



Partner Highlights

Our Long-Term Goals

- Louisiana moves past our previous record in **America's Health Rankings.**
- By 2035, Louisiana advances past the national average in America's Health Rankings.

Teen Suicide

Obesity

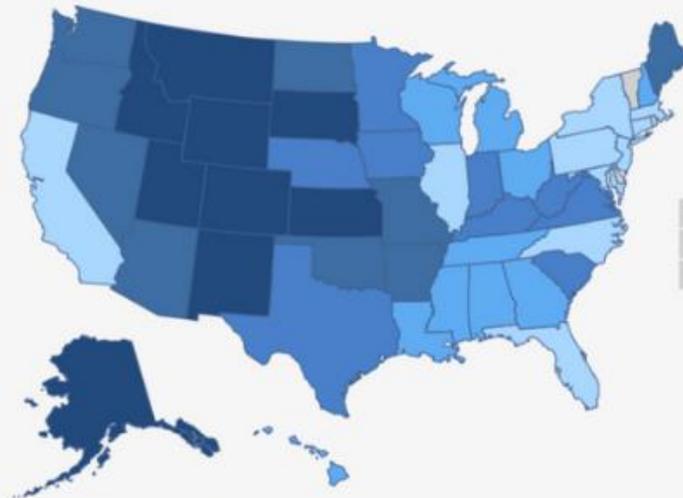
Low Birthweight

Frequent Mental Distress

Reliable Data

As the longest-running state-by-state analysis of our nation's health, America's Health Rankings® provides actionable, data-driven insights to inform public policy, research and news reporting.

Produced by the United Health Foundation, America's Health Rankings evaluates a comprehensive set of health, environmental and socioeconomic data.



Data from CDC WONDER, Multiple Cause of Death Files, 2018-2020





Focus Areas

Healthcare Workforce

Maternal & Child Health

- Childhood Immunizations

Chronic Disease

- Food insecurity

Behavioral Health

Healthy Communities

Louisiana

State Health Department Website: ldh.la.gov

Overall Rank

50

Key Findings

HPV Vaccination

58%▲

from 41.8% to 66.2% of adolescents ages 13-17 between 2016 and 2023.

Depression

49%▲

from 25.7% to 29.7% of adults between 2012 and 2023.

Primary Care Providers

44%▲

from 183.9 to 264.3 per 100,000 population between September 2018 and September 2024.

Asthma

43%▲

from 10.6% to 14.6% of adults between 2012 and 2023.

Measures

| | | State Rank | State Value | U.S. Value |
|--------------------------------------|---|------------|---------------|------------|
| Social & Economic Factors | | 50 | -1.192 | |
| Community and Family Safety | Homicide (Deaths per 100,000 population) | 49 | 19.6 | 7.6 |
| | Occupational Fatalities (Deaths per 100,000 workers) | 42 | 5.9 | 4.2 |
| | Public Health Funding (Dollars per person) | 22 | \$130 | \$124 |
| Economic Resources | Economic Hardship Index (Index from 1-100) | 48 | 97 | - |
| | Food Insecurity (% of households) | 47 | 16.2% | 12.2% |
| | Income Inequality (80-20 Ratio) | 49 | 5.61 | 4.87 |
| Education | Fourth Grade Reading Proficiency (% of public school students) | 41 | 28.3% | 32.1% |
| | High School Completion (% of adults age 25+) | 45 | 87.8% | 89.8% |
| Social Support and Engagement | Adverse Childhood Experiences (% of children ages 0-17) | 41 | 19.3% | 14.5% |
| | High-Speed Internet (% of households) | 47 | 90.8% | 93.8% |
| | Residential Segregation - Black/White (Index from 0-100) | 9 | 57 | - |
| | Volunteerism (% of population age 16+) | 36 | 21.9% | 23.2% |
| | Voter Participation (% of U.S. citizens age 18+) | 44 | 55.1% | 59.5% |
| Physical Environment | | 47 | -0.240 | |
| Air and Water Quality | Air Pollution (Micrograms of fine particles per cubic meter) | 27 | 7.8 | 8.6 |
| | Drinking Water Violations (Average violations per community water system) | 49 | 4.1 | 2.8 |
| | Water Fluoridation (% of population served) | 45 | 37.9% | 72.3% |
| Climate and Health | Climate Policies (Number out of four policies) | 23 | 2 | - |
| | Heat and Worker Health (Cases per 10,000 full-time workers)* | 1 | 0.1 | - |
| Housing and Transit | Drive Alone to Work (% of workers age 16+)* | 48 | 78.7% | 69.2% |
| | Housing With Lead Risk (% of housing stock) | 18 | 12.1% | 16.4% |
| | Severe Housing Problems (% of occupied housing units) | 34 | 15.8% | 16.8% |
| Clinical Care | | 34 | -0.252 | |
| Access to Care | Avoided Care Due to Cost (% of adults) | 32 | 11.5% | 10.6% |
| | Dental Care Providers (Number per 100,000 population) | 44 | 52.3 | 65.8 |
| | Mental Health Providers (Number per 100,000 population) | 26 | 332.4 | 344.9 |
| | Primary Care Providers (Number per 100,000 population) | 38 | 264.3 | 283.4 |
| | Uninsured (% of population) | 27 | 6.9% | 7.9% |
| Preventive Clinical Services | Childhood Immunizations (% of children by age 24 months) | 20 | 68.5% | 66.9% |
| | Colorectal Cancer Screening (% of adults ages 45-75) | 16 | 63.2% | 61.8% |
| | Dental Visit (% of adults) | 41 | 60.4% | 66.0% |
| | Flu Vaccination (% of adults) | 44 | 34.9% | 42.9% |
| | HPV Vaccination (% of adolescents ages 13-17) | 20 | 66.2% | 61.4% |
| Quality of Care | Dedicated Health Care Provider (% of adults) | 15 | 86.3% | 84.0% |
| | Preventable Hospitalizations (Discharges per 100,000) | 48 | 3,379 | 2,665 |

