

Response to Act No. 210 of the 2021 Regular Session of the Louisiana Legislature

LDH Women's Health Assessment Report

*Assessment of all activities engaged in or services provided by the
Louisiana Department of Health that may specifically impact the health
or quality of life of women*

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February 2022



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Acknowledgements

We would like to acknowledge the contributions from leaders and teams from across the Louisiana Department of Health for completing the assessment and providing substantive feedback on the contents of this report.

We acknowledge the team from the Office of Public Health, Bureau of Family Health for their support in conducting the assessment, analyzing the findings, and preparing this report.

We acknowledge Lyn Kieltyka, PhD, placed in Louisiana through the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Public Health Promotion, Division of Reproductive Health, Field Support Branch, Maternal and Child Health Epidemiology Program for analytic support and contribution to this report.

We also acknowledge Carolyn Wise, MPH, for overall support with planning and managing the project.

Executive Summary

The Charge

[Act 210 of the 2021 Regular Session of the Louisiana Legislature](#) directed the Louisiana Department of Health (LDH) to assess “...all activities engaged in or services provided by the Department that may specifically impact the health or quality of life of women.” Women experience unique challenges and issues that affect health and wellbeing. Act 210 and its focus on women specifically recognizes that to equalize the opportunities for health and wellbeing across the life span, more or different efforts may be needed to improve women’s health [to achieve equity](#).

Findings

In completing a thorough assessment of all activities or services provided by LDH that target the health or quality of life of women, it is evident that the Department has extensive services, programming, and initiatives in our state. In fact, [Louisiana Medicaid](#) comprises roughly one half of the overall state operating budget and provides healthcare coverage to over 700,000 Louisiana women. Beyond Medicaid, the Department’s efforts for women range from direct services to individuals around specific health outcomes, to working with hospitals and health systems to change policies and practices to improve health for all women who utilize those systems of care. Significant work is being done at the individual level, as well as the population level. The assessment also showed that there was little to no duplication of efforts across the Department, though there is an opportunity to leverage and align existing efforts throughout the Department and with partners.

Findings also highlight some key limitations in the **scope** of the available programming or services, and limitations on the **reach** of those efforts beyond their current target populations. Those limitations are often based on the availability of dedicated funding at the federal, state, and local levels, outside of Medicaid funding, to implement services, as well as the strict parameters occasionally placed on the populations with the funds that are currently available. Some specific areas that have either a very limited **scope** or **reach** within LDH’s current efforts include:

- **Behavioral health services** specifically for women, including treatment and prevention of substance use disorders.
- **Comprehensive violence prevention** efforts, including prevention of sexual and physical violence across all population.
- **Chronic disease prevention and care coordination** efforts that reach all women at risk, including cancer prevention, early detection, and linkages to care and treatment.
- **Comprehensive efforts for women who have special health needs related to aging**, including needs that are not directly related to a disability or chronic health condition.

Limited efforts exist for each of the identified areas and historically only reach the populations having the highest risk and the greatest need for support. **However, many of the current efforts could be scaled up and expanded to reach additional populations** if there were more federal, state, or private sector resources available or committed to support growth. Relevant efforts could be scaled up to provide appropriate services to women based on their risk and need for additional resources and support.

The Department's commitment to health equity and applying a health equity lens to all ongoing and new efforts is a potential strength that can be leveraged to address the health of women. The Department's Health Equity Action Team (HEAT), a cross-office leadership group, is currently developing a roadmap for integrating health equity into all efforts and engaging with community partners throughout the process of creating this agency-wide plan. **Through HEAT, the Department has the opportunity to assure that women are identified as a population of interest for health equity work across LDH and require data to be disaggregated by gender to identify opportunities to better reach women.** HEAT groups can also be engaged around inclusion across abilities so that any program or service offered to women is accessible and inclusive of women with disabilities.

In addition to considering what specific services, activities, or efforts may need to be developed or expanded, the assessment also considered what might be needed within the Department to align efforts for greater impact. While not explicitly part of the legislative charge of Act 210, a cursory exploration of potential structures was conducted and potential options were presented. Overall, the cross-cutting nature of women's health issues and the extensive efforts across the department suggest that the development of cohesive and focused strategy will require coordination.

LDH is committed to being the agency that leads and coordinates efforts across Louisiana to improve women's health outcomes through policy, education, evidence-based practices, programs, and services.

Assessment of Louisiana Department of Health and Activities to Address the Health of Women

Introduction and Purpose of the Report

“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.”

Status of Women in Louisiana Report, 2020
[Governor’s Office on Women’s Policy](#) -
Women’s Policy and Research Commission

Over the past several years, the health and wellbeing of women in Louisiana has been a remarkable focus of attention, in- and outside of government. Recent efforts initiated by advocates, health leaders, and the legislature have spearheaded bold actions that recognize the needs and significance of the health of women in this state are highlighted throughout this assessment report, and include: expanding healthcare coverage to adults; strengthening protections related to intimate partner violence; engaging in comprehensive public health monitoring, policy and health system improvements to address the preventable causes of maternal deaths and conducting special studies that are clarifying where change can be made to improve women’s health.

Act 210 of the 2021 Regular Session of the Louisiana Legislature extended this important focus on women’s health across the lifespan by directing the Louisiana Department of Health (LDH) to assess *“...all activities engaged in or services provided by the department that may specifically impact the health or quality of life of women.”* Women experience unique challenges and issues that affect health and wellbeing. Act 210 and its focus on women specifically recognizes that to equalize the opportunities for health and wellbeing across the life span, more or different efforts may be needed to improve women’s health [to achieve equity](#). This report summarizes the approach to this assessment, findings, and provides considerations for the Department’s role in *“...improving women’s health outcomes through policy, education, evidence-based practices, programs, and services.”*

About the Louisiana Department of Health

LDH is the state’s primary government agency responsible for protecting and promoting the health of residents and visitors to Louisiana. LDH encompasses a broad scope of services ranging from providing services to ensure Louisiana residents have clean drinking water to providing vital records information and access to health records. Specifically, the mission of LDH is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. LDH is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.

LDH includes the [Office of the Secretary](#) and five other statutorily established offices: the [Bureau of Health Services Financing](#) (Medicaid), the [Office of Aging and Adult Services](#), [Office of Behavioral Health](#), [Office for Citizens with Developmental Disabilities](#), and [Office of Public Health](#). In addition to the program offices, LDH also includes the nine Human Services Districts and Authorities (HSDAs), the Louisiana Emergency Response Network, and the Louisiana Developmental Disabilities Council.

The **Office of the Secretary** (OS) includes LDH's Executive Management Team, as well as the teams that handle centralized LDH functions, including internal and external communications, legislative and governmental relations, human resources, legal, audit, and regulatory compliance, finance and budget, and community partnerships and health equity. Legal, Audit, and Regulatory Compliance houses the Legal Services Section, Internal Audit, Program Integrity, and the Health Standards Section, which is responsible for the licensing and certification of various healthcare facilities in Louisiana.

Of particular relevance for efforts to achieving equitable outcomes, is a newly established section within the OS: the [Bureau of Community Partnerships and Health Equity](#) (BCPHE). This section has a particular charge to advance health equity and work to ensure LDH's services are equitably accessible and informed by the people, populations, and communities it serves. As part of the [Phase I LDH Health Equity Framework](#), BCPHE has established a Department-wide LDH Health Equity Action Team (LDH HEAT), which is a 33-member workgroup comprised of representatives from every office and section within the Department. The LDH HEAT convenes regularly in support of the development of the LDH health equity plan and its tools and supports a community engagement framework. In addition, Phase I called for each office to develop its individual HEAT and identify an ambassador to document and monitor progress toward the requirements in the Phase I Framework.

The **Office of Aging and Adult Services** (OAAS) works to develop, provide, and enhance services that offer meaningful choices for people in need of care in both long-term care facilities and in-home residential settings through home and community-based services. OAAS was formed within LDH as a healthcare reform initiative, bringing together all of the long-term care programs that serve senior citizens and people with adult-onset disabilities.

The **Office of Behavioral Health** (OBH) manages and delivers the services and supports necessary to improve the quality of life for residents with mental illness and addictive disorders. The agency acts as monitors and subject matter consultants for the children's Coordinated System of Care program and the Medicaid Healthy Louisiana MCOs, which manage behavioral health services. OBH also delivers direct care through hospitalization and has oversight of behavioral health community-based treatment programs through the Human Services Districts and Authorities (HSDAs). Services through these programs and systems are provided for Medicaid and non-Medicaid eligible populations. OBH was created by Act 384 of the 2009 Legislative Session, which directed the consolidation of the offices of addictive disorders and mental health into the Office of Behavioral Health.

Medicaid provides medical benefits to low-income individuals and families. Although the federal government establishes the general rules for Medicaid, specific requirements are established by each state. In Louisiana, more than 1.8 million residents receive comprehensive healthcare coverage through

Medicaid. Medicaid provides coverage through its network of [Healthy Louisiana](#) Managed Care Organizations (MCOs). These Healthy Louisiana MCOs are provided direction from Louisiana Medicaid, including quality improvement efforts guided by the [Medicaid Managed Care Quality Strategy](#).

About the Medicaid Managed Care Quality Strategy

The [Medicaid Managed Care Quality Strategy](#) establishes clear aims, goals, and objectives to drive improvements in care delivery and health outcomes as well as metrics by which progress will be measured. Further, it articulates priority interventions, and details the standards and mechanisms for holding Healthy Louisiana MCOs accountable for desired outcomes. The Quality Strategy is a roadmap by which LDH will use the managed care infrastructure to facilitate improvement in health and healthcare through programmatic interventions. Guided by the Triple Aim and the broad aims of the National Quality Strategy – Better Care, Healthy People, Healthy Communities, and Affordable Care – Louisiana Medicaid Managed Care Quality Strategy defines and drives the overall vision for advancing health outcomes and quality of care provided to Louisiana Medicaid enrollees.

Measures fall under eight categories: behavioral healthcare for adults and children; care for children and adolescents; chronic disease care for adults; effective care in appropriate settings; experience of care for adults and children; preventive care for adults; reproductive and pregnancy care; and consumer assessment of healthcare providers and systems. The Quality Strategy is reviewed and updated as needed, but no less than once every three years or when there is a significant change. These regular reviews of the Quality Strategy include an evaluation of its effectiveness. Currently, the state conducts an in-depth, independent evaluation and produces an annual report on the implementation and effectiveness of the Quality Strategy. This evaluation can include feedback from both internal and external stakeholders.

Additionally, the [Managed Care Incentive Program](#) (MCIP), implemented and administered beginning in 2019, is designed to provide incentive payments to Medicaid MCOs for achieving quality reforms that increase access to healthcare, improve the quality of care, and/or enhance the health of members the MCOs serve through Approved Incentive Arrangements (AIA). The following women's health measures have been supported by MCIP:

- **Measures to Improve Maternal and Perinatal Outcomes:** risk stratification of patients who are at risk for preterm birth rapid implementation period; reduce severe maternal morbidity and relevant disparities in pregnant and postpartum women with hemorrhage and hypertension; reduce Cesarean rate for low-risk first birth women; and improve breastfeeding rates.
- **Measures to Improve Maternal Care:** decrease percentage of enrollees with elective vaginal deliveries or elective cesarean sections at ≥37 and <39 weeks of gestation completed; decrease the percentage of nulliparous enrollees with a term, singleton baby in a vertex position delivered by cesarean birth (C-section); and decrease the percentage of enrollees with live births that weighed less than 2,500 grams.

The full list of current and former quality measures can be found [here](#).

The **Office for Citizens with Developmental Disabilities** (OCDD) serves as the single point of entry into the developmental disabilities system, overseeing public and private residential services and other services for people with developmental disabilities. This program office works to ensure individuals with developmental disabilities and their families have access to a seamless services system that is responsive to both individual needs and desires. In addition, OCDD promotes partnerships and relationships that empower people with developmental disabilities to live fully integrated and valued lives.

The **Office of Public Health** (OPH) is charged with protecting and promoting the health and wellness of all individuals and communities in Louisiana. This program office accomplishes this through education, promotion of healthy lifestyles, preventing disease and injury, enforcing regulations that protect the environment, sharing vital information, and providing preventive services to uninsured and underserved individuals and families. OPH monitors the food Louisiana's residents and visitors eat; keeps our water safe to drink; fights chronic and communicable disease; ensures we are ready for hurricanes, disasters, and other threats; manages, analyzes, and disseminates public health data; ensures access to vital records like birth certificates; and improves health outcomes with an emphasis on preventive health services.

In addition to the LDH offices and sections described above, the Department is also responsible for approximately 80 statutorily established boards, commissions, and councils. These statutorily established groups are responsible for such diverse functions as studying rare diseases, birth defects, water wells, access to care, and advising on health policy and priorities. Lastly, LDH is responsible for leading emergency preparedness and response activities, in particular related to public health and medical care ([Emergency Support Function #8](#)).

More than 4.6 million people live in Louisiana and of that, nearly 2.4 million are female. The Department's Fiscal Year 2022 Business Plan, [Together: Building a Stronger LDH and a Healthier Louisiana](#), set an ambitious blueprint for specific, measurable initiatives designed to drive LDH forward as a more efficient, effective, and responsive state agency. A collaborative, team approach to achieving goals is a core priority for Dr. Courtney N. Phillips, Secretary of LDH.

Across LDH, there are specific efforts with the aim of improving outcomes for women. Some efforts are led at the agency-level, some cut across several offices, and some are led by the various program offices. In addition, some efforts are aimed at the systems-level while others focus on the individual or community level.

Systems-level efforts are designed to improve population health through efforts to change systems that affect health outcomes such as organizations, policies, and laws. These efforts do not focus directly on individuals and communities but on the systems that impact health overall. Systems-level efforts range in scope from changing a procedure or covering a new service to changing laws or statutes. The scope can be narrow or broad, but when approached from this level, every person who interacts with the system is affected by the change.

Individual and Community-level efforts are designed to change knowledge, attitudes, beliefs, practices, and behaviors of individuals, families, and communities. These efforts are delivered directly to individuals, families, and communities who receive services or targeted interventions because they belong to a population at risk or with particular needs. The greatest impact for individual and community-level efforts is seen within the population directly served by the program or effort. Individual-level efforts improve the health and wellbeing of the people accessing and using the service or resource. These efforts can be high-touch with services delivered to a small group of individuals with the greatest need or they can be low-touch and reach a larger group of individuals. The availability of funding typically drives the reach of programs and services that are provided at the individual or community-level.

Approach to Assessing Current LDH Efforts

Scope and Methods

Scope of the assessment: While the services and work across LDH offices and sections reach all women in the state, the assessment focused on activities or services provided by the Department that may specifically impact the health or quality of life of women **in the areas of policy, education, evidence-based practices, programs, and services**. The scope of the assessment included a range of efforts: direct services provided to women; implementation of evidence-based practices or programs; policy interventions; systems-level work; community outreach or education; education or training for healthcare and other professionals; data collection or analysis; communications campaigns; and any other activities that may affect the health of women. It is important to note that the efforts did not need to have a sole or specific focus on women to be included in the review.

This assessment recognizes that “women” are not a homogeneous demographic with the same needs and experiences. Factors affecting health and wellbeing differ by age, abilities, health needs, and background. This report has been structured to assess current efforts and areas of opportunity across six key focus areas. While these focus areas are not exhaustive of all life stages and issues impacting women or mutually exclusive of each other, they emerged as key themes from the analysis of the assessment results:

- **Women in Louisiana** characterizes the needs and work related to women generally, including factors related to the social determinants of health. For purposes of this assessment, **women** are defined as: all individuals who identify as women, ranging from later adolescence through old age (approximately 18 to end of life). While sex refers to biological characteristics at birth, gender encompasses a person’s identity or how they express themselves externally. The assessment and this report address all people who identify as women.
- **Women with Chronic Diseases** focuses on characterizing the burden of chronic diseases and current efforts to address and prevent chronic diseases affecting women.
- **Women with Disabilities** explores improving outcomes for women with disabilities.
- **Women’s Behavioral Health** examines efforts impacting behavioral health outcomes for women.
- **Women of Reproductive Age** reviews the range of ongoing and potential efforts to improve outcomes for women during their childbearing years.
- **Women who are Aging** addresses specific health issues frequently experienced by older women.

Methods: The assessment encompassed a review of population-specific data, when available, to characterize the health status and needs of women, as well a review of current activities reported by offices and sections across LDH. Lastly, input was provided by select internal and external stakeholders for additional perspective on current efforts.

- **Health Indicator Data Analysis:** A comprehensive demographic and health profile of women in Louisiana that includes traditional indicators of physical and mental wellbeing, as well as measures of the social determinants of health, and factors from a [Life Course perspective](#): the idea that health changes over a lifetime and across generations.
- **LDH Offices and Sections Assessment:** A survey of LDH programs impacting women's health and quality of life was distributed to all offices and sections to collect data and information on the current programs, services, or initiatives of the Department. The survey tool can be found in Appendix A.
 - 83 responses were received from six offices and sections (Bureau of Health Services Financing (Medicaid), Office of Public Health, Office of Aging and Adult Services, Office for Citizens with Developmental Disabilities, Office of Behavioral Health, and Health Standards Section). See Appendix B for a full list of responses by program. A review of the funding and personnel supporting these activities is being completed separately from this report.
 - Leadership from each office or agency within LDH completed an assessment of their approach to impacting women's health, from an office-wide perspective.
- **Stakeholder Engagement:** In order to help ensure the report encompassed the most salient work around women's health, brief external stakeholder interviews were conducted with a few of the many individuals working to improve women's health and wellbeing in the state. Stakeholders were asked about what current efforts related to women across the six domains of focus appear to be particularly noteworthy or beneficial.

Applying an Equity Lens to Women's Health Outcomes

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare."

Robert Wood Johnson Foundation (2017)
What is Health Equity?

