



STATUS OF WOMEN IN LOUISIANA

1st EDITION 2020

[FOREWORD

The year 2020 has been one for the record books. What started as a stable budget, fresh faces in the legislature and promise of much-needed new investments in early childhood and other core services, quickly turned into a worldwide pandemic, plummeting revenues, mass unemployment and public unrest brought about by unaddressed systemic inequalities and triggered by shocking incidents of police brutality.

IN SO MANY WAYS, WE FIND OURSELVES READJUSTING, RESTARTING, RESETTING, AND RESTORING.

Reports on the status of women, and particularly the status of women in the South, are not uplifting documents. So many gaps exist between women and men, women of color and White women, and between southern women and women in other parts of the country. However, there is a lot of momentum and many positive things that are inching us forward, even if the pace is slow. To serve as a light in the darkness, this report has been reworked to reflect the Good News first- so we can start from a place of progress.

Instead of the Annual Report of years past, the Louisiana Women's Policy and Research Commission has transitioned to preparing a Status of Women in Louisiana report. We predict this report will be updated every few years. Each spring, the commission will release a brief Annual Report that focuses on recommendations designed to move Louisiana forward in each of the issues listed herein. This will allow the commission to focus more time on the Work to be Done, especially where there is political will or current opportunities. This Status report will serve as a companion to the Annual Report, outlining the bigger picture of where we stand, where we have made progress and where we still need to focus our efforts. The Annual Report will present the most critical time sensitive action items. We hope this new format will help all of us focus our advocacy efforts where they are most needed each year.

	STATUS OF WOMEN IN LOUISIANA	ANNUAL REPORT
PUBLISHED	<i>Every few years</i>	<i>Annually</i>
CONTENT	<i>In-depth look at pressing issues</i>	<i>Ways to address those now</i>
TARGET AUDIENCE	<i>Advocates and policymakers</i>	<i>Advocates and policymakers</i>

Finally, this document has one new section: The Status of Black Women in Louisiana. On page after page in this document, we highlight the needs and hardships of Louisiana women, and on page after page, we acknowledge that women of color face even more challenges. Right now, in the midst of a global conversation on racism, it is most fitting that we take the opportunity to look even more closely at the work that needs to be done to elevate the status of Black women in our state.

We do not accept that Louisiana will remain at the top of all of the bad lists and the bottom of the good lists. Our people are people of compassion, ingenuity, and grit. By heeding the call to work together to find real solutions to the most pressing issues facing our state, we can begin to change the Status of Women in Louisiana.





**WE ARE
WOMEN**

THE STATUS OF BLACK WOMEN IN LOUISIANA

Black women have made essential contributions to the wealth, productivity and success of our state and our nation. Representing 17% of Louisiana's population, Black women hold the highest voter turnout ratesⁱ, account for higher percentages of associate and bachelor's degreesⁱⁱ, are most likely to be the breadwinners in their familiesⁱⁱⁱ and are the fastest growing group of entrepreneurs in the U.S.^{iv} In the 1950s, Black women played a critical role in Baton Rouge's Bus Boycott, which became a model for the Montgomery Boycotts. More recently, Black women founded two of the most impactful and notable social justice movements of the last decade- Black Lives Matter and the Me Too movement. Black women have a long-standing history of working to uplift their people- women and fellow Black people- by mobilizing advocates to ensure their voices are heard.^v

Despite these gains, this segment of the population still faces significant inequities: uneven wage earnings^{vi}; higher rates of poverty^{vii}; increased infant mortality^{viii}; increased maternal mortality^{ix}; increased contact with the criminal justice system^x and an overall lower quality of life.^{xi} This is because Black women, due to their race and gender, face double marginalization in our current society. Although race is a social construct, not a scientific one, it has had major implications on the health and prosperity of women of color and the households they lead.

How did we get here?

The disparities that exist between Black and White people today can be traced back to public policies: From slavery to Jim Crow, redlining to school segregation, and from mass incarceration to environmental racism, policies have consistently impeded or inhibited Black people from having access to opportunities.^{xii} Additionally, elements such as home environment, access to quality food and culturally competent health care professionals contribute to one's ability to live a long and healthy life.^{xiii}

The impacts of these policies have not only created major health inequities but also a racial wealth gap. In 2016, the median wealth for Black families was \$17,600, compared to \$171,000 for White families.^{xiv} Wealth is a crucial measure of economic health and allows families to transfer income earned in the past to help meet spending demands in the future, such as building up savings to finance a child's college education. Wealth provides a buffer of economic security against periods of unemployment, or risk-taking, like starting a business. Perhaps more importantly, greater economic resources also increase one's access to conditions that help prevent illness in the first place, enabling individuals to eat more nutritious food, have more leisure time for physical activity and live in safe homes and neighborhoods.^{xv} Economists conclude that inheritances and other intergenerational transfers "account for more of the racial wealth gap than any other demographic and socioeconomic indicators."^{xvi} The typical Black family with a head of household working full time still has less wealth than the typical White family whose head of household is unemployed.^{xvii} Educational attainment, the right occupation, and full-time employment are necessary but insufficient conditions for building wealth.

