



TO: Louisiana COVID-19 Health Equity Taskforce
FROM: The Louisiana Health Communities Coalition

In just two months, COVID-19 has put a spotlight on the chronic diseases that have been killing African Americans for decades and has exposed the fact that these diseases don't affect Louisianans equally. African Americans are already more likely to die from heart disease, cancer, diabetes, obesity, and more.ⁱ All of these are leading comorbidities with COVID-19, and all of these are top causes of death in Louisiana. While the burden of COVID-19 among African Americans is most apparent in the medical setting, the upstream, contributing factors are more a product of the social determinants of health than the health care system.ⁱⁱ It has also been widely documented that historic systemic, policy, and environmental factors created, and still contribute, to the perpetuation of chronic diseases, and thereby the proliferation of COVID-19 disparity in Louisiana.ⁱⁱⁱ

The Louisiana Healthy Communities Coalition (LHCC) supports communities around the state by building their capacity to make long-term improvements to tobacco prevention and control, healthy food access, and the built environment.^{iv} As modeled by our LHCC statewide team, and recommended by the National Academies of Engineering, Science and Medicine, Louisiana needs a coordinated, multi-sector approach to holistically and effectively address health inequities.^v

We are making the following recommendations to ensure that Louisiana's recovery incorporates sustainable, health equity strategies beyond the COVID-19 crisis and beyond the health care sector. Volumes of research on health disparities exist; we recommend implementing the following evidence-based interventions that help communities thrive.^{vi}

I. Tobacco Control

Given the predictions that Louisiana may experience recurring or periodic outbreaks of COVID-19, and tobacco is one of the two leading causes of the comorbidities of COVID-19 deaths, smoke-free places will further minimize breathing risks and lung injuries, especially in more vulnerable populations. With casinos and bars re-opening in phases, now is an opportune time for these businesses to adopt smoke-free policies to ensure better air quality for workers and the public.

SHORT-TERM RECOMMENDATION:

1. *Protect workers with 100% smoke-free bars and gaming facilities.*

LONG TERM-RECOMMENDATIONS:

1. *Increase the price of tobacco products, such as through state cigarette excise taxes.*
2. *Establish comprehensive, statewide smoke-free policies to protect all nonsmokers from exposure to secondhand smoke.*
3. *Sustain comprehensive tobacco control program funding.^{vii}*

II. Food Systems

- a. *Access to fresh and affordable food has been a barrier to optimal health in poor and minority communities for decades. People in these communities have to travel long distances to buy groceries or live in food deserts; options available in these communities tend to be low quality and unaffordable.*

SHORT-TERM RECOMMENDATIONS:

1. *Create a Food System Subcommittee focused on equity beginning with the stated members.^{viii}*



2. *Support for technical assistance and funding to increase the number of farmers markets and direct retail farmers and ranchers accepting SNAP benefits.^{ix}*
3. *Increase support for promotion and application assistance for prospective SNAP and WIC beneficiaries.*
4. *Support nutrition voucher program matching funds specifically for fresh produce and meats that prioritize local when/where possible*
5. *Increase funding and resources for childcare and reduce restrictions for CACFP program acceptance for in-home daycares. Increased reimbursement for food nutrition programs will help childcare centers afford and offer healthier food to our children and staff.^x*

LONG-TERM RECOMMENDATIONS:

1. *Address the need for improved water quality in areas of need (e.g. NE LA).*
2. *Integrate healthy food practices in residential settings (e.g. support backyard composting, community or home gardens, bee keeping, etc.).*
3. *Create regional/local Food Policy Councils to inform local health equity and food systems work.*
4. *Increase SNAP benefits for seniors, and expanded SNAP benefits for Louisiana residents.^{xi}*
5. *Offer transportation vouchers or food delivery as applicable to rural needs (rideshare, church vans, Rural Transportation Program, etc.) linked to SNAP (Post COVID-19 for rideshare options of course).*
 - b. *Louisiana's agricultural history has been a driver of inequity among minorities, but it also presents an opportunity for agricultural entrepreneurship and economic development in rural areas.^{xii}*

SHORT-TERM RECOMMENDATIONS:

1. *Increase support for new, historically marginalized small-scale specialty crop farmers and food business entrepreneurs.*
2. *Increase incentives for specialty-crop farmers and promote food retail entrepreneurship among people of color.*
3. *Increase the LA Cottage Food sales limit from \$20k to \$35k per year.^{xiii}*

LONG-TERM RECOMMENDATIONS:

1. *Support for robust research into the following: specialty crop production within multi-crop farms (diverse non mono crop style farms), grass-based livestock production with regenerative practices that are specific to our subtropical climate is needed,^{xiv} and alternative farming methods, such as hydroponics, aquaponics, and permaculture in urban and rural settings.*

III. Built Environment: Neighborhood Development & Transportation

The places people live impact their health outcomes. Economic segregation of neighborhood developments has resulted in disinvestment and concentrated poverty, which is connected to poor or no access to appropriate health care services, as well as a concentration of workers with high risk of exposure to the virus. Poor housing conditions further exacerbate these conditions, as they are more prone to overcrowding and lacking utility service. Disinvested neighborhoods are characterized by blight; lack of quality transit service and active transportation infrastructure; parks and green spaces that are either absent or in poor condition; proximity to pollutants; and isolation from economic activity are connected to



higher incidences of the underlying conditions that worsen COVID-19 outcomes. Such neighborhoods, which are often home to low-income and minority residents, present significant challenges and barriers for accessing goods and services and maintaining healthy lifestyles, including mental health.

1. *Implement the slow streets interventions in areas adjacent to parks and in high-need areas.^{xv}*
2. *Support development of transit, complete streets and alternative mobility options like bike share serving high-need areas.*
3. *Implement green infrastructure at site, neighborhood, municipal and regional scales and curb development that contributes to sprawl.^{xvi}*
4. *Prioritize healthy community design retrofits for existing neighborhoods and corridors – this includes parks and green space, active transportation infrastructure, mixed-income housing choices, and affordable access to fresh foods, jobs, and appropriate medical care.*

IV. Equity for Public Commissions / Task Forces

1. *Develop and implement equity standards for all public commissions, task forces or working groups, not just those specific to health.*

V. Equity Standards for Task Forces in Louisiana

Existing and future task forces need to include equity has an integral part of their operations and considerations.^{xvii}

1. *Align LA COVID-19 Health Equity Task Force strategies with other taskforces in Louisiana to maximize cross-sector partnerships to address social determinants to health.*

VI. Digital Equity

Recent innovations in telemedicine, remote work, and stay-at-home orders have exacerbated the digital divide between urban and rural communities in America. In addition to helping better meet COVID-19-related needs, it also opens the state for further rural, economic development.

1. *Support and expand initiatives to bring broadband internet and high-quality cellular data to rural Louisiana.*

VII. Education and Economy

Education has a profound impact on individuals across their life course and on society at large. In a recent statement to the Louisiana legislature, its Chief Economist, Greg Albrecht, stated, “...the investments by government are best played out in the educational areas. Prepare your people. That’s your economy, it’s your people. And it’s the people that make businesses and create businesses. And the more educated they are, the more productive they are, the more ideas they have, the more capital they attract.” While LHCC membership and mission seeks to prevent and control tobacco- and obesity-related risks and disease, we recognize the influence and interconnectedness of the economy and educational systems.

1. *Seek similar (to these), locally-relevant equity recommendations from the economic development and education sectors.*



VIII. Research

1. *Research the implementation of interventions known to reduce health disparities in community settings.*^{xviii}

As the chair of LHCC, I'm thankful for our members who have put forth these recommendations. We all have a heartfelt commitment to meeting urgent community needs and maintaining a vision for the long-term fixes to our own communities - the root causes. These recommendations are not meant to supersede or distract from any of the front-line COVID-19 responses, but are a reminder and hopefully a guide to the concrete steps we can take to help all communities across Louisiana to become healthier and vibrant.

