Recreational access (e.g., pools, playgrounds, recreational centers) was also an important subject for the New Orleans area. Hurricane Katrina destroyed the majority of New Orleans Recreation Department (NORD) facilities, and few of them have been renovated since. In regards to groups working toward community health, schools and community organizations were determined to be the primary focus. Community organizations are important advocates in building networks to provide essential services to the community.

Key issues to improving community health were community safety, health, school education, access to healthy foods and access to health care. Community safety referred to crime and the built environment (e.g., blighted and dilapidated structures, sidewalks and lighting within neighborhoods). Post-Katrina, the lack of available funds and resources contributed to delays

in structural repairs and community improvements, as well as reductions and closures of services and facilities. Information and communication are paramount to community awareness of available programs and services, as well as to allow communities to provide feedback on resources required to sustain and improve their community.

Individual Asset Mapping

The number of participants decreased from 29 to 13 as the individual asset mapping exercise began. Individuals displayed agreement across all categories, but no asset received a unanimous vote. Tobacco had five unique responses, with only two of those responses, “social norming away” (meaning awareness that tobacco is unhealthy, not a good behavior) and tax grant, not selected by more than one individual.

Nutrition assets had the highest number of unique categories (15), with many only having one vote. In addition to the assets listed above, some other nutritional assets included communities calling for access to healthy foods, cooking classes, holiday drives, The Healing Center and Tulane Prevention Research Center (PRC).

Nearly all participants chose parks and recreation as the number one physical asset, with any additional assets receiving minimal support. Parks and recreation include walking trails, bike paths and playgrounds.

Almost all of the clinical service assets were classified within the top five assets. The only clinical service assets not listed below were mental health education groups, dialysis and Bayou Health, which includes the Louisiana Children’s Health Insurance Program (LaCHIP).

Other community assets also fit mainly in the top five, with the only assets not listed being DHH MAPP process, accepting the validity of social determinants, and social services.

Table 1-1: Region 1 Individual Asset Mapping Summary (13 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Smoke-Free Areas and Policies (10)	Farmer’s Markets/ Community Gardens (10)	Parks and Recreation (12)	Community Clinics (7)	Community Organizations (5)
Advertising (5)	Food Banks (6)	Workplace Initiative (2)	Mobile Units (4)	Universities (4)
Tobacco-Free Living (4)	WIC (4)	Gyms/Fitness Centers (2)	Health Units (4)	Churches (3)
	Nutrition Education Programs (4)	Community Programs (2)	Hospitals (3) and Support Groups (3)	HealthyNOLA (2)
	Supplemental Nutrition Assistance Program (2)		Health Fairs (2) and NO/ AIDS Task Force (2)	

Group Asset Mapping

Group asset mapping echoed many topics discussed in individual asset mapping. Overlap occurred in all categories. Tobacco-Free Living (TFL) was chosen as the number one tobacco asset, with legislation and tobacco tax being the additional group assets selected.

The nutrition assets chosen by the groups were also the top four categories provided by individuals; however, SNAP was not selected in group mapping.

Parks and recreation were selected in both individual and group asset mapping, with additional physical activity assets mentioned being hunting/fishing, Youth Run NOLA, neighborhood clubs and safe routes to schools at the group level.

Community clinics and hospitals were mentioned at both levels, but group asset mapping also included community groups and FQHCs. Community groups were selected as clinical service assets because they often offer health fairs, screenings and wellness checks. Additional clinical assets mentioned included Birth Outcomes Initiative, Ryan White program, Crescent House, NO/AIDS Task Force, church outreach, mobile units and Bayou Health.

The assets listed in ‘other’ assets were only selected by one group, and included pharmacies and transportation (Public transit and Medicaid transport).

It is possible that the assets mentioned at the individual level did not match group assets because of individuals in agreement being in the same group and no other group selecting the same response.

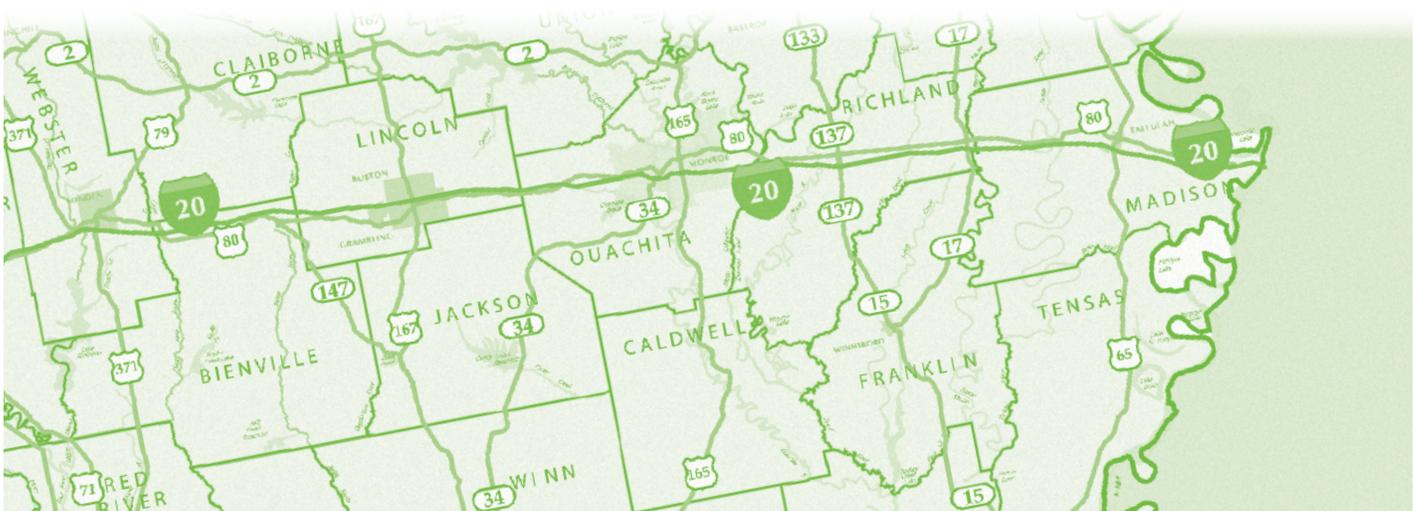


Table 1-2: Region 1 Group Asset Mapping (4 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (TFL) (4)	Farmer’s Markets/ Community Gardens (4)	Parks and Recreation (4)	Community Clinics (3)	Churches (3)
Legislation (3)	Food Banks (3)		Federally Qualified Health Centers (FQHCs)(2)	Community-Based Organizations (3)
Tobacco Tax Increase (2)	WIC (3)		Hospital Systems (2)	Universities (2)
	Nutrition Education Programs (3)		Community Groups (2)	

Forces of Change

Forces in Region 1 were most strongly related to health and economics. Economics affected all forces of change. Privatization, increasing technology, and natural and manmade disasters all have bearing on the availability of economic resources. State and local budget cuts reduced jobs, program services and health benefits. Recently, funds for health care and education were redistributed to state projects and political agendas. Individuals affected by job loss and lack of health care are also threatened by lack of affordable housing, homelessness, crime and stress/mental health issues. Lack of programs and services have increased the impact of health disparities and affected continuity

of care, leaving those with chronic diseases, addictive disorders and vulnerable populations with a lower quality of life.

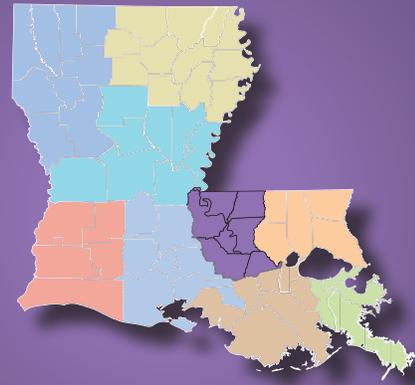
Summary of Results

Participants in Region 1 supported increasing quality medical care and access to healthy food to improve health in the community. The economic climate has negatively impacted programs and services which placed strains on the ability to lead a healthy lifestyle. Schools and community organizations will be the avenue to improving the community’s health.



Regional Highlights

Region 2 Baton Rouge (Capital Region)



- **Parishes:** Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana
- **Major City:** Baton Rouge
- **Unique Fact:** State capital
- **Regional Population (2010 Census):** 663,255 residents
- **Main Industries:** Industrial, petrochemical and medical/research
- **Major Port:** The Port of Baton Rouge is the ninth-largest port in the U.S. (based on tonnage shipped), and is the farthest port up the Mississippi River capable of handling Panama ships.

Regional Focus Group Demographics

- **Regional Organizations:** American Heart Association, Blue Cross Blue Shield (BCBSLA), Greater Baton Rouge (GBR) Food Bank, Louisiana Hospital Association (LHA) and YMCA
- **State Employees:** OPH-Region 2, Capital Area Human Services District (CAHSD), LA Dept. of Education-Association for Health and Physical Education (LA DOE-HPE) and the Mayor's Office
- **Hospitals:** Ochsner Medical Center-Baton Rouge (OMC-BR), Our Lady of the Lake (LOL), Pointe Coupee General Hospital (PCGH), and West Feliciana Parish Hospital (WFPH)

Total	15
Men	3
Women	12
City Employees	4
Regional Organizations	6
State Employees	5

Louisiana State
Capitol Building



Community Themes and Strengths



Figure 2-1: Region 2 Community Themes and Strengths

Of the responses provided by focus group participants for healthy community characteristics, five of the answers received two votes: access to primary care, safe environment, health education/literacy, healthy eating and access to information on available services. People and groups working to improve health provided 11 unique answers. The top answers selected were: hospitals, Pennington Biomedical Research Center (PBRC), Blue Cross Blue Shield LA (BCBSLA) and colleges and universities. Of the key issues related to community health, two responses received more than one vote: education level/awareness and smoking/tobacco products. Additional responses were associated with healthy foods, obesity, leadership, crime, program evaluations, poverty, alcohol and self-responsibility.

The focus groups' strongest response for any question was related to barriers for improving the health of the community. Of the 15 responses, six expressed lack of collaboration/no collective will. The success of programs and services may be hindered because of a lack of collaboration or communication. The only other response receiving more than one vote of support

was poverty. From 2006-2010, 108,339 people (17.2 percent) of the Region 2 population was living below poverty level³. In 2009, three of the seven parishes were considered areas of persistent poverty. Region 2 participants agreed to support three areas for action toward healthier communities: healthy eating/living, healthy environment and school health.

Asset Mapping

The number of unique responses from focus group participants varied among asset areas, with 'other' assets having the least (8) and physical activity having the most (19). Tobacco had six top answers and three responses with three votes each (DHH, CAHSD and cancer programs at OLOL and Mary Bird Perkins). The remaining responses included: QuitLine, cessation programs, school health, government programs, employee assistance programs and American Heart Association (AHA). Although the QuitLine is a collaboration of TFL and DHH, the participants of this focus group counted it as an independent program.

Nutrition assets received 18 unique responses, with the majority of assets receiving more than one vote. Additional assets mentioned were related to food programs (e.g., Meals on Wheels and the USDA Summer Food Service Program), school health and not-for-profit organizations.

Physical activity, with 19 unique responses, had the strongest agreement among all focus group participants. The top two assets, BREC and Gyms/Fitness Centers (particularly YMCA/YWCA), received 10 votes each. Other responses included: agency specific initiatives (e.g., LA 2 step), activity clubs (e.g., Boy/Girl Scouts) and community organizations.

More than half of the focus group participants selected hospitals and clinics within the clinical services category. There were 17 unique responses that were not among the top four assets, including: various other health care providers, wellness fairs, various health programs and health initiatives.

All responses for the category 'other', with the exception of AHA, had two votes each. No one organization was mentioned across all five asset categories.

³U.S. Census, 5-year ACS estimates (2006-2010)

Table 2-1: Region 2 Individual Assets Mapping Summary (15 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (5)	Food Banks (6)	BREC ⁹ (10)	Clinics (11)	Pat Cooper - Superintendent, Lafayette Parish School District (2)
Smoke-Free Campuses (4) Baton Rouge Cancer Coalition (4)	Farmers' Markets/ BREADA ⁶	Gyms/Fitness Centers (10)	Hospitals (9)	SBHCs ¹¹ (2), PBRC (2)
Cancer Programs at OLOL ¹ and MBP ² (3)	AgCenters (5)	Schools (5)	FQHCs ¹⁰ (4)	COA ¹² (2)
DHH ³ (3), CAHSD ⁴ (3)	LHA ⁷ (4)	Sports (4)	CAHSD (2)	Churches (2)
AHA ⁵ (2)	PBRC ⁸ (4)			LA DOE- HPE ¹³ (2), BESE ¹⁴ (2)

¹Our Lady of the Lake ² Mary Bird Perkins Cancer Center ³ Department of Health and Hospitals ⁴ Capital Area Human Service District ⁵ American Heart Association ⁶ Big River Economic and Agricultural Development Alliance ⁷ Louisiana Hospital Association ⁸ Pennington Biomedical Research Center ⁹ Recreation and Parks Commission for the Parish of East Baton Rouge ¹⁰ Federally Qualified Health Centers ¹¹ School Based Health Centers ¹² Council on Aging ¹³ Louisiana Department of Education Association for Health and Physical Education ¹⁴ Board of Elementary and Secondary Education

Group Assets Mapping

Individual assets and group assets did not yield the same results. While some overlap occurred for all areas except ‘other’, most of the assets mentioned at group level differed from those discussed at the individual level.

Gyms and BREC were mentioned at both levels for physical activity, as were hospitals and FQHCs for clinical services.

Three of the individual nutrition assets were among listed group assets, with WIC being added as a key asset by two groups.

As in the individual asset activity, the strongest agreement was found in physical activity and clinical services.

For each of the group assets, it is important to note that some previously mentioned individual assets were selected as focus group responses; however, the responses were possibly derived from the same focus group. This would imply that some individuals felt strongly both as individuals and within their focus group about an asset, but it is possible that other individuals within focus groups and focus groups did not necessarily agree.

Forces of Change

The current economic environment was mentioned in all six force categories throughout this assessment. Unemployment rates, misspending of funds on social activities and new technology, education and lack of affordable health care were discussed as potential threats within Region 2.

The need for new technology and social media affects socialization and communication skills. Further, the financial costs required to remain current with new technologies impose additional threats to fiscal stability.

Unemployment rates have an effect on cost of living, quality of life and healthy lifestyle choices. Some focus group participants argue that residents spend hundreds of thousands of dollars annually on sporting events, gambling and festivals; money that could otherwise be spent on essential needs and services.

Focus group participants felt that large budget cuts to the public health care sector have left individuals without access to primary care, necessary mental health services, and reduced works hours or jobless. In their opinion, budget cuts to education have affected nutrition, enrichment programs (e.g. arts and physical activity) and learning opportunities in schools across the region and state.

Table 2-2: Region 2 Group Asset Mapping Summary (4 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Cancer Coalition (2)	Farmers' Markets/ BREADA ² (3)	BREC ⁴ (4)	FQHCs ⁵ (4)	
LA DOE-HPE ¹ (2)	AgCenters (2)	Gyms(YMCA/YWCA) (3)	Hospitals (3)	
	PBRC ³ (2)			
	WIC (2)			

¹ Louisiana Department of Education Association for Health and Physical Education ² Big River Economic and Agricultural Development Alliance ³ Pennington Biomedical Research Center ⁴ Recreation and Parks Commission for the Parish of East Baton Rouge ⁵ Federally Qualified Health Centers

Another important force, which presented threats to the community, was the political/legal climate. Inequity in the distribution of funds has affected the availability of programs and services in the region. Political corruption was articulated as a problem, along with ongoing lawsuits, and investigations for money laundering, kickbacks and misappropriation of funds. These events have left the community with a sense of apathy and no desire to be engaged in politics and laws. The actions of lawmakers affect all forces of change. Without the involvement of the community, changes are made with few benefiting from the outcomes.

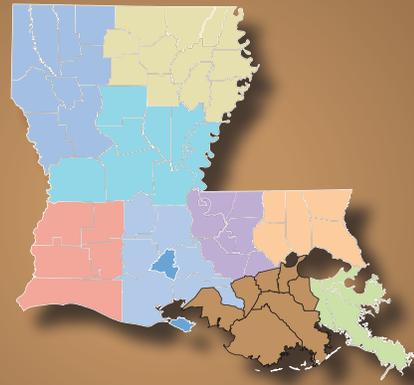
Summary of Results

Participants in Region 2 agreed to three actions to support a healthier community: healthy eating/living, healthy environments, and school health. The political and economic climate has caused a lack of self-efficacy and engagement in the community's health. Poverty and a lack of communication were identified as persistent barriers to improving the health of communities.



