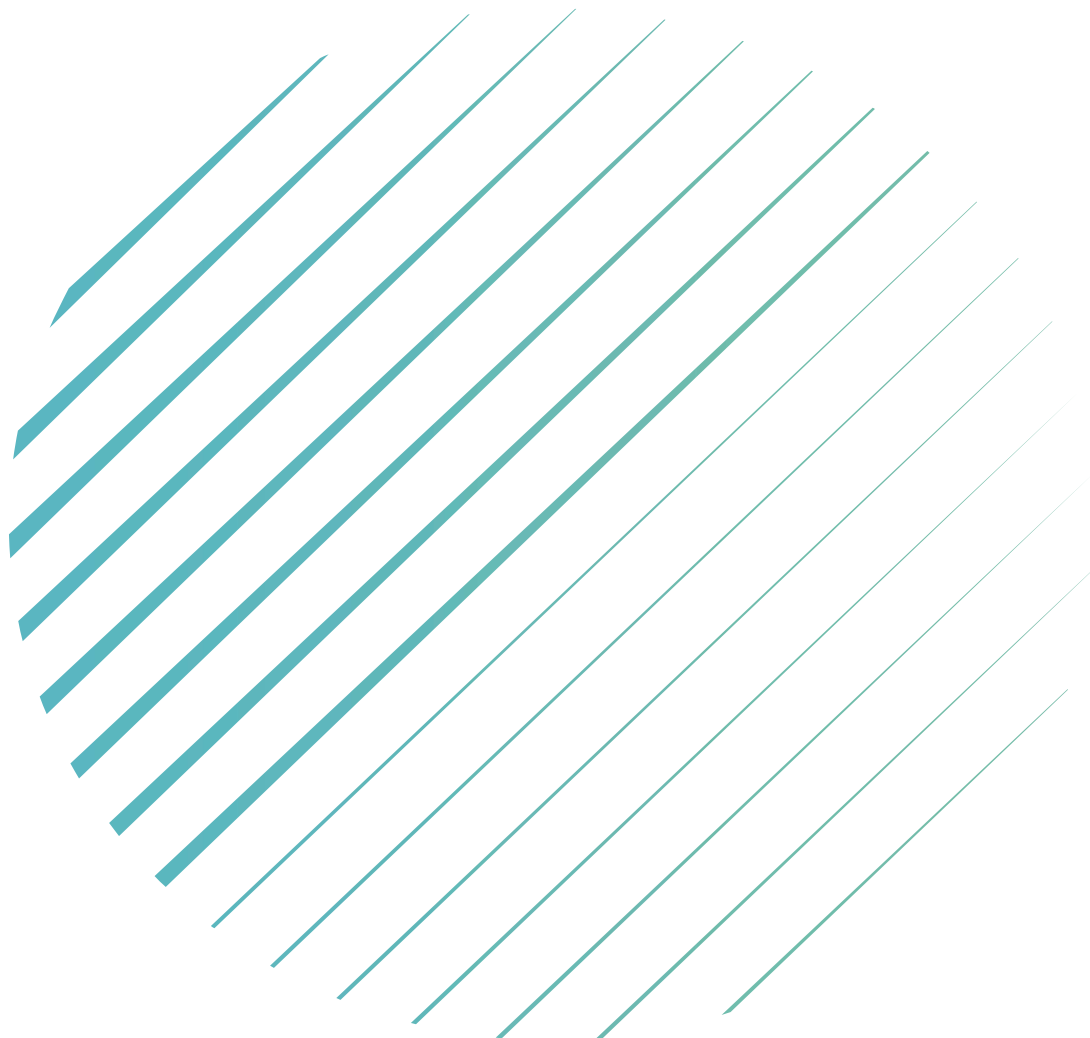


LA40by2030

**Advancing Health Equity in Response
to Louisiana's Public Health Crisis**



December 2023

About the Authors

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Citation

Fisher, Margaux, Taylor Devare, and Alma Stewart Allen for the Louisiana Center for Health Equity (LCHE). 2023. LA40by2030: Advancing Health Equity in Response to Louisiana's Public Health Crisis. Louisiana Center for Health Equity (LCHE).

Mission and Purpose

The Louisiana Center for Health Equity (LCHE) is a nonprofit nonpartisan charitable organization, with 501(c)3 tax-exempt status, dedicated to advancing health equity to improve the overall health and well-being of all Louisianans. Since its founding in 2010, LCHE has worked to eliminate health and healthcare disparities attributed to structural, institutional, or social disadvantages. The Center educates, advises, and mobilizes to advance health equity. In recent years, LCHE's agenda has centered around LA40by2030, including advocating for women's and children's health, and supporting the behavioral health needs of youth exposed to trauma and childhood adversity.

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Introduction

The state of Louisiana has been continually ranked among the lowest states on national health outcome rankings. Historically, Louisiana has struggled to improve outcomes in education, incarceration, and health. The COVID-19 pandemic has highlighted alarming health disparities in Louisiana, underscoring the need for more equitable practices and policies. Louisiana's health data trends for mortality, before and during the pandemic, illustrate a public health crisis.

Moving Louisiana forward requires vision and action. First announced at the 2020 Health Summit, **LA40By2030** is a campaign to improve the health outcomes and quality of life for children and families in Louisiana. The goal is to raise the state's national ranking to 40th by the year 2030.

