



**Louisiana** Women's Policy  
and Research Commission

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# 2018 ANNUAL REPORT

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# [ ABOUT LWPRC

The Louisiana Women's Policy and Research Commission was created in 2003 under the leadership of Representative Diane Winston. The commission is housed within the governor's Office on Women's Policy. The duties of the commission include advising the governor, through the executive director of women's policy, on the particular hardships, concerns, and needs that challenge women in Louisiana and their possible solutions; identifying and analyzing trends that negatively impact the health and prosperity of women in Louisiana; and monitoring the status of women in Louisiana for the purpose of evaluating their economic, educational, health concerns, needs, and hardships.

## Current Membership includes:

**Charmaine Caccioppi**, *Chair*  
**Berkley Durbin, J.D.**, *Co-Chair*  
**Lynda Woolard**, *Parliamentarian*  
**Sandie Lollie**, *Recorder*

**Laura Badeaux, Ph.D.**  
**Erin Bendily**  
**Tonya Bolden-Ball**  
**Amanda Brunson**  
**Representative Barbara Carpenter, Ph.D.**  
**Trina Chu, J.D.**  
**Susanne Dietzel, Ph.D.**  
**Gail Gibson**  
**Julie Schwam Harris**  
**Senator Sharon Hewitt**  
**Revathi Hines, Ph.D.**  
**Melissa Horton**  
**Dana Hunter, Ph.D.**  
**Frances Kelley**  
**Anna Mahoney, Ph.D.**  
**Michelle Massé, Ph.D.**  
**Mandi Mitchell**  
**Senator Beth Mizell**  
**Shanta Proctor, Ph.D.**  
**Commissioner Karen St. Germain**  
**Amanda Martin Vincent**



# [ EXECUTIVE SUMMARY

The Louisiana Women's Policy and Research Commission set out to identify the issues currently impacting Louisiana women in terms of their economic stability, education, and overall health and well-being. Since many of these issues are interrelated, targeted interventions can support improvement across the spectrum for women and their families.

As a state that is frequently last or near the bottom on nationwide rankings, it comes as no surprise that Louisiana did not perform well in the 2015 Institute for Women's Policy Research *Status of Women in the States* report.<sup>i</sup> Since 1996, the Institute has analyzed a wide range of state and national data through a gendered lens. The 2015 report gave Louisiana an F in Health and Well-Being. The state ranks 49th in the nation in this area. We earned a D- in Employment and Earnings and a rank of 48. Louisiana ranked 50th in Poverty and Opportunity and received a grade of D-. A grade of D- was also earned in Political Participation, with a rank of 46.

These rankings, along with the data presented in this report, paint a grim picture of the status of Louisiana women in general. However, black women fare worse in nearly all of these areas. Louisiana still has ample amounts of work to do, particularly in support of women who are racial minorities, socioeconomically disadvantaged and those who are mothers. Louisiana will see greater progress when reforms are designed with awareness of the intersectionality of gender and race.

While we take pride in the strides the state has made as a whole, we acknowledge there is still work to be done to achieve equity and prosperity of all women in Louisiana. An unattributed quote states, "The best time to plant a tree was twenty years ago; the second best time is now." Though much work remains in order to elevate the economic status, education, health and well-being of Louisiana women, the first step is identifying the current issues. The issues reported on here include Pay Equity and Stopping Pay Secrecy, Minimum Wage, Paid Family and Sick Leave, Early Childhood Care and Education, STEM, Violence Against Women, Sexual Harassment, Criminal Justice Reforms for Women, Maternal Mortality, Birth Outcomes, Reproductive Healthcare, and Substance Use and Abuse Services. Within each issue, we offer notes of progress made, work to be done, and a concrete example of a state or program that is improving the lives of women.

We hope this report leads to cross-sector collaboration, mobilization, and policy changes that continue to move the needle in a positive direction for Louisiana women and families. The health and prosperity of our state depend on it.



# Status of Women: 2018

LOUISIANA'S  
POPULATION

IS 51%

*female*

total LA population  
is 4,659,978

Of the 144  
Louisiana  
legislators,  
only

23  
are  
WOMEN

2/3

of minimum wage  
workers are WOMEN

on average,  
Louisiana  
women make  
**\$.69** for every  
dollar men earn  
but black women  
earn only **\$.48**  
and Latina women  
only **\$.52**  
compared to  
every dollar  
paid to white  
men

Only

35%

of new moms in Louisiana  
were able to take any length  
of paid leave following  
childbirth compared to  
the national average of

55 PERCENT

Child care costs  
up to 50% of  
a minimum  
wage worker's  
income

Computer occupations have  
grown **338% nationally** since 1990

but the share of U.S. women in computer occupations  
has decreased from **32%** to **25%** in that same time period