Convene & Connect



Convene & Connect

FEATURED STORY

Grant Partners **Making a Difference**



bcbslafoundation.org

Learn how partners across Louisiana are closing the nursing gap.

Since 2018, the Blue Cross Foundation has facilitated funding, coalition-building, and advocacy work to create and share collaborative models that graduate more qualified nurses. [Read our case study and learn more about our partners.](#)

Building Healthy Communities Together

Questions for reflection:

- What are some ideas/processes that can be replicated in your organization or field?
 - How can you engage/partner?
- Key takeaways from these partners?
- What questions do you have for them?

Focus Areas: Healthcare Workforce

- Innovative approaches to addressing **access to care** gaps by increasing efficiency of healthcare workforce programs

Fran U/BRYC

Health Fellows Academy



BCBS Louisiana Foundation Collective Impact Grant

Committee Members



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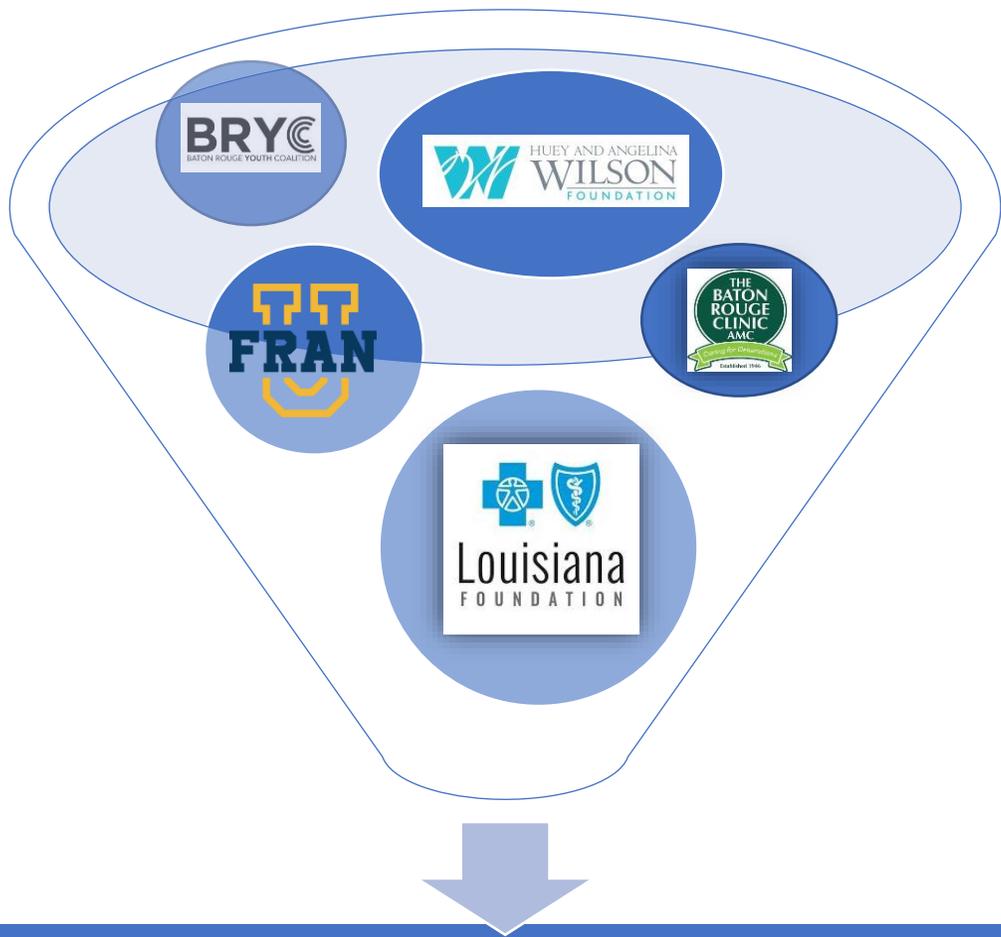


Allie Diefendorf

BRYC Project Member
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WHY do we need the Wolfpack: HFA?

