



# **2020 Health Summit: Advancing Health Equity for Children and Families**

## **Summary Report**

**LOUISIANA CENTER FOR HEALTH EQUITY**

December 11, 2020



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Suggested citation:

Louisiana Center for Health Equity. (2020, December). *2020 Health Summit: Advancing Health Equity for Children and Families Summary Report* (No. 12920). [www.lahealthequity.org](http://www.lahealthequity.org)

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## **Introduction**

The Louisiana Center for Health Equity (LCHE) is a statewide, nonprofit charitable organization whose primary goals are to address the increasing disparities in health and health care across Louisiana. The Center addresses these disparities through multi-sector collaboration with academia, private and non-private organizations, health care organizations, government entities and others. LCHE represents the interest of health equity by promoting the elimination of health disparities caused by poverty, the lack of access to quality health care, and unhealthy environmental conditions with a focus on wellness and community health.

Now in its fifth year of hosting an annual health summit, LCHE continues to bring together local, state, and nationally recognized subject matter experts and professionals to present and lead discussions with the goal of creating groundbreaking policy changes to improve both the health outcomes and the quality of life of Louisiana families. This report provides a synopsis of key points from each of the plenary and breakout sessions from the *2020 Health Summit: Advancing Health Equity for Children and Families* and provides recommendations for addressing the various issues presented.

The 2020 Health Summit focused on four key objectives:

1. Provide an update on the progress and accomplishments of the current State Health Improvement Plan (SHIP).
2. Identify key health indicators that will move the needle toward improving Louisiana's national health ranking.
3. Engage participants in developing policy to reduce Adverse Childhood Experiences (ACEs), with a focus on concentrated disadvantage<sup>1</sup> and the role racism plays.
4. Highlight school health and education best practices to reduce disparities in academic outcomes, including mental health, bullying prevention, violence prevention, and other factors that contribute to disparities in health and education.

The Louisiana Center for Health Equity recognizes the need to address the fact that Louisiana consistently ranks 49<sup>th</sup> or 50<sup>th</sup> in health outcomes. In response to these unfavorable outcomes, LCHE proposes policy changes to bring Louisiana to #LA40by2030: Louisiana will rank 40<sup>th</sup> in health outcomes by 2030. The Center set forth a bold vision of improving health outcomes and the quality of life for Louisiana children and families over the next decade. By working together, the Center and its partners will realize this vision for Louisiana families.

## **Improving Health Outcomes and Health Equity for Louisiana Children and Families**

Co-chairs Melissa Flournoy, Ph.D. and Alfreda Tillman Bester, M.B.A., J.D. began the opening plenary session of the 2020 Health Summit with a call to action challenging participants to see a bright future for Louisiana. In setting the theme of the Summit, presenters of this session

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<sup>1</sup> "Percentage of households located in census tracts whose averaged z-scores of family households below the poverty line, individuals receiving public assistance, female-headed households, unemployed ages 16 and older and population younger than 18 fall within the 75th percentile" Source: American Community Survey and IPUMS National Historical Geographic Information System

suggested methods by which health care providers, educators, administrators, organizations, and groups whose missions are to improve educational and health outcomes for Louisianans can work toward a Louisiana ranked 40<sup>th</sup> by the year 2030.

John Kirwan, PhD, Executive Director of the Pennington Biomedical Research Center, provided an opening which touched on topics such as health disparities in obesity, diabetes, and education. In an effort to collaborate with partners across Louisiana and nationwide to move the state's obesity rates to 40<sup>th</sup> by 2030, Dr. Kirwan announced that Pennington will launch a campaign in Fall 2020 to decrease obesity rates among Louisiana citizens.

Following Dr. Kirwan, Alma C. Stewart, host of the Health Summit and President and Founder of the Louisiana Center for Health Equity (LCHE), declared 2020 to be the beginning of a decade dedicated to children and families in celebration of the tenth year of LCHE. LCHE, in partnership with public and private health and health care stakeholders, will increase the quality of life for all of Louisiana. Ms. Stewart continued with a focus on Louisiana's health and education outcomes compared to those of the other states. With continued, deliberate action and collaboration Louisiana will accomplish the goal of being ranked 40<sup>th</sup> in health outcomes by 2030.

The Louisiana Center for Health Equity continues to be a force in raising awareness of the dismal outcomes for those in disadvantaged communities. The work LCHE conducts is multi-sector, public and private; they work at the community, grassroots level as well as at the legislative and executive level. This complex, multi-faceted engagement was exemplified through their campaign to expand Medicaid. Further, LCHE's objectives include working with legislators and other policy makers to not simply discuss issues plaguing communities, but also to implement meaningful changes.

Governor John Bel Edwards then officially opened the summit. In his opening comments, Governor Edwards reiterated his office's commitment to improving health outcomes and the quality of life for Louisiana's women and children in particular. He identified key health outcomes and indicators that will improve overall health ranking. He also noted that much of the improvements in the state in terms of health outcomes were due in large part to the work of those in attendance, in particular LCHE. Governor Edwards stated that Medicaid expansion was an easy decision as it was one of his first Acts as governor; Alma C. Stewart, LCHE President, stood by his side when he signed the bill into law.

Governor Edwards went on to speak about how Medicaid expansion directly and positively affected health outcomes in that it provided access to many of the preventative care and primary care measures people needed. However, even when patients receive primary or preventative healthcare services, personal education about necessary behavior changes such as improving one's diet, increasing exercise, or quitting smoking can additionally aid in improving health outcomes. Further, the governor noted that as a result of Medicaid expansion Louisiana now has one of the lowest uninsured rates in the state's history – from a previous of 1 in 4 persons down to 1 in 10, which is also lower than the national average. Additionally, Louisiana is the only state in the South that has not had to close any of its hospitals since Medicaid expansion.

Governor Edwards further discussed issues such as pay equity, improving workplace conditions for pregnant women, and combating the increased maternal mortality rates especially among

African American women all of which are addressed in his legislative packet. The governor reiterated the importance of closing the pay gap and addressing minimum wage; Louisiana has no minimum wage law and so follows the federal wage which currently stands at only \$7.25 per hour. Further, the governor stated that pregnant women are still subject to informal employment discrimination ranging from termination to a reduction of duties in lieu of simple accommodations. Finally, the governor noted his office will implement a maternal mortality review board to address health concerns of both mother and child and to ensure uniformity in review. To this end, the governor will work to ensure hospitals and birthing centers have written policies and procedures to investigate and report any maternal death and do so in a timely manner, using this information to inform further policies to reduce maternal mortality.

While the Summit charged participants to improve health and education outcomes over the course of a decade, the outbreak of a pandemic shortly thereafter magnified the importance of a steadfast, consistent journey to meet those goals. COVID-19, which is a type of coronavirus, bombarded Louisiana's healthcare system in late March 2020. As of the date of the Summit, March 2, 2020, Louisiana had not yet recorded its first case of the coronavirus. As of the time of this report—late June 2020—Louisiana has had over 56,000 confirmed cases of COVID-19 and over 3,000 COVID-19 related deaths.<sup>2</sup> While these numbers underscore the severity and prevalence of the disease, further data shed a spotlight on the enormous and disparate impact the virus has had on African-Americans.

In light of the record number of deaths from COVID-19 and the startling statistics both in terms of race and underlying health conditions, Governor Edwards established the COVID-19 Health Equity Task Force to address these issues and more. The Task Force includes two co-chairs and initially the following subcommittees: (1) Public and Regulatory Policy; (2) Nursing; (3) Medical Community; (4) Health Disparities and Research; (5) Data and Analytics; (6) Community Outreach and Engagement; and (7) Taskforce Administration. The taskforce's purpose is to assess research and analyze information to improve health outcomes in an equitable manner. The task force's progress can be tracked using a new, developing Health Equity Dashboard.<sup>3</sup>

From the outset, COVID-19 related data began to highlight health disparities in a way that has only grown starker since March. Specifically, the number of deaths from the coronavirus by race was a clarion call that not only showed how dismal health outcomes are for African-Americans in the state, but demanded a solution. Initial data reports showed that African-Americans accounted for over 70 percent of deaths attributed to the coronavirus.<sup>4</sup> Though CDC reports note that those with underlying health concerns are more vulnerable to COVID-19 and fare worse, there is still much concern that health disparities are also a factor in such an overwhelming number of deaths in Louisiana's African-American community.