# Louisiana Women's Policy and Research Commission

Nearly **1 in 4**

adult women (23%) in the U.S. report having experienced severe physical violence

Nationally, only

**10%**

of victims will make a formal report of sexual harassment

In Louisiana,

**62%**

of **INCARCERATED WOMEN** are the primary caretaker of a child under 18

Neonatal Abstinence Syndrome increased fourfold from 2003 to 2013

Louisiana is **2<sup>nd</sup>** highest among all U.S. states for rates of low birth weight and preterm births

**BLACK WOMEN**

in Louisiana are

**4.1x**

**MORE LIKELY**

to experience pregnancy-related death than white women

**60%**

of pregnancies are **UNINTENDED**

IN LOUISIANA,

# PAY EQUITY & STOPPING PAY SECRECY

Louisiana is last in the U.S. for what women earn on average compared to men – 69 cents to the dollar.<sup>ii</sup> Black and Latina women are worse off – they make on average 48 cents and 52 cents respectively compared to white men.<sup>iii</sup> The gap exists in all fields, regardless of profession or educational background, and jobs predominantly filled by women are paid less than jobs mostly filled by men.<sup>iv</sup>

Pay secrecy allows the discrimination to continue even though it is bad for business. Nearly half of all workers nationally reported that they were either contractually forbidden or strongly discouraged from discussing their pay with their colleagues.<sup>v</sup> Researchers found a direct link with pay secrecy and decreased performance. People who fear discussing wages and develop distrust of management, even if it is unjustified, have lower motivation and less reason to stay in a job.<sup>vi</sup> Millennials' use of technology to research and share information combined with less reticence in talking about pay is a sign for businesses that pay secrecy should end.<sup>vii</sup> Employers that provide employees with clear expectations, pay scales, and pay-setting practices will reap the benefits. These build trust and employee engagement, increasing productivity and reducing costly turnover.

## Progress Made:

- Governor John Bel Edwards' legislative agenda includes critical policy changes to help women achieve economic security for themselves and their families. He actively supports equal pay through stopping pay secrecy as well as raising the minimum wage. Two-thirds of minimum wage earners are women.
- Eighteen states and the District of Columbia have passed pay transparency legislation to bring about fairer pay; companies and public employers are conducting equal pay audits (New Orleans is in the process of such an audit) to uncover and remedy wage gaps; many are also setting compensation based on predetermined, objective standards and metrics instead of on negotiation or salary history which may lead to unfair results.
- More companies are acting on the research that shows determining pay in a fair and transparent process is good for business.
- Legislation in 2017, authored by Senator Sharon Hewitt, created the LaSTEM task force to promote STEM education with a particular emphasis on breaking down barriers for women to graduate with post-secondary STEM degrees, moving women into higher paying economic sectors. [see STEM]

## Work to be Done:

- Pass legislation that will prohibit retaliation or firing for talking about wages. This protection will allow for voluntary discussion of wages so women have the knowledge to negotiate for equal pay or to use a market solution and look for another job.
- Hold listening sessions around the state to learn about challenges women are facing in achieving equal pay and the full range of workplace policy changes needed to help them and their families thrive.

*The updated Massachusetts Equal Pay Act (MEPA), signed into law on July 1, 2018, aims to address pay equity. MEPA affects almost all Massachusetts employers. MEPA aims to ensure women are paid equally for "comparable work," with caveats covering seniority, education, geographic locations, etc. Employers are no longer allowed to request prior salary history and employees are protected when engaging in talks with other employees regarding pay rates.<sup>viii</sup>*

# MINIMUM WAGE

Louisiana has among the highest percentage of workers earning at or below the minimum wage in the US.<sup>ix</sup> Two-thirds of minimum wage workers are women, and they do not fit the stereotype of being young people in entry level jobs. Half are over 25, many married with some higher education and most working full-time to provide for their children and families.<sup>x</sup> As the United Way's ALICE (Asset Limited, Income Constrained, Employed) report shows, almost half (48%) of the families in our state cannot afford the basic expenses of housing, child care, food, transportation, health care, cell phone access and taxes.<sup>xi</sup> A minimum wage increase would provide financial stability to these families and boost the state's economy and local business. It would improve workplace productivity, reduce turnover costs and save state government money needed to subsidize basic needs of low-income families.

Louisiana is one of five states with no state-established minimum wage. It defers to the federal minimum wage of \$7.25 an hour which has not been raised since 2009. Currently 29 states, Washington, D.C., and 41 localities have set minimum wages above the federal minimum.<sup>xii</sup> In Louisiana, local jurisdictions do not have the option of raising the minimum wage for their citizens. Since 1997, state law has banned local governments from passing laws setting local standards for pay.

## Progress Made:

- Support for raising the minimum wage is broad and bi-partisan. In the 2016 Louisiana Survey done by the LSU Manship School of Mass Communications, 76% of Louisiana residents said they favor raising the minimum wage to \$8.50 an hour: 88% of Democrats, 83% of Independents and 59% of Republicans.
- Employers are seeing a business rationale and voluntarily raising their minimum wage. Ochsner Health System, the state's largest private employer with over 25,000 employees, is raising the minimum wage for 1,200 of its lowest paid workers.