- In 2022, child poverty in Louisiana remained high at **24.2%**. Louisiana has the **third-highest** rate of child poverty in the nation (census data).
- Poverty and school performance are closely linked.
- Afterschool enrichment programs, such as the Baton Rouge Youth Coalition (BRYC) supports under-resourced students in pursuing post-secondary degrees, addressing educational inequalities.
- The *Wolfpack HFA* addresses the quality and diversity of our **future** healthcare workforce by providing under-resourced but "academically promising" students with an opportunity to learn about careers in healthcare, personal wellness, and community health.
- To improve Louisiana's overall public health, we must **increase and diversify our healthcare workforce**.



HOW did we execute this project?

1. Identified Potential Partners
2. Developed a Committee
3. Brainstorming
4. Planned, planned, and planned some MORE!

Health Fellows Academy

3-year project to engage a maximum of 120 high schoolers intensive and immersive educational experiences leading to heightened awareness of healthcare careers, personal wellness, and community health.



Goal I

To increase the number of quality students entering and completing healthcare-related studies leading to a professional career in healthcare.

Goal II

To expand career and educational choices of under-resourced, diverse high school students.

Goal III

To support the personal health and wellness of each class of fellows and their local community members

“A year-long Impactful Experience: Education – Service – Community”

EDUCATION

Week Long Summer Sessions (9:00 AM - 3:15 PM)

One week of interactive and engaging speakers, along with immersive simulation experiences (**25 hrs**)



SERVICE

Saturday Community Health Fair (10:00 AM - 2:00 PM)

Participate and provide health screenings to members within the community (**5 hrs**)



COMMUNITY

Bi-monthly After School Programming, Thursday from 3:30 - 5:30 PM (2 hrs per workshop)

Workshop 1:
Finding Your Vocation
September

Workshop 2:
Arts, Health, and Wellbeing
November

Workshop 3:
Move the Body
January

Workshop 4:
Mental Health
March

** Lastly, if they take dual enrollment course at FranU, then they are awarded scholarship funding.



Weekly Summer Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--|----------------|----------------------|----------------------|---------------------------------|---|
| 9:00 – 9:45 am | Welcome | Morning Huddle | Morning Huddle | Morning Huddle | Morning Huddle | Community Health Fair w/ Baton Rouge Clinic |
| 10:00 – 12:00 | ABO and Rh Blood System Infection Control | Respiratory | Nursing | Physical Therapy | Applied Behavior Analysis (ABA) | |
| 12:00 -1:00 PM | LUNCH BREAK | | | | | |
| 1:00 – 3:00 PM | Healthcare Administration | Rad-Tech | Medical Lab Sciences | Nutritional Sciences | Escape Room | |
| 3:00-3:15 | Reflection and Dismissal | | | | | |





Summative
Evaluation:
Escape Room

WHAT did we learn during our 1st Year?



Consider hosting the 2-week sessions earlier in the summer to allow for more Fellow participation.



Provide more robust advertisement for the Community Health Fair.



Reallocate funds from the *Health Fair Participants* to the **Presenter Stipends**.



Adjust the weekly summer schedule to combine MHA and ABA presentation on Friday to allow for a hospital tour on the Monday of each week.