Thank You for Your Consideration,

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END NOTES

- ⁱ <https://consumer.healthday.com/infectious-disease-information-21/coronavirus-1008/why-are-blacks-other-minorities-hardest-hit-by-covid-19-757411.html>
- ⁱⁱ Chehimi, S., & Cohen, L. (2013). Towards a 21st century approach: Advancing a vision for prevention and public health. The Robert Wood Johnson Foundation. Retrieved from Social Science Premium Collection <https://search-proquest-com.proxy.cc.uic.edu/docview/1820764306>
- ⁱⁱⁱ Dawes, D. E. (2018). The future of health equity in America: addressing the legal and political determinants of health. *The Journal of Law, Medicine & Ethics*, 46(4), 838-840.
- ^{iv} To learn more about LHCC's ongoing work: <https://healthylouisiana.org/our-stories>
- ^v National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the United States, Baciu, A., Negussie, Y., . . . Weinstein, J. N. (2017). *Communities in Action*. Washington, D.C: National Academies Press. doi:10.17226/24624 Retrieved from <https://www.nap.edu/24624>
- ^{vi} Liburd, L. C., & Sniezek, J. E. (2007). Changing times: New possibilities for community health and well-being. *Preventing Chronic Disease*, 4(3), A73. Retrieved from <https://www.ncbi-nlm-nih-gov.proxy.cc.uic.edu/pubmed/17572977>
- ^{vii} <https://www.cdc.gov/psr/NationalSummary/NSTU.aspx>
- ^{viii} Include the Department of Agriculture and Forestry, LSU AgCenter (FCS), Southern Ag Center, CENLA, the Black Farmer Alliance, MANNRS, Cattleman's Association, Louisiana Sustainable Agriculture Working Group, etc.
- ^{ix} Which should include state-funded EBT processing and equipment.
- ^x The majority of childcare workers in Louisiana are people of color; they need to have the ability to take care of themselves. Childcare providers are not guaranteed health insurance and were forced to apply for unemployment during the pandemic.
- ^{xi} Based on responses from recent rural food access focus groups conducted by the LSU AgCenter, many senior citizens receive less than \$20 a month for food and do not have adequate transportation to food retail outlets. People over the age of 60 have been affected the most by COVID-19, and it is important to ensure they have reliable, convenient access to healthy, affordable foods.
- ^{xii} It is important to acknowledge that more local farmers and ranchers *at scale* are required to meet the current demand, let alone any increase in market demand for fresh, healthy local food. This is especially important in relation to any increase in institutional demand for schools, childcare centers, hospitals, etc.
- ^{xiii} This would support small business development, economic opportunity, and access to food in all communities, especially culturally relevant foods.
- ^{xiv} Ideally, this should be done collaboratively with states from here to Florida.
- ^{xv} <https://www.sfmta.com/projects/slow-streets-program>
- ^{xvi} Green infrastructure improves air quality, reducing vulnerability to respiratory disease
- ^{xvii} The following task forces and committees are applicable: Resilient Louisiana, Education & Workforce Development, Economic & Community Development, Food & Agriculture, Rural Development, Transportation & Infrastructure, and Information Technology and Communications.
- ^{xviii} 1. Brownson, R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: A fundamental concept for public health practice. *Annual Review of Public Health*, 30(1), 175-201. doi:10.1146/annurev.publhealth.031308.100134
2. Honeycutt, S., Leeman, J., McCarthy, W. J., Bastani, R., Carter-Edwards, L., Clark, H., . . . Kegler, M. (2015). Evaluating policy, systems, and environmental change interventions: Lessons learned from CDC's prevention research centers. *Preventing Chronic Disease*, 12, E174. doi:10.5888/pcd12.150281



Additional Resources from the LSU AgCenter and the Central Louisiana Economic Development Alliance:

- https://cenla.org/freshcentral/siteuploads/textpagesimg/1283_pdf_1121_pdf_la.statefoodsystem.report--4-.pdf
- <https://www.dropbox.com/s/je6moll0h6ig1e6/Jonesville%20localfoodlocalrules-ordinance%20Template.doc?dl=0>
- <https://www.dropbox.com/s/cjxv09p03c4qgx9/Healthy%20Meeting%20Sample%20Policy.pdf?dl=0>
- <https://www.dropbox.com/s/xuqwqdcwh0r8qls/2018%20Cenla%20Workpace%20Guidelines.pdf?dl=0>
- <https://www.canr.msu.edu/foodsystems/about/racial-equity-statement>