The Robert Wood Johnson Foundation has identified [four key foundational actions to take toward achieving health equity](#):

- 1) Identify important health disparities.
- 2) Change and implement laws, policies, systems, environments and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.
- 3) Evaluate and monitor efforts using short- and long-term measures.
- 4) Reassess strategies in light of process and outcomes and plan next steps, actively engaging those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions.

The methods and structure of this assessment have been designed to highlight particular needs and inequities (the first two recommended foundational actions). Contrasting current-day efforts with the population needs is intended to illuminate the opportunities for action, monitoring, and new strategies (the second two foundational actions toward achieving health equity). This assessment does not explicitly address all equity challenges and equity priorities for the Department, including the need to improve language access for people with limited English proficiency, improve communication access for individuals who are d/Deaf or hard of hearing, increase coordination with indigenous and American Indian populations, or address the health needs of women who are incarcerated.

Under the **Office of the Secretary**, the [Bureau of Community Partnerships and Health Equity](#) is developing and implementing agency-wide health equity plans, protocols, and tools to establish practices and standards across the Department that support efforts to ensure that every person in a community has a fair and just opportunity to reach their full health potential. This assessment builds on these efforts.

Focus Area: Women in Louisiana

Fast Facts

Just over half of Louisiana's 4.65 million residents are female (51%). Of the nearly 2.4 million female Louisiana residents in 2019, roughly 450,000 were under age 15 years, one million were of reproductive age (15-44 years), 600,000 were age 45-64 years, and 415,000 were age 65 years or older. Combined, there are nearly two million women age 15 years and older in the state. The following table shows Louisiana's 2019 female population estimates by race, ethnicity, and age group.¹

Female Population Counts, Louisiana, 2019 ¹					
Age Group	non-Hispanic White	non-Hispanic Black	non-Hispanic Other race	Hispanic	Total
< 15 years	224,408	162,383	25,062	34,402	446,255
15-44 years	500,879	332,227	39,696	49,647	922,449
45-64 years	370,004	187,600	19,150	20,886	597,640
65+ years	285,401	108,689	10,344	10,966	415,400
Total	1,380,692	790,899	94,252	115,901	2,381,744

The demographics in the table above begin to highlight key differences in the proportion of the population represented by different racial and ethnic groups among the various age groups. Overall, 58% of women identified as non-Hispanic White, 33% as non-Hispanic Black, 4% as non-Hispanic other race (includes American Indian and Alaskan Native, Asian, Native Hawaiian and other Pacific Islander, and two or more races), and 5% as Hispanic origin regardless of race.¹

Minority and multiracial women represented nearly half (46%) of Louisiana women of reproductive age (15-44 years). Minority representation in age group 65 years and older fell to 31% (26% non-Hispanic Black, 2.5% non-Hispanic other race, and 2.6% Hispanic).¹ These differences in the proportion of the population represented by minorities can have important health equity implications for specific programs and services needed at different life stages. While the reasons for the difference cannot be determined from these data, they highlight the importance of understanding not only overall populations of women, but specific subpopulations by age group.

In 2019, 78% of adult Louisiana women reported being in good, very good, or excellent health based on their own interpretation of how they classify their own health, in general. However, only 16% reported being in excellent health. Nutrition and physical activity contribute to good health. Less than half (45%) of adult women reported consuming any fruit one or more times per day and less than two in three (63%) reported consuming any vegetables at least once per day. Over half (58%) of Louisiana adult women reported being inactive or insufficiently active. Data by race indicated that non-Hispanic Black (62%) and non-Hispanic other race (63%) women reported higher rates of physical inactivity, compared to non-Hispanic White (56%) and Hispanic (49%).²

In addition to insufficient mobility, excessive consumption of alcohol can negatively impact health. **Forty-five percent (45%) of Louisiana women reported having any alcoholic beverages in the past 30 days.** Over one in ten (12.4%) adult women reported binge drinking (four or more drinks on one occasion) and 6% reported heavy alcohol consumption (seven or more drinks per week).²

Sexual violence includes sexual activity that occurs when consent is not obtained or freely given and has a profound impact on lifelong health, opportunity, and wellbeing.³ The 2010-2012 National Intimate Partner and Sexual Violence Survey estimated that **30% of Louisiana women have experienced sexual violence, including rape, sexual coercion, and unwanted sexual contact, during their lifetime.**⁴ This same survey estimated that 36% of Louisiana women had experienced physical violence, sexual violence, or stalking by an intimate partner during their lifetime.⁴

In 2019, 105 Louisiana women aged 15 years and older lost their lives to homicide, 71% of which were due to firearms. **Seventy-three deaths (70%) were of women aged 15-44 years** (reproductive age), underscoring the importance of violence prevention for this age group. In addition, 11 of the 65 deaths that occurred during or within one year of pregnancy in 2017 and seven of the 55 deaths in 2018 were due to homicide.⁵

Current Efforts in LDH

Across LDH, there are efforts that aim to improve outcomes for women, specifically. In addition to agency-level efforts for this focus area, **Medicaid** and the **Office of Public Health** (OPH) are leading these efforts, in many cases in collaboration with internal and external partners.

Agency-Level Efforts

Cross-Cutting Efforts: The Women’s Policy and Research Commission, which is managed by the [Governor’s Office on Women’s Policy](#), is one of the most significant state level advisory bodies addressing the many factors that contribute to women’s health. LDH is a participating member of this 25-member commission that has the charge to:

- Advise the governor on the particular hardships, concerns, and needs that challenge women in Louisiana and their possible solutions.
- Identify and analyze trends that negatively impact the health and prosperity of women in Louisiana.
- Monitor the status of women in Louisiana for the purpose of evaluating their economic, educational, health concerns, needs and hardships.

The Commission produces [a periodic report on the status of women in Louisiana](#) that offers policy options to improve the status of women across a wide range of topics.

Medicaid

System-level activities and initiatives: According to the Kaiser Family Foundation, the Medicaid program offers coverage of a wide range of primary, preventive, specialty, and long-term care services for women across their lifespans.⁶ At the systems-level, Medicaid has implemented policies to improve access to quality healthcare coverage for those who qualify. About 40.5% of Louisiana’s population was enrolled in the Medicaid program in SFY 2019-2020. Of those enrolled, 56.2% were female and almost 700,000 were adult women.⁷ Through Medicaid expansion, a key policy change in 2016, Louisiana Medicaid is able to provide healthcare coverage for a broader population of adult women. As of November 2021, over 400,000 of the women enrolled in Louisiana Medicaid became eligible due to Medicaid expansion. Covered women have access to preventive health services, access to reproductive health and prenatal services, benefits to screen for and treat cancer, and benefits to treat chronic conditions and illnesses.

The [Medicaid Managed Care Quality Strategy](#) has measures that fall under eight categories: behavioral healthcare for adults and children; care for children and adolescents; chronic disease care for adults; effective care in appropriate settings; experience of care for adults and children; preventive care for adults; reproductive and pregnancy care; and consumer assessment of healthcare providers and systems. While most of these measures are targeted to specific age groups or risk groups rather than gender, women benefit from quality strategies that are related to their individual health risk factors. The table below lists these systems-level programs:

Program	Description
Core Medicaid benefits and covered services	Medicaid covers the full-spectrum of physical and behavioral health services for women, including: <ul style="list-style-type: none">• Primary care and prevention services• Specialty care such as cancer and heart disease care• Family planning services• Prenatal, labor and delivery, and postpartum care• Prescription drugs• Durable medical equipment including adaptive equipment for individuals with disabilities• Basic and specialty behavioral health care• Long term services and supports for individuals with disabilities and seniors
Medicaid managed care organization programs and requirements focused on women	The MCO contracts include several strategies and requirements related to maternal care, including: <ul style="list-style-type: none">• Availability and accessibility• Continuity of care• Coverage for family planning services• Preconception/inter-conception care• Prenatal care services• Preventative medicine evaluation and management services• Population health and social determinants of health (non-medical drivers of health) approaches

Medicaid managed care incentive program (MCIP)	The MCIP program was implemented and administered beginning in 2019. MCIP is designed to provide incentive payments to Medicaid MCOs for achieving quality reforms that increase access to healthcare, improve the quality of care, and/or enhance the health of members the MCOs serve through Approved Incentive Arrangements (AIA). (Also see call-out box on page 5).
Medicaid managed care value-based payment programs (VBP)	The MCO's VBP strategy must pertain to measurable outcomes that are meant to improve quality, reduce costs, and increase patient satisfaction. The VBP strategy places emphasis on the establishment of provider payment arrangements designated as categories 3 and 4 and the evolution of providers along the APM model continuum (i.e. from less sophisticated to more advanced categories) with consideration of provider readiness to take on financial risk.
Medicaid managed care quality improvement programs	The Medicaid Managed Care Quality Strategy establishes clear aims, goals, and objectives to drive improvements in care delivery and health outcomes as well as metrics by which progress will be measured. It articulates priority interventions, and details the standards and mechanisms for holding MCOs accountable for desired outcomes. (Also see call-out box on page 5).

Services to individuals and communities: At the individual level, Medicaid provides coverage and benefits for enrolled individuals for healthcare, ranging from primary preventive care to treatment and specialty care. Medicaid also offers care coordination through the network of Healthy Louisiana MCOs. The table below outlines coverage for women and the number of women covered in Louisiana.

Type of Coverage	Description	Total # of Women Covered
Full Medicaid benefits for women including physical and behavioral health services	Full Medicaid physical and behavioral health benefits for women including services to prevent and treat high blood pressure, diabetes, heart disease, depression, anxiety, serious mental illness, substance use disorders and other conditions.	695,875
Full Medicaid benefits for women, including services and drugs to treat chronic illnesses	Full Medicaid benefits of healthcare services and drugs to treat health conditions (other than family planning). Including, but not limited to high blood pressure, heart disease, diabetes, and other conditions.	695,875
Comprehensive prenatal, delivery, and postpartum care	To provide coverage of comprehensive prenatal, delivery, and postpartum care.	417,773
Family planning services such as office visits and laboratory testing	Medicaid provides coverage of these services to all Medicaid-insured women of childbearing potential.	417,773

Oral and injectable contraceptives	Coverage of contraceptives for Medicaid-enrolled women.	417,773
Long-acting reversible contraceptives (LARCs), including insertion and removal	Coverage for LARCs is provided to Medicaid-enrolled women.	417,773
Prenatal vitamins	Coverage of prenatal vitamins.	417,773
Screening for breast and cervical cancer	Medicaid coverage of screening for breast and cervical cancer to prevent and diagnose early. This is provided specifically through the BCC eligibility program (submitted separately) in addition to availability for all Medicaid-insured women with full benefits.	695,875
Breast and gynecologic cancer treatments and surgeries	To provide coverage of breast and gynecologic cancer treatments and surgeries.	695,875
Breast reconstruction and reduction	Medicaid coverage of breast reconstruction and reduction.	695,875
Comprehensive cancer care and treatment for women	Medicaid coverage of comprehensive cancer care and treatment for women.	695,875
Hysterectomies and tubal ligations	Medicaid coverage of hysterectomies and tubal ligations	695,875
Genetic testing for breast and uterine cancer	To provide coverage of genetic testing for breast and uterine cancer.	695,875
Recommended preventive services for women	Medicaid coverage of preventive services for women.	695,875

OPH

System-level activities and initiatives: Several activities and initiatives within OPH are designed to improve population health through efforts to change systems that affect health outcomes, such as organizations, policies, and laws,. These efforts do not focus directly on individuals and communities but on the systems that impact health. This section highlights efforts within OPH.

Every five years, OPH conducts a State Health Assessment (SHA) and uses the findings to develop a State Health Improvement Plan (SHIP). The latest SHA concluded in 2021, and the SHIP will be released in 2022. It aims to address the most important health issues facing Louisianans today and to reduce health inequities. While this plan is not only for women, it focuses on improving the foundations of community health overall with a focus on addressing social determinants of health for Louisiana.

The OPH Bureau of Infectious Disease Section on Environmental Epidemiology and Toxicology (BID-SEET) implements efforts to monitor and mitigate the impact of environmental hazards that can affect women and their families. In addition to monitoring and testing private water wells, this section issues alerts and advisories on mercury and other contaminants in fish that affect the health of women of childbearing age.

Within BID-SEET, the Adult Blood Lead Epidemiology Surveillance program performs case investigations to determine source of exposure, industry, and occupation. While the majority of tests with high blood lead levels are from males, workers often transport lead on shoes and work clothes into their homes or automobiles. This take-home lead puts household members (children, pregnant women, and nursing women) at risk for lead exposure. Surveillance of blood lead levels in adults allows for education and outreach to protect women and family members from exposure. BID-SEET also manages the [Choose Safe Places for Early Care and Education](#) (CSPECE) program, which was established to encourage careful consideration about where to locate early child care and education centers to protect occupants from harmful chemicals.

OPH administers [Well-Ahead Louisiana](#), the chronic disease prevention and healthcare access arm of LDH. Well-Ahead drives collaboration throughout the state and connects communities to tools and resources that can improve the health of Louisiana residents where they live, work, learn, play, and pray. According to [Well-Ahead data on health professional shortage areas](#), 98% of Louisiana residents live in an area where access to primary care, dental health, and behavioral health services are limited. [Well-Ahead Louisiana](#) partners with providers and clinics to expand the community health systems to provide integrated, efficient, and effective care services to all Louisiana residents. Working alongside leaders at key organizations across the state, Well-Ahead helps create environments, designated as WellSpots, where everyone can be healthy. All residents benefit from this work, including women who work in, belong to, or access these designated WellSpots.

The [Bureau of Family Health](#) (BFH) works to promote the health of Louisiana families in every stage of life. BFH administers the state's Title V Maternal and Child Health Block Grant program, the Title X Family Planning program, and multiple other programs, projects, and initiatives designed to improve the health of pregnant women, babies, children, teens and adults, youth with special healthcare needs, and individuals with certain special needs across the lifespan. The injury and violence prevention program of BFH works to prevent or reduce injuries and violence in Louisiana by collecting information and data on the top causes of unintentional and intentional injuries across the state, and uses that data to inform and guide program and policy initiatives intended to address these issues. In addition to injury and violence in general, there is a focus on preventing injury and violence that disproportionately impacts women through the [Rape Prevention and Education](#) program, funded through the Preventive Health & Health Services Block Grant and the Violence Against Women Act. BFH funds six local sexual assault centers that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies. BFH also represents LDH as a member of the [Louisiana Domestic Violence Prevention](#) Commission of the [Governor's Office on Women's Policy](#) and works with other members to assess, develop, and coordinate efforts to prevent domestic violence in the state.

Injury, violence, and trauma are increasingly recognized as concerns that require public health response. BFH is responsible for monitoring health indicators related to unintentional injury and violence for adolescent and adult women through surveillance programs, including the Louisiana Violent Death Review System (LA-VDRS) and the newly authorized Domestic Abuse Fatality Review (DAFR). General indicators monitored include deaths, hospitalizations, and emergency department encounters. More in depth information on factors contributing to fatalities is collected through abstraction of medical, law enforcement, and coroner records and comprehensive case review where professionals and community members review each death to identify factors that contributed to the death to determine potential prevention opportunities.

Additionally, BFH works with communities through Injury-Free Louisiana (IFLA), a team of partners organizing to address the common underlying factors influencing multiple forms of injury and violence affecting the families and communities of Louisiana. The IFLA Academy is a training and program development resource for individuals and organizations working in injury, violence, and substance abuse prevention in Louisiana.

As part of the Bureau of Regional Clinical Operations, the Regional Medical Directors for OPH submit their annual Sexual Assault Regional Plans (SARP) for review and approval by the SARP Review Panel and the [Office of the Secretary](#). These plans meet requirements set forth by Act 229 of the 2015 Regular Legislative Session and are developed with extensive community stakeholder input. They cover resources, standard operating procedures for everything from supplies to training to handling of evidence and reporting, as well as required trainings for first responders.

Services to individuals and communities: In addition to systems-level efforts, OPH has programs that provide direct services to individuals and communities. The OPH Community HealthWays program employs a network of Community Health Workers to help address health-related social needs for individuals in Louisiana. Due to the COVID-19 emergency response, these Community Health Workers have been detailed to work in collaboration with the COVID-19 contact tracing and resource coordination team to address social needs that are related to COVID-19.

The [Bureau of Infectious Diseases](#) (BID) helps prevent the spread of diseases by working with individuals to access treatment for infectious conditions and to protect those who are not infected from exposure. Examples of this work include COVID-19 contact tracing, and the tuberculosis control program, which provides treatment to those infected and works to prevent active disease. In addition, BID's Perinatal Case Management program has a primary goal to prevent any future cases of congenital syphilis and perinatal HIV through client-level intervention, focusing on women of childbearing age (15 to 44 years of age). In 2019, 354 women received case management through this program.

Women as Parents and Caregivers

Consideration of the health and wellbeing of women must include that many women hold the roles of parents and/or caregivers. Data from 2016 indicate that 86% of US women had given birth at least once by the age of 44 years,⁸ indicating that a large majority provide care to a child. Between 2015 and 2020, the percent of caregiving rose significantly for both children under age 18 years (18.2% to 21.3%) and adults age 50 years and older (from 14.3% to 16.8%).⁹ Women share a disproportionate burden of caregiving in the United States, as 61% of caregivers are women.^{9,10}

Caregiver stress is a term that reflects the emotional and physical strain of caregiving and can be expressed in many forms.¹¹ Some of the ways stress can affect caregivers include depression and anxiety, problems with short-term memory or paying attention, elevated risk for chronic diseases such as heart disease, cancer, diabetes, and arthritis, weight gain or obesity, and a weakened immune system which may lead to an increased likelihood of becoming ill themselves.¹¹ Furthermore, caregivers who are unable to care for themselves may become unavailable to care for others, potentially negatively impacting larger systems goals to improve healthcare and reduce overall costs within an increasingly strained system.⁹

In addition to emotional and physical consequences, there are potentially significant financial consequences of caregiving. Specifically, 18% of caregivers report high financial strain as a result of caregiving, while nearly half (45%) report some financial impact as a result of caregiving.⁹ Commonly reported financial impacts included stopping saving (28%), taking on more debt (23%), having late or unpaid bills (19%), and borrowing money (15%).⁹ While policies like paid family leave may help reduce the immediate burden, the need to support caregivers will become more important as the country continues to age.⁹

Outside of the scope of this assessment, the Louisiana Department of Health provides programs, services, and resources to support parents and caregivers. One example is the [EarlySteps program](#), which provides services to families with infants and toddlers aged birth to three years (36 months) who have a medical condition likely to result in a developmental delay, or who have developmental delays. EarlySteps services are designed to improve the family's capacity to enhance their child's development. This program supports women as mothers by identifying concerns and priorities regarding needs of children within the family and design services to address the needs. Through this program, supports are provided using a team-based model, with the family as a member of the team.