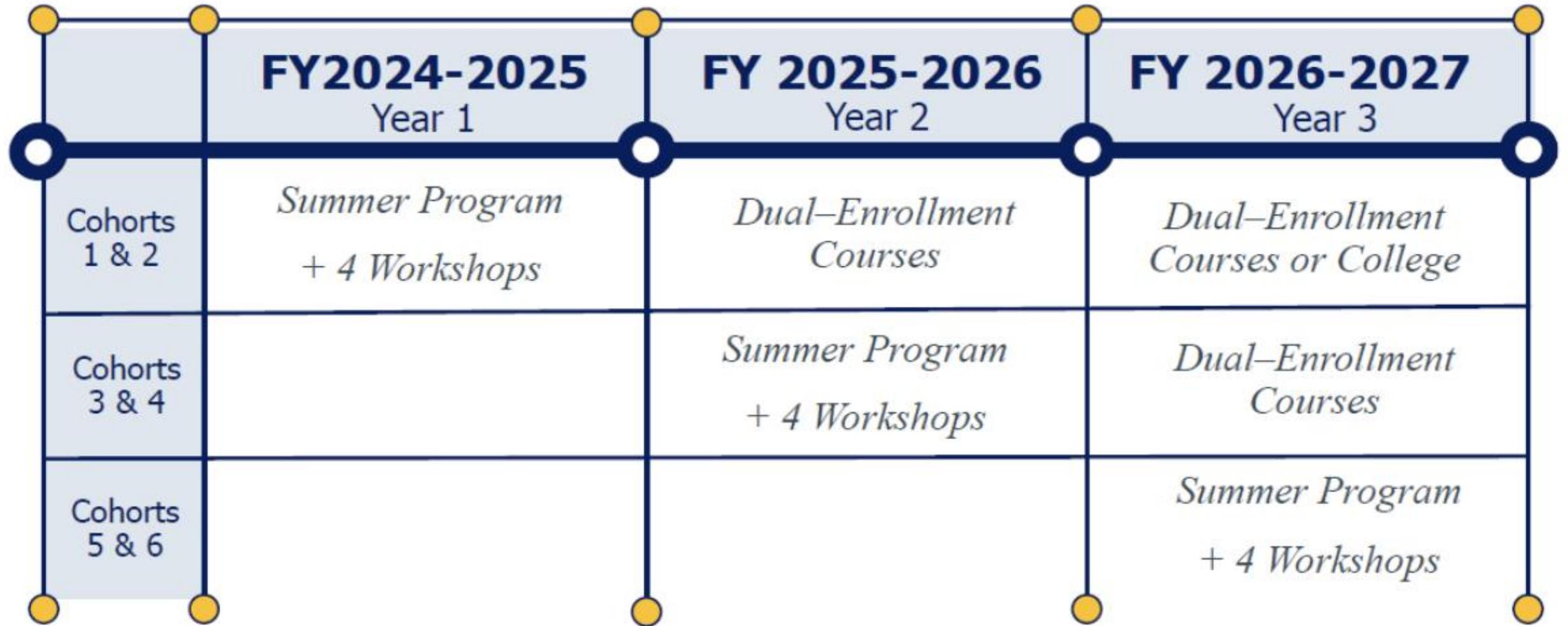


Revamp some of the survey questions to collect better data.



Ensure equipment "consistency" between summer session and community health fair.

What will the next two years look like?



I Learned what
a DNR was.



Any Questions?



Operation Restoration's Lab Assistant Program

February 27, 2024



Operation
RESTORATION

Mission Statement

Operation Restoration supports women and girls impacted by incarceration to recognize their full potential, restore their lives and discover new possibilities.



Lab Assistant Program: LCIW & Rapid Reskilling

Our **Lab Assistant Program** prepares currently and formerly incarcerated women to work in laboratory healthcare settings to obtain employment with pathways for upward mobility in the field of clinical laboratory science.

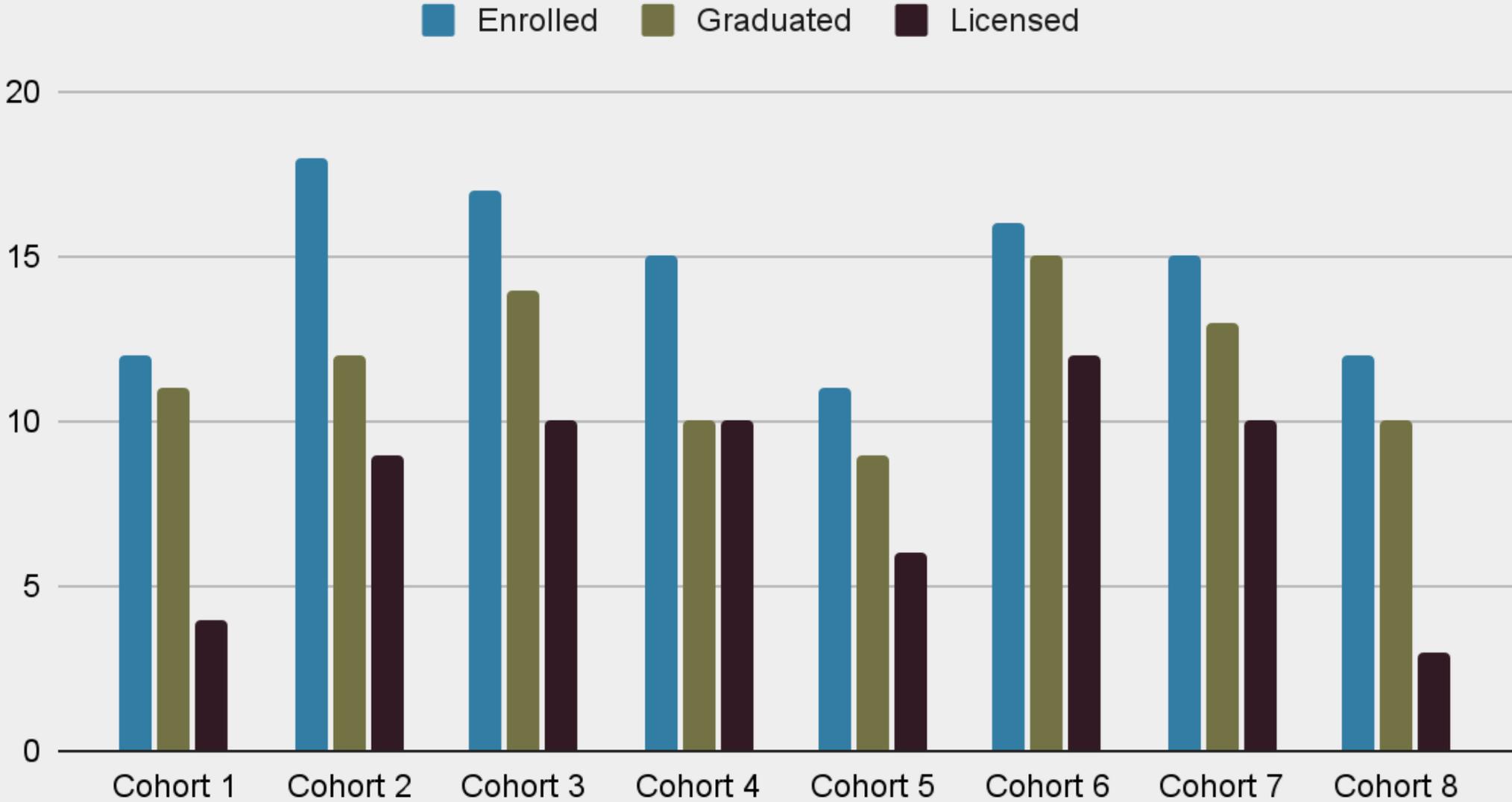
All program participants will:

- Receive no-cost lab assistant training (OR and its partners cover the cost of tuition, textbooks, licensure, uniforms, etc.)
- Receive assistance from OR's social services department, including help with transportation, as well as obtaining licensure, employment and further education

By becoming licensed lab assistants, women not only enhance their employability upon release but also discover their potential and find new possibilities in the healthcare field.

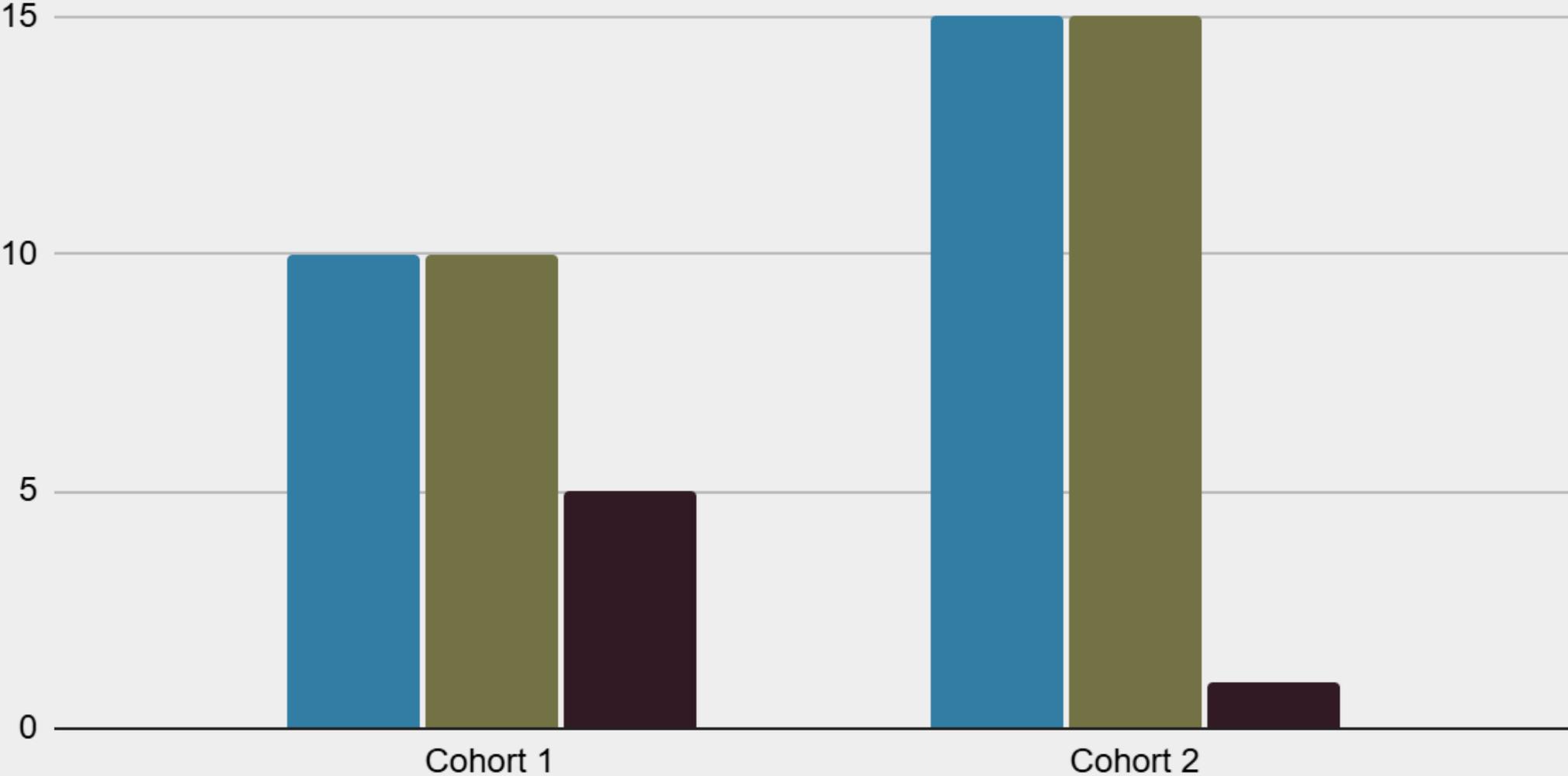


Rapid Reskilling Graduates



LCIW Graduates

Enrolled Graduated Licensed



Employment

Out of the 70 licensed graduates, **17 have obtained full-time employment.**

Our graduates work at Ochsner and LCMC hospitals, in the petrochemical industry, and in private laboratories.