Regional Highlights

Region 3 Houma/Thibodaux (South Central Louisiana Region)



- **Parishes:** Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, and Terrebonne
- **Major City:** Houma/Thibodaux
- **Regional Population (2010 Census):** 407,055 residents
- **Main Industries:** Agriculture, Mining, & Construction, Education and Retail & Wholesale industries. The broad category of Agriculture, Mining & Construction includes oil and gas-related industries, shipbuilding and repair, metal fabrication and seafood harvesting & processing.
- **Major Port(s):** Port Fourchon's primary service market is domestic deep-water oil and gas exploration, drilling and production in the Gulf of Mexico.

Regional Focus Group Demographics

- **Regional Organizations:** Louisiana Circles, Louisiana Rural Health Association, and Tobacco-Free Living (TFL).
- **Hospitals:** Leonard J. Chabert Medical Center and Lady of the Sea Hospital

Total	6
Men	1
Women	5
Hospitals	2
Regional Organizations	3
State Employees	1

Bayous of
Terrebonne Parish



Community Themes and Strengths



Figure 3-1: Region 3 Community Themes and Strengths

This focus group had fewer participants than any of the other regional focus groups. Because of the limited number of participants, several activities were modified to accommodate the smaller group size. Hence, the community themes and strengths activity was performed individually and discussed as a group. Focus group participants associated characteristics of a healthy community to health education, active lifestyle and access to care. Groups currently working toward community health included community health fairs, tobacco cessation programs and farmers' markets. Politics, availability of services and access to information were central to improving the health of Region 3. The focus group discussed the state budget cuts and their effects on the availability of services and information. This discussion included dialogue about increasing the number of residents receiving inadequate care and those who will no longer seek health care services. The barriers to improving health in Region 3 focused strongly on individuals and culture. Participants believed that there was a lack of personal responsibility and empowerment on the part of the individual and the community for better health outcomes.

Table 3-1: Region 3 Individual Asset Mapping (3 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco Control Initiative (3)	LSU AgCenter (3)	Parks and Recreation (3)	Hospitals (3)	
Tobacco Control Program (3)	Nicholls State University Dietician Bridgett Scott(3)	School Sports (3)		
Tobacco-Free Living (3)		Louisiana Hospital Association (3)		
American Cancer Society(3)		Gyms (3)		

Individual Asset Mapping

The individual asset mapping exercise had fewer answers because of the limited number of participants.

Tobacco assets were all related to programs supporting tobacco and smoke-free initiatives and lifestyles.

LSU AgCenter and Bridget Scott were chosen by all participants as nutrition assets. Growing Up Fit Together, diabetes education and the City of Patterson were also recognized as being nutrition assets.

All participants agreed on all assets for physical activity. Parks and recreation included walking trails, bike paths and green space.

Clinical service assets were all associated with hospital screening and education.

Participants did not list any assets for the category 'other'.

Figure 3-2: Region 3 Group Asset Mapping (1 group)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco Control Initiative	LSU AgCenter	City/Parish Recreation Departments	Hospital-Based Education	
Tobacco-Free Living	Growing Up Fit Together Program	Thibodaux Regional Medical Center - Wellness Center		
Tobacco Control Program	Nicholls State University Nutritionist - Bridgett Scott	Louisiana Hospital Association and Worksite Wellness Programs		
American Cancer Society	Diabetes Centers	Fitness Clubs		
Bayou Council	Pennington Biomedical Research Center	School Sports		

Forces of Change

Because of the limited number of focus group participants (4), the economic forces of change was the only component completed.

In Region 3, the economic climate affected education, health care and the fishing industry.

Participants believed there was a decrease in state-run health care and an increase in private facilities. The loss of established family and community relationships with health care providers, as well as increased cost of private health care, has likely decreased the number of residents going to doctors.

A large number of individuals in this region have experienced some financial hardship because of the

BP Oil Spill. This environmental disaster interfered with their quality of life (e.g., employment, diet and recreation).

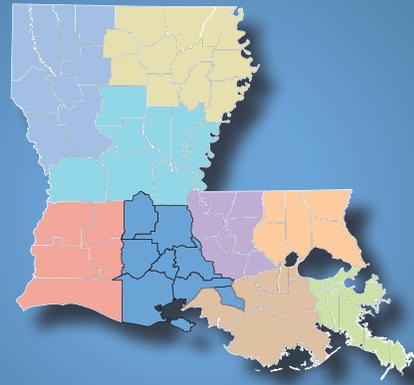
Summary of Results

Participants in Region 3 agreed to three actions/policies to support a healthier community: safe physical environment, enhancing the smoke-free laws to include bars and casinos and collaboration between schools and communities. Lack of ownership and empowerment to improve one’s health has been a hindrance to maximizing the community’s health outcomes. Barriers that can be addressed to improve the overall health of the community are politics, availability of services and access to information.



Regional Highlights

Region 4
Lafayette
(Acadiana Region)



- **Parishes:** Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion
- **Major City:** Lafayette
- **Regional Population (2010 Census):** 584,118 residents
- **Main Industries:** Health care and associated services, tourism and oil-related businesses
- **Major Port:** Port of Iberia is the oldest shallow draft port in Louisiana and 100,000 linear feet of developed water frontage.

Total	21
Men	4
Women	17
Health Care	4
Regional Organizations	7
Schools	2
State Employees	8

Regional Focus Group Demographics

- **Regional Organizations:** Families Helping Families Acadiana, Acadiana Breastfeeding Coalition, Healthy Start-The Family Tree, Tobacco-Free Living (TFL), Iberia Comprehensive Community Health Center, United Way of Acadiana, Southwest Louisiana Area Health Education Center (SWLAHEC), and University of Louisiana at Lafayette Picard Center
- **Hospitals:** Lafayette General Medical Center (LGMC), Women’s and Children’s Hospital (Dautrieve), and Our Lady of Lourdes Regional Medical Center (Lourdes)
- **Schools:** University of Louisiana at Lafayette and Lafayette Parish School System (LPSS)

The Cajundome in Lafayette, LA



Community Themes and Strengths



Figure 4-1: Region 4 Community Themes and Strengths

Healthy community characteristics discussed within Region 4 focus groups were related to improvements in education, increasing active lifestyles, and reducing tobacco use. The only agreement among participants for groups working toward community health was regarding birth outcomes and child development. Coordinated School Health, faith-based organizations and cancer coalitions were also mentioned by participants as cohesive groups tasked with improving community health. Birth outcomes (e.g., teen pregnancy, preterm birth, and infant mortality) were also an important issue in addressing the improvement of community health, along with access to health care and community buy-in. Based on this information, it can be perceived that achieving community buy-in is often challenging, given individual behaviors and perceptions are difficult to change; this imposes barriers such as: lack of collaboration and community involvement. Community members content with their health and life choices tend not to support change, therefore they are unwilling to be involved in or support community

initiatives. Community members taking an active role in the betterment of their community will build relationships and increase collaboration.

Individual Asset Mapping

The individual asset mapping exercise provided an array of answers; yet no individual asset was selected by more than half of the participants.

Tobacco assets were all related to tobacco-free and smoke-free initiatives and lifestyles. Cessation-related seminars and advertising were additional tobacco assets not shown in the table below.

All nutritional assets received similar support, with WIC and farmers' markets/community gardens receiving the most votes. In addition to the assets listed below, healthy food choices, nutrition programs and food pantries also received more than one vote.

The main physical activity asset was parks and recreation. Parks and recreation includes walking trails, bike paths and green space. Physical activity assets not listed in the table below were school curriculum, BCBS and senior centers.

Nearly all of the clinical service assets were selected by more than one individual, with the exception of medical assistance programs and health fairs.

'Other' community assets were only listed by two individuals, who both agreed on Coordinated School Health.

Group Asset Mapping

Commonalities between individual and group asset mapping existed primarily for tobacco, nutrition and physical activity.

Smoke-free policies and tobacco-free living were mentioned at individual and group levels for tobacco. WIC, farmers' markets and community kids programs were mentioned at individual and group levels for nutrition. Parks and recreation was the only asset found at both the individual and group levels for physical activity.

Community organization was the one unique tobacco asset mentioned. Similarly, hospitals were the only asset mentioned solely at the group level.

Table 4-1: Region 4 Individual Asset Mapping (17 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Smoke-Free Areas and Policies (7)	WIC (6)	Parks and Recreation (8)	Screenings (8)	Coordinated School Health (2)
Tobacco-Free Schools (5)	Farmer’s Markets/ Community Gardens (6)	Kids on the Geaux (5)	Community Clinics (6)	
Tobacco-Free Living (TFL) (4)	Schools (4)	Gyms/Fitness Centers (3)	St. Bernadette Clinic (2)	
American Heart Association (2)	GIFT (Breastfeeding Initiative) (4)	Organized Runs (2) and Golf Courses (2)	Federally Qualified Health Centers (2) and Hospitals(2)	
Stop Smoking Aids (2)	Community Kids Programs (4)	Faith-Based Community Programs (2)		

Community kids programs and hospitals were physical activity assets discussed in the group setting. The remaining assets mentioned were unique to the group level. Community kids programs were mentioned as a physical activity asset. These programs included: Kids on the Geaux, Trim Kids and Boys and Girls Club.

Our Lady of Lourdes Hospital and health centers received equal support in the clinical services category. Health fairs, screenings (e.g., multiple types of cancers, diabetes and high BP and cholesterol), and Nurse Family Partnership were also mentioned, but did not have agreement among groups.

The assets listed in the ‘other’ category were only selected by one group and included neighborhood/ community planning, prenatal education, school nurse services and Coordinated School Health Program.

Forces of Change

Health was the overarching theme of forces for Region 4. Unhealthy behaviors (e.g., unhealthy eating, excessive consumption of alcoholic beverages and addictive disorders) were discussed as results of social, economic and political forces.

Unhealthy food and beverage behaviors were related to the culture, convenience and affordability, but also associated with addictive disorders.

Obesity was described as a major health issue; although there is social acceptance resulting from cultural and traditional eating behaviors.

Addictive disorders (e.g., tobacco, drugs and alcohol) contribute to economic forces of unemployment and lower income. These behaviors can lead to individual and family unit breakdowns, higher rates of crime and poor physical and mental health. This unhealthy behavior combination also impacted health disparities, chronic disease morbidity and mortality and adequate, affordable health care.

Many individuals affected by these social and economic forces are also affected by the State’s current political climate and changes to the public health care system.

Based on the participants’ contribution, it is believed that little or no income, closure of public facilities (e.g. reduction of services), and increasing privatization of health care has caused many individuals to forgo receiving necessary services and/or treatment.

In regard to technology, increase in accessible health information was a positive attribute; but was also acknowledged as contributing to reduced socialization, decreased physical activity and increased obesity.

Lastly, environmentally green, eco-friendly activities were viewed as beneficial to health outcomes, but these activities are limited because of poor infrastructure and unsafe communities.

Table 4-2: Region 4 Group Asset Mapping (4 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Community Organizations (3)	Farmers' Markets/ Community Gardens (4)	Parks and Recreation (4)	Our Lady of Lourdes Programs (3)	
Tobacco-Free Living (2)	Community Kids Programs (3)	Community Kids Programs (3)	Health Centers (FQHCs, SBHCs) (3)	
Smoke-Free Policies (2)	WIC (2)	Hospitals (2)		
	Hospitals (2)			

Summary of Results

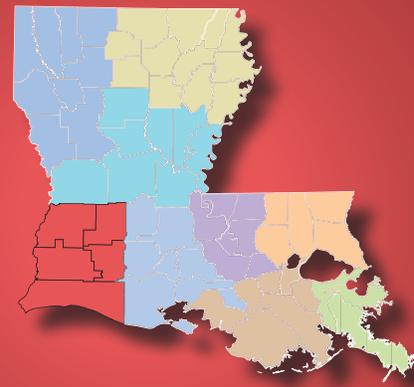
Participants in Region 4 agreed to three actions to support a healthier community: engaging in physical activities and events, maternal and child health (e.g., pregnancy and breastfeeding programs), and education

(health and academic). Social norms regarding food and beverage consumption have played a role in the unhealthy behaviors that have led to adverse health outcomes. Through collaboration and community involvement barriers will be overcome.



Regional Highlights

Region 5
Lake Charles
(Southwest Louisiana - SWLA Region)



- **Parishes:** Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis
- **Major City:** Lake Charles
- **Unique Fact:** Lake Charles is the “Festival Capital of Louisiana,” hosting more than 75 festivals and carnivals annually.
- **Regional Population (2010 Census):** 292,619 residents
- **Major Industries:** Petrochemical refining, tourism, gaming, education and health care
- **Major Port:** The Port of Lake Charles is the 12th-largest seaport in the U.S., and fourth-largest liner service seaport in the U.S. Gulf.

Regional Focus Group Demographics

- **Regional Organizations:** True Blue Watersports, Gusto Healthy Vending, LSU AgCenter, Louisiana Cancer Control Program (LCCP), Partnerships for SWLA, United Way of Acadiana, and Southwest Louisiana Area Health Education Center (SWLAHEC)

Total	20
Men	2
Women	18
DHH Employees	5
Hospitals	4
Regional Organizations	7
School Employees	4

- **Hospitals:** Jennings American Legion Hospital, St. Patrick Hospital, and Women and Children’s Hospital
- **Schools:** Calcasieu Parish School Board and McNeese State University

City of Lake Charles
Aerial View



Community Themes and Strengths



Figure 5-1: Region 5 Community Themes and Strengths

Healthy community characteristics were related to four main areas: public awareness, regular community activities, affordable healthy food and safe, affordable physical activity.

In regard to groups working toward community health, participants agreed on a number of community programs and partnerships, such as Tobacco-Free Living (TFL), cross-cutting programs, Louisiana Cancer Control Partnership, AgCenter programs and Smart Choices. Health fairs and running clubs were also mentioned.

Strategies that may address improvement in community health were associated with healthy lifestyles (including access to healthy options and making healthy choices), policy changes and tobacco use. Healthy lifestyle discussions focused on a number of areas: attitude toward healthy lifestyle, obesity, food choices and education.

The barriers to improving health in Region 5 included lack of interest in making behavioral changes, lack of

education (academic and health knowledge), funding and time restraints. Lack of interest in lifestyle changes is often confused with time or funding restraints, as some people can be aware of the benefits of healthy eating and active living but do not have the time or financial resources to make those improvements. Lack of interest in lifestyle changes can also be related to cultural and traditional norms.

Education can be a barrier to community health because some individuals may be unaware of the effects of their behaviors or lack the knowledge to correct their behaviors (e.g. not knowing how to change a recipe, lack of understanding about nutritional labels) Physical activity in schools was related to requiring Physical Education from kindergarten to 12th grade and increased/available after-school sports. Nutritional options included access to healthy food choices, as well as nutritional labels on fast food and restaurant menus. Policy changes were related to vending machine and smoke-free policies.

Individual Asset Mapping

In Region 5, no assets were chosen by all individuals. TFL was the leading tobacco asset, as cited by more than half of the participants. DHH facilities and media campaigns (TV and radio) were the only tobacco assets not listed in the table below.

Although a number of the nutritional assets were equally supported by multiple individuals, none of them received the support of all participants. In addition to the assets listed below, fresh local food, Gusto Healthy Vending Company and WIC were also mentioned.

The main physical activity asset was parks and recreation. The development of downtown Lake Charles was associated with improving the walkability of the city. Additional assets listed included “videos in grocery stores” and mall walking.

Nearly all clinical services assets were able to be classified into five areas; the only assets not listed below were employee health, Louisiana Cancer Control Partnership and Pure Foods.

‘Other’ community assets were very specific. The only assets not included in the list were education programs and community nonprofits, which were both selected by one group.

Table 5-1: Region 5 Individual Asset Mapping (20 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (11)	Pure Foods (9)	Parks and Recreation(13)	Hospitals (9)	Hospital Programs (4)
Kids Tobacco-Free Programs (5)	LSU AgCenter (7)	Fit Programs (9)	Community Clinics (7)	Sportsfest (3)
March of Dimes (4)	Kids Programs (7)	Organized Runs/Walks (5)	Southwest Louisiana Center for Health Services (6)	Medical Reserve Corps (3)
Cessation Programs (4)	Hospitals (7)	Community Centers (5)	Health Fairs (5)	Partnerships for Southwest Louisiana (2)
Hospitals (3) and Policies (3)	Home Health Agencies (4)	Gyms (2) and Downtown Development (2)	WIC (3) and Ward 3 Recreation (3)	

Group Asset Mapping

Overlap between individual and group assets exists. All individual tobacco assets were also indicated as group tobacco assets. The category “community organizations” included March of Dimes, as well as American Cancer Society.