Opportunities for Action

There are opportunities for LDH to address some key barriers to health that women in Louisiana experience broadly, including:

- Stratification of data across LDH to look at how women are served by LDH's ongoing efforts to further illuminate unmet needs by gender, age group, and race.
- Inform and support economic policies that support women across the life span such as paid family leave, minimum wage reform, and pay equity policies.
- Interventions to improve systems of care to benefit or serve all women.

- Health promotion activities with a focus on preventive health such as promoting healthy physical activity and healthy eating for adults, introducing healthy practices to promote mental and emotional health, and building social connection and support systems.
- Interventions to improve the built environment such as access to safe places to play and exercise, access to grocery stores, transportation systems, and access to safe and affordable housing.
- Focused public health surveillance and action to prevent violence against women that is leading to assault and homicide being one of the top causes of death in women aged 18-44 years.
 - Some surveillance is ongoing in OPH with the Louisiana Violent Death Reporting System and the newly funded Domestic Violence Fatality Review team.
- Assessment of the health and healthcare needs of incarcerated women.

Equity Considerations

LDH is committed to health equity, meaning that every person in a community has a fair and just opportunity to reach their full health potential. This assessment illuminated several opportunities to better consider the impact of gender on health equity and overall health to meet the unique needs across all stages of life. In order to better integrate women into these ongoing efforts, these recommendations may be considered:

- **Introduction of a gender equity lens into the work of the Health Equity Action Teams across LDH to ensure that women are considered in the health equity framework as it is being developed.**
- Inclusion of gender in the ongoing work of LDH's Health Equity Action Teams in order to understand the intersectionality between gender and race on health outcomes and to identify inclusive approaches to addressing health inequities and racial disparities.
- Accessing funding to prevent domestic and sexual violence that disproportionately affects women of color.
 - One in three female victims of completed or attempted rape experienced it for the first time between the ages of 11 and 17.¹³
 - Nationally, women of color experience higher rates of sexual violence than White women.¹²
- The Louisiana Legislature prioritized addressing power-based violence on college campuses in [Act 439](#) of the 2021 Regular Legislative Session.
 - Almost one in four undergraduate women experienced sexual assault or misconduct at 33 of the nation's major universities.¹⁴
- Following the recommendation from the [Trilateral Working Group on Violence Against Indigenous Women and Girls](#) of "addressing the need for improved data collection and research to better understand the extent of gender-based violence, including sexual violence, human trafficking, and other forms of violence, in Indigenous communities and identify opportunities to improve prevention and response efforts in Indigenous communities" in Louisiana.
- As is highlighted in the *Status of Women in Louisiana Report* issued in 2020 by the [Governor's Office on Women's Policy](#), the status of Black women in particular is affected by historical

policies that have present-day impacts on health, wealth, and wellbeing. LDH's extensive analytic capacity may be able to support the work of the Women's Commission and other similar groups working to understand and address the drivers of particular inequities.

Recent Reports and Policy Actions

2021 Regular Legislative Session

Act 210	Tasks the Louisiana Department of Health with addressing health care disparities that impact women. Requires LDH to complete an assessment of all state services and activities that may impact the health and/or quality of life for women.
Act 320	Establishes a Domestic Violence Fatality Review Panel within the Department of Health. This panel documents the scope and nature of domestic abuse fatalities, including whether the victim was pregnant or recently pregnant at the time of death.
HR 148	Urge and request Louisiana Sexual Assault Oversight Commission to Study & report on access to forensic medical records for adult sexual assault survivors
SR 77	Requests that LDH take immediate action to share information and resources and coordinate with private and public sectors to abate hunger
SR 184	Establishes a task force to study the role that physician assistants play in addressing healthcare shortages

2020 Legislation (*Regular Session, **First Extraordinary Session, ***Second Extraordinary Session)

HR 33**	Requires LDH to recommend standards and curricula on the subject of implicit bias in the delivery of health care
SR 42***	Authorizes and directs the re-creation of the Louisiana Women's Incarceration Task Force
Act 304*	Requires health insurance coverage for contralateral prophylactic mastectomies (RLS)

2019 Regular Legislative Session

Act 409	Requires the Department of Children and Family Services to Collaborate with LDH and the Families in Need of Services Assistance Programs, and with the assistance of the Louisiana Alliance of Children's Advocacy Centers to create a coalition to develop a human trafficking victim services delivery model
HCR 81	Requests that LDH study the treatment received by victims of sexual assault

2018 Regular Legislative Session

Act 209	Changes reporting requirement for victims of sexual assault. Hospitals must notify law enforcement if the victim is seventeen years old or younger. Previous legislation stated that the victim must be sixteen years or younger
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2017 Regular Legislative Session

Act 181	Creates the Louisiana Human Trafficking Prevention Commission and Advisory Board
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Focus Area: Women with Chronic Diseases

Fast Facts

Merriam-Webster defines the word chronic in the medical context as “continuing or occurring again and again for a long time.”¹⁵ Chronic diseases last months to years and require ongoing medical care. Chronic diseases can also limit the ability to do certain activities.

Women may experience the onset of a variety of chronic diseases across the lifespan. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual survey that includes an assessment of selected chronic diseases in each state.¹⁶ The table below shows the percent of Louisiana women (overall and by age group) who reported ever having each of the chronic conditions listed.

Condition	18-44 years	45-64 years	65+ years	Total (age 18+)
Diabetes	3.5%	17.0%	22.5%	12.1%
High cholesterol	18.4%	43.7%	53.0%	35.0%
Asthma	20.0%	17.3%	14.3%	17.8%
COPD	6.4%	11.1%	13.5%	9.4%
Heart Attack	1.3%	4.6%	6.7%	3.5%
Coronary Heart Disease	1.0%	5.8%	10.7%	4.6%
Stroke	2.3%	6.4%	7.6%	4.7%
Arthritis	11.6%	40.7%	59.5%	31.6%
Cancer	5.3%	13.5%	31.4%	13.9%
High blood pressure	18.5%	46.5%	67.5%	38.6%

The data showed significant racial differences in how women experience chronic diseases. Some of the main findings include:

- Compared to non-Hispanic White women, non-Hispanic Black women reported higher rates of having high blood pressure (42% versus 38%), diabetes (16% versus 10%), and asthma (19% versus 17%).²
- Although non-Hispanic Black women account for 32% of Louisiana’s female population, they represent 41% of women with diabetes.²
- Non-Hispanic White women more frequently reported having high cholesterol, COPD, heart attack, coronary heart disease, stroke, arthritis, and cancer.²
- Although the proportion of non-Hispanic White women with arthritis (34%) was slightly higher than for non-Hispanic Black women (29%), a larger proportion of non-Hispanic Black women reported their arthritis impacted whether they could work (48% versus 36%). This was even more pronounced for Hispanic women, of whom 21% reported having arthritis but 78% being impacted in their ability to work.²

Certain characteristics and behaviors may place individuals at greater risk for chronic disease, while others can potentially lessen the risk for chronic disease. Obesity is associated with a wide variety of chronic conditions and diseases such as high blood pressure, high cholesterol, heart disease, stroke, and even COVID-19. Tobacco use also contributes to poor health. In 2019, one in five Louisiana women reported smoking cigarettes.¹⁶ Racial disparities exist in the prevalence of smoking. Specifically, around 21% of non-Hispanic White, non-Hispanic other and multi-race, and 24% of Hispanic reported currently smoking at least some days compared to 17% of non-Hispanic Black women.¹⁶ Some behaviors that may help protect against chronic disease include proper nutrition and physical activity. These both require dedicated time and resources, as well as a safe environment, in order to maximize the potential benefit.

Another pervasive health concern for women in Louisiana is cancer. Breast and gynecologic cancers tend to have better prognosis if detected early, supporting the importance of periodic screening. There were an estimated 14,920 women in Louisiana living with breast cancer as of January 2018. Eleven Black women were diagnosed with breast cancer for every 10 White women. Despite the similar numbers, Black women were often diagnosed at a later stage and therefore more likely to die than White women. Specifically, for every 10 White women who died from breast cancer, 16 Black women died. The five-year survival rate was 89% for White women compared to 80% for Black women.¹⁷

Gynecologic cancers include vaginal, ovarian, cervical, and uterine cancer. The [Louisiana Tumor Registry](#) maintains an interactive website showing cancer data for Louisiana that can also be displayed by race and sex. Although no information was available for vaginal cancers, the following data on other gynecologic cancers were available for 2014-2018.

Gynecologic Cancer Statistics by Cancer Type, Louisiana females, 2014-2018			
	Ovarian	Cervical	Uterine
New cases (annual)	255	224	613
Deaths (annual)	182	79	141
Five-year survival	43%	63%	74%
Living cases (Jan. 2018)	743	763	2,342

Uterine cancer was the most commonly diagnosed of the gynecologic cancers and also had the highest five-year survival rate. Disparities among race, geography, and stage when diagnosed varied by cancer type. For uterine cancer, nearly twice as many Black women were diagnosed at a late stage, where five-year survival was 13%, compared to 60% or better when women were diagnosed at an earlier stage.

Counts of newly diagnosed and total living cases were similar for ovarian and cervical cancer, but the five-year survival rate was much lower for ovarian cancer. One factor that may have contributed to this was the stage when diagnosed, which is often related to likelihood of survival. Over half (51.7%) of ovarian cancer was diagnosed at a late stage, compared to less than 20% of cervical cancer.

Current Efforts in LDH

Across LDH, there are efforts that aim to improve outcomes for women with chronic diseases. Most of these ongoing efforts are for any Louisiana resident managing a specific chronic condition or at increased risk for developing a chronic condition. A select number of efforts are focused on women, namely around prevention or early detection of certain types of cancer and management of heart health. These efforts exist largely due to dedicated funding from the Centers for Disease Control and Prevention (CDC) for programs focused on preventing these chronic conditions for women.

In addition to agency-level efforts for this focus area, [Medicaid](#) and the [Office of Public Health](#) (OPH) are leading specific efforts in collaboration with internal and external partners.

Agency-Level Efforts

The [SFY 2022 LDH Business Plan](#) includes initiatives and goals related to improving specific chronic disease outcomes for Louisianans. Initiative 4 of the business plan is to improve early detection of colorectal cancer and treatment of high blood pressure and diabetes. The goals for this initiative include

- Increasing the number of adult Medicaid members with controlled high blood pressure and with controlled diabetes.
- Establishing community-based blood pressure monitoring and diabetes prevention programs.
- Increasing overall colorectal cancer screening rates among men and women ages 50-75.

Cross-Cutting Efforts: LDH has developed a cross-cutting Cancer Strategy Plan with actions within Medicaid, OAAS, OBH, OCDD, OPH, and the Office of the Secretary to increase awareness and preventive methods for colorectal cancer. The plan uses a multifaceted approach to improve colorectal cancer screening in the diverse populations served by LDH including people covered by Medicaid, people with disabilities, seniors, and people with behavioral health needs. The Cancer Strategy Plan also includes ways that LDH will strengthen a key partnership with [Taking Aim at Cancer in Louisiana, Inc.](#) (TACL) to conduct two projects to increase cancer screenings and reduce disparities:

- Train community health workers and patient navigators on colorectal cancer, including easy-to-use screening methods.
- Improve screening and follow-up systems in clinical office practices.

LDH has already laid the groundwork for these projects. In October 2020, LDH launched a training collaborative to train 25 community health workers and patient navigators on topics such as easy-to-use screening methods for colorectal cancers and how to engage in their communities to increase age-appropriate screening. In addition, LDH partnered with a mobile screening program to increase cancer screening access in targeted areas by meeting people where they are.

Medicaid

System-level activities and initiatives: The [Medicaid Managed Care Quality Strategy](#) includes a set of priority interventions related to chronic disease care for adults. Current quality measures related to chronic disease care for all adults in Medicaid Managed Care include: hospital admission rate for asthma

in younger adults; comprehensive diabetes care related to blood pressure control, eye exams, and testing for and controlling glucose levels; controlling high blood pressure; hospital admission rate for chronic obstructive pulmonary disease and asthma in older adults; hospital admissions rate for short term complications of diabetes; hospital admission for heart failure; medical assistance with smoking and tobacco use cessation; and statin therapy for patients with cardiovascular disease. There are also quality measures for breast, cervical, and colorectal cancer screening. The table below lists these systems-level programs:

Program	Description
Core Medicaid benefits and covered services	See page 13 for core Medicaid benefits and covered services.
Medicaid managed care organization programs and requirements focused on women	See page 13 for the MCO contract maternal care strategies and requirements.
Medicaid managed care incentive program (MCIP)	See page 14 for general information about MCIP.
Medicaid managed care value-based payment programs (VBP)	See page 14 for general information about VPB.
Medicaid managed care quality improvement programs	See page 14 and the link above for information about the Medicaid Managed Care Quality Strategy. Currently includes specific measures related to asthma, diabetes management, high blood pressure, eye exams, tobacco use and cessation, management of cardiovascular disease, and cancer screenings (described above).
Breast and Cervical Cancer Program (BCC)	Provides full coverage for all treatment expenses, including doctor and hospital visits, lab work, and prescriptions.

Services to individuals and communities: Louisiana Medicaid MCOs offer comprehensive benefits coverage to address individual needs related to the management of chronic disease, including cancer diagnoses and treatment. This coverage includes: a range of services and medication options to treat chronic illnesses, genetic testing for breast and uterine cancer, breast reconstruction and reduction, and comprehensive cancer care and treatment. In SFY 2019, 561 women received no-cost breast and cervical cancer screenings and patient navigation through Medicaid’s Breast and Cervical Cancer program. The table on pages 13-14 outlines Medicaid coverage for women and the number of women covered, with a particular focus on services related to screening, treatment and management of chronic diseases. For detailed information about the comprehensive benefits and coverage for individuals, see the table on pages 14-15.

OPH

Systems-level activities and initiatives: The Office of Public Health is the home of the Bureau of Chronic Disease Prevention and Healthcare Access, also known as [Well-Ahead Louisiana](#), where the majority of efforts for women with chronic diseases are administered. Well-Ahead Louisiana’s vision is to reduce the burden of chronic disease and ensure access to quality healthcare for all Louisiana residents. At the systems-level, Well-Ahead Louisiana:

- Helps train healthcare professionals on topics such as improving chronic disease prevention and management through the [Provider Education Network](#).
- Works within clinical settings to ensure that there are protocols in place for screening, testing, and referring to support early detection and treatment of chronic diseases like diabetes and heart disease.
- Partners with healthcare facilities to implement policy changes and expanded services to enhance the quality of care for residents with chronic diseases, including working with clinics participating in the Population Health Cohort to implement strategies to improve population health within a primary care setting, with a specific focus on chronic disease related outcomes.

Services to individuals and communities: The [WISEWOMAN](#) program, administered by Well-Ahead, helps women understand how to reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles. The program enables qualifying women to receive free screenings and counseling about their risk for heart disease and stroke. Women are then supported as they participate in evidence-based lifestyle programs, individual health coaching, or referred to other community resources. This program is available to a limited population of women participating in [Louisiana Breast and Cervical Health Program](#) (LBCHP) and individuals covered through Louisiana Medicaid with certain risk factors for heart disease. Because funding for the program and enrollment began as the COVID-19 emergency began, only a small percentage of eligible women have enrolled and the full reach of this program has not yet been realized.

Well-Ahead administers other programming with a focus on individual-level support related to chronic disease prevention and care coordination, regardless of gender, including blood pressure monitoring at community-based organizations, diabetes self-management education and support, and tobacco cessation resources.

Opportunities for Action

Programming for women is currently disease-specific and has a narrow reach. There are opportunities for LDH to expand the scope of efforts focusing on women who have chronic diseases, including:

- Cross-cutting interventions to improve systems of care for women who are at risk or who have chronic diseases, regardless of income or ability, as most efforts within the Department are for the general public, not targeting the specific needs or experiences of women.
- Increasing the reach of the Population Health Cohort to include more providers and increase the holistic, evidence-based approach to addressing the barriers to chronic disease prevention for women.

- Implementing initiatives to increase risk-appropriate mammography screening such as:
 - Potentially adding an incentivized measure for mammograms to the [Medicaid Managed Care Quality Strategy](#).
 - Using a community health advisor model to decrease barriers to mammography screening, including fear of the procedure.

Equity Considerations

Chronic diseases intersect in many ways with other focus areas in women’s health. Many chronic illnesses develop as women age, some chronic diseases are also considered disabilities, and chronic conditions can impact mental health and wellbeing. Additionally, non-Hispanic Black women report having more chronic disease risk factors such as high blood pressure and obesity and more conditions such as diabetes and asthma than non-Hispanic White women. Health Equity Action Teams across OPH could explore the impact of race-related stressors on chronic disease in women and explore practices that could reduce barriers to accessing care and improve well-being for women with chronic diseases or risk factors for chronic diseases, in particular Black and Brown women.