Operation Housing

We work to support legal system-impacted women experiencing housing insecurity to a path toward home ownership.

- Rapid rehousing
- Drives



Stay in touch with us at or-nola.org



Operation
RESTORATION



Q&A

Focus Areas: Behavioral Health

- Increase the # of trained Peer Support Specialists in shortage areas
- Increase the # of Louisianans trained in mental health first aid
- Improve ratio of mental health providers (timely access)

LA Mental Health Association

Melissa Silva

Executive Director

Louisiana Mental Health Association Fisher Project

Youth Expansion Feasibility Study



Who is Louisiana Mental Health Association?

Louisiana Mental Health Association (LAMHA) has worked throughout the state for over 70 years, providing services, education, and advocacy for persons who need mental and behavioral health support.

- Advocacy and Education
- North Baton Rouge Campus – The Alliance House Drop-In Center
- Fisher Project
- Online Screenings
- The Parent Support Network
- TARGET Health

What is the Fisher Project?

- Comprehensive statewide suicide prevention program
- Evidence-based program modeled after the Veteran's Administration
- Employs the Power of Peers
- Key components of safety planning, risk assessment and lethal means planning
- Focus on casework addressing social determinants of health
- Currently serving only those over 18
- There is no cost to the client and no billing of public or private insurance
- 1000% more successful at suicide prevention/rehospitalization than the national average

Why expand to serve Youth?

- In Louisiana suicide is the second leading cause of death for individuals aged 10-24.
- It is estimated that there are over 25 suicide attempts for every death by suicide.
- For 15-24 year olds, the estimate is 100-200 attempts to each death by suicide.

How did we approach expansion feasibility?

- Requested grant support from the Louisiana Blue Foundation.
- Assembled an expert panel including suicidologists from LSU, clinicians with a youth focus, academics with suicide prevention knowledge, non-profit organizations with a suicide prevention focus, educators, and youth.
- Scheduled Zoom meetings with a clear agenda of questions to be discussed at each meeting.
- Assigned "homework" to the panel, including a review of existing protocols and comparison to other national and international programs.

Challenges to date:

- Getting robust and diverse participation at every meeting.
- Adapting certain aspects of the Fisher Project for adults, such as communication timing and mediums like texting.
- Deciding how best to integrate parents and families.
- Sorting through the liability and ethical concerns of working with youth.

Interesting Learnings

- Programmatic Age – 14-18 or high school students.
- Communication Style – will need additional texting options.
- Age-Appropriate Protocols- safety planning should be conversational and include family involvement.
- Hours of Operation – will need non-traditional hours (late afternoon/early evening hours).
- Quality Assurance - The case manager's ability to build rapport is more important than the age of the case manager.

How you can help?

- Referral source development – Referral sources must feel confident this is an effective program before they will refer suicidal patients/clients.
- Resource development – Caseworkers focus on helping with social determinants of health some of which will be different for youth.
- Relationship building- Connections with potential staff and stakeholders.
- Continual education and training – such as ASIST, Talk Saves Lives, Family and caregiver training.

Where do we go from here?

- LAMHA staff will finalize the program design to expand to serve high school-aged youth (ages 14-18).
- An expert panel will review, revise, and edit the final program design.
- LAMHA will seek additional grant support for program development for a minimum of one year.
- LAMHA will begin discussions with the Office of Behavioral Health to expand support for the Fisher Project.



Louisiana Mental Health Association

225-929-7674

www.louisianamha.org

Fisher Project

225-960-6800

fisherproject@louisianamha.org



Q&A

Focus Areas: Chronic Conditions

- Decrease the overall **food insecurity** rate
- Decrease the % of **children who are overweight or obese**