Farmers’ markets and restaurants with nutritional labels were added as group assets, taking the place of home health agencies and hospitals as top assets previously cited in individual assets.

Parks and recreation remained the top physical activity asset for both individual and group asset mapping. The remaining physical activity assets were unique to the group level.

Screenings were solely mentioned at the group level for clinical services. Screenings were not included in hospitals or clinics because they are sometimes performed at businesses (e.g., pharmacies), health fairs and community organizations.

The assets listed in ‘other’ assets were mostly community organizations, except for education programs and medical facilities, which were chosen by only one group.

Forces of Change

Economics and education were the main subjects of discussion in Region 5. The economic downturn (e.g., increased unemployment, increase in cost of living and increased foreclosures) has an important relationship to the health of the community and its quality of life.

Based on participant input, it is their opinion that unstable financial resources are attributed to increasing crime rates, decreasing healthy eating and misallocation of funds for activities and technology purchases. For example, natural and manmade disasters further threaten the state’s economy, which also affects the residents of the community and results in cuts to the state budget, jobs, resources and services.

In addition, the dependence on foreign oil and increased fuel costs affect transportation, energy services and the cost of programs, goods and services.

Education was related to both school education and community education. Community education was associated with emergency preparedness knowledge, healthy eating, active lifestyle and political education. It is important for residents to be aware of all the services and programs available to the community, as well as knowledge of laws and policies that can affect the communities’ health and quality of life.

Academic education was associated with the various reforms to the current system (public/private/charter), the addition of the state voucher programs and increased accountability of teachers.

Table 5-2: Region 5 Group Asset Mapping (6 groups)

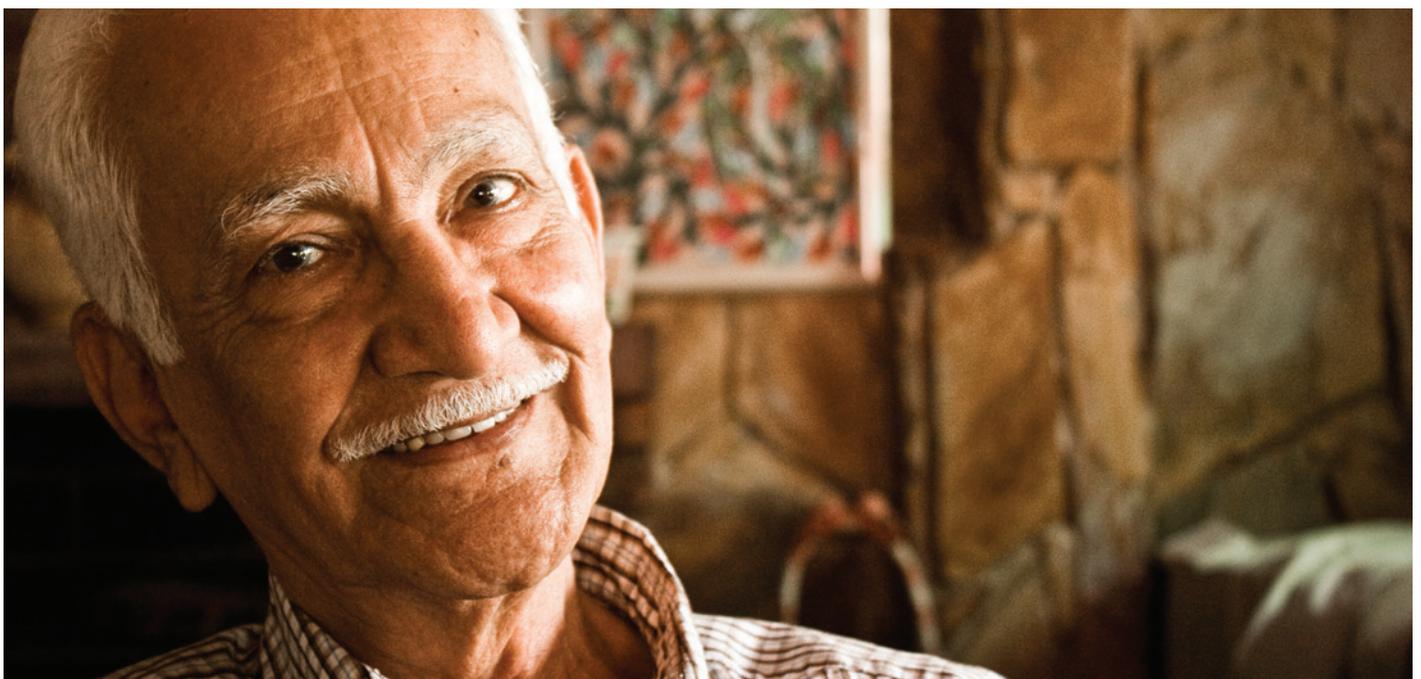
Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (6)	Community Kids Programs (4)	Parks and Recreation (5)	Screenings (4)	Community Organizations (5)
Cessation Programs (3)	Pure Foods (3)	Gyms (2)	Clinics (4)	
Kids Programs (2)	Restaurants with Nutrition Labels (3)	Stadium/School Tracks (2)	Hospitals (3)	
Hospitals (2)	LSU AgCenter (3)	Southwest Louisiana Center for Health Services (2)	Southwest Louisiana Center for Health Services (3)	
Community Organizations (2)	Farmer's Markets/Community Gardens (3)	Physical Activity Programs (2)		

Economics was also stated to play a significant role in education because of the funding needed for resources, enrichment programs, after-school activities, technology and qualified teachers.

and health education and policy changes. Educating community members about healthy lifestyles and policies to promote healthy living may assist in improving the overall health of the community. Healthy lifestyles, policies and tobacco use were key issues highlighted by participants which need to be addressed in order to improve the community's health.

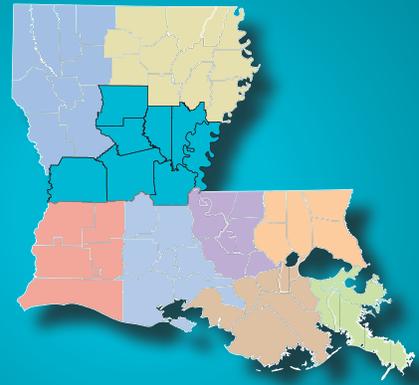
Summary of Results

Participants in Region 5 agreed to four actions to support a healthier community: modifications to physical activity in schools, nutritional options for schools and the community, improved academics



Regional Highlights

Region 6 Alexandria (Central Louisiana - CENLA Region)



- **Parishes:** Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn
- **Major City:** Alexandria
- **Regional Population (2010 Census):** 309,761 residents
- **Major Industries:** Education, health and social services, and retail
- **Major Port:** The Port of Alexandria is the largest receiver and shipper of military equipment on interior water channels in the continental U.S.

Regional Focus Group Demographics

- **Regional Organizations:** YMCA, Families Helping Families, Tobacco-Free Living (TFL), Special Olympics, Volunteers of America, CENLA Community Foundation, CENLA Area Agency on Aging, Central Louisiana Human Service District (CLHSD), Pathways, Roy O. Martin, Louisiana Cancer Control Partnership and Central Louisiana Area Health Education Center (CLAHEC)
- **Hospitals:** Rapides Regional Medical Center (RRMC) and CHRISTUS St. Francis Cabrini Hospital (Cabrini)

Total	20
Men	5
Women	15
DHH Employees	5
Hospitals	3
Regional Organizations	12



Amphitheater on the Red River in Alexandria, LA

Community Themes and Strengths



Figure 6-1: Region 6 Community Themes and Strengths Summary

The key healthy community characteristics were related to three areas: healthy lifestyle (e.g. physical activity and nutrition), health care (e.g. adequate services and access) and overall and health-related education. Examples of groups working together consisted of: regional organizations, foundations and Fetal Infant Mortality Review (FIMR). Because the statewide infant mortality rate remains high (9.1 per 1,000 in 2011), FIMR remains an important community resource. Issues regarding improvements to community health and quality of life raised regional and statewide issues, such as: need to identify/enhance services and resources that already exist, lack of educational (overall and health) opportunities, poor economy affecting employment and financial resources and lack of clean/safe environmental infrastructure. Participants believe that with pending state budget cuts, layoffs and closure of facilities, it is important for communities to be aware of available services and ensure that those services remain available to their

residents. Community barriers to improving health were identified as: money and resources, resistance to change and poor education. Based on U.S. Census ACS estimates (2006-2010), 18.5 percent of the Region 6 population lived below poverty level and 38.2 percent of the population 25 years and older had a high school diploma.

Individual Assets Mapping

Tobacco had the fewest number of overall responses (15) from all participants, while high-impact clinics had the highest (25). Additional regional assets related to tobacco included the Office of Public Health facilities and services, regional organizations (e.g., American Cancer Society) and cessation/medication programs.

Nutrition assets (20) included a number of specific activities sponsored and/or supported by various regional organizations (e.g., Lunch & Learn and Kids Cafe), as well as additional healthy food/meal services.

Physical activity (23) had additional activities not shown in the table below, but were cited by more than one individual as being important regional assets (e.g., youth sports, Boys and Girls Club, LC Athletics and ball leagues).

High-impact clinical services (25) also had multiple items with more than one vote, including: SBHCs, Chronic Disease screening, Health Units, Nurse Family Partnership (each having three votes); and Children's Special Health Services and Community Medication Assistance Programs (CMAP) (each having two votes).

Other clinical services assets mentioned were disease-specific services, mobile and stationary clinics, and physicians. The 'other' assets category (21) had diverse topics for all populations and groups within the region, including a number of centers, programs and initiatives.

Rapides Foundation was the only asset included in all five categories by at least one individual, suggesting that it is a key location for services and resources across the region.

Table 6-1: Region 6 Individual Asset Mapping Summary (20 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (TFL) (12)	Food Banks (13)	YMCA/YWCA (12)	Community Healthworx (8)	Families Helping Families (4)
Rapides Foundation (RF) (9)	Breastfeeding Coalition (8)	Gyms (10)	Hospitals (7)	Arts & Health Care (2)
Alexandria City Ordinance (8)	Rapides Foundation (7)	Parks/Walking Trails (7)	Federally Qualified Health Centers (6)	March of Dimes (MOD) (2)
Quit Line (3)	WIC (6)	Rapides Foundation (4)	Health Fairs (4)	Volunteers of America (2)
Hospitals (3)	Manna House (5)	Red River Run (3) and Matter of Balance (3)	Diabetes Management/ Education (4)	Coordinated Systems of Care (2) and American Red Cross (2)

Group Asset Mapping

Compared to individual tobacco asset choices, Rapides Foundation was the only unique asset discussed in the group setting.

There was no nutrition asset supported by all four groups. However, there was consistency in the top nutritional assets among individual and group responses, implying agreement across participants in key nutrition services within the region.

Of the top physical activity assets selected by groups, four were also selected by individuals as being primary assets.

Community Healthworx and FQHCs were clinical services discussed at the individual and group levels. The remaining assets for clinical services and for ‘other’ were unique across the individual and group setting. Youth athletics was mentioned by two groups in addition to other organizational activities.

The high-impact clinical services category had three of five responses consistently identified between groups and individuals. In listing group assets, the broad category of hospitals was not mentioned; however, Huey P. Long Hospital was specifically mentioned by two groups. Community Healthworx was selected by all four groups and was the main choice for both individuals and groups.

The top assets for the ‘other’ category varied between individuals and groups; only domestic violence/

homeless shelters received more than one vote among groups. While shelters were mentioned in individual assets, the same shelter was not mentioned more than once.

As groups discussed the importance of vulnerable population services, shelters became an important topic and were agreed upon by all groups during summary review and dialogue.

Forces of Change

Political forces were strongly associated with all forces within Region 6. Discord in politics (e.g., egos, personal agendas and litigation) has created a foundation for apathy in the community. This apathy allowed political decisions affecting the community to pass without much resistance.

Participants believe that increasing layoffs, budget cuts and changes to retirement plans have affected a large number of current and former state employees, as well as residents relying on public facilities. As unemployment rates increase, the need for government assistance and perception of entitlement to services will also increase.

In addition, Louisianans are skeptical about the Affordable Care Act, unsure if it should be viewed as a threat or an opportunity.

Legislation also affects environmental policies (e.g., Clean Air Act, emergency response and preparedness and recycling/green living), which are also important to the physical health of the community.

Table 6-2: Region 6 Group Asset Mapping Summary (4 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Rapides Foundation (4)	Breastfeeding Coalition (3)	Gyms (3)	Community Healthworx (4)	Domestic Violence/ Homeless Shelters (2)
Tobacco-Free Living (3)	WIC (3)	Rapides Foundation (2)	Federally Qualified Health Centers (3)	
Alexandria City Ordinance (2)	Manna House (2)	YMCA/YWCA (2)	School Based Health Centers (2)	
Cessation Programs (2)	Rapides Foundation-Get Healthy (2)	Youth Athletics (2)	Health Units (2)	
Tobacco Control Initiative (2)	Food Banks (2)	Parks (2)	Huey P. Long Hospital (2)	

Economic forces (e.g., increase in cost of living, fuel, health care and healthy foods) have added strain to policies and political decisions as additional threats to the community.

for all populations (particularly related to mental health, substance abuse, and indigent and vulnerable populations), evidence based services and funding. Participants felt that the economy and education are barriers to improving the community’s health. These barriers can be addressed through educational and economic opportunities.

Summary of Results

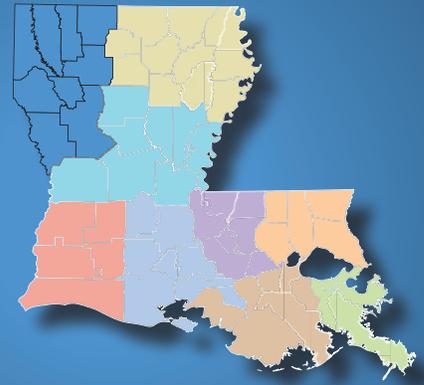
Policy decisions and actions supported in Region 6 focused on neighborhood and government collaboration, health care coverage and services



Regional Highlights

Region 7 Shreveport

(Northwest Louisiana - NWLA Region)



- **Parishes:** Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine and Webster
- **Major City:** Shreveport is the cultural, economic, and commercial center of the Ark-La-Tex (sometimes called Arklatexoma) area, where Arkansas, Louisiana, Oklahoma and Texas meet.
- **Regional Population (2010 Census):** 544,249 residents
- **Unique Fact:** Shreveport has also gained notoriety as a part of “Hollywood South,” a primary location for the filming of a number of movies and TV shows.
- **Main Industries:** Service (gaming and retail), health care and education
- **Major Port:** The Port of Caddo-Bossier is an inland port and one of United States Postal Service top five markets for next-day distribution in the U.S.

Regional Focus Group Demographics

- **Regional Organizations:** Louisiana Cancer Control Program (LCCP), YMCA, Tobacco-Free Living (TFL), North Louisiana Area Health Education Center (NLAHEC), and Louisiana Center for Health Equity.

Total	14
Men	2
Women	12
DHH Employees	7
HUD	1
Regional Organizations	6

Downtown
Shreveport



Community Themes and Strengths



Figure 7-1: Region 7 Community Themes and Strengths

Healthy community characteristics were related to access to health care and preventive services, education and healthy lifestyles. In regard to healthy lifestyles, participants mentioned childhood obesity, high-fat diet issues and the designation of healthy eating venues/areas. Additionally, participants discussed the need for physicians to invest additional time in rural communities beyond the mandated obligations required for loan repayment, 36 months.

In regard to groups working toward community health, five groups cited various health centers and clinics, and four groups discussed faith-based organizations. Community gardens, nutrition programs and community support programs/events were also mentioned.

Preventive health was an important topic in this region and is considered a characteristic of a healthy community. It is also an issue to address improvements in community health, along with education and unhealthy behaviors. Unhealthy behaviors were related to cultural customs (food and beverage), addictive

disorders and lack of exercise/physical activity.

Barriers to improving health in Region 7 are related to the issues necessary for the improvement of community health. These barriers also include individuals and communities having ownership around the need for behaviors to change, as well as them having the tools necessary to make such changes. Lack of and misallocation of funds and resources can contribute to many unhealthy behaviors (unhealthy eating and lack of physical activity). As of 2009, all parishes in the region (with the exception of Caddo and Bossier) were considered persistent poverty areas (defined as poverty for at least 20 percent of the population for at least three decades).

Individual Asset Mapping

Nutrition assets had the highest number of unique categories (13), and 'other' assets yielded six unique categories.

Tobacco-Free Living (TFL) was the only tobacco asset selected by all participants, with the remaining assets receiving significantly less support. Additional tobacco assets included sheriff stings, tobacco patches and the QuitLine.

