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# Working Towards a Healthier Louisiana

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# OUTLINE



**Current Health Statistics for Louisiana**



**Challenge for a Healthier Louisiana**



**Louisiana Trial to Reduce Obesity in Primary Care**

# OUTLINE



**Current Health Statistics for Louisiana**



Challenge for a Healthier Louisiana



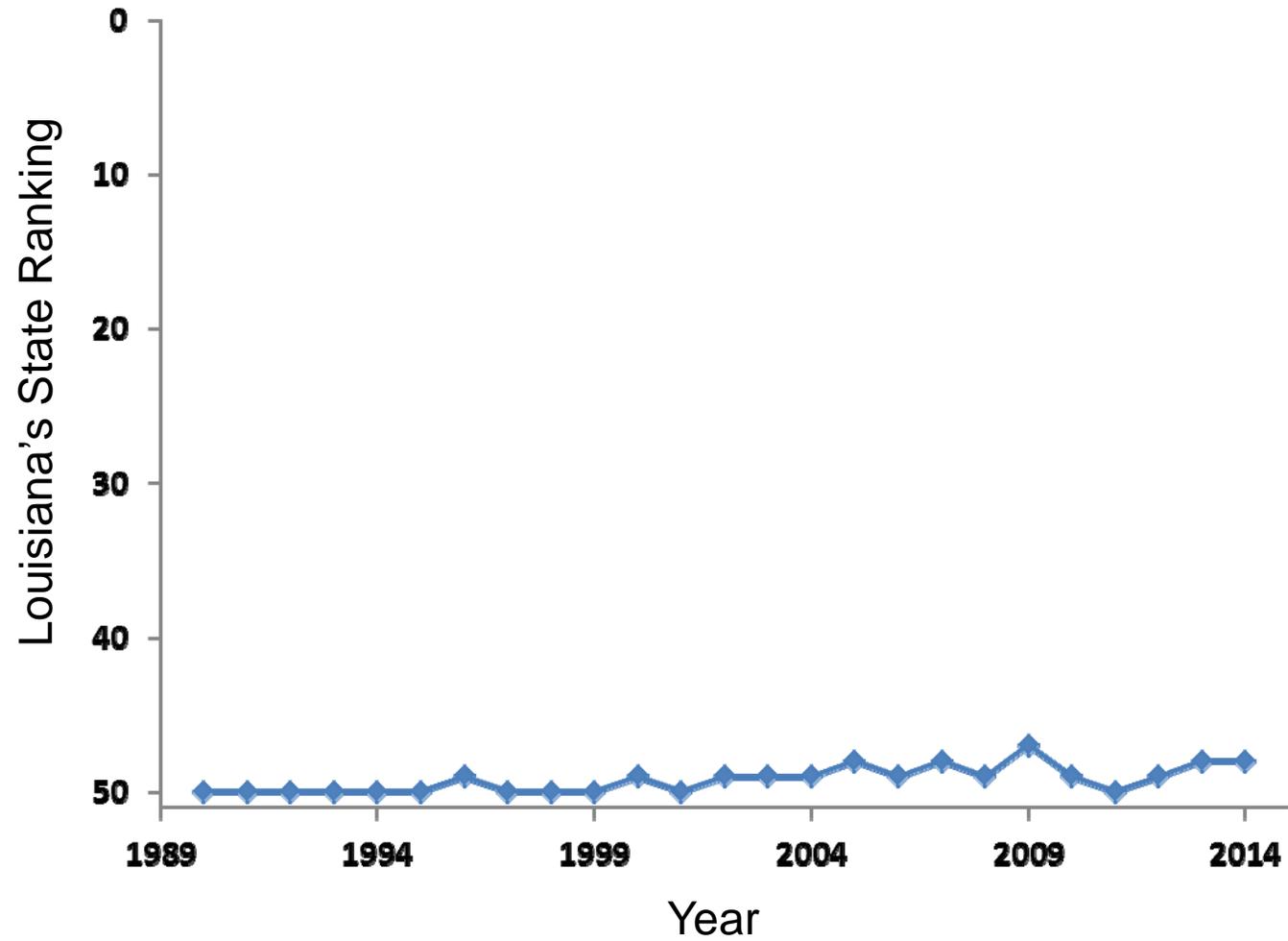
Louisiana Trial to Reduce Obesity in Primary Care