What can be done?

We must ensure that policies that aim to advance all women account for the intersectionality of race and gender. Lack of intersectional analysis can simply perpetuate the disparities in employment, earnings, and advancement opportunities between Black and White women.^{xviii} Furthermore, it is critical that we acknowledge the real impact that implicit and explicit racial bias has on our social institutions and the health of Black women. Without addressing this fact, we are unlikely to mitigate inequities that exist and may worsen existing health disparities.^{xix} The Economic Policy Institute recently commented on the fallacy of race-neutral policies.^{xx} Differential access leads to differential outcomes. Until we begin to focus on equity, we will never achieve equality.

THE STATUS OF WOMEN IN LOUISIANA

As outlined in RS 46:2525, the Louisiana Women's Policy and Research Commission is tasked with:

1. **Monitoring the status of women in Louisiana** for the purpose of evaluating their economic, educational, health concerns, needs and hardships, and with
2. **Identifying and analyzing trends** that negatively impact the health and prosperity of women in Louisiana.

The commission has chosen to research and report on the following topics in this edition of the Status of Women in Louisiana:

- Equal Pay
- Minimum Wage
- Paid Family and Medical Leave and Paid Sick Leave
- Early Childhood Care and Education
- Women in Science, Technology, Engineering and Mathematics (STEM)
- Violence Against Women
- Sexual Harassment
- Criminal Justice Reforms for Women
- Reproductive Healthcare
- Maternal Mortality
- Birth Outcomes
- Substance Use and Abuse Services



RS 46:2525 Louisiana Women's Policy and Research Commission

A. The Louisiana Women's Policy and Research Commission (hereafter "commission") is established in the executive department, governor's Office on Women's Policy.

B. The duties of the commission shall include but are not limited to the following:

(1) 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.

(2) Identifying and analyzing trends that negatively impact the health and prosperity of women in Louisiana.

(3) Monitoring the status of women in Louisiana for the purpose of evaluating their economic, educational, health concerns, needs, and hardships.

C. The commission shall submit detailed annual reports to the governor, through the executive director of women's policy, which address the issues set forth in Subsection B of this Section.

The good news:

Businesses, states and local governments are taking action across the U.S. to compensate women fairly. National businesses like Starbucks and McAfee^{xxi} and local leaders like Bill Hammack of the Link Restaurant Group and John Foley of Pan American Life tout the benefits of a workplace where employees know they are valued and there is no fear of retaliation – employee retention and productivity improve. Nineteen states and the District of Columbia have laws that prohibit retaliation for talking about wages in public and private employment and fourteen prohibit salary history use in the hiring process.^{xxii} New Orleans is blazing a trail for its employees - it established an Equal Pay Advisory Committee, is doing a Pay Disparity Study for city employees and prohibits use of salary history in the hiring of city workers and city contractors' workers. Governor John Bel Edwards supports law and policy change to make equal pay real for women and their families.

The 2017 LSU survey reports that 91% of LA residents support the state requiring equal pay.^{xxiii}

The challenge:

Louisiana is last in the U.S. for what women earn on average compared to men – 69 cents to the dollar.^{xxiv} Black and Latina women are worse off – they make on average 47 cents^{xxv} and 53^{xxvi} cents respectively compared to White men. 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.^{xxvii} Discrimination perpetuated by fear, secrecy and prior low salaries fuel this inequality.

Fear of retaliation for talking about wages - “pay secrecy” - allows discrimination to continue despite being bad for business. Nearly half of all workers nationally reported that they were contractually forbidden or strongly discouraged from discussing their pay with their colleagues.^{xxviii} Researchers found a direct link with pay secrecy and decreased performance.^{xxix} 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.^{xxx} Millennials' use of technology to research and share information combined with less reticence in talking about pay indicates a need for this worker protection and presents an opportunity for businesses to retain employees.^{xxxi}

Using salary history to screen applicants and to set compensation forces women to carry lower earnings and pay discrimination with them from job to job.^{xxxii} Employers that provide employees with clear expectations, pay scales, and pay-setting practices will reap the benefits in loyalty and productivity.