LA40By2030's goals align with Healthy People 2030 by setting data-informed state objectives to improve people's health and well-being over the next decade. LCHE has begun implementing a plan of action to accomplish our bold vision of improving health outcomes and the quality of life for Louisiana's children and families.

Improving Louisiana's health rank to 40th by 2030 will require sustained engagement from government officials, healthcare professionals, and the general public. LCHE and partners across sectors are working together to advocate for changes in policy and practice, promote a more inclusive healthcare system, encourage transparency and collaboration, and address the social determinants of health through research and action. **LA40By2030** focuses on 16 key performance indicators (KPIs) to track performance using a collaborative data-to-action health equity framework that incorporates social determinants of health.

A Case Study: Health Services Delivery and Financing in the Baton Rouge Region

In light of significant shifts in Baton Rouge's healthcare landscape (the closure of a charity care provider, Earl K. Long Regional Medical Center, and privatization of healthcare services), the Louisiana State Legislature (HCR 129 from Louisiana Regular Session of 2015) tasked the Louisiana Center for Health Equity (LCHE) to convene a task force to evaluate the region's healthcare delivery system and make policy recommendations that could expand the capacity of public and private urgent care clinics to meet the healthcare needs of medically underserved populations.¹

¹ LCHE conducted an online survey and focus group discussions in October and November of 2015 to understand the Capital Region's healthcare landscape from the perspective of its residents. LCHE consulted subject matter experts (SMEs), who provided data and testimony for this research. SMEs included representatives from the Louisiana Department of Health and Hospitals, the Office of the Mayor-President of the City of Baton Rouge and East Baton Rouge Parish,

The study found that after the closure of Earl K. Long (EKL) Hospital, East Baton Rouge Parish experienced an overall **increase in mortality rates**, as many low-income and uninsured residents experienced challenges in accessing healthcare. Residents participating in the study identified lack of affordability, limited transportation, long wait times, overcrowded facilities, and poor services as significant barriers to quality healthcare. The study also identified surges in suicide rates and mental distress as many residents found it difficult to access emergency care, and quality care, ultimately affecting their sense of hope and safety. Mental and behavioral health needs were adversely impacted after the hospital closure and reduced capacity for delivery of mental health services. The study found reported increases in protective orders and emergency room visits in response to mental health distress.

The study also found that rates of asthma are higher in the areas surrounding the former EKL site, and disproportionately affect people of color, low-income and uninsured residents. Following EKL's closure, the northern section of East Baton Rouge parish was left with fewer healthcare options. The majority of healthcare facilities are clustered around the south and southeast regions of the parish, leaving asthma patients with fewer options for locally available care. Based on the evidence produced from this study, LCHE, and collaborating experts proposed the following: a) improved regulation of urgent care facilities; b) critical analysis of community benefit efforts; c) increased access to charity medical care; d) adoption of a justice-oriented approach to healthcare.

Social and Structural Drivers of Health

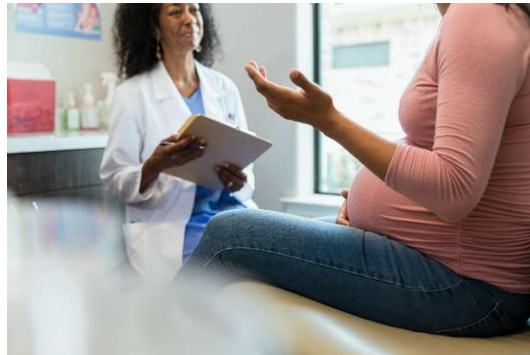
The sixteen (16) KPIs were selected as health measures, including social determinants of health that are key to advancing health in Louisiana. The United States Office of Disease Prevention and Health Promotion defines **social determinants of health** as the conditions in which "people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (n.p. 2023). Social determinants of health commonly refer to factors such as access to employment, housing, transportation, education, and quality healthcare.

Though effective in addressing some of the factors shaping health, the social determinants model fails to account for the health impacts of structural racism and intersecting injustices. In response to this gap, public health and equity experts have developed the concept of **structural drivers of health** (Brown and Homan 2023). A growing body of evidence demonstrates that structural forces like racism, misogyny, ableism, and poverty are also determinants of health that affect individuals and communities based on race/ethnicity, socioeconomic position, disability, gender, and other factors (Galea et al. 2011). Evidence also suggests that health is affected by **heteronormativity**, which is the privileging of heterosexuality over other forms of sexual orientation, and **cisnormativity**, which is the privileging of cisgender identities over other forms of gender identity (Goldsmith et al. 2021,

Emergency Medical Services (EMS)–Capital Area Region, East Baton Rouge Parish Coroner's Office, and Capital Area Transportation Systems (CATS).

McDermott et al. 2018). Notably, the word “drivers” in “structural drivers of health” implies that health is shaped but not determined by inequitable structures and systems. The language of “determinants” can insinuate that health is fully determined by social and structural conditions, which minimizes the accountability of policymakers and decision-makers (Michigan State University).

“Public policy, structural oppression, and population health are inextricably linked.” (Brown and Homan 2023, 49)



Scholars have linked the disproportionate impact of maternal mortality on non-Hispanic Black women to social and environmental policies, residential segregation, and limited access to education, all of which produce adverse conditions and act as barriers to safe pregnancies and childbirth (Lopez-Littleton 2020). In East Baton Rouge, exposure to toxic pollution disproportionately affecting low-income and Black children has been linked to lower learning outcomes (Lucier et al. 2011), a pattern that can be mapped across the state of Louisiana (Nuss et al. 2016). Associations between childhood poverty and health as an adult have been explained as an outcome of chronic childhood stress (Evans and Schamberg 2009). The concept of “**allostatic load**” is useful as it refers to the ways chronic exposure to social and environmental stressors, such as racism, has significant and interlocking biological and mental health effects (McEwen 2006).

