

# CAMPAIGN TO ESTABLISH LOUISIANA OFFICE ON **WOMEN'S HEALTH**

## **Health Matters *for Every Woman***

Women are the backbone of our society everywhere, from their families to the workforce. When the women of Louisiana are not at their healthiest and strongest, the state suffers for it.

According to America's Health Rankings 2020 Annual Report, Louisiana ranks 50th in the country in health outcomes. **In overall health for women and children, Louisiana ranks 49th in the nation.**

This is not new. Health outcomes for women in Louisiana have ranked at the bottom of this country for many years. Social determinants of health - like access to care, race, gender, socio-economic status, environment, transportation, occupation, and more - have played roles in the differences seen in health outcomes for women, especially African-American women in Louisiana.

The efforts set forth in the state to alleviate these disparities have not been enough. **We propose an Office on Women's Health as a potential solution to improve the quality of life for women and their families in Louisiana.**



*Louisiana ranks near dead last in the nation for the overall health of women & children.*

### Where Can We Improve Women's Health in Louisiana?

**A**

Birth Outcomes

**B**

Chronic Diseases

**C**

Social Determinants  
of Health

## A) Birth Outcomes

### **High Maternal Mortality**

The United States has the highest maternal mortality rate of the developed countries at 29.6 maternal deaths per 100,000 live births, and this rate is rising. Louisiana far surpasses this national average at 72.0 maternal deaths per 100,000 live births. Across the country, black women are 2-4 times more likely than non-Hispanic white women to die from pregnancy-related causes. Of the 50 states, Louisiana ranks last in maternal mortality rates. <sup>1</sup>

### **High Prevalence of Preterm Birth**

Preterm birth is the leading cause of infant mortality increasing the earlier the baby is born. Preterm babies are at a greater risk for cognitive and behavioral deficits later in life. There are many risk factors contributing to preterm birth including maternal emotional stress, lacking or late prenatal care, and smoking and substance abuse during pregnancy. Black women, mothers under 18, mothers over 35, and low-income mothers are more likely to experience a preterm birth. In Louisiana, 12.7% of live births are preterm compared to 9.9% nationally. <sup>1</sup>

### **High Prevalence of Low Birthweight**

Low birthweight infants are at an increased risk of infant mortality as well as poor health outcomes. A common cause of low birthweight is preterm birth. Many of the women who are at risk to experience a preterm birth are also at risk for an infant with low birthweight. Additional factors include chronic health conditions, sexually transmitted infections, insufficient weight gain during pregnancy, and low educational attainment. Louisiana ranks 49th in the country at 10.7% of babies born at low birthweight compared to the national average of 8.3%. <sup>1</sup>

### **High Prevalence of Infant Mortality**

Infant mortality is the number of children that die before the age of 1 per 1,000 live births. The United States has a higher infant mortality rate than other developed countries at 5.8 deaths per 1,000 live births. This is primarily due to socioeconomic inequality with the most striking disparity between infants born to black women compared to white women. In Louisiana, the infant mortality rate is even higher at 7.5 deaths per 1,000 live births, ranking 46th in the country. <sup>1</sup>

1. America's Health Rankings 2019 Annual Report, [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal\\_mortality\\_a/state/LA](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/LA)

## B) Chronic Diseases

### Diabetes

Women with Type 1 or Type 2 diabetes around the time of conception have a greater risk of having infants with birth defects, stillbirth, and preterm birth.<sup>2</sup> Gestational diabetes caused by insulin resistance can develop in 6-9% of women during pregnancy due to bodily changes like weight gain and hormone production.<sup>2</sup> This puts pregnant women at risk for high blood pressure and developing Type 2 diabetes. It also puts the infant at a higher risk of heavy weight, preterm birth, low blood sugar, and developing Type 2 diabetes.<sup>3</sup>

### Obesity

Nationally, the percentage of obese women over 20 has nearly doubled from 25.5% to 40.7% over the last few decades. Louisiana ranks above the national average with 34.1% of women age 18-44 in the state being obese. This puts women at risk for decreased quality of life and serious health conditions such as hypertension, Type 2 diabetes, heart disease, stroke, and more. There are additional impacts on health including reduced fertility, gestational hypertension and diabetes, birth complications, miscarriage, and more.

## C) Social Determinants of Health

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### Significant Gender Wage Gap

Nationally, women earn about 80 cents for every dollar paid to men. In comparison, Louisiana, women earn 67 cents to every dollar paid to men. This amounts to a yearly wage gap of \$15,663 between full time working men and women in Louisiana. Such a wage gap exists regardless of industry, occupation, or education level.<sup>4</sup> African-American women in Louisiana face the worst pay gap in the nation, earning just 48 cents for every dollar earned by white, non-Hispanic men in the state.<sup>5</sup>

### Food Insecurity

Food insecurity exists whenever there is limited or uncertain access to enough food.<sup>6</sup> In women, food insecurity is associated with obesity, risky coping strategies, anxiety, depression, and poor pregnancy outcomes. Coping strategies can include a decrease in the intake of certain foods, the sale of assets to purchase food, theft, or exchange of sex for food or money.<sup>7</sup> Minorities, low-income families, and single parent homes are disproportionately affected by this problem. Nationally, 12.3% of households experience food insecurity, whereas 17.3% do in Louisiana.<sup>1</sup>

2. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>

3. <https://www.cdc.gov/diabetes/basics/gestational.html>

4. <https://www.lsu.edu/diversity/ucge/documents/lawagegap.pdf>

5. [https://www.nola.com/news/politics/article\\_6fbc8e2c-e25e-5d1f-8ab1-294df6ff2cca.html](https://www.nola.com/news/politics/article_6fbc8e2c-e25e-5d1f-8ab1-294df6ff2cca.html)

6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6240001/#nuy042-B1>

7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3226027/>

# CAMPAIGN TO ESTABLISH LOUISIANA OFFICE ON **WOMEN'S HEALTH**

## Our Solution

An Office on Women's Health in Louisiana will facilitate improved health outcomes for Louisiana women and potentially foster a better quality of life for women and their families. The mission of this Office on Women's Health is to lead, consolidate, and coordinate efforts across the state geared toward improving women's health outcomes through policy, education, evidence-based practices, programs, and services.

While there are many initiatives working to address various aspects of women's health in the state, there is little unity and coordination among these efforts. An Office on Women's Health could serve to focus these efforts under one roof to improve outcomes for girls, women, and families. We believe that the staggering disparities seen regarding women in Louisiana can be improved with the commitment, focus, and dedication of an Office on Women's Health.

## What Can Our Partners Do?

**PROMOTE** the change.org petition inviting individuals to sign (<http://bit.ly/LAWomensHealth>)

**HOST** a meeting to inform others about establishing the Louisiana Office on Women's Health

**PARTICIPATE** in recommended women's health advocacy events and legislative visits

**POST** and share coalition materials via your website, social media, e-newsletters, and other channels

**CONTRIBUTE** resources including time, relationships, expertise, or in-kind donations to the coalition's activities

**SHARE** personal stories or testimony or invite others to share theirs

**RECRUIT** other organizations and individuals to participate

For more information or to join the Campaign to Establish the Louisiana Office on Women's Health, contact Alma Stewart, President of the Louisiana Center for Health Equity, at [alma@lahealthequity.org](mailto:alma@lahealthequity.org).