## Work to be Done:

- Pass legislation to raise the minimum wage above the federal minimum.
- Let the people decide by proposing a constitutional amendment to require the legislature to set a state minimum wage.
- Repeal the statute that currently bans local governments from passing laws setting local standards for pay.
- Conduct listening sessions around the state for the Women's Policy and Research Commission to learn about the economic needs of working families.
- Study the links between economic insecurity and sexual violence and harassment against women at home and in the workplace.

*Arkansas has raised its minimum wage twice. In 2014, it began a three year process to raise the wage to \$8.50 an hour, with positive results for the economy. "From 2014 to 2017, Arkansas' unemployment rate fell faster and average annual earnings rose more rapidly than in five out of six neighboring states." There was strong growth in service-oriented industries like retail and accommodations and food. Sales tax revenues grew over 8% from higher consumer spending and business activity.<sup>xiii</sup> The economic success since 2014 led to calls for a further wage increase, which passed by a vote of the people in 2018. On January 1, 2019, the rate went up to \$9.25 and by the end of 2020, it will be \$11 an hour. The law applies to businesses of four or more people.*



# PAID FAMILY & SICK LEAVE

With increased attention to the benefits of paid leave to employers, families and the economy, a growing number of states are requiring it and more individual businesses are creating their own paid leave systems. "A statewide survey found that only 35% of new moms in Louisiana were able to take any length of paid leave following childbirth, compared to the national average of 55%."<sup>xiv</sup> Lack of paid leave contributes to the 11% gap between men and women's participation in the labor force.<sup>xv</sup> African American women are over-represented in low-wage and service jobs which are less likely to offer paid leave. A recent statewide survey found that African Americans experienced financial hardship at a greater rate than any other demographic due to the lack of paid family leave.<sup>xvi</sup>

Paid leave is good for families, with studies showing that children benefit in long-term educational and workplace success when their mothers are able to take maternity leave. It would help reduce the increasing maternal mortality rate in Louisiana that is particularly affecting black women.<sup>xvii</sup> Families with paid leave are less likely to suffer an economic crisis related to losing an income because of a birth, adoption or sick family member. Paid leave is also good for business and the economy. It improves worker retention and increases morale and productivity. More than 90% of companies with paid family leave policies report either a positive or neutral effect on profitability.<sup>xiv</sup> Nationally, if women participated in the U.S. labor force at the same rates as women in countries with paid leave, our economy would benefit from more than \$500 billion in additional economic activity each year. <sup>xv</sup>

## Progress Made:

- Louisiana citizens across the political spectrum support paid family and medical leave. "Surveys show that 82% of Louisianians support "a national paid and family leave policy that would provide paid time off for all working people who need leave to care for a new child, their own serious illness or injury or a family member with a serious illness or injury."<sup>xvi</sup>
- Some major employers in the state have recognized the value of paid leave for their employees and can provide a model to others about its benefits and how to implement it. These include Civic Source, Gulf Coast Bank and Trust, and Shell, among others.

## Work to be Done:

- Pass legislation to establish a state paid family leave program to operate like an insurance program in which employees and employers contribute to a fund through a payroll deduction.
- Require all employers to provide a minimum of seven sick days for employees.
- Through the Women's Policy and Research Commission, work with partners to research, recognize and spread information about small and large Louisiana companies that have model paid family and sick leave policies.

*New Jersey has offered paid family leave through payroll deductions since 2009 and recently expanded the law. Previously, workers could take off 6 weeks to care for a newborn, newly adopted child, or a sick child, parent or spouse. For these 6 weeks, workers are eligible to receive up to two-thirds of their pay up to 53% of the statewide average weekly wage. Under the new law, the permitted paid time off will double to 12 weeks, the benefit will increase to 85% of pay and the cap will rise to 70% of the statewide average weekly wage. The law now covers victims of domestic violence or sexual assault and the family members who care for them. "When we honor and protect workers we strengthen our economy. When you allow workers to take care of themselves and loved ones, we strengthen families," Gov. Phil Murphy said recently.<sup>xviii</sup>*



# EARLY CHILDHOOD CARE & EDUCATION

Access to quality child care is essential not only to women's ability to enter the workforce, but has a significant impact on their ability to be successful. For women with young children in Louisiana, 15% reported having to quit a job due to child care issues, in contrast to 2% of men; 16% of women reported going from full-time to part-time, compared to 3% of men; and 12% reported turning down a promotion due to child care issues, compared to 2% of men.<sup>xix</sup> Additionally, young children need quality care because children who begin school behind generally remain behind, and over 40% of children in Louisiana start kindergarten behind grade level. In Louisiana, over 60% of infants have their mothers going back to work before their first birthday. Forty to 50% of women are the primary breadwinners in their household.<sup>xx</sup> Commercial child care facilities charge anywhere from \$110 to \$200 weekly, costing up to 50% of a minimum wage worker's income.