Work to be done:

- Prohibit retaliation or firing for talking about wages.
- Prohibit use of salary history in the hiring process to avoid perpetuation of past discrimination.

The United Way is making it real. In conducting research for the ALICE Report and advocating for a prosperity agenda that includes equal pay, the United Way of Southeast Louisiana did a self-assessment of its pay policies. It discovered that its policy manual needed updating, and the inadvertently developed culture of secrecy had to be addressed. After making needed changes, United Way leadership is continuing to build a culture where everyone not only feels valued for the work they do, but they can be confident that they are receiving fair and equitable compensation and can have open conversations about that compensation with co-workers and managers without fear of negative outcomes.

MINIMUM WAGE

The good news:

Many employers nationally and locally see a business rationale for raising the minimum wage. Bank of America and Costco are two examples.^{xxxiii} Ochsner Health System, Louisiana's largest private employer with over 25,000 employees, raised the minimum wage for its lowest paid workers to \$12 an hour in 2019. Surveys show that small businesses support higher minimum wages because they benefit from the increased spending in the local economy.^{xxxiv}

Currently 29 states, Washington, D.C., and 44 localities have set minimum wages above the federal minimum.^{xxxv} The minimum wage is indexed to automatically go up with inflation in 18 states and D.C.^{xxxvi} New Orleans passed a Living Wage Ordinance in 2015 to gradually increase wages for its lowest paid employees and its contractors' employees with provision for cost of living adjustments. Those workers now make over \$11.00 per hour. Baton Rouge also raised its city workers' wages above the federal minimum.

Support for raising the minimum wage is broad and bipartisan. The 2019 LSU survey reports that 81% of LA residents support raising the minimum wage.^{xxxvii}

The challenge:

The disproportionate effects of COVID-19 on minority and lower income essential service workers underscore the urgent need for higher minimum wages. Louisiana is one of five states without a state-established minimum wage, instead deferring to the federal rate of \$7.25 an hour. It has among the highest percentage of workers earning at or below the minimum wage in the U.S.^{xxxviii} Approximately two-thirds of minimum wage workers are women,^{xxxix} and they rarely fit the stereotype of being young people in entry level jobs. Half are over 25, many married with some amount of higher education. Most are working full-time to provide for their children and families.^{xl}

As the United Way's ALICE (Asset Limited, Income Constrained, Employed) report shows, almost half of the families in our state cannot afford the basic expenses of housing, child care, food, transportation, health care, cell phone access and taxes.^{xli} Increasing the minimum wage would provide financial stability to these families and boost the state's economy by putting more money in the hands of people who would spend it at local businesses. Increasing the minimum wage would also improve workplace productivity and reduce costly employee turnover.

The federal minimum wage has not gone up since 2009. Most states and many localities in the U.S. have taken it upon themselves to raise their minimum wage. However, since 1997, local governments in Louisiana are banned from doing so.

Work to be done:

- Institute a state minimum wage that is significantly higher than the outdated federal rate.
- Repeal the statute that currently bans local governments from setting local pay standards.
- Study the links between economic insecurity and sexual violence and harassment.

In 2014, Arkansas began a three-year process to raise the wage to \$8.50 an hour. "From 2014 to 2017, Arkansas' unemployment rate fell faster and average annual earnings rose more rapidly than in five out of six neighboring states."^{xlii} There was strong growth in service-oriented industries like retail, accommodations and food. Sales tax revenues grew over 8% from higher consumer spending and business activity.^{xliii} The economic success led to calls for a further wage increase, which passed by a vote of the people in 2018 – 68% supported. On January 1, 2020, the rate went up to \$10.00 and by the end of 2020, it will be \$11 an hour. The law applies to businesses of four or more employees.

PAID FAMILY AND MEDICAL LEAVE AND PAID SICK LEAVE

The good news:

A 2018 survey found that 84% of voters nationally support a comprehensive, national paid family and medical leave plan^{xliv} and Louisiana citizens across the political spectrum support paid family and medical leave as well.^{xlv} Benefits for business include attracting and retaining talent, higher productivity, and increased profitability.^{xlvi}

The coronavirus pandemic has underscored the urgent need for workers to have Paid Family & Medical Leave (to care for newborns and serious illness) and Paid Sick Leave (for brief illness). For COVID-19 relief, Congress passed legislation to require and compensate small and medium-size employers for providing two weeks of paid sick time and 12 weeks of paid family & medical leave. *(It does not cover all workers and expires at the end of 2020.)*

Paid Family & Medical Leave state policies exist in eight states and the District of Columbia.^{xlvii} At the national level, the National Defense Authorization Act of 2019 gave over 2 million federal employees paid family leave to care for a newborn, foster or adopted child.^{xlviii} Its bipartisan vote could be a first step to providing all workers – public and private – with paid family leave.