Recent Reports and Policy Actions

2021 Regular Legislative Session

Act 43	Allows for health insurance coverage for testing of various cancer-causative genetic mutations. Some of the cancers listed in the bill are either specific to women or are more likely to affect women.
Act 45	Addresses health insurance coverage for breast cancer screening. This legislation adjusts coverage screening guidelines to be more line with current evidence-based practices.
Act 403	Increased the age to purchase tobacco/vape products from 18 to 21 years old.

2019 Regular Legislative Session

Act 118	Requires insurance coverage for testing for genetic mutations that may increase risk of developing breast and ovarian cancer.
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2018 Regular Legislative Session

Act 494	Allowed mammography examinations to be conducted through digital tomosynthesis as an option.
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2017 Regular Legislative Session

SCR 25	Requests recognition of the lifesaving benefits of routine colorectal screening examinations.
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Focus Area: Women with Disabilities and Special Healthcare Needs

Fast Facts

The [Americans with Disabilities Act](#) (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities of an individual.¹⁸ This includes individuals with a record of such impairment and individuals who are regarded as having such an impairment. Disabilities may include physical, intellectual, cognitive, emotional, and psychiatric conditions.

In 2019, **over 1 in 3 of the 1.85 million adult women residing in the state reported having one or more disabilities** related to hearing, vision, mobility, cognition, independent living, or self-care.²

Reported disabilities in order of frequency were related to difficulty:

- Walking or climbing stairs (22%)
- Concentrating or remembering (17%)
- Doing errands alone (12%)
- Seeing or blind (10%)
- Hearing or deaf (6%)
- Dressing or bathing (6%)²

Most disabilities were reported more frequently among women aged 45 years and older, although 18% of women aged 18-44 years reported difficulty concentrating or remembering. Data by race indicate that 33% of non-Hispanic White, 35% of non-Hispanic Black, 36% of Hispanic, and 38% of non-Hispanic single other race women reported having one or more disabilities, while 55% of non-Hispanic multi-racial women, approximately 8,600 women, reported having a disability.² While these data provide an estimate of a few types of disabilities experienced by Louisiana women, the particular needs of women with disabilities in the state is not easy to quantify or characterize.

Developmental disabilities are severe, chronic disabilities that are attributable to physical, mental, or a combination of physical and mental impairments that are manifested before an individual reaches age 22. They are likely to continue indefinitely, and result in substantial functional limitations in three or more areas of major life activity, including but not limited to self-care, mobility, capacity for independent living, and economic self-sufficiency.¹⁹ While over six million individuals in the US are reported to have a developmental disability,²⁰ data specific to adult women in Louisiana was not found.

In addition to disabilities, there are thousands of diseases that affect a small number of individuals and are therefore labeled as “rare diseases.” The United States defines a rare disease as a condition that affects fewer than 200,000 people nationally.²¹ Collectively, rare diseases may affect as many as one in ten people in the United States, often have a genetic component, and rarely have an FDA-approved treatment.

Current Efforts in LDH

Across LDH, there are efforts that aim to improve outcomes for people with disabilities and special healthcare needs. However, few programs, services, or efforts within the Department focus on or address the potentially distinct needs of **women with disabilities**. Of the activities that are occurring, **Medicaid**, the **Office for Citizens with Developmental Disabilities** (OCDD), and the **Office of Aging and Adult Services** (OAAS) are leading specific efforts, in many cases in collaboration with internal and external partners.

Agency-Level Efforts

The [SFY 2022 LDH Business Plan](#) includes initiatives and goals related to improving service delivery for Louisianans with disabilities. Initiative 6 of the business plan is to increase and strengthen service delivery for vulnerable residents. Goals for adults with disabilities include:

- Improving workforce capacity and competency for home and community-based long-term supports and services by reducing the turnover rate of direct support professionals
- Increasing access to home and community-based care for an aging population by adding an additional [Program for All Inclusive Care for the Elderly \(PACE\)](#) site.

Cross-Cutting Efforts: The [Louisiana Developmental Disabilities Council](#) (LDDC) is housed within the Louisiana Department of Health's organizational structure. LDDC is comprised of 28 people from across the state appointed by the Governor to develop and implement a five-year plan to address the needs of persons with developmental disabilities. Membership includes persons with developmental disabilities, parents, advocates and representatives from public and private agencies. The Developmental Disability Council's mission is to increase independence, self-determination, productivity, integration, and inclusion for Louisianans with developmental disabilities by engaging in advocacy, capacity building, and systems change.

The [Governor's Advisory Council on Disability Affairs](#) (GACDA) was established in 2016 to monitor compliance with the Americans with Disabilities Act and advise the governor on the needs of individuals with disabilities in Louisiana. GADCA has 31 members appointed by the governor, with multiple representatives from LDH including OCDD, OAAS, OBH, and OPH.

Within LDH, there are three boards and commissions in place to serve people, including women, with disabilities. All three are administered under OPH. Like most boards and councils, none currently have any activities with an explicit focus on any particular, unique need of women.

- The [Louisiana Commission for the Deaf](#) (LCD) was established in 1980. LCD provides people who are D/deaf, DeafBlind, hard of hearing, and those with speech disorders with programs and services to ensure full communication access to the world around them. LCD has 17 members appointed to represent the Deaf community, health and social service providers, and government officials.
- The [Louisiana Sickle Cell Commission](#) (LSCC) was established in 2013 to ensure adequate services to all persons living with Sickle Cell Disease (SCD) and formulate new actions to reduce the burden of SCD in Louisiana. LSCC is charged with: ensuring the delivery of sickle cell services

to affected persons in all parishes in Louisiana; promulgating guidelines for creating uniformity in the delivery of services and the management of statewide programs; assessing programs and activities aimed at Sickle Cell; and developing a detailed action plan to address population needs and system improvements related to sickle cell.

- The [Louisiana Rare Diseases Advisory Council](#) was established in 2021 to provide input and feedback to the Department and any other state agency on matters that affect a person who has been diagnosed with a rare disease.

Medicaid

Systems-level activities and initiatives: All women enrolled in Medicaid benefit from systems-level initiatives that improve access to quality care provided to covered individuals, including women with disabilities who have Medicaid coverage. Medicaid plays a critical role financing care for women with a broad range of physical and mental disabilities. According to the Kaiser Family Foundation, one-third of women with disabilities receive coverage through Medicaid.⁶ The table below lists these systems-level programs:

Program	Description
Core Medicaid benefits and covered services	See page 13 for core Medicaid benefits and covered services.
Medicaid managed care organization programs and requirements focused on women	See page 13 for the MCO contract maternal care strategies and requirements.
Medicaid managed care incentive program (MCIP)	See page 14 for general information about MCIP.
Medicaid managed care value-based payment programs (VBP)	See page 14 for general information about VPB.
Medicaid managed care quality improvement programs	See page 14 for information about the Medicaid Managed Care Quality Strategy . While there are no disability-specific initiatives, the quality strategy does encompass many health issues that cause or related to disabilities.

Services to individuals and communities: In SFY 2020, of the 269,267 individuals eligible for Medicaid due to a disability, over 130,000 were female. Individuals who meet the [Social Security Administration's definition of "disabled"](#) may qualify for Louisiana Medicaid if they also meet certain income requirements.

Women with disabilities are eligible for the same services as women generally, as described on pages 14-15. In addition, benefits that are particularly applicable to women with disabilities and special healthcare needs include: assistance with medical and supportive services including rehabilitation, transportation and therapeutic services; long-term services, including residential treatment facilities and

home and community-based waivers managed by OCDD and OAAS. The table on pages 14-15 outlines other coverage for women with disabilities and the number of women covered, regardless of disability.

OCDD

Systems-level activities and initiatives: As established in the Louisiana Developmental Disabilities Law, OCDD is working at the system-level to engage in advocacy, capacity building, and systems change for Louisiana citizens with developmental disabilities. The focus areas for the five-year plan that are relevant to women with disabilities include employment, as well as community living and self-determination.

Services to individuals and communities: OCDD establishes policy and oversight for services offered through LDH for the developmental disabilities services system. This service system includes home and community-based services for individuals with developmental disabilities to allow people greater flexibility to choose where they want to live and to use service and supports that best suit their needs. These services are provided to individuals through a variety of federal waiver programs that allow the state to offer services for specific populations or to meet a specific need, including the New Opportunities Waiver, Residential Options Waiver, Supports Waiver, and Children’s Choice Waiver. These waiver services include provision of support coordination to waiver recipients and their family members to identify appropriate services to meet their needs. The service delivery system also includes intermediate care facilities for individuals with intellectual disabilities who need treatment, services, and supports in a 24-hour residential setting. There are also state general fund programs known as Act 378 programs, that provide Individual and Family Support and Flexible Family Fund programs to assist individuals and families so that people can be supported in their homes and communities. Over 11,000 women with intellectual/developmental disabilities receive support through OCDD’s Act 378 State General Fund programs and the OCDD waiver.

OAAS

Systems-level activities and initiatives: [My Place Louisiana](#), also known as “Money Follows the Person,” is a federally funded Center for Medicaid Services (CMS) demonstration that allows states to rebalance long term care spending from Medicaid institutional care to Medicaid home and community-based care in the community. Similarly, [My Choice Louisiana](#) is an initiative created in response to Louisiana’s Agreement to the U.S. Department of Justice. Both programs work specifically to transition persons, including women, who desire to return back to the community from institutional nursing facility placement, with home and community-based services (HCBS).

OAAS also manages the [Palliative Care Advisory Council](#), which was created by [Act 351 of the 2019 Legislative Session](#) and is charged with assessing the availability of patient-centered and family-focused palliative care in Louisiana and making recommendations to the LDH Secretary and to the legislature.

Services to individuals and communities: In 2020, OAAS assisted over 20,000 Louisiana women with resources related to their long-term care needs, including processing almost 15,000 requests for admission to nursing facilities that accept Medicaid. Over 3,500 elderly women or women with a long-

term disability received housing support services or home and community-based waiver services allowing them to stay in their homes.

[Adult Protective Services \(APS\)](#) is committed to preserving and protecting the rights of vulnerable adults with disabilities in need of assistance due to abuse, neglect, self-neglect, and exploitation in accordance with the provisions of Louisiana law. Over half of all adults serviced by APS are women. APS assists and enables vulnerable adults ages 18-59, and emancipated minors, to live free from harm due to abuse, neglect, exploitation, or extortion.

Opportunities for Action

There are opportunities for LDH to expand the scope of current efforts to focus on the unique and distinct needs for women with disabilities, including:

- Identification and development of systems-level interventions to address the needs of women with disabilities; most of the department's current work is focused on individual-level services.
- Ensuring that current system-level interventions focusing on women generally consider the needs of women with disabilities, such as in the [Medicaid Managed Care Quality Strategy](#), perinatal quality initiatives, and chronic disease initiatives.
- Ensuring that health promotion efforts are accessible to and inclusive of women with disabilities, in particular those that address:
 - Healthy physical activity
 - Behavioral health
 - Reproductive health, and
 - Social connection and support since women with disabilities report social isolation and depression at higher rates than women without a disability
- Identifying ways to ensure that interventions to improve social determinants of health are inclusive of women with disabilities such as:
 - Efforts relating to the built environment like access to safe places to play/exercise
 - Access to grocery stores
 - Transportation
 - Addressing communication needs

Equity Considerations

There are opportunities to assess the reach, rigor, and equitable impact of existing services and activities through the lenses of gender and ability. Specific recommendations and considerations:

- The Health Equity Action Teams across the Department have the potential to address barriers to health equity due to “ableism,” which may be an unfamiliar term for many. Merriam-Webster defines ableism as discrimination or prejudice against individuals with disabilities. This discrimination or prejudice has implications on health equity. Attention to ableism is also needed to ensure that women with disabilities are seen as whole people, and that

accommodations may be needed for full participation in individual and systems' level decision-making.

- Exploring the intersection between racism, sexism, and ableism is also needed to ensure that actions to improve health equity and access are inclusive of women with disabilities.
- Identifying access to care issues and mapping availability of women's health providers is likely needed, in particular to ensure that there are OB/GYNs able to provide care to individuals with disabilities and to support transition from pediatric to adult care and identification of a medical home.
- Training providers about communication access barriers and appropriate accommodations for the full spectrum of people with disabilities.

Recent Reports and Policy Actions

2021 Regular Legislative Session

Act 321	Established the Louisiana Rare Diseases Advisory Council
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2019 Regular Legislative Session

HCR 80	Charged the Louisiana Commission for the Deaf to lead a study on improving communication access for Deaf or hard-of-hearing individuals in certain healthcare settings. Although not necessarily woman-specific, this legislation addressed access to care.
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Focus Area: Women's Behavioral Health

Fast Facts

The term “behavioral health” means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.³³ Emotional, psychological, and social well-being are important at every life stage from infancy through old age as it affects how we think, feel, and act.²² Good mental health is important for every person, and focused supports and services can help to obtain and maintain good mental health. This is also important because mental and physical health can be interrelated. Certain mental health conditions like depression can increase the risk of chronic physical health conditions like heart disease and diabetes, and chronic conditions can increase the risk for poor mental health and mental illness.²²

Some women experience symptoms of mental disorders during specific hormonal changes, such as perinatal and postpartum depression or perimenopause-related depression. A survey of Louisiana mothers who gave birth in 2019 indicated that nearly one in five (19%) expressed “little interest in doing things” or experienced symptoms consistent with postpartum depression following pregnancy.²³

Mental disorders can affect men and women differently. Anxiety and depression are more common in women than men²⁴ and account for the most common mental health conditions seen in older women.²⁵ Just over one in five (23%) Louisiana women aged 65 years or older indicated they had experienced a depressive disorder at some point during their lifetime.² Mental health in older adult women can be masked underneath physical health, including hormonal changes, the development of chronic illnesses or the onset of cognitive disorders. Older adults’ mental health is overlooked more than any other age group.²⁵

Substance use disorders may also play a role in behavioral health and vice versa. There are limited population-based data systems that report state level estimates of substance use by gender or age group. However, more is known about individuals who were recently pregnant. In 2019, the [Louisiana Pregnancy Risk Assessment Monitoring System](#) (PRAMS) conducted a special assessment of opioid use during pregnancy and found that the percent of women who reported using prescription pain relievers was 4% for codeine, 2.9% for hydrocodone, 2.4% for oxycodone, and 1.6% for tramadol. There were insufficient numbers to report use of morphine or fentanyl. Among those who reported using a prescription pain reliever, over half (55%) got the prescription from their prenatal care provider. Over one in three (37%) reported wanting or needing to cut down use during the postpartum period.²⁶

Regardless of age, poor mental health may lead to suicide. In 2019, 139 Louisiana women took their own lives. Of these, 83 (60%) were over the age of 45 years and leading methods were firearms (58%) and self-poisoning (25%). In contrast, leading methods among those less than 45 years were firearms (39%), hanging, strangulation, or suffocation (36%), and self-poisoning (20%).²⁷

Current Efforts in LDH

Across LDH, there are efforts to support women's **behavioral health and wellbeing**. The current efforts focused specifically on women and their mental health are related to: prevention, identification, and treatment of substance use disorders; identification and treatment of perinatal depression and anxiety disorders; and prevention of suicide and self-harm.

In addition to agency-level efforts for this focus area, **Medicaid**, the **Office of Behavioral Health (OBH)**, and the **Office of Public Health (OPH)** and are leading specific efforts, in many cases in collaboration with internal and external partners.

Agency-Level Efforts

The [SFY 2022 LDH Business Plan](#) includes initiatives and goals related to improving behavioral health for Louisianans.

- Initiative 2 of the business plan is to improve access to substance use disorder treatment and the quality of care. Goals include:
 - Increasing access to Medication for Opioid Use Disorder (MOUD) by increasing the use of evidence-based behavioral health treatment services and expanding hours of operation at two opioid treatment program clinics.
 - Increasing access to naloxone.
- Initiative 3 of the business plan is to improve care for individuals with serious mental illness. Goals include:
 - Implementing a comprehensive crisis system of care to decrease the number of emergency department visits for behavioral health reasons.
 - Diverting unnecessary hospitalizations among Medicaid enrollees at risk for nursing home placement.
 - Avoiding unnecessary hospitalization, institutionalization, and homelessness through permanent supportive housing units or subsidies.
- Initiative 5, Goal 1 of the business plan is to launch and create sustainability for statewide initiatives to address the leading contributors to preventable maternal deaths, with a specific deliverable for the [Louisiana Perinatal Quality Collaborative](#) to launch an initiative related to perinatal depression screening by pediatric providers. Louisiana Medicaid has recently added reimbursement for caregiver depression screening; however, screening for caregiver depression may be new for many pediatric practices. The LaPQC pilot initiative will work with several pediatric practices to test ways to integrate screening, referral and reimbursement for screenings with several pediatric practices in anticipation of a future statewide initiative.

Cross-Cutting Efforts: OBH and OPH are coordinating on two pieces of legislation passed during the 2021 Regular Legislative Session of the Louisiana Legislature that focus on mental health for perinatal women: HCR 103, which charged the Department with implementing evidence-based strategies to address maternal depression and anxiety; and HCR 105, which established the Maternal Mental Health

Task Force in order to make recommendations to improve systems of mental healthcare for Black and Brown women in the perinatal period.

Additionally, OPH-Bureau of Family Health manages the [Louisiana Commission on Perinatal Care and Prevention of Infant Mortality](#) (Perinatal Commission). In 2021, the Perinatal Commission formed a mental health workgroup, including members from OBH and OPH with a charge to improve provider and system recognition and response to perinatal mental health outcomes.