Even though over 90% of four year olds in need can access publicly funded Pre-K in Louisiana, less than 15% of children birth through age 3 can access ANY publicly funded slot.<sup>xxi</sup> The only state administered program for children under age four has been cut in the last ten years from serving almost 40,000 children to 15,000 children today.<sup>xxii</sup>

## Progress Made:

- The Early Childhood Education Act (Act 3 of 2012, authored by Senator Conrad Appel) created sweeping reforms to early care and education with the goal of improving school-readiness among Louisiana's children. This Act set up a comprehensive framework for moving forward on early child care by unifying the system and establishing quality standards for providers of early care and education.
- The Louisiana Early Childhood Education Fund was created in 2017, under the leadership of Representative Walt Leger, to provide a 1:2 state match for funding by local entities for certain early childhood education programs. However, it has never been funded.
- In 2018, under the leadership of Representative Stephanie Hilferty, the Legislature established the Early Childhood Care and Education Commission. That commission recently unanimously approved a plan to address the lack of high quality, affordable child care for children in need. "LA B to 3" aims to serve all children on the current Child Care Assistance Program (CCAP) waitlist and further expand quality seats to serve 114,000 Louisiana children in need, prioritizing children birth to age 3.
- The Ready LA Coalition, made up of over 50 businesses and community interests from across the state, is aimed at supporting state investments in funding early care and education.
- Louisiana has made great progress over time and is now serving 90% of the eligible 4 year olds in full-day Pre-K programs.

## Work to be Done:

- Pass legislation to establish a substantial, sustainable investment in birth to 3 early care and education. Recommended initial funding is \$85.8 million and approximately that amount is needed each year over 10 years.

*The City of New Orleans has allocated funding for City Seats, a pilot early childhood education program for children in need. It is the only Louisiana city to do so. The first year, the city appropriated \$750,000 to fund 50 slots in six high quality centers in 2018. They doubled the amount to \$1.5 million for 2019. A fully funded program for every at-risk child in the city is estimated to cost \$200 million.*

# WOMEN IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM)

STEM occupations in Louisiana are projected to grow 18.3% through 2024.<sup>xxiii</sup> While women make up 47% of all adults employed in STEM fields and have made gains in the life sciences and math fields, they are still underrepresented in engineering (14%), computer (25%) and physical science (39%) occupations. Computer occupations are one of the highest paying and fastest growing STEM fields, growing 338% nationally since 1990. However, the share of women in computer occupations has decreased by 7% in that same time period, from 32% to 25%.

On average, women in STEM fields make higher wages than women in non-STEM fields. The median earnings for full-time, year-round women working in STEM jobs in 2016 were \$60,828, compared to \$38,480 in non-STEM. However, even within STEM, women earn only 72% as much as the median earnings of men.<sup>xxiv</sup> This is partially due to the clustering of women in lower-paying STEM jobs, such as healthcare practitioners, and underrepresentation in the more lucrative fields of engineering and computer science.<sup>xxiv</sup> The gender wage gaps are greatest for women with less than a high school education and those with the highest educational attainment, professional or doctoral degrees.<sup>xxiv</sup>

## Progress Made:

- Act 392 of the 2017 Regular Session, led by Senator Sharon Hewitt, established the Louisiana Science, Technology, Engineering, and Mathematics Advisory Council (LaSTEM) under the Board of Regents. The council was created to coordinate and oversee the creation, delivery, and promotion of STEM education programs; to increase student interest and achievement in the fields of science, technology, engineering, and mathematics; to ensure the alignment of education, economic development, industry, and workforce needs; and to increase the number of women who graduate from a postsecondary institution with a STEM degree or credential.
- Funds were allocated from the Louisiana Department of Education for a Certified Teacher Education Program Scholarship to help increase the number of math and science courses taught in schools by certified teachers.
- Through a statewide application, 35 schools and or school clusters were awarded grants for Robotics Education and Competition.
- The first LaSTEM Summit was held in September 2018 and second annual Festival de Robotique was held in May 2018.

## Work to be Done:

- Implement the LaSTEM recommendations included in the January 2018 report to the Louisiana Senate and House Committees on Education.
- Report specifically on the activities and successes of the efforts to focus on increasing the number of women and girls in STEM education and fields.
- Increase interest in computer occupations among young girls.
- Explore further and address the underlying causes of women who once were interested in or pursued a degree in STEM but did not end up pursuing a career in STEM.