Continuing with Louisiana's health initiatives, Dr. Alexander Billioux, Assistant Secretary of the Louisiana Department of Health – Office of Public Health, discussed the Department's initiatives

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<sup>2</sup> <http://ldh.la.gov/coronavirus/>

<sup>3</sup> <https://gov.louisiana.gov/index.cfm/newsroom/detail/2469>

<sup>4</sup> Deslatte, Melinda. "Louisiana Data: Virus hits Blacks, People with Hypertension." *U.S. News*, <https://www.usnews.com/news/best-states/louisiana/articles/2020-04-07/louisiana-data-virus-hits-blacks-people-with-hypertension>. Accessed 24 April 2020.

to improve health outcomes. Dr. Billioux’s objective was to provide an update on the progress and accomplishments of the State Health Improvement Plan. On the topic of COVID-19, Dr. Billioux stated that his office’s increasing technological literacy allowed the office to be more closely connected to the communities that need it. Additionally, by leveraging their new technological advantage, Dr. Billioux felt better prepared to respond quickly and thoughtfully to emergencies like hurricanes or COVID-19.

Dr. Billioux noted that Louisiana is beginning its second health assessment, known as the State Health Improvement Plan (SHIP) in Region 3 in Houma, Louisiana. Dr. Billioux also explained that as the Office of Public Health, the office’s most important role in the assessment was listening to communities. He explained that the office conducts the SHIP through a process called MAPP, or “mobilizing for action through planning and partnerships.” MAPP has six important steps: (1) receiving meaningful input from community leaders to “establish a vision for quality of life in communities”; (2) assess the gaps between where [the office is] now and where that vision is; (3) identify the strategies that will help the office move through action to close that gap; (4) develop concrete goals and action steps to bridge the gap; (5) structuring the those action steps in a way that allows the office to measure its progress; and (6) contextualize the work “in the vein of learning” so that the work prioritizes and encourages the expertise and agency of the community itself. Dr. Billioux explained that current SHIP has five priority improvement areas: (1) supporting behavioral health; (2) promoting healthy lifestyles; (3) assuring access to health; (4) promoting workforce and economic development; and (5) building back the public health infrastructure. In short, the assessment was to determine how to improve the overall health and community development of an area.

OPH piloted a community health worker program called Community HealthWays in St. Landry Parish. The initial pilot was successful because the Office of Public Health (OPH) coordinated well with other agencies such as the Department of Children and Family Services (DCFS) around the individuals’ needs. The Community HealthWays will be implemented in an additional six parishes as the state continues to assess health outcomes.

Dr. Danielle Dooley, General Pediatrician and Medical Director of Community Affairs and Population Health of the Child Health Advocacy Institute at the Children’s National Hospital, Washington, D.C., provided additional remarks. Dr. Dooley discussed the American Academy of Pediatrics’ (AAP) policy statement, which she co-authored, entitled “The Impact of Racism on Child and Adolescent Health.” Dr. Dooley highlighted school health and education best practices to reduce disparities in academic outcomes, including mental health, bullying prevention, and violence prevention.

Dr. Dooley’s focus was on the issue of racism as a determinant of child and adolescent health. In the AAP’s policy statement, Dr. Dooley noted that racism can affect many areas of a child’s health including “birth disparities and mental health.”<sup>5</sup> Further, the statement noted that it is imperative primary healthcare providers understand that racism can be experienced institutionally,

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<sup>5</sup> Trent M, Dooley DG, Dougé J, AAP SECTION ON ADOLESCENT HEALTH, APP COUNCIL ON COMMUNITY PEDIATRICS, AAP COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics* 2019;144(2):e20191765, pg. 2.

personally, or internally.<sup>6</sup> Ultimately, the statement finds that the “[f]ailure to address racism will continue to undermine health equity for all children, adolescents, emerging adults, and their families.”<sup>7</sup> To combat this issue, the statement notes that “by acknowledging the role of racism in child and adolescent health, pediatricians and other pediatric health professionals will be able to proactively engage in strategies to optimize clinical care, workforce development, professional education, systems engagement, and research in a manner designed to reduce the health effects of structural, personally mediated, and internalized racism and improve the health and well-being of all children, adolescents, emerging adults, and their families..”<sup>8</sup>

### **Trauma-Informed and Restorative Practices to Mitigate Adverse Childhood Experiences**

The session entitled Trauma-informed and Restorative Practices to Mitigate Adverse Childhood Experiences (ACEs) provided a wealth of information regarding research, education, and public policy. The objective of this session was to present the Louisiana ACE Survey Report and engage participants in understanding policy to reduce ACEs with a focus on communities with concentrated disadvantage. Key topics covered during this session were ACEs and their effects on health outcomes, the scope of ACE education and awareness in Louisiana, and strategies in communicating the detrimental effects of ACEs to the general public.

The keynote speaker for this session was Dr. Jonathan Goldfinger MD, MPH, FAAP, a pediatrician and renowned expert in maternal and infant health. He also serves as a Trauma-Informed Primary Care Implementation Advisory Committee Member for the California Office of Surgeon General. The other contributing speakers were Dr. Paula Zeanah PhD, MSN, RN who serves as the Research Director for the Picard Center for Childhood Development at the University of Louisiana at Lafayette, and Ms. Jennifer Drake-Croft MSSW, IMH-E® who serves as the Director of Child Well-being for the Tennessee Commission on Children and Youth. All three of these individuals have made significant contributions to research, treatment, and education of ACEs and shared their extensive knowledge in their respective areas of expertise.

Dr. Goldfinger’s presentation sought to describe what a systemic response to ACEs might look like and how to construct a trauma-informed system with effective policy. He began his presentation by describing in detail the enormous impact ACEs have on health and society. A landmark study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente revealed that ACEs were common, with almost two-thirds of study participants reporting at least one ACE and more than one in five reported three or more ACEs.<sup>9</sup> The study also demonstrated the negative impact of early adversity on adult health outcomes. Further research has shown that ACEs are linked to nine out of ten leading causes of death in the United

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<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> *Id.* at pg. 1.

<sup>9</sup> Felitti V, Anda R, Nordenberg D, Williamson DF, Spitz, AM, Edwards V, Koss MP, Marks JS.

*Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998 May;14(4):245-58*



States (Figure 1). ACEs also have a large, negative economic impact. In California alone, 112 billion dollars is spent every year in relation to adult health issues linked to ACEs. In response to the drastic economic and health impact of ACEs, California began taking aggressive steps to screen and treat them in both adults and children.

Dr. Goldfinger then described the steps that California is taking to screen for ACEs in both adults and children. Identifying ACEs early can lead to reduced healthcare costs over a patient's lifetime, and screening in adults can help to break the intergenerational cycle of transmission of ACEs. The screening tool that California is using to screen for ACEs is called the Pediatric ACEs and Related Life Events Screener, or PEARLS. This screening tool, developed by the Center for Youth Wellness and University of California, San Francisco, screens for various forms of abuse, neglect, and household dysfunction. Beginning January 1, 2020, California Medicaid (Medi-Cal) will reimburse providers who administer screenings.