The nutrition category did not have any unanimous votes, but all assets were relatively close in voting frequency. In addition to the assets listed below, fast food and vending machine choices, nutrition programs and nonprofit organizations all received more than one vote.

The main physical activity assets centered around parks, gyms and youth athletics. Parks and recreation included walking trails, pools and green space. Gyms also have a number of components, including community gyms, Young Men's Christian Association/Young Women's Christian Association (YMCA/YWCA) and fitness chains (e.g., Anytime Fitness). The YMCA/YWCA offers a combination of fitness classes, sports and nutrition programs for youth and adults, in addition to their gym facilities.

Clinical service assets were nearly all classified within five areas. The only assets not listed below were health fairs and American Red Cross. The David Raines Community Health Center is a nonprofit, community-owned cluster of five FQHCs serving four parishes (Bossier, Caddo, Claiborne and Webster) in Region 7.

Table 7-1: Region 7 Individual Asset Mapping (13 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (13)	WIC (9)	Parks and Recreation (10)	Hospitals (8)	Charities/Not for Profit Groups (5)
Cessation Programs (5)	Farmer’s Markets/Community Gardens (7)	Community Fitness/Health Centers (9)	Community Clinics and Mobile Units (7)	Schools (3)
Smoke-Free Places (5)	Food Banks (6)	Youth Athletics (School and Community) (7)	David Raines Community Health Center (FQHC) (6)	Pool of Shalom/Faith-Based (3)
Marketing - Billboards, Commercials (4)	Meal Programs (5)	Mall Walking (3) and Walks/Runs (3)	Pharmacies (4)	Back to School Activities (e.g., Free Haircuts) (2)
Education (2) and Cancer Action Network (2)	AgCenters (LSU and SU) (4)	Other Fitness Class (Pilates, Yoga) (2)	Immunizations (2)	

This particular center was also mentioned specifically within Community Themes as an important community group working toward community health.

‘Other’ community assets listed a number of charities and nonprofit groups including: Salvation Army, Rescue Missions, Volunteers of America, Hope House and David Raines CHC. School health councils, school nurses and OPH were also mentioned.

Group Asset Mapping

Similar to individual asset mapping, nutrition had the largest number of unique responses (13); whereas the ‘other’ asset area was answered by only two groups, who agreed on nonprofits. One group listed only nonprofit organizations, while the other had a number of additional assets. For all asset categories, excluding clinical services, the top asset selected was the same across individual and group asset mapping activities.

For nutritional assets, two programs: Meals on Wheels and nutrition programs/classes were the only unique group assets. Community fitness centers, parks and youth sports were mentioned at both individual and group levels.

All group clinical service assets were also mentioned at the individual level. It is important to note that David Raines and mobile clinics service more than one parish, which may be a significant resource given the limited access to transportation within the region. This is especially important given that the closest hospitals

or clinics may be located in another parish or region.

The majority of assets listed in ‘other’ assets were only selected by one group, but included schools, support programs and churches.

Forces of Change

Economic forces strongly affect the community in Region 7. Unemployment has threatened health benefits, residential foreclosure, loss of business to overseas markets and increasing rates of poverty. Participants believe state budget cuts caused reductions in programs and services, as well as the number of days services are available.

Poverty was reported to increase homelessness and reliance on social and health services. The increase in cost for services causes greater stress and strain on residents, which potentially leads to unhealthy behaviors (e.g., poor diet and risky behaviors) and increased crime.

Many health and education programs are struggling because of lack of funding. Participants believe that the government intends to further cut budgets in health care and education.

School closures will lead to overcrowding in the remaining schools, less individual attention to students, thinly distributed resources and increased dropout rates.

Table 7-2: Region 7 Group Asset Mapping (6 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (6)	WIC (4)	Community Fitness/ Health Centers (6)	David Raines Community Health Center (FQHC) (5)	Charities/Not for Profit Groups (2)
Cessation Programs (3)	Farmer’s Markets/ Community Gardens (4)	Parks and Recreation (6)	Hospitals (5)	
Smoke-Free Places (3)	Food Banks (2) and AgCenters (2)	Youth Sports (3)	Community Clinics and Mobile Units (5)	
Marketing - Billboards, Commercials (2)	Meals on Wheels (2)	Runs (2)	Pharmacies (2)	
	Nutrition Programs/ Classes (2)		Immunizations (2)	

The multitude of these factors perpetuates the economic trend within the community toward higher levels of unemployment and poverty rates.

Summary of Results

Participants in Region 7 agreed to three actions to support a healthier community: community programs, policy revisions and talking with frontline workers. Lack of education, resources and community

ownership were identified as barriers to improving the community’s health. The overall health of the community can be improved through preventive care and education. Actions supported included 100 percent smoke-free policies, increased school funding for nutrition and physical education, affordable health care and the availability of healthier choices at food establishments.

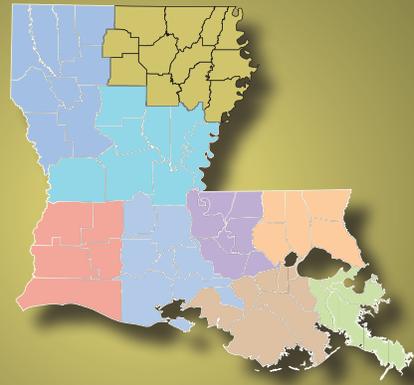


Regional Highlights

Region 8

Monroe

(Northeast Louisiana - NELA Region)



- **Parishes:** Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll
- **Major City:** Monroe
- **Unique Fact:** Monroe is a part of the Northeast Louisiana “twin cities” (Monroe and West Monroe); with West Monroe located on the opposite side of the Ouachita River.
- **Regional Population (2010 Census):** 355,761 residents
- **Main Industries:** Wholesale and retail trade, health care, and social assistance
- **Major Port:** The Port, Ouachita Terminals, is an inland multi-modal (highway, rail, river and air network) port connecting North Louisiana to the continental U.S. and world markets.

Regional Focus Group Demographics

- **Regional Organizations:** Families Helping Families NELA, Health Hut, Children’s Coalition, Tobacco-Free Living (TFL), North Louisiana Regional Alliance, North Louisiana Area Health Education Center (NLAHEC), Louisiana Cancer Control Program (LCCP), Pine Belt Multi-purpose Community Action Agency, and LSU AgCenter
- **Hospitals:** St. Francis Medical Center and Franklin Medical Center

- **Faith-Based Organizations:** New Light Baptist Church

Total	23
Men	5
Women	18
City Employees	2
Faith-Based Organizations	1
Hospitals	2
Regional Organizations	10
School Employees	4
State Employees	4

Cabins at Poverty Point State Historic Site in Monroe, LA



Community Themes and Strengths



Figure 8-1: Region 8 Community Themes and Strengths

Healthy community characteristics were related to access to health care, education, investment and availability of physical activity. Investment included responsibility for one's personal, family and community health. Additionally, environmental cleanliness (e.g., sidewalks, lighting) was also mentioned, which could affect access to physical activity. Groups working toward community health discussed a variety of organizations, including: United Way, TFL, FHF, AmeriCorps and Lincoln BCBSLA. Coalitions and churches were also mentioned.

Key issues identified to improve health in Region 8 were behavioral health, education, and lack of opportunities for physical activity. Also mentioned were individual and community attitudes toward health, which were associated with unhealthy behaviors and a culture of dependence. Barriers to improving health in Region 8 were directly related to money and resources. From 2006-2010, the percentage of

people living below poverty level in Region 8 were 23.5 percent. In 2009, all parishes in the region were considered persistent poverty areas (poverty for at least 20 percent of the population for at least three decades); and parishes in closest proximity to Mississippi had the highest levels of poverty. Lack of education and limited access to health care allows residents to be less engaged in and ill-advised about their health status.

Individual Asset Mapping

There were no individual assets selected by all 12 participants in any category, and participants did not agree upon any assets included in the category 'other'.

Tobacco assets were spread out among participants, with TFL clearly being considered the greatest asset of the region. Additional assets included West Carroll Partners in Prevention and cancer agencies (two votes each), ATF and Red Ribbon Week.

LSU AgCenter, schools and regional organizations received similar support as nutritional assets for the region. Those three nutritional assets included educational components, and may be the best strategy for modifying attitudes and perceptions of nutrition and healthy eating. Diabetes clinics were also mentioned, but serve a smaller audience.

Nearly all participants agreed that parks were an important physical activity asset because they allow for numerous activities. The only responses not included in the table below were: Search your Heart and Jump Rope for Heart Programs.

Clinical services primarily focused on community clinics. Regional programs included Council on Aging, Office of Behavioral Health, Children's Coalition, GO CARE and Healthy Moms programs. Region 8 is geographically vast and rural; hence, mobile health is an essential service to its residents. Assets not listed included Relay for Life and health fairs.

'Other' assets included: universities, LaCHIP, libraries, nonprofit organizations, Rural Health Day and nursing homes to name a few.

Table 8-1: Region 8 Individual Asset Mapping (12 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (TFL) (9)	LSU AgCenter (8)	Parks and Recreation (11)	Community Clinics (Specialty and Mobile) (6)	
Policy/Legislation (5)	Schools (7)	Community Fitness/Health Centers (8)	Regional Programs (5)	
Schools (4)	Regional Organizations/Programs (6)	Schools (5)	Hospitals (2)	
Quit Line (3)	Farmer’s Market/Community Gardens (2), Food Banks (2) and Brookshire’s (2)	Focused Fitness Program (3)	Pharmacies and Screenings (2)	
Health Care Facilities (3)	Wellness Policies (2)	Organized Community Sports (3)	School Based Health Centers (2)	

Group Asset Mapping

All of the four main asset areas (excluding other) had nearly the same top assets selected by the groups as those chosen by individuals. Kick Butts and DARE were unique to the group level.

Group nutritional assets included diabetes education, which was selected by three of the six groups, instead of schools. Additional nutritional items not in the table below included grocery stores, AHA, VOA and heart health curriculum. Physical activity group assets choices were the exact same as individual assets choices.

Pharmacies were not mentioned at all as a group asset for clinical services as in the individual asset mapping. However, two specific programs, Go CARE and Healthy Moms, were chosen specifically by two groups as important clinical service assets to the community.

The asset group ‘other’ had no individual assets to compare, but half of the groups agreed on schools as the main ‘other’ asset to the community. This is a reasonable observation, given that individuals identified schools as important individual assets for three of the four main categories in the individual asset mapping activity.

Forces of Change

Economic forces were strongly related to all forces in Region 8. The main economic threats to the community were unemployment, cost of living and resources.

Loss of corporations and industries from natural and man-made disasters play an important role in the economic shift of the region. State budget cuts and downsizing were mentioned in regard to unemployment rates and loss of public health care facilities and services. Cost of living reflects the increased cost of housing, healthy food options, fuel costs, commodity prices and cost of health care.

The combination of unemployment and increased cost of living may force people to choose between basic necessities and appropriately maintaining healthy habits or managing chronic health conditions. Participants believe that such decisions have public health implications on the prevention and reduction of multiple diseases (chronic and infectious), especially among marginalized populations.

Furthermore, the threat of homelessness and increased crime rates result from economic issues. The dependence on and necessity of technology causes economic strain on individuals as they desire to have the fastest, most up-to-date devices and “apps”; often leading to inappropriate spending habits.

Table 8-2: Region 8 Group Asset Mapping (6 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (6)	LSU AgCenter (5)	Parks and Recreation (6)	Community Clinics (5)	Schools Programs (3)
Policy/Legislation (3)	Farmer’s Markets/Community Gardens (3)	Schools (5)	GO CARE ¹ and Healthy Moms (2)	Wellspring (2)
Quit Line (2)	WIC (3)	Community Fitness/Health Centers (4)	SBHCs ² and PHUs ³ (2)	Non-Profits (2)
Kick Butts (2)	Regional Organizations/Programs (3)	Organized Sports (2)	Screenings (2)	Health Care Personnel/Facilities (2)
DARE (2)	Diabetes Education (3)	Focused Fitness (2)		

¹ Greater Ouachita Coalition for AIDS Resources and Education ²School Based Health Centers ³Parish Health Units

Summary of Results

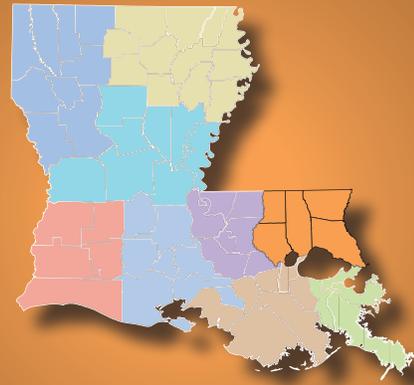
Participants in Region 8 agreed to four actions to support a healthier community: the need for funding to improve health and education, as well as a need for networking, pooling resources and policies to mandate healthy food options. Barriers identified to

improving the health of the community were resources, lack of education, egos and lack of access. Education, behavioral health and opportunities for physical activity are issues that can be addressed in order to improve the overall health of the community.



Regional Highlights

Region 9
Northshore
(Southeast Louisiana - SELA Region)



- **Parishes:** Livingston, St. Helena, St. Tammany, Tangipahoa and Washington
- **Major City:** Greater Slidell area (includes Slidell, Mandeville and Covington)
- **Unique Facts:** The longest bridge in the U.S. (Lake Pontchartrain Causeway) connects Region 9 to Region 1. Tangipahoa Parish is the “Strawberry Capital of the World.”
- **Regional Population (2010 Census):** 541,234 residents
- **Main Industries:** Manufacturing, health care and services sectors, and retail food processing
- **Major Port:** Port Manchac is an inland port for handling bulk and containerized

cargo.

Regional Focus Group Demographics

- **Regional Organizations:** Tangipahoa Reshaping Attitudes for Community Change (TRACC), Special Olympics, Volunteers of America, LSU AgCenter, and Nurse Family Partnership (NFP)
- **Health Care Organizations:** St. Helena Parish Hospital Intensive Outpatient Program, Mary Bird Perkins Cancer Center, Southeast Louisiana Area Health Center (SELAHEC), Northshore Healthcare Alliance, and the Multipractice Clinic

Total	30
Men	2
Women	28
DHH Employees	13
Health Care	7
Regional Organizations	7
Tribal	3

Lake Pontchartrain Causeway Bridge



Community Themes and Strengths



Figure 9-1: Region 9 Community Themes and Strengths

Healthy community characteristics were centered on health care access, education (overall and health-related), community collaboration (citizens, leadership and community partners), and personal safety for all residents. Numerous regional programs were mentioned by participants discussing groups working together for community health, including: regional coalitions, health care centers and the community (focus group participants and community collaboration). All groups agreed that programs and coalitions made a strong impact on the community and assisted residents in numerous areas.

Improving the health of the community introduced sensitive subjects (e.g. behavioral/mental health and services). Participants believe a large number of state budget cuts decreased mental health services in the region, reducing access for residents within the region. Other important areas for improving health were based on transportation and education. Region 9 is a vastly suburban/rural region. While St. Tammany

Parish has a number of interstate highways, the rest of the region's roads and transportation systems are not heavily traveled, nor do they serve entire parishes, let alone the entire region. Only 34 percent of Region 9 residents ages 25 and older have a high school diploma, which is almost equal to the state percentage of 34.8 percent.⁴ This percentage does not portray an accurate picture of all parishes in the region. For incidence, St. Tammany Parish is the most affluent parish in the state of Louisiana, with one of the top school systems. This reflects a significant disparity compared to the other parishes in this region.

The major barriers to improving community health involved: leadership/government, money/financial resources, and isolation (silo mentality). Silo mentality was attributed to attitudes against sharing information or knowledge with other individuals or groups within or across organizations.

During group discussion of this topic, the group expressed concerns that budget cuts were targeted at health care and education. Working in silos prevents groups and organizations from collaborating, making budget cuts even more devastating to local efforts.

Individual Asset Mapping

'Other' assets had the fewest number of overall unique topic responses (4), while tobacco and nutrition had the highest (10). The majority of participants cited a specific organization, hospital or program, but these were collapsed into overall service or agency types.

Specific regional programs for tobacco included Healthy Athletes, DARE and LSU AgCenter.

Nutrition assets included a number of specific programs/activities sponsored and/or supported by various regional organizations (e.g., Growing up Fit and Expanded Food and Nutrition Education Program (EFNEP), as well as farmer's markets and health care providers.

Physical activity (8) had additional activities cited each by only one participant (pools, multi-practice clinics and business/insurance incentives).