*Girls Who Code is an organization with a mission to close the gender gap in technology. In just six years, the movement has reached over 90,000 girls in all 50 states. Offerings include clubs, camps and summer inclusion programs. Fifty percent of participants are from historically underrepresented groups. The approximately 5,000 college-aged alumni are choosing to major in computer science or similar fields at a rate 15 times the national average. Black and Latina alumni are majoring in these fields at a rate 16 times the national average. Girls Who Code is active in Louisiana.*

# VIOLENCE AGAINST WOMEN

Nearly 1 in 4 adult women (23%) in the U.S. report having experienced severe physical violence (e.g., being kicked, beaten, choked, or burned on purpose, having a weapon used against them, etc.) from an intimate partner in their lifetime.<sup>xxv</sup> Louisiana ranks 2nd in the nation in female victims killed by male offenders in single victim/single offender incidents.<sup>xxvi</sup> Louisiana's rate of women murdered by men has increased steadily for the past 5 consecutive years, with the most recent rate being 2.42 homicides per 100,000 females.<sup>xxvi</sup> Of the women killed by men in Louisiana in 2016, 69% were killed with firearms.<sup>xxvi</sup>

The Centers for Disease Control and Prevention report that 1 in 5 women have experienced rape or attempted rape in their lifetime and nearly 44% have experienced some other form of sexual violence.<sup>xxvii</sup> Louisiana Commission on Law Enforcement data shows that 5,607 sexually-oriented criminal offense cases were reported by police departments and sheriff's offices in 2018.<sup>xxviii</sup> However, only 33% of sexual victimizations are reported to law enforcement.<sup>xxix</sup>

## Progress Made:

- Legislation in the 2018 Regular Session strengthened domestic violence protection and penalties. This work was led by Representative Larry Bagley (Act 679), Senator Regina Barrow (Act 412), Representative Patrick Jefferson (Act 265), Senator Sherman Mack (Act 263), Senator Danny Martiny (Act 228), Senator JP Morrell (Act 367), Representative Patricia Smith (Acts 282, 293), Representative Julie Stokes (Act 630), Representative Polly Thomas (Act 309), Senator Rick Ward (Act 383), and Representative Malinda White (Act 264).
- Act 458 of the 2018 Regular Session, authored by Representative Beryl Amedee, added female genital mutilation to the list of crimes constituting abuse in the Children's Code.

## Work to be Done:

- Per the Domestic Violence Prevention Commission's 2018 Annual Report
  - Continue improvements in data collection systems
  - Expand screening for strangulation among multiple points of access
  - Increase collaboration between health care providers and domestic violence advocates
  - Elevate public awareness of the long-term impacts of mild traumatic brain injury
  - Continue statewide training efforts related to firearms transfer protocols
  - Monitor annual firearm-related domestic violence homicide statistics and use these data to inform improvements to legislation and implementation as necessary
  - Continue work toward the creation of consistent and comprehensive definitions of domestic abuse in Louisiana law

*The US Centers for Disease Control (CDC) make it clear that poverty, low income, financial stress and gender inequality are known risk factors for intimate partner violence. Providing income supplements, income generating opportunities and decreasing the gender pay gap can mitigate these risk factors to prevent the violence and better equip women to establish economic independence from a violent partner. These policies include income supports such as Temporary Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP), tax credit programs such as Earned Income Tax Credit (EITC) and Child Tax Credits, and paid leave (parental, sick and vacation).<sup>xxx</sup>*

# SEXUAL HARASSMENT

Studies estimate that 25% to 85% of women<sup>xxxii</sup> will experience sexual harassment in their lifetime, but only 10% of victims will make a formal report.<sup>xxxiii</sup> Fewer will file a complaint with the Equal Employment Opportunities Commission. Even so, women made 80% of the sexual harassment charges to the EEOC between 2005 and 2015.<sup>xxxiii</sup> Several work environments put women at greater risk for sexual harassment, including working for tips, working in an isolated context, lacking legal immigration status or having only a temporary work visa, working in a male-dominated job, and working in a setting with significant power differentials and “rainmakers.”<sup>xxxiii</sup> The costs to employees and employers are high. The impact on individuals can include negative effects on mental health, reductions in job training or career advancement, and loss of employment.<sup>xxxiii</sup> The costs to businesses include employee turnover, loss of productivity, increased absences, and legal costs.<sup>xxxiii</sup> The cost to the public is also high: eighty-two sexual harassment lawsuits have cost Louisiana taxpayers \$5M in the past decade.<sup>xxxiii</sup>

## Progress Made:

- Act 270 of the 2018 Regular Session, authored by Representative Barbara Carpenter, required improved policies and procedures at all levels of public employment on preventing and investigating sexual harassment including a requirement for annual online training.
- SCR 38 of the 2018 Regular Session, authored by Senator Karen Carter Peterson, created a legislative task force to study and make recommendations about preventing sexual harassment issues regarding legislators, lobbyists, and other persons interacting with the legislature.

## Work to be Done:

- Mandate comprehensive sexual harassment training for all public and private employers.
- Continue to increase awareness of sexual harassment by fostering partnerships with community-level stakeholders.
- Encourage entities to enforce and inform constituents of sexual harassment laws and policies.
- Recommend that training be in-person and interactive in addition to online. Better understanding of the issue is achieved with discussion and role playing.