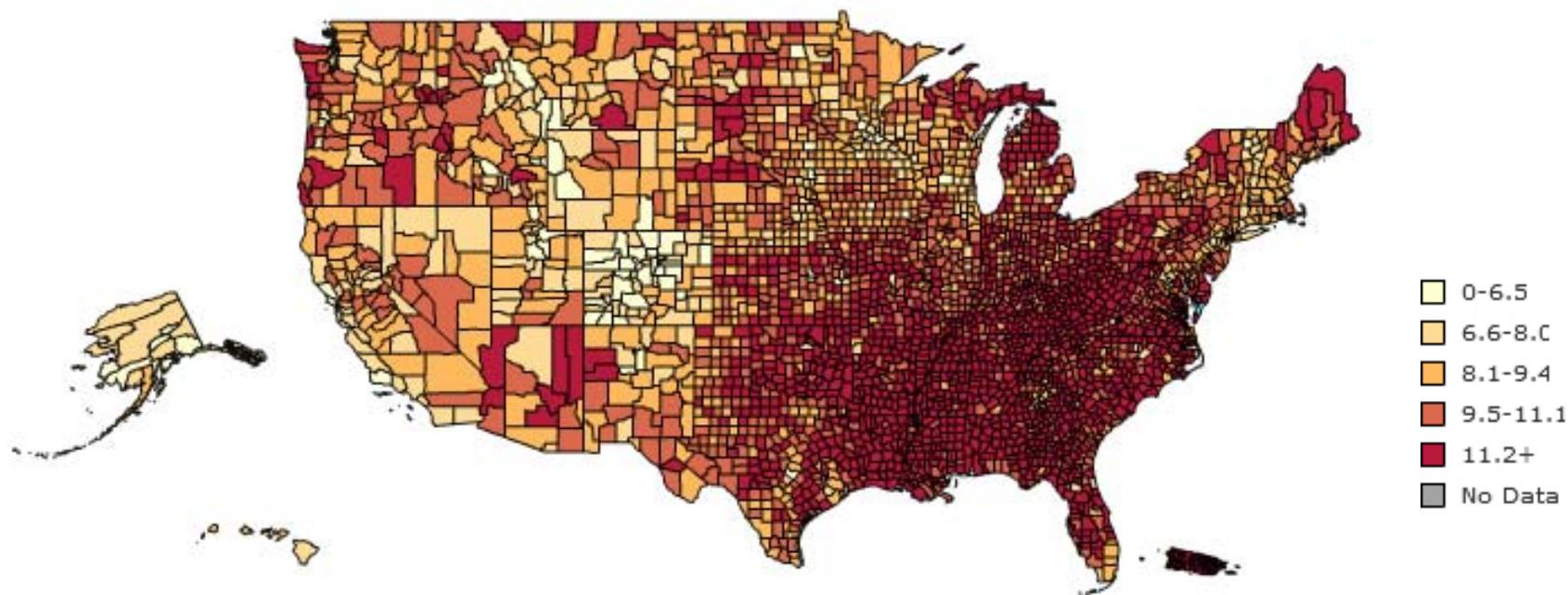
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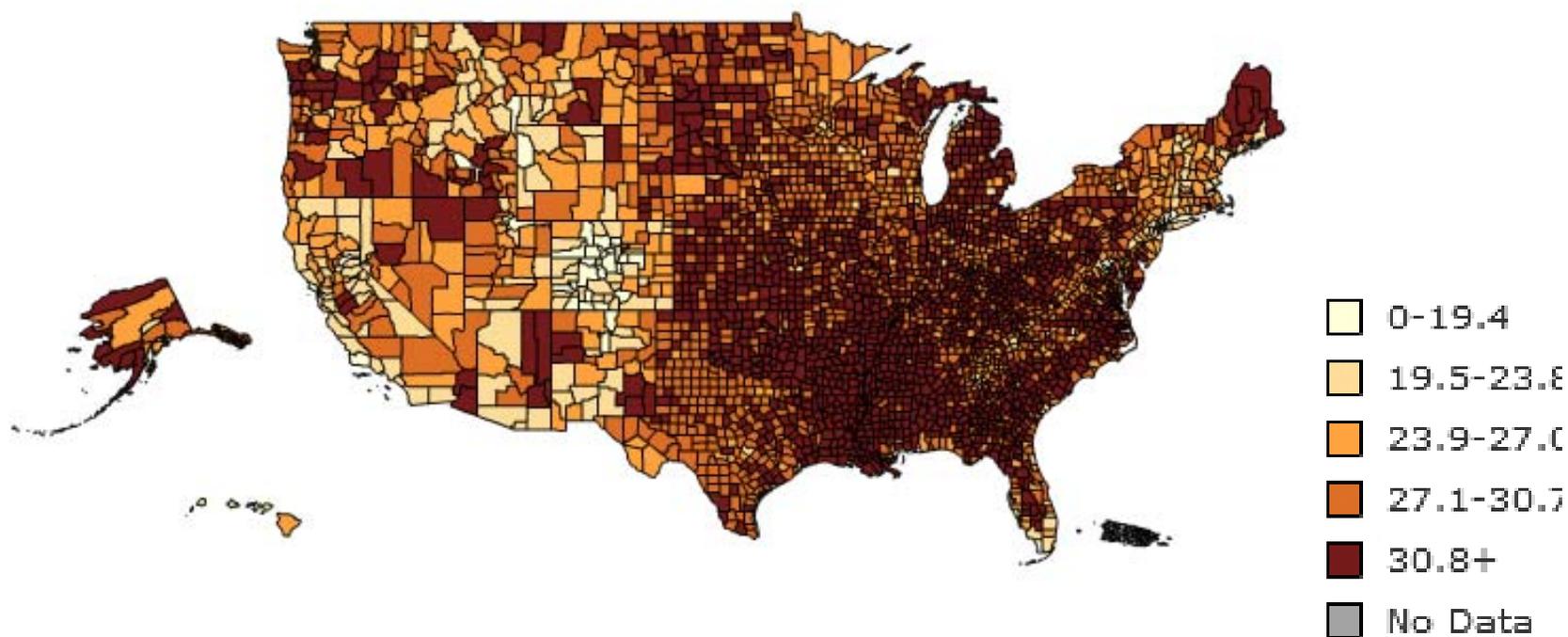
