Where Are We, and Where Are We Going?

Louisiana has struggled for years to improve its outcomes in education, incarceration, and health. In fact, even prior to the COVID-19 pandemic, our state frequently ranked between 49th and 50th in annual state health outcomes. In direct response to these startling statistics, Louisiana Center for Health Equity (LCHE) and partners launched #LA40by2030, a collaborative effort to improve Louisiana’s health ranking to 40th by the year 2030. This innovative and bold vision was first announced at the 2020 Health Summit, and as the COVID-19 pandemic pummeled the state, the initiative continued to take form.

Positive Trends among Poor Overall Health and Well-being

- Louisiana’s Human Development Index Score increased from 3.92 to 4.35 from 2009 to 2020. While the UN Human Development Index ranges from 0-10 (0 being the worst and 10 being the best) Louisiana’s score is still nearly a full point below the United States’ average score of 5.24.
- The share of adults who lacked a high school diploma decreased, and there was an increase in bachelor’s degree attainment, but there is a high level of variation by race and location.
- Louisiana has a nearly 20-year variation in life expectancy range based on location, sex, and race.

What Does COVID-19 have to do With This?

It is important to fully understand the ties between the pandemic, racial justice, housing justice, and health outcomes because they are all interconnected.

When people cannot afford basic living expenses such as housing, childcare, food, transportation, and healthcare, and cannot access necessary resources, they are made vulnerable to everyday health risks as well as the kind of crisis exemplified by COVID-19. This lack of access to resources coupled with the fact that many Asset Limited Income Constrained Employed (ALICE) individuals have served as frontline workers during the COVID-19 pandemic makes them an especially at-risk group for disparate health outcomes.

COVID-19 showed the severity of health disparities, systemic racism, and implicit biases within the healthcare system. Many of the problems we faced in our response to the pandemic derive from the structural racism that result in a lack of trust, a lack of access, and a preponderance of challenges to the very people who have access to the fewest resources. As a result, as researchers have peeled back the layers, we have learned that vaccine “hesitancy” in certain communities may actually be a lack of access, not true hesitancy. There was an increased presence of COVID-19 and known co-morbidities in areas where there was long-term exposure to air pollutants.

The Social and Political Determinants of Health

The Social Determinants of Health are the social conditions in which we live that contribute to or detract from our health. These conditions influence not only our exposures, but also our behaviors. Improving Social Determinants of Health can have a huge positive impact on broad populations.

The Political Determinants of Health are the policy choices that create the social conditions captured
in the concept of the Social Determinants of Health. If lack of public transportation makes it difficult for people from a certain neighborhood to get to employment centers or healthcare facilities reliably, those people will suffer as a result of a policy choice that generates a social condition. Only policy can solve problems that policy created, but fortunately we are armed with the knowledge that solutions are within reach.

Collaborating to Advance Health Equity in Louisiana

Governor John Bel Edwards joined the summit in support of LCHE’s health equity goals, urging us to collaborate on the necessary programs to achieve #LA40by2030. His call to action was followed by the galvanizing two-day 2021 Health Summit that dug deeply into each of the keystone issues and what can be done to address them.

LCHE brought leaders and experts from Louisiana and beyond, representing government, healthcare, academia, and community groups in a collaborative effort to define the issues and make much-needed recommendations for policy, practice, and research to help us achieve our bold vision during this decade.

The #LA40by2030 plan highlights four recommendations for keystone policies to improve health outcomes for women, children, and families¹

1. Set a state minimum wage higher than the federal minimum wage.
2. Implement trauma-informed approaches and services for Adverse Childhood Experiences (ACEs).
3. Establish a state-run entity to coordinate a systematic approach to women’s health, such as an Office on Women’s Health.
4. Prioritize and adopt key America’s Health Rankings’ health measures as policy.