*California lawmakers instated new laws regarding sexual harassment training that go beyond federal guidelines. The law requires public employers and the legislature, as well as any employer with 50 or more employees, to conduct two hours of sexual harassment training for all supervisory-level employees. Legislative employees receive an informational brochure regarding workplace harassment. Workplaces must also have a written policy in place. All legislators and legislative employees are required to attend a harassment training session. Complaints are heard by a bipartisan Subcommittee on Harassment, Discrimination, and Retaliation Prevention and Response.*

*A notable recommendation from the subcommittee was to create an independent Legislative Workplace Conduct Unit to investigate and respond to complaints. The LWCU staff will specialize in responding to workplace sexual harassment and discrimination. This specialized staff gives persons making a complaint the option of addressing the problem independently or through a formal process in which they are given regular updates on the status of the investigation.*

*The subcommittee also recommended the development of a comprehensive training program, a stronger statement denouncing retaliation, and efforts to make reporting as straightforward and easy as possible.*

# CRIMINAL JUSTICE REFORMS FOR WOMEN

Women make up 5.5% of Louisiana's correctional population. On June 30, 2018, 1,827 women were incarcerated in Louisiana, a steady decline from 2,389 in 2012.<sup>xxxiv</sup> The state spent over \$50M on the incarceration of women in 2017 and 62% of incarcerated women are the primary caretaker of a child under 18.<sup>xxxv</sup> For females, the average age at conviction in Louisiana is 32.7 years.<sup>xxxiv</sup> Women under correctional supervision are more likely to report a history of trauma as well as higher rates of depression, post-traumatic stress disorder, and substance use.<sup>xxxvi</sup> In the 2017 criminal justice reform package passed by the Louisiana Legislature, measures were adopted to reduce the number of people sent to prison and limit the amount of time incarcerated while alternatives were created and barriers to re-entry removed. These actions will have a positive impact on Louisiana communities and reduce the state's financial burden. However, gender-specific issues remain for incarcerated women and their families. Further reforms with gender in mind are necessary to continue the improvements within our system in an equitable way.

## Progress Made:

- HCR 27 of the 2018 Regular Session, authored by Representative Patricia Smith, created the Louisiana Women's Incarceration Task Force to undertake a comprehensive review of the state's criminal justice system as it relates to women.
- Act 392 of the 2018 Regular Session, authored by Senator Regina Barrow and known as the Dignity for Incarcerated Women Act, provided women with necessary hygiene products and restricted male guard access in certain situations.
- Act 265 of the 2017 Regular Session, authored by Representative Helena Moreno, eliminated restrictions on eligibility for certain public assistance for persons with prior drug convictions.
- Act 262 of the 2017 Regular Session, authored by Representative Julie Emerson, eliminated waiting periods and provisional licensure for those with nonviolent and non-sex offense convictions who seek a professional license.
- Act 761 of the 2012 Regular Session, authored by Representative Danny Martiny and known as the Safe Pregnancy for Incarcerated Women Act, limited the use of restraints during labor and delivery.

## Work to be Done:

- Increase the number of mental health services available to incarcerated women to address the issues facing a disproportionate number of domestic violence victims who are incarcerated.
- Explore and implement evidence-based gender-responsive programs to improve outcomes for women post-incarceration.
- Explore opportunities to reduce postpartum separation through prison nursery or other programs.

*Prison nursery programs seek to reduce recidivism and improve bonding between mothers and the children they give birth to while incarcerated. These programs typically focus on women with low-level offenses and aim to ease re-entry. In the Nebraska Correctional Center for Women's Nursery Program, a committee determines acceptance based on the circumstances of each case. The mother must never have committed a crime against children, must be screened by a parenting coordinator and prison substance abuse director, cannot have used drugs during her pregnancy and must have an excellent record as an inmate. The mother must be eligible for release within 24 months. The "length of stay" for this program is 18 to 24 months. The recidivism rate for the program is about 10%, compared to the overall statewide rate of about 30%. Nebraska, Washington and Ohio are currently implementing these programs.<sup>xxxvii</sup>*

# REPRODUCTIVE HEALTHCARE

Access to timely and quality reproductive healthcare is essential, not only for family planning, but also for the health of pregnancies, and to ensure treatment and prevention of sexually transmitted infections. In 2018, Louisiana ranked highest in the United States for babies born with congenital syphilis.<sup>xxxviii</sup> This potentially fatal disease to infants, if left untreated, is passed from the mother to infant in utero or during birth. Access to reproductive healthcare and timely treatment for all, including the pregnant women and their partners, is essential. Private health care providers may not stock these medications, causing reliance on parish health units.

The availability of contraceptive services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families.<sup>xxxix</sup> In Louisiana, approximately 60% of pregnancies are unintended.<sup>xl</sup> Multiple policy changes in Louisiana have expanded coverage of contraception for women, including Medicaid expansion. Still, little is known about persistent barriers to effective implementation that may challenge contraceptive access for all patients in the wake of these changes.