Screening and treatment of ACEs is vital for both adults and children. It was stressed that ACEs are not just a problem that affects children, but that it is a multigenerational issue. Dr. Goldfinger explained how a child that experiences toxic stress may later suffer poor academic performance which can trigger substance abuse. Later in life these stressors contribute to adult mental and physical health issues. One suggested method of combating ACE-derived problems in adulthood is to expand the focus and scope of healthcare provided during the stages from pre-conception through pediatrics. However, the lack of coordination between providers currently presents an obstacle to such efficient, thorough healthcare expansion. Pre-natal, obstetric, post-birth, and pediatric care are all covered by different doctors even for a single patient. Dr. Goldfinger argued this fragmented healthcare is not cohesive enough to break the intergenerational cycle of ACEs. More consistency and coordination between healthcare providers is needed so that effective care can be provided before pregnancy, during pregnancy, and during childhood. In addition, effective exchange of health information is crucial in measuring the effectiveness of programs to combat ACEs.

## ACEs dramatically increase risk for 9 out of 10 leading causes of death in US

	Leading Causes of Death in US, 2017	Odds Ratio Associated with $\geq 4$ ACEs
1	Heart Disease	2.1
2	Cancer	2.3
3	Accidents	2.6
4	Chronic Lower Respiratory Disease	3.1
5	Stroke	2.0
6	Alzheimer's	4.2
7	Diabetes	1.4
8	Influenza and Pneumonia	
9	Kidney Disease	1.7
10	Suicide	37.5

Source of causes of death: CDC, 2017

Sources for odds ratios: Hughes *et al.*, 2017 for 1, 2, 4, 7, 10; Petrucelli *et al.*, 2019 for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014 for 6 (dementia or Alzheimer's disease); Center for Youth Wellness, 2014 and Merrick *et al.*, 2019 for 9

Figure 1: Leading causes of death in the United States and their association with ACEs

Dr. Paula Zeanah's presentation focused on her research regarding the prevalence of ACE education, advocacy, and trauma informed approaches in Louisiana. Dr. Zeanah and her research team published a report entitled *A View from the Field: Awareness, Activities, Approaches for Addressing Adverse Childhood Experiences in Louisiana (AAA for Addressing ACEs)*.<sup>10</sup> This report addressed three specific questions: (1) what is the saturation of ACEs education and awareness in Louisiana; (2) what are the trauma-informed prevention and intervention activities in Louisiana, including research and advocacy; and (3) what are gaps, needs, and priorities for ACE education and prevention and intervention activities. The study surveyed over 980 respondents in professional sectors serving children and families, including juvenile justice and law enforcement, education, mental health providers, and legislators. Participants were queried regarding their ACE knowledge, their capability to provide ACE related services, and perceptions as to whether ACE-related information is important for their work.

The majority of survey respondents believed that ACE knowledge was important to their work but felt that they required more education. It was also found that ACE awareness may be limited in certain fields such as law enforcement and the business community. Interviews with participants in these underrepresented fields were highly informative; the participants said that the way they approached their jobs changed as a result of ACE education. It was also noted that there is a pressing need for therapists who are trained in using evidence based, trauma informed therapies, and that the training of mental health professionals should be prioritized. Another urgent need is for trauma-informed policies in schools. For example, respondents noted that zero-tolerance policies are counterproductive for children who have experienced trauma, and trauma-informed approaches are more responsive to such children. Other findings from the report include a perceived need for better inter-agency communication, and a desire for resources for referral services and professional and community education (Figure 2).

## What are Gaps/Needs?

- Few respondents from physicians, law enforcement, faith-based, and business communities
- Insufficient expertise in trauma-informed, evidence-based approaches across service sectors
- Need/desire for better interagency collaboration and communication-across service sectors, across communities
- Need to consider community contexts; care for the caregiver
- Need for trauma-informed policies
- Resources: funding, referral services, strategies, tools/materials for professional and community education



Figure 2: Gaps/needs in ACE awareness and education from Dr. Zeanah's report

<sup>10</sup> Zeanah, P., Cartier, J., Dick, S., Dickson, A., Larriau, J., LaVine, C., Osofsky, J., & Zeanah, C. *A view from the field: Awareness, activities, and approaches for addressing Adverse Childhood Experiences (ACEs) in Louisiana*. 2020. Summary Report retrieved from [www.picardcenter.louisiana.edu](http://www.picardcenter.louisiana.edu).

Jennifer Drake-Croft’s presentation was on how to effectively communicate the detrimental impacts of toxic stress on child development to non-professionals and how these communication strategies were instrumental in establishing programs to combat ACEs in Tennessee. She introduced the work of the Frameworks Institute which is a research institution that makes complex scientific concepts accessible to the public (Figure 3). She then emphasized the importance of using such accessibility techniques so that laypeople can understand how the problems caused by toxic stress in early childhood can lead to many of the issues society faces today. In the interest of accessibility, Ms. Drake-Croft encouraged laypeople to think of early childhood development as the building of “brain architecture.” Quality relationships with caregivers during a child’s early years form a strong “foundation” upon which all development and behavior is later “built.” Toxic stress during these fundamental years can disrupt the “construction” of this foundation, resulting in an increased vulnerability to both physical and mental health issues.

Later in her talk, Ms. Drake-Croft discussed the history behind the Building Strong Brains Tennessee ACES Initiative Communities. Prior to the development of a state-wide response, individual communities had been developing their own programs to address ACEs. The state then formed a workgroup comprised of individuals from the public sector and the private sector to facilitate interagency communication and develop a statewide response. Several state-wide projects, including the Rotary-Family Youth Initiative and Allied Behavioral Health Solutions, were developed to address ACE awareness, education, and prevention. In addition, Tennessee recognized the importance of community organizations being involved in the ACE response, and as a result, provided funding for grants across a variety of sectors, including mental health services, education, and faith-based organizations to allow individual communities to develop programs tailored to their needs.

## Using Communications Science to Advance Core Developmental Concepts

- 1 **Brain Architecture** is established early in life and supports lifelong learning, behavior and health.
- 2 Stable, caring relationships and “**Serve and Return**” interactions shape brain architecture.
- 3 **Toxic Stress** in the early years of life can derail healthy development.
- 4 **Resilience** can be built through “Serve and Return” relationships, improving self-regulation skills and executive function. Though there are sensitive periods of brain development in early childhood and adolescence, resilience can be strengthened at any age.



Figure 3: Effective terms that can be used to describe brain development and toxic stress

The three speakers provided excellent recommendations regarding policy to address ACEs. The main points from this session are as follows: (1) ACEs are highly detrimental to public health and have a major, negative economic impact; (2) screening and treatment for ACEs in both parents and children results in improved outcomes; (3) professionals in various sectors, especially mental healthcare providers, recognize the importance of addressing ACEs, and would like access to quality, evidence-based ACE education; (4) effective policy solutions, such as removal of zero-tolerance policies in schools, may be beneficial in addressing ACEs; (5) efficient and accessible messaging of the scientific aspects of ACEs can bring together government officials and community leaders to effectively understand and address ACEs; and (6) involvement of community organizations can be highly beneficial in addressing ACEs. Taken together, the information provided by the speakers can be used to craft policy that will be successful in addressing ACEs and improving the health of our communities.

### **State and Federal Economic Security and Safety Net Policy Implications for 2020**

Jeanie Donovan, Health Policy Advisor, Louisiana Department of Health, opened the panel on State and Federal Economic Security and Safety Net Policy Implications for 2020. Jan Moller, Executive Director of the Louisiana Budget Project, began by focusing on the recent success Louisiana has seen in reducing its uninsured rate as well as the work that still remains to address social determinants of health through policy. Moller noted that the expansion of Medicaid has brought Louisiana's uninsured rate below the national average, but Louisiana still ranked 49th in the latest United Health Foundation, America's Health Rankings. This is because Louisiana still lacks in effective policy targeting other health determinants such as poverty, obesity, high school graduation rates and the rate of violent crime. A healthy Louisiana must promote health with a similarly wide-ranging variety of policy, education, and services.