A robust and compelling body of evidence links **redlining** to social determinants of health and associated health disparities like diabetes, hypertension, and early mortality. Redlining, defined by scholars as the systemic deprivation of various services (e.g. credit access) to specific communities, particularly based on race, impacts health through repression and limitations on economic and social opportunity (Egede et al. 2020). This systematic deprivation is produced at multiple scales, ranging from the political to the legal to the interpersonal, and stems from historically entrenched policies and practices of racial discrimination. Redlining is an instance of **structural racism**, defined as a process in which mutually reinforcing systems foster racial discrimination (Egede et al. 2020).

Building from an extensive body of literature documenting the health effects of structural inequality, LCHE’s review of healthcare policy and data on health outcomes (included in this document) suggests that medical coverage is not enough to improve health outcomes in Louisiana. Although Medicaid expansion successfully increased coverage and decreased the

risk of medical debt for residents, rates of premature death still increased following expansion; child mortality rates briefly declined before rising again in 2020; maternal mortality rates did decrease slightly, but overall have remained much higher than the national average. The lack of population health improvement signals a need for transformative change in the systems, policies, and practices that shape health.

LA40by2030 Policy Goals and Status Updates

Social and structural drivers of health are inextricably linked to policy decisions, both present and historical. According to the American Public Health Association, racism is a public health crisis that requires equitable policy and systems change (2018). Thus, the LA40by2030 campaign is focused on systems change. Key policy goals for this campaign include:

I. Implement trauma-informed approaches and services to address Adverse Childhood Experiences (ACEs)

Childhood trauma and economic instability often have residual effects that echo into adulthood. Studies of the impacts of Adverse Childhood Experiences (ACEs) show how a lack of investment in children and families has long-term costs to both individuals and society. ACEs have been linked to mental illness, chronic health problems, and negative impacts on education and employment (CDC 2021).

GOAL: Introducing trauma-informed approaches and services in schools and healthcare can help to address ACEs and improve children's mental health through increased screening and therapeutic opportunities. Trauma-informed care, as defined and developed by Substance Abuse and Mental Health Services (SAMHSA), is a framework that incorporates a biopsychosocial perspective that is attuned to the integrated effects of trauma on the body, mind, and social relationships. Addressing trauma is increasingly understood as an important component of behavioral health service delivery. Though there is significant variation in how trauma-informed approaches are conceptualized, common principles include understanding structural and interpersonal experiences of trauma and violence, and how they impact people; cultivating spaces that are psychologically and physically safe; and creating opportunities for connection, choice, and collaboration (Wathen et al. 2023).

PROGRESS: As lead convener of the Student Behavior, Mental Health, and Discipline (House Resolution) Task Force from 2022 to 2023, LCHE prepared a report to the legislature on the current state of Louisiana's youth mental health. Through the recommendations listed in the report, LCHE's advocacy helped to pass legislation to address the youth mental health crisis. The bill includes allowing students to take "mental health days" as an excused absence, connecting students taking mental health days to medical treatment and services, increasing the dissemination of information and resources for suicide prevention, and requiring registration of School-Based Health Centers with the Office of Public Health. The bill also requires the state Department of Education to develop

and administer a pilot program for implementing trauma-informed mental health screenings, which will provide the resources for LCHE to expand the LA REACH program (described below).

In 2022, LCHE launched the Louisiana Resources for Educational Assessments for Children's Health (LA REACH), a programmatic intervention in the physical and socio-cultural environments of Louisiana schools. Inspired by students, the objectives of this program include providing trauma-informed mental health training for school staff; expanding access to mental health services through student screening; expanding access to safe and comfortable spaces for students and staff; and expanding parent, caregiver, and community knowledge of and access to trauma-informed approaches. LCHE advocated for policy to address Adverse Childhood Experiences (ACEs) or Childhood Adversity. The First Lady Donna Edwards agreed to champion the issue and her office lead an initiative in partnership with the Louisiana Department of Health Office of Public Health that developed the "Whole Health Louisiana State Plan 2024-2028."

II. Establish an entity to coordinate a systematic approach to women's health

Many women have to travel long distances to access routine health care. Twenty-two parishes in Louisiana lack a hospital offering obstetric services, a birth center, OB/GYNs, or certified nurse-midwives (March of Dimes 2020). This leads to healthcare disparities and a heightened risk of pregnancy-related death. Allocating funds for evidence-based public health programs and services can help reduce the burden of health disparities and costs.

GOAL: By informing and advancing policies, and engaging with healthcare professionals and the public alike, the newly established Office on Women's Health and Community Health (OWHCH) can address critical women's health issues.

PROGRESS: In 2022, LCHE's organization and activism led to the creation of the first Louisiana Office on Women's Health. The Office on Women's Health and Community Health (OWHCH) was established under a bill passed by the Louisiana Legislature on June 18, 2022. The office exists to improve women's health outcomes and act as a coordinating agency and resources center for women's health data and strategies. The office's capacities for carrying out these charges remain limited by a lack of funds and exclusionary language in the law which restricts services to those born "biologically female". Nonetheless, the office represents a foothold opportunity to advance critical issues in women's health.