1. Set a state minimum wage higher than the federal minimum wage

Although we often think of health policy, environmental policy, and economic policy as distinct, they are tightly intertwined. The Summit revealed the vital importance of economic stability for supporting health and well-being. Unfair policies of the past continue to have ramifications today. To achieve our goals, we must:

- Increase the minimum wage to a livable wage
- Expand safety net programs and services including increased SNAP benefits, unemployment benefits and affordable safe housing (both Section 8 and otherwise)
- Continue Medicaid Expansion and increase access to care (preferably achieving universal access to care)
- Invest in statewide broadband
- Invest in better public transportation
- Make environmental health improvements

Massive positive impacts of Medicaid expansion were seen during the pandemic. From 2016 to 2019 the Louisiana Medicaid expansion had reached roughly 485,000 adults who did not have other means of accessing insurance. As of January 2021, as hundreds of thousands became unemployed due to COVID-19, there were over 618,000 enrolled under the Medicaid expansion plan. The foresight of state leaders in expanding Medicaid reduced our vulnerability to the pandemic and the burden that fell on our citizens and our healthcare system as a result.

**Deep Poverty**

- Roughly 33% of Louisiana households (roughly 570,000 Louisianans) are ALICE households, while another 18% live in poverty. Taken together, roughly 51% of Louisianans cannot afford basic living expenses.

- Our unemployment compensation program is an inadequate safety net. Prior to the COVID relief bill, the maximum weekly unemployment support for an individual was $247.

- In the United States in 2018, the overall food insecurity rates were 11.5%. In that same year, the food insecurity rate in Louisiana was 16.1%.

Summit participants described successful efforts to reduce food and housing insecurity, showing that while these issues have a heavy impact on our state, with outcomes considerably worse than national averages, solutions are within reach.

2. **Implement trauma-informed approaches and services for Adverse Childhood Experiences (ACEs)**

ACEs play a substantial role in the behavioral, academic and health outcomes of students. Therefore:

- It is crucial to practice trauma informed care throughout education and healthcare by establishing increased screening and therapeutic opportunities both in and out of school

- We must mandate training on ACEs for all medical professionals (both practicing and training) and incorporation of frequent screenings into healthcare visits

- ACEs are a systemic community issue, not an individual one

- Therapists and mental health professionals should replace police officers in schools

Trauma and economic instability in childhood often has residual effects that echo into adulthood. Studies of the impacts of Adverse Childhood Events (ACEs) show how under-investment in children and families has long-term costs to both individuals and society. The impacts can be severe, including episodic mental health crises, increased likelihood of stress-induced psychological challenges, chronic unemployment, and housing insecurity.

There is great value to society in adopting trauma-informed approaches and to investing in programs that reduce both ACEs and financial stress in Louisiana.

3. **Establish a state-run entity to coordinate a systematic approach to women’s health, such as an Office on Women’s Health**

There’s strong evidence to support making women’s health a priority. Louisiana ranks 50th out of 50 states in the key measures of women’s health. By informing and advancing policies, and educating health care professionals and the public alike, the Office on Women’s Health (OWH) would address critical women’s health issues.
We absolutely must come together to
  • reduce maternal mortality rates
  • improve birth outcomes
  • reduce chronic disease
  • alleviate health disparities

Many health inequities are interdependent, linked by the social determinants of health. For example, strong evidence suggests that women suffer worse health outcomes from food insecurity, and those who do tend to have greater body weight along with a greater BMI and a greater waist circumference. This relationship was not found in men, suggesting that women deserve special attention when we think about food insecurity and how it impacts health. In addition, many women have to travel long distances to access routine health care. 22 parishes in the state lack a hospital offering obstetric services, a birth center, OB/GYNs, or certified nurse-midwives, according to March of Dimes². This leads to health care disparities and a heightened risk of pregnancy-related death.

Allocating funds for evidence-based public health programs and services through a Louisiana OWH can help reduce the burden of health disparities and costs in the state.

4. Prioritize and adopt key America’s Health Rankings’ health measures as policy

Clear, measurable, and realistic benchmarks will be necessary to determine if the tactics being used are successful. If Louisiana is going to move from 50th to 40th in health outcomes in less than a decade, we need data that shows where we are starting from and a clear plan to track our progress on an ongoing basis. America’s Health Rankings provides a standard measurement with which we can both track our progress and plan our initiatives.

LCHE has identified a number of key health indicators that will be necessary to track in order to make real, verifiable progress on our state’s top-line goals. To track them effectively, LCHE seeks support for a planned dashboard that will capture these key health indicators as well as creating a space for community representatives to connect on these shared goals.

Healthcare System and Transformation

Better data will be essential to support improved access to care across the health system, and in the full context of people’s lives.