Medicaid

Systems-level activities and initiatives: The [Medicaid Managed Care Quality Strategy](#) includes a set of priority interventions related to behavioral healthcare for all enrollees. These interventions detail the standards and mechanisms for holding Healthy Louisiana MCOs accountable for desired outcomes. Current quality measures related to behavioral healthcare include: adherence to antipsychotic medications for individuals with schizophrenia; antidepressant medication management; diabetes screening for people with schizophrenia or bipolar who are using antipsychotic medications; and follow-up after hospitalization for mental illness within 7 days and 30 days of discharge. The table below lists these systems-level programs:

Program	Description
Core Medicaid benefits and covered services	See page 13 for core Medicaid benefits and covered services.
Medicaid managed care organization programs and requirements focused on women	See page 13 for the MCO contract maternal care strategies and requirements.
Medicaid managed care incentive program (MCIP)	See page 14 for general information about MCIP.
Medicaid managed care value-based payment programs (VBP)	See page 14 for general information about VPB.
Medicaid managed care quality improvement programs	See page 14 and the link above for information about the Medicaid Managed Care Quality Strategy. Currently includes specific measures related to medication management for individuals with certain mental health conditions, chronic disease screening for individuals with certain mental health conditions, and follow up after hospitalization for mental illness (described above).

Services to individuals and communities: Healthy Louisiana MCOs provide full coverage of specialized behavioral health to the majority of Medicaid enrollee groups. According to the Kaiser Family Foundation, Medicaid is a primary payer of mental health services in the U.S., covering approximately 23% of adult women with any mental illness and 28% of women with a serious mental illness. Behavioral health benefits include acute care services, long-term care services, and mental health and substance use disorder services, including behavioral health treatment.⁶

Specialized behavioral health services are mental health services and substance use/addiction disorder services, specifically defined in the Medicaid State Plan and/or applicable waivers. Data related to adults receiving specialized behavioral health services is not currently stratified by gender. According to the [Healthy Louisiana Dashboard](#), as of November 29, 2021, 155,655 adult Medicaid enrollees received outpatient services and 42,652 have received inpatient mental health services since Medicaid expansion in July 2016.

The table below outlines behavioral health coverage for women beyond the comprehensive benefits and coverage outlined on pages 14-15.

Type of Coverage	Description	Total # of Women Covered
Hospital-based care coordination of pregnant and postpartum individuals with Substance Use Disorder	The purpose of this “in lieu of” benefit is to provide coverage of a comprehensive pregnancy medical home model of care to individuals with substance use disorder who are 18 years of age and older and pregnant or up to 12 months postpartum. The model includes care coordination, health promotion, individual and family support, and linkages to community/support services, behavioral, and physical health services. The model does not include coverage of physical and behavioral health services otherwise covered under the Louisiana Medicaid State Plan (e.g., outpatient OB care, SUD treatment services).	This is an optional benefit that first became available on January 1, 2022

OBH

Systems-level activities and initiatives: At the systems-level, OBH is involved in shaping behavioral health coverage in coordination with Louisiana Medicaid. OBH acts as monitors and subject matter consultants for the Medicaid Healthy Louisiana MCOs, which manage behavioral health services.

Services to individuals and communities: Many OBH efforts are provided at the individual level. OBH delivers direct care to individuals needing in-patient and community-based treatment for behavioral health and also working with Human Services District or Authorities (also known as local governing entities). Services are provided for Medicaid and non-Medicaid eligible populations. OBH is responsible for monitoring, and providing technical assistance to the 10 local governing entities responsible for the provision of statewide mental health services and prevention and treatment of substance use disorders.

[Temporary Assistance for Needy Families](#) (TANF) programs are located in 3 Local Governing Entity catchment areas. TANF providers provide residential substance use treatment services to women, pregnant women, and their dependent children who are impacted by substance use disorders. From the period of July 1, 2016 through June 30, 2021, 756 women were served through the TANF/[Neonatal Opioid Withdrawal Syndrome \(NOWS\) Initiative](#). Of the 756 women served during this period, 69 of the participants were pregnant and 92 tested positive in the NOWS program. The COVID-19 pandemic has significantly impacted the services that are provided to these women. The numbers captured above

more accurately reflect the usual course of business for this program. 151 women/pregnant women have been served on an annual basis. In the Oxford House Women's and Women with Dependent Children's homes 394 women total were served (223 women and 171 women with children's beds) in 2021.

OPH

Systems-level activities and initiatives: At the systems-level, the [Bureau of Family Health](#) (BFH) is working to support best-practice screening, diagnostic, and treatment services in Louisiana through [Louisiana Mental Health Perinatal Partnership](#) (LAMHPP), a statewide provider-to-provider consultation system available to all medical and mental health clinicians in the state who work with pregnant and parenting families. The purpose of LAMHPP is to support first-line management of mental health and substance use disorders, and make effective referrals to additional community resources. Through its work with these providers, LAMHPP reaches approximately 11,000 women annually. BFH also links caregivers, families, and health professionals to community behavioral health resources through the 24/7 [Partners for Healthy Babies](#) helpline (1-800-251-BABY).

Individual-level activities and initiatives: The [Maternal, Infant, Early Childhood Home Visiting program](#) (MIECHV) of BFH provides pregnancy and parenting support to new families through two models: [Nurse-Family Partnership](#) (NFP) and [Parents as Teachers](#) (PAT). Licensed mental health providers are part of each home visiting team to provide consultation to home visitors to help families navigate social, emotional, and behavioral health challenges, including perinatal depression and anxiety. NFP served 3,279 families in SFY 2021, providing 36,855 home visits. PAT served 815 families in SFY 2021, providing 6,644 home visits.

Through the CDC Comprehensive Suicide Prevention Grant, BFH works with partners to provide peer support training and safety planning for veterans, as well as gatekeeper training and care navigator services for youth and teens. The initiative's goal is to have zero suicides in Louisiana. The aim of this work is to reduce and prevent the number of suicides impacting at-risk populations in the state, including women and adult women who are active duty military or veterans and their families.

Opportunities for Action

There are opportunities for LDH to address the behavioral health needs of women, including:

- Programming for promotion of mental wellness and prevention of mental health disorders.
- Improving access to behavioral health programs and services that specifically target depressive disorders and help prevent self-harm and suicide, one of the top causes of death in women between the ages of 18 and 64 years.
- Interventions to address substance use that are accessible for women, including interventions around tobacco use.

Equity Considerations

Women have health needs that are unique and those needs vary across populations, location, and life stages. Specific recommendations and considerations include:

- Stratification of service data by gender and the intersection of gender, age, and race could help illuminate barriers for women's participation in existing mental health programs and services and identify opportunities to make this programming more accessible to populations that need mental health services, but do not feel like the current services are built with them in mind.
- Identifying gaps in the mental health services provider network that limit access to care or access to choice of provider, particularly for those in rural areas, low-income and Medicaid beneficiaries, and those seeking concordant providers (providers of the same gender identity/race/ethnicity/language).
- Review of the recommendations from the Maternal Mental Health Task Force which offers concrete recommendations to improve systems of mental healthcare for Black and Brown women in the perinatal period. Some of these recommendations may extend to improvements in the overall mental health system, beyond the perinatal period and may provide a roadmap for improving equitable access to all mental health services.

Recent Reports and Policy Actions

2021 Regular Legislative Session

HCR 103	Charges LDH to address the impacts of maternal depression/anxiety and implement mental health screenings to prevent, identify, and treat maternal depression
HCR 105	Creates the Maternal Mental Health Task Force to study and make recommendations to improve systems of mental health care for Black and Brown women in the perinatal period

2020 Regular Legislative Session

SB 59	Requires that substance use disorder facilities that treat pregnant women provide access to at least one form of FDA-approved opioid agonist treatment
HB 803	Requires that substance use disorder facilities that treat pregnant women provide behavioral interventions for women with a cocaine use disorder

2019 Regular Legislative Session

HCR 71	Requests LDH to issue new regulations for the establishment of new opioid treatment programs
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Focus Area: Women of Reproductive Age

Fast Facts

Reproductive age for women includes the years of life between onset of a first menstrual period (known as menarche) and the end of menstrual cycles (known as menopause). Public health programs and data commonly use the age range of 15 to 44 years for defining this population, although individuals may experience pregnancy at younger or older ages. During this time span, women of reproductive age face many health opportunities and challenges, some of which, including pregnancy, are unique to this phase of life.

Some key indicators important to highlight for women of reproductive age include:

- Contraceptive access
- Sexually transmitted infections, including HIV
- Sexual violence
- Intimate partner violence
- Health issues specific to pregnancy and pregnant persons

Contraceptive use is influenced by many factors including personal reproductive health intentions and preferences, healthcare coverage and ability to pay for contraceptive services and supplies, availability of healthcare providers, and partner influence, to name a few. Even when access to some form of contraception may be available, access to the full range of methods or preferred option may not be. Guttmacher Institute reported that just over 345,000 Louisiana women aged 13-44 years likely needed public support for contraceptive services and supplies in 2016. This includes approximately 156,000 non-Hispanic White women, 158,000 non-Hispanic Black women, and 19,000 Hispanic women.²⁸

The Louisiana Department of Health, Office of Public Health, [Bureau of Infectious Diseases](#) publishes an annual report on HIV and Sexually Transmitted Infections (STIs).²⁹ In 2018, Louisiana had 6,590 individuals who identify as women living with HIV (includes 321 transgender women). Louisiana had the 2nd highest chlamydia rate, 5th highest gonorrhea rate, and 7th highest primary and secondary syphilis rates in the US. In addition to the high rate of STIs and HIV, Black women in Louisiana are disproportionately affected.

Disease	# female cases diagnosed	% of total cases	% Black
Chlamydia	25,225	70%	68%
Gonorrhea	5,904	49%	75%
Primary and Secondary Syphilis	166	25%	69%

Sexual violence includes sexual activity that occurs when consent is not obtained or freely given.³ It may include various forms of sexual abuse, force, and coercion that have a profound impact on lifelong health, opportunity, and well-being. The 2010-2012 National Intimate Partner and Sexual Violence Survey estimated that 30% of Louisiana women have experienced sexual violence during their life.³⁰ This

same survey estimated that 36% of Louisiana women had experienced physical violence, sexual violence, or stalking by an intimate partner.

Pregnant women represent an important group within women of reproductive age, with around 63,000 Louisiana residents giving birth each year. Some key indicators important to highlight for pregnant women include:

- Pregnancy related medical conditions such as hypertensive disorders of pregnancy and gestational diabetes (2019 data)²³
 - 7.9% (4,500) had gestational diabetes.
 - 18% (10,200) had high blood pressure, pre-eclampsia, or eclampsia.
- Stress and race based discrimination (2019 data)²³
 - 74% experienced at least one stressor in the 12 months before their new baby was born.
 - Common stressors were moving to a new address (32%), arguing more with a partner (28%), having a cut in work hours or pay (26%), and unable to pay bills (20%).
 - Another 21% reported having a sick family member and 20% having someone close die.
 - 3.8% reported discrimination while receiving healthcare due to race or skin color.
 - 3.9% felt that racial discrimination contributed to stress level.
- Maternal morbidity and mortality
 - For every 10,000 hospital-based deliveries in 2019, 78 women experienced one or more severe morbidities.³¹
 - Black women were twice as likely as White women to experience severe maternal morbidity.
 - In 2018, 55 Louisiana women died during pregnancy or within one year of giving birth.³²
 - 12 deaths were directly related to a complication of pregnancy.
 - 8 of these deaths were deemed preventable by expert panel review.
 - Black women were more than three times as likely as White women to die of a pregnancy related complication.

In addition to these indicators that are experienced during the reproductive years, chronic conditions, mental health issues, disabilities, and social determinants of health can play a major role in the overall health of women of reproductive age.

Current Efforts in LDH

The Louisiana Department of Health has been working to address disparities in health outcomes for women of reproductive age for several years. In 2019 and 2020, in response to SR 240 and HR 294 of the 2019 Regular Session, the Department completed a [thorough assessment of current and planned activities](#) aimed at addressing disparities in maternal and child health outcomes and hosted two summits to receive community input in developing a roadmap for the Department to improve infant and maternal health outcomes for African Americans ([summit recommendations report](#)). The 2019 assessment outlined the Department's range of systems-level efforts, resources, services, and programming that support women's health and wellbeing in the reproductive years and laid out a roadmap for building on the existing efforts.

In addition to agency-level efforts for this focus area, [Medicaid](#) and the [Office of Public Health](#) (OPH) are leading specific efforts, in many cases in collaboration with internal and external partners.

Agency-Level Efforts

The [SFY 2022 LDH Business Plan](#) includes a commitment to improve the health and well-being of Louisianans with an emphasis on prevention. Initiative 5 of the business plan is focused on improving health outcomes from pregnancy through childhood. Goals include:

- Launching and creating sustainability for statewide initiatives to address the leading clinical contributors to preventable maternal deaths.
- Enacting substantive policy changes to strengthen the state's maternal systems of care.
- Implementing policy and programmatic changes to increase access to maternal care services.
- Improving systems that support breast milk as first food and to increase breastfeeding initiation with a specific focus on non-Hispanic Black women.
- Increasing the number of all mothers breastfeeding their infants at eight weeks of life.

Cross-Cutting Efforts: LDH manages several boards and commissions in the state that focus on the perinatal period.

- The [Commission on Perinatal Care and Prevention of Infant Mortality](#) (Perinatal Commission) was established in 1989. Included in the Commission's charge is to research and review all state laws, regulations, guidelines, policies, and procedures that impact perinatal care and, where appropriate, making recommendations to the legislature and secretary of the Department of Health. The Perinatal Commission has 16 members appointed to represent perinatal and pediatric health, social service providers, and government officials.
- The [Louisiana Doula Registry Board](#) (Doula Registry) is a new board that held its first meeting in January 2022. The purpose of this board is to develop application criteria, define the processes to review and approve or deny applications, and identify what is needed to establish and maintain a registry of doulas approved for health insurance reimbursement in Louisiana. The Doula Registry has 15 members appointed by the medical director of the [Louisiana Perinatal Quality Collaborative](#) who represent doulas from across the state (including one with lactation training), a person with lived experience, and representatives from identified doula organizations.

Medicaid and the OPH-[Bureau of Family Health](#) have a formal Inter-Agency Agreement (IAA) to coordinate Federal Title XIX (Medicaid program) and Federal Title V (Maternal and Child Health block grant) activities. This agreement assures coordination across the agency on cross-cutting efforts.

The Health Standards Section has worked with OPH-Bureau of Family Health and community stakeholders to promulgate and update the rules related to licensing and levels of care for birthing facilities in Louisiana. These final rules should go into effect in SFY 2022 and will strengthen Louisiana's maternal systems of care.

Medicaid

Systems-level activities and initiatives: Women who are not eligible for full Medicaid benefits may be eligible for coverage for a limited range of benefits under the following Medicaid programs: [TAKE CHARGE Plus](#), for reproductive healthcare and family planning, [LaMOMS](#), for pregnant people up to six-weeks postpartum, and [LaCHIP Phase IV](#), providing coverage to unborn children of immigrants who are not eligible for other coverage options.

Additionally, Medicaid works to implement quality improvement strategies to improve maternal health outcomes, in particular:

- The [Managed Care Incentive Program](#) (MCIP) is designed to provide incentive payments to Medicaid MCOs for achieving quality reforms that increase access to healthcare, improve the quality of care, and/or enhance the health of members the MCOs serve through Approved Incentive Arrangements (AIA). These reforms are related to improving maternal and perinatal outcomes and improving maternal care.
- The [Medicaid Managed Care Quality Strategy](#) currently includes a set of priority interventions related to reproductive and pregnancy care. These interventions detail the standards and mechanisms for holding Healthy Louisiana MCOs accountable for desired outcomes. Current quality measures related to reproductive and pregnancy care include Cesarean rate for low-risk first birth women, chlamydia screening in women, contraceptive care postpartum, elective delivery, initiation of injectable progesterone for preterm birth prevention, percentage of low birth-weight births, and prenatal and postpartum care.

The table below lists these systems-level programs:

Program	Description
Core Medicaid benefits and covered services	See page 13 for core Medicaid benefits and covered services.
Medicaid managed care organization programs and requirements focused on women	See page 13 for the MCO contract maternal care strategies and requirements.
Medicaid managed care incentive program (MCIP)	See page 14 for general information about MCIP.
Medicaid managed care value-based payment programs (VBP)	See page 14 for general information about VPB.
Medicaid managed care quality improvement programs	See page 14 and the link above for information about the Medicaid Managed Care Quality Strategy. Currently includes specific measures related to reproductive health, pregnancy and postpartum care and birth outcomes (described above).

Medicaid managed care organization programs and requirements focused on women	<p>The MCO contracts include several strategies and requirements related to maternal care, including:</p> <ul style="list-style-type: none"> • Availability and accessibility • Continuity of care • Coverage for family planning services • Preconception/inter-conception Care • Prenatal care services • Preventative medicine evaluation and management services • Population health and social determinants of health (non-medical drivers of health) approach
TAKE CHARGE Plus	Provides health coverage for family planning and family planning related services.
LaCHIP Phase IV	Provides prenatal care services (from conception to birth) for low income uninsured mothers and their unborn children who were not otherwise eligible for Medicaid.

Services to individuals and communities: There are over 400,000 women of reproductive age enrolled in Medicaid. Medicaid provides coverage for:

- **Family planning services:** office visits, laboratory testing, and a full range of contraceptive options including insertion and removal of long-acting reversible contraceptives.
- **Prenatal and pregnancy care:** office visits, laboratory testing, prenatal vitamins, and comprehensive prenatal, delivery, and postpartum care services.
- **Preventive care:** coverage for all recommended preventive services for women.

The table on pages 14-15 outlines comprehensive benefits and coverage provided to women and the number of women covered, regardless of age.

OPH

Systems-level activities and initiatives: OPH is engaged in significant change efforts at the systems-level to impact outcomes for women of reproductive age through work on policy changes within hospital and clinic settings, healthcare provider training efforts, and systems improvements that impact the social determinants of health. OPH is home to [Bureau of Family Health](#) (BFH), which manages the state's Federal Title V Maternal and Child (MCH) Block Grant, the Federal Title X Family Planning Block Grant, and the Maternal, Infant and Early Childhood Visiting (MIECHV) program grant. OPH is also the home of the [Bureau of Nutrition Services](#) which manages the [Women, Infants, and Children \(WIC\)](#) program funded by the Federal Food and Drug Administration. Additionally, the [Bureau of Infectious Diseases](#) manages the state's [STI/HIV/Hepatitis program](#).