Individual high-impact clinical services (7) also had a few items listed with only one vote: Nurse Family Partnership, Walgreens free check and Health Fairs. The 'other' assets category only had five responses; two for FQHCs, as well as (TADAC), Early Steps and Child

⁴U.S. Census Bureau, ACS 5-year estimates

Table 9-1: Region 9 Individual Asset Mapping (30 participants)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (TFL) (10)	WIC (8)	Youth/School Sports (6)	Clinics (7)	Federally Qualified Health Centers (2)
Cancer Agencies (6)	Regional Programs (5)	Parks and Recreation (4)	Hospitals (6)	
Cessation Programs (3)	Supplemental Nutrition Assistance Program (4)	Gyms/Fitness Centers (6)	Office of Public Health Programs/ Services (5)	
Regional Programs (3)	Food Banks (3) and LSU AgCenter (3)	Regional Organizations (4)	Cancer Agencies (4)	
Hospitals (2) and Legislation (2)	Weight Watchers (2) and Schools (2)	Exercise at Work (2)	Federally Qualified Health Centers (FQHCs) (2)	

Advocacy. There was no service, individual program or group mentioned across all five categories, possibly reflecting the silo mentality mentioned in the community themes and strengths activity.

Group Asset Mapping

Nearly all group tobacco assets identified were the same as identified individual tobacco assets, excluding legislation. Cessation programs were mentioned in relationship to hospitals.

Four of the five group nutrition assets matched the individual assets; the last group asset was the Council on Aging, compared to schools and Weight Watchers in individual assets.

The only additional asset mentioned for group clinical service assets was mobile clinics.

All assets mentioned for ‘other’ were unique to the group level and included the following: NFP, Child Advocacy, AHEC, Families Helping Families (FHF), Tangipahoa Alcohol and Drug Abuse Council (TADAC) and LSU AgCenter. ‘Other’ assets mentioned also included church activities, drug stores, colleges and universities and parks.

Forces of Change

The discussion of forces in Region 9 showed a relationship between the culture of Louisiana and all forces of change. Political corruption and “business-as-usual politics” have created a culture of apathy. The lack of an empowered community voice allowed changes to be made, which benefitted the few and not the many.

State budget cuts, as well as outward migration of people and businesses, have affected jobs, tax revenue and services available to the community.

Louisiana’s “Joie de Vivre” (Joy of Life) culture is filled with traditions commonly associated with food and drink. Unhealthy eating habits, obesity and chronic diseases are fostered by overindulgence and the inability to acknowledge the dangers associated with current behaviors.

The culture of the coast (e.g., fishing) is harmed by environmental destructions (e.g., Hurricane Katrina, BP Oil Spill).

Technology, while deemed important for transmission of information and medical advances, also threatens culture from lack of socialization (face-to-face communication, morals and values) and isolates individuals, thereby creating a need for instant gratification and a depreciated sense of community.

Table 9-2: Region 9 Group Asset Mapping (6 groups)

Asset Area				
Tobacco	Nutrition	Physical Activity	High Impact Clinical Services	Other
Tobacco-Free Living (TFL) (6)	WIC (6)	Parks and Trails (6)	Health Centers (FQHCs, PHUs) (6)	Regional Organizations (6)
Hospitals (4)	Regional Programs (5)	Gyms/Fitness Centers (6)	Hospitals (4)	Children's Services - Special Needs (2)
Cancer Agencies (4)	Supplemental Nutrition Assistance Program (3)	Schools (3)	Clinics (3)	Head Start (2)
Regional Programs (3)	LSU AgCenter (3) and Food Banks (3)	Exercise at Work (2)	Office of Public Health Programs/Services (3)	
	Council on Aging (2)	Sports (2)	Mobile Health Units (2)	

Summary of Results

Participants in Region 9 agreed to three actions to support a healthier community: increasing access to transportation, education and healthy eating, and an active lifestyle in schools and communities. Barriers

identified to improving the health of the community were leadership, funding, and isolation or silo mentality. Transportation, education and behavioral health are issues that can be addressed to improve the overall health of the community.



Recommendations

Many of the findings from the Community Themes and Strengths and the Forces of Change Assessments are centered on community-level social and environmental challenges that result from the economic declines observed around the state. Under these conditions, communities and states must identify new, innovative strategies to partner, integrate resources and achieve outcomes that have more global impacts (e.g., policy changes). It is important to note that policy changes may extend beyond the scope of ordinances and legislative changes. Policy changes may be informal decisions or choices, based on changing the social norms at individual and local levels (e.g., schools, worksites). Although several public health policy changes have been implemented at a national level, those policies were enacted because of the globally associated risk. Examples of this included: vaccination requirements, exposure to secondhand smoke and restrictions on alcohol consumption. However, public health conditions that do not pose immediate threat to the community-at-large are often viewed as being influenced by individual responsibility. In such cases, social movements to affect policy changes in a bottom-up fashion are more likely the result of community empowerment and grassroots efforts. With this in mind, the following recommendations should be considered:

Tobacco-Free Living

Public health professionals must continue to promote tobacco use prevention and smoking cessation efforts, as well as build support among residents and community-based organizations to change local smoke-free ordinances.

- Across the state, the desire to achieve 100% tobacco-free schools will require the empowerment of multidisciplinary organizations (traditional and non-traditional public health organizations, as well as non-public health entities) to garner support for local level policy changes.

Healthy Eating

- The availability of community-wide nutrition programs and continuing health education in schools should be expanded. Some communities may need to identify opportunities to collaboratively use resources. For example, a regional van may offer support to those communities with limited transportation services.

- Community, regional and statewide public health partners can increase the awareness of community gardens/farmers' markets and food banks using signage, promotions and other strategies to improve the visibility of local resources. In addition, communities need to be empowered with greater understanding about the health benefits of consuming locally grown produce and provided with tips encouraging healthy eating as an affordable option.

Active Living and Safe Environments

- Communities should continue to encourage residents to engage in physical activity by supporting and promoting neighborhoods to develop more organized (group) community programs in both urban and rural areas to ensure that all residents have access to physical activity.
- Within each region, assessments of roads, interstates, modes of transportation and walkability of communities must be reviewed to ensure all communities have access to affordable, available services and resources.

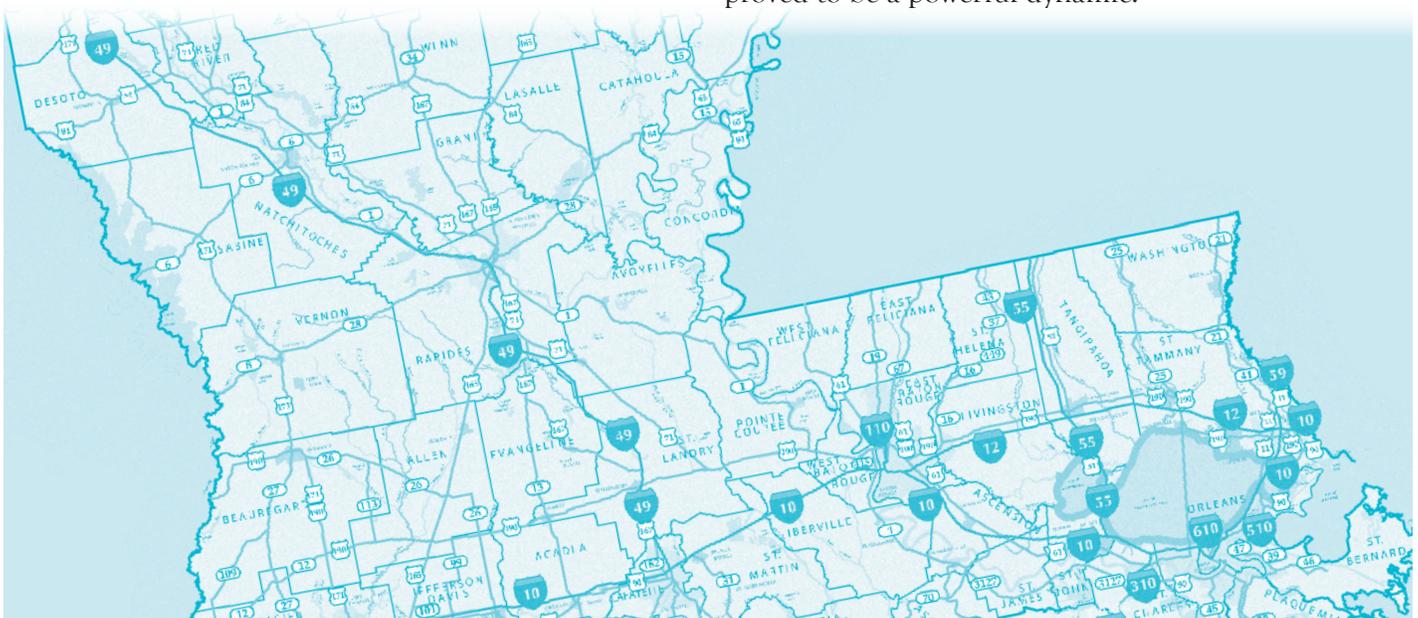
Conclusions

The Community Themes and Strengths Assessment and Forces of Change Assessment provided important information about community-level assets (e.g., people, businesses, services and resources) beneficial to the overall health and well-being of the state and its regions. They highlight community challenges and barriers that need to be effectively addressed to improve the health and well-being of Louisiana residents. Throughout the report, the burden of economic issues are illustrated, raising concerns about economic implications on the health of Louisiana residents and the state health system overall. Based on the participants' input, it appears that the barriers and challenges of economic cutbacks have the potential to exacerbate existing burdens (e.g., unhealthy workforce, increased dependence on public assistance and resources, shrinkage of the number of health professionals available to care for patients and continually increasing demand on resources needed for residents statewide).

It is important to note that this report provides only a snapshot of community strengths, assets and forces of change. The responses included in the report are influenced by numerous factors that may skew the data presented. Although each region of the state was individually assessed, there was significant variation in the number of individuals who were able to participate in the data collection process across each region. Perhaps more importantly, there was significant variation in distribution and equality of the number of parishes, organizational types and other demographic characteristics (e.g., gender) of participants represented across regions. The variability in the data collection may influence the perceptions, attitudes or completeness of information presented across regions.

At the completion of all assessments (included in the MAPP process), it will be important to determine which forces have the greatest impact on the community based on their relationship to one another, as well as the findings of other assessments. This assessment informs community and state public health systems on how their time and resources may be used toward the elimination of threats, expansion of opportunities and to develop and implement strategic plans within the most-needed areas of a region and statewide for the improvement of overall community health.

A review of the findings across each of the regions revealed that while individuals may have supported specific community themes and strengths, community assets or forces of change individually, group discussion proved to be a powerful dynamic.



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APPENDIX C

GLOSSARY

Addictive Disorder: a disorder characterized by the chronic use of an agent, and resulting in the development of tolerance and physical dependence.

Health Disparities: population-specific differences in the presence of disease, health outcomes, or access to health care.

High Impact Clinical Services: preventive services to prevent and control high blood pressure and high cholesterol.

Obesity: a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems.

Petrochemical: a chemical substance obtained from petroleum or natural gas, as gasoline, kerosene, or petrolatum.

Physical Environment: physical conditions (air, water, land structure) that surround a person and can influence that person's health.

Poverty: the state of being poor; lack of the means of providing material needs or comforts based on a set of monetary income thresholds that vary by family size.

Persistent Poverty: geographic locations in which at least 20 percent of the population is below the poverty threshold for a period of three decades or more.

Patient Protection and Affordable Care Act (PPACA): also known as Obamacare, is a federal act requiring individuals not covered by employer- or government-sponsored insurance plans to maintain minimal essential health insurance coverage.

Risky Behavior: conducting oneself in an unsafe manner that can lead to dangerous consequences (e.g., unsafe sex, sharing needles).

Sedentary Lifestyle: lifestyle with irregular or no physical activity.

Smoke-free: a workplace where use of cigarettes and other tobacco smoke products (e.g., cigars, pipes) are not allowed indoors.

SNAP (Supplemental Nutrition Assistance Program): formerly the Food Stamp Program provides monthly support to assist low income families with food purchases.

Vulnerable Populations: persons within the population who are at enhanced risk for harm resulting from a disease or condition (e.g., children, elderly, mentally disabled).

Women, Infants & Children Program (WIC): a federal grant program to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five.

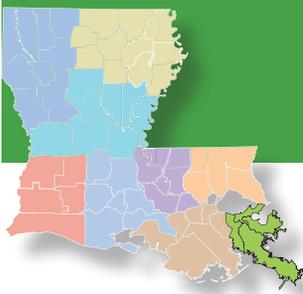
Years of Potential Life Lost (YPLL): is an estimate of the average years a person would have lived if he or she had not died prematurely.

APPENDIX D

COMMON ABBREVIATIONS

ACA- Affordable Care Act	GBR- Greater Baton Rouge
ACS- American Cancer Society	GO CARE- Greater Ouachita Coalition for AIDS Resources and Education
ADAC- Alcohol and Drug Abuse Council for South Louisiana	HUD- Housing and Urban Development
AHA- American Heart Association	JPHSA- Jefferson Parish Human Service Authority
AHEC- Area Health Education Center (SWLAHEC, NELAHEC, CLAHEC)	LaCHIP- Louisiana Children’s Health Insurance Program
ATF- Alcohol, Tobacco, and Firearms	LCCP- Louisiana Cancer Control Partnership
BCBSLA- Blue Cross and Blue Shield of Louisiana	LGMC- Lafayette General Medical Center
BESE- Board of Elementary and Secondary Education	LHA- Louisiana Hospital Association
BREADA- Big River Economic and Agricultural Development Alliance	LPHI- Louisiana Public Health Institute
BREC- The Recreation and Park Commission for the Parish of East Baton Rouge	LPSS- Lafayette Parish School System
CAHSD- Capital Area Human Service District	LSUHSC- Louisiana State University Health Science Center
CDPCU- Chronic Disease Prevention and Control Unit	MBP- Mary Bird Perkins Cancer Center
CENLA- Central Louisiana	MHSD- Metropolitan Human Service District
CLHSD- Central Louisiana Human Service District	MOD- March of Dimes
CMAP- Community Medication Assistance Program	NELA- Northeast Louisiana
CSHS- Children’s Special Health Services	NFP- Nurse Family Partnership
DHH- Department of Health and Hospitals	NO- New Orleans
DOE-HPE- Department of Education- Association for Health and Physical Education	NOHD- New Orleans Health Department
EFNEP- Expanded Food and Nutrition Education Program	NORD- New Orleans Recreation Department
ER- Emergency Room	NSU- Nicholls State University
FHF- Families Helping Families	NWLA- Northwest Louisiana
FIMR- Fetal Infant Mortality Review	OCDD- Office for Citizens with Developmental Disabilities
FQHC- Federally Qualified Health Center	OLOL- Our Lady of the Lake Hospital
	OMC-BR- Ochsner Medical Center-Baton Rouge
	OPH- Office of Public Health

PBRC- Pennington Biomedical Research Center
PCGH- Pointe Coupee General Hospital
PE- Physical Education
PHU- Parish Health Unit
RF- Rapides Foundation
RRMC- Rapides Regional Medical Center
SBHC- School Based Health Center
SELA- Southeast Louisiana
SNAP- Supplemental Nutrition Assistance Program
SU- Southern University
SWLACHS- Southwest Louisiana Center for Health Services
SWLA- Southwest Louisiana
TADAC- Tangipahoa Alcohol and Drug Abuse Council
TCI- Tobacco Control Initiative
TCP- Tobacco Control Program
TFL- Tobacco-Free Living
TRACC- Tangipahoa Reshaping Attitudes for Community Change
VOA- Volunteers of America
WFPH- West Feliciana Parish Hospital
WIC- Women, Infants and Children Program
YMCA/YWCA - Young Men's Christian Association/
Young Women's Christian Association



APPENDIX E

Region 1 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in violent crime	High death rate, overload on criminal justice system, stress	Bring community together around topic
Downsizing workforce	Increases in public assistance and homelessness, overload on remaining work force, loss of medical benefits	Education & vocational training, neighborhood watch groups, civic participation
Inadequate mental health care	Homelessness, drug-related crime, overload in criminal justice system	Respect for racial diversity & different cultures
Racial Discrimination	Violent crime, mistrust of government, lack of community cohesion	Reach more people, ability to be more efficient
Technology on how we communicate	Misuse & abuse, inability to communicate face-to-face	None Listed

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in low-income population	Limited food, health problems, crime	Job training, better education-finances
High homelessness	Crime, health problems	Increase facilities/counseling, make subject less taboo
Lack of affordable housing	Homelessness, health problems, dangers of fire & blighted housing	Government assisted adequate housing, renovation of blighted properties
Inadequate education & job training, lack of jobs	Uneducated workforce, high unemployment rate, increase in crime & public assistance	Increase in availability of job training