## Progress Made:

- Several clinical sites now offer immediate postpartum contraception following a Medicaid policy change allowing for the reimbursement of long-acting reversible contraceptive (LARC) devices purchased by hospitals.
- A Louisiana Department of Health “carve out” policy allows for LARCs to be reimbursed separately when provided by federally qualified health centers (FQHCs) and rural health clinics.
- Programming under Title X supports counseling and contraceptive provision training for providers at FQHCs and parish health units.
- Medicaid plans to include a contraception quality measure in its new quality strategy.

## Work to be Done:

- Detailed claims analysis and community-based interviewing will be conducted by the LSUHSC Center for Healthcare Value and Equity in 2019 to better understand barriers to women receiving the contraception they need.
- More in-depth quality improvement activities may take place with the implementation of Medicaid quality measures that support reporting and measurement of contraception.
- Statewide provider training will be offered that embodies principles of Reproductive Justice through partnership with community-based organizations.

*The Louisiana Office of Public Health is beginning a pilot program to provide Syphilis Home Observed Treatment (SHOT) for pregnant women diagnosed with syphilis and their partners. These persons have been unable, on their own or with the assistance of others, to access treatment for syphilis at a medical treatment facility or their local Parish Health Unit (PHU).*

*Young Women United (YWU), a reproductive justice organization in New Mexico, works to improve access to reproductive healthcare and has become a leading advocate for incorporating a reproductive justice framework during contraceptive counseling. YWU has successfully leveraged critical stakeholders: public health leaders, policymakers, providers, and community members to better incorporate these concepts into policy and encourage patient-centered, culturally competent care.<sup>xli</sup>*

*The LSUHSC Center for Healthcare Value and Equity is collaborating with Louisiana Medicaid, local community based organizations, American College of Obstetrics and Gynecology, and philanthropic organizations to perform a gap analysis on contraceptive access to inform further quality improvement efforts in Louisiana.*



# MATERNAL MORTALITY

The *Louisiana Maternal Mortality Review Report 2011-2016* shows that maternal mortality increased in Louisiana from 2011-2016 at a rate higher than the national increases. Improvement in case identification, increasing chronic disease burden, advancing maternal age, and systems level factors such as fragmented, inadequate or inconsistent medical care may be contributing factors. Women over 35 years of age, non-Hispanic black women and those with Medicaid insurance are disproportionately impacted. The Louisiana 2016 maternal mortality ratio (77.6 per 100,000 live births) is more than 3 times the US rate (21.8 per 100,000), and black mothers were 4 times as likely to die as white mothers. For the 2011-2016 time period, pregnancy-related deaths increased by an average of 34% per year. Almost half of these deaths were determined to be preventable.<sup>xlii</sup>

## Progress Made:

- Louisiana has fully integrated monitoring and review of maternal deaths as an activity under the Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality.
- Louisiana published the *Louisiana Maternal Mortality Review Report 2011-2016*, which outlines specific recommendations for action and change.
- 31 of the state's birthing facilities are participating in the Louisiana Perinatal Quality Collaborative *Reducing Maternal Morbidity Initiative*, focused on reducing preventable complications due to bleeding and hypertension—two leading causes of pregnancy-related maternal mortality in Louisiana.
- During the 2018 Regular Session, Representative Stephanie Hilferty and Senator Regina Barrow sponsored a bill that established the Healthy Moms, Healthy Babies Advisory Council, charged with examining state efforts to address maternal morbidity and mortality and ensure that these efforts address racial and ethnic disparities and incorporate community voice.

## Work to be Done:

- Support applications for funding opportunities related to further addressing severe maternal morbidity and mortality, with integration of community voice and representation.
- Support hospitals in efforts to ensure quick, consistent responses to bleeding and high blood pressure, and understanding and narrowing racial disparities, with active engagement of hospital CEOs, leaders, providers and legislators in regions throughout the state.
- Leverage Medicaid expansion to ensure high quality care coordination with quick escalation of care and linkage to subspecialty expertise when needed.
- Support economic security policies such as paid maternity leave to improve the outcomes of all women, but particularly black women.