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

Economic stability is vital to health and wellbeing. In Louisiana, historically entrenched economic exploitation and structural racism has produced conditions of deep poverty and socioeconomic inequality. In 2021, roughly 51% of Louisiana households—that is, 1,776,260 households—had income levels below the Asset Limited, Income Constrained, Employed (ALICE) Threshold of financial survival (United Way of Southeast Louisiana 2023). The share of people living below the poverty line of \$13,875 for a family of four—defined as deep

poverty—decreased in 2022 to 8.5% from 9.4% in 2021. Deep poverty levels are back to their 2019 pre-pandemic rates (Louisiana Budget Project 2022), but they are still much higher than the national average. Black Louisianans are more than twice as likely as whites to live in deep poverty (Louisiana Budget Project 2022).

GOAL: To improve conditions of life that enable human flourishing and wellbeing, Louisiana must set a state minimum wage higher than the federal minimum wage. There is currently no state minimum wage leaving employers only subject to the current federal minimum wage of \$7.25 per hour.

PROGRESS: Last year, a proposal to establish the minimum wage to \$10 per hour advanced to the Senate committee. Senate Bill 149, sponsored by Sen. Gary Carter (D-New Orleans), would have raised the state minimum wage to \$10 per hour in 2024 with subsequent increases to \$12 an hour in 2026, and \$14 per hour in 2028. Executive director of the Louisiana Conference of Catholic Bishops, Tom Costanza, testified in support of the bill by emphasizing that 30% of single women with children or other dependents still work at the current minimum wage of \$7.25.

However, Senate Bill 149 failed in a floor vote. Though higher wages would decrease state spending on social services by providing relief to those that rely on welfare programs, Republican conservatives have consistently blocked efforts to raise the minimum wage (Muller 2023). Additionally, there were several minimum wage bills introduced last year that follow a trend of not passing.

IV. Incorporate health measures identified by America’s Health Rankings into public health tracking and surveillance systems

GOAL: 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. There are sixteen (16) health measures that are being tracked as key performance indicators (KPIs):

- | | |
|---------------------------------|---|
| 1. High school graduation rates | 9. Preterm birth rate |
| 2. Obesity | 10. Child mortality rate |
| 3. Smoking | 11. Teen suicide |
| 4. Low birth weight | 12. Concentrated disadvantage |
| 5. Cancer death | 13. Adverse childhood experiences |
| 6. Children in poverty | 14. Diabetes rate |
| 7. Maternal mortality rate | 15. Food insecurity |
| 8. Infant mortality rate | 16. Protective family routines and habits |

PROGRESS: To facilitate the requirements of collaboration and accountability, with the goal of systems approach, LCHE is developing the Data & Action Health Equity Platform or DAP. LCHE has identified several key health indicators that will be necessary to track to make real, verifiable progress on our state's top-line goals. To track them effectively, LCHE is developing a dashboard that will capture these key health indicators as well as create a space for community representatives to connect over shared goals and develop a directory of actions necessary to achieve those goals.



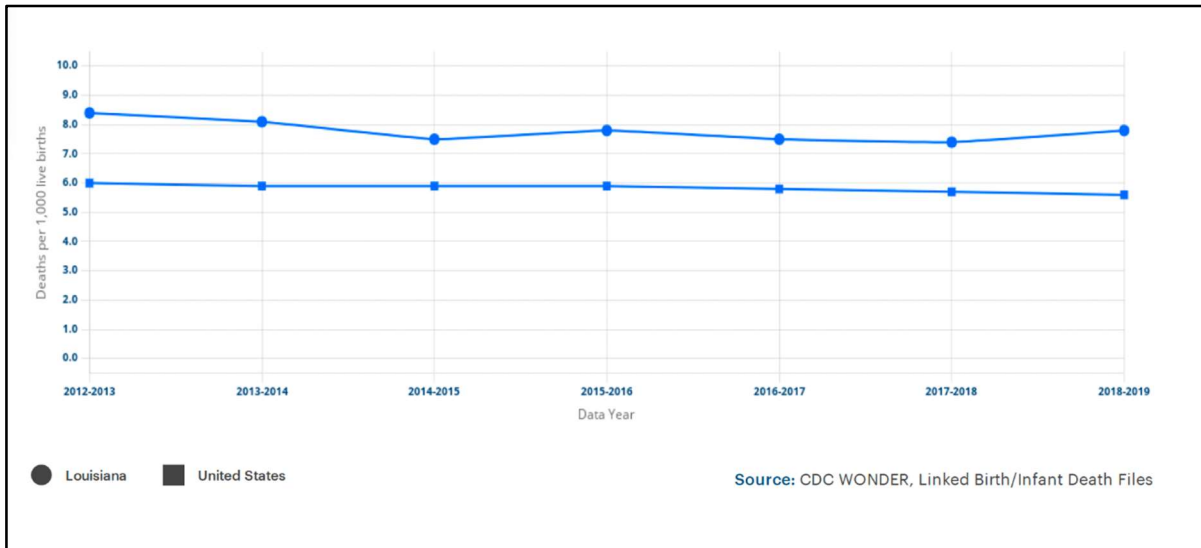
Campaign Research and Program Overview (2020 – 2023)

Healthcare Policy and Health Disparities in Louisiana

In July 2016, Governor John Bel Edwards authorized Medicaid expansion in Louisiana. The number of uninsured Louisiana residents dropped from 22.7% in 2015 to 11.4% in 2017, according to results from the 2019 Louisiana Health Insurance Survey (Louisiana Department of Health 2020). However, Medicaid expansion had little long-term effect on the overall health of Louisiana residents as indicated by mortality rates. Infant mortality fluctuated but did not change overall from 2016 to 2019. Child mortality experienced a brief decline between 2016 and 2019 before rising again in 2020. Premature deaths rates did not decrease. Instead, they increased somewhat following Medicaid expansion (America's Health Rankings 2022). Since 2016, maternal mortality rates did decrease slightly, but overall have remained much higher than the national average. This data flags the need for health improvement efforts that take a broader focus on social and structural

drivers of health, given that Medicaid expansion alone has failed to produce improvements in health outcomes.