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Katrina	Blight/destruction, homelessness, mental health-PTSD	Revitalization of 9 th ward, showed inequalities of city, rebuild infrastructure
BP Oil Spill	Loss of jobs, loss of wildlife/marine life, decrease seafood & tourism	Better regulation of oil companies; develop better methods to remove oil
Occupy Wall Street	Violence, division of people	Awareness that public is watching & concerned about their money
Super Bowl	Increase in crime/mayhem, trash	Large financial boot, increase in tourism, increase in national/international exposure

APPENDIX E

Region 1 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Higher required skill set for jobs	Fewer employment opportunities, social stratification, trained workforce	Bring community together around topic
Disparities in economic development	Social discord, permanent economic underclass	Advanced economic opportunities, high growth industries
Focus on high tech/medical development	Unequal employment opportunities, less economic diversification, structural change in health care	Trickle down positive effects, higher growth
Privatization	Lower quality of services, gaps in services, lack of coordination	Economic opportunities, potential for better service, lower cost

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Unskilled workforce	Continuation of working poor, unable to “pull yourself up ladder”, lack of opportunities	Low cost labor industries, tourism/ service industry
Lack of workforce development	Lack of higher opportunities, unable to attract new business, brain drain	Influx of non-residential skilled workers
Lower education quality	Lower skilled jobs only, continuation of poverty, increase in crime	Opportunity for private education
Tax credits	Costs money, highly sectored	Attract high paying jobs, develop/ diversify economy

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Katrina	Highlight system gaps, devastation/ displacement, death	Increased emergency preparedness, coastal protection, environmental awareness
BP oil spill	Devastation, economic destruction	Environmental engagement, outside funds

APPENDIX E

Region 1 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in managed care organizations	Loss in job opportunities	Economies to scale, better use of resources, increasing efficiency
Accountability measures	Conflict of interest	Less corruption, more visibility & transparency
Increased community activism	Alienation of certain groups	Social change/political change, direct rewards for stakeholders, increasing awareness of needs
Less government funding for programs	Loss of services, job loss	Promotes efficiency & public/private partnerships
Public/private partnerships	Message is adulterated	Bigger projects, sustainability, sharing of resources

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Same people, different titles	Corruption, no change in leadership	More skilled leadership
Voter apathy	Voice not heard, opportunity for change wasted	None Listed
Lack of state/local compliance	Federal regulations ignored, funds allocated to federal mandates are misused	Innovation, re-distribution of funds to other programs
Economic vs. health	Individual needs not met, best interest of individuals is overlooked	Efficient use of resources

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Affordable Care Act	Political repercussions, backlash/citizen discontent	Better health care, cheaper health care, greater access to health care
Healthy living & city planning	Costly	Improved health
Change in voter demographics	Lack of representation/decline in voter turnout	New ideas, new leadership
Prosecution of officers/politicians (Danziger Bridge)	Distrust in law enforcement/racial tensions	Justice, awareness leading to prevention

APPENDIX E

Region 1 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Alternative energy	Conflict between homeowner & preservation groups	Less secondhand smoke, cleaner air, better community health
Anti-smoking policies	Less consumers, opportunities for people to break law, consumer backlash	More efficient, job creation, lower bills
Community gardens & farmer's market	Lack of space	Better nutrition
Public green space & parks	Lack of funding, lack of space, cost of upkeep	Increase in recreation, more active lifestyles, better quality of life

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Urging anti-smoking policies	Un-followed rules, loss of consumers	Less secondhand smoke, cleaner air
Blight	Unsafe environment, places for illegal activity	Create green space, new structures, more efficient building
Proximity to industrial/nuclear pollution	Health issues	Awareness of health issues
Large sedentary population	Health issues	More programs, instill healthier practices

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Clean air bill	Lack of compliance, violation of civil liberties	Better health
Katrina/BP oil spill/marsh	Health issues, destruction of property, loss of life	More regulations on oil companies, safer buildings
Bike to Work Day	Lack of bike paths, safety on roads	Better health, less pollution

APPENDIX E

Region 1 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increased access to technology	Funding cuts, reliance on technology, less personal interaction	Increased access to information, job skills
Social media	Security of information, cyber bullying, conspiracy	Increase outreach, better access to information
Increase in assisted technology	Insurance cuts, approval	Socially connected, better mobility, increased trained workforce
Technology in classroom	Funding cuts, obsolete equipment	Work opportunities, better information access
Public health informatics	Inappropriate exchange, security	Cost saving, coordination of services

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Digital divide	Gaps in information & service	Increase in face to face communication, service opportunity
Online job training	Fall through gaps, lack of substance, misinformation	Workforce development, upgrade skills, access to higher level jobs
Free/low cost internet	Lack of funds, not enough money	Personal development, better education
State agencies behind curve	Inadequate services, most costly	Non-profit expansion, leapfrog technology
Lack of computer funding	Program cease	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Smart phones	Expensive, partial access to information, distractions	Cheap access to information, medical health “apps”, directions, time saver
Social Media	Lack of real social interaction, language & communication skills lost	Better outreach/information access, opportunities for job creation

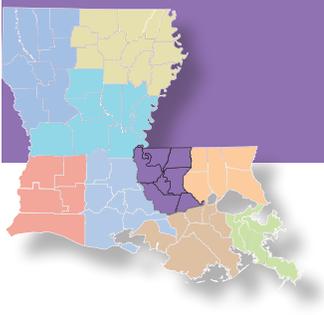
APPENDIX E

Region 1 Other Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Do more with less	Less funding leads to less being done, inefficiency in work done	Making you more efficient, re-evaluate existing plan
Charter school movement	Disjointed school system, lack of communication, confusing to parents	Community between schools/parents, chance to choose the best school
Mistrust (government, police, contractors)	Crime, lower civic involvement	More outreach by police & government, open communication
Universal health care	Division among people	Healthier populations

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Uneducated, unskilled workforce	Crime (disenchanted), poverty, low employment	Low costs labor, tourism/service industry
Inadequate detention facilities	Crime, poverty	Provide quality re-entry preparation, provide counseling

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Bayou Health	Plan may not meet every need, confusing	Provide uninsured care, provide outreach/awareness of policies



APPENDIX F

Region 2 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Aging population	Overmedicated elderly, decrease in quality of life, limited support	Knowledge, tradition, values
Festivals	Unhealthy behaviors (eating, drinking & smoking)	Exercise, human interaction, exposure to culture
Reality programming	“Dumbing down” of America	Incomes, creating jobs, life lessons, what not to do
Gambling/casinos	Misspending funds, unhealthy behaviors	None Listed

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Culture	Unhealthy behavior (eating & drinking)	Share other cultural activities, family time, tourism
Increase in mid-level providers/less primary care	Lack of access, continuity of care, lack of specialty care in rural areas	Reducing out-migration, create incentivizing
Dependence on electronics/social media	Information overload, dependence, decrease in human interactions	Connectivity, instant knowledge, increase in current information
Cultural divide between North and South Louisiana	Health information technology, lack of coordination/networking, perception of sharing information	Statewide collaboration

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Sporting events	Items sold/brought to events (tail gates), negative press	Family orientation, tourism, national endorsement
Parades/festivals	Unhealthy eating	Marketing opportunities, bring people together

APPENDIX F

Region 2 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Recession	Job loss, cost of living, availability of health care	Retraining, developing new resources, diversification
Cost of education	Student loans, limited job opportunities, domino effect	Streamlined programs/curriculum, increase online program
Population shift	Housing, lack of community resources, traffic/infrastructure	More tax payers/political representation, business opportunities, job/labor force

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Job market	Unemployment, qualified workers, lack of tax funds, inefficiencies	Improve business practices, larger work force availability, education & skill development
Cost of living	Population exodus, home foreclosures, poverty	Re-training/re-education, re-focus priorities, resourcefulness

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Health care reform	Lacking access to health care services, increased cost	Redistributing opportunities
Natural disasters	Loss of natural & financial resources (recreation & tourism)	Positive re-growth & rebuilding, awareness, improvement

APPENDIX F

Region 2 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Apathy/political involvement	People without voices, many suffering/ few benefit	Take action/speak up
State employment reduction in service	Longer hours to obtain services, diseases	Private providers offer more services
Education reform	Obesity, lower level of education	Will educate for skilled workforce and higher education

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
State employee retirement/group benefits	Higher costs/less benefit	Don't change what works
History of political corruption	No improvements made, same plan with different format	Practice what you preach
Bayou Health network roll out	Lack of services	Education on services provided

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Elections	Negativism	Do the job you say you'll do
Health care bill	High cost, no coverage	Coverage for those who need it most
Schools	Obesity, little education	Educate for skilled workforce and higher education

APPENDIX F

Region 2 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Road/transportation infrastructure	Lack of funding, access, accidents	Bridge connecting Pointe Coupee to St. Francisville, funding
Smoke-free (hospitals, restaurants, public buildings)	Legislative threat, loss of revenue for restaurants and bars	Increase health/decreased medical bills, expand to bars & casinos
Improved awareness of healthy choices	Confusing labeling, cost	Increasing educated choices, expansion of educational opportunity, and increase in employer based programs

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Chemical plants and harvest "burning"	Asthma, cancers, increase in health care costs	Economic impact (jobs), fundraisers, controlled burns
Nice weather/climate	Hurricane season	Ability to spend a lot of time outside, tourism

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Mississippi River flooding	Future floods/flood & insurance cost, displaced residents, impact to crops	Improving Emergency Operations Center response, communication improvements
Hurricanes	Future hurricanes, loss of citizens, wetlands	Federal funding, improved Emergency Operations Center response
Oil Spill	Tourism, seafood	Improved communication

APPENDIX F

Region 2 Technological Forces of Change Summary

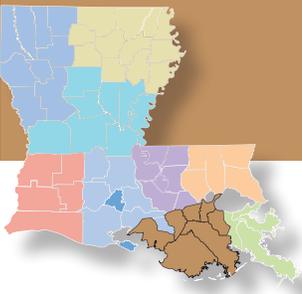
TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Technology-rapid changes	Cost of keeping up, items are obsolete much faster, ability/knowledge to keep up with technology	Advances in electronic medical records & portability in health care data, improve patient safety, access to data
Learning is “chopped up”	Lacking details, leads to misinformation	More timely access to information, easier to digest in emergencies
Less face-to-face communication	Becoming less “human” (polite), losing common courtesy, losing social skills	Information out quickly, reach more people, texting works during hurricanes

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Electronically connected	Identity theft, hacking liability, system failures	Larger audience and easier to get to, unobtrusive
Telemedicine	Patient privacy, physician credentialing process	Transportation issues mitigated, access improved, serve large audiences

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Social Media	Mob mentality, time consuming, identity theft, and deface character	Connect to larger group, disseminate information to larger group
Integration of internet	Distracting, identity theft	Information, education opportunities

Region 2 had no “Other” summary.

APPENDIX G

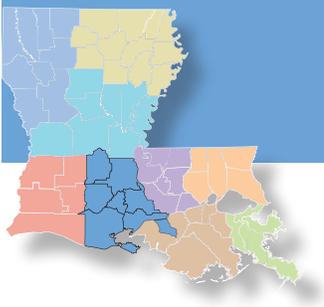


Region 3 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Decrease in state-funded health care facilities	Years of potential life lost, lost productivity, increased chronic disease rates, decrease in medical education, decrease in people seeing doctors/ seeking treatment	Awareness/empowerment for personal health, cultural survival mentality

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in private health care facilities	Increase in cost of health care	Increase in technology, increase in quality of care and specialty services
Vocational and college prep in high schools	None Listed	More rural based health facilitators, entrepreneurship
Oil industry	Worker safety/another oil spill, loss of fishing industry, future effects of BP oil spill (toxicity)	New technologies to improve safety

Region 3 only completed Economic Forces of Change Summary.



APPENDIX H

Region 4 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Bullying	Stress & effects on social skills, health, acceptance as normal-“normalized deviance”	Educate children on what is it & negative effects
Family Composition	Impact on poverty & life course-cyclical nature, crime/system not set up for family unit	Empower youth to break the cycle of teen parenthood, support system (grandparents), incentive to create change
Socialization (lack of social skills)	Men mistreating women/lack of relationships, basic etiquette & interaction with others	Opportunity to learn how to interact—training on networking, embrace “me generation” attitude
Culture based on food and traditions/festivals	Unhealthy foods, increasing eating out, food is center of social gatherings	Increase socialization, family time, opportunity to teach healthy habits, incentivize healthy eating

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Access to unhealthy foods and behaviors	Convenience & tradition, less physical activity, high tobacco/drug/alcohol use	Increased education
Social acceptance of being overweight	Sizes larger (pants, shirts), as well as, portion size of foods, doctors want to be politically correct	Education & awareness about healthy weight, obesity prevention from early age, focus on future implications

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Recession	Increase in unemployment & crime, less access to resources, no money for health care & education, costs more to eat healthy foods	Alignment of resources, efficiencies, money management skills, streamlining processes
Let’s Move Initiative	Resistance and backlash, perception of interference of government in individuals’ lives	Role model healthy behaviors and family values, awareness of healthy eating and physical activity
Election of President Obama (First African-American President)	None Listed	Race becoming part of the discussion, breaks the stereotypical black males

APPENDIX H

Region 4 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Lack of health insurance	Cost, increased chronic disease, increased ER visits	Knowledge, tradition, values
High School dropout rates	Funding, attendance, multiple retentions and expulsions, employment challenges	Coordinated School Health, extended schedule
Unemployment	Recession, public assistance, increased tobacco use	Increase exercise time

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Lack of skilled workers	High School dropout rate, lack of programs, increased dependence on services	Tuition for skilled training, on the job training
More drug use=less work	Unemployment, lower income, increased tobacco use, bad health, destruction of family unit	Recovered people = rehabilitation, mentorship

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
BP Oil spill	Joblessness, seafood industry & costs, increased stress and public assistance	New training, diversified agriculture and commerce, more awareness of opportunities

APPENDIX H

Region 4 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Distrust in politicians	Apathy	More scrutiny, more participation in system
Government spending less	Lack of services, higher rates of poor outcomes	More efficiency, shared resources and collaboration
Concerns over business costs over better health outcomes	Reduced services	Improve outcomes at reduced cost
Agencies working in silos	Inefficient & duplication of services	Create collective impact and scope of services deliver
Outside accountability	Lack of understanding by evaluators	Shared value/accountability within and outside the community

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Privatization of services	Services not available to all, reduced quality of services	Saves state money, maybe seen as better health care
Growing health disparities	Deteriorating health outcomes, overall poor community health, increase in health care costs	Focus funding and service efforts to close gaps
Unfunded budget mandates	Poor health and education outcomes	Legislative revisions/budget reform

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Political platform of present governor (program and budget cuts)	Loss of jobs, increased number retiring, increased government entitlements	Social movement, awareness and participation
University Medical Center service closures and redirection in services	More uninsured not receiving comprehensive care, prenatal risks	None Listed
Managed care	Participants not understanding or able to navigate system	Hire case managers

APPENDIX H

Region 4 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Bike Paths	Funding, maintenance & upkeep, drunk driver safety	Increased usage, encourage activity, strengthen families
Eco-friendly	Costs, product availability, recycling availability	Less pollution, conservation of natural resources
Clean Air - TFL	Political, individual freedom rights, economic	Improve respiratory health outcomes, attract business development

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Poor infrastructure	Decrease economic impact, decrease levels of physical activity, decrease safety	Repair (more physical) activity (less accidents)
Secondhand smoke	Health concerns, political	Clean air
Unsafe neighborhoods	No outdoor living, decreased socialization	Less behavioral health issues

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Natural disasters	Negative economic impact, uncontrollable, strain on community resources	Can bring communities together, neighborhood regrowth, increase in federal help
Horse farm	Political, funding, different visions	Increase green space, physical activity opportunity, good economic impact

APPENDIX H

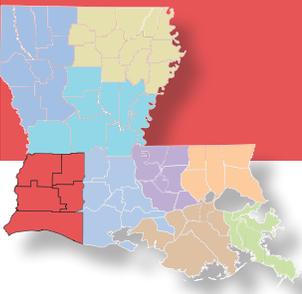
Region 4 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Limited social interaction	Increased obesity	None Listed
Social media	Continued social isolation	Possible rethinking to encourage healthy behaviors (tobacco cessation, physical activity)
Electronic education (i.e., online training)	None Listed	Education addressing healthy behaviors

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
More access to health information online	Misinformation, misunderstanding of information	Easy access to information, more accountability for individuals
Digital divide (generational and economic barriers)	Disparity continues	Close the divide-more equality in school systems

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Introduction of social media	Social isolation, falsely perceived network of friends	More access to mass communication-sharing of information
Development of “apps”	Possible misinformation	More personal responsibility, encourage physical activity

Region 4 did not have a complete Other Forces of Change Summary.