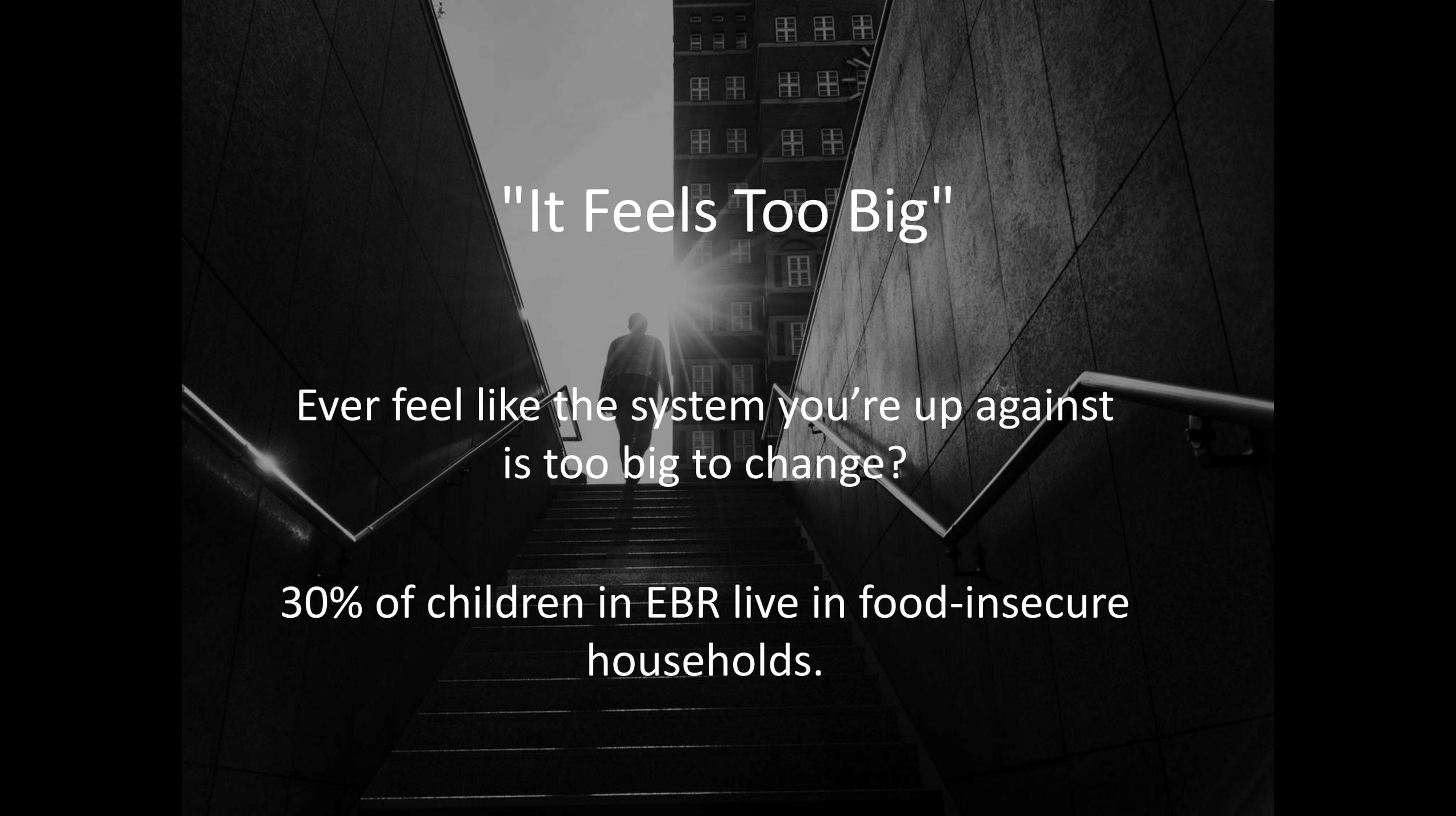
Emily Chatelain

Executive Director

A photograph of children sitting at a table in a classroom, eating lunch. The children are focused on their food, and the scene is brightly lit. The text is overlaid on the image.

Navigating Change in Systems That Seem Too Big to Change

How Small Actions Create Big Impact

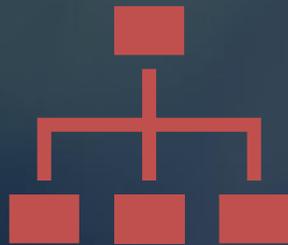


"It Feels Too Big"

Ever feel like the system you're up against
is too big to change?

30% of children in EBR live in food-insecure
households.

The Mindset Shift – Systems Are People



Systems aren't just policies—they're people.



Every system is made of people who can be influenced, persuaded, and inspired.



Strategy #1

Start Small, But Start Bold

Big change starts with small steps.

Find one high-impact first step.

Don't wait for perfection—start now.