Eleven states and the District of Columbia mandate that employees can earn paid sick days.^{xlix} Requiring paid sick leave works: a study published in 2018 showed that it reduced the spread of flu-like disease by 11 percent in the first year.^l

The challenge:

PAID FAMILY & MEDICAL LEAVE Unpaid leave is mandated under the federal Family and Medical Leave Act, but an estimated 65 percent of LA workers can't afford to take it.^{li} A voter survey shows that 3-in-10 have faced a great deal or some hardship as a result of taking unpaid time off to address a family or medical issue.^{lii} Only 35 percent of new moms in LA were able to take any form of leave after childbirth – compared to a national average of 55 percent.^{liii} These numbers are influenced by the absence of a statewide policy and the high proportion of low-wage workers in LA.^{liv} These numbers also contribute to LA having the 2nd highest rate of maternal mortality in the US.^{lv}

PAID SICK LEAVE To prevent the spread of coronavirus and other contagious illness, health experts tell people to stay home if they are sick or have been around someone sick, but over 40 percent of Louisiana's workers don't have paid sick days.^{lvi} Those without sick days are disproportionately in low wage jobs that are of concern for contagion, like food service and home health care. As one newspaper put it, "The current system is practically devised to spread infectious disease."^{lvii} Paid sick leave is needed to restore long-term confidence that low-wage frontline workers won't feel pressure to work sick and spread illness. The chant of hospitality workers demonstrating for paid sick leave in New Orleans on the day the local coronavirus case made news was, "We work sick, you get sick!"^{lviii}

Work to be done:

- Require all Louisiana employers to allow employees to earn a minimum of seven sick days.
- Establish a Louisiana program for Paid Family & Medical Leave to operate like an insurance program in which employees and employers contribute to a fund through a payroll deduction.
- Allow local jurisdictions to establish paid leave standards for their jurisdictions.

Some Louisiana employers – Civic Source, Gulf Coast Bank & Trust, and Shell – are moving the needle on paid leave in the state. According to Bruce Culpepper, U.S. Country Chair and President, Shell expanded leave to "provide employees greater flexibility in balancing work and family and to ensure that we can attract and retain the diverse talent we need to continue as an industry leader."^{lix}

EARLY CHILDHOOD CARE AND EDUCATION

The good news:

The need for high quality early childhood care and education is recognized by the public and policymakers alike. Politically, this has become an area of vast agreement. Bipartisan support has led to increased investments, which give children a better start in life. Ninety percent of brain development occurs in the first four years, so increased investments in early childhood systems lead to better school success, a healthier population and reduced crime in the future. Additionally, Louisiana businesses benefit when their workers have access to safe, affordable, nurturing early childhood programs. Employees are less likely to miss work and more likely to increase productivity when they don't have to deal with child care challenges.

Because of smart investments over time, Louisiana is now serving 90% of the eligible 4 year olds in full-day Pre-K programs. Today, we rank 8th in the nation for the effectiveness and efficiency of our accountability system for these programs, including pre-K, Head Start and child care.^{lx} Child care centers are often small businesses^{lxi} owned by women^{lxii} and staffed by women of color.^{lxiii} Every \$1 invested in early care and education centers returns \$1.87 to the local economy in purchased goods and services.^{lxiv}

The challenge:

Access to quality child care not only allows parents to work but provides businesses with a reliable workforce. Unfortunately, for women with young children in Louisiana, 15% reported having to quit a job due to child care issues (versus 2% of men); 16% of women reported going from full-time to part-time (versus 3% of men); and 12% reported turning down a promotion due to child care issues (versus 2% of men).^{lxv} Forty to 50% of women are the primary breadwinners in their household.^{lxvi} Over 60% of Louisiana infants have their mothers going back to work before their first birthday.^{lxvii}

Commercial child care facilities charge anywhere from \$110 to \$200 weekly, costing up to 50% of a minimum wage worker's income. Lack of affordable, dependable, quality child care not only impacts families, but cost Louisiana businesses \$816M per year in employee absences and turnover, and the Louisiana economy \$1.1B per year in consumer spending.^{lxviii}

Additionally, young children need quality care to build kindergarten readiness. Children who begin school behind generally remain behind, and over 40% of children in Louisiana start kindergarten behind grade level.^{lxix} Quality child care can save funds spent on remedial education later in life.

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.^{lxx} The only state administered program for children under age 4 has been cut in the last ten years from serving almost 40,000 children to 15,000 children today.^{lxxi}

Work to be done:

- Pass legislation to establish a substantial, sustainable investment in birth to 3 early care and education. The Louisiana Early Childhood Care and Education Commission recommended initial funding of \$85.8 million and additional annual investments of that amount for 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.

