

Barriers to Health Fact Sheet

In the Louisiana Department of Health (LDH), *barriers to health* (BTH), are seen as those factors that prevent an individual, population, and/or community from acquiring a) access to health services and/or b) achieving their best health.¹ LDH also recognizes that barriers to health can be systems (i.e. structural determinants) that offer health care and services; these systems are shaped by a wider set of forces: economics, social policies/social norms, and politics.³ Further, it is also important to note what may be a barrier to one person, population, and/or community may be an asset to others, based on social and cultural factors. Thus, all people, populations, and communities are not all the same and there must be intentionality in ensuring that all whom LDH serve are treated and provided services in a manner that take into consideration-programmatically respond to the environments and circumstances of people, populations, and communities—supporting them in achieving their fullest, best health.

- ⇒ **Systems Can Be Barriers!** Many of us understand that “... [a]ll social and political mechanisms that generate ... social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources... cause and operate through ... housing, physical work environment, social support, stress, nutrition and physical activity—to shape health.”⁴ Thus, given what programs within departments of health do and how they are funded and supported, it is very important that these health entities not operate in a manner that contributes to the negative health outcomes of the people it serves.
- ⇒ **Operate from a Health Equity lens!** Operationalizing health equity protocol and practices that support and ensure its programs and services are being provided in a manner that take into consideration - leverage, BTH to reduce and eliminate health inequities, thereby supporting and creating health equity.

LDH is Dedicated to Protecting and Promoting Health By:

- Ensuring access to medical, preventive, and rehabilitative services for all citizens of Louisiana
- Providing quality services
- Making resources available to those in need utilization of available resources
- Developing an agency-wide health equity plan, which will support the operationalizing of health equity protocols and practices agency-wide in LDH

LDH’s Five Priority Health Areas Which Inform the Office of the Secretary’s Health Equity Plan:

| Priorities | Shared BTH | BTH |
|--------------------------|--|--|
| Maternal Health | <ul style="list-style-type: none"> • Poverty, lack of access to healthcare and/or insurance, poor communities, poor educational opportunity, racism, stigma, discrimination • Structural determinant factors: no or very limited resources to improve or leverage BTH or support agencies that can reduce or elimination health inequalities | <ul style="list-style-type: none"> • Lack—stable housing, social support |
| Cancer | | <ul style="list-style-type: none"> • Neighborhood and built environment • Social and community context |
| HIV | | <ul style="list-style-type: none"> • Lack of stable housing • Exposure—crime, violence, substance use |
| HEPATITIS C | | <ul style="list-style-type: none"> • Lack of stable housing • Exposure—incarceration, substance use |
| Mental/Behavioral health | | <ul style="list-style-type: none"> • Poverty level—lack of safe places to play/be, food security |

**BTH shared within this table are factors that contribute to health inequities, respective to the outlined priority/ies.*

Improving LDH’s Professionalism - In the rubric above we see many BTH. These barriers prevent people, populations, and communities from achieving their best, fullest health outcomes. Given this, health department staff—their planning, programming, and services, need to be informed by these barriers, particularly as it relates to improving population health. We must—to eliminate or greatly reduce health inequalities, draw on the perspectives and resources (i.e. leveraging barriers) of all, diverse communities.⁵ Drawing on and/or leveraging people, populations, and communities’ BTH means we should align, intertwine, and/or implement some of the following activities, resources, and/or best practices into our approaches, programming and/or services, particularly as it relates to our five priorities:

- **Partnering, working with stakeholders doing Place-Based Interventions (PBI)**
 - Improved economic opportunity with better access to good jobs;
 - Higher quality schools at the kindergarten through to 12th grade level that enhance access to college;
 - More open green space, maintained sidewalks, and effective community policing;
 - Local businesses promoting healthier food options; and
 - Available health care that addresses risk behaviors, acute illness, preventive measures, and management of chronic diseases.
- **Improve program collaboration and service integration of:**
 - Sustainable housing efforts, housing resources (Louisiana Housing Council, HUD, etc.)
 - Food security efforts, food resources, etc.
 - Job employment efforts, JobCore, career training programs, etc.
 - GED/Adult Learning programs, educational resources, working with HBCUs, etc.
- **Develop policy approaches that change the context for prevention;** shifting prevention programming to encompass a more diverse portfolio of prevention approaches that includes individual-, network-, and community-level interventions
 - Also, ensuring LDH programming, services’ resources are not unnecessarily siloed - example: making sure all programming, services (as appropriate, needed) leverage available LDH resources within their respective program, services
 - Leveraging “Own Your Own Health”, “Well-spots”, “U=U” and “1800-QuitWithUS”(and other campaigns, efforts) across LDH agency-wide
 - Develop/implement community health workers (CHW) into pertinent programming, services
- **Increase staff** (and contractors, MCOs, and other stakeholders) **and the community’s** (i.e. lay people, persons using, benefiting from LDH services) **understanding of and their capacity to address barriers to disease prevention and control.**
 - Undoing Racism Training
 - Undoing Transphobia Training
 - Poverty Training
 - Cultural Capacity— Competency Training,
 - BTH, etc.
- **Work more with community stakeholders and partners that a) work to improve the daily living conditions; b) that tackle the inequitable distribution of power, money, and resources and c) that measure and understand the problem and assess the impact of action**
- **Create and/or work with stakeholders that create safe-spaces for marginalized, vulnerable populations, to build resiliency and/or support attainment of health , wellness goals**
 - Vulnerable and poor children
 - LSES and African American pregnant women
 - Persons with mental/behavioral health issues
 - African-American youth/young adults
 - LGBT
- **Implement Prevention Institute’s *Community Center Health Home* model/components** (implications for CHW)
 - *or Health Lead’s Essential Needs Roadmap* framework (implications for CHW)
- **Use an assets-based approach and engage the community as an equal partner— listen to the community’s health priorities and share the responsibility for developing strategies to address those priorities**

5,6,7,8, and 9

This list represents some of what can be done to counter—leverage, BTH.

Lastly, it is important for those developing, planning, and/or delivering prevention and health care services to be informed about and leverage BTH. For this reason, this document, LDH Phase I and future II Health Equity Plans, Community Engagement Framework, and other materials have been created to support the operationalizing of health equity practices and approaches agency-wide.

“Improving LDH professionalism, services and health / health outcomes.”

1. HWB, Unit 1— Health, Social Services and Children Services; Access and Barriers, United Kingdom, ND. https://resources.hwb.wales.gov.uk/VTC/2012-13/22032013/hsc/eng/unit_1/u1-a-and-b/u1-a-and-b1.htm
2. Centers for Disease Control, NCHHSTP Social Determinants of Health, United States, 2014. <https://www.cdc.gov/nchhstp/social-determinants>. Accessed May 8, 2019
3. Treatment Action Group, Structural and Social Determinants of Health, United States. http://www.treatmentactiongroup.org/sites/default/files/Structural%20Social%20Determinants_0.pdf. Accessed May 8, 2019
4. World Health Organization, World Conference on Social Determinants of Health, United States, 2010. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf. Accessed May 8, 2019
5. Institute of Medicine. (2002). *The Future of the Public’s Health in the 21st Century*. Washington, DC, The National Academies Press.
6. <https://healthleadsusa.org/resource-library/roadmap/social-health-team-workflow/>
7. <https://di.upenn.edu/healthpolicysense/community-partnerships-address-social-determinants-health>
8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882967/>
9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816016/>