APPENDIX I

Region 5 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Underage high-risk behaviors	Sexual behaviors (STD's), school dropouts, teen pregnancy	Address family dependency trends
Cost of living increasing	Less material items, eating unhealthy, shoplifting, burglaries, crime, less family time from working overtime	Money management classes, financial long term planning
Education reform	Fear of change, reduction in qualified teachers, lack of parental involvement	Increase accountability of teachers, more diverse, increase partnership opportunities

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase mental health issues because of stress & peer pressure	Higher incidence of suicide/homicide, need for psychotropic meds, neglect & abuse	Increase screening to identify potential threats and assistance with navigating treatment options
Social networking	Less face to face communication, eliminates segments of population not computer literate, less physical activity	Increase learning venues, speed of information, low cost advertisements
Family dynamics	Lack of faith based principles, single parent families, absent fathers	High productivity, education opportunity for improving financial circumstances
Busy lifestyle not perceived conducive to healthy lifestyle	Fast-food, cheap choices, lack of time management skills, lack of prioritization	Statewide collaboration
Social activities revolve around food & drink	Promotes unhealthy lifestyle, decrease lifespan	Networking, sharing new ideas and things to eat

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Social events/festivals	Frequency involves overindulgence; sponsor may not promote healthy lifestyles	Provides activity & social networking, walks/runs increase awareness
Legislation	Viewed as too much government control, intrusive	Very educational

APPENDIX I

Region 5 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase cost of living	Less money to use on necessities, foreclosures/loan defaults, living in debt	Creating personal budgets, staying home with families
Unstable economy	Volatile stock markets, loss of investments, increase unemployment rates	Federal regulations
Decrease charitable giving & increase competition for dollars	Non-profit program decrease, less resources to go around	Opportunities to streamline organization, create partnerships
Change in Medicare/Medicaid & private insurance policies	Increase taxes, health care costs and eliminate health care for some	Proactive-prevention programs, more self-responsibility

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Elimination of government-funded programs	Decrease in services and in public funds for higher education	Opens opportunities for non-profits and small business to provide programs formerly run by government
High business taxes	Outsourcing jobs to other countries, loss of neighborhood businesses	Increase revenue for government
Entitlement mentality	Increase dependency on government programs & community resources	None Listed
Global economy	Ripple effect to our country, increase cost of living/goods, funding from U.S. to "bailout"	Seek self-sufficiency, learn from mistakes, healthy competition

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Economic alliance	None Listed	Local partnerships pull resources together, budget prediction of economic growth in next years
Use of 401K early	Increase taxes & penalties, no retirement	Pay down/off debts
Natural disasters	Costly to country, wipeout savings	Cultivate sense of community
National debt	Stock market instability, higher taxes	None Listed

APPENDIX I

Region 5 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Apathy & distrust of political system	Movement, riots	New ideas, increased transparency
State Republican policies that diminish services	Lack of public services to those in need, worsening of health care ranking, poorer quality of life—mental health	More opportunities for private sector
Ongoing debate over individual vs. government responsibility for health	Confusion, worsening health care ranking, apathy	New ideas

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
State & federal government not seeing eye-to-eye	Confusion, citizens caught in middle, worsening of health care ranking	Different perspectives/ideas
Federal government dependency on foreign oil ripples to possible lack of disposable income	Increased costs of living, less income for clinical & preventative services; disapprove of middle class	Getting back to commercial/residential
Weakness in state legislation on health; lack of focus on health theme	Information overload, dependence, decrease in human interactions	State legislation focus on other issues, local legislation/policies on health

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Presidential election	More division in country, class warfare	Compromise, debate new ideas
Current Supreme Court decision on health care plan	Possible increase/decrease of government involvement in health care vs. private sector; greater burden in states	Less uninsured citizens
Political party turmoil	Lack of movement—progress (status quo)	New ideas

APPENDIX I

Region 5 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in walk/run/bike paths	Increase obesity & related diseases, inactivity/sedentary lifestyle	Decrease obesity & related diseases, higher quality of life, education at early age
Healthy substitutions & nutrition facts at restaurants	Poor quality of life continue unhealthy lifestyle, increased medical costs	Healthy community initiatives, grants for funding
Erosion of coast lines & effect on its population	Seafood/fishing industry, causes crowdedness, less coast increases vulnerability in storms	Erosion prevention, increase jobs
Increased allergens in children	Increase in death rate, medical costs and short life spans	Education and testing of allergens, research, more organic foods
After-school physical activity programs	Lack of funding, liability	Increase physical activity, lifespan and decrease incidence of obesity/disease

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Climate	Warmer water increases hurricanes, increase mosquitoes, increase asthma activity	More outdoor activity in good weather
Air & soil quality	Increase in respiratory illness, less activity & produce	Regulation of pesticides/chemicals, promotes greener habits, community gardens
High-crime areas	Higher death rate, decrease in activity secondary to fear	Better lighting and security, safer neighborhoods increase activity, reduce stress
Under appreciation & underutilization of natural resources	Dumping/littering, increase expense for resources	Laws to prevent dumping, solar power
Initiatives for environmental cleanups	Contamination, increase disease, outbreaks	More frequent trash bash, cleaner environment

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Hurricanes	Destroying homes and lives, emotional distress, increased expenses	Increase preparedness, education
BP Explosion	Moratorium, increased gas prices, decreased employment, seafood industry	More monitoring, evaluation, increased preparedness
Drought, flooding	Illness and diseases, decrease in produce, emotional distress	Insurance reimbursement, preparedness
Chemical release	Increased illness and diseases, death	Monitoring, education
Drinking water purification	Disease, decreased consumption	Decreased cancer and disease, healthier

APPENDIX I

Region 5 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Fast-paced changes in technology	Individual being left behind, cost with keeping up to date with newest technology	More effective and efficient ways to do things
Lack of face-to-face communication and collaboration skills	Not giving people an opportunity to fully express their thoughts	Allows for free flowing brainstorming and not selecting one idea before another is mentioned
Society prioritizing technology over necessities	Basic needs are left unmet	More people have access to more and instant information

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Social networking/texting/Twitter/Skype/email	Encroaching upon non-work personal time, no time away from work, increased stress	Faster and more communication & information sharing
Citizens without access because of computer illiteracy	Alienation	Allows more access to information, increase community education
Increased distance learning opportunities; rural health clinics	Decrease in face-to-face education b/c of availability and perception of use	Evidence-based practice for all recipients of care, not just those in big cities

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Electronic medical record (EMR)	Invasion of privacy	Increase in continuity of care, information easily shared among health care providers
Environmental terrorist threats to technological infrastructure	Complete paralysis of communication system	Develop new & safer technology that is protected
Ongoing development of new devices	Inability to keep up with newest & greatest devices	More availability at lower costs

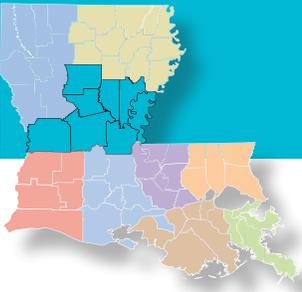
APPENDIX I

Region 5 Other Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Education reform, vouchers, charter schools	Funding	Higher test scores, accountability, challenging students to excel
Health care reform	Government control, move from fee for service to value based purchasing, funding, lack of transparency	Accessibility to care, improves quality of life through health care initiative
Change in parenting practice	Leaving parenting to outside facilities and other family members, less parent to child interactions	Educate, encourage and empower parents to develop healthy lifestyle for themselves and children, increase quality of time with children

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Transportation barriers	Safety factors, funding issues	Improved community coordinated efforts, promote physical activity and social interaction
Knowledge deficits	Lack of coordination within programs, lack of interest in improving or making life changes	Education to correlate food/fitness to disease, hands on learning, motivation, knowledge is power
Literacy rates	Cultural beliefs	Raising literacy rates gives participants greater opportunities to increase health knowledge

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in retirement age	Few jobs for younger people, age and salary discrimination	Keeps older adults alert, mentally & physically active, increase in retirement monthly income
Disaster assistance programs	Abuse of governmental funds, encourages entitlement	Community emergency preparedness classes, form community neighborhood coalition, families can become self-sustaining in emergency care



APPENDIX J

Region 6 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Shift from traditional definition of marriage and family	Increased divorce rates, increase in women choosing single parenting, decreased personal commitments	Marriage workshops for singles and couples, interfaith coalition
Shift toward individualism from community mentality	More entitlements, hip-hop culture, social media-decrease personal interaction	Increased parental training, increase community building in schools & churches
Social media-shift from “personal” communication to texting, Facebook and Twitter	Increase use of technology and at younger ages	Utilizing social media to build relationships, encourage expanded use of media in the community

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Deteriorating social breakdown	More entitlements, single parent homes, vulgar entertainment	Village mentality, outreach to at risk youth
Resistance to change	Lack of education, ignorance “bubba mentality”, political system, civil way ideologies	Education, know better, do better, interfaith collaboration, What Would Jesus Do
Economic downturn	Increase unemployment rates, housing market breakdown, lack of proper regulation of economic market	Inclusive coordination between business, government & education to address supply & demand

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Katrina/Gustav	Political infrastructure, bureaucracy	Affordable Care Act, community collaboration
War	Global unrest	Encourage diplomacy, decrease vitriolic rhetoric, more inclusion in decision making
Dawn of social media	Resistance to change, lack of education, lack of accessibility (especially among elderly and rural areas)	Expand access to government assistance

APPENDIX J

Region 6 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Layoffs, retirement, budget cuts	Consolidation of jobs	Recruitment of business to LA, creation of jobs
Decrease in value of American dollar	Having to borrow money from other countries	Return to family values, neighborhood
Disappearing middle class	Decreased labor force, decreased skilled educated workers	Return to family values, neighborhood

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Foreign political unrest	Expand/escalate to U.S. soil	Better foreign policy relations, peace
Social service (supply/demand imbalance)	Lack of already limited funds, closures	Increase funding accountability
Globalization	Limited skilled/educated population, dependence on foreign labor	Education (academic and skilled/vocational)

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Economic crisis	Housing market crash, stock market crash	Better housing opportunities for those who saved money
Increased fuel cost	Unrest in oil-producing countries	None Listed
Increased job loss	Increase crime, increase working poor, increase health issues	Move to states with more jobs

APPENDIX J

Region 6 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Privatization	Funding, lack of education	A business can do it better, unbiased outlook
Divisiveness of politics	Increase egoism, chaos	Change of leadership, creativity possible
Distrust of political leader	Feeling of insecurity, disobedience	Stronger leaders, strong country
Litigation mentality	Costly to individual, unrealistic goals	Accountability, new policies
Apathy in politics	Election of unethical people, special interests take over	New leadership & laws

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Political structure & power distribution	Social revolution, determination of poverty	System change is possible
Unequal distribution of state funds and resources	“Daubu” class, education/welfare	Clear outcomes, people get jobs
Angst (fear/vulnerability; lack of control)	Poor mental health	Personal growth, coping with problems
Anti-government/Anti-tax	Breakdown of authority	Rise of new social system
“Politically correct”-Lack of values	Hedonistic culture	Take responsibility, renewal of religion, spiritual renewal

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Closing Central Louisiana State Hospital	Mentally ill on streets, increase abuse of ER, funding misspent	Finding new ways to treat mental illness, evidence-based/best practice
Affordable Care Act (ACA)	Dividing our society, raising taxes	Universal health coverage
Elections	Divide people	None Listed
Disasters	Loss of life, economic turmoil	None Listed

APPENDIX J

Region 6 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Green living/eco-friendly	May increase initial cost, political backlash, skepticism	Create jobs, prevent global warming, and reduce long term cost
Global warming/climate change	Loss of coastline, increase hurricane risk, desertification	Some areas become arable, new navigation routes
Urbanization	Political upheaval, social polarization loss of agricultural land	Increase efficiency, access to services/ funding, increase standard of living

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Fuel costs	Drives costs of goods, economic downturn, decreased mobility	Drives innovation, decreases utilization, increase state revenues
Depleting resources	Ozone hole, decrease in potable water, political conflict	Conservation, innovation
Increased population/globalization	Overpopulation/crowding, political/ civil unrest, increase in disease	Increase efficiency, stand of living and cultural enhancement
Antibiotic & chemical use & overuse	Resistance, increase disease (asthma), pollution	Decrease disease (mortality), control vector-borne disease, increased productivity

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Industrial disasters-oil spill; Fukushima	Environmental destruction, decrease industry expansion, health risks	Innovation, increase safety, increase awareness
Natural disaster, Katrina, Rita	Environmental destruction, displacement, economic loss	Innovation, social renewal
Legislation - Environmental Protection Agency, response to disasters, recycling	Regulation, increase cost, public backlash	Environmental protection, innovation, increase awareness

APPENDIX J

Region 6 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Technologically dependent	Power outages, job loss	Instant communication
Electronic Medical Records	Privacy invasion, hi-tech theft	Better medical treatment, ease of access
Mobile Access (3G to 4G)	Dependency	Speed

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Stress levels up/fast paced	Stroke risk	More money
Texting, Facebook, tweeting, market force drive demand	Loss of privacy	Speed up communication
Trust issues/malice	Loss of positive outlook	Find reason for trust
Job consolidations	More crime	Sustainability
Higher costs	Bankruptcy	Look for ways to lower cost

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Electronic records/bookkeeping	Loss of privacy, identify theft	Speed of access
Technology dependence	Lack of work ethic	Information access
Diagnostic and treatment procedures/ Emergency Medical Records	None Listed	Better access to information, potential medical advancements

APPENDIX J

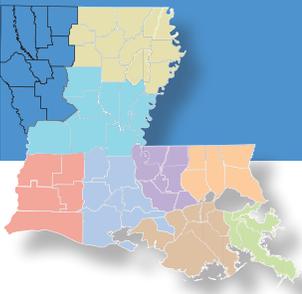
Region 6 Other Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Eating healthy	Cost, availability	Early education, improved health, home/community gardens
Loss of confidence in leadership	Insecurity, apathy	Mobilization for change, increase voting, engagement with political figures
Lack of personal responsibility	Low achievers, single parent homes, addictive disorders	Early education, changes to the norm, cultural changes
Increase in cultural literacy	Budget cuts, funding, lack of participation	Early education, self-pride

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Loss of confidence/security and lack of accountability/motivation/education	Job loss, increased crime, health issues, breakdown of home	Early education, counseling, church involvement, family involvement
Poor legislation	Loss of programs/services, people falling thru the cracks	Elect qualified candidates, vote/voice opinions, improvement of funds/services
Increase in conservatism	Cultural behavior modification, polarization of churches/religions	Balanced approach to issues, churches could support good policy
Access to affordable healthy food	Funds, travel/transportation, storage, preparation	Increased health equals decreased obesity and chronic diseases, change the norm, increase exercise

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Change in administration	“Locked in politics”, damage control	Educate leaders on community needs, participate in policy discussions, increase voting, community mobilization
Non-compliance to engage in healthy behaviors despite education	Drug addiction, poor health, apathy, lack of motivation, food	Increase health, decrease chronic disease
Closure of local agencies	Lack of services due to lack of funds, increase in crime	Close gaps of services lost, increase funding for community health needs

APPENDIX K



Region 7 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Smoking ordinance	Opposition, lack of community grassroots support	Passing of ordinances, community realization/mobilization, capacity building
School closures	Increase in Hispanic population	Introduction of new educational facilities; charter schools, grant writing opportunity for disparate populations
Lack of personal responsibility	Increase in crime, poverty, and dropout rates etc.	Faith based organization become involved in community, community based specialized education

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Cultural beliefs	Resistance to change, beliefs may cause people not to take advantage of opportunities	Engage community leaders in innovative initiatives to break down barriers
Fast food culture	Obesity, poor health, childhood obesity	Have the “powers that be” embrace the culture

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Recession	Poverty, loss of resources, loss of hope and increase depression & suicide	Retraining; education, involvement Facebook/social media
Medical cuts	Increase in health disparities, poor health outcomes, increased deaths	Increase innovation, collaborative opportunities, coordination of services, grant writing

APPENDIX K

Region 7 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Loss of jobs	Loss of benefits, increased poverty	Increase in training opportunities
Mortgage crisis	Increase homelessness, breakup of family, emigration	Restructure of banking industry
Loss of benefits	Decrease access to health care, increase in social service needs, increase in morbidity, increase health costs	Legislation-affordable plans