*California has reduced maternal mortality rates and patient safety bundles reducing preventable complications of bleeding and hypertension during childbirth likely played a role in this success. The Louisiana Department of Health is therefore working with the Alliance for Innovation in Maternal Health and the Institute for Healthcare Improvement to adapt California's approach for our state. North Carolina has created a pregnancy medical home model that has improved quality of outpatient prenatal care and engagement with marginalized populations. Louisiana hopes to build on this model given the opportunities provided by Medicaid Expansion. New York City has launched an initiative to train birth facility providers in implicit bias, and to support an agenda for safe, dignified and equitable birth. Similarly, the Louisiana Healthy Moms, Healthy Babies Council will inform how to advance racial equity in outcomes in Louisiana.*



## BIRTH OUTCOMES

Louisiana is second highest among all U.S. states for rates of low birth weight (< 2500g / 5.5lbs) and preterm births (<37 weeks gestation), conditions that increase risk for neonatal morbidity and long-term deficits in growth and development. Louisiana also has one of the highest infant mortality rates in the United States, second only to Mississippi. Black women in Louisiana are 3 times more likely to have a low birth weight infant as compared to white women and almost twice as likely to give birth preterm and/or to experience the death of a child under 1 year of age.<sup>xliii</sup> “Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes from women in labor.”<sup>xliv</sup> Medical interventions for certain patients, such as alpha hydroxyl progesterone (17P) as a weekly injection, as well as low dose aspirin may also impact preterm births.

### Progress Made:

- Expanding Medicaid to include additional income eligibility levels increased insurance coverage for women throughout their life, including transitions from preconception care, prenatal, postpartum, inter-pregnancy, and primary preventive care.
- The Patient Protection and Affordable Care Act of 2010 included, with mandatory insurance coverage and zero cost sharing, screening and counseling for intimate partner and domestic violence as women's preventative health services.
- As a key quality measure for the Medicaid program of focus in managed care quality improvement project, the Louisiana Department of Health has prioritized patient access to progesterone, aspirin, treatment of substance use disorders, access to high quality case management, contraception, and postpartum and primary care as important mechanisms to prevent recurrent preterm births.
- Implementation of policies that increase investment in early childhood education may begin to reduce the fundamental inequality of opportunity and income faced by many Louisiana families.

### Work to be Done:

- Support home visitation programs, such as the Nurse-Family Partnership, broader availability of doulas and midwives, pregnancy medical homes, and more effective coordination of care across services to improve timely access to effective health care.
- Support economic security policies that reduce poverty and the conditions that lead to poor birth outcomes.
- Support programs, such as the Grady Model for Inter-pregnancy Care, which focus on improving women's income and employment by providing personalized assistance with processes of pursuing education and completing job applications and interviews, which have been shown to reduce the occurrence of adverse birth outcomes.

*In Minnesota and Oregon, doula services may be reimbursed through the Medicaid program. New York recently began a pilot program to provide doula services through Medicaid as part of a comprehensive initiative to improve and address disparities in maternal mortality. Louisiana has placed significant focus on eliminating barriers for access to 17P, including lifting prior authorization requirements, encouraging the Medicaid/Healthy Louisiana vendors to offer home health for women challenged with transportation to the required weekly injections, and targeted provider communication to educate providers and understand additional barriers to access.*

# SUBSTANCE USE & ABUSE SERVICES

Nationwide, opioid use disorder rates quadrupled from 1999 to 2014.<sup>xlv</sup> Opioid use during pregnancy has also risen during this time period, increasing the rates of Neonatal Abstinence Syndrome (NAS). NAS is a group of conditions that occur when a baby withdraws from drugs they were exposed to in the womb. From 2003 to 2013 the incidence of NAS also quadrupled, rising from 2.1 per 1,000 births to 8.0 per 1,000 births.<sup>xlvi</sup> Providers and community members report limited access to medication for addiction treatment for mothers and women of reproductive age.

## Progress Made:

- There has been a reduction in the number of opioid prescriptions written in Louisiana through implementation of quantity limits and focus on prevention.
- Grant funding has led to improved surveillance and data available on the impacts of the opioid epidemic.
- Addiction experts serve as members of the multi-disciplinary Maternal Mortality Review Committee.
- Legislation sponsored by Representative Walt Leger has allowed for a pilot program at a selected Louisiana hospital impacted by the opioid epidemic, to improve the care of mothers and newborns, and to inform a statewide initiative that will improve overall outcomes.
- Louisiana was awarded a Health Resources and Services Administration grant to provide remote behavioral health consultation to providers of pregnant and postpartum women, creating a new statewide model of care.

## Work to be Done:

- Expand the number of primary care providers and OBGYNs who prescribe buprenorphine.
- Secure Medicaid coverage of methadone for opioid treatment.
- Expand quality improvement and reimbursement efforts that improve provider screening and referral to care for behavioral health issues and opioid use disorders during pregnancy.
- Take advantage of national funding opportunities available to significantly transform the care of women of reproductive age, mothers, and newborns affected by opioids; specifically, Louisiana's application for Centers for Medicare and Medicaid Services MOMS proposal.

*Louisiana will be applying for the Maternal Opioid Misuse (MOM) model, a "next step in the Center for Medicare and Medicaid Innovation's (Innovation Center) multi-pronged strategy to combat the nation's opioid crisis. The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants."<sup>xlvii</sup> The Massachusetts Child Psychiatry Access Program for Moms is now being developed and implemented in Louisiana. The program "promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns."*

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## Louisiana Women's Policy and Research Commission

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