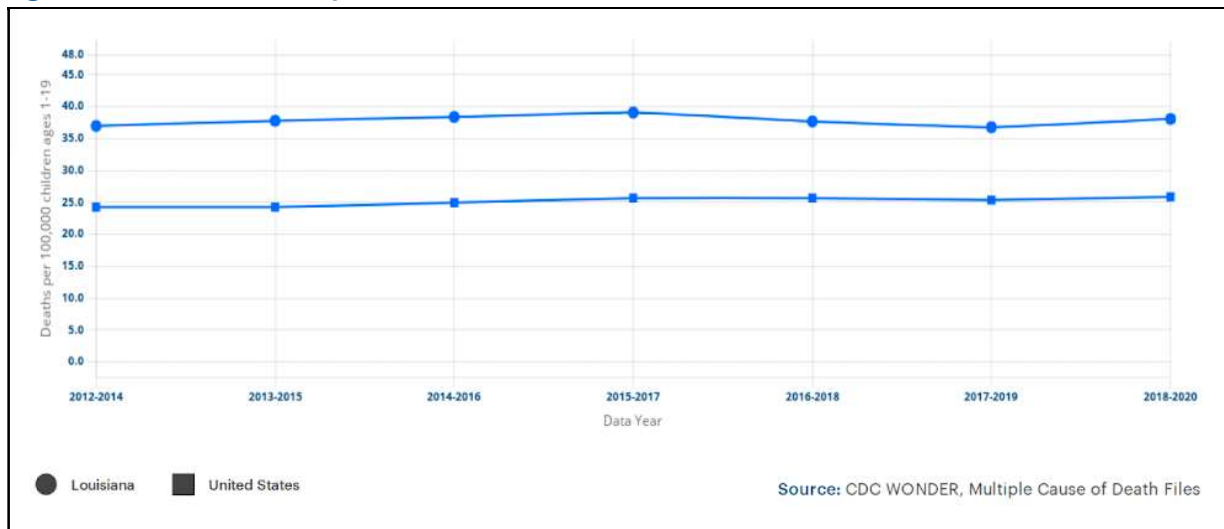
Figure 1: Infant Mortality Rates in Louisiana and the United States (2012-2019)



Source: America’s Health Rankings (2023)

As illustrated in Figure 1, Louisiana has consistently exceeded the national rates for infant mortality. Socioeconomic and racial inequality contribute significantly to higher rates of infant mortality, with Black communities disproportionately affected. Mothers from disadvantaged backgrounds often lack access to adequate nutrition, preventative healthcare and safe delivery options, and other resources vital to delivering healthy babies.

Figure 2: Child Mortality Rates in Louisiana and the United States (2012 - 2020)

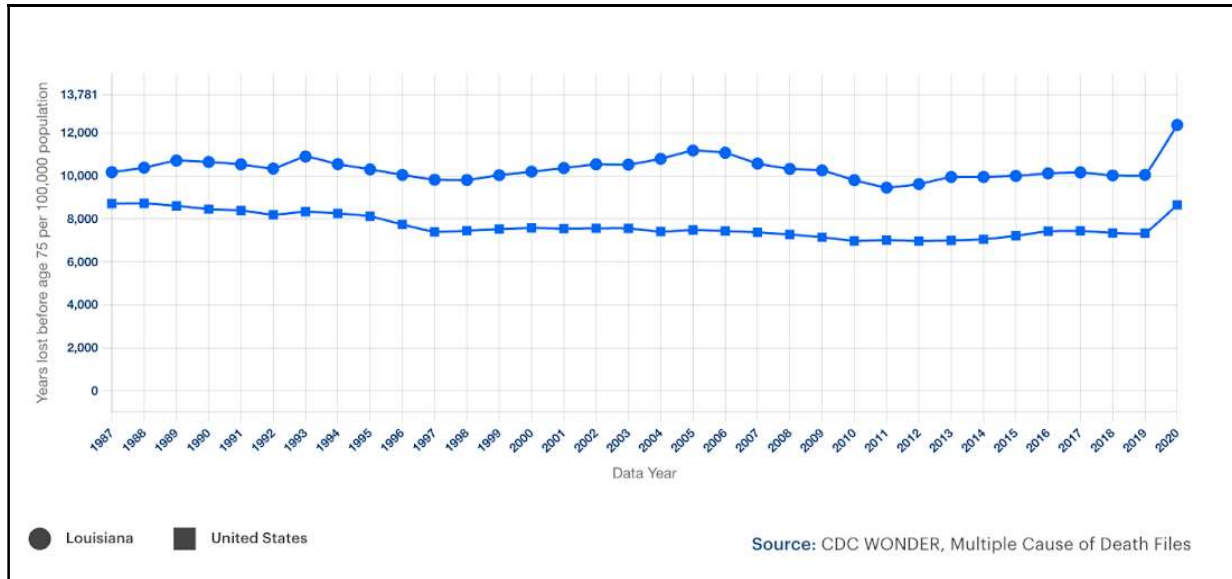


Source: America’s Health Ranking (2022).