The good news:

STEM occupations in Louisiana are projected to grow 18.3% through 2024.^{lxxii} According to the Pew Research Center, 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.^{lxxiii}

Recognizing the need to develop a workforce ready to fill STEM jobs, in 2017 the legislature established the Louisiana Science, Technology, Engineering, and Mathematics (LaSTEM) Advisory Council under the Board of Regents. One goal of the Advisory Council is to increase the number of women who graduate from a postsecondary institution with a STEM degree or credential.

American College Testing's (ACT) 2018 Louisiana *State of STEM* report showed that 51% of Louisiana students indicated having an interest in STEM majors and/or careers.^{lxxiv} In order to better prepare students to enter these careers, 8 STEM Pathways^{lxxv} are now included in Jump Start, Louisiana's career and technical education initiative. As it stands, Louisiana is one of only two states with a high school STEM pathway requiring at least 15 college-prep credits, which helps ensure that high school graduates meet the eligibility requirements for college STEM programs.^{lxxvi} Louisiana high school students can earn a STEM endorsement on their diploma for completion of all or a subset of the required courses in a pathway.

The challenge:

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.^{lxxvii} Computer occupations are one of the highest paying and fastest growing STEM fields, growing 338% nationally since 1990.^{lxxviii} However, the share of women in computer occupations has decreased by 7% in that same time period, from 32% to 25%.^{lxxix} Even within STEM, women earn only 72% as much as the median earnings of men.^{lxxx} This discrepancy 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. However, even in the same job categories, women earn less than men. 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.^{lxxxii}

Work to be done:

- Encourage the LaSTEM Advisory Council to 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.

RoyOMartin recognizes that the unique contributions of women improve interpersonal communication within the company and help to achieve world-class safety, quality and production goals.^{lxxxiii} Beginning in 2017, the company has held an annual Women in Manufacturing Day to expose Alexandria-area girls in grades 7-12 to the variety of occupations available in the company. The event allows female employees in various areas, such as production and support roles, to share their stories and encourage girls to consider a career in manufacturing.

The good news:

Amnesty International recently published *Fragmented and Unequal: A Justice System that Fails Survivors of Intimate Partner Violence in Louisiana, USA*. Though sobering, many of the included recommendations were already underway by the various stakeholders working on reducing Intimate Partner Violence in Louisiana.

In February 2020, state funds were invested into domestic violence services for the first time in over a decade. With Justice Reinvestment Initiative dollars, the Louisiana Coalition Against Domestic Violence implemented a statewide Domestic Violence Flexible Housing Program that includes support for other critical needs like transportation, child care, utilities, relocation and safety enhancement costs. These life-saving resources helped 206 survivors in the first 3 months of the program.

Recent legislative victories include limiting the state's ability to incarcerate victims of domestic violence or sex offenses who don't want to testify against their abusers, and providing a minimum age for marriage to stop the legitimization of child rape.

The challenge:

Louisiana ranks 2nd in the nation in women killed by men, with the rate increasing steadily for 6 consecutive years.^{lxxxiii} The CDC reports 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.^{lxxxiv} Though LA Commission on Law Enforcement data show that 3,749 sexually-oriented criminal offenses were reported in 2019,^{lxxxv} it is estimated that about 80% of rapes and sexual assaults go unreported.^{lxxxvi}

Domestic violence programs have reported sharp increases in the severity of abuse and in service requests in some areas since the pandemic began. Other areas have seen fewer calls for help than usual, an indication that survivors are not safely able to call for help while home with an abuser.

Work to be done:

- Implement key recommendations from the Domestic Violence Prevention Commission's 2019 Annual Report:^{lxxxvii}
 - o Increase focus on strangulation and traumatic brain injury among all points of access for survivors.
 - o Re-establish a statewide, multi-disciplinary Domestic Fatality Review Program facilitated by the LA Department of Health.
 - o Increase collaboration between health care providers and domestic violence advocates.
 - o Establish uniformity in Gwen's Law implementation and firearms transfer protocols across the state.
- Improve risk assessment for violent offenders in light of bail reform efforts.
- Reduce plea deals that lower serious felony charges to misdemeanors in cases involving strangulation, pregnant victims and where children are present and witnessing.
- Provide state funding for trauma-informed sexual assault victim services.
- Increase training for judges statewide.