The panel then discussed potential threats that certain federal or state policy proposals could pose to the Medicaid safety net. At the federal level, attempts to transform the Medicaid program into a single federal block grant could hurt the ability of states to respond when the need for Medicaid services increases, such as during a pandemic or a recession. At the state level, policies requiring Medicaid recipients to fulfill specific and sometimes onerous work requirements could make it harder to access Medicaid.

To supplement the discussion of how policy can threaten the stability of the Medicaid safety net, the Summit provided space for a discussion of United Way's ALICE Report to elaborate on these identified threats. The ALICE Report (Asset-Limited Income Constrained yet Employed) found that a family of one would need an hourly wage of at least \$9.77 to survive with basic necessities such as housing, transportation, and food; this is offered in contrast to the \$7.25 minimum wage effective in Louisiana. Further, the ALICE Report noted that those categorized as ALICE, or as "working poor," included individuals whose age ranged from below 25 to over 65 years of age. In fact, those aged 25 or under were more likely to be identified as living in poverty; individuals aged 25 or under constituted 50 percent of Louisiana's households in poverty. The report additionally found that of those in poverty, only nine percent were married and single heads of household in poverty were disproportionately female; compare 59 percent of female heads of household in poverty with only 30 percent of male heads of household. Courtney

M. Scott, the Chief Service Officer for the Office of Mayor-President Sharon Weston Broome, spoke to bring attention to her work in East Baton Rouge Parish. In her position, Scott supports the development of Mayor-President Broome's strategic city initiatives to increase volunteerism and community engagement. With more than 15 years of experience in project management, community engagement, and communications, Scott makes use of her meaningful relationships with those in Baton Rouge's art, culture, non-profit, academic, business, and civic communities to support the mayor's initiatives. During the Summit, Scott highlighted the Youth Workforce Experience program, which is an example of the type of public-private partnership Scott and the mayor's office work to support. Through this program, participants gain valuable job experience and skills in a part-time job arrangement with the goal to prepare young people to enter the workforce. Scott is an advocate of such strategic partnerships that bring together the businesses, nonprofits, and philanthropic communities to create high impact partnerships that catalyze progressive change, particularly in communities where government support alone may be ineffective or intrusive.

### **The State of Obesity in Louisiana: Exploring Evidence-Based Solutions**

Serving as a moderator, Dr. Rani Whitfield lead a discussion on obesity in the State; the goal of this discussion was to bring to light the extent to which obesity is an issue in Louisiana and to identify solutions to address this issue. Leanne Redman, PhD, Director, Reproductive Endocrinology and Women's Health Laboratory Pennington Biomedical Research Center shared significant information about her work on helping women gain a healthy amount of weight during pregnancy. When women gain too much weight during pregnancy, they have an increased likelihood of having a bigger baby which can lead to complications for the newborn. Gaining too much weight during pregnancy also worsens delivery outcomes and most of the time leads to pre-term births and C-sections. Dr. Redman went on to explain that if a woman is overweight or obese while pregnant, the risks are even greater for well-known health problems such as heart disease, hypertension, diabetes, and strokes; fifty percent of mothers gain excess weight over the course of their pregnancy as noted by the Centers for Disease Control and Prevention. One of the leading causes of weight gain in pregnant women is not having control of calorie intake while pregnant. Dr. Redman went on to explain that usually when the mother is obese, the risks carry on to the child. Typically, when a child is born bigger, they continue to be larger throughout the spectrum of their life.

Some measures have been taken to address obesity in pregnant women. To this end, Pennington initiated the Smart Moms app, which is a personalized weight management program designed to coach pregnant women on improving calorie quality. The program is funded by National Institutes of Health with a \$1.5 million grant. The results of one data assessment showed that women who used the app and program did not gain excessive weight. In addition to the Smart Moms app, the Healthy Beginnings Program offers a patient-centered, weight-management program delivered solely through the internet. The program was developed in partnership with the Louisiana Women, Infants and Children (WIC) Program and included WIC participants, and community stakeholders. Dr. Redman went on to explain that the program was cost-effective to implement and therefore scalable. Features of the Healthy Beginnings Program plan include diet information with recipes entirely composed of WIC-accessible foods as well as cookware

incentives, recommended physical activity can be accomplished at home, and social support which gives participants the opportunity to earn rewards for socializing. In closing, Dr. Redman shared that LDH has nine regions, and throughout those regions, 432 pregnant women are certified to receive WIC.

Denise Holston, PhD, RDN, LDN, School of Nutrition and Food Sciences, LSU AgCenter began her presentation by focusing on poverty as it relates to obesity. As a qualitative researcher, Dr. Holston focuses particularly on high poverty rural areas. These are areas where residents lack access to healthcare and have limited availability of preventable services, have little or poor infrastructure, lack access to affordable and healthful foods, lack safe physical activity opportunities, and have high numbers of overweight/obese individuals. As background information, Dr. Holston introduced the Center for Disease Control High Obesity Program which was designed to increase access to healthy foods and safe places for patient access to decrease obesity rates by using a community-participatory approach to address food and patient access policies, systems, and environments. As a researcher, Dr. Holston created focus group discussions where she assessed the needs of the community members and their reaction to the lack of access to foods and services. The overall purpose of these discussions was to describe perceptions of the local food environment and factors related to food access among low-income families. Of the study, 44 low income adults participated. Ninety-three percent of participants were African Americans (eight were males), 43 percent reported not having enough food, 57 percent reported running out of food, and 45 percent reported using food in the pantry.

Many participants thought the cost of food was too high at stores. Dr. Holston assessed whether possible price fluctuations were taking place in rural areas that contributed to the barriers to accessing food. Other findings revealed that most participants reported that they travel 30 or more miles to stores to stretch money because prices at the closer stores were too high. It was discovered that transportation for monthly trips to the grocery stores ranged from \$10-\$40 per trip. In conclusion, we can improve food access in rural areas by identifying complex and contributing factors that lead to food insecurity and provide public transit to grocery stores with low prices.

Peter Katzmarzyk, PhD, FACSM, FAHA, FTOS, Pennington Biomedical Research Center shared a significant amount of statistical information related to obesity. Over 69 percent of US adults are overweight, and 35 percent are obese. Seventeen percent of US children between the ages of 2-9 are obese. Dr. Katzmarzyk shared that each year the obesity rate increased but noticed that the incidents of weight management counseling simultaneously declined. In response to this, Pennington developed a Diabetes Prevention Program, which provides lifestyle intervention and counseling that helps to improve physical activity as well as providing participants with tools and skills to sustain the intervention for longer than six months after program completion.

A small intervention trial was done in Louisiana comparing intensive medical therapy and lifestyle intervention versus usual care over the course of two years. The trial was unfortunately cut short due to the interference of Hurricane Katrina. However, the available findings showed that five to ten percent of the participants achieved a significant amount of weight loss after two years. This trial also proved that primary care is a viable way to manage obesity. In addition to

the successes of the trial, the results also showed that doctors' unwillingness to treat patients covered under Medicare or Medicaid plans presents a major barrier to those patients receiving this critical interventional care.

To facilitate a discussion based on the information provided during the previous panel, attendees were encouraged to participate in a "breakout panel" where they were prompted to explore evidence-based solutions to improve obesity outcomes for children and families. This space allowed for the attendees to interact with the panel speakers, and encouraged them to ask the panel speakers questions on topics that may not have been covered. Participants asked complex questions, touching on topics such as a perceived increase in impersonal doctor visits and a lack of insurance-covered preventative services such as health education.

Overall, the panel put forth several recommendations and policy comments. Such takeaways included addressing food insecurity in rural areas, increasing insurance coverage for "front end" health services such as education, increasing the acceptance rate of Medicaid by physicians, and increasing access to health education and health educators. As the panel of speakers discussed, these issues are complex and need a similarly complex and culturally competent response.