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase dropout rates from schools	Increase unemployment, lower level of employment, increase crime & incarceration	Trade school & adult education
Increase cost of necessities	Increase in poor diet, decrease transportation, lack of utilities, increase risks to health & safety	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Loss of markets to inexpensive overseas markets	Loss of jobs, health care benefits and increased homelessness or unsuitable housing	Find ways to become more competitive, increase training of workforce
Haynesville Shale	Environmental damage, mistrust due to unfair contracts	Increase wealth in rural, lower socioeconomic areas, increase economic growth through jobs, money for education and infrastructure
Changing Medicaid policies (changing eligibility)	Increased cost, lack of participating doctors to cover appointments	Increase access

APPENDIX K

Region 7 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Decreased services to public	More STDs, more diseases, outbreaks	Policy change
Civil unrest	Violence, abuse	Patient education
Political corruption	Increase distrust in government	Vote for change

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Lack of protection for health and education funding	LA will rank lowest in education & disease	Vote for change in policies
Money & funding	Loss of jobs, programs and resources	Administrative changes
Active role in the political process	Disciplinary action	Changes

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Consolidation of health units and decreases in staff	Increases in diseases	Education/Prevention
Privatization of services	Public health dissolved, decrease eligibility of people able to get affordable services	None Listed
Increase deficits causing cuts to all social services	Increase mental health problems	None Listed

APPENDIX K

Region 7 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Community gardens	Zoning	Fundraising, education, physical activity
Recycling	Funding cuts, garbage strikes	Financial and environmental gain
Smoking ordinances	None Listed	Better health for all, better air

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Public smoking venues	Exposure to secondhand smoke	Healthy lifestyle
Dilapidated & unsafe housing	Funding safety issues	Neighborhood pride, safer neighborhood

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Drought	Water Supply, loss of agriculture, downed trees, wildfires	Better education about water supply

APPENDIX K

Region 7 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Technological media	Loss of personal information	Mass communication, increase in information technology jobs

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Social Networking	Hacking, loss of confidential information	Global access

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Communication/Tech devices	Unable to connect in an emergency	Share information globally

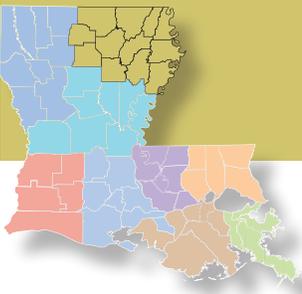
APPENDIX K

Region 7 Other Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Education reform	Impoverishment of public schools, less accountability	Increase public dialogue
Loss of community	Increase distrust, crime & social isolation	None Listed
Budget cuts	Reduction of services, loss of health professional	Fiscal improvement/deficit education
Foreclosures	Increase in homelessness, decline in property value	None Listed
Cuts in services	Health issues go undetected	More efficiency, reduced duplication

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Education rankings	Loss of economic opportunity, higher unemployment	None Listed
High dropout rate	High rates of poverty, higher rates of unemployment	None Listed
Pregnancy & STDs	Increase infant health risks, funding	Increase targeted funding
Abuse of system	Drain on resources, threat to funding	Greater regulatory enforcement
Administrative changes	Loss of institutional memory	Change for policy improvement, fresh perspectives

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Flooding/Tornadoes	Loss of life and property	Community mobilization
School closing	Increase class size, loss of neighborhood resources	Concentration of resources in effective practices, improvement in schools
Loss of college graduates, teachers	Brain drain, impact on educational system	None Listed
Bayou Health	Environmental & health hazards	None Listed
Election Year	De-concentration on key issues, polarization of citizens, distrust of government	Chances for change, chances for citizen empowerment



APPENDIX L

Region 8 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Availability of social media	Bad information easily distributed to large number of persons	Use to reach large number of people with little effort
Ethnic challenges	Continued polarization	Values clarification, more interaction
Aging population	Overwhelming health care costs	Wisdom
Drug use/abuse	Losing the generation (once addicted no work, no education and increase in crime)	None Listed
Unsafe sexual activities	None Listed	None Listed

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Family structure breakdown	Generation raised without family structure or support	Education, family life and community centers
Poverty	Lack of resources, apathy	Recognition, commitment from entire community
Cuts to funding	Needy will not know where to turn	None Listed
Lack of health literacy	None Listed	None Listed
Addiction	None Listed	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Kids' & adults' fitness centers opened	Areas remain without access	Policy and funding to provide access
Legislation for health concerns	Ignorant lawmakers making laws	Provide education from resource experts

APPENDIX L

Region 8 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Business closures	Lack of activity/spending down	Knowledge, tradition, values
People leaving the area	Accelerates economic decline, degrades political voice, acceptance of problem	Exercise, human interaction, exposure to culture
Lack of workforce development	More business closing, other states taking skilled workforce, stagnant unemployment	Incomes, creating jobs, life lessons, what not to do
Budget cuts	Increased taxation, stagnant service deliveries	None Listed
Increase in public assistance	Increased taxation/lack of taxes coming in	Community awareness, labor surplus, vocational training

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increased cost of living	Living necessities unmet	Possibility of local production
Quality of education	Skilled labor unavailable	Re-emphasis on skilled labor, reinvestment locally
Income disparities	High crime/drug activity	Re-investment locally, emphasis on education
Rural areas	Lack of political voice, apathy	Cheaper cost of acquisition of land, low risk economic opportunities
Recession	Unwilling to provide new investment	Grant availability, startup businesses

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Plant closures	Increase population without insurance, lower incomes, more plant closures	Idle capital
BP Oil Spill	Long-term loss of industry/jobs	Chance to emphasize state solidarity
Increased fuel and commodity prices	Higher cost of living, lower disposable income	Agricultural, more efficient habits
Threatened hospital closures	Local economic annihilation	Specialization into more focused health areas, redistribution of tax dollars
Storms	Permanent loss of population/industry	Chance to start over

APPENDIX L

Region 8 Political/Legal Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Budget cuts	Loss of services/jobs, loss of population, loss of tax base	Jindal/GOP
Political agendas	Misrepresentation of population & funds	None Listed
Legislative turnover	Seniority, continuity	Fresh ideas
Over-regulation, "one size fits all"	Issues are not addressed in Northeast Louisiana	Cohesive data
Disillusionment	None Listed	None Listed

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Decreased trust in government officials	Decrease voter turnout	None Listed
Policies without adequate funding	Non-implementation	None Listed
Population density (where resources are spent)	None Listed	None Listed
Term limits of legislators	None Listed	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Economic downturn	Loss of jobs/tax revenue	None Listed
Health care reform	Loss of clinical provider, increase uninsured	Healthier laws
Policies/passage of laws that promote health	None Listed	Health
Recent prosecution of politicians	Mistrust in political system	Rid of corruption
Environmental (Katrina/BP)	Economic impact, loss of revenue	None Listed

APPENDIX L

Region 8 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Water quality issues	Poor health, disease	Improved health
Going green	High cost	Longer, healthier lives
Air quality	Poor health, poisoned food supply	Increase in health awareness issues
Recycling	More trouble	Safe environment, cleaner planet
Lack of fitness opportunities	Poor health	Energy, longer life

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Pollution	None Listed	Planning efforts
Housing & retail development	Loans not being funded	Assisted living facilities
Fuel costs	Price gouging	More drilling
Chemical disposal issues	Overuse in food supply	Genetic engineering
Neglected infrastructure maintenance	Water treatment plants	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Natural disasters	Loss of life & property	Employment
Manmade disaster (Angus explosion)	Loss of life & property	New safety regulations
Closure of large industries	Loss of jobs, income & taxes	Cleaner air

APPENDIX L

Region 8 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Increase in social media	Decrease in physical activity, and face to face interaction	Increase in socialization & communication
Information accessibility	Identity theft, fraud (misuse of information)	Increase/immediate accessibility
Technology dependency	Career opportunities could be stagnant	Increase career opportunities
Self-diagnosis	Misinterpretation of information	Save money on doctors' visits
Abundance of information	Information overload	Increase in communication

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Easy access to technology/information	Hacking/identity theft	More accessible instead of a paper trail
Availability of devices	Decrease face to face socialization, spending too much money	Abundance of opportunities, accessibility of social media
Changes in careers	Misinformation	Increase in employment
Aging population	None Listed	None Listed
Technology	None Listed	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Social networking/media campaign	Cyber bullying, internal threats	Advance communication & some socialization, more secure than paper trail
Invention of devices	Readily available to terrorists	Information accessibility & communication accessibility

APPENDIX L

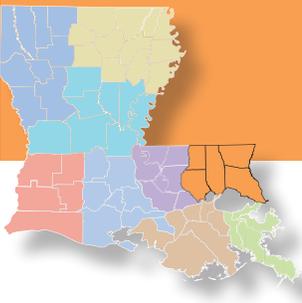
Region 8 Other Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Aging population	None Listed	Wisdom & knowledge
Health issues	Health care costs	None Listed
Education	Public education	Quality education
Apathy	People are less likely to be involved	Change by educating community
Awareness of political issues	People are less likely to be involved	Change by educating community

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Decision makers	Personal agendas	Change of possibilities
Food choices	Healthy choices at public places are limited	Education of benefits and opportunities
Employment & training	Lack of industry	None Listed
Lack of community spirit/unity	Lack of involvement	Resources to bring communities together
Change in social norms	Breakdown of the family	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
State budget cuts and downsizing	Lack of services	Restructuring for more efficient services & use of funding
Storms, Hurricane Katrina	Nothing prepared	Becoming more prepared for disasters
Downturn in education	Lack of preparedness of young people	Focus on needs and education
Health statistics	Greater costs and health threats	Research and data to examine needs
Passing of legislation for education and retirement	Legislation may not benefit those in concern	Voice of the community will be heard

APPENDIX M



Region 9 Social Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Eugenics (manipulation by racial classification)	Ethnicity-misidentification (racial), cultural sensitivity, blending races	Influence political system, better racial awareness
Discrimination toward vulnerable populations	Pressure, life threatening decisions, homeless population hard time accessing services	Advocate & educate on awareness of needs, inform legislators
Immediate gratification generation	No awareness of self-discipline	Early education of budgeting and work ethic

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Louisiana Culture	Food diversities affect health, younger generation with shorter lifespan and lower quality of life	Nutrition education
Sexual/Racial Identity	Will not self-identify to improve education, exposure to high risk activities, increase in suicide rates	Education and awareness activities

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Migration, immigration, and overpopulation	Lack of adequate resources and services to meet needs	Collaboration of agencies to meet needs
Louisiana Culture	Food deserts, festivals	Educate on better health choices, eating habits, and food options

APPENDIX M

Region 9 Economic Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Economic health of New Orleans	Loss of port, impact to surrounding parishes, base realignment and closure	Increased tourism, impact of Superdome/New Orleans, Federal City/Medical corridor
Awareness of impact of coastal erosion	Seafood industry decline, loss of tourism, loss of spawning ground	Increased seafood industry, increase tourism and seafood production
Population gains/losses resulting in change in congressional seat	Loss of federal funding, loss of political clout, impact of redistricting	None Listed

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Shift from four-year colleges to two-year colleges	Failure to follow through, cost to continue at four-year colleges, fractured education system	More students getting degrees/jobs, more efficient use of tax dollars, centers/schools of excellence
Infrastructure concerns (roads, bridges, rails)	Loss of transportation, access to markets, accidents	Increase access to markets, increase in tourism & mass transportation
Tax revenues	Loss of jobs & confidence, tax revenue decline, impact on education and health care, system failure/crime increase	Transparency of tax revenue, education reversals, system failure, crime increases

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
I-12 corridor (emphasis & awareness)	Failure to grasp concept, let others capture business opportunities	Improved atmosphere to attract business, connectivity between major markets
LA Economic Development	Other states taking business and industries	Gaining new business and industry
Louisiana Joie de Vivre (Joy of Life)	Loss of heritage and culture	None Listed

APPENDIX M

Region 9 Political Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Cut programs and budgets for health and education	Reduced economic development, higher morbidity and mortality	None Listed
Uneducated and uninformed political leaders	Poor/destructive legislation with unintended consequences	None Listed
Public apathy in political process	Poor/destructive legislation with unintended consequences	Increase political engagement and participation

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Health & education are underfunded and unprotected from budget cuts	Closure of clinics & downsizing of education programs	Pass legislation to protect each budget
Perception/reality of corruption	Pet projects are funded & priority	Refocus on ethics by legislators & representation of all constituents
Pet political projects; bill amendments on different pet projects	Poor legislation passes or strong legislation doesn't pass due to amendments	None Listed

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Post Katrina recovery (money mishandling & poor stewardship)	Budget cuts to needed projects, education/health cuts	None Listed

APPENDIX M

Region 9 Environmental Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Home/business going green	Costly, re-education costs	Healthier environments, recycling becoming common, conserve resources
Tobacco-free air	Health threats of secondhand smoke	Healthier population & air quality
Organic agriculture	Expensive food, new education needed for farmers	Healthier foods, more people growing their own vegetables
Energy efficient living	Increase costs in home construction	Using fewer resources
Coastal erosion/salt water intrusion	Loss of land, invasion of saltwater, kills fish & fishing industry	National attention for funding

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Changing weather patterns/global warming	Human life threatened	None Listed
Industries moving overseas due to Environmental Protection Agency regulations	Loss of jobs, decaying sites not redeveloped	Higher paying and safer jobs added
Money needed to rebuild the coast	Draws needed funding from human services	Development for eco-tourism, generates jobs
Americans with Disabilities Act, handicap accessibility, aging population	More expensive to do, falls, injuries	Generates work, safety
Mental illness (Katrina, Rita, Gustav)	Not funded adequately	Federal funding supplements state funding

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Long term effects of oil spill	Marine life, loss of job opportunities for people using Gulf, people not trusting Gulf seafood	Some economic relief from BP, regaining trust in Gulf seafood and adding more eating Gulf seafood
Residual effects of Katrina, Rita, and Gustav	Increase population in certain areas, some people/places permanently displaced	Economic relief from government
Increase in emergency events and preparedness	None Listed	More prepared, avoid disparity during emergency

APPENDIX M

Region 9 Technological Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Social media	Loss of electricity, terrorist/stalking, identity threats	Information sent to the masses, Emergency preparedness, nutrition & exercise education
Online application for resources	Misunderstanding, not available to all, identity threat	Easy access, reduction of paper, immediate submission
Webinars, emails, mobile devices	Less face-to-face, loss of personal relationship, not accessible to all	Time efficient, reduction in travel costs, convenient

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Advancement of technology forced on people	Barrier for lower socioeconomic status communities, costs of constant upgrades, not recyclable/waste	Help diagnose illness, accessibility, business opportunity
Less free radio/public radio	Less Public Service Announcements, decrease information to public	Economy, jobs/business

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Natural disasters	Cell tower losses, communication threats, and personal information loss	Jobs (cleanup), rebuilding/new construction
Online Pharmacies	Overdoses, not real medications, drug interactions	Convenient, no transportation needed, cost effective
Online Banking	Identity theft, possible loss of information, errors	Convenient, less time, less paper

APPENDIX M

Region 9 Other Forces of Change Summary

TRENDS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Aging population	Less support services, increase cost of prescriptions and medical cost, fixed incomes	Education & resources
Decrease in public programs	Decrease in funding (federal, state, local), demands outweigh resources, lack of participation	Education & outreach, preventative verses intervention, collaboration with other agencies
Increase in suicide rate	Lack of mental health services, untreated mental health issues, problems at work/home	Community involvement, recognizing problems/develop solutions, “gate keeper” programs
Unidentified American Indians/ Unidentified populations	Cultural insensitivity, preventing services/denying services of those in need	Inclusion in strategic planning & implementation of services

FACTORS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Keeping pace with technology	Aging population-tech challenged, lack access to computers, cost to keep up technology	Access more information, use of universities/technical colleges for education on use of technology, use of technology for outreach, use of technology for education, use of technology for medical care
TOPS program	Less of the population obtaining education, change in eligibility, loss of funding	Secure funding, eligibility criteria
Legislative funding priorities	Funding guides resources, lack of political will, money	Tap on grants, develop/grow political will, legislative reform
Transportation for health care in St. Tammany	Rising cost of gas, unable to obtain health care, no funding	Connect with parish to transport, grants, community will, political will
Less privacy due to technology	Less privacy among clients’ health records, hackers	Share information, improve care, decrease costs

EVENTS	POTENTIAL THREATS	POTENTIAL OPPORTUNITIES
Community foundations statewide	Lack of trust and education among community, decreased funding, duplication of services leads to competing for services	Education of community, pool & leverage resources, involve community in planning
Health Fair (community based)	Expensive, very limited reach and return on investment, lack of participation	None Listed
Ground water	Funding, pollution, decrease manpower	None Listed