Over the past five years, BFH has been working to integrate comprehensive public health monitoring activities with action processes to create policy and systems change to support healthy births for all individuals who are pregnant or deliver in the state. Two core public health monitoring activities related to women of reproductive age include the [Louisiana Pregnancy Risk Assessment Monitoring System](#)

(PRAMS) and the [Louisiana Pregnancy Associated Mortality Review](#) (LA-PAMR). PRAMS is a survey sent out to a sample of people who deliver in the state and analyzes their experiences before, during, and after pregnancy. BFH uses the data from Louisiana PRAMS to align resources to address risks and challenges identified through the survey. Efforts to prevent maternal deaths are primarily guided by data from PAMR, which uses data from birth and death certificates, medical and other records and other sources to identify deaths among individuals who have been pregnant. Each year, BFH, in partnership with clinical providers, community members and advocates, reviews every single death among individuals who die during or after pregnancy to identify what can change.

In 2016, BFH established the [Louisiana Perinatal Quality Collaborative](#) (LaPQC) under the authority of the Perinatal Commission, a network of perinatal care providers, public health professionals, and advocates who work to improve outcomes for birthing persons, families, and newborns in Louisiana. Together, this team responds to complex challenges birthing persons face during the perinatal period in order to improve population health and achieve equity. The LaPQC provides support to hospitals for continuous quality improvement on perinatal outcomes. Approximately 95% of births in Louisiana occur in a facility participating in at least one initiative of the LaPQC. Currently, the LaPQC leads improvement work related to:

- Breastfeeding and infant nutrition through [The Gift](#) hospital breastfeeding designation program.
- Maternal mortality, morbidity, and birth outcomes through the [Safe Births Initiative](#).
- Improving the identification, care, and treatment of birthing persons and newborns affected by opioids and substance use through the [Improving Care for the Substance-Exposed Dyad \(ICSED\) Initiative](#).
- Supporting the integration of perinatal depression screening in pediatric practices through an upcoming pilot initiative.

The LaPQC recently designated the first [Louisiana Birth Ready](#) facilities, which recognized facilities' consistent, thoughtful healthcare improvement work. Each designation level has requirements in five areas: participation in collaborative learning; health disparity and patient partnership; policies and procedures; structures and education; and outcome and process measures. Many of the hospitals awarded designation have been working with the LaPQC for years, implementing evidence-based best practices that address common causes of maternal mortality and morbidity related to hemorrhage and hypertension, as well as practices that promote vaginal birth.

In addition to improvement efforts with birthing facilities, the [BFH Reproductive Health Program](#) (RHP) works with community health centers to help them build capacity to provide high-quality comprehensive sexual and reproductive health services as part of the Reproductive Health Integration Initiative. RHP also offers training and technical assistance on sexual and reproductive health services to all Louisiana healthcare providers and organizations, as requested.

The OPH-[Bureau of Infectious Diseases](#) (BID) is home to the [STI/HIV/Hepatitis Program](#) (SHHP) is engaging in several systems-level approaches to improving outcomes related to sexually transmitted diseases, HIV, and Hepatitis C. SHHP offers testing for HIV, HCV, syphilis, and other STIs. Beyond these direct services, SHHP also offers technical assistance to improve the quality of services delivered by

providers across the state and funds external agencies for prevention and testing activities. These systems-level strategies further bolster the work being conducted in the STI/HIV/Hepatitis domain for all people served.

[The Black Women and PrEP \(BWAP\) Grass Roots Campaign](#) is a grass roots social marketing campaign aimed to increase awareness among Black women of the utilization and effectiveness of pre-exposure prophylaxis (PrEP). Additionally, BWAP empowers women to take control of their sexual health by having meaningful conversations with their medical providers and sexual partners and to access the resources available through SHHP.

Additionally, the SHHP Academic Detailing program involves identifying and training medical providers on the current evidence-based practices, based on the model of Academic Detailing. This model involves one-on-one work with clinicians to train them on the proper administration of sexual health medicine. The SHHP detailing efforts focus on PrEP, Hepatitis C, and STIs.

Services to individuals and communities: The OPH-[Bureau of Family Health](#) (BFH) manages the reproductive health program, which served over 10,500 women in 2019. Through this program OPH Parish Health Units (PHU) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants.

BFH also manages the [Louisiana Maternal, Infant, Early Childhood Home Visiting program \(LA MIECHV\)](#). LA MIECHV is a no-cost, voluntary program that provides family support and coaching to improve the health and well-being of pregnant women and parenting families with young children. Families are paired with registered nurses or parent educators who provide personalized education, guidance, and referrals to services to empower families to reach their goals. Nurses and parent educators work with families in their homes or the family's preferred location. LA MIECHV implements two evidenced-based models, Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). NFP served 3,279 families in SFY 2021, providing 36,855 home visits. PAT served 815 families in SFY 2020, providing 6,644 home visits.

The OPH-[Bureau of Nutrition Services](#) manages the WIC program, which provided nutrition support services to nearly 24,000 women in SFY21. WIC provides nutrition education, breastfeeding support, referrals to services, and supplemental foods to income-eligible pregnant and postpartum women, infants, and children up to age five. The WIC breastfeeding peer counselor program provides breastfeeding support and education to prenatal and breastfeeding women.

At the individual level, the BID-SHHP has several community and individual-focused efforts. SHHP provided testing services to over 35,500 women in 2019 for HIV, Hepatitis C Virus, syphilis, and other STIs, services provided include evidence-based prevention interventions, partner services, and addressing food and housing insecurities, as well as other social disparities that can adversely impact health outcomes. In New Orleans, SHHP utilizes Community Health Workers to initiate community

engagement by providing client-centered sexual health services by screening for HIV and other STIs, making appropriate referrals to STI testing, and linking clients to medical and/or social services. Almost 2,000 women were engaged between September 2019 and September 2021. [The Louisiana TelePrEP Program](#) provides pre exposure prophylaxis (PrEP) access via telehealth services. PrEP counseling, education, and orientation are part of navigational services provided to all women who engage with TelePrEP and clinical services are provided by clinicians upon a client's enrollment in the program.

Treatment support is also provided to individuals through the Syphilis Home Observed Treatment Program (SHOT), SHHP DirectRx, linkage to care and/or treatment program for people living with HIV or Hep C, and the SHHP Ryan White Part B Case Management and Support Services. SHHP also provides resources to improve outcomes for people living with STIs/HIV/and Hepatitis. [The Louisiana Health Access Program](#) (LA HAP) offers insurance premium, medical cost-share, and prescription cost-share assistance to low income people living with HIV in Louisiana, serving approximately 1,100 women annually. LA HAP also covers medication assistance to uninsured clients.

[The Housing Opportunities for People living with AIDS](#) (HOPWA) program seeks to improve viral suppression for women living with HIV by improving their housing stabilization and access to benefits, with over 200 women served in 2020.

Opportunities for Action

In Louisiana, there is a substantial amount of coordination around the health of women in the perinatal period. Some areas with opportunities for continued growth and coordination include:

- Supporting economic policies that support women across the life span such as paid family leave, minimum wage reform, and pay equity policies.
- Interventions to improve systems of care for all women in their reproductive years, regardless of income or pregnancy status such as:
 - Voluntary universally-available home visiting family support and coaching for all families with young children in Louisiana.
 - Comprehensive sexual and reproductive health services including STI care and contraceptive access to ensure that all people have access to the method that best suits their needs and can start a family when they desire.
 - Requiring coverage for a range of infertility services by health plans serving Louisiana residents.
- Continued coordination of efforts across systems that affect women of reproductive age related to their overall health and wellbeing, access to health promotion campaigns, mental health and wellbeing, and injury and violence prevention efforts.

There is also national momentum to improve maternal health in the United States. As part of the [White House Maternal Health Day of Action](#), the administration announced a multi-pronged plan to reduce maternal mortality and morbidity. Louisiana's existing efforts align with this national call to action. One particularly notable area of alignment is the proposed establishment of a national "Birthing-Friendly" hospital quality designation for hospitals that implement patient safety practices to improve maternal

outcomes. Such an approach is consistent the “Birth Ready” designation program that is part of the [Louisiana Perinatal Quality Collaborative](#).

Equity Considerations

*“**Reproductive Justice** is the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women’s human rights.”*

Loretta Ross - SisterSong Women of Color Reproductive Health Collective

***Birth Equity** “is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.”*

National Birth Equity Collaborative

In order to address health equity issues impacting women of reproductive age, efforts should apply both a reproductive justice and a birth equity lens, and acknowledge the impact of historical and structural racism on the systems of care serving women of reproductive age. Women in this period have a diverse range of backgrounds, values, experiences, and desires. Efforts need to take into consideration that women of reproductive age have health concerns that may or may not include having children.

Considerations include:

- Using a reproductive justice framework to inform the delivery of reproductive healthcare.
- Using a person-centered approach to services, measured with patient-reported outcome measures such as the Person-Centered Contraceptive Care measure that focuses on patient experiences over specific outcomes.
- Assuring that reproductive health is inclusive to all, regardless of ability, and that developmentally and age-appropriate sexual health education is provided to people of reproductive age with intellectual and developmental disabilities.
- Implementing an improvement science-based approach to addressing and changing policies based in discriminatory practices.
- Disaggregating data by race and gender to identify potential biases and opportunities for improvement.

Recent Reports and Policy Actions

Rulemaking

In 2019, the Louisiana Department of Health convened a workgroup to propose updates to Louisiana's hospital licensing standards for Maternal Levels of Care, with a focus on updating the licensing standards for maternal care in the Louisiana Administrative Code (Title 48 – Public Health Part I Subpart 3, Chapter 93, Subpart S) to align with recently updated national recommendations. In December 2021, a Notice of Intent was published in the Louisiana Register proposing the rule change. Public comments were accepted through January 31, 2022 and the final rule should be published later in SFY 2022.

2021 Regular Legislative Session

SR 97	Requests the Department of Insurance to form a task force with LDH to study the causes of infertility in women and the desirability/feasibility of mandating insurance coverage for women's infertility treatments.
Act 182	Creates the Doula Registry Board and provides an avenue for registered doulas to be reimbursed by health insurance plans issued in Louisiana. Furthermore, it also requires any health coverage plan that covers maternity services to also cover services provided by a midwife.
HR 193 SR 208	Requests LDH to develop plans allowing for 12 months postpartum Medicaid coverage. This legislation requests that these plans be submitted to the Centers for Medicare and Medicaid Services.

2020 Regular Legislative Session

HCR 50	Requests the Department of Insurance to study health insurance benefits relative to postpartum diastasis recti, pelvic floor dysfunction, and breast reduction
HCR 68	Urges and requests the La. Dept. of Health (LDH) through the Commission on Perinatal Care and Prevention of Infant Mortality to study ways to conduct autopsies of all maternal deaths that occur in-hospital and to standardize coroner and toxicology reporting on maternal deaths.
HB 557	Requires each hospital or free-standing birthing center in the state of Louisiana to perform a comprehensive systematic analysis for each maternal death that occurs
Note	Several relevant bills were proposed during the 2020 Legislative Sessions that did not move through the process: <ul style="list-style-type: none"> • SB 81 and HB 803 (2020 RLS), and SB 59 (2020 Second Extraordinary Session), and HB 803 were related to opioid treatment for pregnant women

2019 Regular Legislative Session

SR240 HR294	Requests the Louisiana Department of Health to take immediate action to address the racial disparity in African American birth outcomes and the high rate of African American infant and maternal mortality in Louisiana.
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2018 Regular Legislative Session

Act 392	Directs the Department of Public Safety and Corrections to undertake a planning process for proper management of incarcerated women
Act 497	Establishes the Healthy Moms Healthy Babies Advisory Council. This council is tasked with working with state entities whose focus is maternal death and severe maternal morbidity.

2017 Regular Legislative Session

Act 321	Requires postsecondary educational institutions to address the prevention of unplanned pregnancies among unmarried students during freshman orientation.
Act 359	Revises definition of prenatal neglect to mean exposure to chronic or severe alcohol use or unlawful use of any controlled, dangerous substance. This legislation also outlines the process a physician must follow if they have reason to suspect prenatal neglect.

2016 Regular Legislative Session

HB 889	Prioritizes public funds for family planning services. Prohibits LDH from providing funding to entity that performs elective abortions or maintains, owns, or operates a facility where such abortions are performed.
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2014 Regular Legislative Session

Act 534	Requires state agencies concerning health and education to meet at least twice annually to review and evaluate sex education programs in public schools. The aim is to reduce the rate of teen pregnancy and the spread of sexually transmitted diseases in the youth of Louisiana.
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Other Notable Reports

Commission on Perinatal Care and Prevention of Infant Mortality	<ul style="list-style-type: none">• A Review of Priorities and Progress: SFY 2019-2020• Response to HCR 162: Neonatal Abstinence Syndrome
Pregnancy-Associated Mortality Review (PAMR)	<ul style="list-style-type: none">• 2018 Louisiana Pregnancy-Associated Mortality Review Report• 2017 Louisiana Pregnancy-Associated Mortality Review Report• Louisiana Maternal Mortality Review Report, 2011-2016
Louisiana Perinatal Quality Collaborative (LaPQC)	<ul style="list-style-type: none">• Reducing Maternal Morbidity Initiative – Final Report
Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS)	<ul style="list-style-type: none">• Louisiana PRAMS 2018 Surveillance Report• Louisiana PRAMS Data Report: 2019
Healthy Moms, Healthy Babies Advisory Council	<ul style="list-style-type: none">• Healthy Moms, Healthy Babies Advisory Council Report

A Note on Abortion Policy

Louisiana law requires that providers of abortions in Louisiana ensure that their patients receive information about their legal rights and options and that they receive other information related to pregnancy before they undergo an abortion procedure. Abortion services may not be provided with state or federal funding.

Each legislative session, there are bills relating to the Women's Right to Know law, the regulation of abortion clinics, and updates to the consent process for obtaining an abortion in Louisiana.

The Louisiana Department of Health maintains the [Women's Right to Know website](#).

Focus Area: Women Who Are Aging

Fast Facts

In this report, women who are aging include all Louisiana women age 45 years and older. Women who are aging are likely to have different physical and mental health needs than younger women. Some underlying reasons for these differences include hormonal changes, chronic diseases, and cognitive or other mental health disorders. The transition to older adulthood may include decreased physical health and increased mental health needs often associated with stress, depression, and anxiety.

There were just over one million women ages 45 years and older residing in Louisiana in 2019, 59% of whom were age 45-64 years.¹ Compared to women of reproductive age (< 45 years), women aged 45 years and older were more likely to have healthcare coverage (especially women aged 65 years and older) and to have had a routine health checkup within the past year. Over one in four women 45 years of age and older reported ever having a depressive disorder.²

Chronic diseases reported by women age 45 years and older in 2019 included:

- Overweight or obese (71%)
- High blood pressure (55%)
- Diabetes (19%)
- High cholesterol (48%)
- Chronic obstructive pulmonary disease (COPD) (12%)
- Arthritis (49%)
- Cancer (21%)
- Disabilities (42%)²

Although 91% of both non-Hispanic Black and non-Hispanic White women reported having had a routine checkup within the past year, 15% of non-Hispanic Black women reported not being able to see a doctor due to the cost, compared to 11% of non-Hispanic White women.²

Disparities by race were present across many conditions. More non-Hispanic Black women reported being overweight or obese, having high blood pressure, diabetes, and one or more disabilities. The most frequently reported disability among women aged 45 years and older in 2019 was difficulty walking or climbing stairs, affecting 1 in 3 Louisiana women (30% non-Hispanic White, 38% non-Hispanic Black, and 27% Hispanic).²

Prevalence of Various Conditions by Race and Ethnicity, Louisiana Women, 2019 ²			
Condition	Non-Hispanic White	Non-Hispanic Black	Hispanic
Overweight or obese (BMI ≥ 25 kg/m ²)	67.5	80.2	67.3
High blood pressure	51.4	65.1	60.7
Diabetes	15.8	26.9	25.4
High cholesterol	51.2	40.4	37.0
COPD	12.8	10.6	2.3
Arthritis	48.5	48.7	47.2
Cancer	25.2	12.6	11.2
Disabilities	38.8	47.3	45.6

The proportion of women who reported having arthritis was similar across the three race-ethnic groups (see table above). However, the impact of arthritis was markedly different, with 35% of non-Hispanic White, 46% of non-Hispanic Black, and 67% of Hispanic women reporting that their arthritis affected whether or not they could work.²

Cancer was the leading cause of death of women aged 45-64 years, representing 198 deaths per 100,000 women in this age group in 2019.⁵ The second leading cause of death of women aged 45-64 years was heart disease, accounting for 137 deaths per 100,000 women.⁵ Non-Hispanic Black women had somewhat higher rates than non-Hispanic White women for both leading causes; specifically, 13 and 17 Black women died for every 10 White women due to cancer and heart disease, respectively.⁵

Leading causes of death among women aged 65 years and older in 2019 were heart disease (1,023 per 100,000 women in this age group), cancer (723 per 100,000), and Alzheimer's disease (351 per 100,000). There was little disparity between non-Hispanic Black and White women for these causes of death.⁵

Current Efforts in LDH

In addition to agency-level efforts for this focus area, [Medicaid](#), the [Office of Aging and Adult Services](#) (OAAS), and [Office of Public Health](#) (OPH) are leading specific efforts, in many cases in collaboration with internal and external partners.

Agency-Level Efforts

The [SFY 2022 LDH Business Plan](#) has the following initiative with goals and deliverables related to improving service delivery for elderly Louisianans. Initiative 6 of the business plan is to increase and strengthen service delivery for vulnerable residents. The goal for elderly adults with disabilities is:

- Increasing access to home and community-based care for an aging population by adding an additional [Program for All Inclusive Care for the Elderly \(PACE\)](#) site.