### **Preparing Louisiana's Workforce for In-demand Jobs that Pay a Living Wage – Now and in the Future**

Alfreda Tillman Bester, MBA, JD, Assistant Secretary, Louisiana Department of Children & Family Services, moderated the next panel, which presented participants with information about Louisiana's workforce, including the need for a livable wage, increased cross-sector collaboration, and equitable employment opportunities for people of color. Jessica Vallelungo, Director, Career and Technical Education, Department of Education, began by introducing the Jump Start graduation pathway, which redefines industry-based credentials (IBCs) and Career and Technical Education (CTE) in the state of Louisiana. Jump Start pathways encourage the completion of standard high school graduation requirements while incorporating industry-specific coursework; the program allows participants to meet high school graduation standards while simultaneously working to complete an Industry Based Credential (IBC) in their field of choice. The pathway program also incentivizes the completion of certain highly valued IBCs to prepare participants for work in high demand fields.

98 percent of students who participate in Jump Start are considered prepared to go to college, but college is not always a practical choice for these students. For those students not attending college, Jump Start provides them with many other benefits, including legitimate work experience in their desired field and completion of low-level work and education requirements before formally entering the workforce. For example, a student who completed the Jump Start program may enter the workforce already having worked toward achieving RN certification because they worked up to CNA certification during high school. In 2018 nearly 9,000 students graduated from the Jump Start program; during the 2017-2018 academic year Jump Start students earned nearly 100,000 credentials. Louisiana Department of Education is expecting to launch "Jump Start 2.0" which will be defined by three major goals: Jump Start graduates demonstrate success in the workplace, graduates are prepared to work in high wage and high

growth industries, and students are as aware of Jump Start as they are of TOPS as a pathway to a career. The Department of Education is also intending to encourage community leaders to create systems that bridge education and employment, without state intervention, throughout Louisiana.

Toni Weaver-Myer, EdD, Executive Director for Workforce Solutions, Baton Rouge Community College presented information regarding the Baton Rouge Community College's (BRCC) workforce division. BRCC's Workforce Solutions Division provides opportunities for students to receive accelerated training and learning in order to move into the workforce; this service is primarily targeted to underserved populations. The division, with the help of partners such as EmployBR, Louisiana Workforce Commission, the Louisiana Department of Education, and Louisiana Rehabilitation Services, also hosts summits to identify industry needs with regard to training and employment opportunities. Key areas of focus provided at the summits include employability skills, communication skills, partnerships, and programs for successful employment related to disadvantaged populations. To this end, the division also partners with local hospitals for healthcare employment trainings. The trainings expose students to potential occupations such as medical assistant, phlebotomist, and pharmacy technician. In addition, the division has put together ancillary services to overcome transportation, childcare, and work schedule conflict issues for students.

Kenny Lynch, Director of Workforce Commission, then shared information on the labor market as it relates to opportunity forecasts in fields such as IT, construction, transportation, healthcare, and oil and gas. The Louisiana Workforce Commission partners with Ochsner, the Louisiana Department of Corrections, and the Coastal Protection and Restoration Authority. Some of the commission's work focuses on veterans and their spouses transitioning from the military to the workforce, incumbent worker training programs for workers to train employees for promotional opportunities, and coastal restoration which emphasizes employing those returning from the Department of Corrections. Lynch closed by stating that money is available for these programs, but most people do not know about the funding or how to access it.

Following this panel, Summit attendees were again encouraged to participate in a breakout session; this time, they were prompted to think about how to create a workforce-ready youth population. The breakout was very productive, and participants offered the following ideas: early skill training and intervention, exposure to non-traditional job paths, supportive job opportunities, and widespread opportunities to earn a living wage. Following this breakout, participants were encouraged to ask panel speakers questions. Question topics included achieving generational employment success, how to better advertise career paths and availability of funds, and how to identify industry demand for workers.

### **School to Prison Pipeline: Youth Voices and the Journey to Impact Systems at the Local Level**

Lenell Young, Director of Louisiana Parenting Education Network, served as moderator to discuss youth perspectives of the juvenile system and the school to prison pipeline. Young highlighted that children were exposed to racial profiling early in their lives because of the implementation of zero-tolerance school policies and the presence of police in the school



hallways to enforce those policies. These types of policies, Young continued, do not foster a positive, nurturing learning environment for students.

Clay Walker, JD, Director of Juvenile Services for Caddo Parish, began his presentation with statistics on incarceration rates in Caddo Parish. Walker noted that Caddo Parish has historically had remarkably high incarceration rates, which leads to traumatic experiences for many placed in detention centers. Walker noted that Caddo Parish developed a comprehensive response to address this trauma. Data from the court is used to track the number of children and adults who had a history of trauma. General court data showed a 20 percent recidivism rate among the children in delinquency court. Through intervention, Caddo Parish detention centers have seen a notable decrease in detention rates. In 2000 there were 1,159 children admitted to detention. By 2019, detention rates had been reduced so that 368 children were admitted. See Figure 1 below.

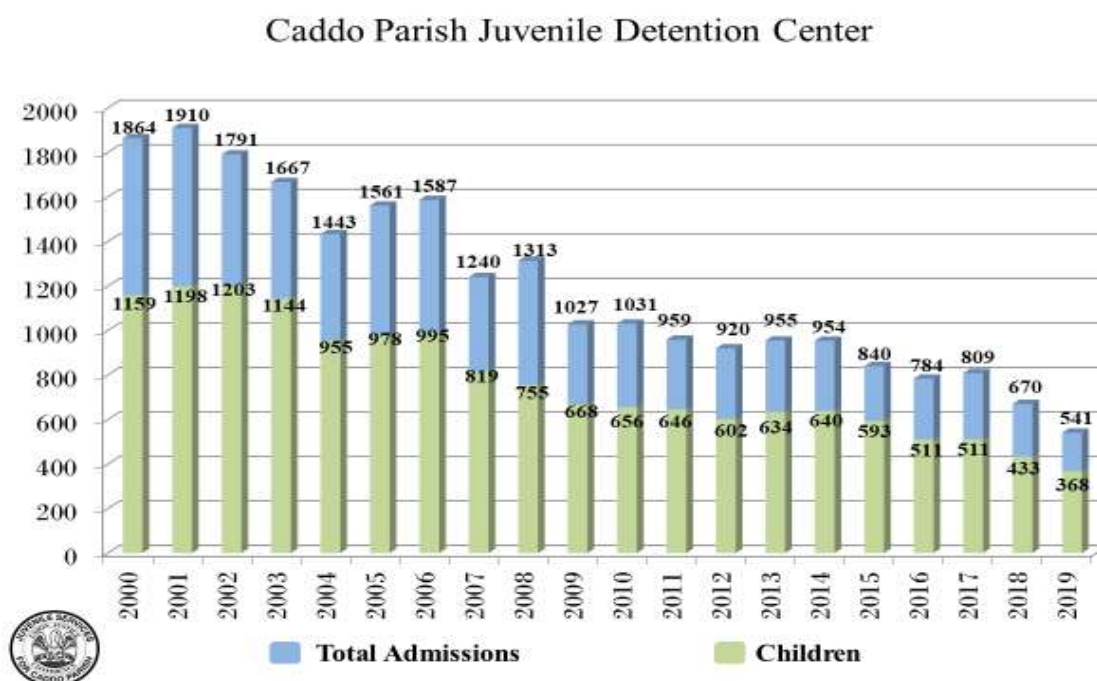


Figure 4: Juvenile Detention Center Admission Rates

Walker noted as well that in-school measures were implemented to ease the effects of detention-induced trauma. The goal of these measures was to decrease and eventually eliminate the school to prison pipeline. The implementation of a misdemeanor referral center and alternative conflict resolution measures such as fight diversion, principal’s choice, and next day meeting with parents all helped to decrease instances of suspensions for fights at school. Walker noted that as a result of these measures, 94 percent of students did not have another instance of a fight that school year and graduation rates increased from 59.8 percent to 80.9 percent.