As illustrated in Figure 2, rates of child mortality in Louisiana have been consistently higher than the national average. The leading causes of child mortality in Louisiana include

accidents (unintentional injuries), a significant proportion of which are firearm injuries. From 2012 to 2022, child mortality rates in Louisiana have fluctuated but generally remained high. From 2012 to 2017, child mortality rates increased slightly, peaking at 39.1 deaths per 100,000 children (aged 1-19). From there rates decreased slightly, before rising again to 38.1 deaths per 100,000 children in 2018-2020 (AHR 2022).

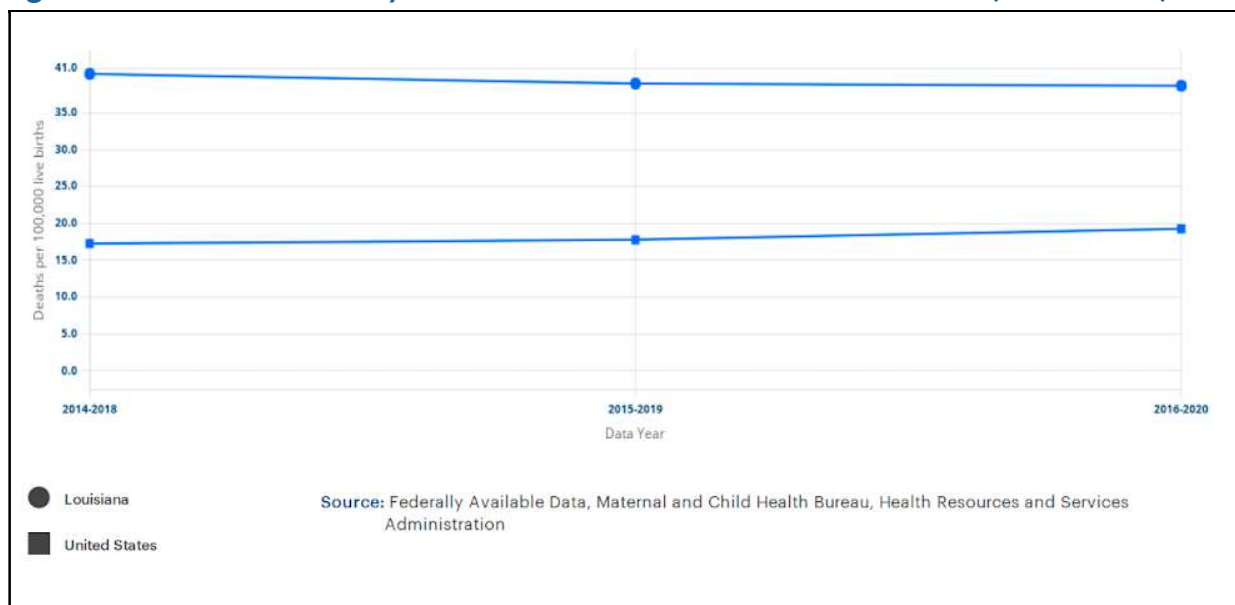
Figure 3. Years of potential life lost before age 75 per 100,000 population (1-year estimate) in Louisiana and the United States (1987 - 2020)



Source: America’s Health Rankings (2022).

As illustrated by Figure 3, Louisiana has constantly exceeded the national rate for premature mortality rates for over two decades, with Black communities particularly affected by this disparity. Rates of premature death had decreased by 2019 in the United States as a whole but largely remained the same as they had been in 1987 in Louisiana, despite fluctuations across the years. The state experienced short-term increases in premature death rates in 2005 (the year of Hurricane Katrina) and again in 2020-2021. This figure illustrates the effects of COVID-19 starting in 2020, which added significant strain on an already fragile healthcare system and was exacerbated by structural conditions of racial and socioeconomic inequality. As of 2023, the deaths of nearly 20,000 people in Louisiana have been attributed to COVID-19, with over 1.5 million cases in total (Johns Hopkins 2023). These deaths, along with the others illustrated here, have disproportionately affected Black and low-income residents, highlighting the need for systems change that enables more equitable conditions of life.

Figure 4: Maternal Mortality Rates in Louisiana and the United States (2014-2020)



Source: America's Health Ranking (2022).

Louisiana currently has one of the highest maternal mortality rates in the United States (58.1 deaths per 100,000 live births), significantly exceeding the national average. Black women have the highest rate of maternal mortality and are 2 to 3 times more likely to experience maternal mortality than white women as a result of structural racism and associated inequities in access to care and prenatal resources (Evans et al. 2022). Areas that lack access to maternal care and birthing centers put residents at greater risk for maternal mortality. Over 80 percent of maternal mortalities in the United States are preventable, according to 2017-2019 data from Maternal Mortality Review Committees (Troost et al. 2022).

The Youth Mental Health Crisis in Louisiana

The mental health needs of Louisiana's children, youth, and families are significant and have been strongly exacerbated by the COVID-19 pandemic. The 2022 Kids Count Data Book ranks Louisiana 49th out of 50 in child well-being based on economic well-being, health, education, family, and community. Louisiana has the 3rd highest percentage of children with an identified mental health problem in the United States (Well Ahead 2021). In 2020, around 10.1% of children (ages 3 to 17) in Louisiana were reported to have anxiety or depression (Annie E. Casey Foundation 2022). In 2020-2021, Louisiana had 18.6% of children with an ACE (Adverse Childhood Experience) score of two or higher (AHR 2022).