While LDH offers resources, services, and programming for people who are 45 years and older across all offices, the [Governor's Office on Elderly Affairs](#) coordinates most of the services and resources for

people, including women, who are age 60 years or older related to employment, health, financial status, recreation, social adjustment, or other conditions affecting the welfare of the older adults. As discussed in previous focus areas, there is some programming that is focuses on conditions that affect aging women such as heart disease and breast cancer, as well as mental health support, however, most efforts are related to health conditions as opposed to more general health and wellbeing for women outside of their reproductive years. As such, there may be opportunities or needs to assess the reach, rigor, and equitable impact of existing services and activities through the lenses of gender and age, in addition to race.

Medicaid

Systems-level activities and initiatives: Over 275,000 of the almost 700,000 women enrolled in Medicaid are age 45 and older. While most seniors age 65 and older have coverage through Medicare, many who are very low-income can also qualify for Medicaid, and are referred to as “dual eligible.” Nationally, women account for 60% of the dual eligible group. At the system-level, Medicaid expansion provides enrolled women with access to preventive health services, benefits to screen for and treat cancer, and benefits to treat chronic conditions and illnesses. The table below lists these systems-level programs:

Program	Description
Core Medicaid benefits and covered services	See page 13 for core Medicaid benefits and covered services.
Medicaid managed care organization programs and requirements focused on women	See page 13 for the MCO contract maternal care strategies and requirements.
Medicaid managed care incentive program (MCIP)	See page 14 for general information about MCIP.
Medicaid managed care value-based payment programs (VBP)	See page 14 for general information about VPB.
Medicaid managed care quality improvement programs	See page 14 and the link above for information about the Medicaid Managed Care Quality Strategy . While there are no disability-specific initiatives, the quality strategy does encompass many health issues related to older adults.

Services to individuals and communities: A table outlining comprehensive Medicaid benefits and coverage for women can be found on pages 14-15. There is an overlap between women who are aging and women of reproductive age and women who are aging do access contraception, pregnancy, and postpartum services.

OAAS

Systems-level activities and initiatives: While the majority of the services administered in OAAS are provided at the individual level, OAAS works at the systems-level by setting and monitoring quality assurance measures for the providers of the services it oversees.

Services to individuals and communities: In 2020, OAAS worked to create individual care plans for their clients, including over 8,500 adult women needing long-term care programs or experiencing an adult-onset disability. These care plans are used to link clients to appropriate resources to meet their needs and balance that with their preferences for home or residential settings. Additionally, OAAS provides housing and support services to low income households with a member who has a long-term disability, serving over 2,000 women in 2020. Over 3,500 women received the [Community Choice Waiver](#) in 2020, linking them to home and community-based (HCBS) long-term care programs for individuals who are elderly or have disabilities.

OPH

Systems-level activities and initiatives: [Well-Ahead Louisiana](#), the chronic disease prevention and healthcare access arm of OPH, specifically has educational resources for people who are at risk for chronic illness due to age and lifestyle and provides resources for managing age-specific conditions such as Alzheimer's, dementia, and other mental health concerns related to aging. At the systems-level, OPH's [Well-Ahead Louisiana](#) was recently awarded federal funding from the CDC to implement the [Building Our Largest Dementia \(BOLD\) Infrastructure](#) for Alzheimer's Act and will use the funds to implement effective Alzheimer's Interventions, including boosting early detection and diagnosis, reducing risk and preventing avoidable hospitalizations. This funding will serve all of Louisiana and help the Office of Public Health implement Act 73 of the 2021 Regular Legislative Session of the Louisiana Legislature. According to the [Alzheimer's Association](#), in 2020, there were over 92,000 adults over age 65 in Louisiana with Alzheimer's, and almost two thirds of Americans with Alzheimer's are women.

Well-Ahead also administers the [WISEWOMAN](#) (Well-Integrated Screening and Evaluation for WOMen Across the Nation) heart disease prevention and management program. The program aims to reach uninsured women who qualify for the Louisiana breast and cervical cancer screening program. This is one of the few programs solely serving women.

Services to individuals and communities: The OPH [Bureau of Nutrition Services](#) also administers the Commodity Supplemental Food Program, providing nutrition assistance to low-income seniors 60 years and older. In SFY21, over 10,000 Louisiana women received assistance through this program.

Opportunities for Action

There are opportunities for LDH to expand the scope of efforts focusing on women who are outside of their childbearing years, including:

- Interventions to improve systems of care for women who are aging, regardless of income or ability, as most efforts within the Department are specifically designed for women with adult-onset disabilities or an age-related chronic condition.

- Coordination between LDH and the [Governor’s Office on Elderly Affairs](#) to take a holistic approach to the barriers to healthy aging for women.
- Partnerships to improve adherence to screening and treatment guidelines at all ages that reach individuals, case managers, and service providers.
- Monitoring and assessing policy approaches to ensure that older adults can live free from abuse and neglect, which may be more prevalent for older women than older men.

Equity Considerations

As seen in the data presented in the “Fast Facts,” non-Hispanic Black women are reporting more economic barriers to being able to see a healthcare provider compared to non-Hispanic White women. Non-Hispanic Black women were more likely to report being overweight or obese, having high blood pressure, diabetes, and one or more disabilities. Health Equity Action Teams across the Department could explore the impact of race-related stressors on healthy aging in women and explore practices that could reduce barriers to accessing care and improve well-being for women who are aging, in particular Black and Brown women.

Recent Reports and Policy Actions

2021 Regular Legislative Session

Act 73	Calls for an increase in general education about Alzheimer’s and other dementia diseases, as well as a specific effort to educate healthcare providers on early detection, the link to chronic diseases and effective care planning. Although men and women can develop Alzheimer’s disease, it is more prevalent in women.
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Summary

Findings and Considerations

Overall, it is evident that the Department has extensive services, programming, and initiatives focused on protecting and promoting the health of women in our state. The assessment also showed that there was little to no duplication of efforts across the Department. There are opportunities, however, to improve the impact of existing efforts by expanding their reach or applying successful approaches in new ways.

Some specific areas that have either a very limited **scope** or **reach** within LDH's current efforts include:

- **Behavioral health services** specifically for women, including treatment and prevention of substance use disorders.
- **Comprehensive violence prevention** efforts, including prevention of sexual and physical violence across all population.
- **Chronic disease prevention and care coordination** efforts that reach all women at risk, including cancer prevention, early detection, and linkages to care and treatment.
- **Comprehensive efforts for women who have special health needs related to aging**, including needs that are not directly related to a disability or chronic health condition.

Each of these areas merits thorough consideration for what specific issues need to be addressed and what actions would be the most impactful to address the identified needs. For some issues, the most impactful action may be to ensure that current services are optimized in their reach and quality. With other issues, it may be that policy changes are warranted to address an unmet need. For almost all issues, there are likely successful approaches occurring within LDH, even if they are being applied to a different population or need.

Most immediately, there are several actions that can be taken that build on the current strengths of LDH:

- The Department's efforts to apply a health equity lens to all ongoing and new efforts is a potential strength that can be leveraged to address the health of women. Specifically, women can be identified as a population of interest for health equity work. One important action would be to consider where data should be disaggregated by gender to identify opportunities to better reach women, in particular in the areas of the identified gaps.
- The Department's business plan [Together: Building a Stronger LDH and a Healthier Louisiana](#) represents a model practice for creating shared priorities and measurement of progress across the agency. The current plan encompasses many important priorities related to women's health. As the agency develops business plans for upcoming and future years, this important tool can be used to align efforts for impact in areas prioritized for change.
- All sections within LDH can review the assessment and consider where there may be opportunities for change now in their programs, services, policy initiatives or other activities.

In addition to considering what specific services, activities, or efforts may need to be developed or expanded, the assessment also considered what kinds of roles or structures might be needed to help align efforts for greater impact. While not explicitly part of the legislative charge of Act 210, a cursory exploration of potential structures to support alignment was conducted, given the calls-to-action for the Department to lead efforts across the state to improve women’s health outcomes.

It is important to note that the options below were not developed through a thorough assessment of “[policy options](#)”. Instead, a brief scan of other states structures was conducted (Appendix C) and options were considered with the following questions in mind:

- How well is LDH doing at identifying and understanding women’s health needs across the lifespan in Louisiana? (In terms of community engagement/assessment and data)
- How well do current activities align with the women’s health needs/issues seen in the data? Are there major gaps? Are there opportunities for impact that the Department is missing but could act on?
- Are LDH programs/activities skewed more towards direct services or systems-level work?
- Do LDH offices have an awareness of women’s health needs across the board? Are programs that are not specifically for women working to understand and address their needs?
- How well do current programs/activities align with each other? Are they duplicative? Are they disjointed?
- How well do LDH offices/programs communicate, collaborate, and coordinate with each other on women’s health issues? How well do offices leverage internal resources?
- How well do LDH offices/programs work with organizations and stakeholders outside of LDH that are impacting women’s health?
- Are there barriers to LDH offices’ work to improve women’s health?
- What may be needed to support systems-level impact on women’s health issues

Below is a summary of some structures that have the potential to elevate women’s health issues and actions and could support greater alignment of impactful actions within the Department. Each has advantages and disadvantages and different timelines for implementation. They are not all stand-alone options and could be combined. The options include considerations for how quickly some benefit could be achieved; feasibility, including cost; ability to build upon the existing efforts as outlined throughout this assessment; and the potential impact based on the equity framework. It is important to note that **the options below do not immediately provide for the resources that may be needed to expand or scale up services or initiatives or to provide new services.**

Option Creating a new office on women's health	
<p>Establish a new dedicated section within LDH responsible for providing leadership and coordination to improve the health of women in Louisiana through policy, education, and the advancement of innovations across the Department.</p> <p><i>Would require sufficient staffing resources, including a leadership-level position, to ensure that the charge of the office is met, there is alignment with the LDH business plan, and a clear charge to coordinate with the Governor's Office on Women's Policy and other statutorily dedicated entities.</i></p>	
Potential advantages	A dedicated section within LDH focused on women's health could serve to more systematically identify and elevate women's health needs and coordinate actions across the Department to address those needs.
Potential disadvantages	Developing a stand-alone office will require more time and resources than some of the other proposed options. Depending on the level of this section within LDH, a new organizational unit may or may not align with the scope of other LDH offices.
Feasibility	With appropriate funding including new T.O. positions, the establishment of an office on women's health would take 1-2 years to fully develop and integrate into the Department. Staffing structures would need to support the scope of the mission. Funding would be required for a minimum of 5-7 T.O. and their related expenses. Would include a leadership role, a grant writer, communications support, a liaison to coordinate with other LDH offices and state agencies, and a budget and operations role. Optional additional roles could include administrative and data support.
Cost	\$\$\$\$
Impact on Existing Efforts	A new section within LDH responsible for coordinating actions across the Department to address women's health needs may serve to support and strengthen existing efforts. Dedicated communications, grant-writing, and policy development capacity may be particularly useful to support existing and the pursuit of new efforts. Clear delineation of the scope and intersections with existing offices and programs would be needed to ensure activities are aligned and complementary.
Impact on the known current gaps and opportunities	<ol style="list-style-type: none"> 1) Supports identification of important health disparities - YES 2) Supports changing or implementing laws, policies, systems, environments and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible - YES 3) Increases resources for women for the identified gaps and opportunities – NOT IMMEDIATELY 4) Supports evaluation and monitoring of efforts using specific short- and long-term measures - YES 5) Supports reassessment of strategies in light of process and outcomes, and supports planning next steps, actively engaging those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions – YES

Option Creating a “Women’s Health Coalition or Advisory Council”	
<p>Establish a new coalition of community members across the range of focus areas for women’s health, including representatives from LDH leadership and stakeholders representing community partners and agencies.</p> <p><i>Women’s Health Coalition would require a clear charge and clear expectations that members are actively engaged in coalition activities. Using a collective impact framework, this would require a “backbone organization” to provide administrative support to the group, financial support for members representing the community to assure representation and access, and a clear charge to advocate and act at the grassroots level to improve women’s health.</i></p>	
Potential advantages	Collectively, this body could convene to drive coordinated action around women’s health from the “grassroots” level with “grasstops” support.
Potential disadvantages	Coalitions and advisory councils are only as strong as their charge and the commitment of the membership to follow-through on action items beyond attending meetings. Expectations for members would need to be clear and realistic.
Feasibility	A backbone organization within LDH would have to be identified to take the lead in administration of this body and it would need to be representative of the community it is intended to support. Funding support to members would improve participation from community members and timing of meetings would need to be structured with the community first. An estimated .5 FTE would be required to support the coalition.
Cost	\$
Impact on Existing Efforts	A coalition or advisory council would be complementary to existing work. Depending on the charge, it may or may not have any decision-making authority. It is possible that the LDH Bureau of Community Partnerships and Health Equity could advise on the development of this body.
Impact on the known current gaps and opportunities	<ol style="list-style-type: none"> 1) Supports identification of important health disparities – YES 2) Supports changing or implementing laws, policies, systems, environments and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible – YES 3) Increases resources for women for the identified gaps and opportunities – LIKELY AT A SMALL, LOCAL-LEVEL SCALE 4) Supports evaluation and monitoring of efforts using specific short- and long-term measures – POTENTIALLY 5) Supports reassessment of strategies in light of process and outcomes, and supports planning next steps, actively engaging those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions – POTENTIALLY

References

- 1) U.S. Census Bureau, Population Division. Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2019, Release Date: June 2020. Table SC-EST2019-ALLDATA6 available at <https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html>
- 2) Louisiana 2019 Behavioral Risk Factor Surveillance System (BRFSS) data. Dataset obtained from the Louisiana Department of Health, Office of Public Health, Bureau of Health Informatics; analyzed by Bureau of Family Health epidemiologists. 2019 data not yet available online, previous years available at <https://ldh.la.gov/page/578>. Accessed January 4, 2022.
- 3) Centers for Disease Control and Prevention [CDC], National Center for Injury Prevention and Control, Division of Violence Prevention. (2021). Preventing Sexual Violence. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html> Page last reviewed: February 5, 2021; Accessed January 3, 2022.
- 4) Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>. Accessed January 4, 2022.
- 5) Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed from <http://wonder.cdc.gov/ucd-icd10.html> on December 22, 2021, 1:17:22 PM.
- 6) Kaiser Family Foundation, March 2019, "Medicaid's Role for Women." Accessed from <https://www.kff.org/medicaid/fact-sheet/medicaids-role-for-women/> on January 31, 2022.
- 7) Louisiana Medicaid, June 2020, "Louisiana Medicaid 2020 Annual Report." Accessed from <https://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2020.pdf> on December 21, 2021.
- 8) Pew Research Center, January 2018, "They're Waiting Longer, but U.S. Women Today More Likely to Have Children Than a Decade Ago." Accessed from <https://www.pewresearch.org/social-trends/2018/01/18/theyre-waiting-longer-but-u-s-women-today-more-likely-to-have-children-than-a-decade-ago/> on February 1, 2022.
- 9) AARP and National Alliance for Caregiving. Caregiving in the US 2020. Washington, DC: AARP. Accessed from <https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf> on February 1, 2022.
- 10) Woman and Caregiving: Facts and Figures. Produced by the National Center on Caregiving at Family Caregiver Alliance. Accessed from <https://www.caregiver.org/resource/women-and-caregiving-facts-and-figures/> on February 1, 2022.
- 11) Office on Women's Health. US Department of Health and Human Services. A-Z health topics: Caregiver Stress. Accessed from <https://www.womenshealth.gov/a-z-topics/caregiver-stress> on February 1, 2022.
- 12) National Sexual Violence Resource Center, February 2016, "Sexual Violence Victimization and Associations with Health in a Community Sample of African American Women." Journal of Aggressive Maltreatment Trauma; 25(3): 231-253.
- 13) Centers for Disease Control and Prevention, November 2019, "The National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release." Accessed from <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf> on February 4, 2022.
- 14) Association of American Universities, October 2019, "Climate Survey On Sexual Assault and Sexual Misconduct." Accessed from <https://www.aau.edu/issues/climate-survey-sexual-assault-and-sexual-misconduct> on February 4, 2022.
- 15) Merriam-Webster. Chronic. In *Miriam-Webster.com dictionary*. Retrieved February 1, 2022 from <https://www.merriam-webster.com/dictionary/chronic>
- 16) Behavioral Risk Factor Surveillance System. Centers for Disease Control and Prevention [CDC], National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/index.html>. Page last reviewed: January 5, 2022; Accessed February 4, 2022.