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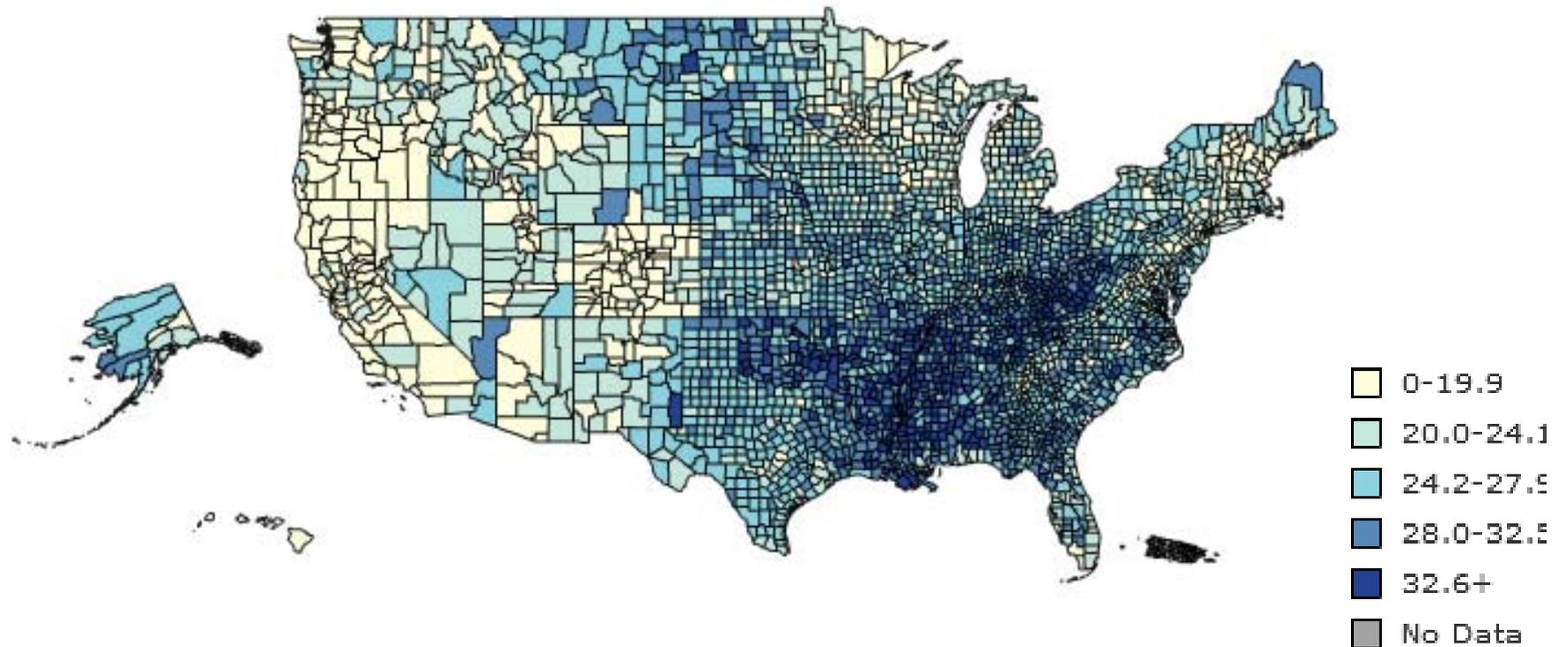
# Adult Diabetes Prevalence, 2011