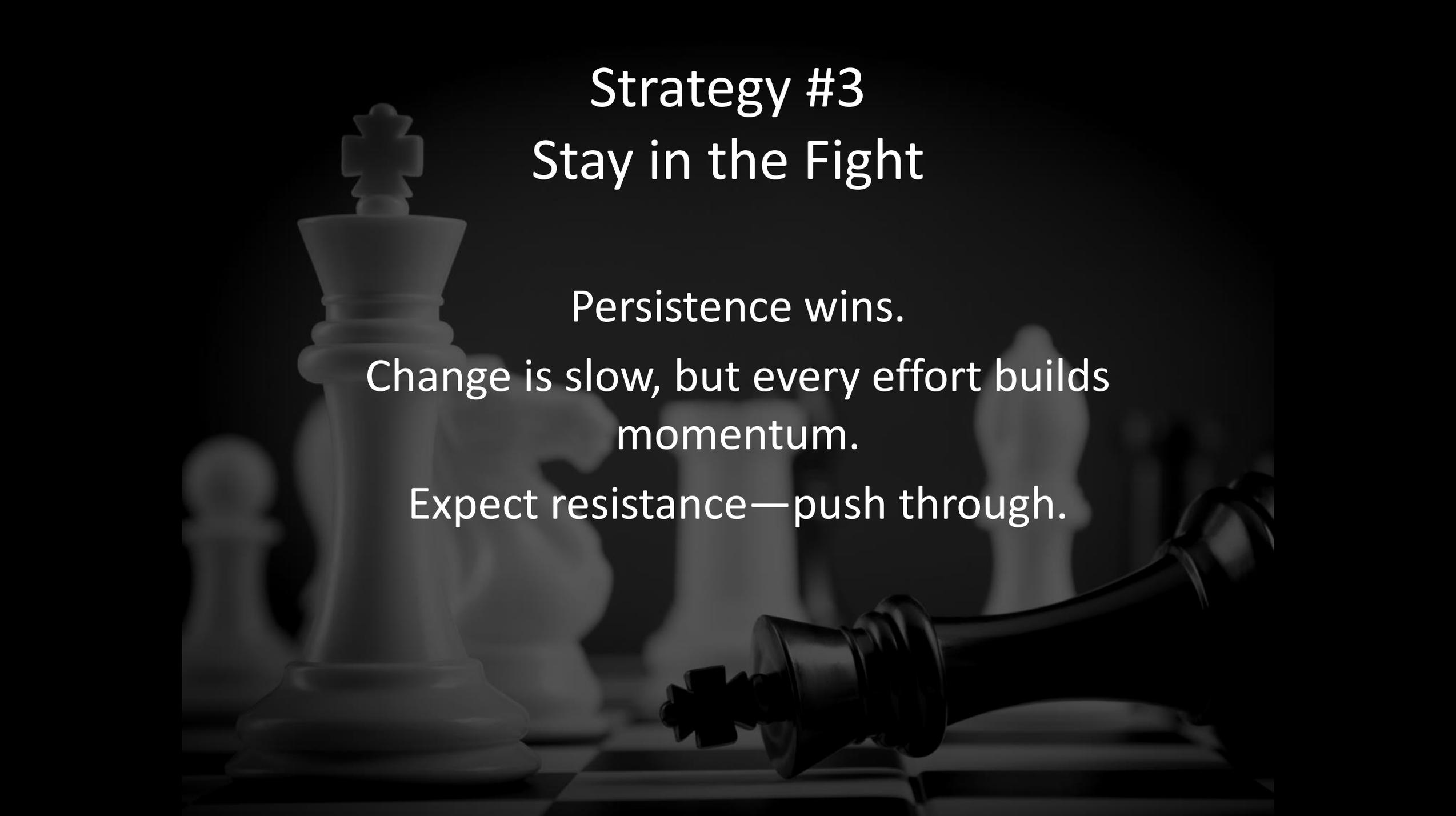
Strategy #2

Leverage Collective Power

You're not alone—coalitions create momentum.

Collaborate with like-minded organizations.

Use collective voices for advocacy and awareness.

A chessboard with a white king standing and a black king lying on its side. The white king is on the left, and the black king is on the right, lying on its side. The background is dark, and the chess pieces are in focus.

Strategy #3

Stay in the Fight

Persistence wins.

Change is slow, but every effort builds momentum.

Expect resistance—push through.

A photograph of a woman and two young children participating in a gardening activity. The woman, wearing a dark t-shirt and light-colored pants, is kneeling and carefully planting a green seedling into a wooden garden bed filled with dark soil. One child, a boy in a red long-sleeved shirt, stands to the left, holding a small container. Another child, a girl in a light purple shirt, stands next to the woman, also holding a seedling. In the background, other people are visible, including a woman in a light blue top and a man in a blue shirt. The scene is outdoors, likely in a community garden or schoolyard.

Be the Change

No system is too big to change. No effort is too small to matter.

What's one action you can take today?

Who can you partner with to amplify impact?



It starts with us.





Q&A

Other Good Ideas to Spread

- Together Louisiana: Community Lighthouses
- Health & Education Alliance of Louisiana
- LSU School of Social Work
- HealthCare Career Central
- BRYC: Health Fellows
- Groceries to Geaux: Second Harvest's Home Delivery Program for Seniors



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bcbslafoundation.org



Agenda

- 10 AM** | Arrival & Networking
- 10:15 AM** | Welcome & Introductions
- 11:00 AM** | Partner Bright Spots
- 12 PM** | **Lunch/Networking Break**
- 12:15 PM** | LDH Presentation/Lunch
- 1:00** | Collaboration Discussion
- 1:20 PM** | Louisiana Blue Resources
- 2:00 PM** | Closing Remarks

Sit by someone new

Say Hello!

Please introduce yourself:

- Name
- Organization
- Angel or grant partner?
- One sentence mission summary
- Land the plane!

**Land the
plane!**