Erin Roepkey, MSW, Program Director PAXIS Institute, discussed an evidence-based program for teaching children self-regulation referred to as PAX. PAX is a good behavior set of research-based strategies that teachers use to teach self-regulation. These skills, Roepkey noted, are not

only essential skills for use in the classroom, but also skills students can use for life. Roepkey highlighted four skills humans need not only to survive but to thrive: 1) richly reinforced pro-social behaviors; 2) experience limits on problematic behavior; 3) reduced impact of toxic influences acting upon us; and 4) psychological safety and flexibility. Roepkey noted the use of environmental intervention by creating a more nurturing environment aided in self-regulation. Just as adults require continued support in changing their behaviors, so do children require the same reinforcements for support in exhibiting positive behaviors. Implementation of the PAX Good Behavior Game saw improvements in standardized reading and math test scores in six Ohio counties irrespective of the curriculum used. In Evangeline Parish, implementation of the PAX Good Behavior Game saw improvement in stress reduction among teachers who became less irritable, less impatient, and more tolerant.

### **Building a Bold Advocacy Agenda**

The final session of the Summit was an afternoon plenary focused on identifying key takeaways from all of the information provided during the Summit. The purpose of this plenary was to use that information to identify recommended courses of action and create plans to implement those actions in such a way as to achieve the desired improvements. Further objectives of the plenary included describing the key immediate policy goals to advance health equity for children and families in Louisiana, describing the importance of organizing and collaborating to advance policy goals, and to provide summit participants with actionable next steps to advocate for policy change. The afternoon plenary was composed of moderator Katherine L. Cain and speakers Alma C. Stewart, Lisa T. French, Alfreda Tillman Bester, Charmaine Caccioppi, and Dr. Dana R. Hunter.

Katherine L. Cain, MPH, Bureau of Planning and Performance, Office of Public Health, Louisiana Department of Health, expressed the importance of working across sectors to improve the health of Louisiana children and families. In order to advance health equity for children and families, all parties concerned must be deliberate, dedicated, determined, bold, focused, and aligned in our work to achieve this goal with efficacy. When asked to identify barriers to health equity for children and families, the plenary audience listed the following: violence, poverty, racism, pay disparity, integrative healthcare, abuse, and neglect. Ms. Cain closed with the following question: how can we go further together?

Alma C. Stewart, RN, MS, CCHC, Founder and President, Louisiana Center for Health Equity, focused on how to accomplish the bold vision of improving health outcomes and the quality of life for Louisiana children and families. She shared a significant amount of information from America's Health Rankings (AHR) and Healthy People 2020, while reiterating the goal that Louisiana will be 40<sup>th</sup> in health rankings by 2030. These rankings are determined by evaluating the behaviors, policies, community and environment, and clinical care in each state. Louisiana's current low ranking is significantly influenced by its low high school graduation rate, rate of smoking, number of cancer deaths, obesity rate, low birthweight rate, and number of children in poverty.

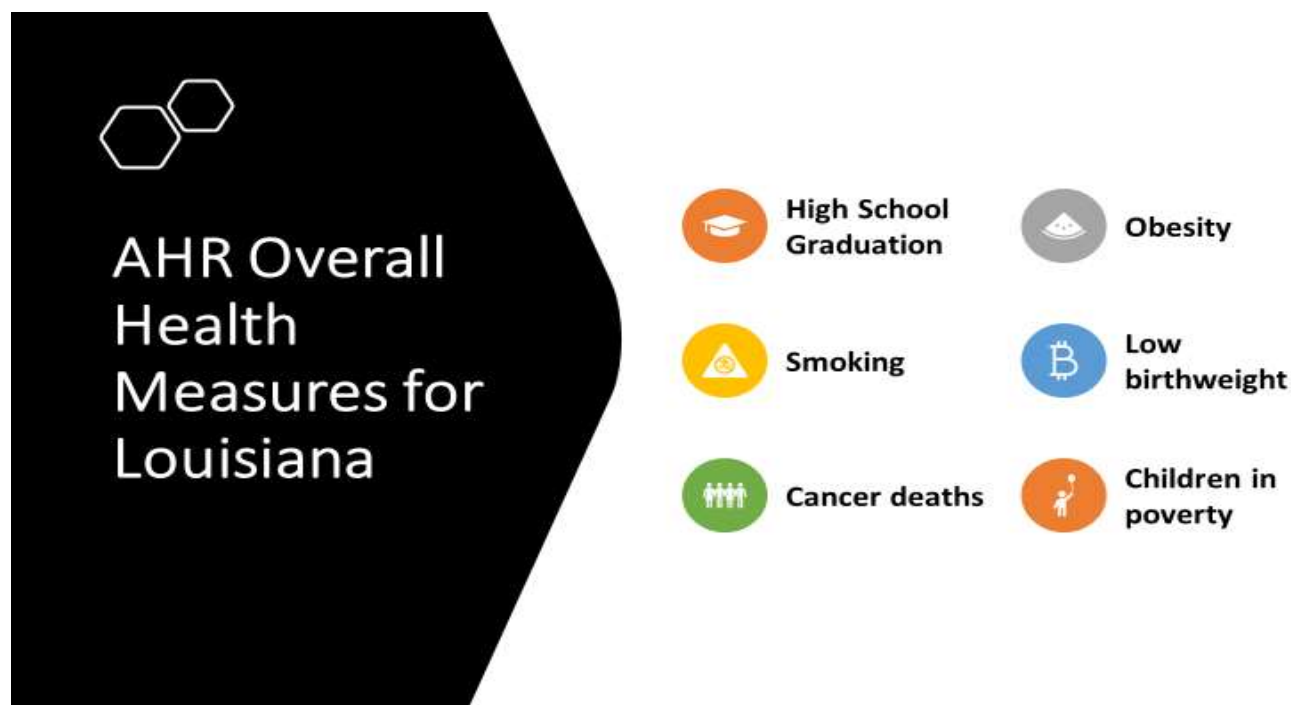


Figure 5: America's Health Rankings Key Measures for Louisiana

America's Health Rankings published an annual report in 2019 specifically on women and children which indicated that Louisiana's women and children are among the most disadvantaged in the country. AHR ranks women in Louisiana 50<sup>th</sup> overall in terms of health. AHR has identified the following major challenges facing Louisiana's women and children: high maternal mortality, high prevalence of low birthweight, and child mortality. Additional challenges related to Louisiana women and children include infant mortality, preterm births, teen suicide, concentrated disadvantage, adverse childhood experiences, prevalence of diabetes in women, food insecurity-household, and lack of protective family routines and habits. Some of these indicators of health are not only influenced by social determinants of health, but also political determinants of health such as government and institutional policies.<sup>11</sup> The data highlights the health indicators that require improvement to achieve better health outcomes for women and children.

<sup>11</sup> Dawes, D. E., & Williams, D. R. (2020). *The Political Determinants of Health*. Baltimore: Johns Hopkins University Press.