Under the leadership of Sheriff Craig Webre and Officer Valerie Martinez, Lafourche Parish has established a comprehensive, innovative system for getting guns out of the hands of abusers. Officer Martinez, who is a domestic violence survivor and a nationally respected professional, travels the state teaching other jurisdictions how to comply with the 2018 firearms transfer law while respecting Second Amendment rights.^{lxxxviii}

The good news:

After the #MeToo movement and two high profile cases in state government brought heightened attention to the issue, Louisiana took important steps to improve its handling of sexual harassment. In 2018, Governor John Bel Edwards set up a task force and used their recommendations to redo administrative policy to better reflect best practices. The Legislature passed a bipartisan supported bill (Act 270) to better prevent and address sexual harassment for all levels of public employment and set a task force (SCR 38) in motion for further work in 2019. Both the House and the Senate updated policies for their members, their staff and “Third Parties” including lobbyists and interns who are engaged in the legislative process.

Nationally, seventeen states passed new workplace protections, ranging from key prevention measures like mandatory training to preventing employers from requiring employees to sign nondisclosure agreements as a condition of employment or as part of a settlement agreement. Many passed with bipartisan support.

A 2019 poll showed that 90 percent of voters support strengthening protections against sexual harassment and sexual violence in the workplace and in schools.^{lxxxix}

The challenge:

Sexual harassment is widespread and underreported. Depending on how the question is framed, between 25% to over 50% of women report experiencing a form of sexual harassment in the workplace,^{xc} but only 10% will make a formal report.^{xci} The LA Legislative Auditor reported that 77% of those responding to a survey said they did not report the sexual harassment they experienced.^{xcii}

Sexual harassment in the private sector, which employs over 80% of LA workers,^{xciii} has not been addressed in the recent legislative work in Louisiana. Businesses are not mandated to establish prevention practices nor to stop requiring employees to sign nondisclosure agreements as a condition of employment or as part of a settlement agreement. These agreements hide the true extent of sexual harassment and shield harassers from accountability.

In the public sector, implementation of stronger law and rules has been challenged by focus on COVID-19, so public education about and scrutiny of progress has been minimal.

Work to be done:

- Continue to educate the public about sexual harassment and current law and policy by fostering partnerships with community-level stakeholders.
- Monitor implementation of recent administrative and legislative requirements for public employees.
- Broaden the policy and training requirements regarding sexual harassment and sexual assault to include schools and all private employment.
- Amend Act 35 of 2019, which prohibited non-disclosure agreements in settlements of state cases, to give more options to victims, and pass legislation to prohibit all employers from requiring employees to sign nondisclosure agreements as a condition of employment or as part of a settlement agreement.

Over the last two years, Tulane's University Senate specified that violations of its equal opportunities policy, which prohibits sexual harassment, can constitute gross misconduct meriting sanctions including dismissal, created one unified body for hearing cases across all of its schools, and expressly forbade consensual relationships between faculty or staff and undergraduate students.

CRIMINAL JUSTICE REFORMS FOR WOMEN

The good news:

Louisiana citizens and policymakers understand the importance of reducing the prison population in the state. It was this shared understanding that led to comprehensive criminal justice reform in 2017. The passage of these 10 bipartisan bills is one of the major reasons that, in 2018, Louisiana was temporarily able to shed its long-held status as the state with the nation's highest imprisonment rate.^{xciv} Due to the aggressive measures taken, the state has seen about \$30.3 million in savings.^{xcv} Additionally, the number of women incarcerated in Louisiana has seen a steady decline since 2013.^{xcvi} In 2020, the legislature passed a bill that prohibits solitary confinement of women who are pregnant, recently gave birth, or are caring for a child within a correctional facility.

The challenge:

Gender-specific issues continue to remain a problem for incarcerated women and their families. Nationally, between 1980 and 2014, the number of women in the prison population grew more than eight-fold.^{xcvii} This increase is especially troubling since 80% of the women in jails are mothers and most are also the primary caretakers of their children, leading those children to also bear burdens of incarceration.^{xcviii} Furthermore, incarcerated women have high rates of mental illness, substance abuse and a high history of sexual, physical and emotional trauma, sometimes as high as 90%.^{xcix} Thus, reforms that specifically address gender disparities must be implemented to ensure equity in improvement within our criminal justice system.

A new report from the ACLU of Louisiana found that Louisiana incarcerates more people before trial than any other state on record since 1970, and at a rate that is three times the national average.^c Moreover, over 60% of women in jails under local control have not been convicted of a crime and are awaiting trial, with 77% of those charged with a nonviolent offense.^{ci}

Work to be done:

- Decrease the number of individuals incarcerated pre-trial.
- Implement reforms that reduce the negative impacts incarceration has on women's health and well-being.
- Implement policies to ensure domestic violence survivors don't end up in prison for crimes connected to their abuse.
- Increase mental health services that address the issues facing the disproportionate number of incarcerated women who are survivors of domestic violence.
- Support successful transition and reentry from jails.
- 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.