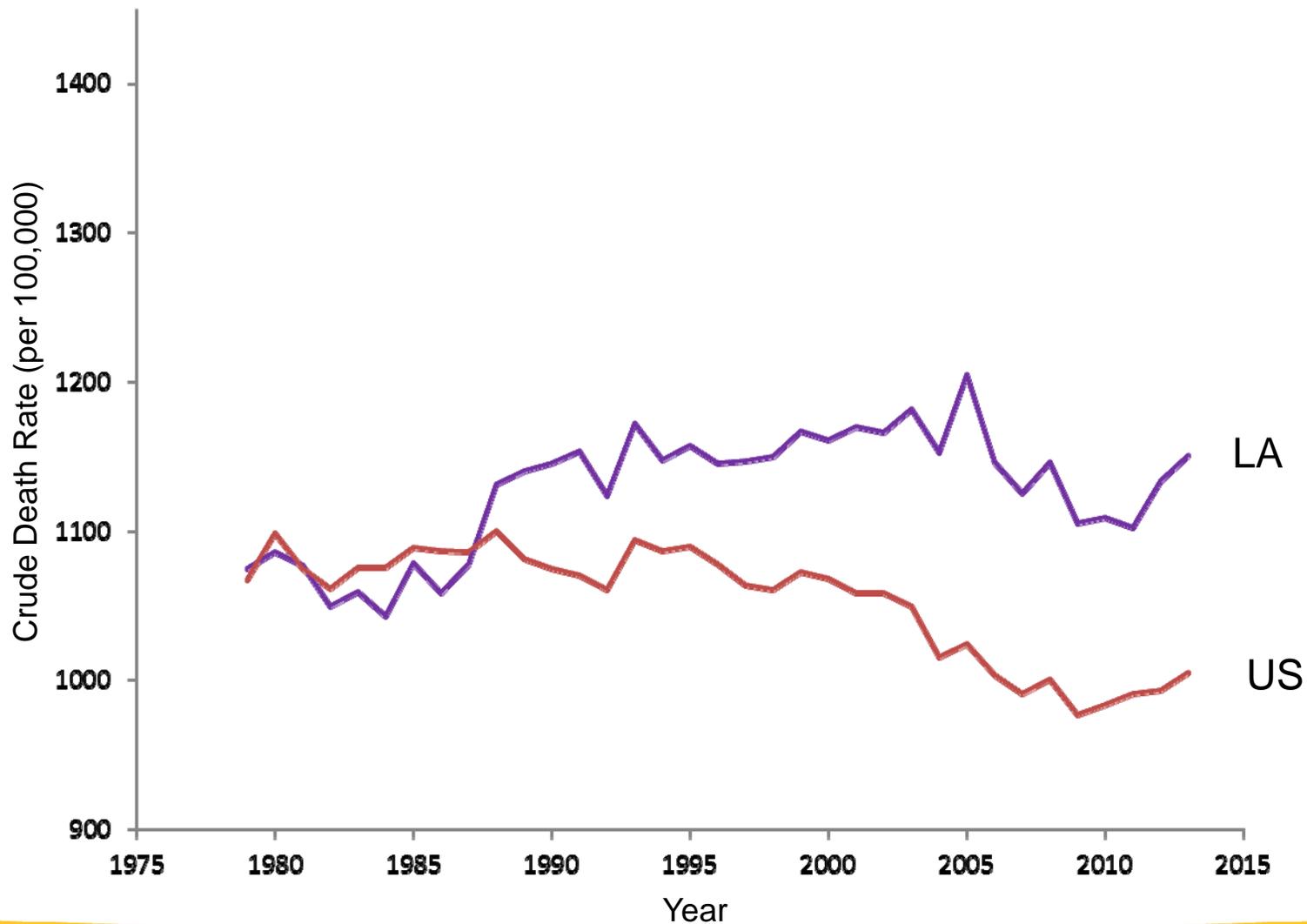
# Adult Obesity Prevalence, 2011



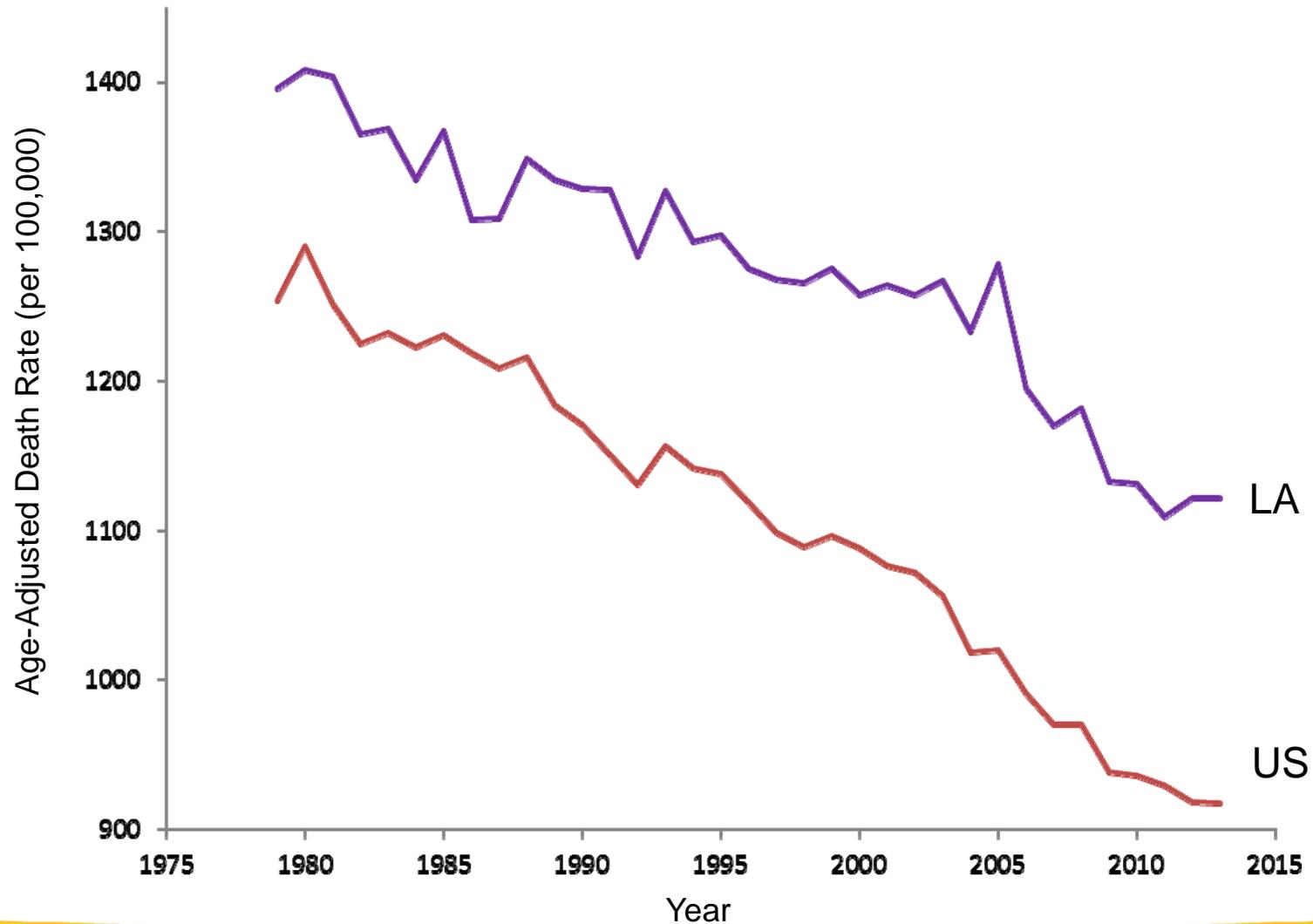
# Adult Physical Inactivity Prevalence, 2011