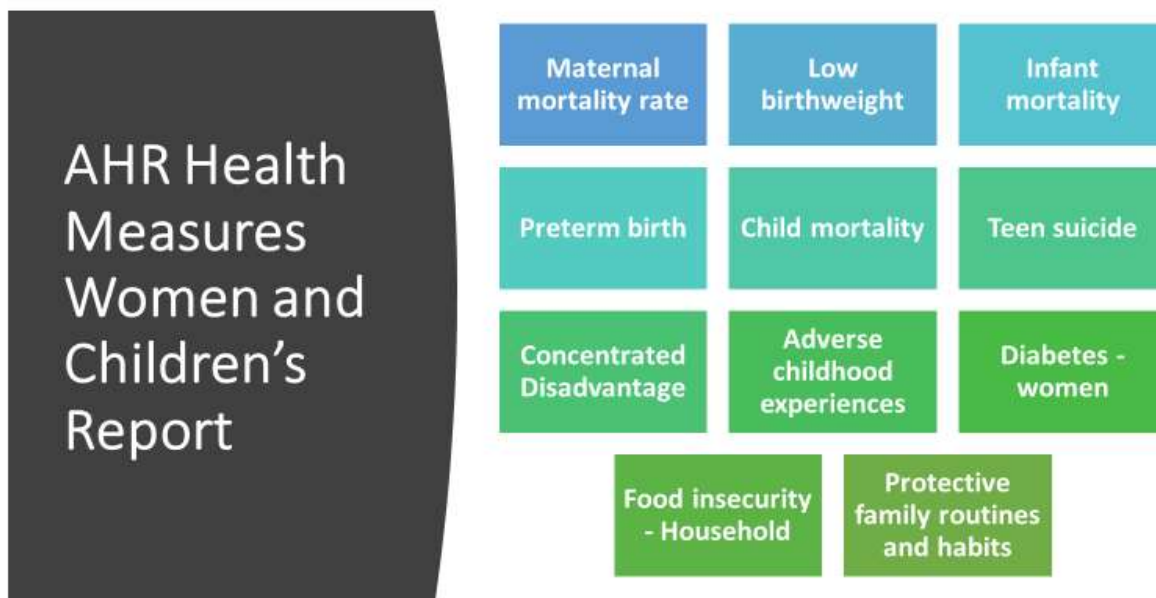


Figure 6: America's Health Rankings Key Measures for Louisiana Women and Children

Lisa T. French, MBA, Director, Student Engagement and Success, Office of Academic Content, Louisiana Department of Education, acknowledged the gains in increasing high school graduation rates, while also acknowledging that there is still an opportunity to improve. Ms. French indicated that in addition to graduating, students should also be prepared to enter Louisiana's workforce. School systems have created engaging learning environments to better students' personal, professional, family, and community trajectories. In order to improve health outcomes and equity for children in Louisiana, Ms. French emphasized the need to provide quality education.

The Louisiana Department of Education (LDOE) has received two educational grants to provide access to mental health support and services. One grant focuses on expanding the flow of social workers to high demand schools and the other grant allows LDOE to partner with provider organizations to offer students across the state access to trauma informed services. LDOE is also making sure that they are supporting classroom educators and administrators by building the capability for teachers to effectively manage their classrooms. The purpose of this effort is to relieve teachers of some of the ancillary work they perform due to a lack of supporting professionals in the school setting. This allows teachers to more effectively focus on engaging learning environments for students to be academically successful and prepared for the workforce.

Alfreda Tillman Bester, MBA, JD, Assistant Secretary, Louisiana Department of Children & Family Services, shared significant information as it related to the ALICE (Asset-Limited Income Constrained yet Employed) report. Living in poverty limits access to healthy food, safe neighborhoods, and education which are all predictors of better health. Two-thirds of people born in poverty also die in poverty. Ms. Bester shared that as health equity advocates we must fight for everyone to have not just a living wage but a "thriving wage." Ms. Bester went on to

say that every resident who is willing to invest in themselves has a real and fair opportunity to live in the dignity of their humanity; where they not only survive, but they live and thrive. She closed by sharing information about the upcoming 2020 Census. Ms. Bester encouraged everyone to participate because of its role in allocating resources that are needed to sustain people to political subdivisions.

Dana R. Hunter, Ph.D., RSW, Executive Director, Children's Cabinet, Office of Governor John Bel Edwards, spoke about the Children's Cabinet. Dr. Hunter noted that parental health is integral to child health. She also noted that children are raised by parents and caregivers, so if those parents and caregivers are supported and healthy, they will create healthy, thriving environments for their children. Dr. Hunter then spoke about the two initiatives she leads. The first initiative she spoke about was No Kid Hungry, which is a program that works with school superintendents from across the state to make sure they take advantage of every federal and state policy that allows kids to eat breakfast and lunch at no cost to the family. In one year of the program, the number of students with access to no cost meals increased to 61,514.

The Children's Cabinet is also working to improve public safety for children. In 2018, Louisiana was the only state in the country to receive a \$1.2 million grant from the U.S. Department of Justice for an initiative to improve the state's response for victims of child trafficking as well as improve the overall outcomes of children's health and well-being. With this grant, the Cabinet helps train people on how to identify young children who are at risk of becoming a victim of human sex and labor trafficking. Dr. Hunter noted that we must help empower people to identify children who are at risk. To further this goal, the Children's Cabinet has partnered with entities such as the Department of Children and Family Services, Alcohol and Tobacco Control, the F.R.E.E. Coalition, Louisiana State Police, Empower 225, Louisiana Department of Health, and many other partners across the state.

Finally, Dr. Hunter spoke about how the Children's Cabinet is expanding. In 2019, the Children's Cabinet expanded its structure to include five working subcommittees: vulnerable youth, behavioral health (K-12), family stability, early childhood experiences, and early literacy and learning programs (K-12). These subcommittees worked to identify policies that would improve child health outcomes. In January 2020, the advisory subcommittees presented the following policy recommendations to the Cabinet and governor: fund a statewide perinatal, infant, and early childhood mental health consultation program available to all pediatric and obstetric providers in the state; fund expansion of summer food programs and increase state partnerships with food banks; fund strategic planning for the Family First Prevention Services Act; increase quality early care and quality education for Louisiana's families; and provide state funding for the waitlist for childcare.

Charmaine Caccioppi, Executive Vice President and COO for United Way of Southeast Louisiana, first spoke about the ALICE report, which was funded by the United Way groups across the state. In praise of the ALICE report, she spoke of the importance of research and indisputable facts in making policy recommendations. Ms. Caccioppi also praised the United Way of Southeast Louisiana's ability to work with a registered lobbyist to advocate for an anti-poverty policy regime in Louisiana. The four major outcomes United Way seeks to achieve with its anti-poverty policy advocacy are as follows: stability today, prosperity tomorrow, personal

wellness, and vibrant communities. To stress the importance of this work, Ms. Caccioppi noted that more than 237,000 (47% of the southeast Louisiana population) households live above the poverty level but below the household survival budget. Ms. Caccioppi also stressed that supporting households below the household survival budget requires a dedicated investment of funding. In order to help these under-supported Louisiana families, Ms. Caccioppi recommended the following: build bold, community advocacy with contributions from professionals, volunteers, politicians, and families; establish sustainable funding for children's programming, including parents' job programs and public education programs; and create measurable goals at the state and local level. Ms. Caccioppi warned that simply fundraising without a bold, aggressive policy change cannot create sustainable change.

Ms. Caccioppi then shared examples of bold, aggressive policy changes the legislature could make, which included the following: increase the state minimum wage to exceed the federal minimum wage and index it to inflation, allow city and parish governments to increase minimum wage to exceed the state minimum wage; eliminate pay secrecy; support paid family leave with a state program; implement and encourage support to promote more women and girls entering STEM fields; work to increase the number of employed parents by providing employer incentives to offer jobs to people with historical barriers to employment like criminal records, disabilities, or long-term unemployment; use existing federal funding to expand job training and case management services for parents who support children; local governments can incentivize housing developers to create more affordable housing units through the creation of inclusionary zoning ordinances; establish a dedicated funding source for the Louisiana Housing Trust Fund; increase funding to grants that supply college scholarships for low income Louisianans; create additional dedicated funding streams to fund the Louisiana Early Childhood Care and Education Fund; enable early learning programs to provide high quality early care and education by increasing subsidies to market rate for all public early learning sites; and improve instructional quality.

Ms. Caccioppi then reported that she was asked by the governor to chair the Louisiana Women's Policy and Research Commission. In this capacity, she realized that the distance between advocates and those affected groups they purport to represent and support is a significant barrier to accurately and effectively advocating for them. Her experience told her that, in this specific case, women understood best what they needed from the state to survive and to thrive. The women she spoke to identified the state's inability to address gun violence and the state's inability to provide quality, trauma-informed care for all children and victims of violence as shortcomings that specifically affected the communities in which these women lived. Ms. Caccioppi recognized these interactions as critical to making smart, informed strategic investments and policy decisions that will have the most efficacies.