Tulane University Law School's Women's Prison Project (WPP), a first-of-its-kind collaboration between Tulane's Domestic Violence and Criminal Justice clinics, was gifted \$1.9 million from an anonymous donor to hire two full-time attorneys to oversee third-year law students. The hope is to win new trials or commutations for dozens of incarcerated women across Louisiana, in addition to changing laws and policies to ensure domestic violence survivors don't end up in prison for crimes connected to their abuse.^{cii}

The good news:

The availability of reproductive healthcare contributes to improved health outcomes for infants, children, women, and families.^{ciii} Multiple policy changes have expanded coverage of contraception, including Louisiana's Medicaid expansion. Several clinical sites now offer immediate postpartum contraception following policy changes allowing for the reimbursement of long-acting reversible contraceptive (LARC) devices purchased by hospitals, federally qualified health centers (FQHCs) and rural health clinics. Programming under Title X supports counseling and contraception provision training for providers at FQHCs and parish health units. Medicaid plans to include a contraception quality measure in its new quality strategy. Collectively, these initiatives will provide people with more opportunities to plan their pregnancies for optimal times in their lives.

The challenge:

Still, little is known about persistent barriers to contraceptive access for all patients in the wake of these changes. In Louisiana, approximately 60% of pregnancies are unintended.^{civ} 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 2019, Louisiana ranked third highest in the United States for babies born with congenital syphilis.^{cv} 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 infection treatment for all is critical. Private health care providers may not stock these medications, causing reliance on parish health units.

Work to be done:

- Conduct a detailed analysis of barriers to people receiving the contraception they need.
- Include more in-depth quality improvement activities with the implementation of Medicaid measures that support contraception.
- Through partnership with community-based organizations, conduct statewide provider training that embodies principles of Reproductive Justice.
- Allow Louisiana high school students to voluntarily take anonymous surveys (with parental consent) on sexual health to increase data and inform effective interventions.
- Provide interested Louisiana schools with age-appropriate and medically-accurate sex education for public school students.

In September of 2019, The Monroe City School Board voted unanimously to pilot a sexual education curriculum with eighth-grade students.^{cv} The one-week evidence-based curriculum is taught by a Registered Nurse through the Children's Coalition for Northeast Louisiana.^{cvi} Parents are allowed to opt out if they do not want their children to participate. Ouachita Parish has some of the highest rates of STDs in the state. When polled, "the majority of parents in Ouachita Parish believe reproductive health is an important part of school curriculum (67%) and should be required in schools (61%). In fact, more than half of parents polled believed that their child was already being taught about their reproductive health in school."^{cvii} State law requires sexual education programs to emphasize abstinence but other risk reduction methods, such as condoms and contraception, may be discussed.

MATERNAL MORTALITY

The good news:

Currently, 41 of Louisiana's birthing facilities are participating in the Louisiana Perinatal Quality Collaborative (LaPQC) *Reducing Maternal Morbidity Initiative*, focused on reducing preventable complications due to bleeding and hypertension - two leading causes of pregnancy-related maternal mortality in Louisiana. According to the state health department, since the formation of the LaPQC, the number of people experiencing severe problems linked to hemorrhage was reduced by almost 40%.^{ciX}

The Healthy Moms, Healthy Babies Advisory Council was created in 2018 to ensure that state initiatives addressing maternal mortality and severe morbidity include an equity focus informed by community. The Council released its first report in spring 2020.

The challenge:

The Louisiana Maternal Mortality Review Report 2011-2016 shows that 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 are 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.^{cx} Additionally, over one third of Louisiana's parishes do not have a single OB/GYN^{cxI}, and in many parts of the state it takes an hour or more of travel to reach the nearest provider.^{cxii}

A new study done by Tulane University found that, of the 119 pregnancy-associated deaths for 2016 and 2017 in the state of Louisiana, 13.4% or 16 were homicides.^{cxiii} The risk of homicide death was twice as high for women and girls during pregnancy and the postpartum period, compared to women and girls who were not pregnant.^{cxiv}

Work to be done:

- Implement the recommendations of the Healthy Moms, Healthy Babies Advisory Council:^{cxv}
 - o *Require structured training on health equity for providers and health system leaders*
 - o *Implement trainings on maternal patient safety practices for emergency providers*
 - o *Ensure access to high quality behavioral health services for pregnant and postpartum women*
 - o *Increase access to and utilization of evidence-based models for home visiting*
 - o *Increase access to and utilization of perinatal community health workers*
 - o *Establish policies to ensure best practices in clinical safety around postpartum care*
 - o *Evaluate if there is a need to expand or modify Medicaid benefits for childbearing women*
 - o *Support access to paid family leave*
 - o *Support workplace accommodations for pregnancy, childbirth and related conditions*
- Enhance supports for women and families before, during and after pregnancy.
- Expand obstetric access in rural areas.
- Increase violence prevention services for pregnant women and mothers.