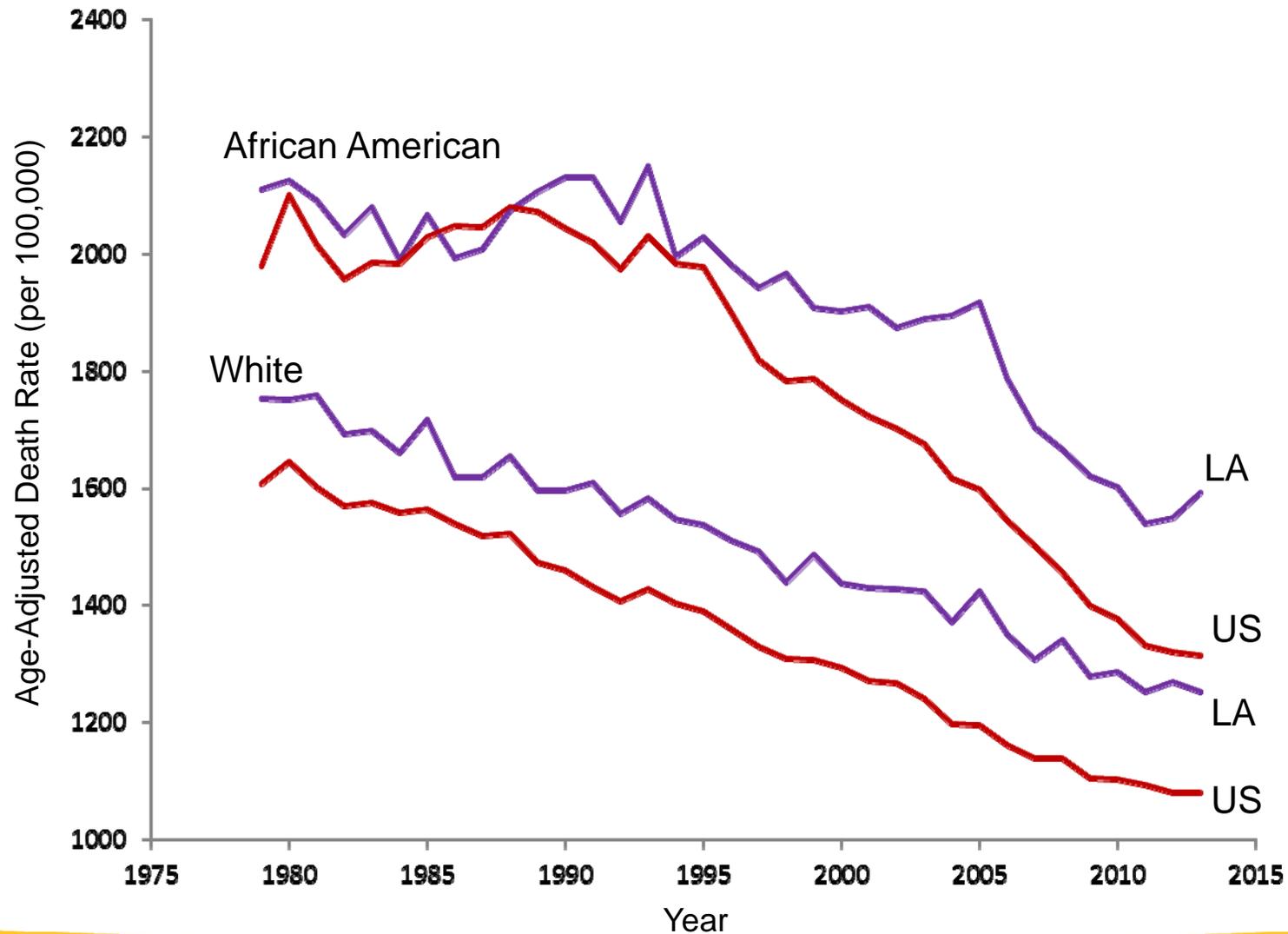
# Crude Death Rates, 1979 - 2013



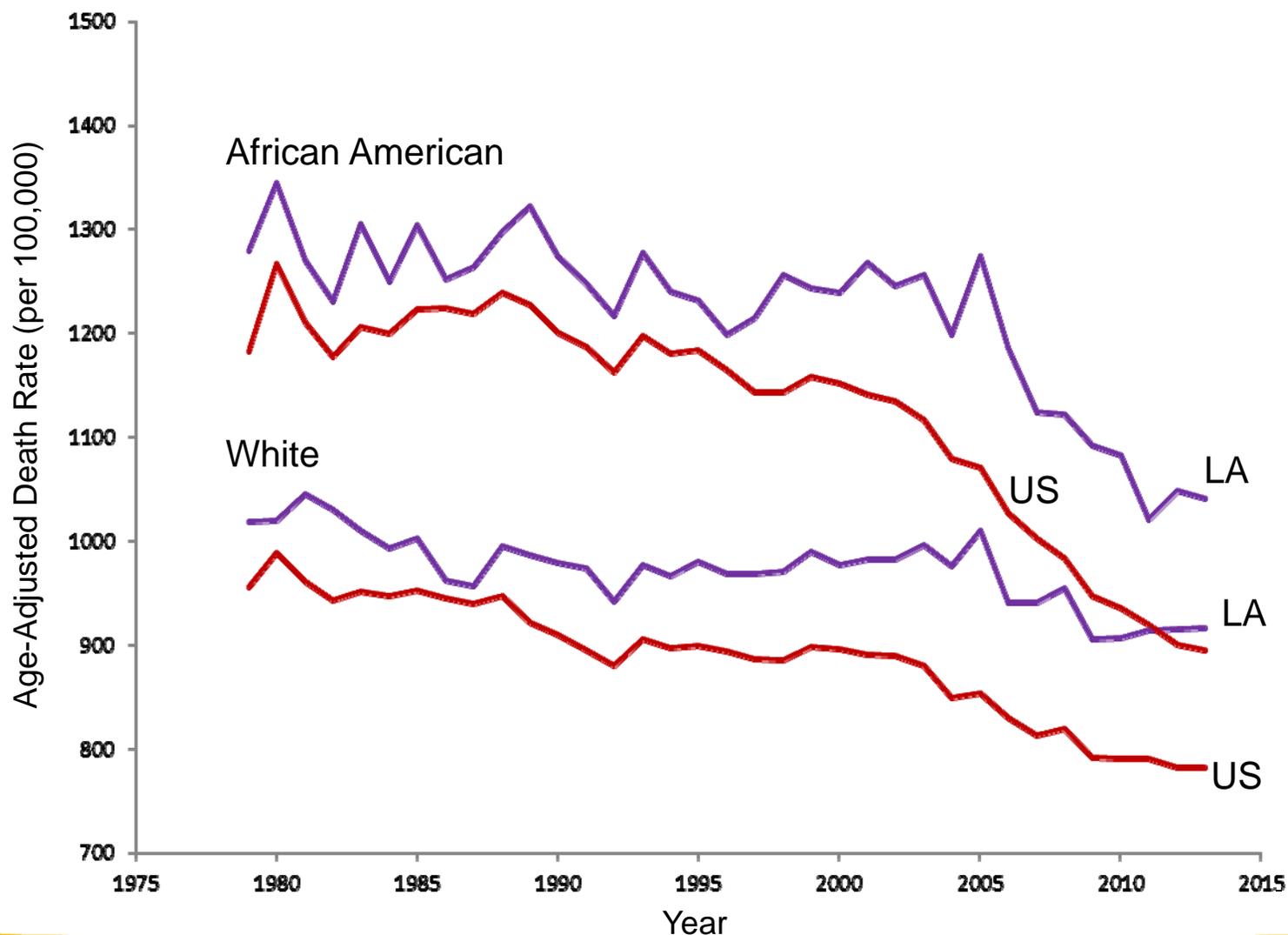
# Age-Adjusted Death Rates, 1979 - 2013



# Age-Adjusted Death Rates, 1979 – 2013, Men



# Age-Adjusted Death Rates, 1979 – 2013, Women



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Current Health Statistics for Louisiana



**Challenge for a Healthier Louisiana**



Louisiana Trial to Reduce Obesity in Primary Care

## Challenge for a Healthier Louisiana

Obesity is fast becoming the most important public health problem of the 21st century. Obesity is a risk factor for developing several chronic diseases, including type 2 diabetes, high blood pressure, heart disease, stroke and certain cancers. The economic toll of obesity is also staggering. It has recently been estimated that obesity is costing \$147 billion annually in the United States alone.

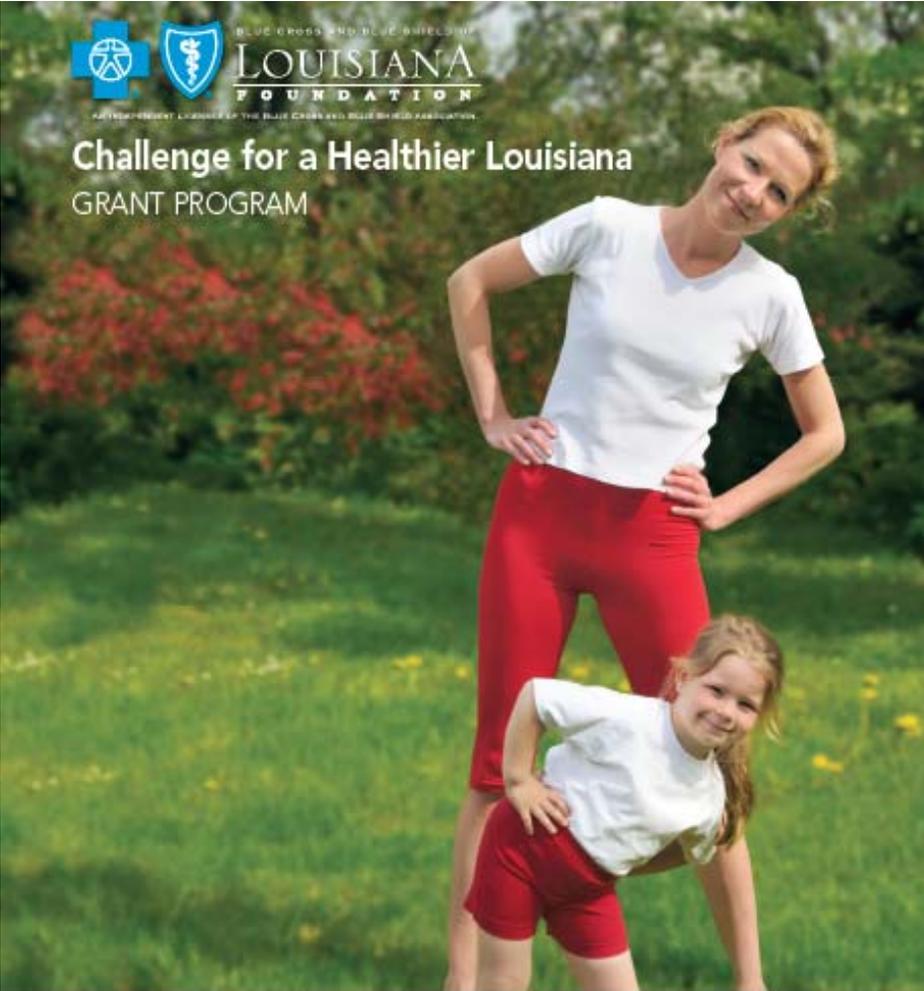
Although obesity rates have risen significantly across the United States over the past several decades, the problem is most pronounced in the Southern region. Among the 50 states, Louisiana currently ranks sixth for adult obesity and fourth for childhood obesity.

Most experts agree that obesity is the result of an ongoing energy imbalance. It occurs when energy intake (calories we eat) exceeds expenditure (calories burned in physical activity). Thus, physical activity and healthy eating are the keys to preventing obesity.

However, from a public health perspective, the problem is much more complex. At the individual level, behavior drives energy balance, but our environment shapes our decisions to be physically active or to eat right. Communities, neighborhoods, schools, home and workplace environments can all influence people's lifestyles choices.

A recent publication from the Institute of Medicine reported that community efforts to fight obesity can be big or small, broad or narrow. They are certainly fragmented. Little is known about the effectiveness of most community-based programs. Communities are struggling to decide which obesity prevention programs to start and how to measure their impact.