Many structural factors contribute to poor mental health among Louisiana's adolescent population. Louisiana's school environments are strongly shaped by disciplinary measures such as zero-tolerance policies, expulsions, and suspensions, which are primarily targeted toward low-income, minority, and disabled students. In 2010, a review of zero tolerance

policies in Louisiana found that suspensions and expulsions typically arise from vague and subjective offenses (e.g., “willful disobedience”) and that Black students are typically suspended at more than twice the rate of white students (Sullivan and Morgan 2010). This report flagged higher-than-average suspension rates and their detrimental effects on the well-being of students as a human rights crisis in Louisiana schools.

Learning conditions for students in Louisiana are also, shaped by ongoing exposure to public health crises and disasters. Vulnerability to disasters and their after-effects is an outcome of unequal structural conditions, with disasters disproportionately affecting racially marginalized and low-income communities. Most recently, COVID-19 has drastically affected adolescent health and well-being across the United States, producing a crisis in mental health that predominantly affects low-income and racially marginalized communities. For instance, nearly half of the children in Louisiana who have experienced the loss of a parent or caregiver due to COVID-19 have been Black (Hillis et al. 2021). Public health data shows that 18.6% of children in Louisiana have experienced two or more ACE factors, which are stressful or traumatic events within childhood that negatively affect a student’s mental health and capacity to learn. ACEs more often affect children living in poverty, and non-Hispanic African American children (AHR 2022).

Lastly, the entire state of Louisiana is a Mental Health Professional Shortage Area. More than 3 million people in Louisiana live in a community that does not have enough mental health professionals (NAMI 2021). Given the shortage of mental health professionals in Louisiana, pediatric primary care providers are often the first line of care and treatment for children and youth with mental health needs, yet they report lacking the training, confidence, and time needed to address these needs (Horwitz et al. 2015). Members of the legislatively convened Louisiana Student Behavior, Mental Health, and Discipline Task Force reported that many students who need mental health support are not identified and are not provided appropriate services. Students who exhibit behavioral issues rooted in trauma or mental health are more likely to receive punitive disciplinary actions rather than rehabilitative and restorative services. There are currently no statewide programs to remedy this within the Louisiana Department of Education (LDOE). LDOE has received federal funding to develop school-based infrastructure for mental health programs and improve school climates and trauma-informed programming in 6 Local Education Agencies (LEAs).

In 2021, LCHE held the LEAD in LYFE League, a teen leadership and advocacy program. While teaching teens to become advocates in their schools and communities and other topics, LCHE learned of five youth priorities: (1) quality gap of funding and education, (2) mental health awareness in schools, (3) gun violence on school campuses, (4) students take action on bullying prevention, and (5) accusations without investigation (zero-tolerance policies). These youth priorities became LCHE’s priorities, leading to the formation of the Behavior, Mental Health, and Discipline, House Resolution (HR) 173 Task Force. In January 2023, the task force members and LCHE released a report outlining recommendations of areas that should be addressed in the schools around Louisiana. Following this report, some of the task force’s recommendations have now become law under ACT 318, signed in July 2023, which mandates improvements in the dissemination of information on mental health

resources, among other changes. The act also requires the Department of Education to develop and administer a pilot program to implement trauma-informed mental health screenings. This program, LA REACH, reflects LCHE's continuing collaborative efforts to improve children's mental health in Louisiana.



Advancing LA40by2030: Coordinated Actions

Recent data on mortality rates, as described within this report, suggests that Medicaid expansion in Louisiana has not had the desired effect of improving health outcomes despite increases in healthcare funding. Louisiana's state government spends more on Medicare beneficiaries per capita than most U.S. states but reports greater disparities in health status and death rates (Kruger and Brown 2019). This suggests that providing medical coverage is not enough to improve health outcomes in Louisiana. Changes in the structural conditions of life are necessary to improve health. A robust body of research on the social and structural determinants of health demonstrates the links between poor health and racism, misogyny, ableism, and poverty, as well as discrimination that adversely affects LGBTQ+ communities based on sexuality and gender differences.

LA40by2030 offers a pathway towards greater health equity and improving health outcomes. Advancing the initiative will require multi-sectoral collaboration and interdisciplinary, community-engaged research and programs that address the social determinants of health, including structural racism. This will require a systems approach that engages with marginalized voices to promote transparency and accountability. Building from recent successes, the policy initiatives outlined in this document provide a roadmap forward.