Sista Midwife Productions recently launched The Birth Story Project, a statewide survey for anyone who has given birth in Louisiana. It encompasses content like location of delivery (home/hospital/birth center), parish and site of birth, care received, perceived discrimination, satisfaction with support, interventions undergone, etc. It has the potential to be an excellent data collection tool that compiles stories of birth experiences in our state directly from mothers themselves.

The good news:

A woman's pre-conception health is an important factor in the health of her pregnancies and the health of her children. Expanding Medicaid to include additional income eligibility levels increased insurance coverage for women throughout their lives, providing primary preventive and preconception, prenatal, postpartum, and inter-pregnancy care. 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. The Patient Protection and Affordable Care Act of 2010 included screening and counseling for intimate partner and domestic violence as women's preventative health services. All of these policy changes help improve women's health, and the health of the babies they carry.

More than genetics, diet and lifestyle influence health. Education, employment, social and environmental contexts also play a role. "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."^{cxvi} Policies that expand access to doulas and those that address the fundamental inequality of opportunity and income faced by many Louisiana families hold promise for improving birth outcomes. Medical interventions for certain patients, such as 17 alpha-hydroxyprogesterone (17P) as a weekly injection, as well as low dose aspirin, may also impact preterm births. Louisiana has placed significant focus on eliminating barriers for access to 17P.

The challenge:

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.^{cxvii} Louisiana also has one of the highest infant mortality rates in the United States. 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.^{cxviii} More collaborative efforts are needed to address maternal and infant health, including those that address social determinants of health and racial disparities.

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 programs and activities that seek to reduce racial disparities in infant and maternal health.
- Support programs and policies which have been shown to reduce the occurrence of adverse birth outcomes, such as those that focus on improving women's income and employment by providing personalized assistance with pursuing education and completing job applications and interviews.

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 and legislators in other states have introduced bills to cover doula services as well. In Louisiana, Birthmark Doula Collective is working with LSUHSC to conduct focus groups of doulas and other birthworkers around the state to determine attitudes, hopes and fears surrounding the possibility of Medicaid reimbursement for doulas.

SUBSTANCE USE AND ABUSE SERVICES

The good news:

There has been a reduction^{cxix} in the number of opioid prescriptions written in Louisiana through implementation of quantity limits and a focus on prevention. Grant funding has led to improved surveillance and data available on the impacts of the opioid epidemic.

Efforts have been made to decrease substance use in pregnant women. 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. A pilot program in 4 Louisiana hospitals impacted by the opioid epidemic is improving the care of mothers and newborns and informing a statewide initiative that will improve overall outcomes. Addiction experts serve as members of the multi-disciplinary Maternal Mortality Review Committee. The Bureau of Family Health/ Louisiana Perinatal Quality Collaborative, in partnership with the American Society of Addiction Medicine (ASAM) and the American College of Obstetricians and Gynecologists (ACOG) will host four ASAM Treatment of Opioid Use Disorder Courses in Louisiana in 2020. The curriculum for this course is specifically designed for women's healthcare providers and covers medications and treatments for opioid use disorder while meeting the education requirements necessary to obtain a waiver to prescribe buprenorphine.

The challenge:

Nationwide, opioid use disorder rates quadrupled from 1999 to 2014.^{cxx} 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.^{cxxi} Providers and community members report limited access to medication for addiction treatment for mothers and women of reproductive age.

Work to be done:

- Expand the number of primary care providers and OB/GYNs 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.

Woman's Hospital in Baton Rouge launched the GRACE Program in 2018. "GRACE is a care coordination program that connects pregnant women with opioid use disorder to treatment and support resources in the community. It is the only program of its kind in Louisiana and one of few in the nation." "GRACE aims to reduce stigma and bias surrounding addiction and medication-assisted treatment, provide education and training to hospital staff and decrease the number of admissions to the neonatal intensive care unit."^{cxixii} Additionally, the program helps participants connect to resources to aid in recovery, provides education on substance abuse and the safest treatment options in pregnancy and helps ensure that expectant babies have the best care possible.^{cxixiii} More than 80 women have benefited from the program^{cxixiv} since its inception, with more than 90% delivering at full term.^{cxixv}

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