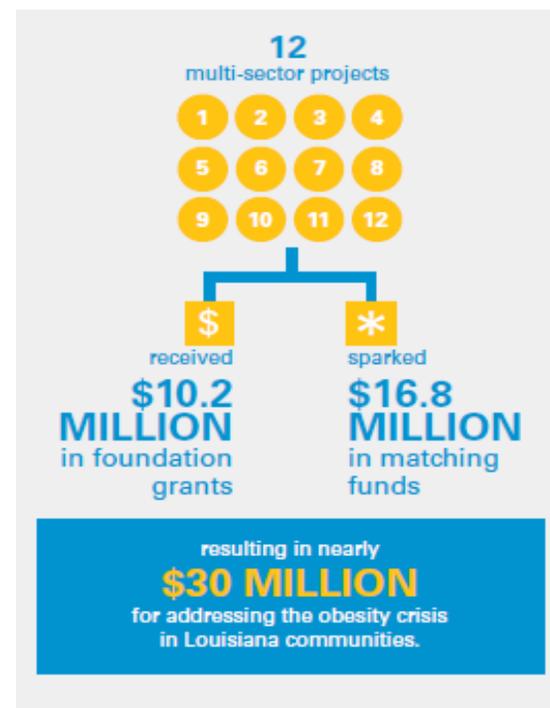


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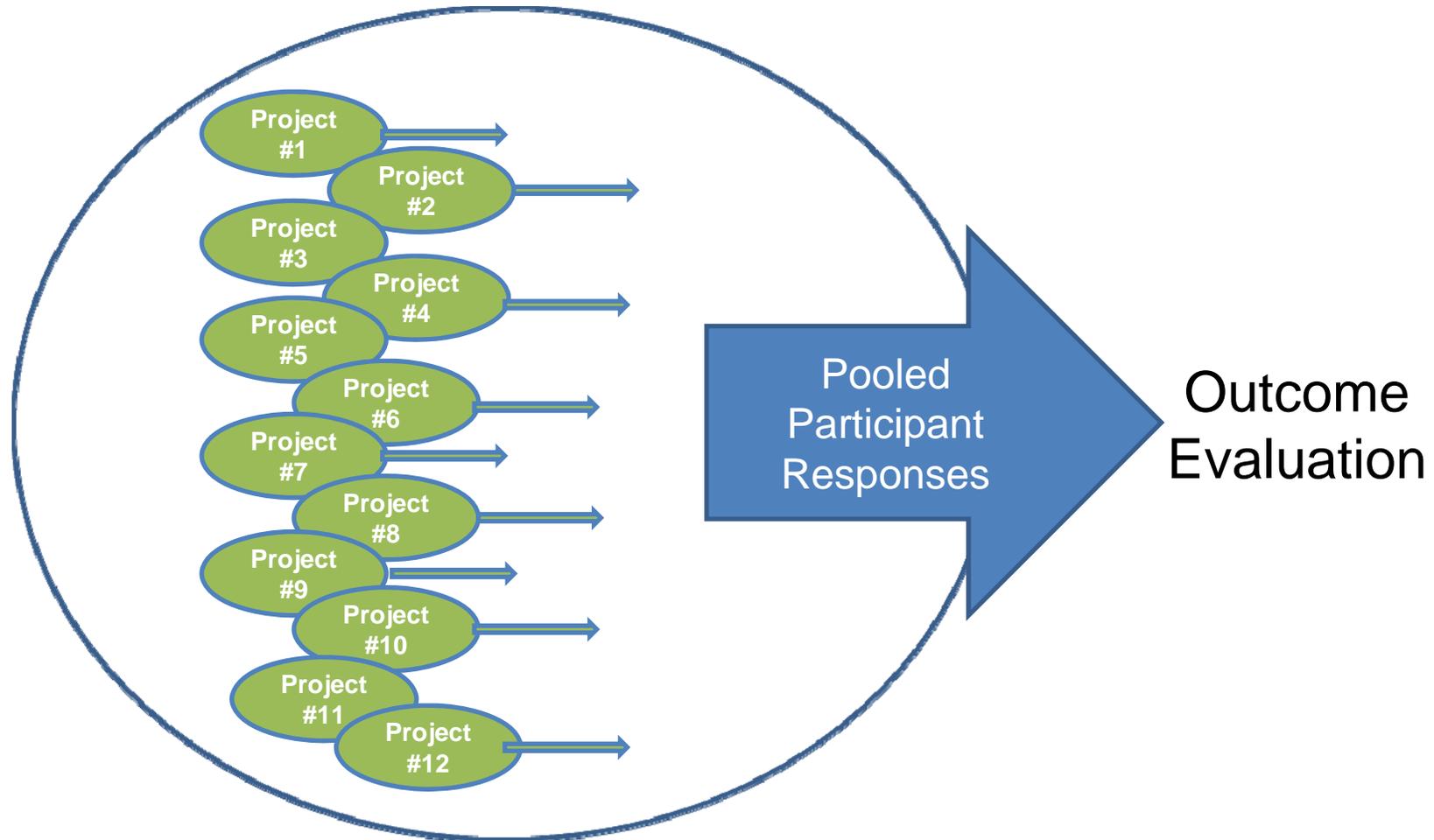
**Challenge for a Healthier Louisiana**  
GRANT PROGRAM

*Supporting healthier communities for children and families across Louisiana*

# Challenge for a Healthier Louisiana



# Evaluation framework



State and Regional-Level Progress – BRFSS, DHH, etc.