Efforts within health systems should include specific and measurable goals including:
  • Educational efforts by physicians and medical professionals to increase health literacy
  • Educating community leaders such as faith-based leaders to offer non-medical support of public health initiatives at the community level
  • Emphasis on preventative care measures as a standard for all citizens of Louisiana
  • Programs to support healthy eating and living behaviors
  • Establishing a transparent system for filing complaints within healthcare systems and appropriate accountability measures
  • Establishing a system for communicating data across medical systems, non-profits, and government organizations
  • Establishing clear, measurable, and realistic benchmarks for short-term and long-term success
  • Increasing collaboration between organizations working to build health equity to maximize efficiency

² March of Dimes (2020) Nowhere to Go: Maternity Care Deserts Across the U.S
Potential Barriers to Achieving our Bold Vision

Our bold vision to improve Louisiana’s health ranking to 40th among the states by the end of the decade, known as #LA40by2030, faces several potential barriers. Racism and implicit biases make systems difficult to change and individuals may not recognize their own responsibility for adopting new practices or mindsets. Lack of political will slows health equity-oriented policies, and allies in the struggle for health equity often find themselves working in silos, unaware of who may be able to help, what solutions may have been attempted elsewhere, and disconnected from the networks of support that could benefit all. Lack of funding for #LA40by2030 complicates all of these efforts, and highlights the need for robust partnerships between state agencies, industry, and groups like LCHE.

Politics and Policy

The Political Determinants of Health framework demonstrates that policy is a powerful driver of downstream health outcomes. Many inequities that we experience today, undermining individuals in Louisiana and weakening our state, are the result of past and present political decisions.

We know that the political environment contributes to poor health outcomes, and therefore Health Equity advocates must hold politicians accountable for harmful policy or the failure to support sound policies. By supporting politicians who support health equity in policymaking, and holding them accountable, we will create a political will to do more for Louisiana.

There are hopeful signs that we are ready to take the right steps. From 2016 to 2019 the Louisiana Medicaid expansion reached roughly 485,000 adults who did not have other means of accessing insurance. As of January 2021, over 618,000 adults are enrolled under the Medicaid expansion plan.

We need to rethink business as usual. The Louisiana Center for Health Equity first identified six health measures that absolutely must be improved to accomplish #LA40by2030, and they are achievable with the right policies in place. These six health measures are:

- high school graduation
- obesity
- smoking
- low birth weight
- cancer death
- children in poverty

Recognizing the many interconnected issues that will be necessary to improve the lives of people in our state and to move Louisiana up the health rankings by 2030, we have identified additional indicators, especially focused on the wellbeing of women and children, including:

- maternal mortality rate
- infant mortality rate
- preterm birth rate
- child mortality rate
- teen suicide
- concentrated disadvantage
- adverse childhood experiences
- diabetes rate
- food insecurity
- protective family routines and habit
Together We Can Go Far

If we are to realize our vision of #LA40by2030, we will need more collaboration, we will need system transformation that welcomes patient voices with transparency and accountability, and we will need a shared political will and shared risk. We need commitment from our business industry. We cannot continue to work in silos if we hope to address the social determinants of health.

With Louisiana ranking 49th in overall health as it relates to women and children, and 50th as it relates to women's health, the time is now to come together to reduce maternal mortality rates and ACEs. LCHE is committed to establishing the Louisiana Office on Women’s Health as an essential first step in addressing these issues at a systemic level and achieve the bold vision of #LA40by2030.

We hope you’ll join us in pushing forward our bold vision #LA40by2030. It will take a comprehensive effort involving stakeholders from across Louisiana. People from government agencies, legislature, insurance companies, community groups, schools, businesses, individual citizens, and more can find ways to help. For more information on our work and ways that you or your organization can join us, contact us at lahealthequity.org.
ABOUT LOUISIANA CENTER FOR HEALTH EQUITY

Founded in 2010, the Louisiana Center for Health Equity (LCHE) is a statewide IRS tax-exempt nonpartisan non-profit organization dedicated to advancing health equity to improve the overall health and well-being of the people in Louisiana. LCHE works to eliminate health and healthcare disparities attributable to poverty, lack of access to quality healthcare and unhealthy environmental conditions.

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