I. Implement trauma-informed approaches and services to address Adverse Childhood Experiences (ACEs).

The state legislature recently passed a bill (HB353) incorporating many of the recommendations made by the Louisiana Student Behavior, Mental Health, and Discipline Task Force. However, many recommendations issued by the task force could help further advance improvements in children’s mental health. These include mandating training on ACEs for health professionals, application of screenings during healthcare visits, and bolstering staffing of health professionals in schools. Other recommendations issued by the task force revolve around student behavior and mental health, school disciplinary measures, workforce development and training, and funding. These include, but are not limited to, the following:

1. Implement quiet spaces, such as cool-down rooms, in schools for students to utilize.
2. Establish a centralized data system, accessible to school principals, containing information for all resources and tools for screening students. These instruments should be grouped relative to the student’s grade, what is being treated/screened, etc. Data should be updated annually, and should also include:
 - a. A list of all mental health providers available to students.
 - b. A list of all organizations and programs related to student mental health.
3. Conduct a review of models for a comprehensive, school-based program that includes screening, assessment, treatment, and educator/staff training. Use this review to identify further opportunities for expanding school-based programs to include these elements and the funding allocation.
4. Mandate that the Louisiana Department of Education (LDOE) review school districts' use of corporal punishment, willful disobedience, and zero tolerance policies. Identify best practices for trauma-informed and restorative approaches and develop resources to assist with implementing these practices.
5. Establish a Data Quality Review Committee to ensure the accuracy and validity of student discipline data collected by the LDOE and ensure that all data is publicly available as required by state and federal law.
6. Modify the composition, membership, and reporting structure of the Advisory Council on Student Behavior and Discipline (ACSBD) so that it can more effectively function and uphold its legal obligation of advising school governing authorities on the implementation of best practices regarding student discipline and behavior.
7. Define the phrase “willful disobedience” as it relates to student discipline in LA R.S. 17§416.

As previously mentioned, the Whole Health Louisiana, a statewide plan to implement trauma-informed practices, is currently underway. Based on the science of early adversity and resilience, and the experience of professionals, leaders, and community members, Whole Health Louisiana is led by a public-private partnership between the Louisiana Department of Health and the Whole Health Louisiana Statewide Lead. The plan began in January 2024 and is set to continue through December 31, 2028.

II. Establish an entity to coordinate a systematic approach to women’s health.

The newly established Office on Women’s Health and Community Health (OWHCH) is a significant step forward towards addressing women’s health needs. However, the office’s capacities for carrying out these charges remain severely limited by a lack of funds and exclusionary language in the law which restricts services to those born “biologically female”. Significant work remains to make the office into a catalyst for addressing intersecting injustices and improving women’s health outcomes in Louisiana. Performance goals must be clearly defined so that the office has a roadmap to follow in improving women’s health. The office’s work should also involve meaningful community engagement and collaboration so that those most impacted by gender disparities have a voice in how those disparities are addressed.

Participatory research methods can be useful in drawing out community engagement, particularly if they recognize power differences and create opportunities for the least well-served members to have a voice in research. Mapping, storytelling, history, community arts, and participatory media are all valuable participatory research methods. In a review of participatory research projects, environmental science and participatory research experts Leona Davis and Mónica Ramírez-Andreotta (2021) found that the projects most successful in catalyzing structural change shared certain characteristics: they examined the structures already in place, used governance models in which community members held leadership roles, provided a salary and funding for grassroots leadership, communicated data in ways that were useful and understandable to community members and other stakeholders, and committed to long-term presence in communities. These approaches, along with the application of large datasets and a population health perspective, can provide the data necessary to take corrective action to improve women’s health.

The OWHCH also has an opportunity to advance the development of structural competency, that is, an applied understanding of how health is shaped by upstream social determinants of health (Metzl and Hansen 2014). This concept is a shift from the idea of cultural competence, an approach that mistakenly places blame on cultural behaviors, rather focusing on the structural conditions that shape conditions of life and delimit people’s options to pursue a healthy life. Structural competency training can offer pathways for professionals working in health, education, and other fields to understand and address the institutional, political, and economic forces shaping the health of Louisiana’s communities.

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

To improve conditions of life that enable human flourishing and well-being, Louisiana must set a state minimum wage higher than the current federal minimum wage of \$7.25 an hour.

LCHE has proposed the creation of an office or task force dedicated to poverty reduction research and legislation at the state and federal levels. This “Commission on Poverty” should focus on addressing the underlying issues of poverty stemming from social inequality and enact policies accordingly to enhance the nation’s social safety net programs as a whole.

Such an office should also engage with community organizations and nonprofits that have already made extensive efforts to understand and address economic injustice in Louisiana.

Policy changes that have the potential to contribute to broader systems change include:

1. Expand safety net programs and services, including Family Medical Leave, Supplemental Nutrition Assistance Program (SNAP) benefits, unemployment benefits, and affordable safe housing.
2. Continue Medicaid Expansion to increase access to affordable and quality healthcare.
3. Provide access to affordable childcare and early education, such as through state-sponsored aftercare.
4. Reduce secondary education costs to address the student debt crisis through post-secondary financial aid, reduced interest rates, and loan forgiveness programs.
5. Reform the criminal justice system and divert law enforcement funding to bolster community health and safety through mental health resources, violence reduction programs, and post-incarceration reentry programs.
6. Increase K-12 spending on school districts that serve low-income students.

These are but a few of the changes required to improve the financial health and overall well-being of Louisiana's residents. Further research and community engagement are required to better understand and implement the necessary changes.

IV. Incorporate America's Health Ranking measures into public health tracking and surveillance systems.

To facilitate collaboration and increased accountability, with the goal of a systems approach, LCHE is creating the Data & Action Health Equity Platform or DAP. LCHE has identified several key health indicators that will be necessary to track to make real, verifiable progress on our state's top-line goals. To track them effectively, LCHE has developed a dashboard that will capture these key health indicators as well as create a space for community representatives to connect over shared goals and develop a directory of actions necessary to achieve those goals. DAP will engage stakeholders from a variety of positions in government, healthcare, academia, nonprofit, and community-based organizations, as well as the general public. Currently, LCHE is conducting a pilot of the DAP and seeking funding for further development and to fully implement the platform.

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