# Evaluation: Two Years In...

ACTIVITY	Total
Pounds produce distributed	325,147
Community meetings led about health and nutrition	341
Community runs and exercise events	805
Community & school gardens planted	47
Cooking and nutrition classes hosted	153
School programs initiated (after, summer, or Saturday)	38
Miles of biking/walking paths paved	23
New farmers markets opened (not mobile)	8
New mobile markets opened	5
Parks, schools, other facilities with new or enhanced equipment or amenities	24
Policy councils formed	15



**23**

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biking and  
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**24**

facilities  
furnished with  
new fitness  
equipment



**15**

health and  
fitness policy  
councils



**805**

community  
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**38**

school and  
after-school  
health and  
safety programs

# OUTLINE



Current Health Statistics for Louisiana



Challenge for a Healthier Louisiana



**Louisiana Trial to Reduce Obesity in Primary Care**

*The Louisiana Trial to Reduce Obesity in Primary Care*  
is a 5-year, \$10 M pragmatic trial funded by PCORI.



# GOAL

The primary goal of this research study is to create and measure the effectiveness a 2 year, **patient-centered** weight management program delivered within primary care.

We think that taking into account patients' needs and preferences, while providing guidance to increase physical activity and reduce dietary intake, will help patients experience weight loss and improve their health and the quality of their life.

# PRIMARY AIM

The **primary aim** of this trial is to develop and test the effectiveness of a 24 month, patient-centered, pragmatic and scalable obesity treatment program delivered within primary care in an underserved population.

We hypothesize that:

- 1) Relative to patients who receive usual care, patients who receive a high-intensity, health literacy-appropriate and culturally adapted lifestyle intervention targeting increased physical activity and reduced dietary intake delivered by trained health coaches embedded in a primary care setting and supervised by providers trained in obesity science will have greater percent reductions in body weight; and
- 2) Relative to patients in usual care, patients who receive the intervention will have significant improvements in quality of life, functional capacity, satisfaction with medical care, and improve obesity co-morbidities (hypertension, dyslipidemia, insulin resistance, urinary incontinence and respiratory problems such as sleep apnea).

# SECONDARY AIMS



There are three secondary aims.

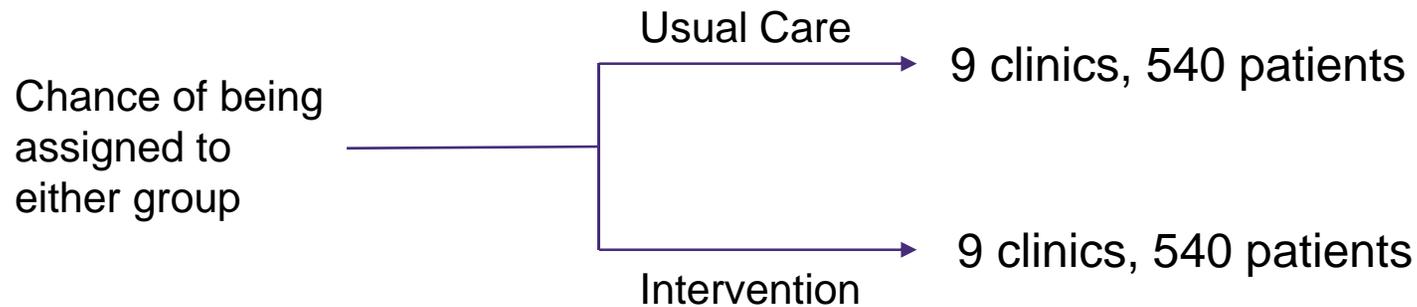
**Secondary Aim 1** is to evaluate relationships between adherence to intervention components (physical activity, diet, sessions, etc.) and corresponding changes in body weight and secondary outcomes (post-hoc analyses).

**Secondary Aim 2** is to examine the effects of the intervention on system-level practices and patient satisfaction with care.

**Secondary Aim 3** is to test the heterogeneity of effects across clinics and across subgroups of patients (men versus women, white versus African American, older versus younger adults).

# STUDY DESIGN

1,080 patients will be recruited (18 clinics, 60 patients/clinic).



# INTERVENTION

- trained health coaches under provider supervision will deliver the active intervention
- a comprehensive, “high-intensity” program, as recommended first-line therapy by the 2013 Obesity Guidelines, and based on the Look Ahead intensive lifestyle intervention
- the intervention will include 15 in-person sessions in the first six months, followed by at least monthly sessions for the remaining 18 months
- the intervention will include evidence-based components and several behavioral strategies. Innovative aspects of the intervention include the addition of a trained “health coach” to the primary care team, a provider education program about energy balance and medical aspects of obesity, and a tailored treatment approach using a computer tracking system and novel toolbox strategies and algorithms
- the intervention materials will be adapted to be health-literacy and culturally appropriate, which is both novel and important for the target population

# COLLABORATION



- Community Engagement

- Intervention
- Education
- Assessment

- Health Literacy



18 Primary Care Clinics

# KEY PERSONNEL



**Peter Katzmarzyk, PhD**  
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**Gary Wiltz, MD**  
Stakeholder  
Teche Action Board



**Willie White III, MPH**  
Stakeholder  
David Raines CHCs



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Tulane University



**Jonathan Gugel, MD**  
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Tulane University



**Carl J. Lavie, MD**  
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Ochsner Health Care



**Eboni Price-Haywood, MD**  
Co-investigator  
Ochsner Health Care

# SUMMARY



Louisiana is burdened with excessive chronic disease, compared with other regions of the United States.



Major prevention efforts are required to turn the tide on the chronic disease burden in Louisiana.



Initiatives such as the *Challenge for a Healthier Louisiana* and the Pennington Biomedical PCORI obesity trial will provide valuable insights into prevention and treatment of obesity and chronic disease within the state.

# THANK YOU!