Following the afternoon plenary presentations, the speakers made themselves available for questions and feedback from the audience. The discussion was driven by the idea that social and health determinants are both impacted by a range of factors that we must seek to improve through a focused and aligned approach. Together, the speakers and audience members worked to prioritize planned policy changes and envision a multi-sector response. This discussion led to the development of several policy recommendations.

## **Recommendations**

The 2020 Health Summit was presented in a particular context. Louisiana has struggled for decades to make and maintain consistent improvements in the factors contributing to overall health outcomes. Louisiana has historically ranked particularly poorly in comparison to other states in education, incarceration, and health outcomes. With particular care given to the areas where Louisiana has long struggled to improve, the experts who contributed to the Summit gave information to support an aggressive and optimistic policy platform. The policy recommendations gathered from the Summit fall broadly into three categories, which are increased, sustained funding of an existing program or structure, creating a new program or structure, or restructuring an existing program or initiative.

On the topic of restructuring existing programs, cross-sector cooperation was a common theme connecting many of the informational sessions. As Ms. Caccioppi particularly emphasized, cross-sector collaboration can and must include cooperation with the affected groups being targeted by the advocates. Additionally, several speakers spoke of the importance of data and undeniable, indisputable facts in informing legislative policy. The need for cross-sector cooperation in solution-seeking mirrors the multi-layered factors that contribute to poor health and education outcomes. As Dr. Hunter noted, a child's health and academic excellence is dependent in part upon their parents' or caregivers' health and the household's stability. Policy changes that fail to consider the spectrum of determinants as a whole could waste valuable resources and yield only limited success. Rather, all policy recommendations must be informed by the data, research, and expert opinions of multiple sectors, including the affected population.

### **Recommendation One: Implement Trauma Informed Approaches and Services for Adverse Childhood Experiences**

Within the context of cross-sector cooperation, Louisiana's response to traumatic experiences during childhood requires a multi-sector, trauma-informed approach. Dr. Goldfinger presented research showing that traumatic experiences during childhood lead directly to poorer health outcomes later in life. The effects of these Adverse Childhood Experiences (ACEs) can even be multigenerational. With this in mind, the California model of ACE screening provides a blueprint of multidimensional approaches to child and parent health. The California screening system looks not only to child experiences but also those of their parents to identify how trauma within the household can affect the child in their school and extracurricular activities. Further, integrating trauma-informed services including ACE education and resources for screening and intervention within the school system will result in improved academic outcomes for children. By identifying behaviors connected to ACEs and responding appropriately, evidence shows that fewer children will be erroneously referred to juvenile services. Avoiding contact with the juvenile system can help preserve a child's post-graduation opportunities for employment or college. By preserving opportunities for employment and college, we can likewise preserve the child's upward socioeconomic mobility and therefore their health, housing, and income possibilities.

**Recommendation Two: Establish an Entity to Coordinate a Systematic Approach to Women's Health**

On the topic of creating new programs or initiatives to fill policy gaps, the Summit greatly emphasized the need for a more coordinated, systematic approach to address the disparate health outcomes of women, especially Black women, in Louisiana. This need could be met through the creation of an Office on Women's Health. By dedicating an office to the improvement of women's health outcomes, Louisiana can reduce and possibly eliminate the disparity women face in healthcare and health outcomes. Women-led and women-centered organizations have long provided advocacy and policy recommendations on behalf of women's health but have struggled to find an entity with the appropriate resources and authority to specifically address women's health. The need for an Office on Women's Health also demands an approach to women's health that is appropriately multidimensional. The Office on Women's Health's scope would ideally be authorized and supported to include policy, programs, and services that address the social determinants of women's health such as pay disparity and secrecy, paid family leave, high quality early child care and education and similar safety net services.

**Recommendation Three: Adopt a State Minimum Wage**

On the topic of increased, sustained funding for an existing policy or program, the information gathered from the Summit made clear that Louisiana could leverage a prudent policy to improve socioeconomic mobility and health, education, employment, and housing outcomes to help increase the state's overall health rankings. This policy is a state minimum wage. By implementing a statewide minimum wage that exceeds the federal minimum wage, and additionally allowing parish- and city-level minimum wage ordinances, Louisiana can provide a direct increase in available cash to increase individual and family financial stability.

**Recommendation Four: Incorporate the Health Measures AHR Identified as Most in Need of Attention as Priorities**

As a matter of policy, Louisiana needs to adopt the bold vision this Summit set forth to increase the state's health outcomes and quality of life for children and families. At the outset of this Summit, the Louisiana Center for Health Equity recognized the need to address the fact that Louisiana consistently ranks 49<sup>th</sup> or 50<sup>th</sup> in health outcomes. In response to such unfavorable outcomes, the above proposed policy changes seek to help bring Louisiana to #LA40by2030: Louisiana will rank 40<sup>th</sup> in health outcomes by 2030. In addition to adopting the specific policy recommendations listed above, the America's Health Rankings provides a blueprint for creating effective, observable improvements in specific health measures to improve overall health rankings. Louisiana should adopt as policy priorities the health measures AHR identified as most in need of attention to guide future policymaking decisions.

**Conclusion**

Although Louisiana has consistently ranked at or near the bottom when compared to other states and had poor health outcomes for its women and children for decades, the emergence of an



unprecedented pandemic has highlighted the urgency for the prioritization of equitable healthcare policy. The effects of COVID-19, while not yet totally realized, lay bare the contradictions professionals and residents alike have long known. Uninsured, low income, and Black populations and people with chronic illnesses or disabilities are experiencing disproportionately negative outcomes when they contract the virus. And although it has become overwhelmingly clear that the economy depends upon the labor of these disadvantaged populations, particularly low income and Black populations, this same group of people has long been excluded from policymaking decisions and the benefits inclusion may bring.

The consequences of COVID-19 make unambiguous the immediate need for healthcare policy that centers and prioritizes the expertise and experiences of disadvantaged populations in decision-making processes. The American Academy of Pediatrics Policy Statement on The Impact of Racism on Child and Adolescent Health advocates for a process of “optimizing systems through community engagement, advocacy, and public policy.”<sup>12</sup> Additionally, the statement calls for pediatric professionals to “acknowledge that health equity is unachievable unless racism is addressed through interdisciplinary partnerships with other organizations that have developed campaigns against racism.”<sup>13</sup> This policy is a model for Louisiana’s healthcare system in developing a cross-sector health equity approach that is informed by the impact of social and political determinants on health.

To conclude, the 2020 Health Summit emphasized the urgency of healthcare policy driven by cross-sector collaboration and coordination. This cross-sector approach must include not only government entities, but also professionals, volunteers, and the populations impacted by the policies. This is in contrast to the current healthcare system which, intentionally or unintentionally, often silos resources and information. The information presented at the Summit supports the immediate implementation of the following major policy changes to support women, children, and their families: set a state minimum wage higher than the federal minimum wage, implement trauma-informed services including ACEs screening similar to the California model, and establish a state-run women’s health entity such as an Office on Women’s Health. The information presented at the Summit additionally supports the adoption of specific America’s Health Rankings health measures as policy priorities. These policies will directly and positively impact the state’s overall standing according to America’s Health Rankings, and so will advance the state toward #LA40by2030.

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<sup>12</sup> Trent M, Dooley DG, Dougé J, AAP SECTION ON ADOLESCENT HEALTH, APP COUNCIL ON COMMUNITY PEDIATRICS, AAP COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics* 2019;144(2):e20191765, pg. 6.

<sup>13</sup> *Id.*

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### **Comments**

Comments are welcome and may be submitted to [info@lahealthequity.org](mailto:info@lahealthequity.org). Please use the following in the subject line: 2020 Health Summit Report Comments.

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