- 17) Louisiana Cancer Data Visualization, based on November 2020 submission data (2014-2018): Louisiana Tumor Registry; <https://sph.lsuhs.edu/louisiana-tumor-registry/data-usestatistics/louisiana-cancer-data-visualization-dashboard>, December 2021. Accessed December 21, 2021.
- 18) United States Department of Justice. Civil Rights Division. Beta site: Laws and Regulations. Retrieved February 1, 2022 from <https://beta.ada.gov/law-and-regs/ada/>
- 19) Developmental Disabilities Act of 2000. Retrieved February 1, 2022 from <https://www.congress.gov/106/plaws/publ402/PLAW-106publ402.pdf>
- 20) Disability Justice. Definition of Developmental Disability paragraph. Retrieved February 1, 2022 from <https://disabilityjustice.org/justice-denied/disability-demographics/>
- 21) US Department of Health and Human Services, National Institutes of Health [NIH], National Center for Advancing Translational Sciences, Genetic and Rare Diseases [GARD] Information Center. Retrieved February 1, 2022 from <https://rarediseases.info.nih.gov/diseases/pages/31/faqs-about-rare-diseases>
- 22) Centers for Disease Control and Prevention [CDC], National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2021). About Mental Health – Mental Health Basics. <https://www.cdc.gov/mentalhealth/learn/index.htm>. Page last reviewed: June 28, 2021; Accessed January 4, 2022.
- 23) Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) 2019 Data Report. https://partnersforfamilyhealth.org/wp-content/uploads/2021/05/LOUISIANA_PRAMS_DataReport_2019_FINAL.pdf
- 24) Eaton, N.R., Krueger, R.F., Keyes, K.M., Hasin, D.S., Balsis, S., Skodol, A.E., Markon, K.E., & Grant, B.F. (2012). An Invariant Dimensional Liability Model of Gender Differences in Mental Disorder Prevalence: Evidence from a National Sample. *Journal of Abnormal Psychology*, 121(1):282-288. <https://doi.org/10.1037/a0024780>. Full text available at <https://www.apa.org/pubs/journals/releases/abn-121-1-282.pdf>
- 25) Gonzalez, B. (2020). Exploring the Mental Health Impact of Aging Women. Baylor Community Connection Magazine, Stories. November 12, 2020. <https://www.baylor.edu/communityconnection/news.php?action=story&story=221008>. Accessed January 4, 2022.
- 26) Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) data; 2019 Opioid Supplement. Dataset obtained from the Louisiana Department of Health, Office of Public Health, Bureau of Family Health; analyzed by Bureau of Family Health epidemiologists. Previous reports containing selected indicators available at <https://partnersforfamilyhealth.org/prams/>. Accessed January 4, 2022.
- 27) Louisiana Department of Health, Office of Public Health, Vital Records and Statistics 2019 Death Certificate Final Data File. Dataset obtained from the Louisiana Department of Health, Office of Public Health, Vital Records and Statistics; analyzed by Bureau of Family Health epidemiologists.
- 28) Guttmacher Institute. (n.d.). Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016 <https://data.guttmacher.org/states/table?state=LA&topics=145+143&dataset=data>
- 29) Louisiana Department of Health, Office of Public Health, STD/HIV/Hepatitis Program 2018 Surveillance Report. https://ldh.la.gov/assets/oph/HIVSTD/2018_STDHIV_SurveillanceReport_Final.pdf
- 30) Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- 31) Louisiana Department of Health, Office of Public Health, Bureau of Health Informatics 2019 Louisiana Hospital Inpatient Discharge Data File. Dataset obtained from the Louisiana Department of Health, Office of Public Health, Bureau of Health Informatics; analyzed by Bureau of Family Health epidemiologists.
- 32) Bruce, K., Trichilo, R., Gillispie-Bell, V., Hyde, R., Outhuse, A. (2021). 2018 Louisiana Pregnancy-Associated Mortality Review. Louisiana Department of Health. https://www.partnersforfamilyhealth.org/wp-content/uploads/2021/09/2018_PAMR_Report_FINAL_MF.pdf
- 33) Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). SAMHSA - Behavioral Health Integration. <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>. Accessed February 11, 2022.

Appendix A

Survey Tools

LDH Women's Health Assessment

What is the LDH Women's Health Assessment?

Legislation passed in 2021, [SB 133](#), says that the Louisiana Department of Health (LDH) must 'Complete a thorough assessment of all activities engaged in or services provided by the department that may specifically impact the health or quality of life of women.'

The Office of Public Health's Bureau of Family Health (OPH BFH) has been charged with completing this assessment and is collecting information on current and/or future work across LDH as it relates to impacting women in the areas of policy, education, evidence-based practices, programs, and services.

Based on the findings of this assessment, recommendations for how best to align and coordinate work that impacts women's health across LDH will be made. All information will be publicly available.

Questions to Answer with this Assessment

- What activities are being engaged in or services are being provided by LDH that specifically impact the health or quality of life of women in Louisiana?
- What are key unmet needs or gaps in services that impact the health or quality of life of women in Louisiana?
- How is LDH currently leading, coordinating, and consolidating efforts across the state geared toward improving women's health outcomes through policy, education, evidence-based practices, programs, and services?
- What opportunities exist for LDH to coordinate work across the agency to improve women's health?

Instructions

Review and complete the assessment survey for agency leadership below: Agency Approaches to Women's Health. It may be helpful to review the information provided by each program, service, or initiative from your Office to the *Assessment Survey: Programs & Services Impacting Women's Health* before responding.

- **Due Date: October 8th**

Questions?

Contact _____ at _____

LDH Women's Health Assessment: Agency Approaches to Women's Health

This portion of the assessment is to be completed by the leadership of each office of LDH, just once. It may be helpful to review the responses submitted by programs from your office to the assessment survey: Programs & Services Impacting Women's Health. The answers to the questions below should provide a high-level perspective for each office and can reference or summarize themes from across the office's programs and services.

Definitions for the Assessment

Women

All individuals who identify as women, ranging from later adolescence through old age (approximately 18 to end of life).

While **sex refers to biological characteristics at birth**, **gender encompasses a person's identity** or how they feel inside and express themselves externally. **For this assessment, we are concerned with gender and all people who identify as women.**

Activities engaged in or services provided by the department that may specifically impact the health or quality of life of women

Any and all work of the department in the areas of policy, education, evidence-based practices, programs, and services that impacts the health of women in Louisiana. This may include direct services provided to women, implementation of evidence-based practices or programs, policy interventions, systems-level work, community outreach or education, education or training for healthcare and other professionals, data collection or analysis, communications campaigns, or any other activities that may impact the health of women.

Assessment Survey: LDH Office Leadership

We are collecting information from each LDH office about their **current and future work** as it relates to impacting women in the areas of **policy, education, evidence-based practices, programs, and services**. Please provide clear, concise answers to as many questions as you can. Your responses do not need to be long or extremely detailed – we will contact you for additional information if it is needed.

1. How are women's needs identified by programs and services provided in this office? Provide specific examples and details, including any community needs assessments processes or data used.
2. Describe any relevant needs of women receiving programs and services from this office that are unique or specific to women.
 - Are there important ways in which needs vary across groups or populations of women served by this office? Describe.

- How do needs vary across women of different ages or at different stages of life served by this office?
- 3. How does this office work to ensure that the needs of women described above are addressed by the programs and services provided? Provide details such as strategic plans, strategies for engaging with women in the community or key stakeholders, settings goals or performance metrics, education or training efforts, etc.
- 4. **PROGRAMS & SERVICES:** In thinking about the work of the office in the areas of policy, education, evidence-based practices, programs, and services, are there any programs or services provided that do not impact women (such as programs exclusively for children or men)?
- 5. **PROGRAMS & SERVICES:** Are there any programs and services provided that are *specifically or only* for women?
- 6. Describe the office's approach to addressing health inequities and racial disparities impacting women. Provide specific strategies, activities, or policies that are relevant to how programs and services are designed, implemented, monitored, or improved.
- 7. **POLICY:** Describe key policies that govern the work of this office – organizational policies and state/federal laws or regulations – that impact women.
 - How do these policies impact women?
 - Are there policy changes needed that would be more supportive of women receiving programs and services provided by the office?
- 8. **EVIDENCE-BASED PRACTICES:** Describe relevant evidence-based practices or guidelines that guide the work of the office – which specifically address women.
 - Is additional evidence needed to better understand the needs of women relative to the office's work? If so, describe the areas in which current evidence or guidance specific to women is lacking.
- 9. **EDUCATION:** What educational activities does the office conduct with individuals or communities, community providers (medical providers, social services, etc), community agencies, and/or internal staff regarding the needs of women related to the work of the office?
- 10. **PROGRAMS & SERVICES:** Describe the community engagement strategies and activities of the office. How does the office work with community members, agencies, providers, etc. on issues related to women's health? (examples: community outreach and education, receiving feedback, community needs assessments)
- 11. Describe any key unmet needs of women related to the work of the office. Indicate whether they are needs that this office could potentially address (such as gaps in services) or if they are beyond the scope of your work.

12. Describe any unmet needs of the office that would allow it to better serve women (policies, resources, data, partnerships, training, etc.)
 - Include discussion of any barriers or constraints to making changes to improve women's health – such as limitations of current funding or authority.
13. Are there any easy wins within your office that could make a positive impact on women's health if they were championed or moved forward quickly?
14. Describe how the office collaborates or coordinates with other LDH programs or offices on issues affecting women. Provide any specific examples of activities, projects, strategies, etc. possible, indicating partners in other parts of LDH.
15. Are there opportunities you see to build on existing or create new partnerships across LDH offices?

Appendix B

Programs, Services, and Initiatives

The following programs, services, and initiatives responded to the women’s health assessment survey.

Office	Program, Service, or Initiative
Office of Aging and Adult Services	Community Choices Waiver (CCW) Adult Day Healthcare (ADHC) Waiver Program of All-Inclusive Care for the Elderly (PACE) Nursing Facility Admissions (NFA) Permanent Supportive Housing (PSH) Louisiana’s Traumatic Head and Spinal Cord Injury Trust Fund Program (THSCI) Long-Term-Personal Care Services (LT-PCS) Adult Protective Services (APS) State Personal Assistance Services (SPAS) Program Money Follows the Person or My Place Louisiana (MFP) My Choice Louisiana (MCL)
Office of Behavioral Health	TANF Women's with dependent Children Residential TX -Reality House TANF Women's with dependent Children Residential TX-Claire House TANF Women's with dependent Children Residential TX-Family Success Oxford House 32-women's homes and 24-women and children's homes Behavioral Health Services provided by Human Services Districts and Authorities (HSDAs)
Medicaid	Coverage of family planning services such as office visits and laboratory testing Coverage of prenatal vitamins Coverage of oral and injectable contraceptives Coverage of long-acting reversible contraceptives, including insertion and removal Full Medicaid benefits for women, including services and drugs to treat chronic illnesses Disregarding all income of pregnant minors in determining Medicaid eligibility Breast and Cervical Cancer Program (BCC) LaCHIP Phase IV LaMOMS (Pregnant Women) TAKE CHARGE Plus Medicaid managed care organization programs and requirements focused on women Medicaid managed care quality improvement programs Medicaid managed care value-based payment programs

	<p>Medicaid managed care managed care incentive program</p> <p>Full Medicaid benefits for women including services to prevent and treat high blood pressure, diabetes, heart disease, and other conditions</p> <p>Comprehensive prenatal, delivery, and postpartum care</p> <p>Coverage of genetic testing for breast and uterine cancer</p> <p>Coverage of hysterectomies and tubal ligations</p> <p>Coverage of comprehensive cancer care and treatment for women</p> <p>Coverage of breast reconstruction and reduction</p> <p>Coverage of breast and gynecologic cancer treatments and surgeries</p> <p>Coverage of screening for breast and cervical cancer</p>
Office for Citizens with Developmental Disabilities	<p>EarlySteps</p> <p>Act 378 State General Fund Programs</p> <p>OCDD/HCBS Waiver Services</p> <p>ICF/IID Facilities</p>
Office of Public Health	<p>Bureau of Regional & Clinical Operations</p> <p>WISEWOMAN</p> <p>Bureau of Family Health (BFH) - Emergency Medical Services (EMS) for Children</p> <p>BFH - Family Community Systems Team Medical Home and Early Childhood Comprehensive Systems Grant</p> <p>BFH - Louisiana Mental Health Perinatal Partnership (LAMHPP)</p> <p>BFH - Louisiana Perinatal Quality Collaborative (LaPQC) (including The Gift)</p> <p>BFH - Maternal, Infant, Early Childhood Home Visiting (MIECHV)</p> <p>BFH - Reproductive Health Program</p> <p>BFH - ACE Educator Program</p> <p>BFH - Population Health Monitoring - Surveillance (PRAMS, PAMR, LA-VDRS, Injury (Hospitalization and Emergency Department))</p> <p>BFH - Injury-Free Louisiana</p> <p>BFH - Suicide and Self-Harm Prevention</p> <p>BFH – Pregnancy Associated Mortality Review (PAMR)</p> <p>BFH – Pregnancy Risk Assessment Monitoring System (PRAMS)</p> <p>BFH - Rape Prevention Education (RPE)</p> <p>Bureau of Nutrition Services - WIC and CSFP</p> <p>Bureau of Infectious Diseases</p> <p>Bureau of EMS</p> <p>Bureau of Planning and Performance</p>
Other	<p>Health Standards Section</p>

For inquiries about the responses from any of the programs listed above, please contact FamilyHealth@LA.GOV.

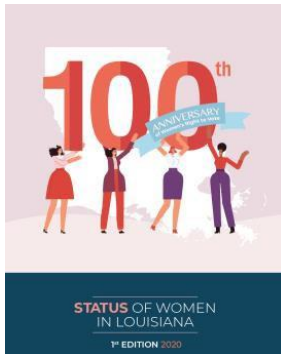
Appendix C

Offices on Women's Health Comparison Summary

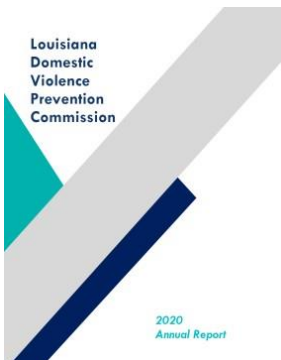
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LOUISIANA GOVERNOR'S OFFICE OF WOMEN'S POLICY:

The **Louisiana Governor's Office on Women's Policy (OWP)** supports public policy that promotes the educational, health, social, and economic well-being of women and girls in Louisiana. This office promotes collaborations between non-profits, state and federal agencies, educational institutions, legislators, and concerned citizens to improve the status of women in Louisiana. It also provides strategic support and leadership to the Louisiana Women's Policy and Research Commission and the Domestic Violence Prevention Commission.



The **Louisiana Women's Policy and Research Commission** exists to conduct studies regarding the employment, health, safety, and financial status of women in Louisiana. They submit their findings in an annual report to the Governor.

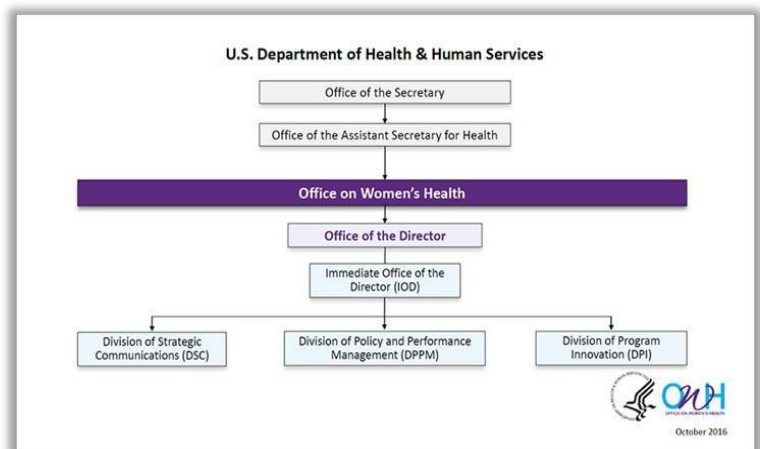


The **Domestic Violence Prevention Commission** assists local and state leaders in developing and coordinating domestic violence programs. Other functions include conducting a state needs assessment, measuring program outcomes, ensuring implementation of state laws pertaining to domestic violence, providing training to law enforcement and the judiciary, and ensuring providers utilize evidence-based, national best practices during outreach and prevention efforts.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES—OFFICE OF WOMEN'S HEALTH (OWH)

The Office of Women's Health (OWH) addresses critical issues affecting women's health and coordinates efforts across the U.S. Department of Health and Human Services. It seeks to improve the health of women and girls through policy, education, and innovative programs.

Activities implemented by OWH directly support goals to **inform and influence policies, support innovative programs, educate consumers, and educate health professionals.**



OTHER STATES' OFFICES OR PROGRAMS CONCERNING WOMEN

ALABAMA

The **Office of Women's Health (OWH)** was created by Alabama Legislature to be an advocate for women's health issues. The **office is housed in Montgomery in the Bureau of Family Health Services**. The purpose of the office as described, in part, by legislation is as follows:

- Educate the public and be an advocate for women's health
- Assist the state health officer in identifying, coordinating, and establishing priorities for programs, services, and resources
- Serve as a clearinghouse and resource
- Provide an annual report on the status of women's health and activities

As provided by Alabama law, the **Steering Committee** consists of physicians, nurses, pharmacists, dietitians state government employees, and members of the Alabama Hospital Association.

MISSISSIPPI

The **Mississippi Women's Health Program** is housed within the Mississippi State Department of Health. It provides access to comprehensive health services to ensure healthier women, mothers, and infants.

Services include **early cancer detection, domestic violence prevention and intervention, and family planning**. These programs were designed for all women and their families at or below 185 percent of the Federal Poverty Level.

VERMONT

The **Vermont Commission on Women (VCW)** is a state government commission whose goal it is to advance rights and opportunities for girls and women in Vermont. The commission is governed by 16 commissioners with backgrounds ranging from higher education, state government, business, legal, and advocacy organizations. In addition to the commissioners, there is an **Advisory Council composed of representatives from 27 organizations serving women and girls in the state**. The VCW conducts the following activities:

- **Conducts research and study of issues** affecting the status of women in Vermont;
- **Advises and consults** with the executive and legislative branches of State government on policies affecting the status of women
- **Educates and informs** business, education, state and local governments, and the general public about the nature and scope of sex discrimination and other matters affecting the status of women in Vermont;
- **Serves as a liaison and clearinghouse** between government, private interest groups, and the public concerned with services for women.

REFERENCES

1. *Women's Policy | Office of Governor John Bel Edwards (louisiana.gov)*
 - a. https://gov.louisiana.gov/assets/Programs/StatusOfWomenInLouisiana_Edition1_OnlineVersion.pdf
 - b. <https://gov.louisiana.gov/assets/docs/2020DVPCReport.pdf>
2. <https://www.womenshealth.gov/>
3. <https://assets.americashealthrankings.org/app/uploads/state-summaries-healthofwomenandchildren-2021.pdf>
4. <https://www.alabamapublichealth.gov/womenshealth/>
5. https://msdh.ms.gov/msdhsite/_static/41,0,225.html
6. <https://women.vermont.gov/>